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A Review Article

### THE EFFECTIVENESS OF COMMUNITY ENGAGEMENT IN PUBLIC HEALTH INTERVENTION FOR VULNERABLE GROUP ALONG WITH HEALTH DEPARTMENT SUPPORT

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**Abstract:**

**Introduction:** Community engagement is characterized as 'a procedure of functioning cooperatively with gatherings of individual, associated by geo-graphic nearness, uncommon premiums, or comparable circumstances, as for issues influencing their prosperity

**Objectives:** The purpose of this study is to analyze helpfulness of community engagement in public health involvement for vulnerable group which suffers more from health issues than non-vulnerable group.

**Material and Methods:** In this paper a conceptual model is used to find the community engagement in public health interventions. This model is called latter of community. In this paper, support of Local Government Health departments necessary in engaging community is also discussed. We scanned the accompanying hotspots for deliberate audits of general wellbeing mediations: Cochrane CDSR and Focal, Campbell Library, DARE, NIHR HTA program site, HTA database, and DoPHER.

**Results:** Findings show that there is strong proof that network commitment mediations positively affect a scope of wellbeing results crosswise over different conditions.

**Conclusion:** It is concluded that, there is strong proof that network commitment mediations positively affect a scope of wellbeing results crosswise over different conditions. There is inadequate proof to decide if one specific model of network commitment is further compelling instead of some other.

**Keywords:** Community participation, Community engagement, Community development, Systematic review, Meta-analysis, Meta-regression, Theoretical model, Public health, Evaluation, Intervention

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**BACKGROUND:**

Imbalances in wellbeing are recognized in many created nations, whereby hindered bunches efficiently experience the ill effects of more awful wellbeing results, for example, lower future than non-distraught gatherings. Connecting with individuals from impeded networks in general wellbeing activities has been proposed as an approach to decrease wellbeing shamefulness. (Harden, & Oliver, 2011).

A later development from professionals, policymakers, and specialists has been to connect with individuals from the network in general wellbeing mediations (Boote, Telford, & Cooper, 2002). Network commitment has been comprehensively characterized as "including networks in basic leadership and in the arranging, structure, administration and conveyance of administrations (Swainston, Summerbell, 2008). Network commitment exercises can take numerous structures and are generally depicted as far as five degrees of commitment (from least to most drew in): data giving, conference, joint basic leadership, acting together, and supporting free network interests (Wilcox, 1994). Network commitment has been upheld as a conceivably valuable methodology to diminish wellbeing imbalances (Wallerstein, & Duran, 2006). Wellbeing disparities are obvious where burdened gatherings (e.g., individuals with low financial status, socially barred individuals) will in general have more unfortunate wellbeing than different individuals from society (Marmo, 2010).

Network commitment mediations to decrease wellbeing disparities are actualized and assessed.

Past audits of the network commitment writing recommend potential social enhancements however hazy effects on dismalness, mortality and wellbeing imbalances (Wallerstein, & Duran, 2006). A global writing survey Wellbeing Association created contribution of strengthening are connected to positive results, for example, neighborhood attachment for publicly rejected gatherings. Popay et al's, (2007). Quick survey discovered some proof for upgrades in social capital, social union, and strengthening because of network commitment, however little proof of enhancements for mortality, horribleness.

**INTRODUCTION:**

In the course of recent decades, network commitment (CE) has risen as an inexorably powerful methodology for outfitting network potential, especially in wellbeing improvement (Butterfoss, & Kegler, 2002).

CE has been broadly utilized by wellbeing interventionists to connect with networks in wellbeing advancement, investigate, and approach to handle medical problems as well as heftiness, malignant growth, coronary illness, diabetes, and psychological maladjustment (NICE, 2008). CE is characterized as 'a procedure of functioning cooperatively with gatherings of individual, associated by geo-graphic nearness, uncommon premiums, or comparable circumstances, as for issues influencing their prosperity (Wallerstein, & Duran, 2003). The general medical problems of the 21st century incorporate constant maladies, (for example, malignant growth, weight and Diabetes), firearm brutality, and vagrancy, just as transmittable ailment and maternal and youngster wellbeing. These issues influence low-salary and minority populaces excessively and are affected by the substantial, communal and financial situations where individuals live.

