French Community
Diabetes health network in the Marolles area

Context

The French Community Ministry is among others responsible for the financing of health promotion programmes. Every five years, a plan sets the priorities which will be targeted in health promotion programmes to be financed. The institutions and organisations wishing to develop a health promotion programme have to file a request by the Minister of Health of the French Community. This request is examined by an expert committee which will give its approval or disapproval according to defined criteria. The relevance and coherence of the programme, as well as its level of priority are part of those criteria. One of the indicators of this priority level is precisely the reduction of health inequalities.

On the other hand, the population of the regions of Brussels and of Wallonia is clearly underprivileged in comparison with the population of the Flemish region. Several sub regions in Wallonia such as the steel and coal producing areas of Liège and of Hainaut, have experienced major difficulties in the economic reconversion of their region, which entailed the impoverishment of part of the population. The professional qualification in those regions is generally low. Some pathologies, such as cardiovascular diseases, are overrepresented. Some problems such as drug-addiction are also more frequent there.

The Brussels region has an important immigrant population (North Africa, Central Africa, countries from Eastern Europe, etc.). Some pathologies in direct link with their precarious living conditions are equally overrepresented: obesity, type 2 diabetes, breathing problems often linked with poor housing.

Fortunately, the 2 regions have developed specific structures providing care such as health care centres, family planning centres and mental health centres which have multidisciplinary teams (general practitioners, nurses, physiotherapists, psychotherapists, speech therapists, dietician, social workers and sometimes jurists) in order to deliver high quality healthcare at a very low price or even for free. They also develop programmes aiming at finding solutions for the factors which brought the health problems in the first place (bad housing conditions, children with difficulties in school, excessive debt, unbalanced diet, physical inactivity, feeling of shame and of disqualification linked with poverty, with the lack of employment and lack of brighter prospects.)

Besides those structures, other organizations are active in order to generally support parents in their role, to avoid dropping out and the subsequent lack of skills, to help young people in developing various skills and to reinforce self-esteem and their capacity to put their difficulties in words (parent-child workshop, associations providing help to children with difficulties in school), youth club houses, AMO organisation providing help to young people with several difficulties,…).
The current five year plan mainly targets 6 health priorities:
- prevention of cardiovascular diseases (promoting healthy diet and physical activity)
- cancer prevention (breast cancer screening, but also smoking prevention)
- AIDS and STD prevention (promotion of education in relational, sexual and emotional life)
- fight against TB
- promotion and implementation of vaccination
- injury prevention and safety promotion

The main principles of health promotion (comprehensive approach, transversal objectives, taking into account of health determinants, participative strategies…) remain a topical issue.

We present here one programme of health promotion which illustrates well the taking into account of health inequalities reduction.

**Diabetes health network in the Marolles area**

The area of the Marolles in Brussels has always been well-known as an area with a very poor population. It seems that the historical presence of a public hospital, of a CPAS (official social assistance institution) very sensitive to the problems of poor people and the presence several charity associations explain this situation. Currently, besides the local people, there are many people coming from North Africa and more recently from Eastern Europe.

The Community Health Centre (Maison médicale) established in the area has witnessed in the run of the last decade an increase in the cases of obesity and of type 2 diabetes. That is why they decided to launch a network action on this issue. The main objective of this project is to raise awareness among social workers and other stakeholders active in the area on the importance of this health problem so that they can think about the most appropriate way to reach this twofold objective to improve general diet and to reduce physical inactivity.

All those stakeholders are invited to:
- try to have a better understanding of the multiple factors which contribute to the obesity problems and to the physical inactivity in the population living in this area;
- try to build the awareness of the inhabitants for this problem, to make them aware of the various activities implemented to tackle this problem (healthy cooking workshop, organisation of “health walks”, gym workshop, organisation of festive events introducing ways to have a healthy diet without deprivation,…)
- listen to the specific difficulties which bring some people to adopt an unhealthy or excessive diet or to lack physical activity so that specific answers can be found at the individual and collective level.

This led to the identification of specific problems contributing to the development of the obesity problem:
- isolation, shame for one’s poverty or for one’s fat body, a lack of self-esteem, a tendency to turn in on oneself with sometimes binge-eating syndrome as a means to compensate
- a structural lack of money which leads to live from day to day without prospects for the future and without caring about future health problems;
- a context of permanent anxiety (namely the lack of prospects for the future of the children, permanent fear lest they should drift into delinquency…) which incites to nibble away in order to calm down this fear
- high cost of a diet based on fresh fruit and vegetables
- the lack of access to other source of enjoyment and leisure than food
- the pressure of advertising which incites parents to consume “like everybody” and to offer their children sweets “like everybody”…
- the difficulty to decode advertisements and to have the necessary distance from them “if a give a jam sandwich to my child, shall he be made fun of by other children at school?”
- the wish to put an end to poverty and hunger for people who have endured great deprivation in their country of origin
- the culture of origin which does not favour the same value of slimness: an African woman must be round to be sexy and to appear in good health
- the difficulty to understand the link between one’s diet and some health problems

The taking into account of those factors and the exchanges between the various associations making up the Diabetes health network have enabled medical and social network to re-examine their objectives, to set up intermediate objectives and to chose appropriate strategies:
- to enhance restoration of self-esteem and self-image
- to organize activities based on the notion of enjoyment
- to emphasize the competences of the individuals, the exchanges of skills and the strengthening of solidarity
- to create social links
- to promote enjoyment, the right to well-being, the wish to meet other people in various activities instead of focusing directly on health issues
- to help people to build awareness that their way of life and diet have an impact on health and to help them to find ways to improve their way of life
- to set up projects endeavouring to reduce the main causes of anxiety or shame which are responsible for the binge-eating syndrome encountered in some individuals
- to help the inhabitants of the area and their children to take more distance from the consumer society in which they are entrapped through collective awareness and decoding of advertisements

This example of local project with a community of people living in precariousness and poverty is particularly important in order not to widen the gap in health inequalities.

As a matter of fact, obesity prevention has become a public health priority across Europe. In Belgium, a National nutrition plan has been set up. At the level of the French community, another plan has been set up with specific measures for the school environment.

Slimness, a balanced diet, daily consumption of fruit and vegetables preferably organically grown has become one of the major concerns of the upper class of society. Therefore, it is particularly interesting to promote the development of projects taking into account the social, economic, cultural and environmental reality of the underprivileged people so that they can react to this problem which affects them more than the others. We chose to present this small project because it targets a health problem much emphasised at present. Similar initiatives have been launched in other parts of the country, in the Provinces of Liège, Namur and Hainaut in groups directly hit by financial, social, cultural and environmental insecurity.
Even though it might not always appear so evidently, all those initiatives always stress the importance of social and professional re-integration, the access to decent housing adapted to the needs of families and the struggle against lagging behind in school or dropping out.

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