



Community assessment for identification and prioritization health problems in Navai Kola village, Babol, Iran

Abbas Abbasi-Ghahramanloo¹, Saeid Safiri², Javad Torkamannezhad-Sabzevari³, Mohammad Kogani⁴, Kourosh Holakuie-Naeini⁵, Soheil Hassanipour-Azgomi^{*6}

¹ PhD Student, Health Management Research Center, Baqiyatallah University of Medical Sciences, Tehran, Iran

² PhD Candidate, Department of Epidemiology and Biostatistics, School of Public Health AND Institute of Public Health Research, Tehran University of Medical Sciences, Tehran, Iran

³ Department of Epidemiology and Biostatistics, School of Health, Mashhad University of Medical Sciences, Mashhad, Iran

⁴ Department of Epidemiology and Biostatistics, School of Health, Tehran University of Medical Sciences, Tehran, Iran

⁵ Professor, Department of Epidemiology and Biostatistics, School of Health, Tehran University of Medical Sciences, Tehran, Iran

⁶ PhD Student, Department of Epidemiology, School of Health, Shiraz University of Medical Sciences, Shiraz, Iran

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Abstract

Introduction: Attracting community participation is the most important developmental solution in various sectors of the society. In this regard, the community evaluation is the process during which researchers and community members get the right understanding of health, living concerns, and community health care system by collecting and analyzing data and determining the strengths, resources, and the needs of society. Navai Kola is a village in the Babol, Iran, in which this research has been done to identify and prioritize problems.

Methods: This research is based on the model of the Northern Carolina. In this model, the process of community assessment is done in an eight-stage process that the first seven stages include: identification and classification of problems and the eighth involves drawing up operational plans for solving high priority problems.

Results: In this study, a total of 40 different problems were identified in order, and the main were lack of sports facilities and entertainment, waste disposal, dangerous U-turn point in the entrance of the village, worn out power and water utilities, and youth unemployment.

Conclusion: Most of the problems identified were issues not directly related to health, but had effects that differently appeared in community health.

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Introduction

Each society has some needs as perceived needs. This means that the needs diagnosed by population or this needs determined by experts studies as a real needs.¹ To select the most appropriate and best method to determine the problems and priorities of the community, the information must be

complete and accurate in terms of the needs and possibilities of the population² health-related research is vital to improving the design of intervention programs, policies, and development of service systems. Furthermore, prioritize problems have a decisive role in the conduct of the research. However, there is no easy way to prioritize.³

* Corresponding Author: Soheil Hassanipour Azgomi, Email: soheil.epid@gmail.com



Research process with the participation of community members is a tool to motivate the population to social development. This process provides suitable context to the effective relation between community members and researchers. Therefore, population members become more aware from the nature and context of their problems.⁴ In recent years, health custodians have been seeking ways to change public behavior, attitude, and belief. Development of health research centers, social development centers, and health promotion in recent years has been in this direction.⁵

Using of community assessment plan has been defined as a factor that determines health status in the community and is used to prioritize community's problems that distance the community from current health standards. Community assessment is a prerequisite in determining community priorities. This process begins with collecting necessary community data and identifying priorities and dominant problems of the community and ends with proposing control measures and eliminating the problem. That is because increased public health risk factors could be due to lack of recognizing priorities in the community. Priorities determination could be an effective and useful method in reforming control programs and health management in different communities.^{6,7}

A study from the U.S. conducted with group interviews aimed at needs assessment and health promotion, priority problems in the view of the ordinary people, and officials were identified and prioritized, and suitable solutions were established and handed over to the authorities.⁸ To assess the participatory role of the community in detecting and determining problems, a study was conducted in the United States during 2002-2003 with the help of focus group discussion (FGD) with local residents. Using of matrix method, problems were prioritized, and solutions provided.⁶

