Community Oriented Primary Care: integration of personal and public health care

Prof. Dr. J. De Maeseneer, MD, PhD
Chairman European Forum for Primary Care
Director Primafamed Centre – Ghent University, Belgium
Family Physician (part-time) Community Health Centre – Ledeberg (Ghent)

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Community Oriented Primary Care: integration of personal and public health care

1. The changing society
2. Addressing the social determinants of health
3. Community Oriented Primary Care
4. Intersectoral action for health
5. Conclusions
The changing society

a. Demographical and epidemiological developments

b. Scientific and technological developments

c. Cultural developments

d. Socio-economical developments

e. Globalisation and “glocalisation”

‘By 2030, 70% of the world population will live in an urban context’ (Castells, 2002)
By 2100, 85%?
1. The changing society

2. Addressing the social determinants of health

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5. Conclusions
Closing the gap in a generation

Health equity through action on the social determinants of health
Primary health care as a strategy for achieving equitable care:

a literature review commissioned by the Health Systems Knowledge Network

Prof. J. De Maeseneer, M.D.¹, Ph.D; S. Willems, M.A., Ph.D.¹; A. De Sutter, M.D., Ph.D.¹; I. Van de Geuchte, M.L.¹; M. Billings, M.Sc².

¹ Department of Family Medicine and Primary Health Care, Ghent University, Belgium.
² Global Health through Education, Training and Service, Attleboro, USA.

Healthy life expectancy in Belgium

Socio-economic inequalities in health

Healthy life expectancy in Belgium, 25 years, men

Primary health care as a strategy for promoting health equity and intersectoral action

- Social Stratification
- Differential Vulnerability and Exposure
- Health Inequality

Structural Determinants
Primary health care as a strategy for promoting health equity and intersectoral action

SOCIAL STRATIFICATION → DIFFERENTIAL VULNERABILITY AND EXPOSURE → HEALTH INEQUALITY

STRUCTURAL DETERMINANTS

PEOPLE

PHC-TEAM

COPC
Primary health care as a strategy for promoting health equity and intersectoral action

- Social Stratification
- Differential Vulnerability and Exposure
- Health Inequality

- Structural Determinants
- People
  - Access
  - COPC
  - PHC-Team

- Networks
  - Education
  - Work
  - Economy
  - Housing
  - ...

- Empowerment
- Social Cohesion

- Define and characterise the community
- Monitor Impact
- Involve Community
- Identify Community's Health Problems
- Develop Intervention

Social and Political Context
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COPC History

- Sidney and Emily Kark in Pholela
  - Scientific research study – proof of effectiveness of community-level engagement
  - Forerunner to ‘PHC’ and ‘DHS’
  - Conceptually started with ‘the Health Centre’

- Had massive policy impact – health systems reform, preventive and promotive health, community mobilization, Alma Ata & PHC movement
Community Health Centre:

- Family Physicians; nurses; dieticians; health promoters; dentists; social workers; …
- 5400 patients; 55 nationalities
- Capitation; no co-payment
- COPC-strategy
COPC-project: children’s physical condition

• Consultation: problematic physical condition
• Survey: children were two times longer in front of television and videogames, and had less physical activity compared to the Flemish youngsters.
COPC-project: children’s physical condition

- Community diagnosis: lack of playgrounds
COPC-project: children’s physical condition

• Intervention 1: construction of playgrounds
COPC-project: children’s physical condition

• Intervention 2: organisation of activities
COPC-project: children’s physical condition

- **Evaluation:**
  - ↓ street criminality
  - ↑ social cohesion
  - ↑ physical activity
The promotion of primary health care since 1978 has had a profound political impact: it forced medical educators around the world to address the health needs of all people and it spurred the global recognition of family doctors as the primary medical providers of health care in the community. Yet, on the 30th anniversary of the Alma-Ata Declaration, disillusionment with and failure to appreciate primary care’s contribution to health persist. The missing link in the translation of the principles of Alma-Ata from idealism to practical, at the expense of population health. The challenge of this balancing act is illustrated in the interchanged use of the terms “primary care”, which usually means care directed at individuals in the community, and “primary health care”, which usually means a population-directed approach to health. To simplify this discussion and to reduce confusion, we will use the term “personal care” instead of “primary care” and “community-oriented primary care” (panel) instead of “primary health care”.

