Preface

Dear Reader,

We asked for stories, and received them. The authors who contributed chapters to this book shared their stories with the hope of inspiring you as the reader of this book to write your own story and share it with a trusted medical professional the next time you feel either physical or emotional pain. All of us will be patients, or in need of medical care for someone we love, at some point in our lives. When you are a patient it becomes easy to feel scared and uncomfortable with the surroundings and the nomenclature of the medical care system. Through some of the chapters we hope you see the need to become more engaged in your care and advocate for yourself or your family member with your own questions, concerns, and observations.

Medical professionals can best help you if they know the entire story. Despite the complexities the current medical practitioner deals with daily, his or her goal is the same as yours—for you or your loved one to become healthy. Your experience during your treatment will be enhanced if you become a collaborator with your medical practitioners. Ask questions, Write things down. Do your own research. Share concerns. Be your own advocate and/or for that of your loved one.

DISCLAIMER

The strategies and treatments discussed by the authors in this book do not take the place of a visit with a medical professional such as a physician, physical therapist, psychiatrist, nutritionist, or other trained specialist. As the editors of this publication, we do not advocate attempting any treatment plan on your own. We encourage you to feel inspired by the stories the authors share, but please consult a medical professional if you are experiencing physical or emotional pain. Just as it takes a village to teach a child, it may take a community of healthcare professionals and yourself to treat you or your loved one.

THIS BOOK’S PURPOSE

This book has the overall objective of connecting the fields of education and medicine to demonstrate effective collaborations among patients, practitioners, and researchers. The Expanded Chronic Care Model: Integrating Population Health Promotion (Barr et al, 2001) suggests that the health of a population for prevention and management of chronic disease requires a more collaborative approach for the people and their communities to be healthy. The health of the community, the individual, and the health system must work in a synergistic fashion for the positive results.
The Ottawa Charter for Health Promotion refers to five action areas:

- Develop personal skills,
- Re-orient health services,
- Build healthy public policy,
- Create supportive environments,
- Strengthen community action (Barr et al, 2003, p. 77).

In many of the chapters that will follow you will see evidence of how programs and services are being developed to help people develop life skills in health management that can affect both the individual and the community. You will also see evidence of health systems advocating for more “health” research and less “illness” research. Partnering between people to people and agency to agency as advocates are evident in many of the chapters; building supportive healthcare environments and healthy communities are also evident throughout the book.

The goal is to foster individual responsibility for health while addressing underlying social determinants of health such as poverty, lack of access to health care, and other societal issues, even addressing the view of some health professionals regarding patients as “non-compliant”. Communities that are composed of people with the triple jeopardy of minority status, poverty, and communication barriers are also referred to in some of the chapters.
Research leads to new treatments in the field of medicine. Medical practitioners can combine objective research data with subjective patient narratives to design treatment plans that will best help the patient. The patient will also need to become an active participant in the process by complying with the treatment plan and providing feedback to the medical practitioner. What worked and what didn’t work can lead to additional reflection and research. Synergy exists when the combined effect of the collaboration becomes greater than what an individual could do alone. This positive interdependence means that everyone works together to accomplish a common goal. In designing a city, city planners may use community synergism so residents have a happy, healthy place to live. The healthier your community, the more likely its inhabitants will be as well.

In the medical field, community synergism exists when all members of a medical team, the researchers in the field, as well as the patient and the patient’s family, work together so patients have a happy, healthy treatment experience. This book’s title, *Healthcare Community Synergism Between Patients, Practitioners, and Researchers* reflects this theme and features chapters from educators, patients, and members of the medical community that illustrate powerful narratives of synergy.

