

## COMMUNITY PARTICIPATION IN HEALTH, AS A STRATEGY FOR THE PREVENTION AND CONTROL OF NON- COMMUNICABLE CHRONIC DISEASES

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**Abstract:** **Introduction:** Chronic non-communicable diseases (CNCD) are of multifactorial etiologies such as genetic, physiological, environmental and behavioral, and of long evolution that affected 41 million people in 2018 and have become the main causes of mortality worldwide. Among the modifiable risk factors of behavioral characteristics we have in mind the harmful use of alcohol, inadequate diets, physical inactivity and tobacco use. Three essential components of chronic noncommunicable disease surveillance constitute a framework that all countries must establish and consolidate: monitoring of exposures (risk factors); the monitoring of the results (morbidity and mortality specific to diseases) and the responses of the health system. **Goal:** To determine the effect of community participation in health, as a strategy for the prevention and control of chronic non-communicable diseases. **Methodology:** Qualitative descriptive-analytical study, where community participation in health is described and analyzed as a strategy for the prevention and control of chronic non-communicable diseases. **Discussion:** In our critical posture, the performance of participation in the field of health is considered fundamental; because the community itself is the one that watches over the collective, individual and family health of a population, and the community itself is responsible for identifying said health problems and being able to propose proposals to modify lifestyles and achieve an optimal state of health. **Conclusion:** Community participation is the cornerstone of primary health care and comprehensive health management, in the prevention and control of chronic non-communicable diseases, to avoid their manifestation or complications. **Keywords:** Health, community participation, chronic non-communicable diseases, community well-being.

## INTRODUCTION

Chronic non-communicable diseases (CNCD) are multifactorial interaction; such as genetic, physiological, environmental and behavioral. In the long term, different complications arise in the health of the population. These nosological entities are one of the main causes of morbidity, mortality and disability globally; which includes: cardiovascular diseases, diabetes, cancer, chronic pulmonary diseases. (Pan American Health Organization (PAHO), 2019; Pan American Health Organization, 2019a).

In 2018, the WHO reported that NCDs caused mortality in 41 million people, that is, equivalent to 71% of deaths worldwide. In low- and middle-income countries, the figure rises to 85% in individuals between 30 and 69 years of age. (Pan American Health Organization, 2019b).

In America of a total of 5.5 million deaths, 80.7% of deaths from NCDs, and in Ecuador they represent 72%, of which cardiovascular diseases have a prevalence of 23.6%, and diabetes represent 7.7% in 2018. (Pan American Health Organization, 2019a).

Within the health programs for the prevention and control of NCDs, community participation is given great importance as a transversal axis to achieve compliance with said programs, since it is in the population where they facilitate their space to express themselves about behaviors that are not healthy and chronic diseases, and that they are controlled, avoiding complications; which is reflected in the MAIS-FCI. (Ministry of Public Health, 2012; Naranjo Ferregut et al., 2014).

And it is so, that this critical analytical literature review has been proposed to elucidate the effect of community participation in health programs as part of a strategy for the prevention and control of chronic non-communicable diseases.

## THEORETICAL FOUNDATIONS WITH INTERPRETATIONS

It refers to a group of diseases in which its etiology is not given by any acute etiology, which lead to long-term health consequences and require continuous observation and continuous treatment. (Grau, 2016).

Among the nosological entities are cardiovascular diseases, diabetes mellitus, cancer and chronic lung diseases, which represent 3 out of 5 deaths in the world. associated with different modifiable risk factors. (Reiner Hernández et al., 2019).

These diseases are present in all countries regardless of age group, but with a higher prevalence in older age groups, according to the WHO, 41 million die, which represents 71% of deaths worldwide. (Pan American Health Organization, 2019a).

The treatments for this type of nosological entities are generally extensive and with a high economic value, which is reflected in the family economy that reduces other expenses such as food, housing and education. Due to the high costs of health services, every year at least one hundred million people are immersed in poverty. (Vivian, 2013).

## PREVENTION OF CHRONIC NON-COMMUNICABLE DISEASES

All NCDs are the leading cause of disability and morbidity worldwide, in addition to constituting a highly complex challenge in terms of public health, constituting a major threat to social and economic development. (Pan American Health Organization, 2019a).

Prevention is the constitution of different actions that are carried out in order to minimize or eradicate the impact of some nosological entity or disease and disability, which includes different measures such as therapeutic, economic, social and political. There are mainly three types of prevention: primary, secondary and tertiary. (Escartín

Lasierra, P. López Ruiz, Vicky. Ruiz-Giménez Aguilar, 2015).

Primary prevention stands out for being aimed at reducing the incidence of a nosological entity, in addition to reducing the risk of presenting new cases; includes health promotion and specific actions. (World Health Organization, 2020).

Secondary prevention stands out as it is aimed at early diagnosis of the disease and timely treatment, since they are essential points for the control of the disease. (Grau, 2016).

