Community Health Centre
Botermarkt:
35 years of implementation of
the Alma Ata Declaration!

Leen De Roo, Director CHC
Prof. Jan De Maeseneer, Family Physician
Almaty, 06.11.2013
1st phase: 1978 - ...
focus on multidisciplinary team and home care

- 1978 family practice in poor neighbourhood
- 1980 foundation of the community health centre with

multidisciplinary team: family physician, nurse, social worker, dietician, health promotion
• Health and welfare: 1 team – INTERdisciplinary

• Individual approach and group-oriented approaches
INTEGRATION OF SERVICES IN A COMMUNITY HEALTH CENTRE

Societas Internationalis Medicinae Generalis

Jan de Maeseneer\(^{(a)}\)
René de Smet\(^{(b)}\)

The success story I am going to present here on behalf of the International Society of General Practice, has already been presented at the last SIMG Congress in Klagenfurt by Dr. Jan DE MAESENEER.

He is one of the GP's of the Community Health Centre in Ledeberg-Gent, Belgium, and he happens to be at the same time one of my assistants at the University.

Please consider my presentation as a joint paper.
2nd phase 1980 - ...: patient centered and community oriented

- Involvement of stakeholders
- Participation and involvement of the patients / community
Family physicians: problematic oral condition of young children, leading to feeding problems, crying, not sleeping,...
A dentist? I cannot afford that.

I don't know where to find a dentist.

I'm doing Fristi in his bottle to stop him cry.

My child is too afraid of the dentist and to be honest, me too.

Focus Group sessions – involving the community.
Results research children 30 months old:
- 18.5% early symptoms of childhood caries
- 12.2% severe form of childhood caries
- 100% need for treatment!

Correlation with
- social background
- nationality (Eastern-Europe)
- no dentist consultations
Develop intervention

Working together with...
Childhood caries:

• Sensibilisation

• Information towards caregivers, social workers, parents,…

Principles: Community oriented, intersectoral, participatory
Evaluation and implementation

Accessible primary dental care

Centre for Primary Oral Health Care
Botermarkt Ledeberg (CEMOB)

Started 01/09/2006

Unique cooperation project with Department of Dentistry, Ghent University
3rd phase 1986 - ... :
intersectoral working: Platform for local health policy development

- Networking
- Obtaining local agreement on welfare themes
- Sharing problems at the local level and tackling them by cooperation, starting new initiatives,…
- Signalising to (local) authorities

3-monthly meeting
45 stakeholders: school, police, social workers, mother and childcare, housing, family physicians,…
Box 2.6 Social policy in the city of Ghent, Belgium: how local authorities can support intersectoral collaboration between health and welfare organizations

In 2004, a regional government decree in Flanders, Belgium, institutionalized the direct participation of local stakeholders and citizens in intersectoral collaboration on social rights. This now applies at the level of cities and villages in the region. In one of these cities, Ghent, some 450 local actors of the health and welfare sector have been clustered in 11 thematic forums: legal help; support and security of minors; services for young people and adolescents; child care; ethnic cultural minorities; people with a handicap; the elderly; housing; work and employment; people living on a “critical income”; and health.

The local authorities facilitate and support the collaboration of the various organizations and sectors, for example, through the collection and monitoring of data, information and communication, access to services, and efforts to make services more pro-active. They are also responsible for networking between all the sectors with a view to improving coordination. They pick up the signals, bottlenecks, proposals and plans, and are responsible for channelling them, if appropriate, to the province, region, federal state or the European Union for translation into relevant political decisions and legislation.

A steering committee reports directly to the city council and integrates the work of the 11 forums. The support of the administration and a permanent working party is critical for the sustainability and quality of the work in the different groups. Participation of all stakeholders is particularly prominent in the health forum: it includes local hospitals, family physicians, primary-care services, pharmacists, mental health facilities, self-help groups, home care, health promotion agencies, academia sector, psychiatric home care, and community health centres.
4th phase 1990-… : focus on accessibility!

no physical, administrative, cultural, FINANCIAL… barriers:

1995 : INTEGRATED CAPITATION WITHOUT COST-SHARING
2013 : INTEGRATED NEEDS BASED CAPITATION!
5th phase 2000-....: tackling epidemics in the community

Scabies...

Now what?
Patients registered in 2012

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<th>Country of birth</th>
<th>Parent</th>
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101 different nationalities or ethnic minorities in the community!
7th phase: development of new CHC’s
Mission statement

The CHC stands for accessible multidisciplinary primary health care, community oriented, in a capitation financed system. The CHC wants to contribute to equity and solidarity in the society!
Community Health Centre today:

- Family Physicians; nurses; dieticians; health promotors; social workers; dentists;…
- 5800 patients; over 60 nationalities
- Integrated needs based mixed capitation; no co-payment
- COPC-strategy
Primary health care as a strategy for achieving equitable care:

a literature review commissioned by the Health Systems Knowledge Network

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Closing the gap in a generation

Health equity through action on the social determinants of health
Thank you...
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