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A PROPOSED MODEL ON INTEGRATIVE WELL-BEING OF PEOPLE AND COMMUNITIES

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ABSTRACT – Guided by the ecological perspective, Social Work assesses and intervenes with situations at different aspects and levels. The paper aimed to discuss the developed model on integrative well-being as a result of an engagement with the community. Specifically, this paper hoped to characterize the wholistic and integrative view on health; to describe the physiological, economic and physical//environmental components of the Integrative Well Being Model; and to identify the crucial roles of Social Workers and other stakeholders in implementing the model. Implementing a community based program entails facilitating participatory methods through community organizing and participatory action research, which led to the identification of issues and problems related to health in sociocultural, economic, political, physiological and environmental aspects. Evaluated through qualitative phenomenological data analysis capitalizing on the experiences and visions of the community, the identified issues became the bases for the development of an integrative well-being model. Defined as a framework to facilitate process of enabling people to improve and increase control on their overall health, the Integrative Well Being Model incorporates the identified three interdependent themes—health, livelihood, and environment. The interrelationship of the programs on health, asset-based livelihood and community-based environmental management are central in this model, being the vital components. Social workers' roles in the model, especially in facilitating the work in and with the community and other stakeholders are crucial towards the empowerment of the people and bringing about the needed changes in the people's situation towards quality of life.

Keywords: Social Work Model, Integrative Well Being Model, Ecosystems perspective

INTRODUCTION

The Social Work profession is always grounded on the principles of social justice and human rights in working with people and the society (International Federation of Social Workers, 2012). The ecosystems perspective, in the context of social work, stresses that effective social work intervention occurs by working not only directly with people but also with the biological, psychological, familial, social, economic, political, environmental and cultural factors that affect the interaction of people and their environments or what the social workers refer as social functioning (Derezotes, 2000). This gives a holistic view of the person, and how the environment affects the person's social functioning and vice versa. It is important to look at the relationship between the person (the internal system) and his/her environment (the external system). The person-in-environment configuration sees the person as part of the environment and he/she is not the only one affected by the environment in general (Weiss-Gal, 2008; Derezotes, 2000). Equally, the environment is also affected by the person's actions and level of

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performance, which is somehow dependent on his/her health and physiological condition. Thus, there is a need to see the interchange of the influence and benefits of both the internal and external system to each other. In operational terms, the people need to receive from their environment the resources essential for development and survival; reciprocally, the environment needs to receive the care necessary for its conservation and evolution.

In a first class rural municipality[1] in Batangas, the usually reported community problem is on health specifically on children. Top clinic consults are mainly upper respiratory tract infections (URTI), mostly viral or commonly known as coughs and colds. These health cases consume most of the health personnel's time and local government's budget. These conditions are self-limiting illnesses, which can be treated at home if their prevention and management are known and practiced by the people or the caregivers. Thus, a community based health program was developed to answer this concern. This became the point of entry for the community work beyond health.

Engagement of a social worker in a Community-based Health Program, in collaboration with other professions, focused on physiological health, at the onset, and on equally vital community aspects such as livelihood and environment, facilitated the development of an integrative model on community health and well-being. The general objective of this paper is to discuss the developed model on integrative well-being as a result of the said engagement. Specifically, this paper aims to achieve the following: (1) to characterize the wholistic and integrative view on health; (2) to describe the physiological, economic and physical//environmental components of the Integrative Well Being Model; and (3) to identify the crucial roles of Social Workers and other stakeholders in implementing the model.

[1] The writer preferred not to specify the particular community where the experience and engagement took place for confidentiality purposes.

METHODS

Having little knowledge on the people's perceptions and experiences on health and care seeking behavior, exploratory research design was used in the research. Community Organizing (CO) and Participatory Action Research (PAR) or CO-PAR was used as a strategy for this research. With a combination of methods such as community integration, survey, observations, key informant interviews, workshops, focus group discussions, and census of 5,966 households in selected 12 barangays (small villages) in the municipality, PAR facilitated the gathering of the community's baseline data in terms of poverty, care-seeking behavior, environmental resources, livelihood capacities, and the possible relationships of these data to one another. PAR highlighted the participation of the community in the social preparation and research process -- from the planning, formulating the data gathering instrument based on the existing practices and resources in the community, data gathering itself, analysis of data gathered, and action planning.