Tertiary prevention stands out for being the one offered to those in need of rehabilitation without neglecting the prevention of any complication associated or not with the disease that is suffering at that time. (Secredo, 2007).

## **MODIFIABLE RISK FACTORS**

A modifiable risk factor for NCD is a characteristic given by a lifestyle or habit which provides an increase in the probability of suffering a disease or dying in those individuals who present it, which can be modified if actions are taken on the lifestyle or habit of the individual. (Brumana et al., 2017).

Among the modifiable risk factors of behavioral characteristics we have in mind the harmful use of alcohol, inadequate diets, physical inactivity and tobacco use, which increase the risk of NCDs. (Pan American Health Organization (PAHO), 2019).

The harmful consumption of alcohol each year in the world causes approximately 3.8% of deaths, which corresponds to 2.3 million individuals in which it is associated with liver cirrhosis, cancer and cardiovascular diseases. (Cassetti et al., 2018).

Reducing the risk of digestive cancer and cardiovascular diseases has been directly related to the consumption of fruit and

vegetables in considerable quantities. (Vivian, 2013).

The global population consumes levels of salt above those recommended by the World Health Organization and as a result there are 4.1 million deaths per year. (Brumana et al., 2017).

Scarce physical activity or the consequent sedentary lifestyle generates approximately 1.6 million deaths annually. A physical activity of at least 150 minutes a week with moderate intensity is recommended to reduce cardiovascular risk, however 1 in 4 adults do not meet this recommendation. (Jaime et al., 2017).

Sedentary lifestyle is usually present in high-income countries, although there are currently high levels of sedentary lifestyle in women in middle-income countries. (Reiner Hernández et al., 2019).

Active and passive smoking kills 7.2 million people a year. It is estimated that by 2030 that figure will increase by 10% of total deaths, reaching 7.5 million individuals who have died from tobacco. (Pan American Health Organization, 2019a)

71% of lung cancer and 42% of chronic respiratory diseases, as well as 10% of cardiovascular diseases are related to smoking. (Angel et al., 2018).

On these modifiable risk factors, prevention and health promotion are emphasized, through community participation, in order to reduce mortality and morbidity due to different chronic non-communicable diseases, and improve quality of life. (Reiner Hernández et al., 2019).

## **COMMUNITY PARTICIPATION**

Community participation is a strategy with the purpose of influencing the social determinants of health, through the participation of community social actors on behalf of public health management and

decision-making. (Pan American Health Organization, 2019a).

According to the Pan American Health Organization (PAHO), with the aim of promoting health, reducing complications and preventing diseases; community participation intervenes in different axes such as the individual, family and community. (World Health Organization, 2020).

In addition, in order to achieve the improvement of economic and social development, community participation assumes different responsibilities in relation to health and community. (Jaime et al., 2017).

Citizen participation is an activity that is usually carried out together, forming associations, patient forums, health councils, and opening avenues of information and consultation in the preparation and implementation of health policies, which in the future will serve to give long advances in the field of health since it is one of the essential fields for progress at state and regional level. (López-Bolaños et al., 2018).

Cooperation and alliances are based on local needs and priorities, as a tool to support and identify the needs of local groups with a higher risk of having worse health indicators. (Blandón-Lotero & Jaramillo-Mejía, 2018) Community health leaders must also be identified to improve outreach to vulnerable groups and improve the organization and development of community activities, all with the support of public administrations. (Pan American Health Organization, 2019b).

Healthy conditions are only possible through the intervention of the inhabitants with active and continuous participation; with the collaboration and commitment to organize the pertinent personnel for the execution and evaluation of the health teams according to their care model. (Ministry of Public Health, 2012).

## COMPARISONS

### DATA AND NUMBERS

NCDs pose the danger of meeting the Sustainable Development Goals (SDGs), which want to reduce the number of deaths at an early age due to NCDs by 33% by 2030. (Ángel et al., 2018; Pan-American Organization for health, 2019a).

The Region of the Americas has a NCD mortality rate of 436.5 per 100,000 population. Pan American Health Organization (2019), on the other hand, in Ecuador deaths in 2016 were 84,000, of which NCDs represented 60,700 (72.26%). (Pan American Health Organization (PAHO), 2019).

In Spain, NCDs were the main cause of death in 2016, out of 418,516 deaths, with 388,617 deaths (92.8%). (World Health Organization, 2020).

The monitoring of exposures to risk factors, the monitoring of mortality and morbidity outcomes and the responses of the health system; These are the three items necessary to achieve effective surveillance of NCDs, since it is essential that all countries must consider it as a regulation. They include establishing policies, infrastructure, trained personnel, and easy access to health care. (Escartín Lasierra, P. López Ruiz, Vicky. Ruiz-Giménez Aguilar, 2015).

There are no differences between Ecuador and Spain in the intervention of risk factors since little or no physical activity, smoking and alcohol consumption generally prevail in both populations, and also in both countries it is growing without even achieving the required goal. (Grau, 2016).

