

Agenda Setting for the Safe Community Program in Iran: A Retrospective Policy Analysis Using Kingdon's Multiple Streams Model

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Abstract

Background: Injuries and accidents are significant contributors to mortality and disability globally, highlighting the critical need for prevention and safety measures in public health. To address this issue, the Safe Community Program (SCP) was established as a focused initiative to promote injury prevention. This study delves into the program's development, investigating how it gained traction among policymakers by emphasizing its direct link to injury prevention. It further examines the political and policy factors that shaped this agenda and the pivotal role of policy entrepreneurs in championing such programs.

Methods: This study employed a qualitative analysis based on Kingdon's multiple streams theory. A purposive sampling method with maximum variation was employed to select participants. 12 key informants participated in semi-structured interviews, supplemented by 21 document reviews conducted by Jupp's criteria. Data were analyzed using directed content analysis with MAXQDA version 20, where the textual data were coded according to predefined categories from Kingdon's theory. Subcategories were refined through continuous review and later grouped into broader categories, with any disagreements resolved collaboratively during team meetings.

Results: The results yielded a total of four categories and 18 subcategories. These include four subcategories in the problem stream, seven subcategories in the policy stream, four subcategories in the political stream, and three subcategories related to policy entrepreneurs. The study highlighted that Iran's safety issues, marked by high accident rates, necessitate an integrated safety policy. Policy entrepreneurs shaped the problem stream through key indicators, while the SCP for injury prevention must compete with other treatment-focused interventions. Nonetheless, policy entrepreneurs advocated for the SCP as essential for safety promotion. Additionally, the political stream significantly influenced the program's agenda-setting, emphasizing the importance of political will and commitment.

Conclusion: The SCP in Iran gained attention from policymakers and decision-makers due to the efforts of political entrepreneurs, who highlighted the intersection of problem, policy, and political streams, culminating in the opening of a policy window.

Keywords: Safe community program, Policy analysis, Agenda-setting, Kingdon's multiple stream model, Policy entrepreneurs, Iran's safety policy

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Introduction

The clinical definition of injury is damage to the body caused by the exchange of energy that has relatively sudden, detectable effects; this definition is often used to distinguish between injuries and diseases (1). According to the International World Health Organization (WHO) classification, injuries can also be classified as intentional and unintentional (2). Unintentional injuries include injuries caused by traffic accidents, falls, burns, drowning, suffocation, poisoning, electrocution, injuries caused

by fireworks, and insect and animal bites and stings (3). Intentional injuries also include suicide, homicide, violence, etc. (3).

Accidents and injuries are one of the most significant causes of mortality and disability worldwide. According to the WHO, approximately 1.19 million people die each year from road traffic accidents, and between 20 and 50 million others suffer non-fatal injuries, many of which result in disability. Road traffic accidents are recognized as a leading cause of death among children and young people



aged 5–29 years (4).

In Iran, natural, man-made, and social disasters that cause injuries also pose major challenges. Of the 41 recorded natural disasters, more than 30 occurred in the country (5). According to the WHO, in 2018, Iran had one of the highest rates of road traffic fatalities in the world, with a fatality rate of 20.5 per 100,000 population (6).

Injuries are also the second leading cause of death in Iran. The highest incidence of injuries was related to traffic injuries at 546.4 per 100,000 population, followed by impacts and falls from heights at 497.7 and 195.2 per 100,000 population (7).

Injuries have traditionally been viewed as accidental and unavoidable events. However, in recent decades, a better understanding of the nature of injuries has helped to change attitudes so that today, both intentional and unintentional injuries are considered largely preventable events. As a result of this change in attitude, injuries and their health consequences have attracted the attention of decision-makers around the world, placing injury prevention and control policies in the public health domain, leading to the development of preventive strategies and, consequently, reducing the number of deaths and disabilities from injuries in some countries (8).

As a result, countries around the world have implemented various programs for injury prevention and safety promotion (9-11). For example, in Bangladesh, the research activities of the Accident Research Center at the University of Engineering and Technology have been strengthened (9). The Vision Zero program in Sweden has been implemented to reduce road traffic deaths and injuries to zero (11). The WHO's Child and Adolescent Injury Prevention Program aims to reduce injuries to children and adolescents globally by educating parents and children, improving the safety of playgrounds and schools, and strengthening safety regulations (10).