After all the data were gathered from various sources, community assemblies were held in every barangay. These data were presented to the community, for their validation as well as to elicit their opinions on the different subjects. This facilitated the development of actions points in response to the issues raised by the community. Using qualitative-phenomenological data analysis, the communities were asked to provide explanations on the issues and identified interrelationships. They based their answers on their experiences, observations and visions for their lives and communities.

This process made the community more aware of the interrelationship of issues and moved them into action in response to the said issues. All these

facilitated the CO activities. Likewise, Core group formation and organization building or strengthening, for those with existing organizations, were conducted among the primary stakeholders in every barangay. Capability building activities were done as well to facilitate the empowerment of the community towards their participation in the process, organizing, and eventual self-management of the Program.

RESULTS AND DISCUSSION

Using the ecological theory and philosophical bases, a Health Program should not only focus on biological or physiological aspect alone, but on various aspects of health to achieve an integrative well-being of persons and community. From the CO-PAR strategy, it was found out that a person or community's health condition is affected by different systems such as socio-cultural, economic, political, physiological and environmental systems These are directly and indirectly impinging on health conditions of the people and the whole community (Figure 1).

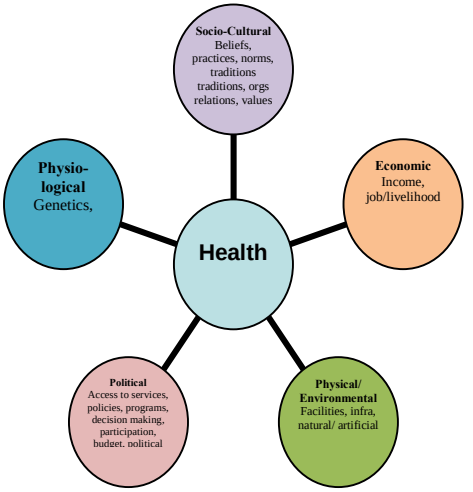

Figure 1. Ecosystems Perspective to Health

Integrative and Wholistic View on Health

The community people know that genetics and physiological body are major determinants of one's health. The research led the community people to further look into their familial history and lifestyles, which have impacts on their health. In terms of economics and livelihood, the community people explained that poverty and lack of economic opportunities and activities are connected with health. They say a poor health status is a major characteristic of poverty. Along with poverty are illnesses, sanitation problems, and malnutrition as characteristics interdependent to health. Furthermore, out-of-pocket payments for health services, especially hospital care, mark the difference between a poor and not poor household. Many households specifically explained that the illness of a household breadwinner and the consequent loss of income, for example, can undermine a poor household's ability to cope financially with its everyday needs. It was seen that poverty also creates ill-health because it forces people to live in environments that make them frequently sick and for a longer period of time. It is not just lack of income that causes the high levels of ill health among poor people as evidenced by the research. In terms of physical and infrastructure aspects, the people mentioned that the health facilities serving them, especially those in the far-flung barangays, are often dilapidated, inaccessible, inadequately stocked with basic medicines, and run by poorly trained and inadequate staff. Furthermore, poor people characterized themselves as being forced to overuse their environment, with the hope of alleviating their poverty. However, this does not happen, thereby further impoverishing themselves with the fast degradation of natural resources as a consequence of their doings.

In terms of socio-cultural aspects, the poor are also disadvantaged by an erroneous, or lack of knowledge about prevention of illnesses, when to seek health care, and management of illnesses. From the research, the community people realized that they have been practicing a lot of care seeking behavior, which are not effective and further exacerbate ill conditions. The people also live in communities that have weak institutions as well as social norms and beliefs that are not conducive to good health such as perceptions on immunization, management of diseases, and the like. Another facet looked into by the community is the existing relationships of the community people (in the socio-cultural system) and how these relationships affect health conditions. Relationships between husband and wife, health provider and community relations as well as people's organizations and local government offices were among the relationships mentioned in the research. This is particularly highlighted on the aspects of power relations, gender and cooperative spirit. Part of the socio-cultural facets also includes how caregivers of ill people/patients and the patients are affected psychologically by merely having an illness and further exacerbated by the multiple responsibilities they perform in the society. In the political aspect, the existence and level of participation in opportunities provided by the community (including between men and women, and adults and children) in decision-making processes in affairs that affect their lives also matter. This applies especially in policy making and program management that hope to address concerns of the community, like substandard or indecent shelter, non-potable water, unsanitary environment, and health in general. One highlight of the analysis made by the community through this research is the cycle that poor people are in. The poor people are caught in a cycle— where ill health is a manifestation, a cause, an effect of poverty that keeps people poorer, and even make them poorer in the long run. This cycle was also explained by the World Health Organization (WHO, 2013)