There are a few CE models being utilized in wellbeing thinks about, including the Social Biological model, the Dynamic People group Commitment range, dispersion of Advancements, and network based participatory research (CBPR), that plan to start populace rankmodifys in wellbeing by the dynamic contribution of the network. CBPR is frequently utilized participatory activity look into (Standard) and activity inquires about, which incorporate participatory ways to deal with wellbeing research (Holkup, trip, salois, & weinert, 2004). The points of this examination were to survey the present status of HTN information, demeanor and practices in a provincial network of Lahore.. (Sarwar, Gilani, & Afzal, 2018)

As opposed to the next CE models, CBPR has tried to cross over any barrier among research and practice through fair commitment of the network to wipe out variations in populace wellbeing (Wallerstein, & Duran, 2003). over different culturally diverse, various, and burdened settings (Nueces, hacker, & hicks, 2012).

Also, Quick Appraisal Reaction and Assessment (Uncommon), a segment of Standard, has developed as an important general wellbeing exploration instrument, especially among ethnic populaces, and joins the utilization of datasets, network interest, and assessment Trotter RT, Needle RH, Goosby, Bates, 2001). Staley's (2009) thorough survey distinguished key territories where CE can emphatically affect wellbeing research, including plan setting, moral lead,

program structure and conveyance. (Whitehead, Dahlgren, 2006).

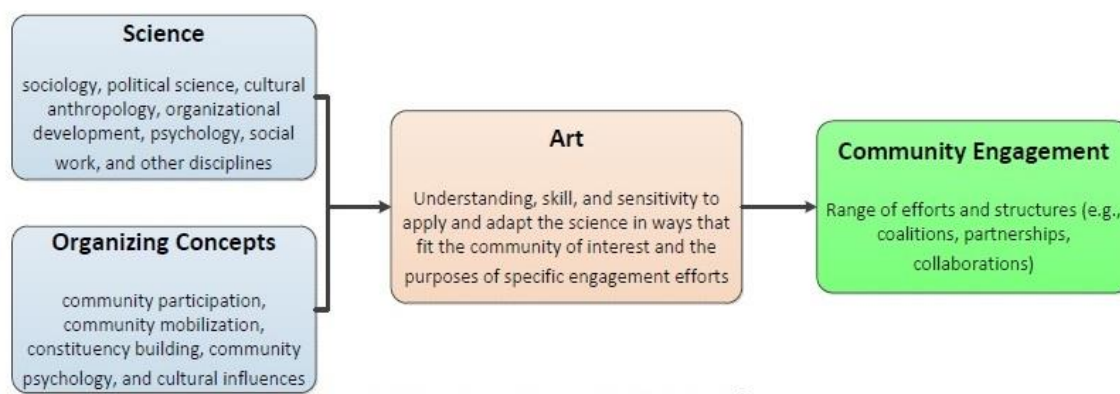
Impeded bunches frequently experience wellbeing disparities and bear an unbalanced Weight of malady because of auxiliary, social, and social boundaries (Renzaho, Polonsky, Mellor, & Cyril, 2015). Hindered populaces are tested by geographic access to social insurance, socially improper administrations, monetary obstructions, unexpected weakness education, and language hindrances (16\_18), which block their powerful use of wellbeing administrations.

Furthermore, they regularly have higher hazard factors for sicknesses, absence of familiarity with the current wellbeing assets, and poor qualification for medical coverage, further restricting their entrance to social insurance (Balcazar, Rosenthal, Heer, Aguirre, Flores, Vasquez, et al 2009).

Moreover, Wallerstein, 2009 announced that distraught populaces are additionally sabotaged and unfit to take part in customary wellbeing advancement programs (Renzaho, Renzaho, & Polonsky, 2012).

## CONCEPTS AND TERMINOLOGY

The CDC report indicates that community engagement is a blend of science and art.<sup>8</sup>



Based on content provided in: Principles of Community Engagement, 2011.<sup>8</sup>

### Aims of this study:

The main role of these investigations is to consider the general viability of general wellbeing mediations that consolidate network commitment techniques, contrasted and forbiddencircumstances in which no or insignificant network commitment is apparent (drawing on ideas, for example, "Arnstein's stepping stool" to encourage decisions here.

