
COMMENTARY

Community Participatory Approach: An Important Managerial Role in Cancer Control

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Abstract

Despite the mountain of information generated by researchers, the cancer problem has not significantly declined and perhaps in certain situations it is gradually increasing, affecting those who are previously at low risk. There is a tendency to believe that positive outcomes can always be expected once intervention activities, like exercise promotion, are carried out, but practical experience gives rise to serious doubt. A greater understanding of the biological mechanisms operating in the physical activity, cancer relation, complete measurement of physical activity through a subject's life, assessment of all potential confounders and association modifiers are needed to confirm a protective role of physical activity in cancer development and allow specific exercise prescriptions for community-based prevention in particular cancer sites. Furthermore, the most important impetus of any community intervention approach should be oriented in the form of 'from people to the people'. More emphasis needs to be placed on effective management and parameters for assessment of management success.

Key Words: Cancer prevention interventions - community-based physical exercise - management parameter - outcome

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Introduction

Researchers all over the world are continuously contributing knowledge on common human cancer and its related risks. Despite the mountain of information, the trend of cancer problems has not significantly declined and perhaps in certain situations it is gradually increasing, affecting those who are previously known to be less risky (Perera, 1997). Cancer still identified to be one of the top leading killer worldwide and is also the main source of psychosocial burden of the community particularly to the caregiver (Baanders and Heijmans, 2007). Its problems are expected to further increased as human beings are constantly modified and manipulated by unpredictable and dynamic human activities and globalization phenomena. Furthermore, the current advances in cancer therapy and others clinical interventions are not always guaranteed of a permanent cure, improve survival or prognosis, sustainable compliances, prolonging life and improving quality of life, thus the mortality and its associated biological and management complications are still prevalent (Kim and Tannock, 2005; NCI, 2007).

In 2005, World Health Organization (WHO) estimated approximately 8 million people died because of cancer. These constituted 13% of all deaths. By year 2030, it is expected a total 11.4 million people will die and more than 70% will occur in low and middle income countries (WHO, 2006). Although cancers are demographically and geographically varied, its dramatically increased with age

and dominating women population, have posted a major challenges in prevention and control of this group of diseases (Lim and Halimah, 2003). Furthermore, more than half of these people are productive and still reproductive adults.

The proven link between neoplastic diseases with various factors particularly sedentary lifestyle or lack of exercise has been well documented (Le Marchand et al., 1997; McTiernan, 2003; Zhang et al., 2004; Patel et al., 2006). Similarly also to the benefits of exercise on certain common cancers (Alfano et al., 2004; Vigen et al., 2006; Monninkhof et al., 2007; Takahashi et al., 2007). Unfortunately, most of the exercise-related activities are not systematically promoted and incorporated into the community, and often not complemented according to the intended ideal plan and in its holistic approach (Centers for Disease Control and Prevention, 1996; Go and Champaneria, 2002). A tendency to believe that positive outcomes are always expected once intervention activities are carried out on its underlying factors, is often ended up with an open inquiry. Studies have explicitly shown and proven that change of factors such as knowledge, attitude and probably belief do not necessarily guarantee change of the behaviour and a final effect on the related illness (Khalib, 2007). A greater understanding of the biological mechanisms operating in the physical activity, cancer relation, complete measurements of physical activity through a subject's life, assessment of all potential confounders and association modifiers are

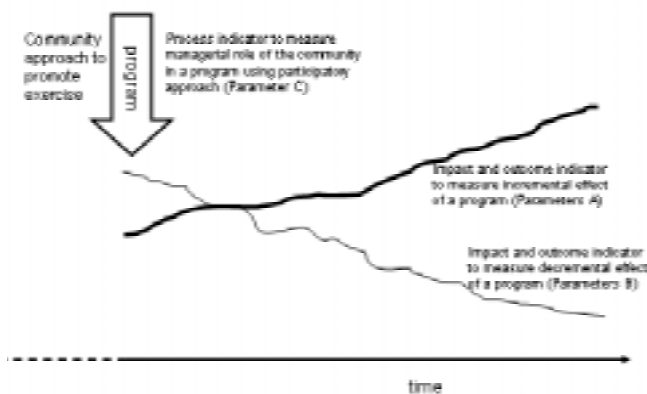


Figure 1. Impact and Outcome Indicators

needed to confirm a protective role of physical activity in cancer development and allow specific exercise prescriptions for prevention in particular cancer sites (Kruk and Aboul-Enein, 2006).

