

Best Practices for Community- Based Medical Research

地域密着型の医学研究のベスト プラクティス

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Participatory Approaches,
Interdisciplinary Methods,
and Complexity Thinking

FOUR EXAMPLES OF THE WORK I DO IN
COMMUNITY-BASED MEDICAL RESEARCH

コミュニティベースの医療研究で私が行っている仕事の4つの例

1. I run **InSPIRE**, a UK policy and research consortium for mitigating the impact of air qualitative has on brain and mental health across the life course. (www.inspireairbrain.org)



<https://youtu.be/nLoTdy5rdfM>



Review article

Mitigating the impact of air pollution on dementia and brain health: Setting the policy agenda

Brian Castellani^{a,b,c,e,*}, Suzanne Bartington^d, Jonathan Wistow^{a,c}, Neil Heckels^f, Amanda Ellison^{c,g}, Martie Van Tongeren^h, Steve R. Arnoldⁱ, Pete Barbrook-Johnson^{j,k}, Martha Bicket^l, Francis D. Pope^k, Tom C. Russ^{j,m}, Charlotte L. Clarke^{a,n}, Monica Pirani^o, Matthias Schwannauer^q, Massimo Vieno^q, Rachel Turnbull^q, Nigel Gilbert^r, Stefan Reis^{a,i,s}

A B S T R A C T

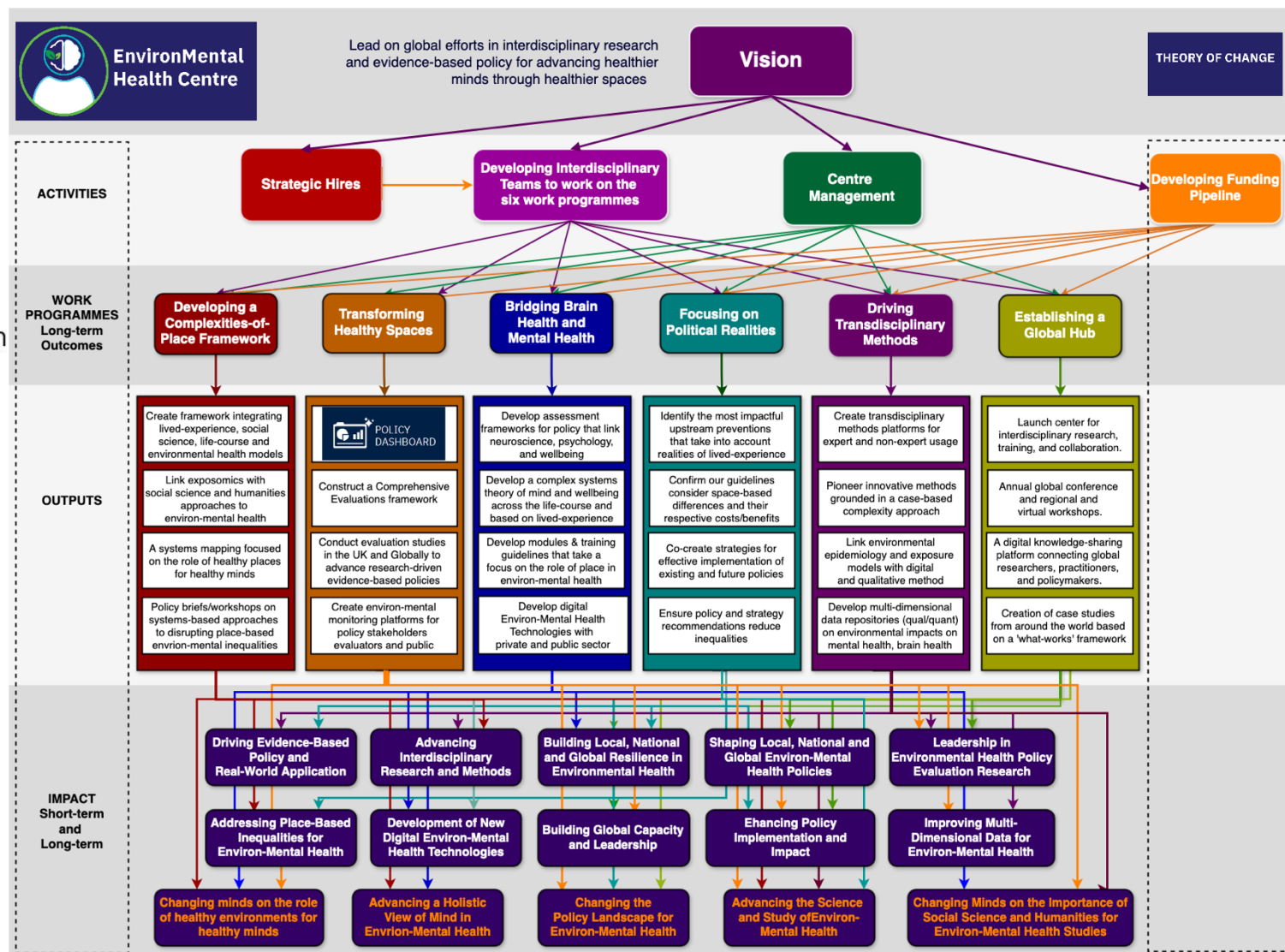
Background: Emerging research suggests exposure to high levels of air pollution at critical points in the life-course is detrimental to brain health, including cognitive decline and dementia. Social determinants play a significant role, including socio-economic deprivation, environmental factors and heightened health and social inequalities. Policies have been proposed more generally, but their benefits for brain health have yet to be fully explored.

Objective and methods: Over the course of two years, we worked as a consortium of 20+ academics in a participatory and consensus method to develop the first policy agenda for mitigating air pollution's impact on brain health and dementia, including an umbrella review and engaging 11 stakeholder organisations.

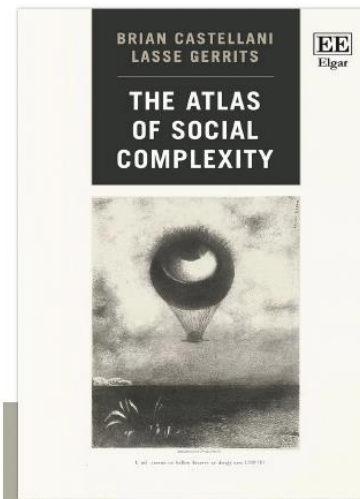
Results: We identified three policy domains and 14 priority areas. Research and Funding included: (1) embracing a complexities of place approach that (2) highlights vulnerable populations; (3) details the impact of ambient PM_{2.5} on brain health, including current and historical high-resolution exposure models; (4) emphasises the importance of indoor air pollution; (5) catalogues the multiple pathways to disease for brain health and dementia, including those most at risk; (6) embraces a life course perspective; and (7) radically rethinks funding. Education and Awareness included: (8) making this unrecognised public health issue known; (9) developing educational products; (10) attaching air pollution and brain health to existing strategies and campaigns; and (11) providing publicly available monitoring, assessment and screening tools. Policy Evaluation included: (12) conducting complex systems evaluation; (13) engaging in co-production; and (14) evaluating air quality policies for their brain health benefits.

