



When GP address health inequities, between resilience and uncertainties

Hanna Ballout, GP – BAPH symposium, June 2024

Disclosure of Conflicts of Interest

- No conflicts of interest to declare

Short CV



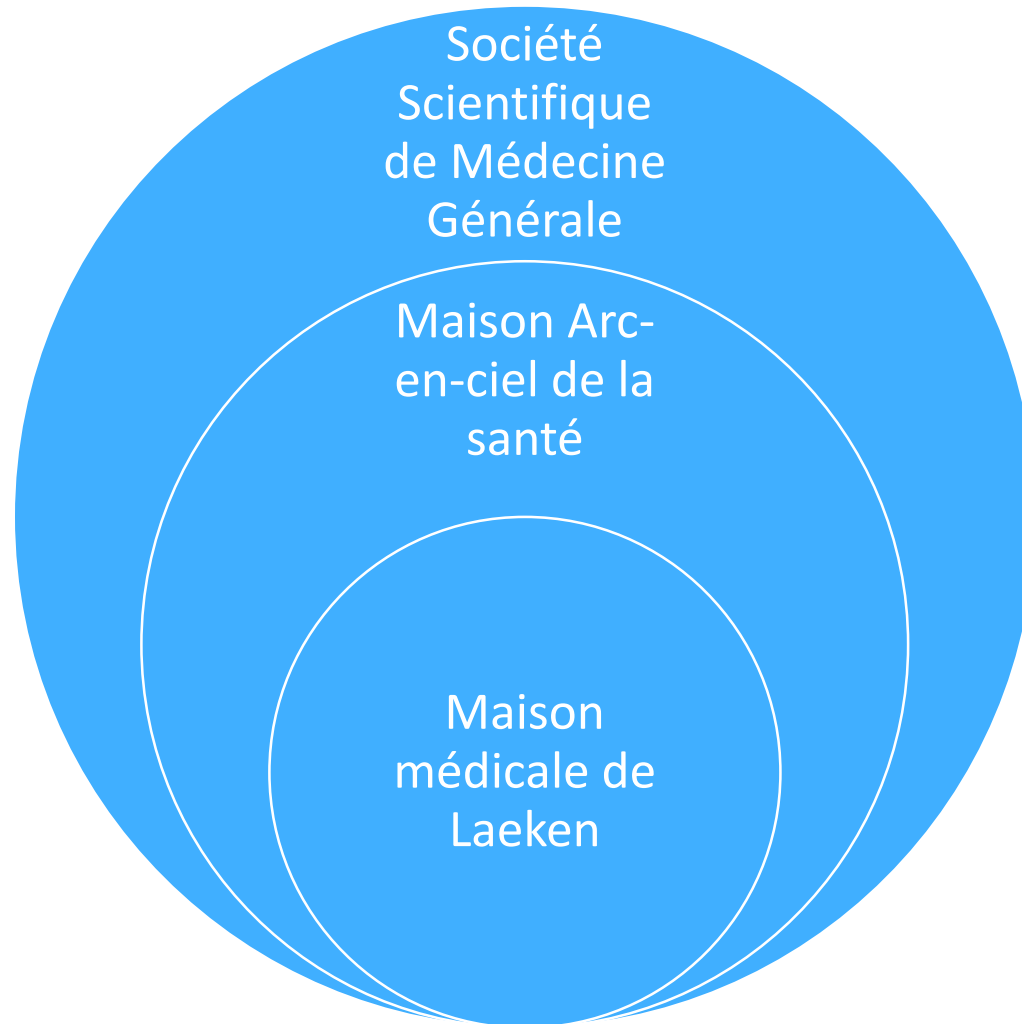
- 2018 : Medical Degree
- 2021 : End of residency in Family Medecine, Secretary General of '*Société Scientifique de Médecine Générale*'. Expert in GBV and LGBTQIA+ health
- 2022 : Volunteer work at '*Maison Arc-en-ciel de la santé*'
- 2023 : GP at '*Maison Médicale de Laeken*'