The idea of Safe Communities (SCs) also emerged in the 1980s as a response to growing public health concerns about the increasing global burden of injuries and accidents. In 1989, the WHO and the Karolinska Institute in Sweden launched the SCP. The movement aimed to promote a comprehensive, community-based approach to injury prevention and safety promotion (12).

The SCP in Iran is crucial due to the country's geographical location, climatic conditions, and social challenges. Iran is situated in an earthquake-prone region and is recognized as one of the ten most disaster-prone countries in the world (5). As a result, the country frequently experiences natural disasters, such as earthquakes and floods, as well as human-made incidents like traffic accidents, which lead to numerous casualties and significant injuries (7).

To address these challenges, the SCP was introduced by the Ministry of Health in 1995. This program has been piloted in several cities since 1997 and received approval

from representatives of the WHO in 2003, subsequently joining the Safe Community Global Network (13). The program plays a vital role in reducing human casualties and effectively managing risks, demonstrating its outstanding importance.

This program is one of the most important and cost-effective interventions in the field of injury prevention and safety promotion today (14-16).

According to the definition of the WHO, a Safe Community (SC) is a local community that has been designated by the WHO Collaborating Center for Community Safety Promotion as having a program aimed at preventing and reducing injury and violence with a multisectoral and evidence-based approach (17).

The effectiveness of injury prevention and safety promotion programs has been studied in many parts of the world (18-22). However, there are no studies that have specifically addressed this program through a policy lens. Accordingly, the following questions remain unanswered: How did the SCP come to be on the agenda of policymakers? What were the political and policy drivers that drove this program? And what role did policy entrepreneurs play in the agenda-setting of this program in injury prevention programs? Agenda-setting is the process that transforms issues into a policy agenda. In this study, Kingdon's multiple streams theory is applied. This model focuses on the role of policy entrepreneurs in seizing the opportunity to set the policy agenda and put an issue on the agenda. This opportunity is called the policy window. In this model, agenda-setting and its outcomes are the result of the interaction of three separate and independent streams: the issue stream, the political stream, and the policy stream (23). Accordingly, our goal in conducting this research is to explain how existing opportunities and threats have driven and placed the SCP on the agenda of policymakers.

Methods

Study Design

Using Kingdon's multiple streams theory for agenda-setting, this qualitative study examined the key factors influencing injury and accidents and the political and policy streams that contributed to the development of injury prevention and safety promotion policies.

Participants

A comprehensive list of stakeholders and relevant documents related to the safety promotion program and SC was first prepared. Next, a purposive sampling method with maximum variation was employed to select participants who met the study criteria and possessed extensive knowledge and experience in injury prevention and safety promotion. The purposive sampling method with maximum variation was chosen to ensure a diverse and comprehensive representation of perspectives. This

approach allows the research to explore a broad range of experiences, viewpoints, or contexts relevant to the study, enhancing the depth and richness of the findings.

Each chosen participant also referred other individuals who met the study criteria. In total, 12 interviews were conducted, and sampling continued until data saturation was reached (Table 1).

Conceptual Framework and Data Collection

To understand the agenda-setting process, a semi-structured interview guide was developed based on Kingdon's multiple streams theory. This theory is a framework for understanding public policy-making processes, emphasizing the convergence of three streams: problems, policies, and politics. The problem stream identifies issues requiring attention, the policy stream develops potential solutions, and the politics stream reflects the political climate and public opinion. When these streams align during a "policy window," significant policy changes can occur. This theory is widely applied in research to analyze agenda-setting and decision-making, offering insights into the complexities of policy development and the factors influencing change (24).

Extensive interviews were conducted from September 2022 to February 2024. Each interview started with an explanation of the study's purpose, along with assurances of confidentiality regarding the content of the interviews and the anonymity of the participants. The interviews were recorded using a voice recorder. Participants had the freedom to choose the interview location, and only the researcher and the interviewee were present during the sessions. To maximize the effectiveness of the interviews, field notes were also taken during or after each session. The average duration of the interviews was approximately

60 minutes.