Conclusion: Given the pressing issues of brain health, dementia and air pollution, setting a policy agenda is crucial. Policy needs to be matched by scientific evidence and appropriate guidelines, including bespoke strategies to optimise impact and mitigate unintended consequences. The agenda provided here is the first step toward such a plan.

2. My colleagues and I are currently developing the **Environ-Mental Health Centre (EMHC)**, to lead global efforts in advancing healthier minds through healthier spaces in order to advance environ-mental health science, methods and policy (local to global).



3. My colleague Lasse Gerrits and I wrote **The Atlas of Social Complexity**, a tour of the future present in the work being done at the intersection of the social and complexity sciences. (www.atlassocialcomplexity.org)



The Atlas of Social Complexity

by Brian Castellani and Lasse Gerrits

About

Embark on a riveting journey through the study of social complexity with 'The Atlas of Social Complexity'. Over three decades of scientific exploration unfold, unravelling the enigmatic threads that compose the fabric of society. From the dance of bacteria, to human-machine interactions, to the ever-shifting dynamics of power in social networks, this Atlas maps the evolution of our understanding of social complexity.

Brian Castellani's and Lasse Gerrits' Atlas is not merely retrospective. It is a compass pointing to uncharted territories: new directions for research and intellectual debate. With wit and insight, they invite the reader to ponder unanswered questions, taking them on a quest for alternative ways to understand the intricate complexities of societies.

'The Atlas of Social Complexity' is a thrilling expedition into the heart of what makes us human: from cognition, emotion, consciousness, the dynamics of human psychology, to social networks, collective behaviour, politics and governance, technology and planning, and the practice of social interventions. The Atlas also visits cross-cutting themes such as intersectionality, configurational complexity, and research methods.

Organised around six transdisciplinary themes and twenty-four topics the Atlas is an invaluable resource for all social science and complexity science scholars and students interested in new ideas and new ways of working in social complexity. It paves the way for the next generation of research in the study of social complexity.

4. My colleagues and I have developed **COMPLEX-IT**, a methods platform for non-experts in computational modeling to explore their data from a case-based complexity perspective, in a simple, seamless and secure research environment using the latest advances in machine learning, systems mapping, data visualization, data forecasting, and simulation.

(www.complex-it-data.org)

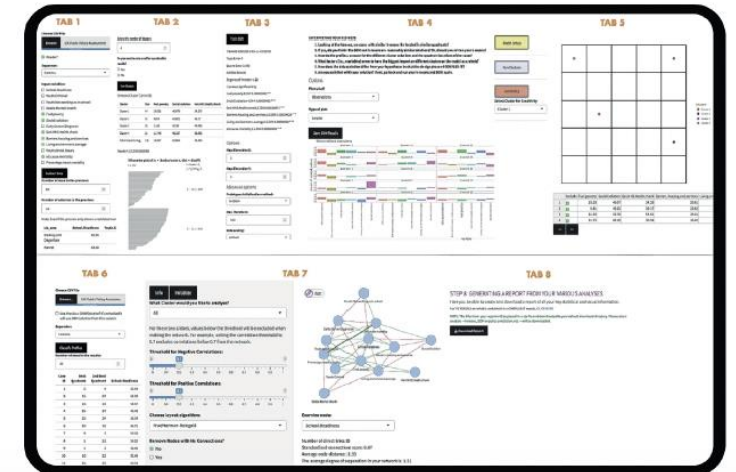


How COMPLEX-IT Works

COMPLEX-IT is a tab-driven interface.

Tab 1 allows you to import and organize your data. Tab 8 generates a downloadable final report, complete with EXCEL files, statistical results, and graphs. Tabs 2 through 7 offer you a suite of computational methods designed for a case-based complexity approach to data exploration, modelling, forecasting and simulation.

- TAB 2 - Cluster Analysis
- TAB 3 - Machine Learning
- TAB 4 - Data Visualization
- TAB 5 - Scenario Simulation
- TAB 6 - Data forecasting
- TAB 7 - Systems Mapping



What is community health?

地域医療研究とは何か

- **It depends upon who you ask and in what country you are working.**

Community-based medical research

- Defines health as complete physical, mental, and social wellbeing, beyond the absence of disease.
- Emphasizes collaboration with communities to address pressing health issues.
- Leverages participatory research.
- Employs interdisciplinary methods
- Uses complex systems thinking enhances impact and inclusivity.

What is community health?

