PERSPECTIVE

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# Local health communities

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## ABSTRACT

Active citizenship is not based on the idea of practicing good or benevolent philanthropy, but on the principle of mutuality and reciprocity, the glue that binds people together and supports the construction of society. Sharing responsibilities evidenced in practical action is present in all aspects of community life – politics, leisure, health, art and culture, religion, environment and economic development.

Participation in public affairs is a good in itself, as a means to achieve the best value and efficiency in the management of public resources. A participatory community can lead to a better understanding of needs and problems, making explicit who benefits and who is excluded from service provision, helping to develop better ways of allocating resources. Innovative ways of needs satisfaction can also be created, including partnerships through which communities can develop, manage and benefit from the services provided.

Public service is in the main based on how to deal with problems after they occur. While recognizing the importance of these responses, community development seeks to identify the underlying causes of problems to deal with, not their manifestations. Strong communities are able to identify potential problems and take preventive measures.

## INTRODUCTION

The sustainability of social systems and health systems involves knowledge, skills and resources that a community uses to maintain its existence both in the present and in the future. However, with the decay of the traditional modes of living, communities had lost, over time, their ability to promote social change spontaneously.

In addition, the resources available should contribute to efficient and effective health care, with potential impact on social and economic development. That is the nature of the return expected from an enlarged view of the health sector.

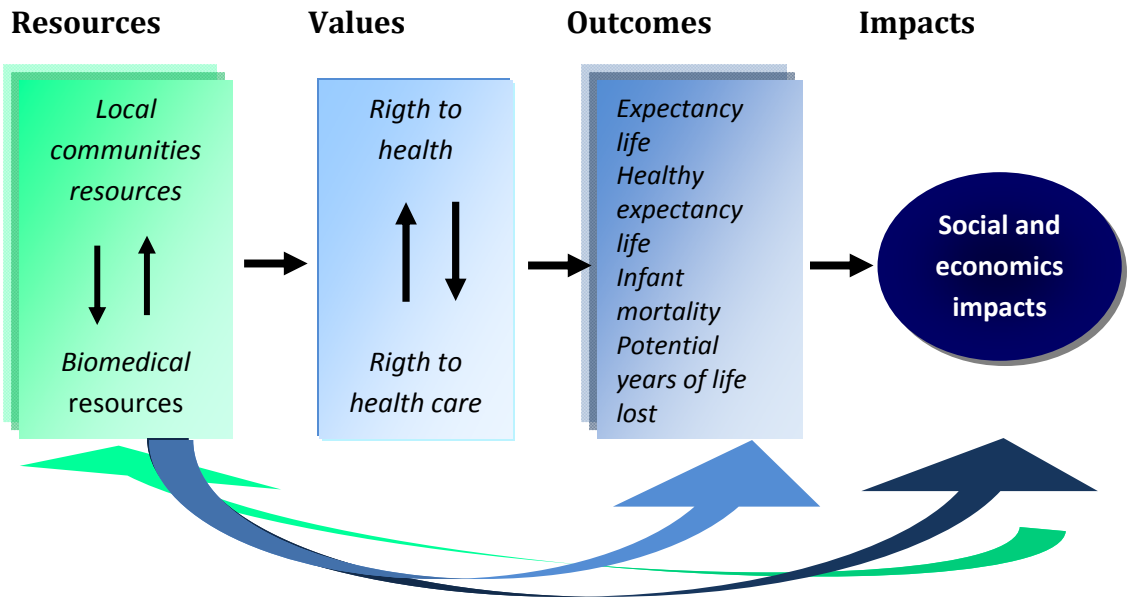
This is how, for example, life expectancy without disability is closely related both to social determinants and exposure to risk factors, but will be especially more dependent on local communities' resources. The value of the indicator of infant mortality, resulting from the combination of local community resources and the performance of health services, has been used as a marker of social and health development (*Figure*).

## WHAT IS A LOCAL COMMUNITY?

A local community is the locus of social life, where the events and social phenomena acquire practical visibility. However, local communities also depend on external factors (Reis, 1992). In this sense, the local community opens up a scope for mediation: processes data of other structures that, adapted, are used by local agents and simultaneously influence policies and practices that reconstruct many structures (Ruivo, 1990).

As stated in Melo (1995), a local community is the place where it is possible to integrate sectorial

**Figure**




programmes and citizen participation through the action of civic associations. The local community also means an interrelated set of social and cultural networks that, at certain levels, have clearly visible characteristics and thus, it is a place characterized by its socio-cultural identity (Albino and Leão, 1997) and the dynamic reconstruction of this identity. In summary, a local community is the place where there is an excellent opportunity to undertake development activities, without ceasing to be the place where many of the macro-social trends are realized.