The Spanish health system guarantees service coverage for chronic patients, however, it represents a large number of fragments at the care levels that include primary, specialized and social services. As a consequence, it may happen that approximately 55% of the more complex patients have one or more chronic

diseases and that 50% of the patients do not administer their medications correctly. (Cassetti et al., 2018).

Primary health care in both countries includes prevention and better self-care, as part of community participation. But in Ecuador, better strategies or projects are still required to improve the care of health services in primary care, self-care and risk management, especially of the four main NCDs. (Pan American Health Organization (PAHO), 2019).

In Spain and Ecuador, plans were implemented such as treating NCDs, in 2010, the Quality Plan for the National Health System, and the Action Plan for the Prevention and Control of NCDs in the Americas 2013-2019, respectively. However, the stated objectives and goals of the Sustainable Development Goals related to health have not yet been achieved, and it is worse in Ecuador, where there are still limitations in terms of implementation, coverage, therapeutic management and health education within the National system of health. (Pan American Health Organization (PAHO), 2019).

In the case of the European country, it has some standards and technical guidelines, and in some other autonomous communities (for example, Catalonia and the Valencian Community) consensus studies are being carried out on citizen participation in health to develop their own regulations. (Brumana et al., 2017).

Countries face various problems and/or challenges to have an effective response, such as insufficient political action; the limited capacity of governments for policy formulation, coherence and implementation; insufficient national and international financing, as well as the effects of economic, commercial and market factors on NCDs; and the weakness of health systems. (Reiner Hernández et al., 2019).

## REFLECTIONS OR CRITICAL POSTURES

The Pan American Health Organization (PAHO) states that the importance of social or community participation in health involves different actions in the individual, family, collective and, above all, community spheres with the fundamental and essential objective of promoting a complete state of health. health, in addition to preventing diseases and avoiding their complications. (Naranjo Ferregut et al., 2014).

In 1978 at the Alma Atá conference, it was defined that community participation “is part of a process by which each individual and all families assume responsibilities that contribute to the good of their own health and well-being and those of the community, in order to improve the ability to stimulate their own economic and community development”. (World Health Organization, 2020).

Within the sustainable development strategies of a population, community participation is linked, because it is a great means to achieve and manifest equity in health and all the beneficial and essential conditions to achieve a self-sustaining transformation and modernization of a population that enjoy health. (Blandón-Lotero & Jaramillo-Mejía, 2018).

The timely strengthening of community participation helps to fully identify health problems and in turn be able to issue solutions together to achieve an optimal collective, family and individual state of health. (Pan American Health Organization, 2019b).

PHC, closely related to community participation in the health-disease process, leads to the establishment of health problems and to be able to identify solutions and, in turn, provide directions and support to achieve the most effective resolution of said health problems, in short, medium and long

term, and to improve the quality of life of the population. (Cassetti et al., 2018).

At the community level, all efforts must be concentrated to favorably modify the determinants of health and achieve well-being in the community, because NCDs are a serious public health problem worldwide, especially in developing countries where the health system health is weakened, and these nosological entities are responsible for high morbidity and mortality. (Escartín Lasierra, P. López Ruiz, Vicky. Ruiz-Giménez Aguilar, 2015).

Hypertension and type 2 DM are silent NCDs with null or imperceptible clinical manifestations by the individual or health personnel, however, they are latent, being a major public health problem. (Blandón-Lotero & Jaramillo-Mejía, 2018).

Community participation in health is the fundamental pillar for the prevention and control of NCDs; the joint work of health personnel, it is possible to identify the different risk factors, be able to act from a pre-pathogenic period, delay the manifestation of said entities or control them to avoid complications, and provide an improvement in the quality of life of the patient. population.

Without an active participation of the community in health, it is not possible to generate healthy conditions in the population, because the community has the mission of being able to build health, from the internalization of the population itself with work adjacent to health personnel and related. (Angel et al., 2018).

## **FINAL CONSIDERATIONS**

Chronic non-communicable diseases are considered one of the most worrying health problems, due to the high morbidity and mortality and with a great impact on the socioeconomic situation of each country, affecting not only the individual quality of

life, but also the collective one. (Pan American Health Organization, 2019b).

Community participation is the cornerstone of primary health care and comprehensive health management, in the prevention and control of NCDs, to avoid their manifestation or complications. (World Health Organization, 2020).

The fundamental axis in health is social or community participation, where the population or society itself is empowered, provides support to health professionals to identify risk factors and health problems of said population and also have the capacity to be able to offer solutions, and more than anything to apply health programs that focus on carrying out activities that contribute to improving the quality of life of the population and enjoying a good state of health. (Naranjo Ferregut et al., 2014).

Improving the quality of health life, and a comprehensive management of health with quality and warmth is in charge of a properly trained health personnel, and above all a joint work with the community to achieve individual, family and community well-being. (Ministry of Public Health, 2012).

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