### Methods:

We scanned the accompanying hotspots for deliberate audits of general wellbeing mediations: Cochrane CDSR and Focal, Campbell Library, DARE, NIHR HTA program site, HTA database, and DoPHER. by the distinguished surveys, we gathered a record of essential considers that had all the earmarks of being

important, and screened the full-content archives of those essential thinks about beside our incorporation criterion. In parallel, we looked through the NHS EED and TRoPHI databases for extra essential investigations. For the motivations behind investigations, study configuration was restricted to randomized and non-randomized controlled preliminaries. Just intercessions led in OECD nations and distributed since 1990 were incorporated. We directed an arbitrary impacts meta-examination of wellbeing conduct, wellbeing results, self-adequacy, and social help results, and an account outline of network results. We tried a scope of mediator factors, with a specific accentuation on the model of network commitment utilized as a potential arbitrator of intercession viability.

**Figure 2: Framework and Processes for Collaborative Action**



Source: Fawcett et al. Building multisectoral partnerships for population health and health equity. *Prev Chronic Dis* 2010; 7(6).

**Convention:**

We directed the deliberate survey as per the Favored Announcing Things for Precise audits and Meta-Examinations (PRISMA) rules.

### Data sources:

We directed an extensive inquiry of mutually companion and non-peer-explored editorial from mechanized bibliographic databases utilizing applicable Work wordsof catchphrases. The pursuit was restricted to articles distributed in English and throughout the phase Jan-1995- Jun 2015. Articles were introduced which recovered from every one of the recorded into an Endnote library.

**Incorporation and avoidance criteria:**

We included examinations in the audit in the event that they met the accompanying criteria: a) portrayed the job of CE in wellbeing mediation considers among

impeded populaces; b) utilized CE to create wellbeing developers for burdened populaces; c) assessed CE as an intercession segment; and d) were distributed between January 1995 and June 2015. We avoided thinks about in the event that they a) concentrated exclusively on the advancement of CE models without contemplating their effect on the wellbeing of impeded populaces; b) didn't obviously portray the CE model they utilized; or c) were letters, supposition pieces, survey articles, or postulations.

## Information extraction and combination

Information extraction pursued a three-advance procedure with articles separated by title, theoretical, and full content. We led model investigation to break down the procedures utilized in every CE model and recognize the CE segments straightforwardly adding to positive examination results.

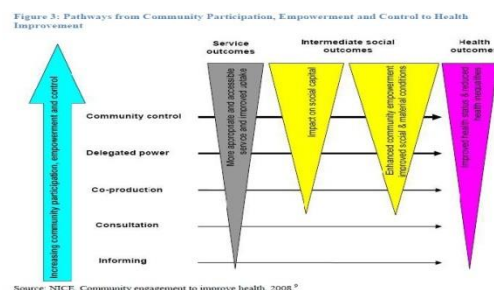
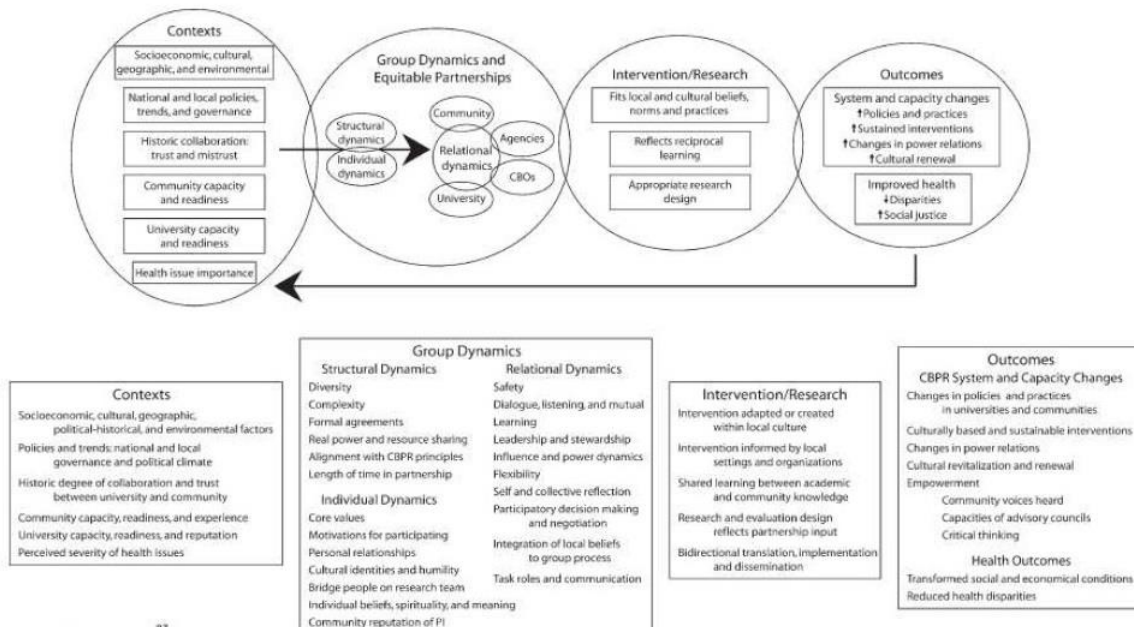




