

On Social Innovation in Health Settings with Community Network

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Abstract: *The existence of innovation, in any setting, implies progress and improvement. We are ageing as a population and more likely to suffer from chronic diseases as we get older. As a result, our healthcare systems are under increasing demand for costly and complicated care. Hospital management teams face impossible choices to balance cost and quality of care. Fundamental to the understanding of social innovation that we present here is that it means innovation in social relations. Social innovation occurs because socially innovative actions, strategies, practices and processes arise whenever problems of poverty, exclusion, segregation and deprivation or opportunities for improving living conditions cannot find satisfactory solutions in the 'institutionalized field' of public or private action. Qualitative methodology with case study approach is used for this empirical paper. Based on the field action projects a few case studies were done on Yen Mitra, a project to facilitate low cost treatment for BPL families by Yenepoya Medical College, Mangalore. The project includes Yen Sahayog which is health care extension to Orphanages, Destitute Care Centres, Blindness Control Programme with the support from District Blindness Control Society, School Children Health Screening Programme and Rural Camp for the poor people in the villages. The case study results show that, these innovative ideas helped poor people to get easy way of medical treatment and free checkup.*

Key words: *Social Innovation in Health Setting, Yen Sahayog, School Children Health Screening Programme, Rural Camp*

Introduction

In recent years, social innovation has become increasingly influential in both scholarship and policy. It is the conceptual foundation for community-based trusts, think tanks, corporate management practices and government funding programmes in every continent, leading to a wide range of projects and international networks which recognize past failures of conventional service

delivery to tackle poverty and social exclusion, and seek to promote new ways of doing things, grounded in the social relations and experiences of those in need. It is the great inspiration for many social movements, associations, bottom-up initiatives to claim improvements in their human conditions, their community life and their place in society.

Healthcare providers in rural areas face challenges in providing coherent and integrated services. A growing political trend in planning health services for rural and remote populations is to take rurality into account in order to ensure greater equity in health services and health outcome. Social innovation has entered into Indian health care system to support the vast majority of the poor health care seekers which is experimented through government and NGO initiatives. This study focuses the support schemes of the poor promoted by a private medical college hospital in Mangalore, Karnataka.

Review of Literature

Public health institutions provide population services such as disease prevention and health promotion, as well as personal services such as well-child checkups, prenatal care, and primary care. These institutions have generally emphasized clinical services to Medicaid-eligible or other low-income population. In rural areas, residents are disproportionately poorer, fewer are of working age, and they have had less education. Rural areas, therefore, have large indigent populations that depend on public health service or emergency rooms. (Griffin CC et al. 1995).

Intermediate Care, Shared Care and Specialist Outreach

Many of the initiatives to improve health services in rural and remote areas are attempts to better the interaction and communication between primary and specialist levels. The Rural Access Action Team of Scotland offers the following definitions.

Intermediate care describes the expansion of primary health care and social care services to bridge the interface with secondary care. (Bennett S et al. 1998).

The rural general hospital is a locally based, consultant-led service that provides emergency medical care such as triage, resuscitation and stabilization. It also provides locally based elective care, diagnosis, treatment or transfer. It handles care for the elderly and for those with chronic illness such as stroke and diabetes, and support for renal dialysis patients. (Criel B et.al 1997).

The community hospital varies as to what services are provided, but usually has a core of GP inpatient beds, while some have consultant long-stay beds, primary care nurse beds or delivery beds run by midwives. Community hospitals may also play a role in palliative care, outpatient functions including day care, surgery, specialist clinics and in telemedicine including teleradiology. (Atim C 1998).

Social health insurance schemes are generally understood as Health Insurance Schemes provided by governments to its citizens, especially to low and middle income population. Recently, apart from government, several non-government organizations at the community level provide social health insurance in developing countries (Bennet S 2004). Social health insurance pools both the health risks of its members, on the one hand and the contributions of enterprises, households and government on the other, and is generally organized by national government. However, social health insurance entitlement is linked to a contribution made by, or on behalf of, specific individuals in the population (Griffin CC et al. 1995).

Methodology and Research Design

This study is on 'Social Innovation in Health Settings with Community Network'. It aims at studying the various innovative schemes in health settings for the betterment of people along with community network.

Objectives

1. To study about social innovation in health settings with community network
2. To disseminate the information regarding various schemes providing by the hospital for poor people
3. To study how health schemes are helpful for the people
4. To study about the alternative measures to overcome from the problem.

The research design is qualitative study with case study approach and the universe to be considered are the beneficiaries of health schemes who seek help through different schemes at Yenopoya medical college, Derlakatte, Mangalore. Three cases are chosen to explain the phenomenon.

Data Analysis

According to the case studies conducted among the beneficiaries of health schemes, they really got benefits from the schemes provided by the hospital setting. Those who are very poor also got full free treatment on free of cost.

The MBBS students made one scheme called Ashraya in which they provide financial assistance to the poor people. The purpose of these schemes are to provide reduction in treatment and free health check up facilities for poor people.

Case Study: 1

A Social work student had done the case study of the people who are getting benefits from the health schemes in Yenepoya Medical Collage Hospital, Derlakatte, Mangalore.

Person 'A' is having YEN AROGYA card. In this card they got benefits like 10% reduction for medicine and other tests like Blood test, X-ray CT scan, ICU. They got reduction to pay half charge. They are from poor family so this scheme helped them to overcome from the huge economic burden. They told that this scheme helped them a lot.

Case study: 2

Person 'B' is having YEN SAHAYOG card, they got benefits like abdomen test, X-ray, Blood test and urine test full free. But medicine charge they have paid full. In this scheme they got benefit other than medicine. Because they have to pay the full amount of medicine charge.

Case study: 3

Person 'C' got YEN CRADLE kit after the pregnancy. In this kit they got necessary things for the baby like all Himalaya baby products and other rations like sugar, rice, tea powder, green peas, oil, etc...worth Rs 2000/-. Because of these benefits she felt happy, even her baby also got free pediatric treatment for its health problem.

Discussion, Findings and Result

Recently the hospital settings are giving more importance for the social related innovation for the betterment of poor people. Because of these kinds of social friendly innovative ideas are giving more benefits to the marginalized or poor people to get good and better hospital care facility as well as to heal their illness through less economic burden.

The study shows that the hospital was providing many facilities like half and full treatment for poor people based on the schemes. In Pediatric ward, children who are under 0-6 age is getting free treatment even for severe illnesses like-secondary Malnutrition, Poisoning, Complicated Diarrhea, Anemia, Severe Pneumonia etc...

The study gives the following suggestions for future research and practice. To promote awareness among the poor people about the various health related schemes. To give importance for more innovative ideas in all the settings for the development of the people as well as development of the society. Organize a research activity for finding new innovative ideas and how far it reaches the people. Organize health related camps and disseminate the information about the schemes. Collaborate with NGOs and spreads the information regarding the schemes and also help poor to get some financial assistance from them.

Conclusion

Through different schemes at Yenopoya hospital the poor people get access to various costly multifaceted treatment modalities. The social work department is doing an extensive amount of work in helping the poor man's treatment. The pros and cons of such project need to be studied on different aspects to be replicated at different parts of the nation.

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