The community then concluded that health is the "complete physical, mental and social well-being and not merely the absence of disease." This is consistent with the WHO's definition of health based on the Alma Ata Declaration in 1978 (International Conference on Primary Health Care, 1978). This perspective of looking at health interdependent with other systems is also used by the medical discipline, which is called the Social Determinants of Health (WHO, 2013).

Components of the Integrative Well Being Model

The issues and problems gathered from the participants through the participatory situational assessments, are seen under three themes considered vital to achieving integrative wellbeing: health, livelihood and environment.

The important health strategies identified are improvement of overall health system, case management capabilities of community health providers, and health care practices.

Health status and accessibility to health services are viewed in relation to poverty or economic status of families. They identified the need to have appropriate livelihood and economic programs based on the skills of the people, existing resources and structures in the community, and existing plans or programs of the different economic organizations, both government or private institutions. This will uplift the economic status of the families and the community as a whole to support the health program.

Under the environment theme[2], the community-based resource management is the appropriate trategy identified by the community. Given the relationship of the environment to health and livelihood and the rich resource of the community, this was seen by the community as the best strategy for managing their own resources especially the natural resources, which have potentials for sustainable tourism, which the community is well known for. Community-based resource management aims to provide venues for the participation of the community in managing their natural resource (Community-Based Natural Resource Network, 2013) and/or cultural resources, including biological diversity, water, forests, cultural landscapes and monuments. This will hopefully contribute to healthy environments and local economic development, by increasing tourism revenues, and providing other benefits to community participants, and ideally to an increasing number of community people. Given the potential benefits on health and livelihood aspects, the environmental aspect should support the health and livelihood aspects so as to have an improved quality of life of people.

Looking at the intersections between and among the three themes, common features were drawn. Between health and livelihood, it is an improved quality of life of the community that is common, given that physical health is hard to attain and sustain if there are limited income-generating opportunities. On the other hand, participation to livelihood activities may also be hindered by illnesses or unhealthy conditions. Between livelihood and environment, the common feature is sustainable eco-tourism. It is basically one of the strategies of livelihood and a component of the environment program. Lastly, proper environmental management is the common feature between health and environment. This feature is the main goal of the environment program. It is also a very crucial factor in attaining health, and this should include sanitation, water supply, waste management and other related subjects.

Seeing health as an overall state of well-being, an Integrated Well Being Model (figure 2) was developed which is described as a framework to facilitate a process of enabling people to increase control over and improve their overall health. To be able to achieve this, the following are the crosscutting elements: community empowerment, healthy public policy and governance, facilitating supportive environment, environmental protection, financial freedom, reorientation on services, basic social and economic service delivery, and creation of diverse networks to implement comprehensive strategies. More than interdisciplinary approach, this model should utilize inter-sectoral collaboration to include not only the competencies and resources of different disciplines but more importantly the resources and abilities of the different sectors of the community such as the farmers, fisherfolks, children, adult caregivers, local government units, social service providers, people's organizations, and other important stakeholders.

Health Program

The Health program aims to reduce death, illness and disability, and to promote improved physiological and psychosocial growth and development in the community, especially the vulnerable groups.

This particularly refers to the children, since they are usually the cases referred to the health facilities. The program includes both preventive and curative elements implemented by families, communities and health delivery systems. Based

[2] Unlike the health and livelihood component, the environment aspect was not seen right away by the community as a vital component of the program. This is probably the reason why environmental work seems very technical and highly scientific.

on the identified issues in the community, the components of the program include:

1. Improving case management skills of the health-care staff – train health care providers, and health workers on problem-solving in the community.

