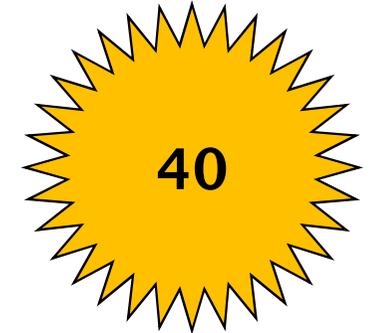


Kommunale Vernetzung: „Gemeinwohltreffen“ in Gent, Belgien

Assoc. Prof. Priv.-Doz. Dr. Kathryn Hoffmann, MPH

Interim. Leiterin Abteilung für Allgemein- und Familienmedizin an der
MedUni Wien

Happy birthday! 40 Jahre Alma Ata



1978- Alma Ata Declaration-I.



- Health for All
- Primary Health Care
- Health a Fundamental Human Right
- Equity
- Appropriate Technology
- Inter-sectoral Development
- Community Participation.

Alma Ata, 1978:

The International Conference on Primary Health Care calls for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world by the year 2000.

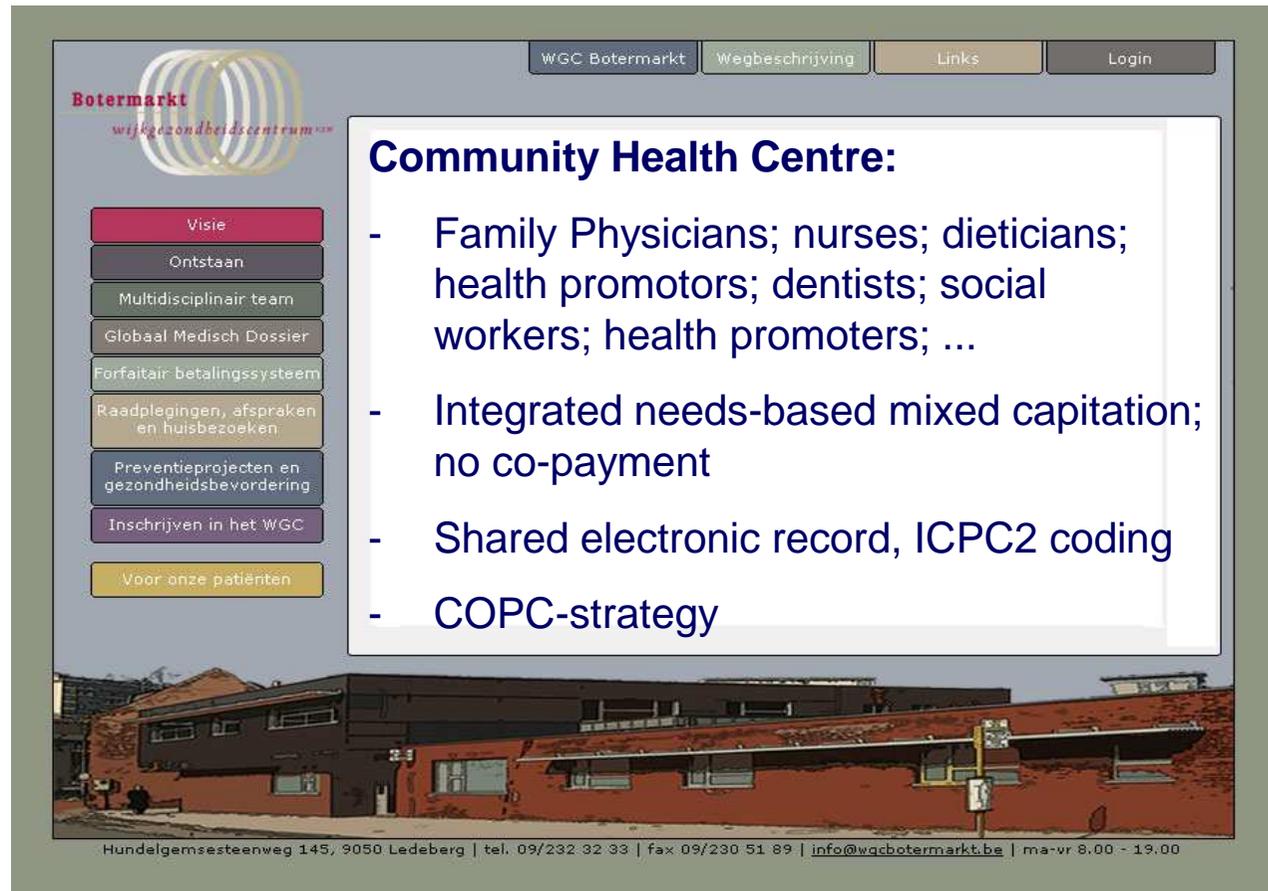
Definition des ExpertInnen-Komitees der europäischen Kommission (2014)

Die ExpertInnen-Kommission erachtet Primärversorgung als die Versorgungsebene, welche allgemein zugängliche, integrierte, personenzentrierte und umfassende sowie familienorientierte und **gemeindenahe Dienstleistungen** der Gesundheitsversorgung bereitstellt. Diese Dienstleistungen werden von einem Team von Fachkräften erbracht, welches dafür verantwortlich ist, dass der großen Mehrheit personenbezogener Gesundheitsbedürfnisse angemessen begegnet wird. Die Dienstleistungen werden in einer dauerhaften Partnerschaft mit den PatientInnen und LaienversorgerInnen/-pflegerInnen unter **Miteinbeziehung der Gegebenheiten in der Familie und lokalen Gemeinschaft** umgesetzt und spielen eine zentrale Rolle in der gesamten Koordination und Kontinuität der Gesundheitsversorgung der Menschen.

