

Community Engagement in Chronic Care: Lessons Learnt from HealthRise India

Dr. Nayanjeet Chaudhury, MD, MPH

**Sr. Technical Adviser (Global Best Practices) to Medtronic Foundation
& Fellow of the Global Health Leaders Program, Public Health Institute, Oakland CA**



Community ownership – a visible reality

“Yes.....Roles have started changing, community is now organizing the health camps”

- District Program Manager after witnessing how the community started its own health camps following HealthRise project’s CLCP model.



<https://aidscompetence.ning.com/profiles/blogs/yes-roles-have-started-changing-community-now-organizing-the>

HealthRise Goal and Objectives

GOAL:

Contribute to 25% reduction in premature mortality associated with hypertension/CVD and diabetes among underserved populations



Objective 1:

Increase screening and diagnosis (detection)



Objective 2:

Increase management and control of CVD and diabetes (improved clinical outcomes)



Approach 1:

Empower Patients

Approach 2:

Strengthen Frontline Health Workers

Approach 3:

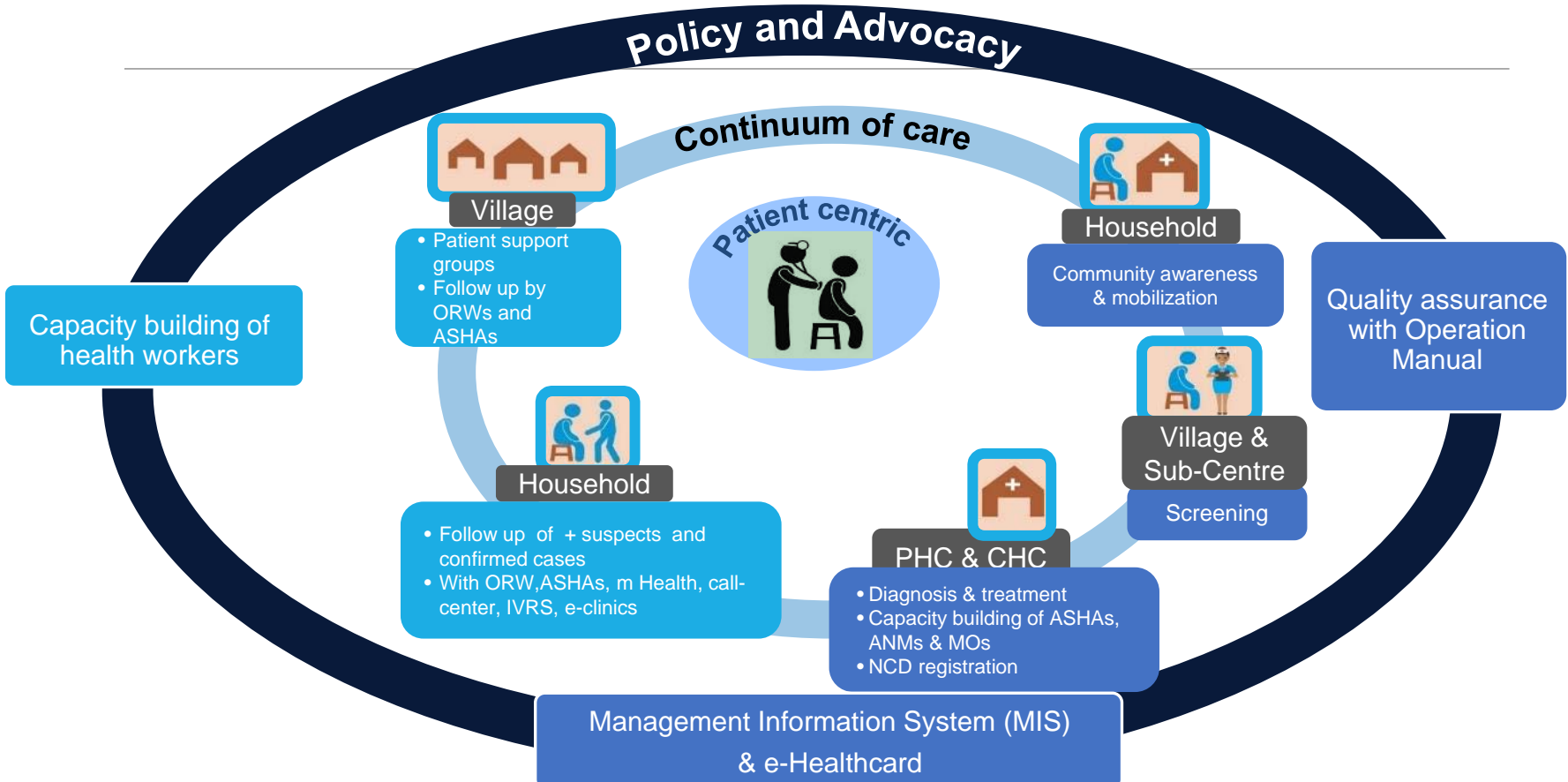
Advance Policy and Advocacy

Prevalence	Shimla	Udaipur
Hypertension	29.2%	26%
Diabetes	3.3%	3.7%

Udaipur and Shimla

- Rural -80-90 % population
- Human resource shortage - 30%
- Low levels of awareness & control
- Lack of health records and infrastructure
- Inaccessible health services
- Hilly & tough terrain