Finding joy in our work

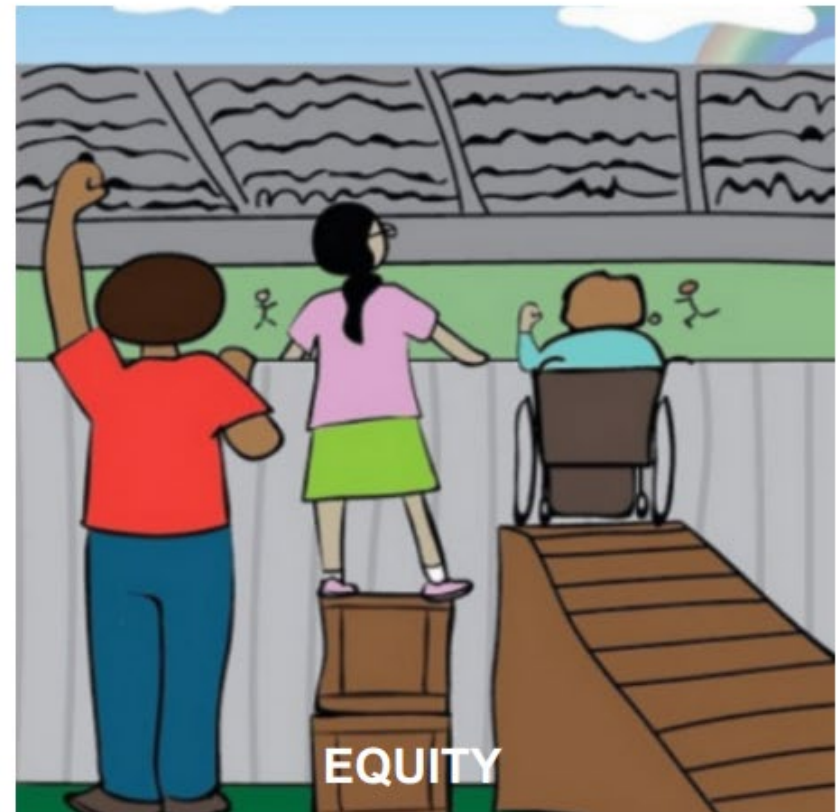
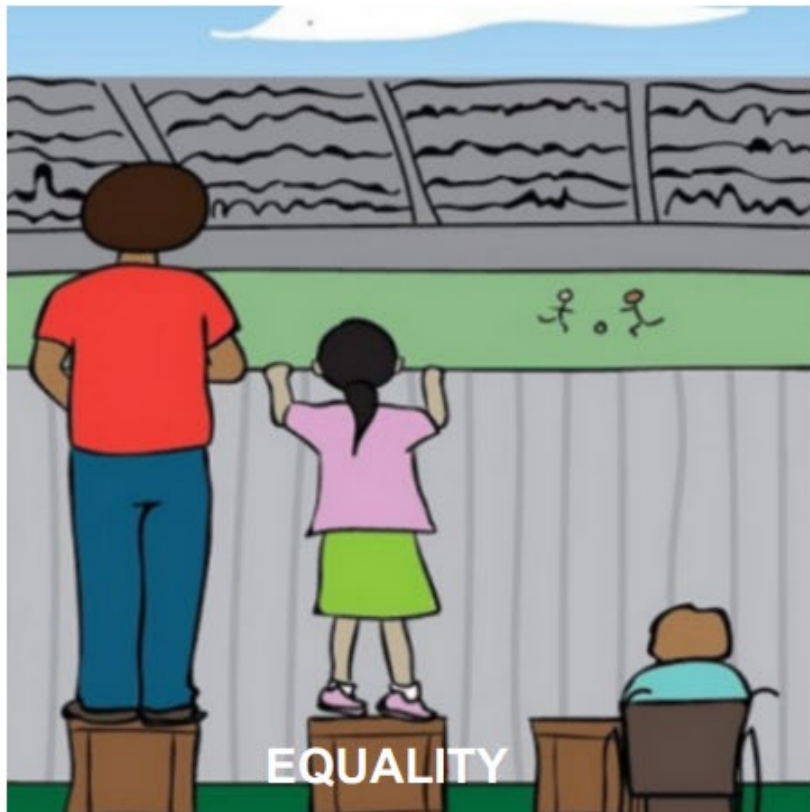
- What changed for me since 2020

Making an Impact at Different Levels



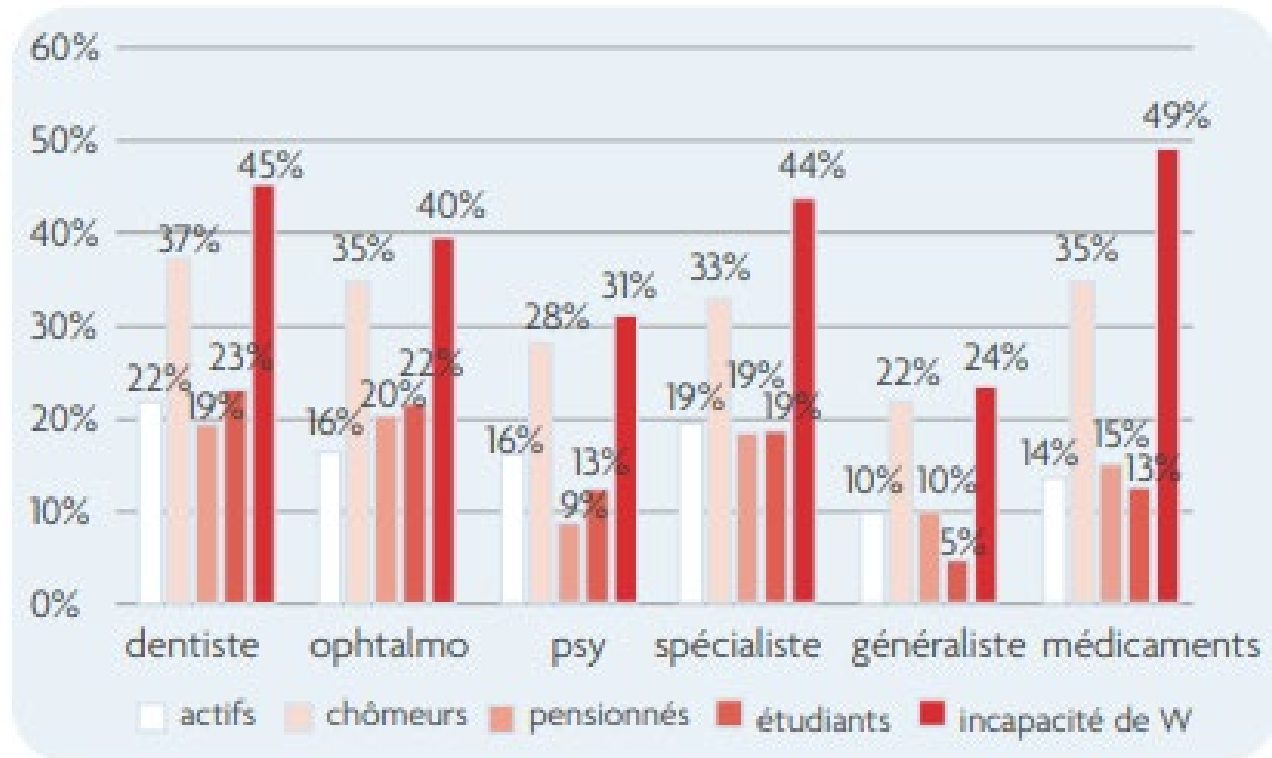
“Poverty makes sick, sickness makes poor”

