

Community Partnerships & Empowerment: Investing for the Future (Discussion Paper)

Veronica Ester Mendoza
Technical Advisor
Handicap International

All of us want to be part of development because it usually brings with it improvement in one's quality of life, excellence in standards, and even the possibility of finding alternative residence in another planet. But let us also admit that there are costs to development.

One of those is that life in our society has become compartmentalized into home, school, work, industry, with very little interrelationship among them. We have become preoccupied by the so-called "bottom-lines" and in doing our own thing that we have stopped looking after each other. And we have ceased being a "caring society" because we thought there is someone else doing that on our behalf.

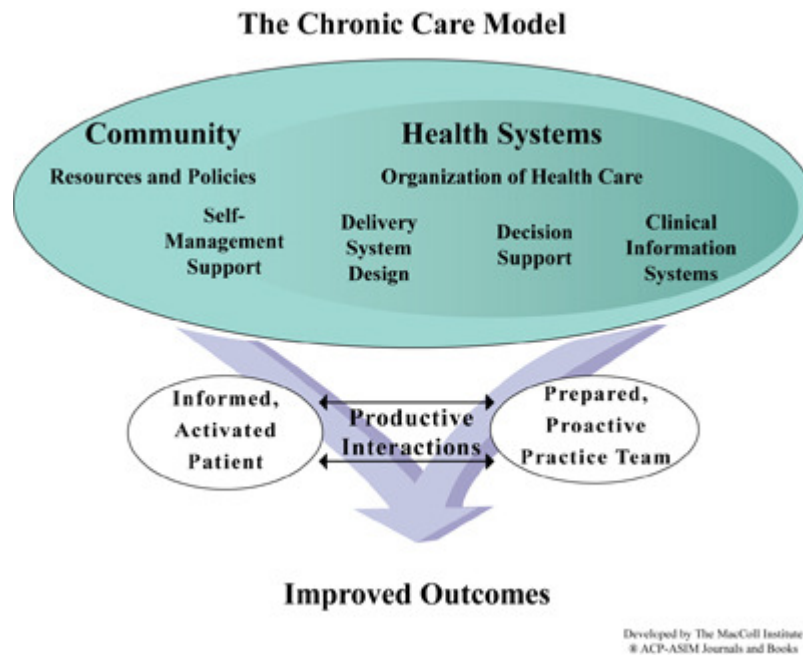
Another casualty of development is our capacity for cooperative and collaborative actions. The various institutions of our society have now co-existed in a competitive atmosphere. We have woken up finding ourselves competing for diminishing resources and fighting for a space in the order of things. And because of this, resources are placed preferably in activities that should be able to yield better incomes and outcomes. Hence it is not surprising that services for children, elderly people, disabled persons, and chronically ill individuals have not been at the top of the list for resource allocation.

Given this scenario we have to find ways to make care services for people with chronic illness possible, accessible, appropriate, and sustainable.

Bridging Diverse but Caring Communities

We all belong to different communities --- community of caregivers, community of care-users, community of philanthropists, community of medical practitioners, community of organizers, etc. --- and we are stakeholders in our respective communities. Through a process called Appreciative Inquiry, we can identify the strengths, capabilities, skills, resources, potentials of our respective communities and then to put into the table what we can offer so we compliment instead of duplicating and competing with each other. Through such a method, we can motivate communities to explore what it can offer to enhance a model for caring for persons with long-term health problem.

Care for people with chronic conditions has evolved through the years in the hope that deficiencies of earlier models will be adequately addressed and improved. One such model is developed by the MacColl Institute:



The Chronic Care Model (CCM) identifies six essential elements of a health care system for chronic disease care. The interaction of these elements fosters a more informed patient or client who can take a more active role in their care and care providers who can access resources and possess capabilities. The CCM has been applied to a variety of illnesses, settings and target populations. Its bottom lines are healthier patients, more satisfied providers, and cost savings.

