

## **Community-Based Participatory Research; an approach to Deal with Social Determinants of Health**

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### **Abstract**

In Iran, Population Research Centers, which were established in medical universities in 2001, were working for the aim of health promotion in particular and human development in general. These centers were based on community participation in their activities to develop the necessary capacity to allow people "more control over their own health and development". Iran's experience reveals that Community-Based Participatory Research is an approach that uses community knowledge and local resources. Its objective is to empower all stakeholders of development. The priority in local communities and the grass-root of health problems were mainly social determinants of health. On the other hand, both approaches of top-down and bottom-up approaches must be simultaneously considered for dealing with these determinants. Establishment of such centers can create good opportunities for developing original solutions for dealing with social determinants of health. The success of Population Research Centers depends on policy makers' concepts and attitude toward social determinants of health and the role of community participation in this regard. It seems that a more extensive engagement of different sectors including universities, governmental and non-governmental organizations is also vital for such movements.

**Keywords:** *Community-based participatory research, Health promotion, Development, Iran*

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### **Introduction**

Iran's Ministry of Health and Medical Education (MOHME) established "Population Research Centers" (PRCs) in 2001. Modeling Community-Based Participatory Research (CBPR) to solve health-related problems of local communities through capacity development and empowerment of the beneficiaries with human and social development were the missions in mind for PRCs. Characteristically, CBPR is an influential means for capacity development in the community towards health promotion (1). This cannot be achieved without profound and active engagement of all stakeholders, who may be in one way or another addressed by or involved in activities of a particular intervention plan, or in the ongoing efforts to assess and improve its outcomes and effectiveness (2, 3). Community-based initiatives are complementary approaches to disseminate knowledge more effectively, make better use of knowledge, make

the research-based solutions more relevant and sustainable, and synthesize research into evidence-based policy and "best practices" for more immediate application (4).

The PRCs are established with the aim of health promotion as one of the major components leading to human development. The visions of these PRCs consist of three parts:

1. To enhance community involvement in health promotion activities toward the ultimate goal of human development
2. To adopt community participation and empowerment strategies
3. To lead research for development

Iran's unique health infrastructure can be considered as the main opportunity to achieve these goals. Two main features of this infrastructure are integration of medical universities in administrative bodies of the governmental health system (5-7), and experience of community involvement, especially Women Health Volun-

teers (WHV), in Iran's Primary Health Care (PHC). With the support of medical universities and also their executive responsibility toward the health of the population under-coverage, PRCs can be a unique experience of integrating community involvement, research/education sector of medical universities and the health administrative roles that universities provide. Upon generalizing the results of PRCs' activities and scaling up their achievements to the society, the PHC system can forecast its functionality as a part of the infrastructure elements necessary to reach the potentially highest feasible level, the most equitable distribution of health for all people, and human and social development. This can be considered as part of a societal view to the vital reform that Iran's health system currently needs (8).

#### ***Lessons learnt***

*Social Determinants of Health became first priority:* Table 1 illustrates the research priorities set by PRCs based on the socio-economic problems and needs (unemployment, drug abuse, and so on) they mostly confronted, rather than their direct and 'conventional' health issues. This differentiation is of utmost importance. The list of topics prioritized by PRCs was quite different from the priorities that were provided by research organizations. This reflects the difference between researchers' perspective toward priorities and what the community feels as its needs. While research priority setting is essential for strengthening the research system of the country, the procedure and community involvement is also an essential part. If having relevant and widely accepted priorities is important, giving voice to different stakeholders must be considered.

#### ***Supra-sectoral approach is necessary***

One approach of addressing health issues is through intervention plans specifically designed for the health sector. At most, this is the more prevalent business-as-usual way of thinking and acting in this area. The funds and the human resources that are needed for these types of interventions are more readily provided by the health

system itself and it less often necessitates the collaboration of "non-health" organizations. The other side of the coin is dominated by the social determinants of health. If the underlying determinants of health are going to be addressed, then extensive collaboration of any governmental or non-governmental organization that is somehow involved in any aspect of development will be necessary. For example, certain 'health' problems like HIV/AIDS have taught us that the traditional and purely conceptualized uni-lateral 'health' sector-driven solutions will not work unless the other components of development are involved too; components such as social, economic, cultural, and political development, which are both the roots of HIV/AIDS epidemics, and are hampered by its propagation. The PRCs, standing on the brink of designing intervention plans, should investigate and prioritize both types of interventions. Implementation of both types may likely be the key for its success in the end.

#### ***Interventions are complicated***

Interventions for most health issues are certainly less complex, and may even be more cost-effective in the short run. Interventions for social determinants of health on the other hand, may not seem to be cost-effective within a short period; however, they address the very basic needs of the people.

#### ***CBPR in 'Social Determinants of Health' context cannot achieve goals solely through local action***

*The top-down approach is also necessary:* The main challenge the PRCs face is the decision between interventions at local or macro level. Certain needs are limited to the local community and can be addressed through locally planned interventions, while others are not confined to its catchment area. That is to say they reflect more broad and deep-rooted socio-economic or health issues, for example at the national level. The latter may be somehow handled with local interventions, but the real management of such problems necessitates a change in policies at macro level. The distinction be-

tween these two types of issues is another vital point that should be regarded in the design and choice of interventions.

The challenge involves the distinction between top-down and bottom-up approaches to socio-economic and health issues (9). This distinction stems from different natures of the needs in the society. How can we expect people to be enabled to the extent that they can solve all of their own problems, whether the problem is local, regional, or national? Certain problems require changes in policies towards provision of an enabling environment, i.e. a top-down approach, while others necessitate active participation of the people in the initiative and can be solved only through a bottom-up approach. The latter mostly constitutes changes in people's knowledge, attitude or life style. For example, unemployment is a national issue that requires

an economic system reform and political commitment to solve it. It is obvious that local bottom-up approaches can be no more than temporary remedies in this regard. The opposite example is the drug abuse, which is also another problem at the national level. Although top-down approaches to combat smugglers had been considered as a customary strategy to hamper drug trafficking, the establishment of the Narcotics Anonymous (NA) groups by previously addicted individuals has been suggested as an example of community participation and bottom-up approach. As it appears, it is the nature of the problem (not its scale) that determines the approach. The correct recognition of the suitable approach is quintessential, as it can prevent wastage of human and non-human resources used for less effective interventions.

**Table 1:** Research priorities selected by members of Population Research Centers in Iran

Categories	Subjects
Unemployment	-Initiatives for reducing high rate of unemployment
Unhealthy life style	- Drug abuse and harm reduction interventions
	- Controlling abuse of energizers among athletes
	-Community interventions for diminishing tobacco consumption
	-Guiding to correct nutritional habits and malnutrition
Health Care Services	- Life skills training by peer groups
	- Study of the superstitious beliefs and behaviors which have an impact on health
	- Self-care against cardiovascular diseases risk factors
	- Promotion of physical exercises among women, kids, adolescents and the elderly
Living and working conditions	- Promoting Pre- and post- natal health care
	- Promoting quality and quantity family planning programs
	- Safer travel to and from school
Living and working conditions	- Better access to first aid services for hazardous jobs
	- Reducing road and traffic accidents
	-Sanitary garbage disposal

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