From : Bouckaert N, Maertens de Noordhout C, Van de Voorde C. Health System Performance Assessment: how equitable is the Belgian health system?. Health Services Research (HSR) Brussels: Belgian Health Care Knowledge Centre (KCE). 2020. KCE Reports 334. D/2020/10.273/30



“Poverty makes sick, sickness makes poor”

Renoncement par type de soin en fonction de la situation professionnelle



Working in a capitation-based medical center

- In comparison with Health Interview Survey

Tableau 1 : Comparaison des prévalences « Enquête de santé-HIS 2018 » et « Tableau de bord des maisons médicales au forfait-FMM 2019 », données ajustées pour l'âge et le sexe .

	Région wallonne			Région bruxelloise		
	HIS 2018	FMM 2019 ajusté	Comparaison FMM/HIS	HIS 2018	FMM 2019 ajusté	Comparaison FMM/HIS
HTA	18,4%	23,2%	+26,3%	13,3%	18,1%	+36,6%
Dépression	8,4%	12,6%	+49,9%	7,7%	11,3%	+46,2%
Diabète	6,6%	9,6%	+45,6%	5,9%	8,2%	+39,3%
Bronchite chronique	5,2%	6,5%	+24,2%	3,7%	3,1%	-17,6%
Epilepsie	1,0%	0,9%	-10,4%	0,9%	0,7%	-21,4%

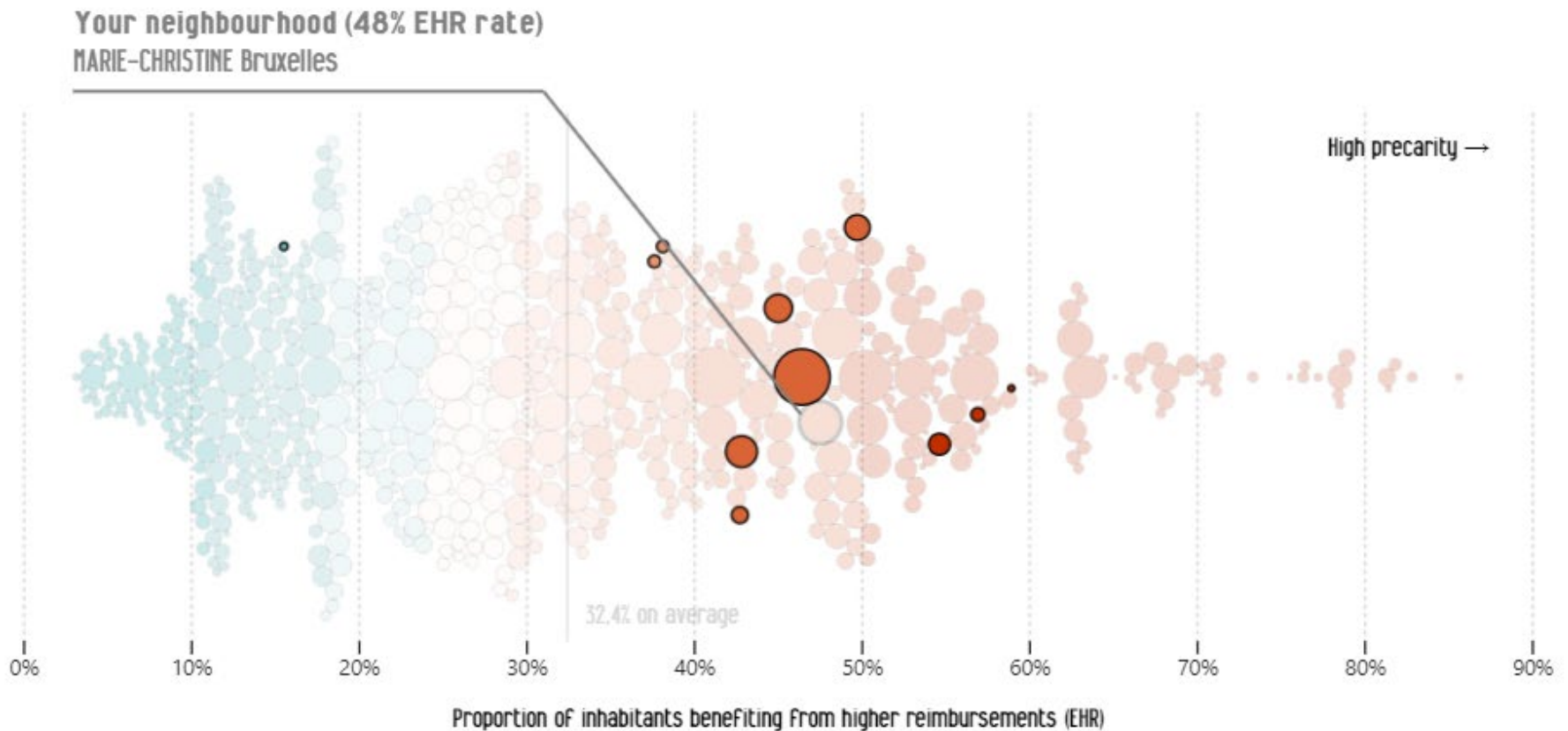
En gras, les différences significatives sur base des intervalles de confiance (95%) fournis autour des prévalences de l'HIS 2018.