Expert Panel on Effective Ways of Investing in Health (EXPH). Definition of a Frame of Reference in relation to Primary Care with a special emphasis on Financing Systems. Brussels: European Commission; 2014.

Kommunale Ausrichtung des Primärversorgungssektors: der COPC (community-oriented primary care) Ansatz

Am Beispiel Gent, Belgien



The screenshot shows the website for Botermarkt, a community health centre. The header includes navigation links: WGC Botermarkt, Wegbeschrijving, Links, and Login. The main content area is titled "Community Health Centre:" and lists several key features:

- Family Physicians; nurses; dieticians; health promoters; dentists; social workers; health promoters; ...
- Integrated needs-based mixed capitation; no co-payment
- Shared electronic record, ICPC2 coding
- COPC-strategy

On the left side of the page, there is a vertical menu with the following items: Visie, Ontstaan, Multidisciplinair team, Globaal Medisch Dossier, Forfaitair betalingssysteem, Raadplegingen, afspraken en huisbezoeken, Preventieprojecten en gezondheidsbevordering, Inschrijven in het WGC, and Voor onze patiënten. At the bottom of the page, there is contact information: Hundelgemsesteenweg 145, 9050 Ledeborg | tel. 09/232 32 33 | fax 09/230 51 89 | info@wqcbotermarkt.be | ma-vr 8.00 - 19.00.

Kommunale Ausrichtung des Primärversorgungssektors: “Gemeinwohl”-Treffen

- 1986: Erstes Treffen in Ledeburg ausgehend vom Community Health Center Botermarkt (Kennenlernen, Annäherung, Ziele)
- 3-monatige Treffen
- Ca. 40–50 Sozial- und GesundheitsprofessionistInnen sowie PatientInnenvertretung aus dem Bezirk
- Seit neustem auch eine Person des Dachverbands der Community Health Center
- Präsentation von Daten und Erfahrungen zu
 - Gesundheitsproblemen (bio–psycho–sozial)
 - Status Gesundheitsdeterminanten



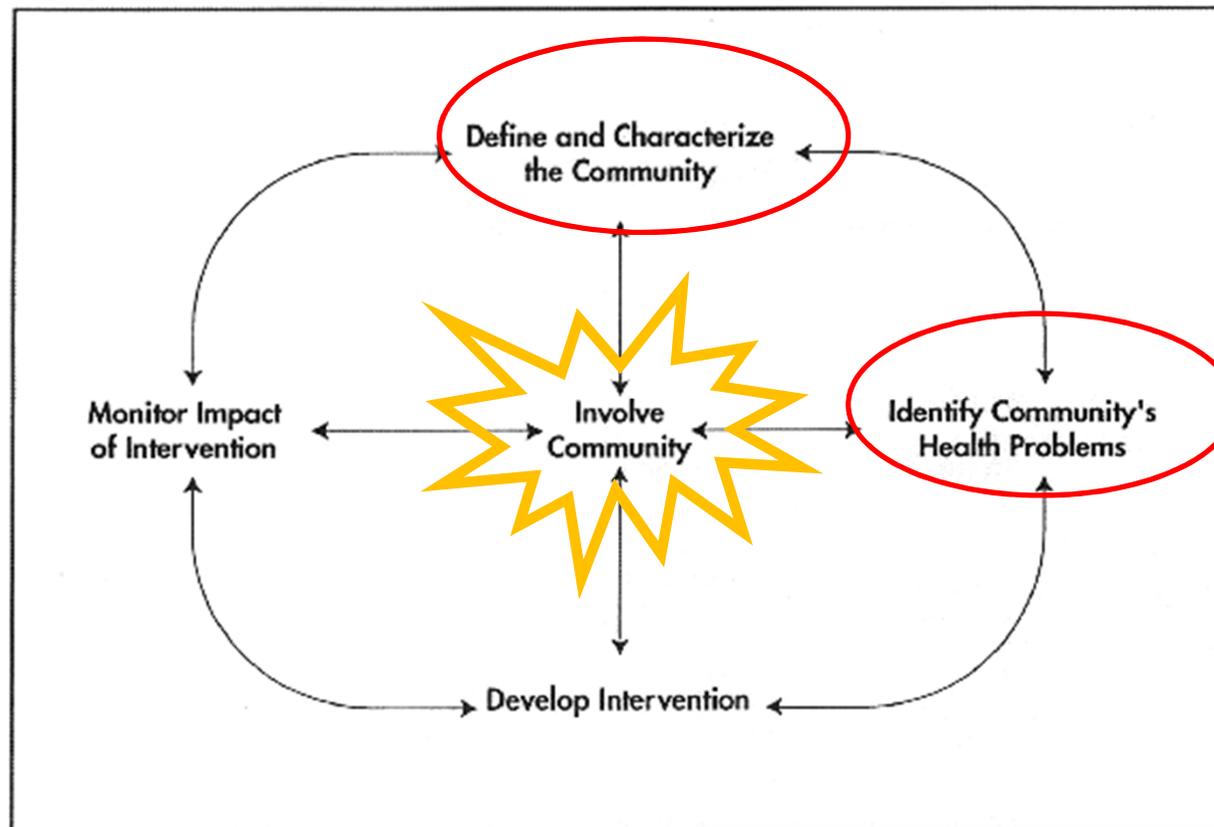
Vom “Gemeinwohl”-Treffen zur Community-Diagnose