A study was conducted to determine the attitudes and beliefs of the community members about their community needs and problems. A total of 40 problems were

identified and divided into several groups. The most important problems were as follows: social problems; environmental health problems; educational and cultural problems, civil rights and urban services; distribution and use of drugs; lack of family counseling centers; shortage of parks and playgrounds for neighborhood children; lack of supervision by municipal contractors on urban cleaning; and lack of mental health services specially for the elderly.⁹ A similar study was conducted in Shahin Shahr, Isfahan to assessing the participatory role of people in determining of problems. Research team consisted of local people and university researchers performed assessment of needs and prioritized problems for creation healthier life¹⁰ another study has been done for knowing the felt needs of Gonabad (Iran) population and 54 problems were identified as perceived needs of people.¹

This study aimed to determine the health care system's priorities of Navai Kola community, Iran, based on the apprenticeship model MSc of Department of Health, Tehran University of Medical Sciences, Iran, and North Carolina model. In this model, the process of community assessment was performed in eight stages for development of problem-solving operational plans to empower people of Navai Kola to identify and prioritize their problems.

Methods

This study was conducted on the population of Navai Kola in 2012. For identification and priority of problems, different methods were used in the world. The model that used in this study is based on the North Carolina model and the tried and tested apprenticeship MSc model of Tehran University of Medical Sciences.

This model community assessment has eight steps as follows: Stage 1- The team of assessment consisted of four epidemiology postgraduate students and some healthcare team members from healthcare network of Navai Kola. Members of the team acted on behalf of a vast spectrum of the community.

Stage 2- Needed data were collected by the team of assessors so that people concerns about community problems could be identified. Data were collected by qualitative research and using interview and FGD. Sampling was carried out in the simple randomization method. The village of Navai Kola was divided into three regions of North, South, and Center in each region some homes were randomly selected from and the persons who were over 15 years old was interviewed. The focused group discussions were conducted in the local mosque. With the permission of participants, notes were taken simultaneously by a team member and read back to assure participants of their understood concepts. To obtain total information, face-to-face interviews were arranged with the health centers officials, practitioners working at these centers and healthcare home officials. Stage 3- Collection and analysis of community health data are from the secondary data sources (healthcare centers). At this stage, the assessment team obtained the statistical population and the village's health indicators from the healthcare centers and compared them to the health indicators of the county center so as to obtain a picture of what was occurring in the community, and ultimately determine the potential problems of the community. Stage 4- The community assessment team reviewed details of the data obtained in the 2nd and 3rd stages and interpreted them, which led to the mapping out community assets and preparation of the community characteristics including demographic details, socioeconomic factors, environmental factors, and status of the community health. Finally, the most important points of strength and problems of the community were identified, and a list of community problems was prepared. Stage 5- After collecting the data, initial data analysis was carried out in qualitative analysis methods and encoded in accordance with the study objectives. Study themes were extracted by comparing the relationships among them.

The primary and secondary data were

combined using triangulation method, and the final list of problems was formed. To prioritize problems, Hanlon method was used. Stage 6- In this stage assessment team prepared a report of findings, discussing the current status of health, and specific objectives of each health priority. Stage 7- The community assessment team handed the blueprint over to the community so that people and authorities would be aware of the team's activities and the results obtained during the assessment process. The process, and with their help and consultation, solutions for problems may be planned. Stage 8- In this last stage, the community assessment team prepared the action plans according to the priorities determined in the fifth stage.

Results

According to gathered data, Navai Kola features determined as follows: The village is one of the six villages covered by large Darzi Kola. Navai Kola located at 3 km away from large Darzi Kola rural health center. This village divided two up and down Masir Mahaleh regions. Houses of the village have built near the farm fields. The houses have traditional and old texture. However, some residents have started apartment building in the village. The village has a large mosque to hold religious ceremonies and other cultural activities. This mosque has a critical role in the rapprochement and correlation between people. In the case of demographic indicators, the village has 240 households. The population of Navai Kola is 950 (499 males and 451 females). Problems of the village are divided into several parts. Table 1 shows these items.

In prioritization process using a two-dimensional matrix, main problem-in order of preference-was identified as: lack of sports facilities and entertainment, waste disposal, dangerous U-turn point in the entrance of the village, worn out power and water utilities, and youth unemployment.