地域医療研究とは何か

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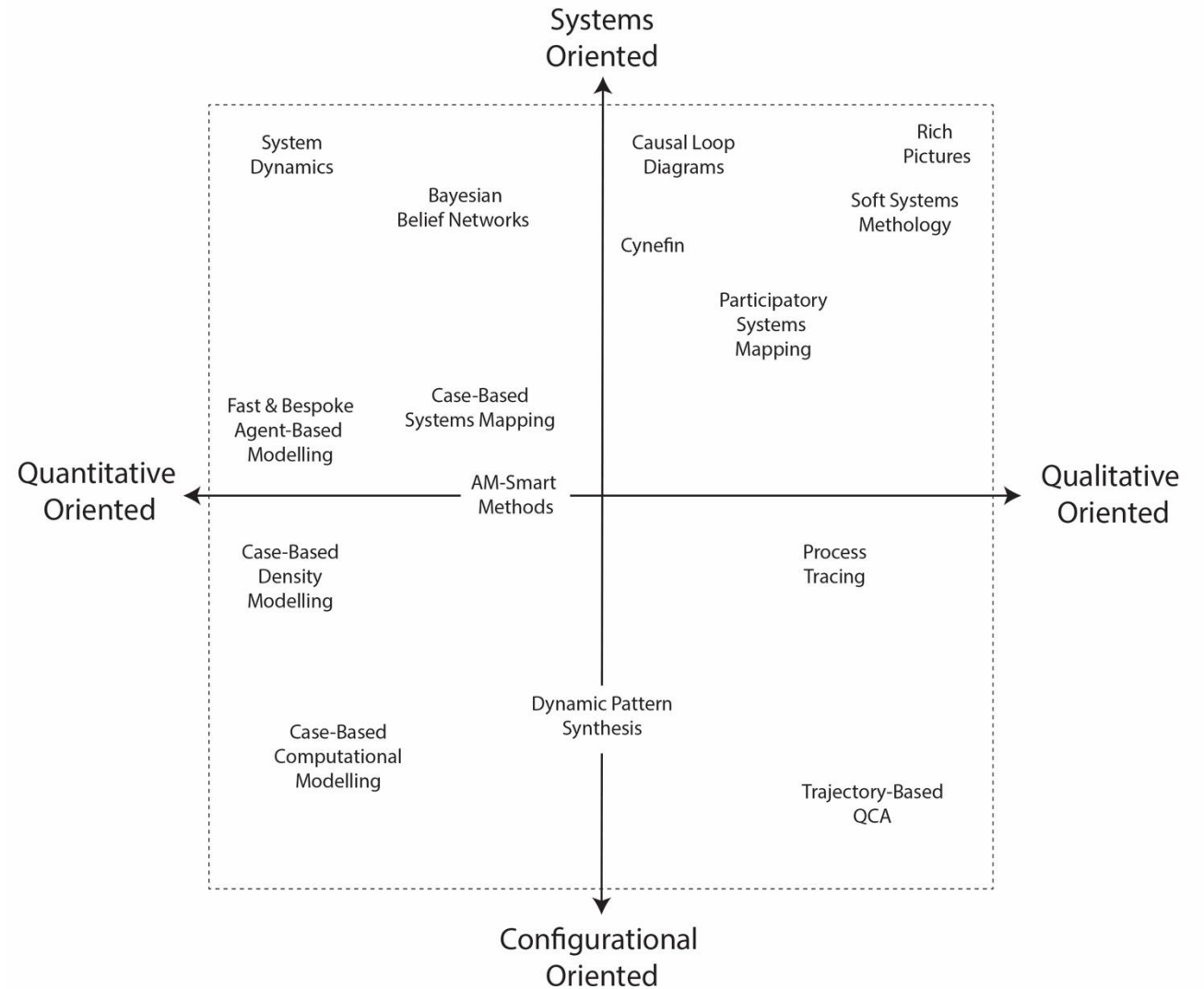
Community-based medical research

- Focuses on the determinants of health:
 - Broad causes include individual behaviours, susceptibility, and environmental factors.
- Focused on local action:
 - Emphasizes addressing local determinants and needs.
- Construct of Community:
 - Focus on social interactions and organization influencing health outcomes.