2. Improving the overall health system – develop interventions to improve the availability of medicines and supplies; strengthen the service quality and organization of health facilities; reinforce and strengthen referral services and system; and ensure equity of access to health care.

3. Improving family and community health care practices - to develop interventions to strengthen community participation, promote appropriate family response to illness, promote nutrition, and create safe environments especially for vulnerable groups like the children.

4. Strengthening the referral system of patients especially for marginalized groups– this is for those who might need urgent medical attention but are hindered because of economic status. This entails institutionalizing a referral system that involves different disciplines. A referral system of patients must also involve the institutions working in and out of the area. There is also a need for a vigilant and conscious effort to identify and report cases of domestic and child abuses with the key persons in the community.

5. Case management of patients and caregivers in terms of psychosocial care- Since caregivers, and even the patients, have so much responsibility oftentimes the patients and their caregivers are exhausted and burdened emotionally and psychologically. Activities such as counseling, doing group work interventions, or organizing a support group could provide these groups opportunities to vent out, process, and manage their emotions, stresses, and problems related to caregiving and being sick.

Figure 2. Integrative Well Being Model

Asset-based Livelihood Program

The livelihood program using the asset-based approach should draw out capacities, strengths and successes in a community's shared history as its starting point for change (Moser, 2006). It is directed towards a community-driven sustainable economic which relies on linkages between community level actors and macro level actors in public and private sectors. It recognizes and starts from the strengths, skills, resources, and technology of the community. The livelihood program includes the following:

1. Developing pro-poor tourism products and services through the promotion of micro and small enterprises (MSEs). This includes identifying and developing community-based, pro-poor tourism products and services based on community commitment, accessibility, demand analysis, attractiveness of the community as an eco-tourism destination and its potential for development through technical consultancy. This can be done through brokering with existing institutions that could provide appropriate and effective guidance and supervision to the existing MSEs and interested groups.

2. Capacity building for tourism-related local micro and small enterprises and development of employable skills to interested individuals and groups. This involves enhancing the capabilities of local communities and small tourism related enterprises in order to develop entrepreneurial and/or employable skills for better job placement both for local and external needs. These could include skills to interact and communicate with international tourists through training in language skills, guiding and interpretation techniques, business management and planning for eco-tourism development, basic techniques in marketing and eco-tourism promotion and the identification of specific markets for eco-tourism ventures developed under the project. The livelihood development should not only depend on eco-tourism though since tourism, even if managed properly, could not provide regular financial inflows for the whole year. There are peak and non-peak seasons for tourism as observed in other tourism areas.

3. Creating employment opportunities through job matching and placement and MSE financing. Skills developed from the previous strategy could become basis for job matching with local employment office and partner institutions (private corporations/ institutions locally or outside the municipality) and microfinancing program in partnership with Micro Finance Institutions (MFI). This is to ensure that skills developed will be utilized appropriately the soonest possible time.

4. Strengthening institutions and community participation. This is to ensure that the people, especially the poor, are actively involved in project activities, fostering awareness and consideration of cultural and natural heritage and taking steps to reduce the impacts of development on the communities. This includes organizing poor individuals and groups, supporting municipal and village organizations, promoting community based ecotourism, and the preparation of a community participation plans.

5. Supporting gender and development. Economic contributions of women and opportunities available to them are some of the disregarded aspects in the society. This strategy aims to support rural women's full participation in economic activities associated with the development of pro-poor ecotourism. This can be done through training in running micro-enterprises, and other skills such as tour guiding, home-stays, handicraft production, and other skills that women are interested in. Gender issues in the household and community should be addressed in relation to this strategy so not to add up to the multiple burden of women.

Community- based Resource Management

Community-based natural resource management is defined as management of natural resources under a detailed plan developed and agreed to by all concerned stakeholders (Community-based Natural Resource Management Network, 2013). It aims to facilitate the empowerment of communities to have greater access to and control over their land and natural resources and enhance their capability to utilize and manage these resources efficiently and sustainably. This entails employment of participatory and community-led strategies such as community organizing and capability building, development of appropriate resource management options through participatory means, establishment of livelihood systems that complement existing production systems in the communities, vigorous advocacy and networking to influence local and provincial policy- making bodies and processes in favor of community-based resource management, and research. As a community based program, it should have a high level of community participation from analysis to planning, implementation and evaluation of program components.