*Chris van Weel, Jan De Maeseneer, Richard Roberts
Department of General Practice, Radboud University Nijmegen Medical Centre, 6500 HB Nijmegen, Netherlands (CvW);
Department of Family Medicine and Primary Health Care, Ghent University, Ghent, Belgium (JDM); The Network—Towards Unity For Health, Maastricht, Netherlands (JDM); and University of Wisconsin School of Medicine and Public Health, Madison, WI, USA (RR)
c.vanweel@hag.umcn.nl

The Lancet 2008;372:871-2
Social inequalities start early in life: ECC-study (2005)

Aims:

- Prevalence of early childhood caries (ECC) in toddlers between 24 -35 months

- The independent association between household-based and neighbourhood-based socio-economic indicators and ECC

Terminology:

Early Childhood Caries (ECC)
The occurrence of any sign of dental caries on any tooth surface during the first 3 years of life.
Design: cross-sectional study
Setting: the final consultation at the baby clinic of K&G
Data collection:

- clinical examination
dental caries
oral hygiene

- face-to-face interview with proxy
in 6 languages
demographic data
socio-economic data
oral health-related habits
Results

Sample:
	sample: 384 (population: 2.948)

between 24 and 35 months old

180 boys / 204 girls

Prevalence:

18,5%

7,4% in the highest occupational class

29,6% in the lowest occupational class

none of the lesions treated
Results logistic regression analysis*

Having ECC is independently determined by:

<table>
<thead>
<tr>
<th>Factor</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>E. Europe versus W. Europe</td>
<td>19.092</td>
</tr>
<tr>
<td>Neighbourhood deprivation</td>
<td>11.076</td>
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<tr>
<td>Education</td>
<td>1.010</td>
</tr>
<tr>
<td>Occupation</td>
<td>1.718</td>
</tr>
<tr>
<td>Income</td>
<td>1.127</td>
</tr>
</tbody>
</table>

* adjusted for age, sex, family size, oral health-related behaviour
Towards an accessible primary oral health care
Community diagnosis

Accident: scholar severely invalidated

Meeting: police, family physicians, schools, elderly-organisations, …
Analysis: unsafe traffic conditions for pedestrians

Formulation of proposals for improvement, involving local population
Establishment safer traffic situation

Assessment: no more severe accidents
Improvement of living conditions

→ Participation all stakeholders
Housing quality: before and after
Figure 20. The partnership pentagon
Community Oriented Primary Care

Ghent 2002-2010
Process of data-collection in the community
KENMERKEN:
- Weinig groen, bloemetjes,
- Transit
- Hoogbouw
- Kunstmatig
- Rev
- Eilandgevoel
- Grauwe (kleine huizen) beperkte oppo
- Multicultureel
- Leeftijdverschillen
- Lage financiële klasse (lage SES...)
- Weinig verantwoordelijkheidsgevoel voor wijk
- Veel geðlandeerd
- Weinig respons op activiteiten?
- Weinig focus op gezondheid (rook, eten)
- Weinig mensen op straat
- Rust
- Weinig winkels

KORTE: geen sociale coherie

- Veel voornegenheid
- Zwerfvuil
- Geconcentreerd
- Grote kerk
- Scholen
- Dienbaar verweer
- Onveiligheidsgevoel
- Vriendelijke mensen
- Ziek ↔ arm
- Markt
- Laag zelfbeeld
Presentatie van de voorstellen
Announcement | Annual Conference

Advancing Quality through Partnerships of Health Professions Education and Health Services Institutions

International Conference
November 13 - 17, 2010
Kathmandu, Nepal

Organised by The Network: Towards Unity for Health and B.P. Koirala Institute of Health Sciences. Co-sponsored by the Kathmandu University, School of Medical Sciences

Post-Conference Excursion to B.P. Koirala Institute of Health Sciences in Dharan, Nepal. November 18-20, 2010
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Intersectoral action for health: federal (1)

- Interministerial conference for social integration
  - Insurability
  - Maximum bill

- Population Health Survey
Intersectoral action for health: regional (2)

• Local social policy framework:
  → Access to social rights
  → “Social house”

• Flemish Health Council: comprehensive health care system
Health and welfare: comprehensive approach

Flemish Health Council (2006)
Figure 3.5 Primary care as a hub of coordination: networking within the community served and with outside partners\textsuperscript{173,174}
Intersectoral action for health: local (3)

- City of Ghent (225,000 inh.)
  - Implementation Local Social Policy:
    - 11 clusters:
      - Work
      - Interculturality
      - Youth
      - Elderly
      - ...
      - Health
- Top-priorities:
  - Living conditions (housing)
  - Access to health promotion and care
Intersectoral action for health: the community (4)

Ledeberg (8,700 inh.)

- Platform of stakeholders
- Implementing COPC-strategy, taking different sectors on board
- Accessible, comprehensive, quality local health care facility: a multidisciplinary Primary Health Care Centre
Platform of stakeholders:

- 40 to 50 people
- 3 monthly
- Exchange of information
- “Community diagnosis”
Intersectoral action for health

- Territorial approach
- Universality
- Comprehensiveness
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Primary Health Care

Now More Than Ever

World Health Organization
Figure 1: The PHC reforms necessary to refocus health systems towards health for all

- **Universal Coverage Reforms** to improve health equity
- **Service Delivery Reforms** to make health systems people-centred
- **Leadership Reforms** to make health authorities more reliable
- **Public Policy Reforms** to promote and protect the health of communities
Conclusions

- COPC identifies and addresses the upstream causes of social inequities in health
- Intersectoral action for health is needed at different levels
- Primary Health Care creates the framework for concrete action
- There is a need for integrating interdisciplinary strategies like COPC in teaching, research and policy
YES WE CAN!
Thank you!

Jan.DeMaeseneer@ugent.be