Discussion

If we want to define a society needs, the people are the best option to identify the problems.¹

Table 1. List of problems identified by people of Navai Kola in 2012

Environmental health	Economic problems	Social problems	Educational and cultural problems	Rights and citizenship services	Health problems
Proximity of the sewage to urban water plumbing	No increase in rice prices proportional to rise in prices of other goods.	Delinquency	Not the Quran and Basij educational classes	Darkness of accessory pathways at night	Lack of specific medications to patients
Waste managing	One job of village people	Tobacco uses and addiction	Cultural poverty	Dangerous U-turn in the road entrance to the village	Lack of adequate health center facilities
The marshy lands and high levels of underground water	Expensiveness	Youth unemployment	Not enough credit for cultural activities	The lack of gas.	Obesity and physical inactivity among women
Stinking of the village stream	Low budget of Dehyari to solve the problems of rural	Inequity	Lack of sufficient budget allocation for rural primary school	Not suitable transportation village road to the main road	Stress and mental health problems
Entrance of animals to farming lands	High expenditure of agriculture		Cultural problems and existing of satellites in the village Female illiteracy Remoteness of educating place of middle school and high school	Worn-out and water pipe breaks in the asphalt path Asphalt devastation Worn out of electrical installations and its low voltage. Low water pressure and use of spring water. Lack of attention to the problems of village Lack of sports facilities and entertainment	Diabetes and hypertension in the elderly

Our study illustrated different problems of people other than health such as social, cultural, economic, and educational. Most of the identified problems are not related directly to health, but their impact can affect the health of people. Community assessment has done traditionally in developed countries. In Iran attention to community assessment has a growing trend in recent years. A study aimed at understanding the lifestyles and its related factors in of Tehran. Data were collected using participatory

techniques and tools include observation and interviews. In this study, a research team consisting of researchers from the Tehran University of Medical sciences and people living in the area. The people from participating in all phases of study learned new knowledge and skills. With this skill, people will be responsible and committed to improve the quality of life. People also learned that by participatory and empowerment based policies will able to provide better life for themselves and their

families based on the needs and priorities.¹¹

In another study that was done in the Bandar Abbas, Iran, to identify priorities for problems, a total of 60 problems were identified. The main problems were as follow: In attention of authorities, insecurity and unemployment, poverty, sanitation, lack of water, asphalt absence streets and a lack of electricity, lack of street lights, lack of green space and dirty streets.¹² A similar study was done in the Tehran to identify priorities for problems, a total of 40 problems were classified in five groups. Main problems were: use and distribution of illegal drugs, lack of family counseling centers, lack of green space and recreation area for children, lack of supervision of municipal urban cleaning contractors, and inability to provide mental health services.⁹ A study was done in South Carolina with a population of about 76000 residents according to the North Carolina model to community assessment. South Carolina is a very clear example of multicultural societies with about 83 different languages. Many of the residents are immigrants from different parts of the world have settled in this area. Data were collected through FGDs. Problems that were collected during the FGDs were prioritized.¹³

The most important problems in the community need assessment that was conducted in Northern Ireland were: the lacks of safe places, lack of support for the elderly, increased psychiatric drugs.¹⁴ In a study that was conducted in Argentina to investigate the needs of people, a wide range of needs, from air pollution to alcoholism and drug abuse were found.¹⁵ By comparing the

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results with other studies, it is clear that there are similarities and differences between our study with others. In terms of data collection and used the methodology, conducted studies in the country are very similar to our study. However, the finding of the researches was different based on the needs of the region.

The strengths of the present work were its large sample size and high response rate, both of which increase the generalizability of the findings. The present work also has the following limitations: first, community assessment is not a common approach to survey the problems in Iran. Then, people collaboration was hardly possible at the beginning. Second, lack of familiarity of team members with village and lack of facilities.

Conclusion

Most of the problems identified were issues not directly related to health but had effects that differently appeared in community health. The findings of this study can be used for planning and evaluating interventions by considering people needs in Navai Kola.

Conflict of Interests

Authors have no conflict of interest.

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