Diez Roux, A. V. (2002). Community Health. International Encyclopedia of the Social Behavioral Sciences.

Transdisciplinary Methods

- Benefits of Interdisciplinary Approaches:
- - Integration of diverse expertise (social, medical, environmental sciences)
- - Enhanced problem-solving through holistic perspectives
- - Breaking down silos to address multifaceted health challenges
- - Creating adaptable and sustainable solutions



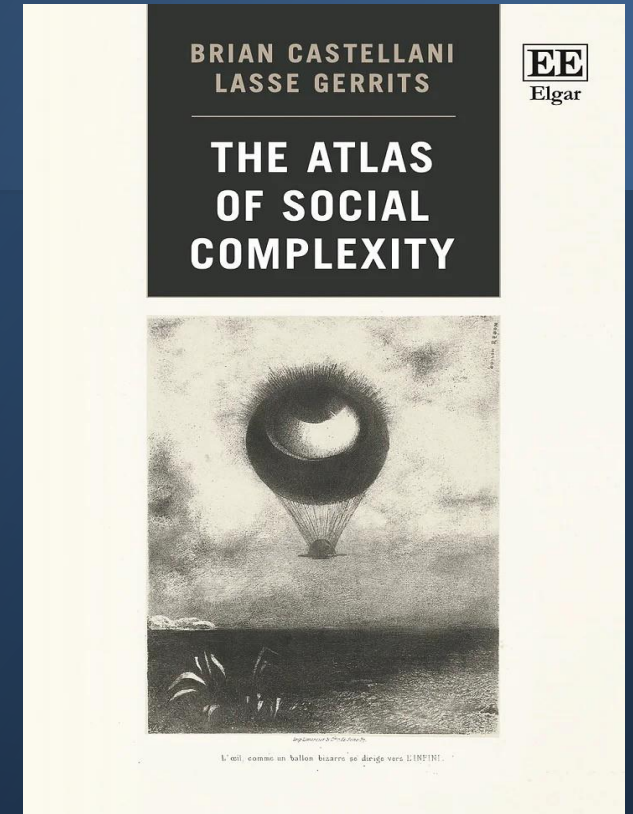
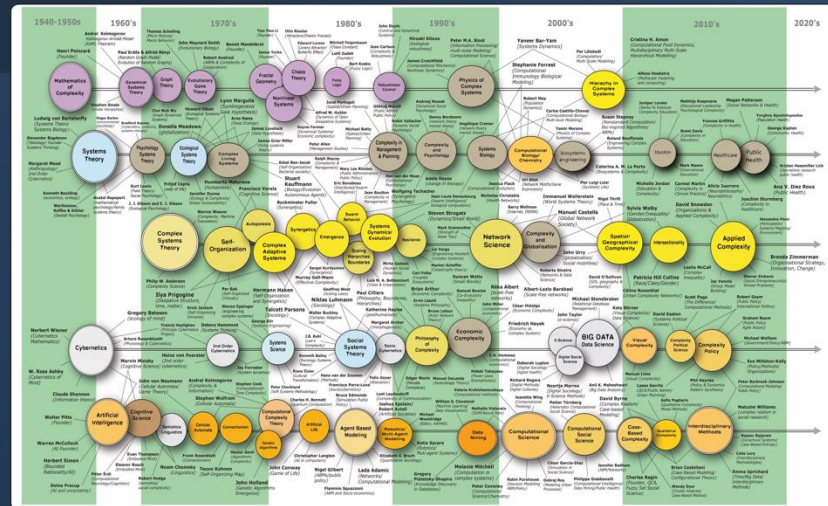
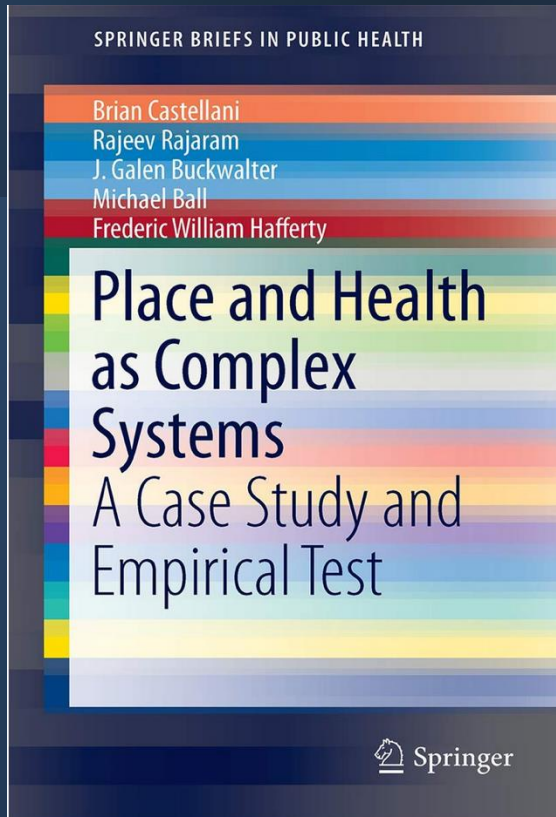
参加型研究

