

## The chosen topic of the Belgian Anti-Poverty network

We have chosen the topic: 'Access to good quality health care services'. The problems, recommendations and quotes described below come from a permanent working group of the Walloon Anti-Poverty Network. This working group, consisting of people experiencing poverty, meets on a monthly basis to discuss healthcare issues.

## Why have you chosen this priority? Why is this priority important for your?

Socioeconomic factors have an enormous impact on a person's health. Disease and mortality rates are unevenly distributed in our society, and far more often affect people experiencing poverty. At the same time, we see that people experiencing poverty have less access to health care, which reinforces these health inequalities. A good health is the most important thing in life. It is unacceptable that socioeconomic inequalities have such an impact on it.

In Belgium there are major problems with financial accessibility to health care. In recent years, we have seen an increase in the price of medicines, a restriction on the reimbursement of physiotherapy, less accessible dental care, ... People therefore postpone medical care, which can lead to major health problems in the long term.

***"We no longer dare to go to the doctor because we know that we will not be able to pay all the costs."***

***"I didn't take care of my health and after a while, all my different body parts failed one after the other. The 'non-care' generates costs even higher."***

Dental care but also glasses and hearing devices are very expensive. There is a very large non take up concerning these basic needs for people experiencing poverty. This has an important impact on their comfort but also on their social life, access to information, their self-confidence and the acceptance by others. It is possible to get certain medical expenses refunded but to receive this people usually have to fill in a lot of paperwork or need to undertake a lot of administrative steps.

***"To get a refund for glasses by the CPAS, I had to provide 3 offers."***

There are also major mobility problems for people in rural areas who do not have a car at their disposal.

***"To get to the hospital, I take the bus at 7:30 and arrive 1:30 in advance because of the bus schedule."***

***"I have to take 3 buses to go to my doctor."***

In the health care services, digitalization is becoming more and more common. The transfer of information is becoming faster. The ever-increasing striving for more efficiency in hospital facilities prevents time from being spent with patients and exhausts teams. Cost-effectiveness as a priority objective hinders access to care. People need to be more self-sufficient and less time is taken to explain and inform them. People experiencing poverty often need a more

personal and human approach. Some need more time or a more comprehensible explanation to fully understand their health situation and which steps they need to undertake.

***'I had to ask my doctor to explain with other words. I wondered if he even spoke to me in French because of his jargon.'***

***'When I left the doctor's office, he told me that I had to make an appointment with a pulmonologist. I didn't understand the importance or where I needed to go. In the end, I suffered from a long infection.'***

Not all people have the same resources to overcome the obstacles of everyday life and this can prevent them to take care of themselves. Some people also have little faith in medical staff or medical institutions

***Being a single father, I give priority to my son, especially since he was often sick because of our unhealthy apartment. We went to the clinic more than twice a year for him. For me, I used grandmother's remedies until the day the pain was unbearable, and I was discovered with osteoarthritis, a herniated disc and nodules in the kidneys.***

***A 20-year-old man in a homeless shelter had not been medical treated for years. It was only after a street nurse took care of his foot mycosis, he regained some confidence and met there also with a social worker and told his story. Since then, he has been seeing a doctor, with a gradual recovery of confidence towards the medical profession.***

Are there any policies in place to address the problem? How do they work? What is the impact of these policies on PePs lives?

In Belgium you pay the total cost of a doctor's visit directly to the doctor. After you have to request for a (partial) refund from your health insurance. People with limited financial resources can ask not to 'advance' the amount the health insurance takes for its account. The doctor then immediately makes the request to the health insurance, so the patient only pays to him a small sum. This system, called the third payer, gives a much greater financial accessibility for people experiencing poverty. Unfortunately, this system is only accessible for primary care. People living in poverty demand a generalization of this system, also for specialists.

***"It is important to know if you are entitled to the third payer system and if the doctor is obliged to accept this third payer system. When you know exactly how much a doctor visit costs, you go more easily to the doctor or at least you can better organize yourself. When you have to go to the specialist, it creates stress and pressure because you don't know if you're going to be able to pay the costs."***

Health insurances, in consultation with doctors, determine which prices may be charged for which services. Doctors can engage themselves to follow these agreements but are not obliged to do so. It is not easy to find out which doctor is committed to follow these price agreements, and which doctor is not. There should be more transparency about this.

In Belgium most doctors are paid for each consultation or treatment they perform. An exception to this rule are the community health centers, They receive a fixed monthly amount from the health insurance for each registered patient. As a result, the patient does not have to make any financial arrangements and the patient does not pay for its doctors consultations. A community health center is a multidisciplinary group practice in which various care providers such as general practitioners, physiotherapists, nurses, social workers, dieticians, etc. work together under one roof. They strive for high accessibility by removing as many barriers as possible, financially, but also culturally and physically. They pay a lot of attention to prevention and health promotion and they work very closely with local associations. People living in poverty are very satisfied with the global approach of these neighborhood health centers and want that this system is extended.

Please look at our video to understand why we are so much in favor of these community health centers:

<https://vimeo.com/239967864>

### What solutions or improvements to existing solutions do PePs propose regarding the problem?

If we want to tackle health inequalities, we must first tackle poverty itself. Unequal access to education, lack of financial resources, poor housing, stress, insufficient leisure time, lack of access to healthy food, ... all have a major impact on health.

***'It hurts me when I see these commercials saying you need to eat 5 fruits and vegetables every day, it hurts me because all the fruit and vegetables I eat come from a can.'***

***"Paying attention to your health by eating healthy, only few people have access to healthy food . Due to a lack of budget, you have to eat bread (especially), pasta and rice to make ends meet."***

***'When you know that your breathing problems are related to your unhealthy housing conditions, why treat yourself if you cannot tackle the cause of your problems.'***

***'When you're poor, you don't have any vacation, it's always about how to make it to the end of the month all year round with no way to escape'***

In order to make healthcare more accessible, it is very important to lower the financial barriers. The third payer system and the community health centers are good ways to make this possible. In some situations, it should be possible to provide free medication. People need to be informed sufficiently in advance about the price's doctors charge.

To make healthcare more accessible it is also important that professionals have a good understanding of poverty and the effect it has on people. Living in poverty makes everything more difficult, more complex. People need to survive from day to day and have no confidence in the future. They are exposed to stress all the time and because they can't change their situation, they can't release this stress. For some only alcohol and tobacco offers some relief.

***'I only have this as a pleasure in my life.'***

People do not always have enough confidence in the medical institutions. Some people are afraid to go to the doctor because they don't want to know the results.

***'The screening, I'm afraid to do them, I am afraid to know the results. When I do not know the result, I have nothing, everything is fine. '***

It is important that healthcare providers sufficiently understand the impact of poverty on a person's life. During their education, they should be trained in this, so that they can frame and understand rather than condemn certain behavior's. It is important that they learn how to communicate with people experiencing poverty and gain their trust. In order to make care more accessible we need to move away from the ever-increasing striving for more efficiency. Patients need to receive the necessary time and quality. Caregivers need to build up a trust relation by taking their time to listening to patient's needs.

## Christmas wish



'bonne année, bonne santé,  
aussi pour ceux qui sont condamnés  
à la pauvreté'