[http://www.improvingchroniccare.org/index.php?p=The Chronic Care Model&s=2](http://www.improvingchroniccare.org/index.php?p=The_Chronic_Care_Model&s=2)

The World Health Organization (WHO) has expanded the CCM to be relevant and appropriate to low to middle income countries. It is designed along three levels: **macro** (policy and financing), **meso** (health care organization and community) and **micro** (patient and family) levels of the health care system. This framework is centered in a triad of partnership between the patient, the health care team and the community.



This model called Innovative Care for Chronic Conditions Framework (ICCCF) seeks to provide high quality care, continuity, client & family involvement, and community responsibility & participation. Through the effective and efficient interactions of the elements in the model, one is assured of better outcomes.
(<http://www.who.int/diabetesactiononline/about/en/>)

Engaging the Community

To improve the health of the people and the care of those with illness, health care organizations must learn to reach out to the community to form strong alliances and partnerships. Health care organizations will have the expertise and specialties to treat the health conditions but it is the community that has the structures to enhance the quality of life and participation of chronically ill people in community life. Consider some of these activities:

- Participation and contribution of people with chronic illness to community programs and activities (e.g., exercise clubs, nutrition programs, recreation facilities for the elderly people, etc.)
- Health promotion & prevention campaigns to foster more informed & prepared communities, to lessen stigma towards people with chronic illness, and to change community perception, attitude, and behavior
- Development and advocacy of policies and services to improve delivery of health care at the community level
- Involvement of local leaders in community development/health boards or committee since they are in a position to support the concerns of their constituents with long-term health problems
- Engagement of civil society institutions like schools, faith groups & institutions, civic organizations, non-profit organizations as volunteer caregivers or service providers

- Tapping the business sector (e.g., multinational or local drug companies) to support health care education (information campaign, training, patient/client subsidies, etc.) as part of their corporate social responsibility or community goodwill program

Self-Management & Empowerment

There is nothing more de-humanizing to chronically ill persons than the inability to decide for oneself and to have lost control of matters that affect them directly. They need to make daily decisions from medication, health insurance, care provisions, work options, and even lifestyle changes. They also need social networks which can provide emotional support and unconditional acceptance. While hospitals or institutions may have these features, the patient, once discharged, will look for them in the community.

The formation of self-help groups and people's organizations in the community can fill this gap. They will not only be a source of social and emotional support, but they will also be the venue to discuss issues on health policies, resource allocations, civil rights, health care, etc. Through this strategy, people with chronic illness can become more active in and responsible for their health care. A more organized group will become the voice that can advocate to local officials and boards. As consumers of health care services, they have the right to express their preferences and level of satisfaction.

Seven Essential Actions for the Future

In summary, thoughtful and purposive actions translate to effective & efficient initiatives. This author recommends the following:

1. Support a practice of "shifting paradigm" or "thinking out-of-the-box". If we see all problems as nails, we will only use hammers as solution.
2. Brainstorm to search for desirable "futures", alternative options, and creative partnership models.
3. Collaborate and create synergies in order to manage resources & investments well. This will minimize wastage.
4. Use institutions and sectors more effectively & efficiently. Find your niche and be good at it. This will prevent duplication and unnecessary competition.
5. Create & support an enabling policy & financing environments so chronic care programs can thrive. This will ensure ownership & sustainability of programs.

6. View persons with chronic illness & their families not just as patients or clients but also as “consumers” whose opinion on service & system performance is vital and desirable. This will encourage responsiveness and performance standards.
7. Evaluate our work based on our ability to create a more compassionate, caring, and just community for everyone. This will promote inclusive development and society.

Chronic care model that emphasizes partnership & collaboration through local government investment, civil society empowerment, and service-consumer participation must be continually explored. It is not only cost-efficient and cost-effective but it promotes social investment, active involvement, good governance & accountability, self-management & determination, and stakeholder ownership.

– end –