

## POSTER ABSTRACT

# Capabilities approach in a person-centered comprehensive care model for the control of chronic diseases at the first level of care in Mexico City. An ongoing experience

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### ***Aim***

To present the theoretical design of a person-centered comprehensive care model for the control of chronic diseases in first contact units that is currently being implemented in Mexico City, Mexico.

### ***Method***

Within a framework of intersectoral coordination, an intervention project based on the Expanded Chronic Care Model was designed in which health promotion has been incorporated from an individual and collective capacity development perspective.

The Universidad Autónoma Metropolitana Unidad Xochimilco, the Public Health Services of Mexico City and the National Institute of Public Health participate, who established a central coordination. The project began to be implemented in August 2019 and had to be temporarily stopped due to the pandemic, it is currently in the process of reactivation in nine health jurisdictions of Mexico City.

The project incorporates interns in social services from the bachelor's degree in medicine from two national institutions of higher education who, among other actions, are responsible for the process of incorporation of people with chronic non-communicable cardiometabolic diseases, as well as their ongoing clinical care; in addition to participating in the process of organization and participation of these people. For this, they have clinical advice provided by medical personnel from the health centers to which they join; in addition to taking a diploma endorsed by the UAM Xochimilco.

For the purposes of this presentation, only the theoretical development of person-centered care is presented based on a health promotion concept based on Amartya Sen's capabilities approach and collective capabilities incorporated by different authors within that approach.

### ***Results***

From a capabilities approach and within the framework of the Right to Health, comprehensive person-centered care implies conceptualizing people with chronic diseases as health and (self) health care agents; For this, the development of the basic capacities considered in the concept of health promotion must be addressed: identifying and realizing their aspirations, satisfying their

needs and being able to adapt or modify their environment; as well as those that have been documented as a condition of self-care and control of their chronic diseases: solving problems, making decisions, use of resources, personal, institutional, community; establish a collaborative relationship with professional health teams, establish goals by mutual agreement and evaluate achievements. In both cases it is about the development of individual capacities, but also of collective capacities that cannot be reduced to the former.

In this adaptation of the expanded model of chronic care, comprehensive care focused on the person seeks to address the ten attributes indicated by the scientific evidence regarding the person, the person and their environment and the articulation of both dimensions.

In summary, person-centered care from a capabilities approach, within the framework of the Right to Health, is aimed at achieving autonomy and emancipation of people with chronic diseases.