Working in a capitation-based medical center

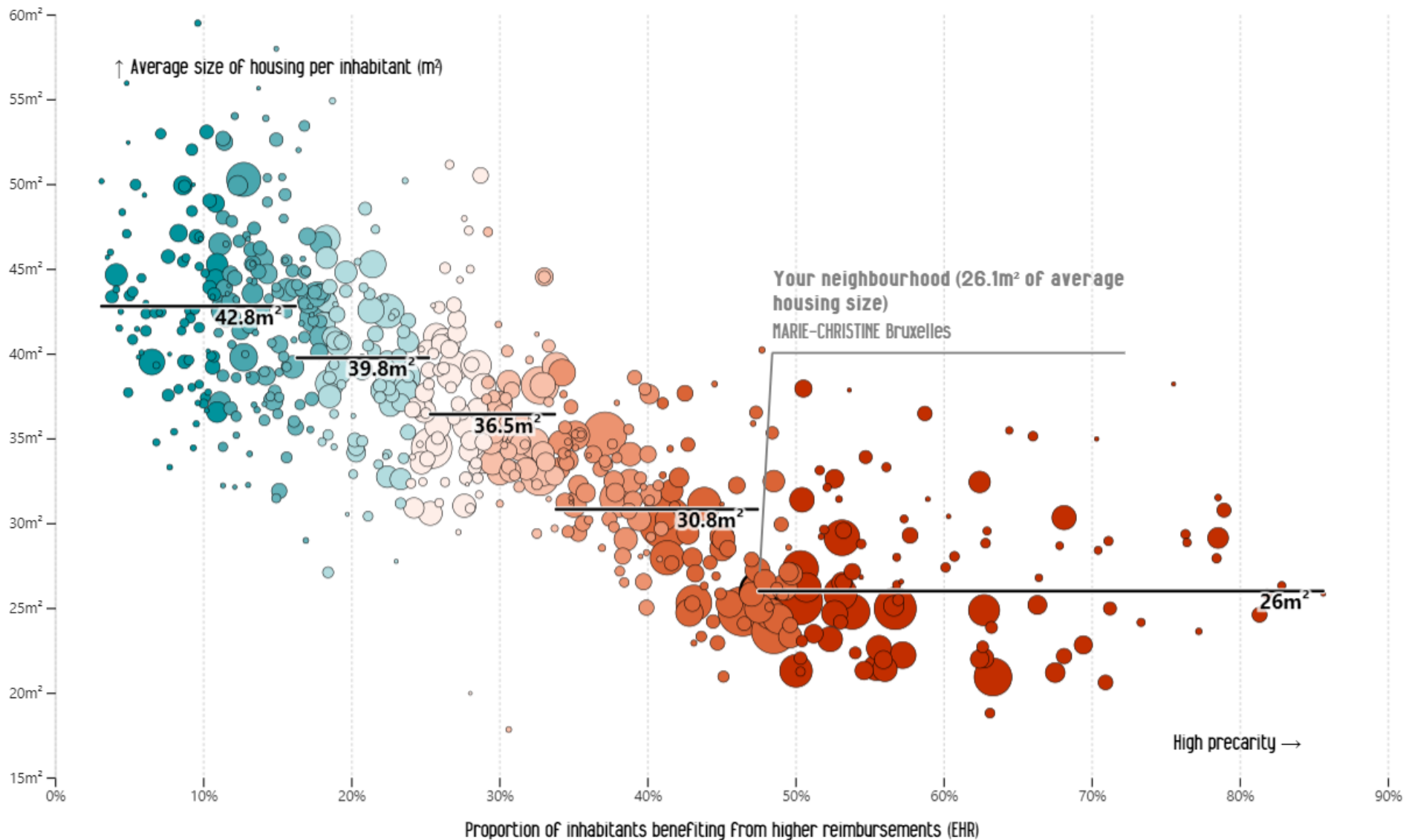
- A political choice
- Underprivileged patient base
- Concentration of chronic problems
- Major financial impact limiting access to healthcare
 - What about Laeken ?