Figure 6: Conceptual Model for Community-Based Participatory Research.

**CBPR CE MODEL:**

CE model, which is predictable with the momentum writing referring to CBPR as the best move toward for connecting with racial/ethnic alternative populations in wellbeing examination considers. In spite of information that CBPR was compelling just in accomplishing elevated standards for dependability and not in information investigation, translation, or spread, we discovered six examinations that included network accomplices in these phases of the exploration procedure too. Aside from CBPR, we distinguished 6 further CE models are effectively tended to wellbeing inconsistencies among impeded populations: Center, ANGELO, CDC, people group strengthening, the CHW model, and participatory activity cycle. Albeit the greater part of these models share likenesses with the CBPR model, they need three segments that were key drivers of achievement in the CBPR model. These are commitment of network accomplices in all phases of make inquiries advancement including dispersal of discoveries, encouraging learning trade among network and scholastic partners. (Wallerstein, and Duran, 2006).

**Contra Costa's Experience**

Contra Costa Wellbeing Administrations (CCHS) has a extensive olden times of creating procedures for drawing in networks to advance the open's health. 13, 14, 15, 16 Over 20 years back, CCHS framed

During this timeframe, CCHS propelled the Sound Neighborhoods Venture (HNP), which uses a network initiative advancement system to invigorate inclusion of low-pay, ethnically assorted networks in distinguishing and all things considered tending to their own locale wellbeing needs. These people group association and commitment methods have been standardized in CCHS through the production of two explicit general wellbeing units, the Network Health and Aversion Program (CW&PP) and General Wellbeing Effort, Training and Joint efforts (PHOEC).

In view of our encounters, CCHS adjusted the Stepping stool of Network Participation<sup>17</sup> as an apparatus for neighborhood wellbeing offices to utilize when pondering how to expand on their current endeavors to connect with networks in general wellbeing. The Stepping stool part

### How the Ladder Can Be Used

#### A Framework: Ladder of Community Participation

The Stepping stool of Network Cooperation gives general wellbeing organizers and program directors a structure for arranging, assessing, adjusting and growing their locale commitment draws near. It very well may be utilized as a device for inside exchange as projects are being arranged, and might be especially useful as a trigger for talks about which systems to utilize, and how to oversee desires, explain jobs and outline duties. It can likewise be a helpful system for discourse with network accomplices about how to augment their cooperation and to together figure out which methodologies will be most reasonable to accomplish a specific general wellbeing objective.

level then onto the next so as to arrive at its objective of securing and improving network wellbeing.

To help bring the Stepping stool of Network Support structure to life, the accompanying models feature some encouraging network commitment practices drawn from our encounters. Given the dynamic idea of the model practically speaking, the models underneath frequently portray systems that in truth have moved between rung

1. With this alternative, the neighborhood wellbeing division drives basic leadership and activities. This methodology is regularly utilized in general wellbeing crises, for example, catastrophe reaction, when there is a reasonable and prompt risk to the general's wellbeing and security. It is associated with the advancement of these methods and gets an opportunity through that procedure to build up a feeling of trust with the nearby wellbeing division. (Lasker, 2004).

