



COMMUNITY-BASED INTERVENTIONS FORENHANCING SELF-CARE PRACTICES AMONG ADULTS WITH CHRONIC ILLNESSES

Dr. Pravin Nathuji Yerpude

Professor and HOD Department of Community Medicine, Chhindwara Institute of Medical Sciences, Chhindwara, Madhya Pradesh, India.

Corresponding Author

Dr. Pravin Nathuji Yerpude

Article Info

Received: 23/06/2025; Revised: 28/07/2025

Accepted: 08/08/2025

ABSTRACT

Chronic illnesses such as diabetes, hypertension, chronic obstructive pulmonary disease (COPD), cardiovascular disorders, and arthritis have emerged as leading health concerns in the 21st century. The global burden of these diseases not only affects individuals' health outcomes but also places immense pressure on healthcare systems, especially in low- and middle-income countries. While clinical management of these illnesses is essential, research increasingly suggests that successful management largely depends on consistent self-care practices undertaken by patients in their daily lives. These practices include medication adherence, lifestyle modifications such as diet and exercise, stress management, monitoring of vital signs, and timely healthcare utilization. Unfortunately, barriers such as limited health literacy, socio-economic challenges, cultural factors, and lack of structured social support often hinder individuals from maintaining these practices. Community-based interventions—designed around collective participation, peer learning, and local resource mobilization—have shown remarkable potential in bridging these gaps. This study investigates the effectiveness of such interventions by employing a mixed-method approach involving literature review, survey-based data collection from patients and community health workers, and analysis of a case study from Kerala, India. Results reveal that peer support groups, targeted health education, digital self-monitoring platforms, and community health worker engagement can significantly enhance patient adherence, confidence, and overall disease management. The study concludes that embedding culturally tailored, sustainable, and community-driven health strategies within formal healthcare systems can improve long-term self-care outcomes and reduce dependency on overburdened healthcare institutions.

Keywords: Chronic Illness; Self-Care Practices; Community-Based Health Interventions; Peer Support Groups; Patient Empowerment; Lifestyle Modification; Health Education; Community Health Workers (CHWs); Digital Health Tools; Public Health Strategies.

INTRODUCTION

The rise in chronic illnesses represents one of the greatest challenges to public health in the modern era [1-5]. According to the World Health Organization (WHO), non-communicable diseases (NCDs) account for approximately 70% of all global deaths, and the numbers are projected to increase with aging populations, sedentary lifestyles, and urbanization [6, 7]. Unlike acute illnesses, chronic diseases require continuous, long-term care that extends far beyond hospital visits or

clinical consultations. This makes self-care practices a cornerstone of disease management [8, 9].

Self-care is broadly defined as these to daily activities individuals undertake to manage symptoms, maintain health, and prevent complications [10, 11]. For example, patients with diabetes must monitor their blood sugar, adhere to a proper diet, exercise regularly, and take in sulinor oral medications consistently. Similarly, hypertensive patients must monitor blood pressure,



limit salt intake, and avoid risk factors such as smoking and alcohol consumption [12-15]. However, the ability to sustain these practices is influenced by various external and internal factors, including knowledge gaps, social isolation, economic hardship, and lack of motivation [16, 17].

Traditional healthcare systems often focus on diagnosis and treatment rather than holistic patient support. In contrast, community-based interventions prioritize inclusivity, participation, and local solutions. By engaging local resources such as peer networks, volunteers, and health workers, these interventions encourage patients to adopt and sustain healthier lifestyles. In addition, community-level initiatives provide psychosocial support, improve awareness, and foster an environment where patients feel empowered rather than isolated [18].

This paper aims to evaluate the role of community-based interventions in strengthening self-care practices among adults with chronic illnesses. Through the integration of surveys, case studies, and existing literature, it examines the real-world impact and sustainability of such interventions, highlighting their significance for both patients and healthcare systems [19].

METHODOLOGY

The study adopts a mixed-methods design, combining both quantitative and qualitative approaches to gain a holistic understanding of community interventions. The following methods were used:

1. Literature Review:

Over 100 peer-reviewed articles published between 2005 and 2024 were analyzed, focusing on topics such as chronic illness self-management, role of community health workers, and public health frameworks.

2. Survey Design:

- Two separate questionnaires were developed: one for community health workers (CHWs) and another for patients with chronic illnesses.
- The CHW survey used a 5-point Likert scale (Strongly Agree to Strongly Disagree) to measure attitudes and experiences related to intervention effectiveness.
- The patient survey consisted of yes/no questions to capture practical outcomes such as adherence improvement, confidence building, and reduced hospital visits.

3. Sample Selection:

- 50 community health workers and 60 adult patients with diabetes, hypertension, and COPD were surveyed from semi-urban and rural areas.
- Inclusion criteria for patients included diagnosis of a chronic condition for at least

1 year and participation in a community health program.

4. Case Study:

The Kerala health initiative, known for integrating Accredited Social Health Activists (ASHAs) into chronic illness care, was selected as a case study. This model emphasizes door-to-door monitoring, group health education, and life style counseling.

5. Data Analysis:

- Quantitative responses were tabulated and represented in frequency tables.
- Qualitative feedback from patients and CHWs was thematically analyzed to identify recurring themes such as empowerment, accessibility, and social support.

Case Study: Kerala Community Health Worker Model

Kerala, a state in India, has achieved notable progress in healthcare outcomes through innovative community-driven programs. A notable example is the involvement of Accredited Social Health Activists (ASHAs) in chronic disease management [20].