Laeken

- Entitlement to Higher Reimbursements = EHR/BIM/RVT = 48% in our area

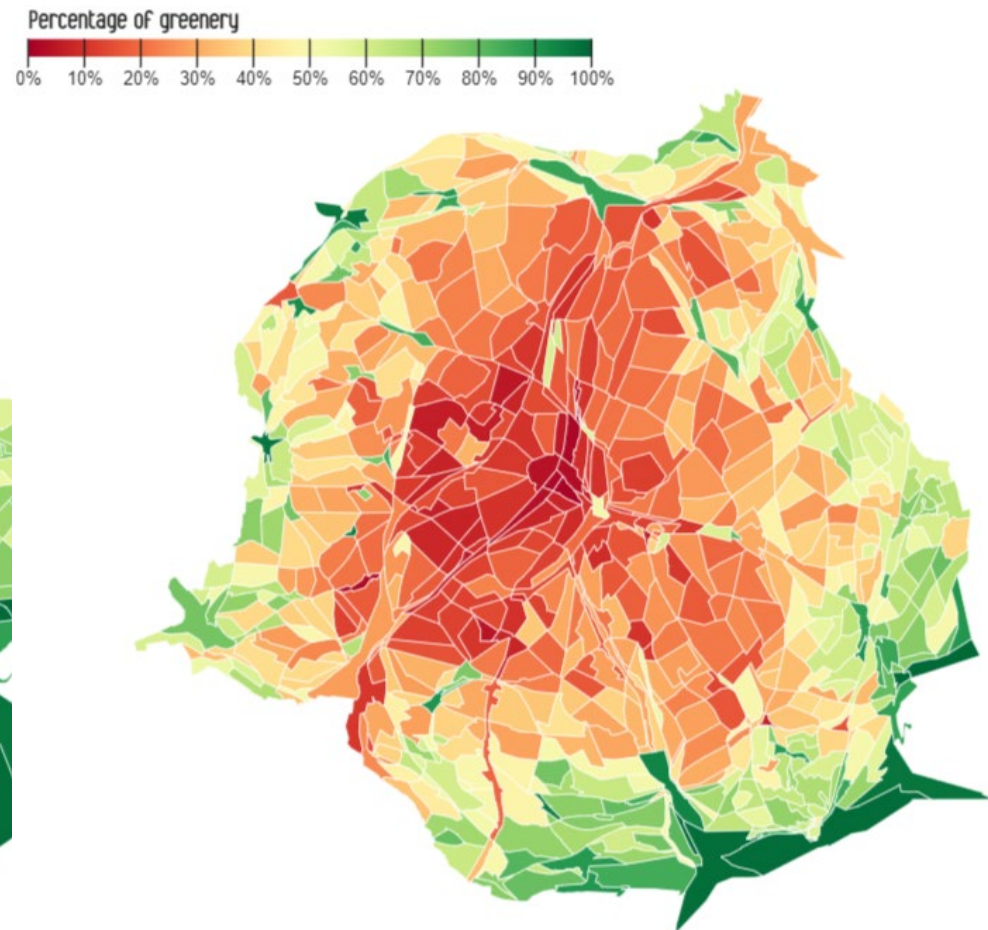
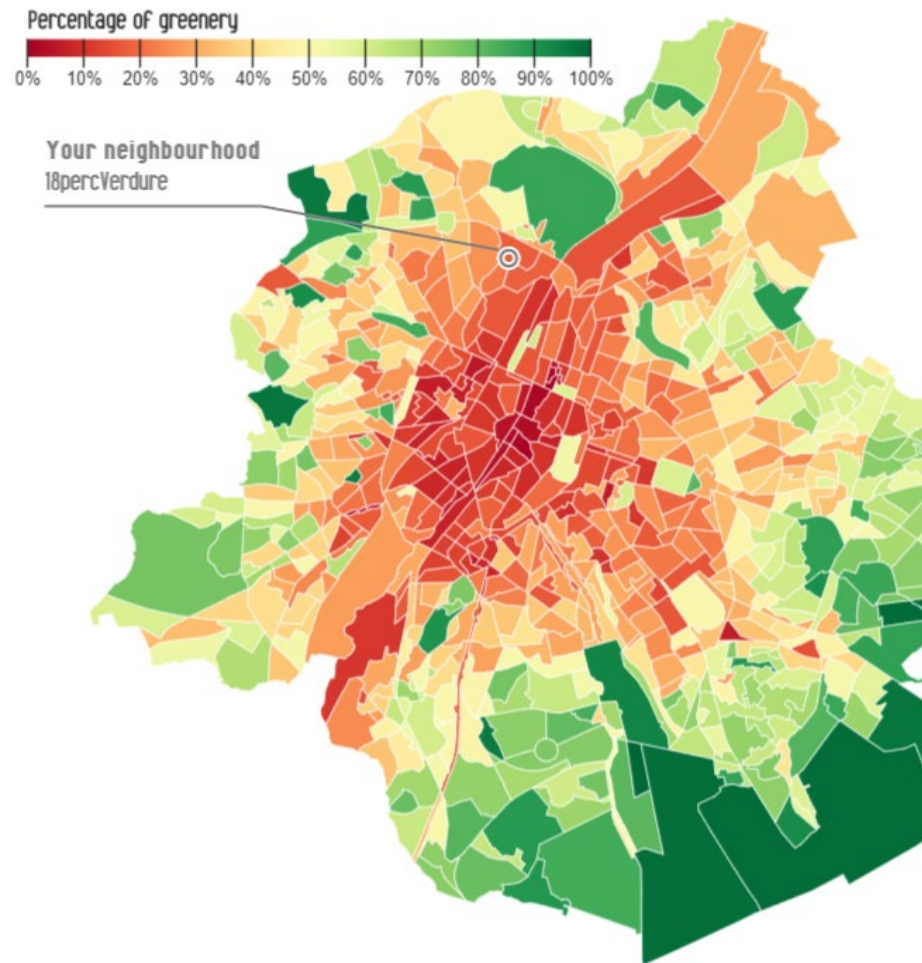