**Health  
Department**

2.The Illuminate and Instruct alternative is portrayed by single direction correspondence, in which the neighborhood wellbeing division conveys wellbeing data to the network through an assortment of components and channels. Numerous neighborhood wellbeing divisions convey data through printed materials, for example, pamphlets and flyers, and electronic and different types of media. Prepared wellbeing experts additionally convey wellbeing messages through one-on-one guidance or classes held in clinical settings.

**Health Department  
Informs**

3.With the Constrained Info/Conference methodology, the neighborhood wellbeing division requests incidental network contribution on predefined, discrete issues, and consequently utilizes this data to settle on choices about intercessions. Normally, this procedure evaluates network needs or assembles customer input identified with wellbeing programs through studies, interviews, center gatherings, or network discussion.

**Limited  
Community Input /**

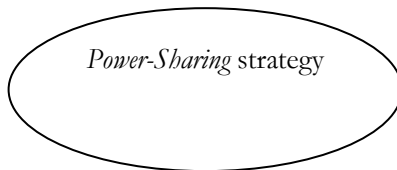
4.With the Far-reaching Counsel system, nearby wellbeing divisions request network contribution on a wide scope of issues and draw in network individuals fit as a fiddle office needs identified with projects, arranging and assets. This methodology requires an increasingly significant duty of assets and is described by continuous and regulated systems for network inclusion, for example, warning sheets and alliances.

**Comprehensive  
Community  
Consultation**

5.The Crossing over system connects with network individuals as courses of data and criticism both to the neighborhood wellbeing office and from the wellbeing office to the network. Nearby wellbeing offices regularly utilize this methodology when they contract and train singular occupants to be wellbeing instructors and different sorts of wellbeing laborers. These crossing over jobs fill in as systematized passage focuses through which various individuals and thoughts become some portion of and impact the district's human services conveyance framework. These spanning jobs can likewise become conventional.

**Bridging**

6. With the Power-Sharing procedure, the network and nearby wellbeing division take care of issues together. In spite of the fact that this methodology at times develops normally from other network commitment endeavors, it is less commonplace to numerous nearby wellbeing offices than the other network commitment techniques. Of the considerable number of techniques, it is probably going to require the hugest duty of time and staff assets so as to be fruitful.



7. With this alternative, the network settles on choices and acts autonomously of the wellbeing office. Now and again, the wellbeing office has no or just an exceptionally restricted job in the action.. from the underlying Network Starts level, to . the degree of Advise and Teach lastly to the Spanning level as the network heads and wellbeing office started to cooperate to address the issue.

#### Government healthcare support:

To tackle these mind-boggling medical problems viably, present day neighborhood wellbeing offices (LHDs) must expand their methodologies and utilize a range of systems to fabricate network limit and advance network wellbeing. Regarded general wellbeing associations around the globe, including the World Wellbeing Association, perceive the significance of incorporating network commitment in this range of strategies.<sup>5</sup> offices must extend their capacity to connect with networks. D

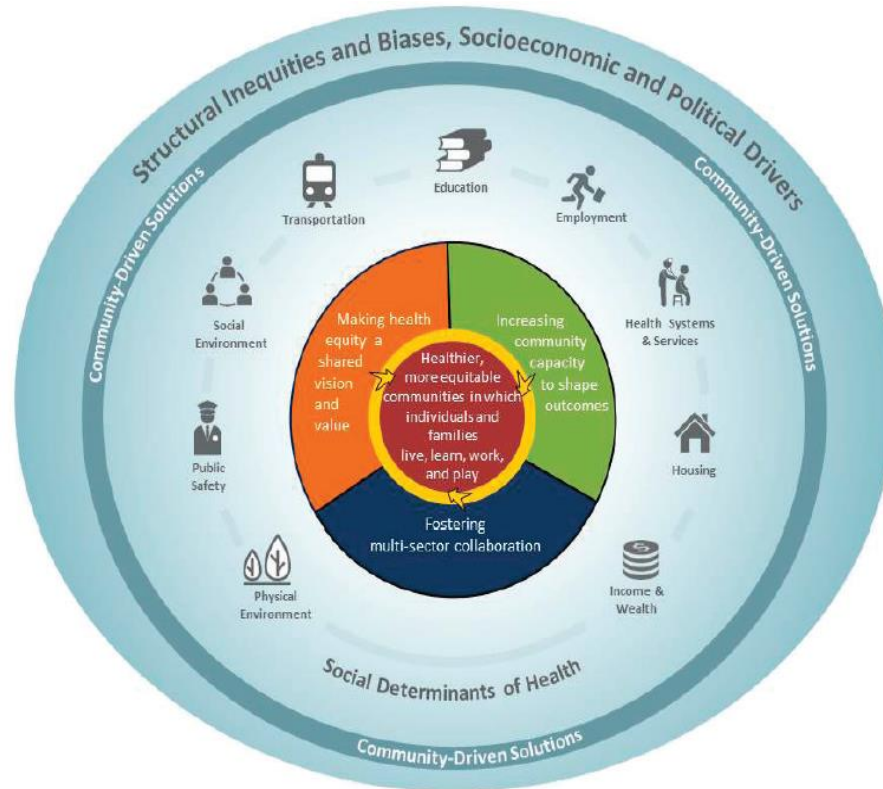
emeanor and practices among elementary school understudies those are explicitly defenseless to negligence of basic of individual cleanliness. (Hussain, Afzal, & Gilani, 2018)