Key Features of the Program:

- Home Visits: Health workers regularly visit households to check blood pressure, blood sugar, and medication adherence.
- Group Sessions: Patients are encouraged to attend peer-group discussions where life style changes are demonstrated and success stories are shared.
- Dietary & Lifestyle Counseling: Advice is tailored to cultural and economic contexts, such as promoting locally available low-cost vegetables and encouraging community walking groups.
- Family Involvement: Families are actively educated to provide emotional and practical support for patients.

Impact: Patients under this program reported higher confidence in symptom management, improved adherence to treatment, and reduced dependency on hospital visits. This case illustrates how local, culturally sensitive, and low-cost intervention can significantly improve chronic illness management.

Interpretation:

Most CHWs strongly agreed that community interventions improve adherence, reduce burden on hospitals, and empower patients. They also emphasized the need for ongoing training and recognized the growing role of digital health tools.



Data Analysis

Table 1: Responses from Community Health Workers (n =50)

Survey Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Community interventions Improve patient adherence	28	18	3	1	0
Peer support groups are effective in promoting self-care	25	20	4	1	0
Digital tools enhance Patient engagement in self-care	22	21	5	2	0
Training is necessary for Effective community health delivery	31	17	2	0	0
Community involvement Reduces health care burden	27	19	3	1	0

Table 2: Responses from Patients with Chronic Illnesses (n=60).

Parameter Evaluated	Positive Response	Negative Response	Summary Observation
Improved adherence Due to community interventions	46	14	Majority benefited from Health worker and peer support
Confidence in Managing illness increased	41	19	Peer support and Education boosted self-efficacy
Found digital tools Helpful in tracking health	37	23	Moderate success, age/literacy barriers noted
Preferred group Sessions over individual counseling	42	18	Social interaction Encouraged collective learning
Felt reduced hospital dependency	45	15	Community care Lowered frequent visits

Interpretation:

Patients clearly expressed that community-based care enhanced their ability to manage illnesses. While digital tools showed promise, literacy and access issues limited their universal acceptance.

Questionnaire

For Community Health Workers (Likert Scale):

- Do you think community-based interventions improve patient adherence to self-care practices?
- Are peer support groups more effective than individual education in Sustaining lifestyle changes?
- Do digital platform sand mobile appspenhance patient engagement in daily monitoring?
- Is continuous form al training essential for community health workers to remain effective?
- Do community-based interventions reduce

For Patients (Yes/No):

- Did community support improve your adherence to medication and lifestyle advice?
- Do you feel more confident in managing symptoms and emergencies at home?
- Did digital tools (apps, SMS reminders, tele consultations) help you track your health?
- Do you prefer group counseling sessions over one-on-one consultations?
- Do you now depend less on frequent hospital

visits for routine monitoring?

CONCLUSION

The findings of this study demonstrate that community-based interventions are highly effective in strengthening self-care practices among adults with chronic illnesses. These interventions empower patients to take ownership of their health by building supportive peer networks, promoting lifestyle modifications, and improving access to health education. Community health workers play a pivotal role in bridging the gap between medical systems and households, especially in resource-limited settings.

The Kerala case study showed that localized, culturally relevant solutions significantly improved adherence, confidence, and reduced dependency on hospitals. Data analysis from surveys further reinforced that patients value group support, trust CHWs, and benefit from digital innovations despite certain barriers.

In the future, healthcare systems should institutionalize community-based approaches by:

- Expanding training for CHWs,
- Integrating digital health solutions tailored to literacy levels,
- Designing culturally sensitive health education programs, and building sustainable peer-support networks by embedding these strategies, healthcare systems worldwide can better manage the growing burden of chronic illnesses while simultaneously empowering



individuals to lead healthier, more independent lives.

REFERENCE

1. Bodenheimer, T., Lorig, K., Holman, H., & Grumbach, K. (2002). Patient self-management of chronic disease. *JAMA*.
2. World Health Organization. (2020). *Global action plan for the prevention and control of NCDs*.
3. Lorig, K. R., & Holman, H. (2003). Self-management education: History, definition, outcomes. *Annals of Behavioral Medicine*.
4. Fisher, E. B., et al. (2015). Peer support in health care and prevention. *American Journal of Public Health*.
5. Kane, J., et al. (2016). Community health workers and chronic disease care. *Global Health Action*.
6. Norris, S. L., et al. (2006). Self-management support interventions. *Diabetes Care*.
7. Glasgow, R. E., et al. (2001). The role of self-management in chronic illness. *Patient Education and Counseling*.
8. Balaji, R. (2017). Community health initiatives in Kerala. *Indian Journal of Public Health*.
9. Wagner, E. H. (1998). Chronic care model. *Health Affairs*.
10. Singh, P., & Chokshi, D. (2013). Community health workers as front-line agents. *New England Journal of Medicine*.
11. Chatterjee, S., et al. (2018). Digital health interventions for NCDs. *Lancet Global Health*.
12. Viswanathan, M., et al. (2010). Outcomes of community health worker interventions. *American Journal of Preventive Medicine*.
13. Bagnasco, A., et al. (2014). Self-care in chronic conditions. *Journal of Advanced Nursing*.
14. Jeet, G., et al. (2017). Community health workers in India. *BMC Public Health*.
15. Choudhury, S., & Ghosh, R. (2021). Self-care practices in NCD management. *International Journal of Health Sciences*.
16. Lassi, Z. S., et al. (2014). Community interventions for NCDs. *Cochrane Review*.
17. Barlow, J., et al. (2002). Education programmes for self-management. *Patient Education and Counseling*.
18. Patil, R. R. (2015). Role of ASHA workers in chronic disease care. *Indian Journal of Community Medicine*.
19. Orem, D. (2001). *Self-Care Deficit Nursing Theory*. Mosby.
20. WHO. (2022). *Strengthening community-based health systems for chronic disease management*.