To be able to facilitate these strategies, several important features of the community based resource management program need to be present. These are:

1. Strengthening institutions and community participation. This feature aims to ensure that the people especially the poor are participating and benefiting from programs and that they are actively involved in project activities. Vital features are capability building of community on resource management, fostering awareness and consideration of cultural and natural heritage, and taking steps to reduce the impacts of 'development' on the communities. This includes organizing poor individuals and groups, supporting efforts of municipal and village organizations, promoting community based ecotourism, and preparing community participation plans. These activities should cut across all the strategies.

2. Developing health-related and small-scale tourism infrastructure. The development of infrastructure such as water and sanitation, village roads, communication, power, and other infrastructure is necessary for health, livelihood, and environmental development. Proper waste management program consistent with existing laws of the country is also vital in this aspect. This would also ensure that infrastructure are in place to improve and sustain access to services and healthy and sanitary practices. In terms of tourism, this also includes developing facilities such as information centers, community lodges, viewing points and walking trails, which are designed to be operated by the local communities and groups. Included in this component is the development of standards and accreditation or classification system for these facilities and infrastructure, which could be taken from tourism authorities.

3. Environmental and cultural resource development and conservation. This feature includes conservation and development of resources in the area such as the water, forests, mountains, land and air animals, and environmental and cultural conservation like cultural and historic landmarks. An important preliminary activity in this strategy is scanning and assessing these resources so

as to gauge their present conditions, and identify ways to conserve and develop them. Expertise of other disciplines especially from the nature studies and historical/cultural preservation disciplines are necessary with participation from the community people, being the stewards of these resources.

4. Promoting and facilitating awareness of tourism benefits and issues. This feature includes conducting awareness programs on eco-tourism in the community. An equally important aspect is prevention of adverse effects of tourism such as environmental protection, sexual exploitation, trafficking of persons, and HIV/AIDS. Sharing of successful barangay and municipal experiences could also help in this aspect for benchmarking and technology or resource sharing.

5. Organizing community-based tourism networks and eco-tourism stakeholder associations. Encouraging community-led sustainable networks and associations at the provincial, municipal and village levels to share information on replicable models and agreements on community-based resource management could very much help in sustaining and unifying these efforts; thus making sure that every stakeholder is involved in decision making and is benefited from the program. This could be done through organizing efforts, facilitating meetings with communities, local government, and other stakeholders such as the micro and small enterprises, fisherfolks, farmers, transportation and trade organizations.

Roles of Social Workers in the Integrative Well Being Model

Guided by the model presented, social workers should function as community organizer, trainer, advocate, participatory action researcher, clinical social worker, broker, technical consultant for livelihood organizations, monitor of livelihood projects, and team leader. From among these roles, being a broker, technical consultant, monitor, and team leader are seen as crucial and encompassing.

The community should be able to realize that resources and opportunities are not always ample. There is a need to access and maximize the existing resources and programs in and out of the community. As a broker, the social worker needs to bridge the gap between the people and the existing resources and programs in and out of the community. Examples of possible organizations are the Department of Health (DOH) and Philippine Charity Sweepstakes Office (PCSO) for health; Technical and Skills Development Authority (TESDA), Department of Trade and Industry (DTI) and Department of Social Welfare and Development (DSWD) for livelihood; and National Commission for Culture and the Arts (NCCA), Department of Tourism (DOT) and Department of Environment and Natural Resources (DENR) for environment.

As a technical consultant and monitor, a social worker should provide technical supervision and guidance to make community organizations viable for the program. This role could be complemented with the brokering role especially for technical assistance that is outside of the social workers' realm and expertise. Examples of consultancy and technical assistance that can be tapped from other disciplines are marketing, financial management, legal assistance, livelihood skills, cultural

preservation and community organization management

Lastly, given the encompassing nature of the model, social workers need to take the team leader role. This model capitalizes on mobilizing and empowering the community. Organizing and participatory approaches are keys to this model, which are among the niches of the social work profession. As a team leader, the social workers need to take on the management role and guide other disciplines on how to work in and with the community, looking at the community with inherent capacities and will for change and growth.

