International Perspectives on Social Policy, Administration, and Practice

Steven L. Arxer
John W. Murphy *Editors*

Dimensions of Community-Based Projects in Health Care

International Perspectives on Social Policy, Administration, and Practice

Series Editor

Sheying Chen
Pace University, New York, NY, USA

Jason L. Powell
University of Lancashire, Preston, Lancashire, United Kingdom

The Springer series International Perspectives on Social Policy, Administration and Practice puts the spotlight on international and comparative studies of social policy, administration, and practice with an up-to-date assessment of their character and development. In particular, the series seeks to examine the underlying assumptions of the practice of helping professions, nonprofit organization and management, and public policy and how processes of both nation-state and globalization are affecting them. The series also includes specific country case studies, with valuable comparative analysis across Asian, African, Latin American, and Western welfare states. The series International Perspectives on Social Policy, Administration and Practice commissions approximately six books per year, focusing on international perspectives on social policy, administration, and practice, especially an East-West connection. It assembles an impressive set of researchers from diverse countries illuminating a rich, deep, and broad understanding of the implications of comparative accounts on international social policy, administration, and practice.

More information about this series at http://www.springer.com/series/7

Steven L. Arxer • John W. Murphy
Editors

Dimensions of Community-Based Projects in Health Care

Editors
Steven L. Arxer
Department of Sociology & Psychology
University of North Texas at Dallas
Dallas, TX, USA

John W. Murphy
Department of Sociology
University of Miami
Coral Gables, FL, USA

International Perspectives on Social Policy, Administration, and Practice
ISBN 978-3-319-61556-1 ISBN 978-3-319-61557-8 (eBook)
DOI 10.1007/978-3-319-61557-8

Library of Congress Control Number: 2017953040

© Springer International Publishing AG 2018
This work is subject to copyright. All rights are reserved by the Publisher, whether the whole or part of the material is concerned, specifically the rights of translation, reprinting, reuse of illustrations, recitation, broadcasting, reproduction on microfilms or in any other physical way, and transmission or information storage and retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology now known or hereafter developed.
The use of general descriptive names, registered names, trademarks, service marks, etc. in this publication does not imply, even in the absence of a specific statement, that such names are exempt from the relevant protective laws and regulations and therefore free for general use.
The publisher, the authors and the editors are safe to assume that the advice and information in this book are believed to be true and accurate at the date of publication. Neither the publisher nor the authors or the editors give a warranty, express or implied, with respect to the material contained herein or for any errors or omissions that may have been made. The publisher remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Printed on acid-free paper

This Springer imprint is published by Springer Nature
The registered company is Springer International Publishing AG
The registered company address is: Gewerbestrasse 11, 6330 Cham, Switzerland

Preface

Community-based approaches are popular today in the area of social services, especially as proposals to decentralize health care gain traction. Part of the appeal comes from the recognition that traditional health care management has led to higher costs and to services unresponsive to the population. Many communities are still caught in the effects of the Great Recession and are seeking control over their lives. A basic assumption of this change to community-based health care delivery is that health services will be more attuned to the needs of community members and sustainable over time.

A central theme of this book is that a shift in social philosophy is needed for a community-based approach to health care. Most important to recognize is that the usual way of imagining community-based interventions may be insufficient. For although conventional health projects may at times be linked to communities, these ties may fail to be sensitive to the participatory nature specified by community-based theory. As a result, the practices and frameworks developed from these efforts become divorced from critical reflection and widespread dialogue.

In this book, readers are encouraged to rethink the basic but important aspects of community-based theory—namely, that community should not be simplified within community-based programs. In other words, the goal is not merely to be more efficient in social service delivery. While this outcome is expected, community-based practitioners are primarily interested in engaging communities in a manner that promotes participation by the citizenry. Simply stated, the open and democratic character of this philosophy represents what is "new" about community-based theory and related health projects.