Additionally, document review was employed as a complementary method for data collection. The documents analyzed included international sources such as the Millennium Development Goals, the Sendai Framework for Risk Reduction, national constitutions, national development plans, health transformation maps, and related regulations. The selection of these 21 documents was guided by the Jupp framework (25), which emphasizes criteria such as authenticity, validity, representativeness, and meaningfulness. Authenticity ensures that the data genuinely reflects the phenomena being studied, while validity assesses the accuracy and reliability of the findings. Representativeness focuses on whether the sample or data adequately represents the broader population or context, and meaningfulness evaluates the relevance and significance of the research outcomes. This framework is widely utilized to enhance the credibility and applicability of research, ensuring that findings are both trustworthy and impactful.

Data Analysis

This study utilized directed content analysis under Kingdon's multiple streams theory (see Figure 1). The information recorded from each interview was transcribed verbatim immediately after several listenings. It was then indexed and analyzed using MAXQDA version 20 software. Concurrently, note-taking was conducted during the interviews to document data throughout the research process. The interviews were meticulously examined to achieve a thorough understanding of the content. Subcategories were identified, continuously studied, and reviewed before being organized into larger categories. Any disagreements regarding the identification

Table 1. Characteristics of the interviewees

	Degree/ Qualification	Job Title/Role (Relation with Safe Community Program)	Organization/ Department
1	PhD	Former member of the National Safe Community Association	National Safe Community Association
2	PhD	Researcher and former member of the Policy Council of the National Safe Community Association	Faculty member
3	PhD	Researcher and member of the Certificate Issuance Center of the International Safe Community Association	Faculty member
4	PhD	Specialist in the International Safe Community Association and International Community Assessment	Faculty member
5	Bachelor's Degree	Former Safety Community Expert	Ministry of Health, Accident Department
6	Bachelor's Degree	Safety Community Expert	Zarand County Health Center
7	Diploma	Secretary of the Policy Council	Tehran Safety Community
8	PhD	Member of the Safety Community Committee, Representative of the Legal Medicine Organization	Legal Medicine Organization, Scene Investigation Office
9	PhD	Secretary of the National Health Assembly, Secretariat of the Supreme Health Council, Ministry of Health, Member of the Policy Council	Tehran Safety Community
10	PhD	Member of the Safe Community Policy Council	Mental Health Research Center, Social Sciences Research Institute, Iran University of Medical Sciences, Tehran
11	Practitioner	Head of the Comprehensive Health Center	Tehran, Member of the Safe Community Policy Council
12	PhD	Secretary of the Healthy City and Safe Community Program	Committee of Safe Community and Healthy City

of subcategories or codes were discussed and resolved in meetings with the research team.

For the document analysis, all documents were initially reviewed to familiarize the researchers with their content. Special attention was given to documents that addressed laws, objectives related to safety programs, the role of policy entrepreneurs, and the political and policy challenges involved. Relevant documents were then imported into the software. Significant sections of these documents were selected for analysis, followed by a careful reading to identify the present codes. The identified codes were categorized, and these categories were subsequently analyzed and organized based on predetermined themes from theory.

Trustworthiness

Guba and Lincoln’s four criteria- credibility, transferability, dependability, and confirmability—were applied to ensure the quality and accuracy of the study’s results (26).

Credibility was established through prolonged engagement with the data. Data collection methods, writing, interviews, and observations were used to triangulate the findings. Peer review of the interview process and consensus on the extracted codes and categories were also integral to ensuring credibility. The study involved collaboration with experienced researchers who specialized in qualitative methods. These researchers critically reviewed the interview procedures, analyzed the extracted codes, and validated the categorization process.

Confirmability was reinforced through methodological triangulation, including document review, interviews with key stakeholders, and cross-referencing with other sources. Moreover, all study findings were reported with direct quotes from interviewees, alongside inferences drawn from the interview texts. Dependability was ensured by having interviews, categories, sub-categories, and codes reviewed by experts in qualitative research.

Finally, transferability was enhanced by providing a clear description of the culture, context, data collection methods, and analysis processes used in the study, employing a sampling technique with maximum variation.