CONCLUSION

From this engagement with the community people and collaborative work with different disciplines, it is concluded that health is characterized as the wholistic well-being and development of a person and of the society, considering the various multilevel facets that directly or indirectly affect the person or society for prevention, remedial, developmental and transformative functions.

Highlighting the interrelationships of physiological health, economic and environment aspects, the Integrative Well Being Model is a framework that facilitates the process of enabling people to increase control over and improve their wholistic health. The health program, one of the components of the model, aims to reduce death, illness and disability, as well as to promote improved physiological and psychosocial growth and development in the community. Recognizing the strengths, skills, resources, and technology of the community, the asset based livelihood program is directed towards sustainable economic development that is community driven and relies on possible linkages within and outside the community. Lastly, the community-based resource management is a program component that enhances community's capability to utilize and manage resources efficiently and sustainably towards greater access to and control over people's land and natural resources. Crosscutting elements to facilitate the implementation of the model are: community empowerment, healthy public policy and governance, facilitating supportive environment, environmental protection, financial freedom, reorientation on services, basic social and economic service delivery, and creation of diverse networks to implement comprehensive strategies.

Given these elements, social workers should function as community organizer, trainer, advocate, participatory action researcher, clinical social worker, broker, technical consultant for livelihood organizations, monitor of livelihood projects, and team leader. From among the mentioned roles, the roles of broker, technical consultant, monitor, and team leader are seen as crucial and encompassing. Corollary to these roles is the utilization of inter-sectoral collaboration to include not only the competencies and resources of different disciplines but also the resources and abilities of the different sectors present in the community.

RECOMMENDATIONS

Engagement with the community and different disciplines and stakeholders resulted to the development of the Integrative Well Being Model. From this engagement, some points were raised and advocated to ensure smooth implementation and its enhancement, especially given the interdisciplinary and intersectoral nature of the model.

There is a need for social workers to advocate for these roles. This does not mean undervaluing the role of other disciplines in this model but more of facilitating the process and ensuring the optimum contributions and strengths of different stakeholders. This should include facilitating the empowerment of the community in the whole process, which is the niche of the Social Work profession.

Given that many stakeholders of the model come from different contexts and backgrounds, there is a need for continuous levelling off and orientation on the unified theoretical and operational definition of community based programs, participation, and empowerment and the Model itself. The progress of the program depends on the unity and cohesiveness of the different stakeholders. Doing this will enhance the flow and performance of the program as a whole. Continuous building of competencies is also recommended for stakeholders' engagement to remain appropriate with the program's goals. This is most especially true for social and community organizing skills, being the cross cutting and basic skill needed in this model.

Professionals may have the tendency to get so excited with the processes and results of any engagement. They may tend to forget community participation. Given that this model is for the development of a community based program, which depends so much on community participation, professionals must not overlook the participation and coordination pf the community members. Decision-making process in all the stages of the program should and must be done WITH the community members. After all, they are the ones who experience the situation and therefore know most what are appropriate for them.

Sharing of knowledge and experiences in working with the community and in managing such model is also recommended. Developing literatures, regular sharing sessions among stakeholders, or making program documents accessible and available can be specific ways to do these sharings. This should highlight experiences and the model itself. These strategies will facilitate not only learning from one another but more importantly critical reflection of what is happening. This is to enable one to improve one's contribution and competencies and in the long run the model itself.

As a general principle in working with the community using the integrative well-being model, program implementers should see and work with a community with a perspective that the community is not just a group of people in need of a program rather as people with talents, strengths and potentials to rise above their situation through unified and collaborative efforts. It is important to see and address both the entirety and specificity of the community situations, guided by the ecological perspective on health.

This engagement with the community hopefully fired out the intent to contribute to the body of knowledge of the Social Work profession and development work in general, on looking at and intervening in a problem at various angles and levels, working together between and among different disciplines, and more importantly of the limitless potential for empowerment and development of the people's lives, communities, and of the society at large; and conversely the contribution of people and communities to professional learning and personal growth, towards praxis.

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