

Evolving nature of Community Health Programming within PAHO

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PAHO Community Health Experts Meeting
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Background

25 Interviews with PAHO experts from:

- **Executive**
- **Family, Gender, and Life Course**
 - Family and Community Health, Adolescent Health, Gender and Cultural Diversity, Gender and Health, Visual Health, Immunization, Maternal Health, Neonatal Health
- **Non-Communicable Diseases and Mental Health**
 - Risk Factors and Nutrition, Mental Health and Substance Use, Disability and Rehabilitation
- **Health Systems and Services**
 - Health Systems and Access, Health Services Delivery
- **Sustainable Development and Health Equity**
 - Health Education and Social Change, Determinants of Health, Sustainable Development and Human Security, Health Promotion

Findings Overview - 1

The majority of PAHO experts interviewed felt this was an **opportune time to strengthen Community Health** within PAHO to achieve organizational goals given rapid demographic and epidemiological changes and new challenges, and the tipping point offered by technological innovation.

“People live longer but not healthier or with an improved quality of life”

“Urbanization, migration, chronic diseases, emerging diseases, inequities, community breakdown”

“Connectivity average: 45% (17% Nicaragua - 72% Chile) 2015 data”

Findings Overview - 2

Several experts felt that while PAHO remains committed to community health, it has recently **lost its strong community perspective** and emphasis on community participation, both being critical to achieving PAHO's equity and Universal Access to Health / Universal Health Coverage ambitions by 2030.

UHC Action Point:

**To facilitate the empowerment of people and communities
To be more knowledgeable about their health situation, rights and obligations
To make more informed decisions
Through formal participation mechanisms...**

WHO “Community” Definition (2004)

- A group of people, often living in a **defined geographic area**, who may share a **common culture, values, norms**, and are arranged in a social structure according to relationships which the community has developed over a period of time.
- Members of a community gain their personal identity by **sharing common beliefs, values, and norms** that have been developed by the community in the past and may be modified in the future.
- They exhibit awareness of their identity as a group, and share common needs and a commitment to meeting them.

A traditional public health definition based on geography

Evolving Definition of “Community”

There is a growing consensus that the WHO/PAHO definition of “community” needs to evolve as communities become more **dynamic**, with more acknowledged **diversity** and **disparities**, and where people **identify with multiple communities**.

The traditional definition of community:

- Is still valid for many **indigenous communities** (based on a geographical definition where people share common values, beliefs, and norms)
- Remains a valid concept to an extent in rural, semi-urban, and urban areas.

**Herd immunity, service delivery, local government,
health promoters**

Modern Community Characteristics

- A community should not solely reflect the place where a group of people live, but instead should reflect the various places and spaces where people engage in common activities -- where they **live, work, play, pray, study, or share common beliefs or needs**.
- Communities are **diverse** and contingent with **many sub-cultures** that may share a common objective, identity, defined or perceived need, or interest; but not share a common culture, values, beliefs, or norms.
- Most people are **members of multiple communities**, each community contributing to health and well-being, positively or negatively.
- **Remote and virtual communities** are becoming more important enabling people to engage and meet their needs in new ways.

“Community” Defined

Community is a broad term that includes local, national, or international groups of people who may or may not be spatially connected, but who share interests, concerns, or identities.

(WHO Global Strategy for Women, Children and Adolescent's Health 2015)

“Too broad, vague”

“A community is a group of people with diverse characteristics, that may or may not be spatially connected, who self-identify based on a common characteristic, or real or perceived shared need or interest, and exhibit a sense of belongingness and inter-relatedness.”

WHO Definition

“Community Health” (2004)

- The combination of **sciences, skills, and beliefs** directed toward the maintenance and improvement of the health of all the people through collective or social action.
- The programs, services, and institutions involved emphasize the **prevention of disease** and the health needs of the population as a whole.
- Community health activities change with changing technology and social values, but the **goals remain the same.**

**“Too health-sector directed,
Doesn’t reflect people- and community-centered
health care and well-being”**

Evolving Definition of “Community Health”

There is strong agreement that the traditional WHO/PAHO definition of “Community Health” needs to be updated / revitalized:

- to reflect the evolving definition of “community” as a set of **diverse places** where people **may or may not be spatially connected**;
- As a discipline (approach) that places **people, families, and communities front and center** of any health program or service with active community participation;
- To describe both the **health status** of a community and the **actions and conditions** that protect and improve their health.