However, a community-based approach is also more than a philosophy. Included are practical considerations, such as new methodologies, leadership styles, and organizational management strategies. In general, the language and planning of health care must be rethought. Examples are provided in this book that illustrate the various dimensions of a community-based strategy. Central to these efforts is that a "participatory culture" is promoted, whereby community members begin to direct—and, perhaps, even begin to control—intervention programs. The hope is that this book helps both academics and practitioners to establish a link between novel

philosophical insights and the practice of developing community-based projects. In this way, community-based interventions can offer an alternative mode of service delivery that is responsive to communities and contributes to the improvement of health outcomes.

Dallas, TX, USA Steven L. Arxer
Coral Gables, FL, USA John W. Murphy

Contents

1 **Introduction** 1
Steven L. Arxer and John W. Murphy

2 **Narrative Medicine in the Context of Community-Based Practice** . . . 15
John W. Murphy

3 **Qualitative and Participatory Action Research** 25
Steven L. Arxer, Maria del Puy Ciriza, and Marco Shappeck

4 **Health Committees as a Community-Based Strategy** 37
Berkeley Franz, Chantelle Shaw, and Keilah Ketron

5 **Dialogue, World Entry, and Community-Based Intervention** 55
Jung Min Choi

6 **Politics of Knowledge in Community-Based Work** 67
Karie Jo Peralta

7 **Community Mapping Tells an Important Story** 79
Karen A. Callaghan

8 **Training Physicians with Communities** 93
David Laubli, Daniel Skinner, and Kyle Rosenberger

9 **A Community-Based Approach to Primary Health Care** 105
Khary K. Rigg, Doug Engelman, and Jesús Ramirez

10 **Conclusion: Reimagining Community Planning in Health Care** 119
Steven L. Arxer and John W. Murphy

Index 129

Contributors

Steven L. Arxer is associate professor at the University of North Texas at Dallas in the Department of Sociology and Psychology. He specializes in qualitative research on minority populations, with a focus on intersectionality, aging, and globalization. He is coauthor of *Aging in a Second Language*.

Karen A. Callaghan is professor of sociology and dean of the College of Arts and Sciences at Barry University, Miami Shores, Florida. She received her Ph.D. from Ohio State University. Her present interests include community-based research and organizing, social inequalities, and sociology of education.

Jung Min Choi is associate professor of sociology at San Diego State University. He received his Ph.D. from York University in Toronto, Canada. He has published numerous books, book chapters, and articles in the areas of postmodern/poststructural theory, multicultural identity, critical pedagogy, and narrative health.

Maria del Puy Ciriza is assistant professor of Spanish at Texas Christian University, Fort Worth. She received her Ph.D. from the University of Illinois. Her current research focuses on sociolinguistics concretely on issues of language and identity.

Doug Engelman is a doctoral student in sociology at the University of South Florida, Tampa, where his concentrations are in health and illness and the sociology of education. He received his M.A. in sociology at Northern Illinois University.

Berkeley Franz is an assistant professor of social medicine at Ohio University's Heritage College of Osteopathic Medicine. She received her Ph.D. in sociology from the University of Miami. Her research and teaching interests include community-based health interventions, health policy, and the sociology of religion.

Keilah Ketron is a second year medical student at Ohio University's Heritage College of Osteopathic Medicine. She is in the Rural and Urban Scholars Pathway Program with the intention of practicing family medicine in an underserved community. She has a B.A. in biology from Cedarville University.

David Laubli, BS is a third year medical student at Ohio University's Heritage College of Osteopathic Medicine. His interests include simulation in medical education and value-based medicine.

John W. Murphy has a Ph.D. in sociology from Ohio State University. For the past 30 years, he has been writing on and working in community-based projects in both the United States and several countries in Latin America. Most recently, he worked on a project in Ecuador that was devoted to building a health center in a poor community. Currently, he is a professor of sociology at the University of Miami. He is author of *Community-Based Interventions*.

Karie Jo Peralta is assistant professor of sociology at the University of Toledo, Toledo, Ohio. She received her Ph.D. from the University of Miami. Her present interests include community-based research and race and ethnic relations.