Laeken



SOURCE: [ATLAS AIM](#) & [NEIGHBOURHOOD MONITOR \(IBSA/BISA\)](#)

Laeken

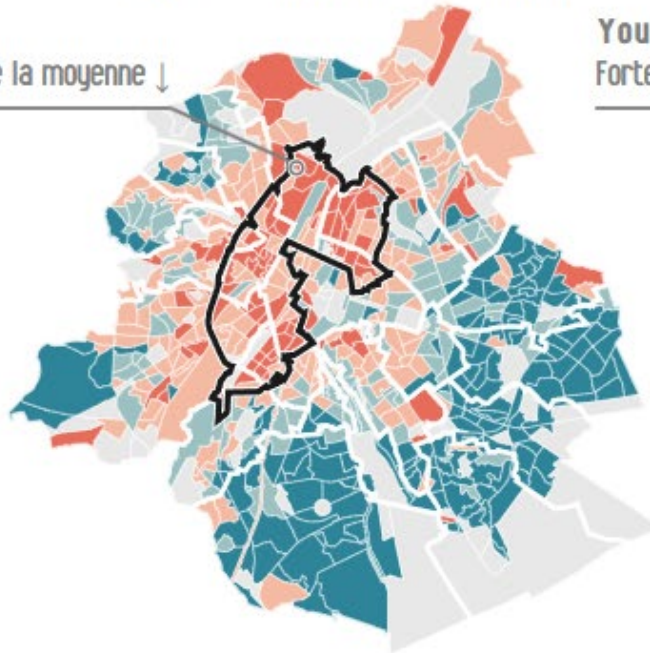


Laeken

Soin dentaire préventif, 2016



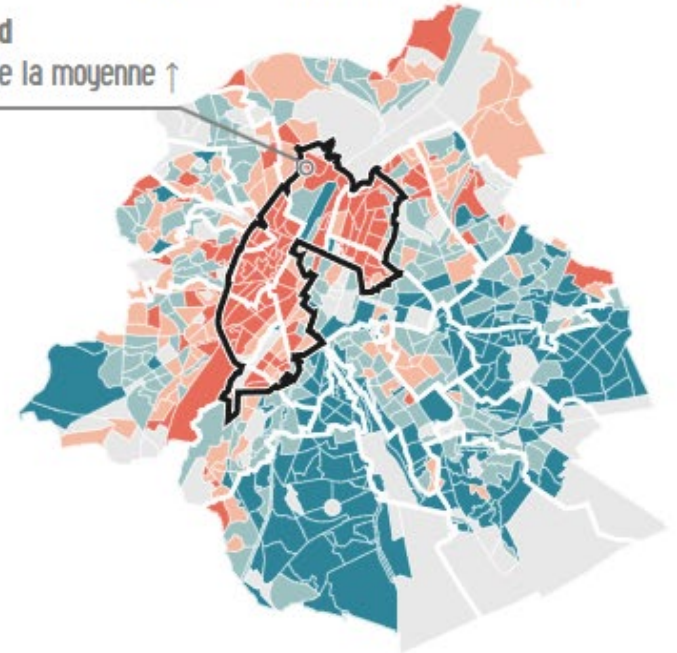
Your neighbourhood
Fortement au-dessous de la moyenne ↓



Diabète, 2016



Your neighbourhood
Fortement au-dessus de la moyenne ↑



Maison Médicale de Laeken

- Observations
 - Housing issues
 - Non-use of social rights
- Solution
 - Social worker
 - Empowerment of our patients

Maison Médicale de Laeken

- Observations

- Not all patients speak FR or NL
- Not all patients can plan their care
- Low health literacy

- Solution

- Consultations in 4 languages including arabic
- Appointment slots and walk-in slots

Maison Médicale de Laeken

- Observations
 - Little access to health promotion
- Solution
 - Community health activity
 - Social contacts
 - Access to culture