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*Table 1. Comparison of the Chronic Care Model with the Expanded Chronic Care Model*

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<thead>
<tr>
<th>Components of the Chronic Care Model</th>
<th>Components of the Expanded Chronic Care Model</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Health System - Organization of Healthcare</td>
<td>Program planning that includes measurable goals for better care of chronic illness</td>
<td>Smoking prevention and cessation programs</td>
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<td>Self-Management Support</td>
<td>Emphasis on the importance of the central role that patients have in managing their own care</td>
<td>Self-Management / Develop Personal Skills</td>
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<tr>
<td>Decision Support</td>
<td>Integration of evidence-based guidelines into daily clinical practice</td>
<td>Enhancing skills and capacities for personal health and wellness</td>
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<td>Delivery System Design</td>
<td>Focus on teamwork and an expanded scope of practice to support chronic care</td>
<td>Decision Support / Re-orient Health Services</td>
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<td>Clinical Information Systems</td>
<td>Developing information systems based on patient populations to provide relevant client data</td>
<td>Expansion of mandate to support individuals and communities in a more holistic way</td>
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<tr>
<td>Community Resources and Policies</td>
<td>Developing partnerships with community organizations that support and meet patients' needs</td>
<td>Use of broad community needs assessments that take into account: poverty rates, availability of public transportation, violent crime rate</td>
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<td>Advocacy for / developing: smoking bylaws, walking trails, reductions in the price of whole wheat flour</td>
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DESCRIPTION OF BOOK CHAPTERS

We now present a brief overview of each of the chapters before you turn the pages and experience them. We grouped chapters with similar themes together, so if you read the book in order it will have a flow to it. If you prefer to jump in anywhere and begin reading, you will still learn an amazing amount of information from each author. We feel grateful to all of the authors for sharing their stories, and writing from every person in this book enhanced the quality of the publication. Another moment of synergy occurred when this diverse group of authors contributed their chapters to Healthcare Community Synergism between Patients, Practitioners, and Researchers so we could achieve our shared goal of educating and helping others.

In Chapter 1, Writing Healing Narratives, Jennifer Lynne Bird connects the emerging field of health coaching with the practice of journal writing to illustrate the power of using writing to help people heal.

In Chapter 2, Synergism through Therapeutic Visual Arts, Susannah Brown and Ashley Hartman discuss the value of art therapy and illustrate the benefits of art for patients.

In Chapter 3, Heartmath: A University Initiative, Beth M. King, Charlotte D. Barry, Jo Ann M. Bamdas, Kimberly Bronner and Karethy A. Edwards introduce a new program and explain how the program enhances resilience as well as coping skills.

In Chapter 4, A Need for Greater Collaboration: Initiatives to Improve Transitions of Care, Mariette Sourial, Jo Ann M. Bamdas, Angelica Constanzo, and Marina E. Ishak explain how a team approach to medical care can optimize patient care while lowering hospital readmission rates.

In Chapter 5, Humane Education: A Call to Action for Elementary School Students, Cassandra M. Kenski and Jaclyn Falcone describe the implementation of a humane education curriculum that teaches students not only about caring for animals while also developing more humane character traits.

In Chapter 6, Preparing Future Physicians to Adapt to the Changing Health Care System: Promoting Humanism through Curricular Design, Joanna Lauren Drowos and Sarah K. Wood describe a medical school program which creates stronger connections between medical students and their patients and promotes comprehensive care.

In Chapter 7, Mental Illness, Youth, and Applicable Lessons from Residential Treatment Centers, Krista Allison and Chris Allison increase awareness of mental illness and provide resources for comprehensive and holistic care.

In Chapter 8, Culture of Learning Cities: Connecting Leisure and Health for Lifelong Learning, Ebbin Dotson, Dan K. Hibbler, and Leodis Scott address the health of communities and discuss the implementation of solutions that increase both the environment of cities and the health of the cities’ residents.

In Chapter 9, The Role of Self-Efficacy and Aging in Managing Disease, Debra N. Weiss-Randall presents a self-management program which improves patients’ quality of life using an integrative approach.

In Chapter 10, Stress and Its Relationship to Leadership and a Healthy Workplace Culture, David B. Ross, Julie A. Exposito, and Tom Kennedy discuss how stress management can be improved for organizations so the organizations can be driven by effective leaders.

In Chapter 11, Framework of Indian Healthcare System and its Challenges: An Insight, Prashant Mehta explores the healthcare system along with possible reforms and opportunities.

In Chapter 12, Incognito: The Neuroscience of Grief and Grieving, Linda Marie Ellington and Valerie C. Bryan explore the difference between what society expects of someone who is grieving and the complex feelings of people who have experienced grief.
Preface

We enjoyed compiling the chapters for this book and hope they inspire you to be an advocate for your health as well as the health of your loved ones.

REFERENCES