Jesús Ramírez is a doctoral student from the Philosophy Department at the University of South Florida, Tampa. He received his B.A. and M.A. in philosophy from San José State University. His academic interests include Latin American philosophy, critical race theory, and applied ethics.

Khary K. Rigg is an assistant professor in the Department of Mental Health Law and Policy at the University of South Florida, Tampa. He received his Ph.D. from the University of Miami and completed a postdoctoral fellowship in health services research at the University of Pennsylvania. His present interests include behavioral health issues and community-based interventions.

Kyle Rosenberger, MEd is a curriculum developer and course designer in Ohio University's Office of Instructional Innovation and Heritage College of Osteopathic Medicine. His current projects focus on the utilization of instructional design theories and technology for innovations in medical education.

Marco Shappeck is associate professor of teacher education at the University of North Texas at Dallas. He received his Ph.D. from the University of Illinois at Urbana-Champaign. His research interests include language contact, second language acquisition, language and aging, and linguistic anthropology.

Chantelle Shaw is a second year medical student at Ohio University's Heritage College of Osteopathic Medicine. She received her B.A. in psychology from Hampton University. Her research interests include social and behavioral

determinants of health, community-based approaches to health promotion/disease prevention, and health policy.

Daniel Skinner, PhD is assistant professor of health policy in the Department of Social Medicine at Ohio University's Heritage College of Osteopathic Medicine. His present interests include the politics of health care policy, hospital-community relations, and health care for underserved populations.

Chapter 1
Introduction

Steven L. Arxer and John W. Murphy

The Relevance of Community-Based Health Care

In the field of health promotion, scholars and clinical workers are recognizing community approaches as important to changing risk behaviors and health outcomes for populations (Baker and Brown 1998). An emphasis on community-based programs in health care is, in large part, a result of a gradual shift from individual-level explanations of health behaviors to more holistic views of health promotion. Today, many recognize that environmental, social, and cultural factors shape individual and collective health. This "ecological" view presumes a broad set of influences and social-environmental interactions that shape health decisions and experiences in crucial ways.

Recent demographic and policy changes have also helped to increase the profile of community-based health promotion given the promise and potential of this strategy to address future health care needs. Clearly the United States has a rapidly growing aging population; by 2050 approximately 83 million Americans will be 65 or older (U.S. Census Bureau 2014). This demographic shift will have significant implications.

Frist, there will be a large number of individuals who will be entering government sponsored programs, such as Medicare, in need of quality and affordable health care. The cost of medical care is often higher for individuals age 65 and over (Centers for Disease Control and Prevention and the Merck Company Foundation

S.L. Arxer (✉)
Department of Sociology & Psychology, University of North Texas at Dallas, Dallas, TX, USA
e-mail: steven.arxer@untdallas.edu

J.W. Murphy
Department of Sociology, University of Miami, Coral Gables, FL, USA
e-mail: j.murphy@miami.edu

© Springer International Publishing AG 2018

S.L. Arxer, J.W. Murphy (eds.), *Dimensions of Community-Based Projects in Health Care*, International Perspectives on Social Policy, Administration, and Practice, DOI 10.1007/978-3-319-61557-8_1

2007), while the risk of falling, disability (Chen et al. 2009; Fried and Guralnik 1997), and dementia (e.g., Alzheimer's) increases with age (Alzheimer's Association 2010). Approximately half of all Americans who receive long-term care services are elderly, with the vast majority of national long-term care expenditures going to this population (U.S. Department of Health and Human Services 2003). Many have noted that supplying necessary management and treatment will be a major challenge for Medicare and other social services, in view of the growth in the number of older Americans.