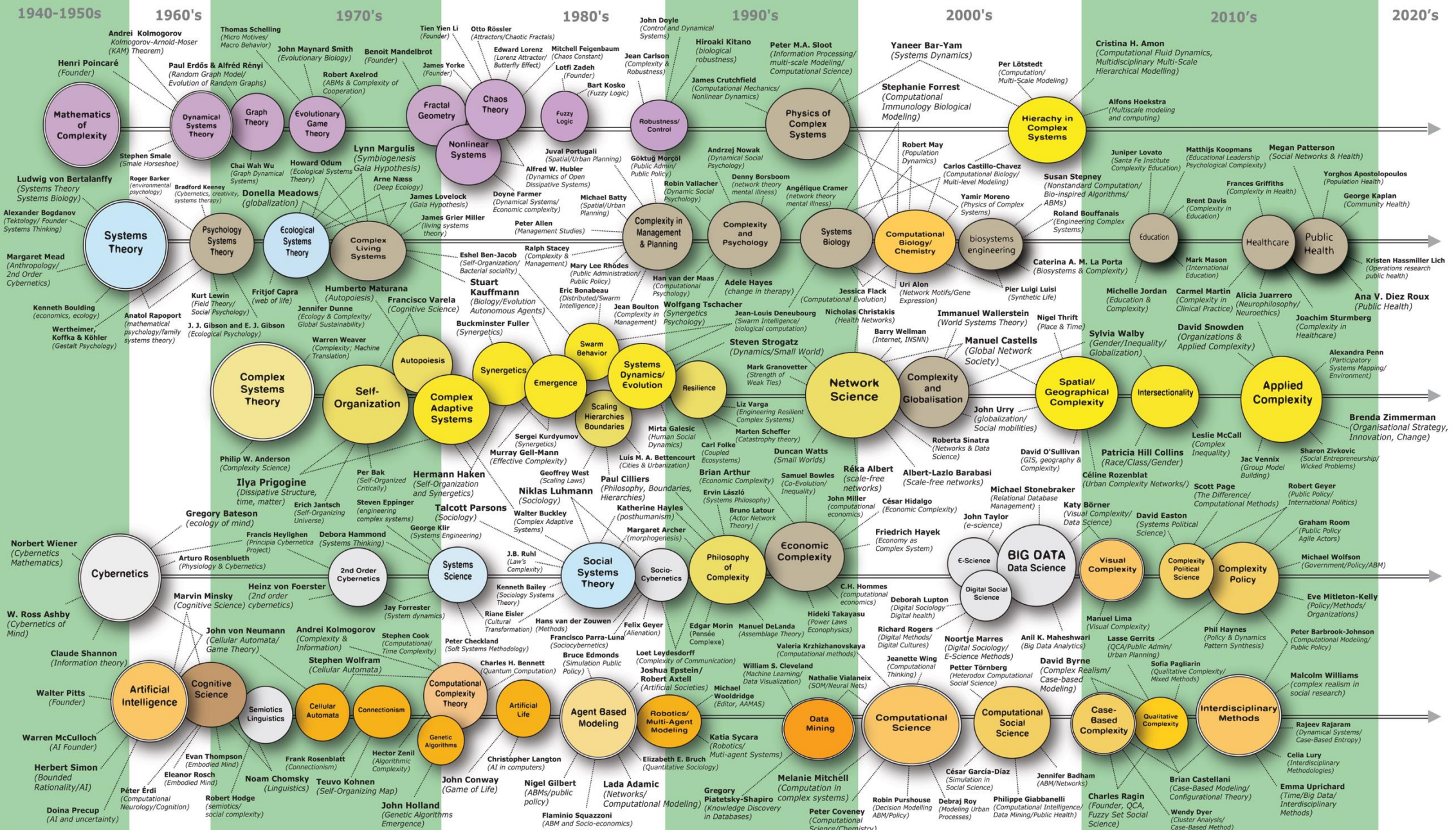
Participatory Research

- Key Principles:
- - Collaboration and co-creation with community stakeholders
- - Respect for local knowledge and cultural context
- - Capacity-building and empowering participants
- - Shared decision-making and equitable partnerships



The Complexity Science, Social Complexity, and the Complexities of Place





Biographical Summary

Brian Castellani (PhD, FAcSS) is professor and Director of the *Durham Research Methods Centre* and *Wolfson Research Institute for Health and Wellbeing*, Durham University (UK). He is also adjunct professor of psychiatry, Northeastern Ohio Medical University (USA).

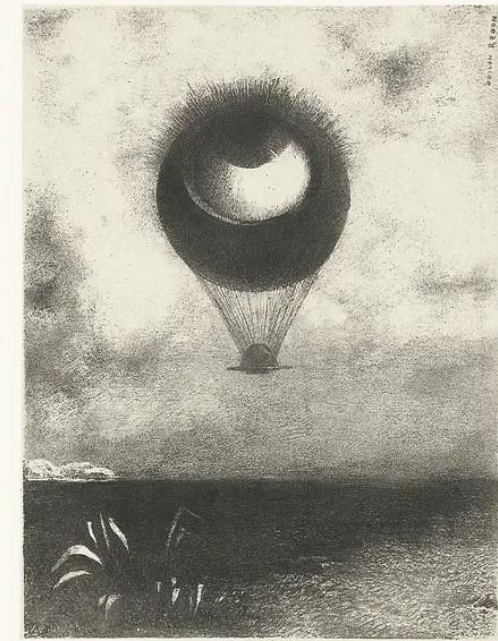
Lasse Gerrits (Dr.Dr.) is Associate Professor and Academic Director, *Institute for Housing and Urban Development Studies*, Erasmus University Rotterdam