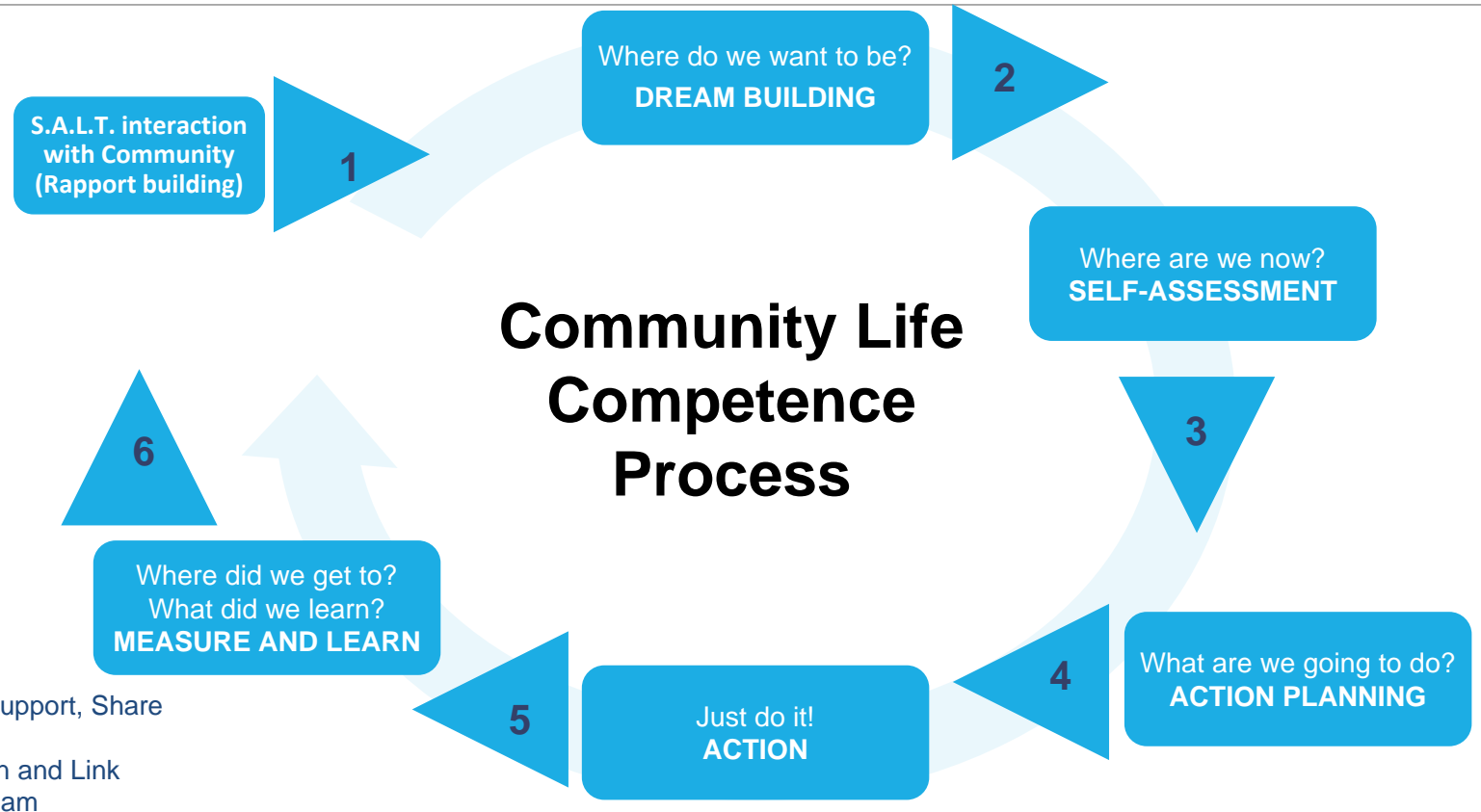
The care continuum for chronic disease



Total intervention sites:
 Shimla: 182 villages in 2 blocks
 Udaipur: 62 villages in 2 blocks

ORWs= Outreach workers (project staff)
 ASHAs= Accredited Social Health Activists (public sector)
 PHC= Primary Health Centres (public healthcare facility)
 CHC= Community Health Centre (public healthcare facility)

