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## Community-Based Participatory Health Research: Promoting Health Equity In Communities

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### Abstract

This article is based on a PhD-project, which deals with the issue of health (in)-equity in South Tyrol, Italy. The research project was developed and supported during my PhD-study in Social Work and the participation in the certification course in Participatory Health Research from the International Collaboration of Participatory Health Research (ICPHR). The project runs from 2014 to 2016 and is now in the phase of data-collection, so this is a work-in-progress paper. After giving a short overview about some theoretical background this article focuses on explaining how Community-Based Participatory Research (CBPR) can promote health equity.

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### 1. Introduction

Poor die earlier”, say health reports. But “Health for All in the 21<sup>st</sup> century”, says Agenda 21 from WHO (World Health Organisation). So why is there still observable this gap in health and how can it be reduced? One of the primary goals of actual WHOs strategies is to reduce health inequalities and to promote health equity. Infectious diseases are no longer the acute dominant health hazard in European countries, but living conditions and lifestyles of communities and societies are. Not all people have equal possibilities to be healthy; social differences create unequal opportunities for being and feeling healthy. At the same time, social differences have an enormous impact on people’s health (Marmot & Wilkinson, 2003; Naidoo & Wills, 2009, WHO, 2011).

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Health is not only “...a state of complete physical, mental, and social well-being” (World Health Organization [WHO], 1946) but also “(...) a resource for everyday life, not the objective of living (...)” and “(...) a positive concept emphasizing social and personal resources, as well as physical capacities” (WHO, 1986). For promoting health and reducing health inequalities, therefore, it is not enough to focus on disease or infirmity, but it is necessary to focus on health assets which are any factors, “that enhance the ability of individuals, groups, communities, populations, social systems and/or institutions to maintain and sustain health and well-being and to help to reduce health inequities (Morgan & Ziglio, 2007, p. 18)”. Building on the model of social determinants from Dahlgreen & Whitehead (1991) health is seen as a holistic concept and so health equity is not only equity in using Health Promotion structures and services, but equity in opportunities, in capabilities, in ‘commons’, etc. Communities often have the assets and skills to overcome health challenges, however they are often not aware of these assets, how to access them and how to use them to address health challenges. Therefore this research project – after giving an overview about the situation of health equity in South Tyrol as a whole region – is working on mobilizing local health assets for health equity in one community. The overall aim of the research project is to give an overview of the state of arts in international research on Health Promotion and health equity, to identify existing health inequalities in the research region and to show how Community-Based Health Promotion can give an important contribute to promote health equity (in rural areas). This paper focuses on the third part of the research project.

## **1. Theoretical background – Health, Health Promotion and Health Equity**

### *1.1. Health as a positive concept*

The general term *health* can be defined in very different ways; different societies and cultures have different ideas of health. In everyday life health is often interpreted negatively, health is seen as the absence of disease without a positive description. This medical understanding of health is deeply rooted in most industrialized countries; health is not defined by what it is, but by what it is not. A positive understanding of health believes that health is a state of well-being. The sociological perspective is a powerful antidote to the scientific medicine, by pointing to the importance of social factors (Naidoo & Wills, 2009). Through the definition of health as “a state of complete physical, mental and social well-being” (WHO, 1946), the WHO has laid the foundation for the development of the bio-psycho-social model of health. This holistic view of health is not a static condition, but a constantly moving process. Whether health is considered in a positive or negative way is especially significant.

### *1.2. Health (in)equity – the connection between social and inequities*

Despite the general increase in life expectancy not all citizens have the same opportunities for being and feeling healthy and for living a healthy life. The sociological term social inequality explains that unequal distribution of valuable resources lead to positively or negatively privileged living conditions (Franzkowiak, Homfeldt & Muhlum, 2011). Social inequalities in health status narrow differences in the conditions and behavior that are socially determined in a broader sense (Leon, Walt, & Gilson 2001). International research has achieved significant advances in knowledge in the explanation and description of the relationship of social and health inequalities in recent years. In all countries where data are available a serious trend to socially unequal distribution could be detected. (Hurrelmann & Richter, 2006). In modern European welfare states it is not about absolute defects or insufficient supply of the necessities of life, but the unequal distribution of resources between different population groups. This social inequality is a fundamental structural feature of modern societies (Klemperer, 2010). If we assume that this inequality is avoidable, then we must seek to mitigate and eliminate these inequalities. Therefore research on social and health inequalities should be of great importance for Social and Health Sciences.

### *1.3. Health Promotion as a salutogenetic concept*

Health Promotion is a sub-discipline of Public Health, which is a collective term for various disciplines. As opposed to individualized medicine Public Health concerns the population aspects of health, including Health Promotion and disease prevention in regions and institutions (Siegrist, 2005). Not the treatment of diseases, but the causes and conditions of health and disease are the focus of Public Health research. While *Old Public Health* is

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