The local community is the social system par excellence of articulation of all its individual and institutional factors. However, this system only becomes instrumental from joint and convergent action, which is why it requires that it be done from the bottom up, a conscious action and synergy of its protagonists, with the ability to organically internalize innovation and qualitative change, even when these are unpredictable and elusive. Hence the need to be aware that the ability to adapt a system is inversely proportional to the degree of rigidity of the structure, understood as the presence of outdated hierarchies, high social inequality, authoritarianism and bureaucratic inertia. The community-based social systems are therefore much more flexible as they are constructed from the joint action and interdependence of local people. There is, however, to remember that the social systems to forecast contains high levels of contingency, forcing to take instability, randomness, uncertainty and adverse effects as variables of the development process.

It is useful to note that a community can be considered as a value, bringing together a number of elements such as solidarity, commitment, reciprocity and trust (Frazer, 2000), approaching the third ideal inscribed in the flags of the French Revolution – fraternity. A community can also be seen as a descriptive category or a set of variables. In practice, the two approaches are intertwined and difficult to separate (Frazer, 2000).

The notion of community has its origin in the group of people who gathered in a common territory to withdraw its mutual benefits. Shared language, customs, ideas, skills, goods and services, or protection against enemies, were some of the advantages to be part of a group. Over the years the idea of community has changed to accommodate different things. However the concept remains the same, i.e., a group that meets or lives in common to share something that is valued by its members. Presently the term community has assumed new meanings. For example, new technologies of communication and transport mean that a community has a dematerialized dimension (Anderson, 2010). Residing in a suburb, a city or a large town, is no longer enough to define the community of which it is part.

A community is a sociological construction, representing therefore a set of interactions and human behavior whose meaning is only fully intelligible to whom it belongs. It includes the actions based on the expectations, values and beliefs of its members. The community has a life that goes beyond the sum of all the lives of its residents. As a social organization, a community is a cultural entity, a system of systems. All social and cultural elements of a community, from its technology to shared beliefs, are transmitted through symbols.

The most important feature of a community is that it has a life that goes beyond the life of its elements (Bartle, 2011). People who are part of it will change their status while they develop as people – they are born, become adults, marry, join a trade, have children, grow old and die. All of these personal changes do not change who the society or community is, mainly contribute to its stability and continuity.

## FROM BIOMEDICAL COMMUNITY TO THE LOCAL COMMUNITY

It is now generally accepted by the scientific community that it is not enough to allocate increased funds to health services to obtain good health indicators. Diseases of poverty are now a leading cause of death, accounting for 80% of all causes of death in selected developed countries. Traditional approaches to deal with this situation, and its strong dependence on the biomedical model and market interests, are doomed to failure (Hunter, 2008). It is therefore necessary to develop a broader and more global view of health from the communities, bringing back people to their role as co-producers of individual and collective health, and thus create the conditions for societies to become healthier.

The main obstacle to this change is the absence of political will to accomplish it. If obesity is transformed into a pandemic, or alcoholism increases as well as mental illness, and the gap between rich and poor does not diminish, the efforts to address these problems do not seem to measure up to the requirements. Unlike policies that emphasize prevention, most of the investment has been placed on individual behavioral change and treatment of cases.

It can be said that the root of the problem lies in the nature of return on investments in health. Knowing that much of the investment in public health only has an impact in the long run, governments, constrained by the electoral agenda, prefer especially visible and immediate results. This is how the treatment of disease becomes preferable compared to other choices. Blaming individual lifestyles becomes, by this logic, the alternative to the deficits of health promotion policies, knowing, however, that certain behaviours are induced by powerful interests linked to the food and beverage industries.

It was by considering the health implications of all social sectors that the Finnish government, when it assumed the EU presidency in 2006, managed to get the European Commission to adopt the concept of "Health in All Policies" (STP). STP is a way of considering responses to risk factors, particularly dietary errors, sedentary lifestyles, smoking, alcoholism, and social stress, since the ability of people to deal with these risks is limited because they are associated with larger determinants such as disposable income and education level. STP is justified by the fact that the social contexts are deeply influenced by public policies. Although the techniques available in the health sector solutions are important, they are not enough. It is in the management of the underlying causes and determinants of health that the most significant gains in health can be found.

Since health responses are offered by professionals and other social actors, with distinct capabilities, that combine on a joint action to provide the care that people need, the organizational arrangements that are inclusive of this interdisciplinary and multiprofessional teams are better equipped than those that create barriers to comprehensive view of health. Intervening in the health administration is reconfiguring the organization of infrastructure where health needs are met by the most appropriate, affordable and acceptable answers.