Community empowerment approach in HealthRise India

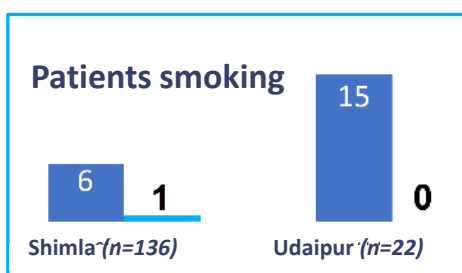
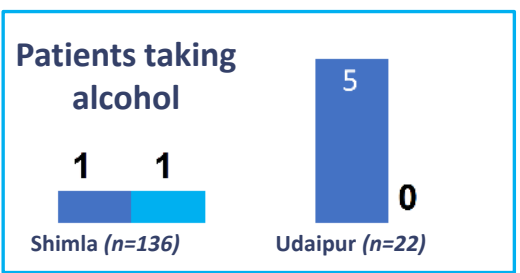
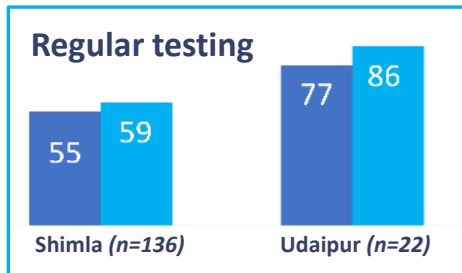
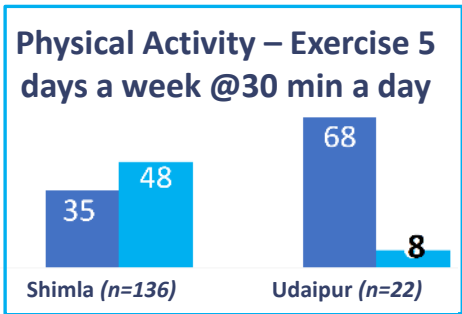
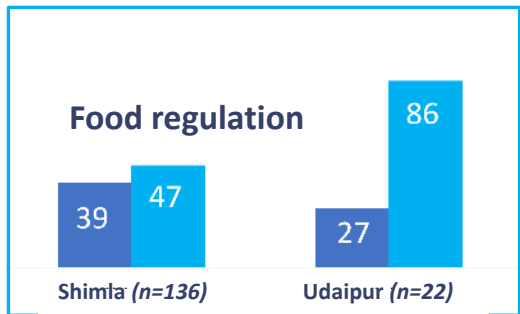
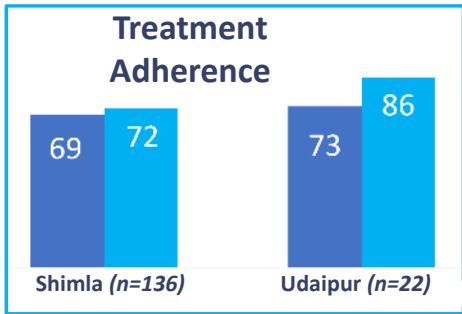
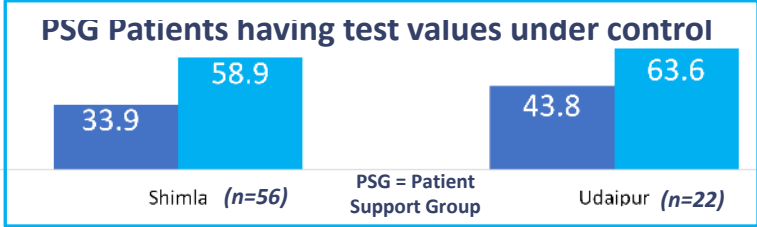


S : Stimulate, Support, Share
A : Appreciate
L : Listen, Learn and Link
T : Transfer, Team

The Community Life Competence Process was introduced in 14 villages of Shimla and 5 villages of Udaipur
For more on CLCP and SALT technique, visit <https://www.communitylifecompetence.org/>

Preliminary results in CLCP exposed sites in HealthRise India

■ Pre Intervention
■ Post Intervention



Numbers in parenthesis denote %.

Source: Self assessment record sheets of patients before and after SALT intervention

Lessons from community action

- 1. Family members displayed ownership of NCD care.**
- 2. Health Workers realized - they are members of the same community they serve, thus were more active.**
- 3. Children led by example by playing with adults and showing them ways to stay active.**
- 4. Community displayed ownership to openly address neglected health conditions such as TB and malnutrition besides NCDs.**
- 5. While the focus in most health interventions is on institutional care, people led care via organized community engagement is promising.**
- 6. Recognition by local government and public health workers adds value to the community engagement process by private stakeholders.**

Community in action



Community knowledge fair on CLCP & SALT



Community organized screening camp



Morning Walks



Health talk organized by villagers

Community in action contd..



Exercising women



Yoga session for women and children



Villagers cleaning village



Villagers planting garden vegetables