Table 8 shows the administrative and common (counting areas) wellbeing uses by minor elements of Graph of Records (CoA) arrangement embraced by AGs and AGPR to record the administration consumptions under the venture named Task for Development in Money related Report-ing and Evaluating (PIFRA). This characterization depends on "Government Money Insights by IMF", so they are totally in accordance with the global groupings.

**Table 8: Civilian territorial government current health expenditures 2015-16 by function**

Function (CoA)		million Rs.					
		Federal	Punjab	Sindh	KP	Baluchistan	Pakistan
015	General Services	-	-	-	20	685	705
076	Health Administration	1,520	13,574	7,078	418	1,485	24,075
073	Hospital Services	10,308	79,702	38,458	14,970	11,242	154,680
071	Medical Products, Appliances & Equipment	27	-	75	5	27	134
074	Public Health Services	417	1,226	3,090	23	368	5,124
075	R & D Health	-	-	-	-	-	-
045	Construction and Transport	-	-	-	-	-	-
041	Economic, Commercial & Labour Affair	-	-	-	-	-	-
014	Transfers	-	-	446	-	-	446
107	Administration	-	-	11	-	-	11
108	Others	-	-	354	20	97	471
<b>Total</b>		<b>12,272</b>	<b>94,502</b>	<b>49,512</b>	<b>15,456</b>	<b>13,904</b>	<b>185,646</b>

The information on government wellbeing uses has been removed from the assignment records of individual territories and locale just as administrative level.



Conceptual model for community solutions to promote health equity.

### Meeting Information Needs to Drive Community-Based Solutions

In 2011 the Establishment of Medication (IOM) Panel on General Wellbeing Systems to Improve Wellbeing featured the absence of precise nearby information on the social, natural, and conduct determinants of wellbeing and prescribed that the U.S. Branch of Wellbeing and Human Administrations (HHS) backing and execute: (1) a center, institutionalized arrangement of markers that can be utilized to evaluate the strength.

### Strategies for Investment

Perceiving that wellbeing disparities emerge from numerous variables, chiefs face a test in weighing various procedures to improve wellbeing value and wellbeing results and diminishing the expense of imbalance.

### CONCLUSION:

In spite of the fact that we have endeavored to disaggregate the commitments of CE segments to wellbeing results from those of network advancement

enhancements, because of the advantages of commitment saturating the more extensive network there is degree for some cover of these impacts. Albeit CE is helpful in diminishing wellbeing imbalances, it is work, cost-, and time-concentrated, and its viability differs as per the sort of mediation and CE model utilized. We have discovered that top notch CE is frequently undermined by a lower quality research system; what's more, because of a few related methodological difficulties, RCTs are not the best way to deal with assess CE mediations. A few holes in the present estimation of CE in health intercession studies recommend the requirement for improvement of inventive systems and ways to deal with exhibit the impact of CE on wellbeing results in an intelligible thorough manner. Nearby wellbeing divisions can't act alone to make solid networks. Many perceive the need to connect with networks in general wellbeing and as of now do as such. In Contra Costa, we have discovered that drawing in networks in an assortment of ways has had various positive outcomes. It has expanded the network's understanding and valuation for general wellbeing, assembled trust and validity