Maison Médicale de Laeken

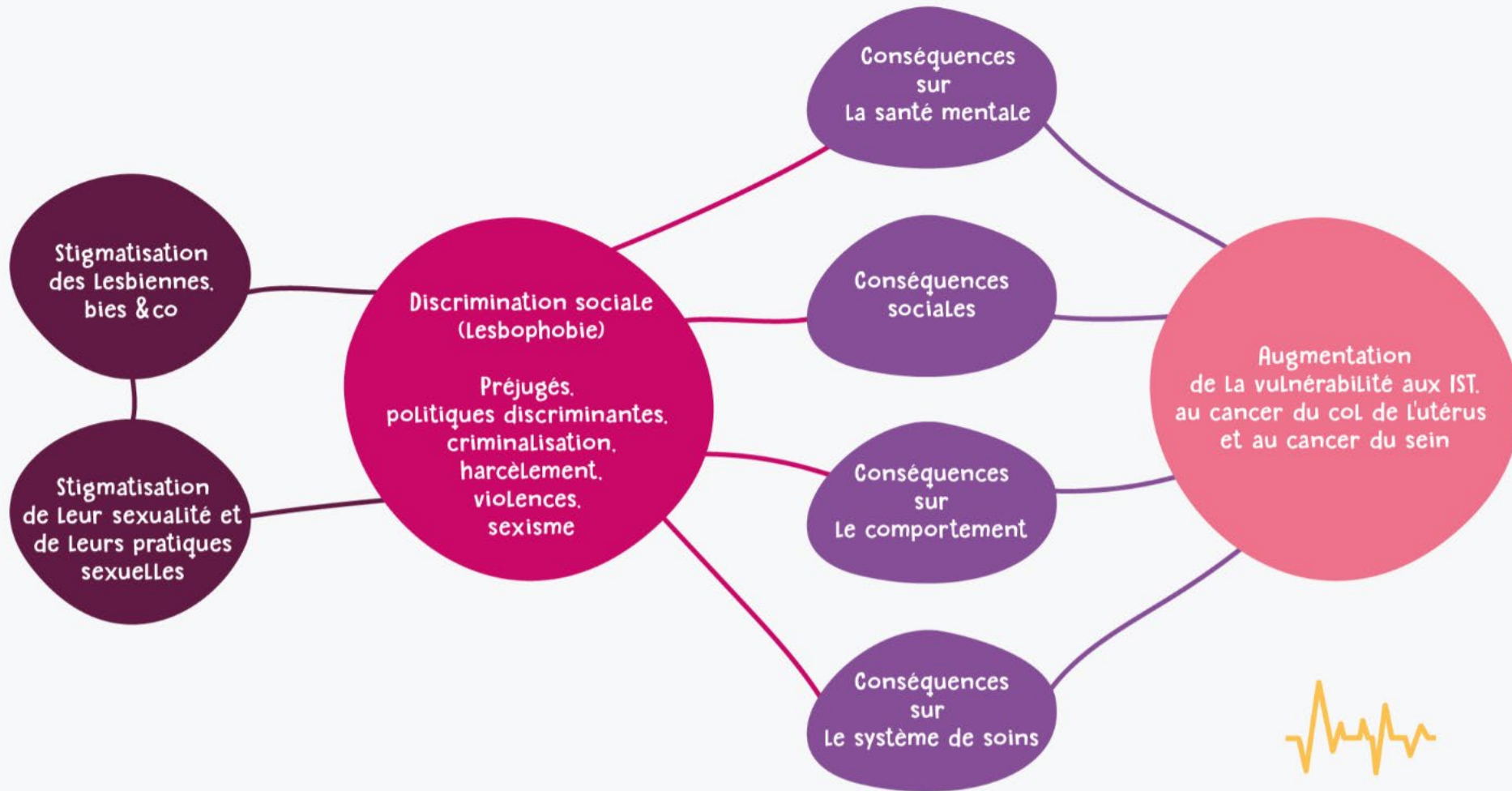
- 3 important barriers
 - ✓ Social
 - ✓ Cultural
 - ✓ Financial



From the individual level to the community level

Macs.brussels

- Collaboration between Ex Aequo, Tels Quels and Genres Pluriels
- Addressing unmet health needs in LGBTQIA+ individuals.
- Tackling “*minority (group) stress*” through a community center and a health center (or MACS)

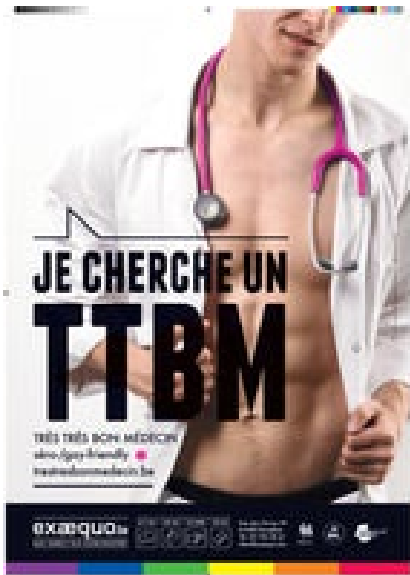


Macs.brussels

- MACS is a LGBTQIA+ community-based center, free of charge, low-threshold
- Community health activity
 - ✓ STI screening (outreach)
 - ✓ Counseling on risk reduction and providing material
 - ✓ Organizing sober socialization activities.