The health management update should aim to promote the alignment of responses in place at the right time, to the needs of the different stages of the life cycle. Having needs whose answers should be given by other social actors because those needs have multiple causes, the entire supply of health care should be ordered, organized and planned to produce maximum effectiveness, translated into health gains considered the most affordable alternative, more effective and better accepted by the community.

The conceptual and theoretical framework of this vision of health is well founded with the Lalonde Report

on the Canadian health system, in 1974, in which the notion of an extended health field was created; the Alma Ata Declaration on primary care, in 1978; the Black Report on health inequalities, in 1981; the Ottawa Charter, the Jakarta and Bangkok Declarations on the promotion of health in 1986, 1995 and 2005, respectively; the Declaration of Athens and Zagreb on healthy cities in 1998 and 2008 respectively; the Charter of Tallinn on the reorganization of health systems in 2008 and the conclusions of the Committee on the WHO Health Determinants in 2008.

The notion of a health extended field is based on the concept that health cannot be produced by a single sector or professional group of the communities they serve (Hunter, 2008). It is the result of intersectional action and empowering communities to control the determinants of health and exposure to risk factors, so that responsibility and collective action should not be abandoned in favour of individual choices for health promotion and disease prevention, which are depleted in the dissemination of information and advice on making informed decisions. The increasing marketisation of public policies threatens and weakens the relationship and ties of individuals to the state and its leaders, making peopleimore contingent and tradable. It is by acting with and for the communities that it is possible to overcome these obstacles, whose current configuration takes the form of "an individual, a consumer."

## THE LOCAL HEALTH COMMUNITY

It is useful to refer to the WHO meeting's conclusions to Europe held in Baku in September 2011, in which the targets for health in 2020 were established. Among the strategies identified is "Investing in the health of people and empowering communities." The targets selected for this purpose are focused on the health of young people, the elderly, and vulnerable groups, including ethnic minorities, presenting the reduction of child poverty as an example. Proposals currently under discussion related to the goals of this strategy include several axes, highlighting the economy (employment, retirement, leisure), health (perceived quality of life, mortality and life expectancy, morbidity and nutrition), education (full years of schooling, literacy, skills acquired), societal (access to health care, volunteering), security (personal security, decreased sense of insecurity), environment (access and quality of public transport, housing, work environment, pollution, access to drinking water).

The empowerment of the communities implies that public health and systemic health policies should be people-centred and oriented to their daily lives and in which individuals, both as families and communities, are able to participate in health systems that meet their expectations and needs in a comprehensive manner. The main challenge of this strategy is the development of health systems that are accessible and cover the entire spectrum of health promotion, disease prevention, treatment and rehabilitation without additional charges for citizens.

The evolution of the organization of the National Health Service in local subunits helps to reduce inertia and opacities accumulated over decades with a very little systemic model. This is to create and develop a health promotion network according to the various objectives pursued, such as determining the socio-environmental context and epidemiology of each of these subunits. The rationale behind the establishment of these subunits is to think of the administration of health according to a matrix of proximity that crosses functions and needs, as evidenced by epidemiological analysis and demand.

The network of health subunits, for which the most appropriate designation would be Local Health Communities (LHC), allowss an inter-sectorial problem analysis and implementation of solutions. Additionally, it facilitates the fixation of local goals, promotes the development of cooperative processes using all resources for health, and encourages a relationship focused on information sharing, negotiation, complementarity and cooperation in order to obtain demonstrable results of health gains and thereby helping to reduce health inequalities and improve the health status communities.

In addition to strengthening the role of communities and individuals in the field of alternative choices and decisions about health, the arguments that best justify the creation of LHC are the promotion and protection of health throughout life, improving access to health services and enhancing the continuity of care. In addition, the LHC allows for cooperation within a common strategy of all actors according to their vocation and regardless of ownership of means of production, takes advantage of synergies and gains critical mass to solve common problems, and increases effectiveness and rapid decisions. The organizational challenge that the LHC seek to answer is to gradually replace the pyramidal superstructure (currently vertical hierarchies) of the NHS for a real well-established health infrastructure shared by local communities and providers.

The local community is a heterogeneous geo--demographic unit, united by psychological and social ties, developed by competitors' experiences, sharing a number of common goods and having the ability to develop activities in association. Threfore, it is the organizational device that is best able to capture the different health needs of each community, bringing together the resources of the social actors involved, giving consistency to the process of empowering communities to take greater control over the personal, socioeconomic and environmental determinants of health, is coordination. As a process of cooperative leadership based on the combination and integration of knowledge, skills and capabilities geared to the production of a common good, coordination has the advantage of maintaining the autonomy and identity of players, creating and developing partnerships focused on objectives.

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