BRIAN CASTELLANI
LASSE GERRITS



THE ATLAS OF SOCIAL COMPLEXITY

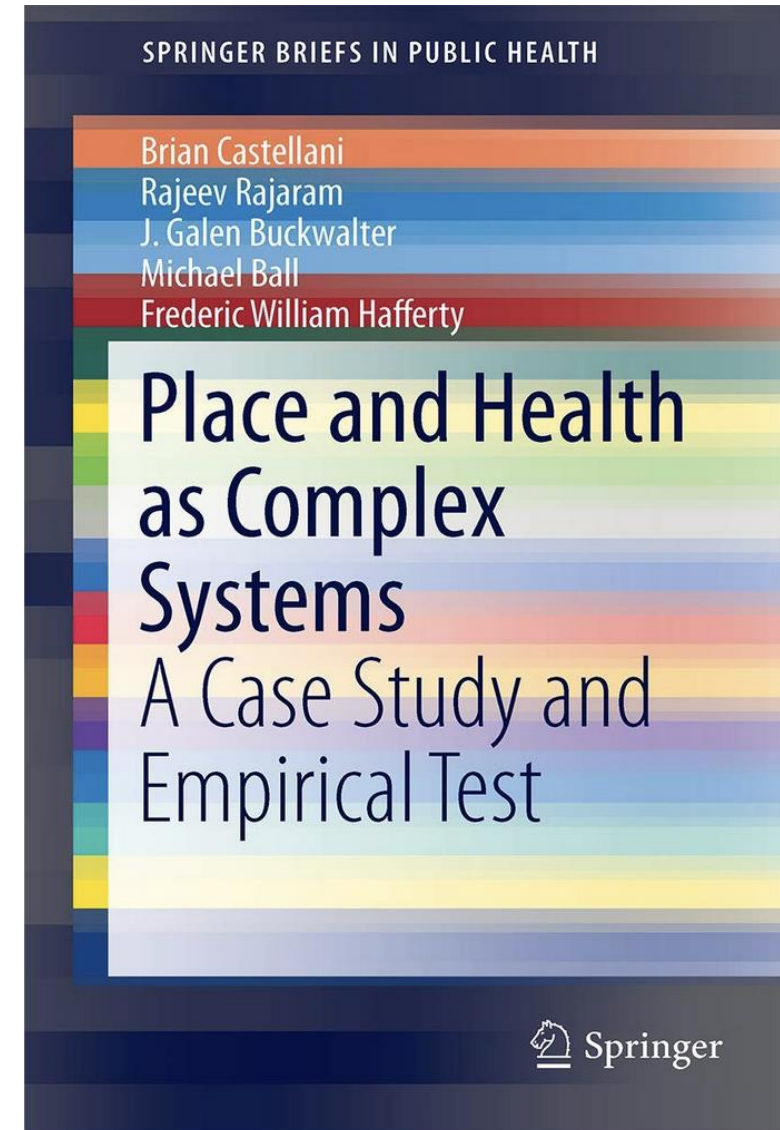


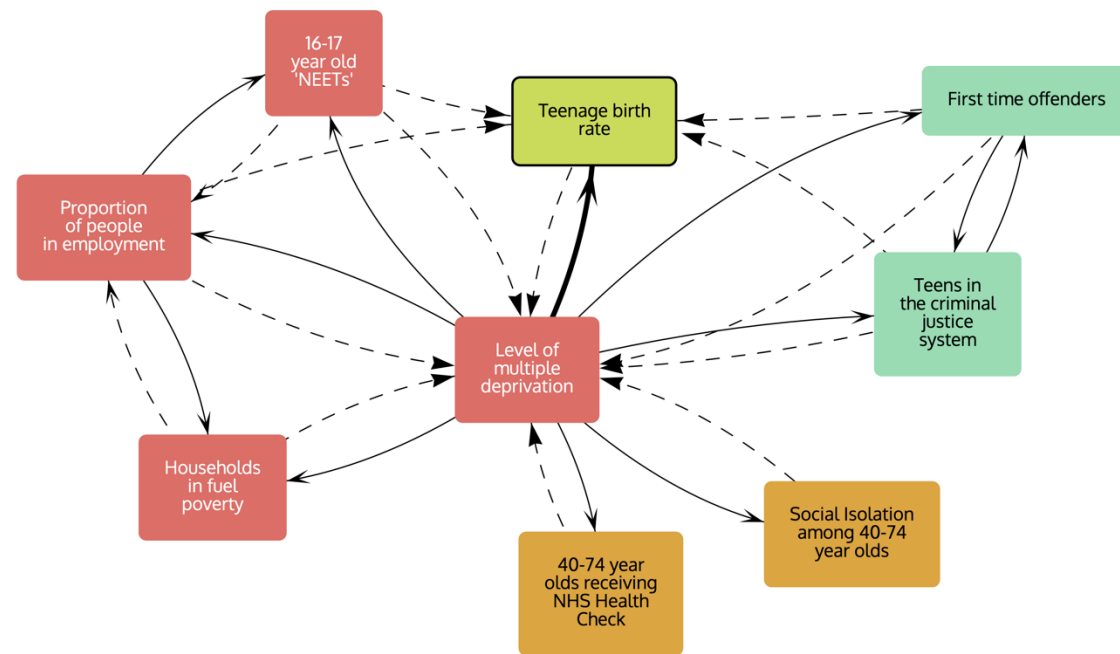
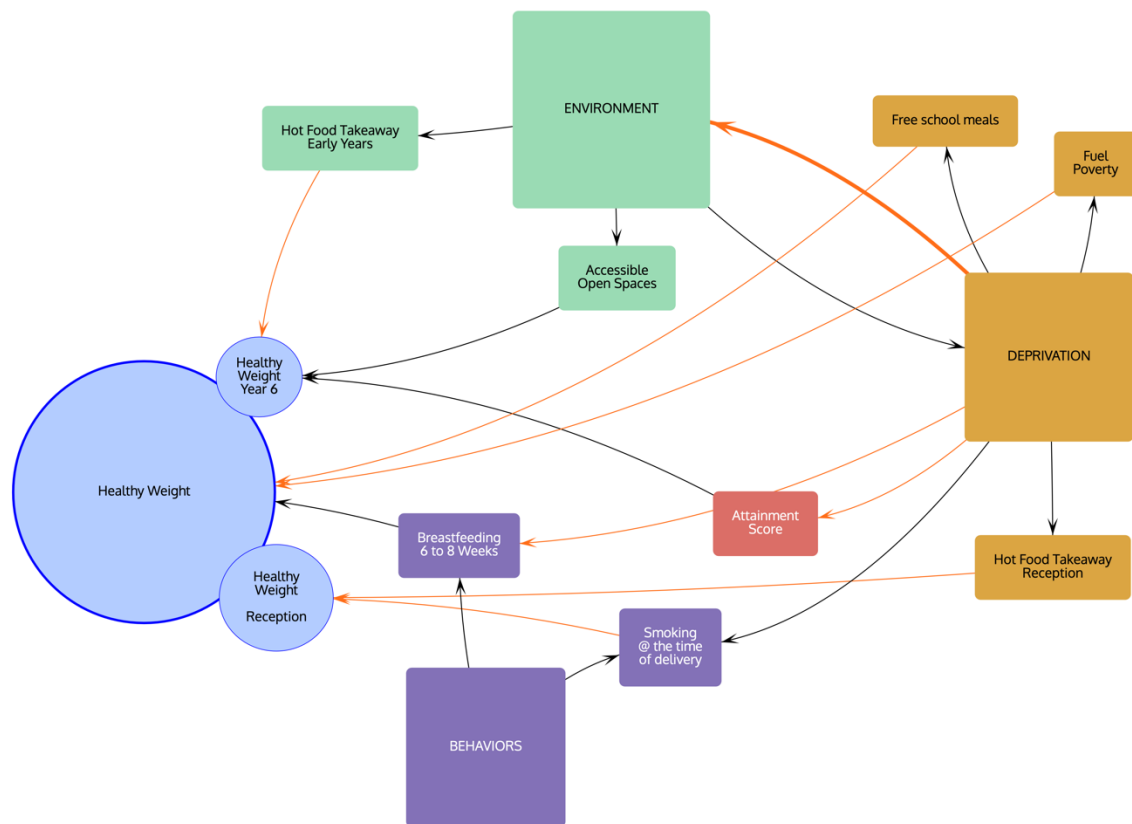
L'œil, comme un ballon bizarre, se dirige vers L'INFINI.