At the same time, the population will consist of a higher percentage of racially and ethnically diverse people. By 2050, the percentage of the United States' population comprised by Hispanics will double from about 12% to 24% (U.S. Census Bureau 2008). The opposite trend is taking place for non-Hispanic whites, with a projected decrease in this segment of the population from 69% to approximately 50% (U.S. Census Bureau 2008). Of concern to public health practitioners is the increasing prevalence of chronic conditions, such as obesity and diabetes, occurring in all groups but particularly among minority groups. For example, the rates of these diseases are often higher and less controlled for Hispanics than for non-Hispanic whites and blacks (Centers for Disease Control and Prevention 2011). Another long-term care issue is cognitive impairment and depression, which Hispanics 65 and over are more likely to have than whites (Alzheimer's Association 2010). This trend is again particularly noteworthy given that the number of persons age 65 and over who are Hispanic is expected to increase (Vincent and Velkoff 2010).

Health care reform is also an important issue in discussions about access, cost, and quality of medical care. While the 2010 Patient Protection and Affordable Care Act (ACA) has opened access to health insurance to more individuals, many other aspects of the ACA remain in question. On the side of the government, the US Congress continues to revisit and debate the legality of the ACA, and repeated calls are made to repeal the program (Walsh 2016). Meanwhile, in the private sector, major insurance companies are beginning to exit the health exchanges established under the ACA, thereby raising doubts about the price competitiveness of insurance plans for consumers (Johnson 2016). The management and delivery of health care present significant challenges when considering that many minority groups, particularly Hispanics, are often the most inadequately insured group in the United States (Angel and Angel 2009).

The reality is that the needs of a diverse, elderly population will test the social service safety net of programs such as Medicare, Medicaid, and the insurance exchanges. Stanford (1994) noted some decades ago the impact of an older, more diverse population:

> as the older population increases and becomes more diverse, it becomes a driving force for changed required to meet the challenge of providing the quality of life we have come to expect. Aggregate skills and energy will need to be mobilized. Diversity as a social force will require us to consider how different needs ca be met …. Older Americans are no longer bound by locale as they once were. The diversity they have brought to many communities has caused community leaders to re-think the way they plan programs and services. They can no longer plan as if they aged were homogenous. Diversity as a social force will help

> change the way bureaucracies perceive their roles and responsibilities and the way they operationalize their activities (p. 1)

While Stanford alerts readers to the pressing need to adopt a health promotion model that is responsive to diverse populations, traditional approaches to health care are increasingly understood as too limited in scope.

Long-term care presents state and federal agencies with serious problems considering the population changes and costs related to managing chronic illness. Traditional assisted living approaches, for example, have not addressed the needs of many minority groups who, because they are politically and economically disadvantaged, have reduced access to these facilities. Moreover, health organizations, providers, and physicians have not been able to slow the trends in obesity and other chronic illnesses.

Core to these issues are questions about the effectiveness of a traditional biomedical model. This approach places physicians and bureaucratic health organizations at the center of medical knowledge and care, but this strategy may be too disconnected from the growing and changing communities that they serve. In this context, community-based projects are thought to provide a more cost-effective and culturally sensitive way of delivering health care. In short, the resources and will power of the general population can be used to lower risk and prevent and manage illness.

This book examines the theoretical and practical dimensions of community-based projects in health care. Particular attention is given to how community-based programming can serve as a more appropriate model within the current demographic, social, and economic context. In many circles, a traditional biomedical model to health care has been critiqued. Additionally, community-centered approaches have been praised for offering a new perspective and set of solutions to emerging health challenges. But while community-based models are popular among public health scholars and practitioners who seek more participatory ways to promote health in communities, discussions often ignore what Alfred Schutz (1964) called the "deep assumptions" that underpin community projects. In the case of community-based health care, the philosophy that sustains notions of community, participation, and knowledge may be obscured without careful attention to the assumptions behind these ideas.

A central theme in the following chapters is that those who adopt a community-based approach can benefit from considering the symbolism that underpins their health care projects. The ways in which community, institutions, and knowledge are defined can shape the nature of health interventions. Public health workers, gerontologists, and epidemiologists are currently seeking a range of solutions to the problems confronting health care in the first half of the twenty-first century. However, the promise of a community-based approach to address these issues may go underutilized without careful theoretical examination. In particular, the subtle and historically relied upon symbolism of biomedicine may reintroduce elements into community projects that begin to limit the options and practices available to health promoters.