- Gesundheitsprobleme und Status der Gesundheitsdeterminanten
 - Daten aus dem Community Health Center sowie den anderen Gesundheits- und Sozialorganisationen (statistische Daten sowie qualitative Daten durch Befragungen und Beobachtungen)
 - Externe Gesundheits- und Sozialstatistiken für diese Region
- Priorisierung der notwendigen Interventionen
- Planung der notwendigen Interventionen



Community diagnosis

FIGURE 1.2: The COPC Process



COPC-Projekt: körperliche Verfassung von Kindern

- Die Kinder in Ledenberg waren doppelt so lange und häufig von dem Fernseher und spielten Videospiele als Kinder in Flandern im Durchschnitt
- Spielplätze in Ledenberg waren in schlechtem Zustand und gefährlich



COPC-Projekt: körperliche Verfassung von Kindern

- Intervention 1: Neugestaltung und Sicherung der Spielplätze durch die EinwohnerInnen



COPC-Projekt: körperliche Verfassung von Kindern

- Intervention 2: Organisation von Aktivitäten mit und durch die EinwohnerInnen



COPC-Projekt: körperliche Verfassung von Kindern

- **Evaluation des Projektes:**
 - ↓ street criminality
 - ↑ social cohesion
 - ↑ physical activity

COPC-Projekt: Verkehrssicherheit, Beleuchtung

Diagnose: Vermehrte schwere Unfälle



COPC-Projekt: Verkehrssicherheit, Beleuchtung

- Gemeinwohl-Plattform (inkl. wichtige Personen und Persönlichkeiten aus dem Bezirk)
- Meetings mit Polizei, Schulen, Kindergärten, PensionistInnen-Organisationen, PolitikerInnen
- Miteinbeziehung relevanter Sektoren wie Infrastruktur, Verkehr, Bildung (Verkehrserziehung) etc.

COPC-Projekt: Verkehrssicherheit, Beleuchtung



Integration of personal and community health care

The promotion of primary health care since 1978¹ 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,² 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".

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City Health Council – Gent: Vorbereitung der Primary Care Zone



Primary Care Zonen in Flandern, Belgien

- In Flanders, the population (6million people), has access to primary care in the framework of newly organized "Primary Care Zones".
- Primary Care Zones functions as the "meso-level", with on average a geographical circumscription of 100.000 inhabitants (75–125.000). In the Primary Care Zone there is an organization according to the different "districts".
- In Ghent there are 25 districts that are clustered in groups of 4, and for each of the 4 districts, there is a "social coordinator" that supports the processes at the district level.
- Kick-off Primary Care Zone Ghent: 18.04.2018

Primary Care Zonen in Flandern, Belgien

The function of such a Primary Care Zone could be defined as follows:

1. provides support at the micro-level by ensuring organization and mentorship between different disciplines including family doctors and stimulating multi-disciplinary and intersectoral cooperation, including the most needed integration of health and social care, of primary care and public health;
2. organize continuity at the primary care level, for different disciplines (family medicine, pharmacy, nursing,...). This continuity is different from the patient-related continuity of (planned) care at the micro-level: the practice;
3. implement national programs for health promotion, disease prevention, curative services, care and rehabilitation in an integrated manner in order to provide universal access to those programs;
4. facilitate the coordination between primary care, public health, specialized and hospital care with particular emphasis on patients transitions (referral and discharge);

Primary Care Zonen in Flandern, Belgien

5. implement the provision of human resources for health care (recruitment and retention);
6. interact with national health authorities in order to inform priority setting and eventually adaptation of national policies;
7. facilitate different forms of citizen participation;
8. prepare agreement on complementary health goals, relevant for the Primary Care Zone;
9. optimize the utilization of resources at the Primary Care Zone – level;
10. assess performance of the Primary Care Zones and compared to other Primary Care Zones (after controlling for differences in need).



Vulnerability and Compassion: The role of Primary Care in Europe
 How to overcome the austerity period

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CRETE 2018

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Early bird non-members	€ 425
Late registration EFPC members	€ 350
Late registration non-members	€ 525

Abstract submission deadline: 1st of May 2018



Jan De Maeseneer
**Family Medicine
 and Primary Care**
At the Crossroads of Societal Change

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