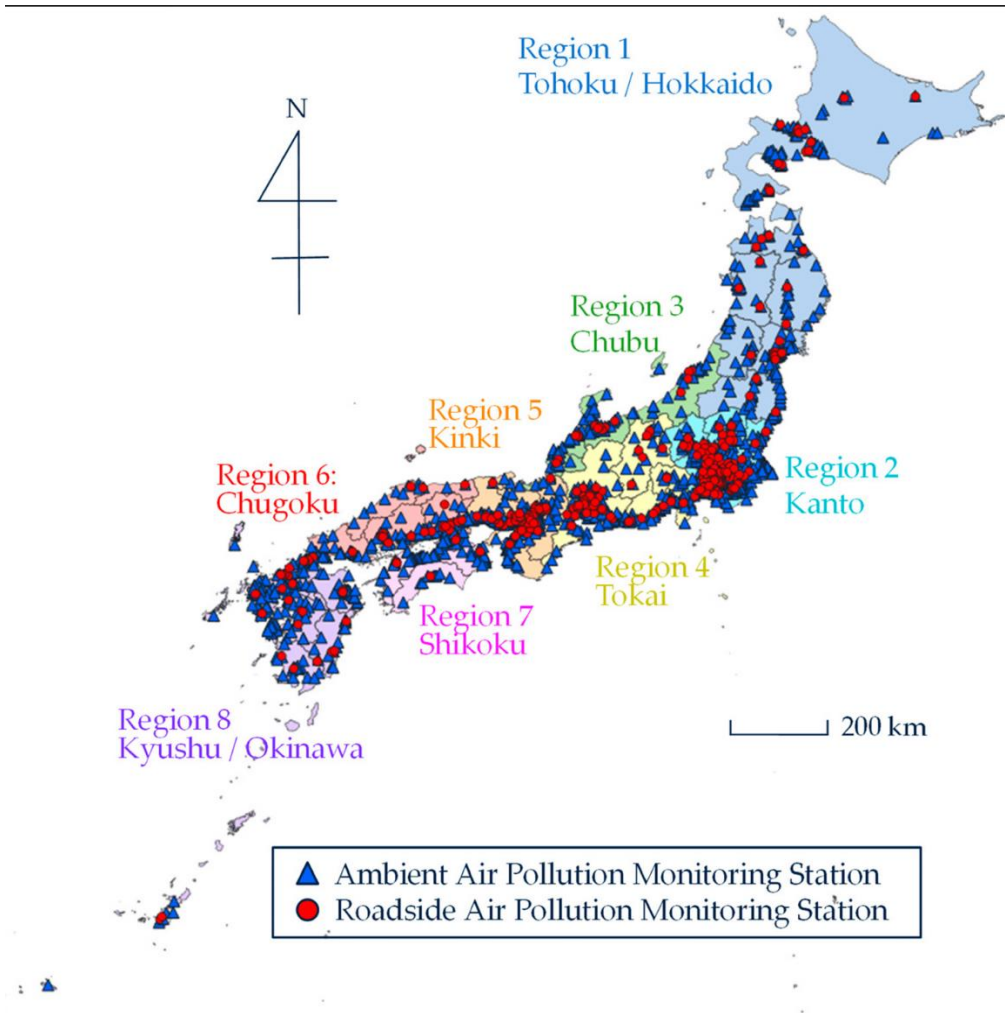
場所の複雑さ

Complexities of Place

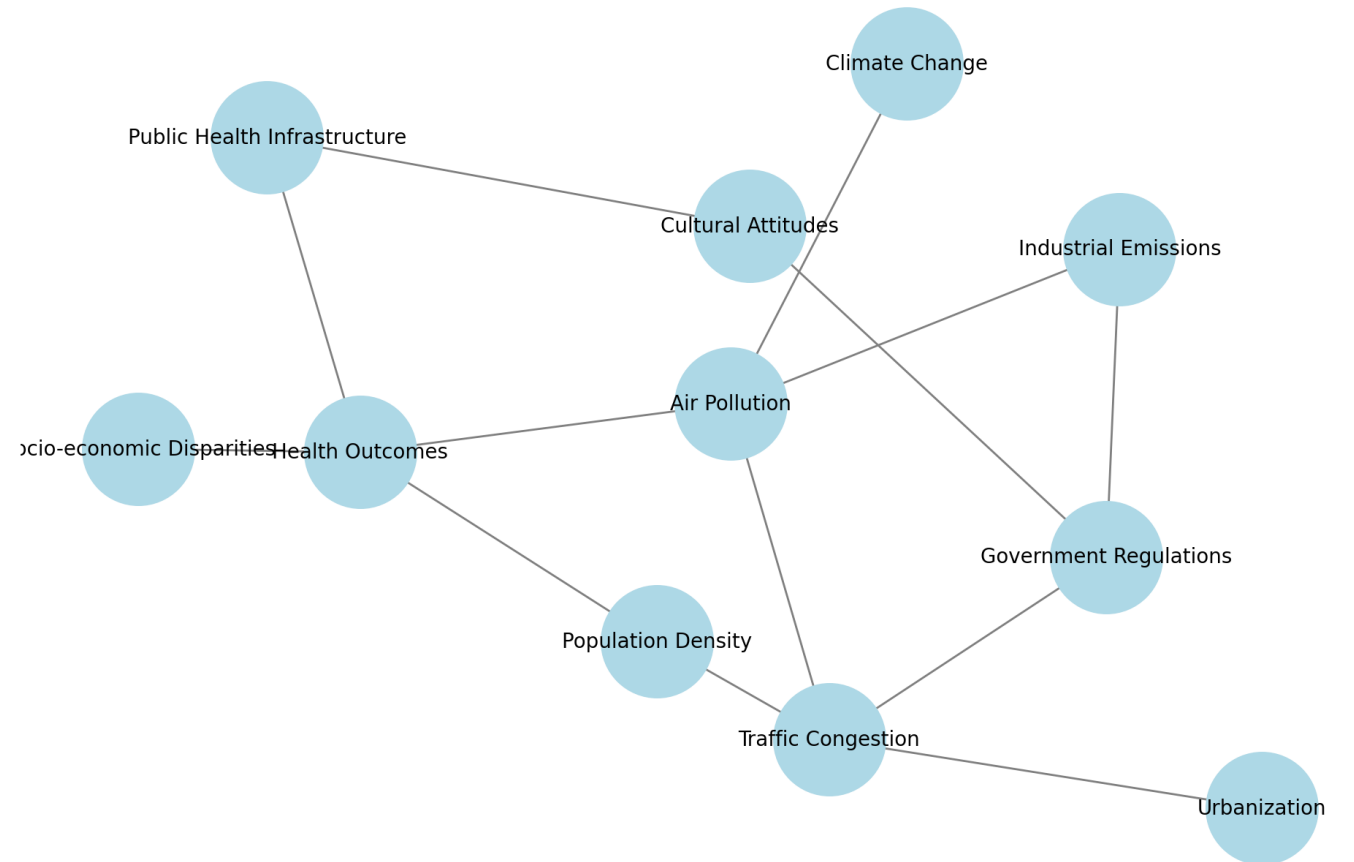
- Why Complexity Thinking Matters:
 - - Acknowledges interconnected systems and feedback loops
 - - Considers the dynamics of social determinants of health
 - - Embraces uncertainty and emergent behaviors
- Place-Based Approaches:
 - - Recognize the unique characteristics of local environments
 - - Address disparities shaped by geographic and social contexts







Social and Environmental Factors Determining the Impact of Air Pollution on Health in Japan



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COMPLEX-IT

Run Online or Download for R-Studio



WEB
VERSION



DOWNLOAD
VERSION

<https://www.complex-it-data.org/>



Build Your Model

1. Build database and import your cases

2. Cluster your cases

Confirm & Explore Your Model

3. Use AI to confirm your cluster solution

4. Compare and visualize your results

Run Scenario Simulations

5. Simulate your scenarios, policies, and interventions

Run Data-forecasting/classification

6. Use AI to predict the cluster membership of new cases

Systems Mapping Tab

7. Using Systems Mapping To Explore Cluster Variables

Export Your Results

8. Generate your report

[Help](#)

Select the number of clusters

3

Do you want to set a seed for reproducible results?

Fuel.poverty	Social.Isolation	Get.NHS.Health.check
10.091	45.233	32.759
11.614	48.155	30.53
10.646	45.562	37.842
10.567	45.854	34.402

```
(x = km@uclusters, dist = dissM)
3 clusters Cj
j: nj | ave(Cj) Sj
```

1 : 57 | 0.41

2 : 22 | 0.41

COMPLEX-IT

Team

As a team we are committed to advancing a **case-based complexity approach** to research, policy and practice in an effort to advance the study of social complexity and to support decision making. We each bring to the team a wide range of methodological and programming expertise and are proud of the truly transdisciplinary and international makeup of our work.