between the wellbeing division and the inhabitants, encouraged the veritable association of networks that have been customarily missing from the arranging procedure, and made a wide voting demographic that can advocate in the interest of nearby network wellbeing concerns. Neighborhood wellbeing offices must keep on testing, refine and share their work and power with networks and others as we handle the wellbeing inconsistencies of today. We trust that CCHS' Stepping stool of Network Interest structure and the network commitment models exhibited in this paper will animate other neighborhood wellbeing divisions to consider how to propel their own endeavors and join extra network commitment techniques into their work. We anticipate input on our work and to finding out about other neighborhood wellbeing division endeavors to draw in networks in advancing network wellbeing.

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### REFERENCES:

1. Harden, A., Garcia, J., Oliver, S., Rees, R., Shepherd, J., Brunton, G., & Oakley, A. (2004). Applying systematic review methods to studies of people's views: an example from public health research. *Journal of Epidemiology & Community Health*, 58(9), 794-800.
2. Boote, J., Telford, R., & Cooper, C. (2002). Consumer involvement in health research: a review and research agenda. *Health policy*, 61(2), 213-236.
3. Swainston, K., & Summerbell, C. (2008). The effectiveness of community engagement approaches and methods for health promotion interventions. Rapid Review Phase 3 (including consideration of. *Methodology*, 17, 31.
4. Wilcox, D. (1994). Community participation and empowerment: putting theory into practice. *Rra Notes*, 21, 78-82.
5. Wallerstein, N. B., & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health promotion practice*, 7(3), 312-323.
6. Rifkin, S. B., Hundt, G. L., & Draper, A. (2000). *Participatory Approaches in Health Promotion and Health Planning: A Literature Review: Summary Bulletin*. Heath Development Agency.
7. Marmot, M., & Bell, R. (2012). Fair society, healthy lives. *Public health*, 126, S4-S10.
8. Popay, J., Attree, P., Hornby, D., Milton, B., Whitehead, M., French, B., ... & Povall, S. (2007). Community engagement in initiatives addressing the wider social determinants of health: a rapid review of evidence on impact, experience and process. *Lancaster: University of Lancaster*.
9. O'Mara-Eves, A., Brunton, G., McDaid, G., Oliver, S., Kavanagh, J., Jamal, F., ... & Thomas, J. (2013). Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. *Public Health Research*, 1(4).
10. Butterfoss, F. D., & Kegler, M. C. (2002). Toward a comprehensive understanding of community coalitions. *Emerging theories in health promotion practice and research*, 157-193.
11. Barham, L. (2011). Public and patient involvement at the UK National Institute for Health and Clinical Excellence. *The Patient: Patient-Centered Outcomes Research*, 4(1), 1-10.
12. Balcázar, H. G., de Heer, H., Rosenthal, L., Duarte, M. O., Aguirre, M., Flores, L., ... & Schulz, L. O. (2010). Peer reviewed: a Promotores de Salud intervention to reduce cardiovascular disease risk in a high-risk Hispanic border population, 2005-2008. *Preventing chronic disease*, 7(2).
13. Wells, K. B., Jones, L., Chung, B., Dixon, E. L., Tang, L., Gilmore, J., ... & Ramos, E. (2013). Community-partnered cluster-randomized comparative effectiveness trial of community engagement and planning or resources for services to address depression disparities. *Journal of general internal medicine*, 28(10), 1268-1278.
14. Cyril, S., Smith, B. J., Possamai-Inesedy, A., & Renzaho, A. M. (2015). Exploring the role of community engagement in improving the health of disadvantaged populations: a systematic review. *Global health action*, 8(1), 29842.
15. Cyril, S., Smith, B. J., Possamai-Inesedy, A., & Renzaho, A. M. (2015). Exploring the role of community engagement in improving the health of disadvantaged populations: a systematic review. *Global health action*, 8(1), 29842.
16. Wallerstein, N. B., & Duran, B. (2006). Using community-based participatory research to