It is time for the leader to really analysed and evaluated the existing exercise-based intervention activities particularly community-based approach so that a more acceptable and appropriate plan could be proposed, implemented and finally adopted.

From community intervention perspective the meaning of ‘evidence-based knowledge’ should be something that is proven and scientifically sound; something that is effective (in term of impacts and outcomes) and something that is also efficacious (in term of its processes). Favourable perception of the community towards cancer, ignoring sedentary lifestyle and improve quality of life of the victims could be some examples of its impact and outcome indicators reflecting exercise promotion intervention. Whereas, positive group dynamic and team building of the program implementation should be the examples of its process.

It is so important that promoting exercise (or other related physical activities) should not only limited or merely satisfying its scientific outcomes i.e looking at certain interested specific health benefits, but it should also be an agenda of social development i.e looking at other psychosocial benefits, particular those that are linked to the matters that enhance the well being of the community. Only, with well planned efforts applying particularly sustainable quasi-experimental participatory intervention approach, lots of new evidence-based knowledge, facts and collateral benefits of this kind of intervention could constantly be observed and generated.

The success of any program is not only centred in its outcomes, but also depending on the process involved in managing the program (see Figure 1). In addition, promoting exercise should not only centred at its observed effect - ie. Parameters A or Parameters B as shown in Figure 1, but one must also consider the ways the intervention is being provided and carried out - particularly the managerial process involved in manning the program (Khalib et al., 2007a). In fact, the most important impetus of any community intervention approach should be oriented in the form of ‘from people to the people’. It is not in its identity or its branded product name, but more

Table 1. Parameters for Assessment of Processes Involved in Management of Programs using the Participatory Approach

Type	Example of parameter
Leadership characteristics	
*	Communication skills
*	Leadership style
*	Direction of vision
*	Planning skills
*	Managerial skills
*	Creativity and innovativeness
*	Coordinating effort
Group dynamic characteristics	
*	Group cohesiveness
*	Group commitment
*	Group lifestyle and culture
*	Group identity and norm
*	Group function and development
*	Participatory style
Individual characteristics	
*	Communication skills
*	Motivation level
*	Creativity and innovativeness
*	Knowledge level on the program
*	Self value
*	Self perception

towards its real group processes. Therefore, it is not the Yoga, Tai Chi, Qigong, Waitankung, Naetankung, Poco Poco, Aerobic Exercise, mysenam.com, Martial Arts and whatever similar program, activities, initiatives and names that are being practiced and commercially promoted, but more importantly is how this program is being laid out and propagated in order to satisfy its client (Rosenbaum et al., 2004).

A community participatory intervention approach certainly needs some kind of managerial role in leadership, planning, organizing, coordinating, marketing, promoting, socialization etc. Of course responsibility should be well positioned, hoping that they can be slowly manifested as community advancing its commitment based on self-reliance and self-sufficient concept. Then, the role of the authority (or health promotion initiator) could slowly be withdrawn once the community is already capable of functioning independently. Examples of parameters in assessing the community commitment (Parameter C in Figure 1) are listed in Table 1.

It is important that at its initiation phase, core activities particularly in the area of professional backup, training, grooming, financial and planning-evaluation development, should be well provided. Through continuous group process, community representatives are tuned towards leadership, managerial and others community development skills, and at the end of the day, program sustainability could be expected if the community accepts it as their own program,

A concerted effort must be continuously done to involve community as the important stakeholder in any program. If exercise promotion using a participatory approach is well assimilated into the target community, its benefits are not only limited to things related to cancer, but also other chronic diseases.

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