Brian Castellani
Durham Research Methods Centre
Durham University



Corey Schimpf
Department of Engineering Education
University at Buffalo, SUNY



Peter Barbrook-Johnson
School of Geography and the Environment
Oxford University



Michael Ball
Computer Services
Kent State University, Ashtabula

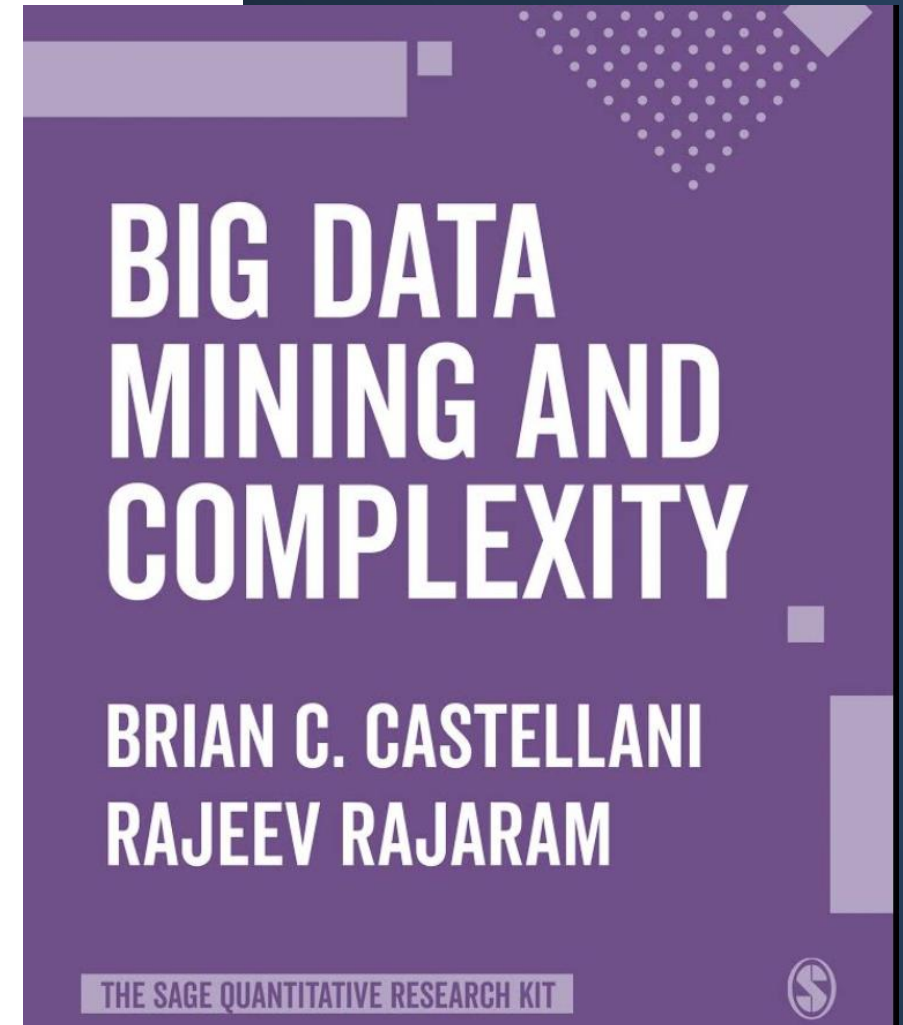


Christopher Caden
Durham Research Methods Centre
Durham University



- Case-based complexity is anchored in **four core epistemological arguments**:

- Cases are the methodological equivalent of complex systems – that is, they are emergent, self-organizing, nonlinear, dynamic, etc – and therefore should be studied as such.
- The case and its trajectory across time/space are the focus of study, not the individual variables or attributes of which it is comprised.
- Cases and their trajectories are best treated as composites (profiles), comprised of an interdependent, interconnected sets of causal conditions, factors or attributes.
- The wider social contexts/systems in which cases are situated needs to be considered.





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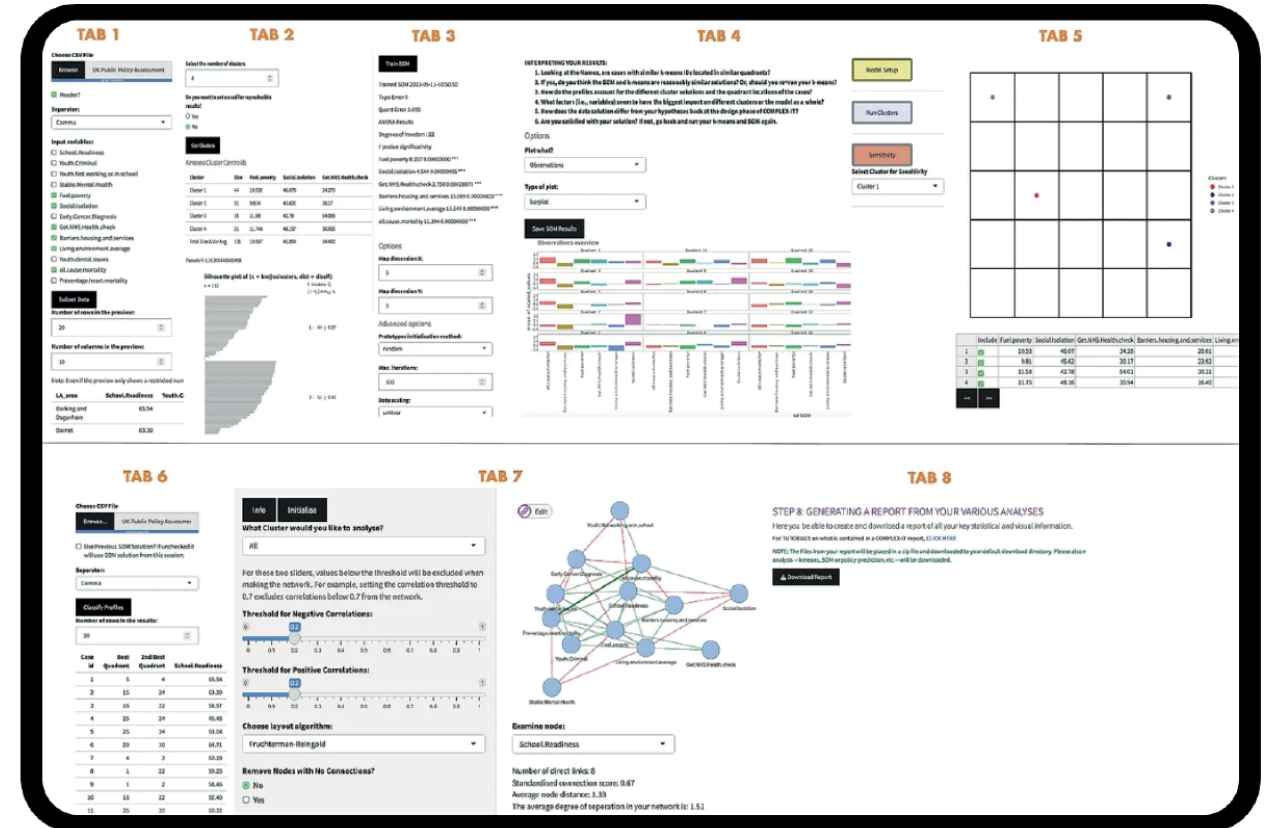
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Barriers and Levers to Good Practice

優れた実践への障壁と推進力

- 1. Ambiguities in Definition: Lack of clarity on what 'community health' entails.
- 2. Issues with 'Community': Idealized notions of consensus and equality often unrealistic.
- 3. Terminology Critiques: Risk of desocialization and focus on biomedical reductionism.
- 4. Emphasis on Local Action: May shift focus from larger social determinants.
- 5. Alternative: Collective health emphasizes social determinants and interdisciplinary approaches.

Diez Roux, A. V. (2002). Community Health. International Encyclopedia of the Social Behavioral Sciences.

Barriers and Levers to Good Practice

優れた実践への障壁と推進力

- Barriers:
 - - Power imbalances between researchers and communities
 - - Limited funding and resources for participatory projects
 - - Challenges in interdisciplinary collaboration
 - - Resistance to adopting complexity approaches
- Levers for Success:
 - - Building trust and transparent communication
 - - Training in complexity science and participatory methods
 - - Securing institutional and community buy-in
 - - Developing flexible and adaptive research frameworks

Conclusion

- Community-based medical research requires a commitment to inclusivity, interdisciplinary collaboration, and an appreciation for complexity. By embracing participatory approaches and innovative modeling techniques, we can address the diverse and interconnected challenges communities face.