- address health disparities. *Health promotion practice*, 7(3), 312-323.
17. Holkup, P. A., Tripp-Reimer, T., Salois, E. M., & Weinert, C. (2004). Community-based participatory research: an approach to intervention research with a Native American community. *ANS. Advances in nursing science*, 27(3), 162.
  18. De Las Nueces, D., Hacker, K., DiGirolamo, A., & Hicks, L. S. (2012). A systematic review of community-based participatory research to enhance clinical trials in racial and ethnic minority groups. *Health services research*, 47(3pt2), 1363-1386.
  19. Trotter, R. T., Needle, R. H., Goosby, E., Bates, C., & Singer, M. (2001). A methodological model for rapid assessment, response, and evaluation: the RARE program in public health. *Field methods*, 13(2), 137-159.
  20. Staley, K. (2009). *Exploring impact: public involvement in NHS, public health and social care research*. National Institute for Health Research.
  21. Whitehead, M., Dahlgren, G., & World Health Organization. (2006). *Levelling up (part 1): a discussion paper on concepts and principles for tackling social inequities in health* (No. EUR/06/5062293). Copenhagen: WHO Regional Office for Europe.
  22. Renzaho, A., Polonsky, M., Mellor, D., & Cyril, S. (2016). Addressing migration-related social and health inequalities in Australia: call for research funding priorities to recognise the needs of migrant populations. *Australian Health Review*, 40(1), 3-10.
  23. Balcazar, H., Rosenthal, L., De Heer, H., Aguirre, M., Flores, L., Vasquez, E., ... & Schulz, L. (2009). Use of community-based participatory research to disseminate baseline results from a cardiovascular disease randomized community trial for Mexican Americans living in a US-Mexico border community. *Education for health (Abingdon, England)*, 22(3), 279.
  24. Burhansstipanov, L. (2001). Cancer: a growing problem among American Indians and Alaska Natives. *Promises to Keep. Washington, DC: American Public Health Association*, 223-251.
  25. Renzaho, A., Renzaho, C., & Polonsky, M. (2012). Left out, left off, left over: why migrants from non-English speaking backgrounds are not adequately recognised in health promotion policy and programs. *Health promotion journal of Australia*, 23(2), 84-85.
  26. Baci, A., Negussie, Y., Geller, A., Weinstein, J. N., & National Academies of Sciences, Engineering, and Medicine. (2017). Community Tools to Promote Health Equity. In *Communities in Action: Pathways to Health Equity*. National Academies Press (US).
  27. Thompson, D., & Wizemann, T. (Eds.). (2015). *The Role and Potential of Communities in Population Health Improvement: Workshop Summary*. National Academies Press.
  28. McGinnis, J. M., Malphrus, E., & Blumenthal, D. (Eds.). (2015). *Vital signs: core metrics for health and health care progress*. National Academies Press.
  29. Wallerstein, N. B., & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health promotion practice*, 7(3), 312-323.
  30. Lasker, R. D. (2004). *Redefining Readiness: Terrorism Planning Through the Eyes of the Public: Appendix to the Study Report*. Center for the Advancement of Collaborative Strategies in Health, New York Academy of Medicine.
  31. Homer, J., Milstein, B., Hirsch, G. B., & Fisher, E. S. (2016). Combined regional investments could substantially enhance health system performance and be financially affordable. *Health Affairs*, 35(8), 1435-1443.
  32. Schoeni, R. F., Dow, W. H., Miller, W. D., & Pamuk, E. R. (2011). The economic value of improving the health of disadvantaged Americans. *American Journal of Preventive Medicine*, 40(1), S67-S72.
  33. Baci, A., Negussie, Y., Geller, A., Weinstein, J. N., & National Academies of Sciences, Engineering, and Medicine. (2017). Community Tools to Promote Health Equity. In *Communities in Action: Pathways to Health Equity*. National Academies Press (US).
  34. Parveen, F., Afzal, M., Hussain, M., & Gilani, S. A. (2018). *Saudi Journal of Nursing and Health Care* ISSN: 2616-7921 (Print).
  35. Naseem, S., Sarwar, M. H., Afzal, M., & Gilani, S. A. Knowledge Attitude and Practice towards Hypertension among Adult Population in a Rural Area of Lahore, Pakistan.