Macs.brussels

- Inclusion of healthcare professionals (HCP)
 - ✓ Network of « safer » HCP
 - ✓ Specialized training



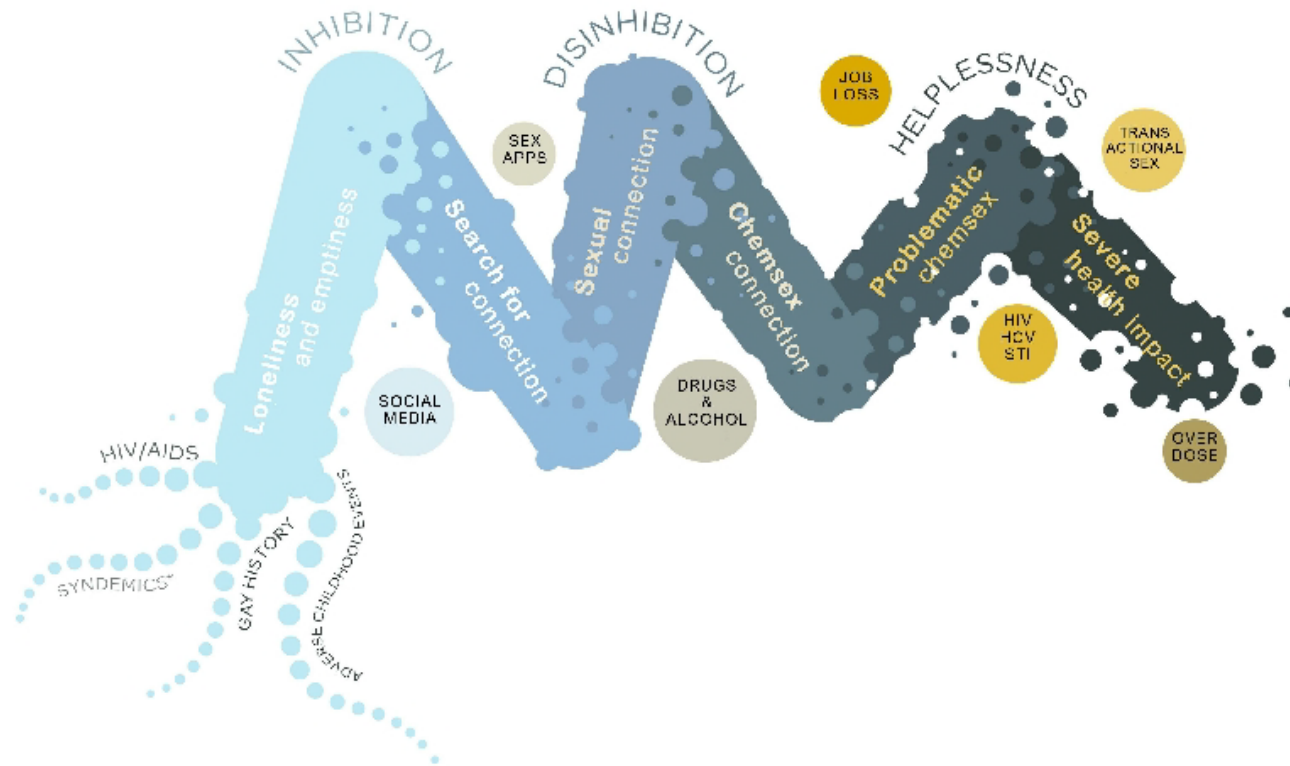
Réseau
Psycho-Médico-Social
Trans* et Inter* Belge



Interactions between MACS and SSMG

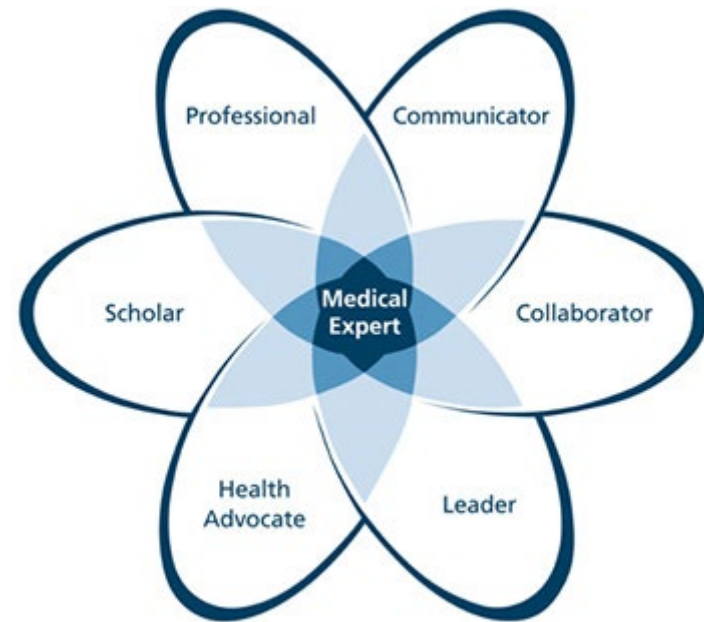
THE PROBLEMATIC CHEMSEX JOURNEY

a resource for prevention and harm reduction



Société Scientifique de Médecine Générale

- GP are sentinel of many problems
- Prevention is perceived as time-consuming
- Shift from scientific skills to soft skills



CANMEDS

Soft-skills : a way to tackle unmet needs ?

- Active listening
- Motivational interview
- Overcoming stigma and stereotypes
- Intercultural mediation

Société Scientifique de Médecine Générale

- Make taboo topics visible
- Encourage excellence
- Value patient autonomy and empowerment

Ex: GOC



Take-home message

- We are part of a network
- GP have control on 3 different levels
- Importance of multidisciplinary work
- Importance of interactions with community initiatives
- Always start with patients' priorities

Thank you for your attention



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