Framing “Community Health”

- Public Health discipline concerned with **health of all the people.**
- Engages communities in a **participatory and empowering process** to assess, identify needs, prioritize needs, harness resources, take collective actions to build social capital.
- **Inter-generational approach across life course** that encompasses risk assessment, disease prevention, health promotion, treatment (in some cases), self- and home-care, rehabilitation, long-term care, palliative care, end-of-life services.
- **Embraces principles** of human rights, equity, partnerships, cross-sector engagement, Primary Health Care, to address social determinants of health while recognizing diversity.
- **Learning and evidence-based approach**, where activities and goals evolve with changing technology, social values, research, and the environment.

Applying “Community Health” in PAHO

- There are **multiple strategies** used within different PAHO Units and Departments that **emphasize community health** or have a community component, yet the **implementation** of the community component is often felt to be **weaker** now than previously.
- Experts cited **many countries** as having used effective community health approaches.
- There are some units that feel they don’t have a mandate to use a community health approach, and instead employ approaches to ensure health and development at a **national scale** with equal opportunities for all people.
- Overall, a community health approach was cited most often as necessary for **indigenous communities**, where the importance of traditional leaders and the cultural worldview around health requires a dialogue education approach to build a gradual intercultural understanding of health.

“Community Health” Regional Success Stories

There are **many success stories** within the Americas that employed a community health approach as part of a larger strategy emphasizing the need not to reinvent the wheel, but to adapt lessons learned.

A few examples:

- Integrated Family and Community Intercultural Care (indigenous populations)
- Community Faces, Voices, and Places (MDGs)
- Strengthening Family Voices (Adolescents)
- Community IMCI (Integrated Management of Childhood Illnesses)
- Formation of virtual groups of Peoples Living with a Condition (HIV, Diabetes, Sickle Cell)
- Immunization (polio, measles)
- Cholera epidemic of the 1990s

Peer Reviewed Community Health Country Success Stories

- **Brazil's Family Health Program**
In 2014, **39,000 teams with more than 265,000 community health agents**, plus 30,000 oral health teams, serving 120 million people (**62% of the population**).
 - sustained reductions in infant mortality, reduced mortality from cardiovascular causes, reduced rates of complications from diabetes, improved detection of cases of neglected tropical diseases, reduced disparities in oral health. Also reduced fertility, increased labor supply of adults, and increased school enrollment.
- **Vida Chile** - a **health promotion program** of 28 public and private institutions around the country, a network of local councils established in the country's communes that included government officials and local societal and community organization reps, and private businesses. Accomplishments (1998 – 2006) showed that 1) **98% of the communes had their own community health promotion plan and intersectoral committee to implement the plan**; 2) there was an increase in societal and community groups involved in health promotion strategies; 3) 34% of primary and secondary schools were accredited health-promoting schools; and 4) approximately **20% of Chile's population** benefitted directly.

Challenges to Community Health in PAHO

- Lack of a clear, common idea, of what we mean by community health and participation, and a **systematic process for community health design, implementation, and evaluation**. **“How do we measure our impact?”**
- The **compatibility of a community health approach with the current PAHO culture** that is focused on vertical resource streams, short-term solutions to emergencies and infectious diseases, with few resources devoted to strengthen communities. **“We don’t walk our talk.”**
- The Region is currently not taking advantage of new technologies to strengthen access to reliable health information and to **engage with on-line communities**. **“60% of Ebola tweets by local people was misinformation.”**

Strengthening Community Health in PAHO

- We need to “**mainstream**” Community Health across PAHO and its departments, (do not create a new department) adding a community lens to our work. **“Everyone does what they know best how to do.”**
- PAHO can strengthen its **enabling environment** for community health, providing **leadership**, developing **staff capacity**, and establishing a **knowledge management** and learning system. **“People’s trust in our health authorities are changing; we need new tools to engage peer communities with accurate information.”**

Strengthening the Environment

- Emphasize community health in the 2020-2025 **strategic plan**
- Hire a **community health advisor** to lead cooperative processes across departments and champion it to national health authorities
- **Use forum** to collectively develop clear definitions, an operational framework, and a clear **M&E strategy; grow the science.**
- Develop a **capacity building plan** to systematically train staff; how would this new paradigm affect our jobs?
- Establish a **knowledge management** / learning system for community health to help staff know and adapt successful approaches
- **Bring indigenous people and other unique communities into policy and strategy discussions**
- Set up experiments in **digital health** in high connectivity countries to promote health literacy
- **Develop communities of practice** within the Region.