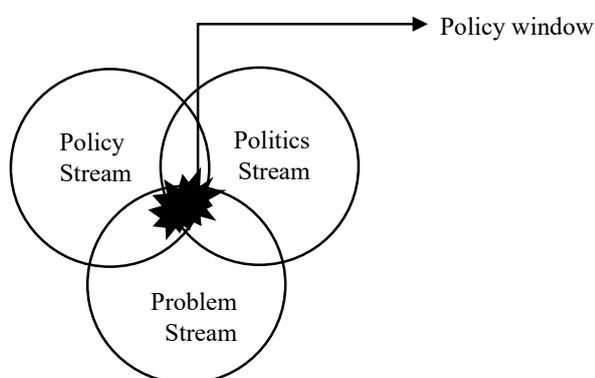


Figure 1. Schematic diagram of the Kingdon multi-stream framework and the opening of the policy window

Results

The results of this study, derived from interviews with key informants and document reviews, are presented according to Kingdon’s multiple streams theory. The research results yielded a total of four categories and 18 subcategories. These include four subcategories in the problem stream, seven subcategories in the policy stream, four subcategories in the political stream, and three subcategories related to policy entrepreneurs (see Table 2).

Problem Stream

Problems may come to the attention of the community and government through systematic indicators, sudden events such as crises or disasters, or feedback from ongoing programs. In Iran, the high volume of accidents and injuries, the need for an integrated safety policy, and a passive understanding of the issue of accidents and incidents shaped the course of the problem.

With the advent of the Industrial Revolution and the changes resulting from it, human lifestyles underwent a great transformation. This phenomenon, on the one hand, led to the control of communicable diseases and, on the other hand, led to an increase in the prevalence of non-communicable diseases, including accidents and injuries (27). Hundreds of thousands of unfortunate incidents occur in Iran every year, accounting for a significant proportion of non-communicable diseases.

“The percentage of total incidents resulting in physical injury in 2020 was 54.5, with the 18-24 age group having the highest number of incidents, with 96.6 percent, among other age groups. The rural population, with a score of 87.5, had the highest number of incidents compared to the

Table 2. Kingdon's multiple streams in the SCP in Iran

Agenda-Setting	
Category	Sub-category
Problem stream	<ul style="list-style-type: none"> Injuries and accidents frequency Passive understanding of the problem of injuries and accidents The need for an integrated safety policy The preference for a therapeutic perspective over a preventive perspective
Policy stream	<ul style="list-style-type: none"> Implementation feasibility Safe Community as the key to safety promotion Creating a social perspective in Tehran Municipality Attracting political support Using existing local structures to advance the program Creating enthusiasm for action at the executive level The idea of advancing the program through the Network Management Center
Politics stream	<ul style="list-style-type: none"> Policy alignment with upstream laws Political instability Political will and commitment Targeted impact
Policy entrepreneurs	<ul style="list-style-type: none"> Ability to create a communication network Ability to translate science into practice Advice from prominent figures in the health field on program implementation

urban population (43.5), and the poorest people, with a score of 19.6 percent, had the highest number of incidents compared to other economic quintiles.”(28)

There are many reports that show the magnitude of the occurrence of injuries and incidents and emphasize the need for preventive and care measures.

“The burden of burn injuries falls most heavily on the world’s poor. The vast majority (more than 95%) of burns from fires occur in low- and middle-income countries. In these countries, not only are burn deaths and injuries more common in people of lower socioeconomic status, but among those who sustain severe burns, the most economically vulnerable are those who are most likely to fall further into poverty.” (29)

There are also many reports of the frequency of injuries and accidents in Iran.

“Road accidents have been one of the leading causes of death and injury in the Islamic Republic of Iran for decades. The WHO’s 2018 Global Status Report on Road Safety estimated the country’s road traffic accident mortality rate at 20.5 per 100,000 people, which is higher than the global average. According to the Global Burden of Disease Report, road traffic accidents rose from the sixth leading cause of death in the Islamic Republic of Iran to the third leading cause of death between 1990 and 2019.” (30)

Despite the burden of accidents and injuries in Iran, a curative approach is preferred over a preventive approach, and prevention has been neglected.

“Those who work in the health system are also doctors, and their perspective on the issue is therapeutic; their perspective is less or not at all preventive, and in general, we have a problem with this, that the perspective is not preventive or less or not at all.” (p 3)

Accordingly, safety promotion is characterized by a shift in focus from individual responsibilities to collective, multifaceted interventions that ensure the awareness or involvement of each individual. In the 1980s, there were good reasons for countries around the world to prioritize safety promotion and injury prevention programs. Few countries have made sufficient progress in preventing other types of injuries. Several countries had adequate and sustainable policies and programs for accident and injury prevention, and a few of these countries had allocated sufficient financial and human resources to this end. As part of the national health plan, each government was required to develop a national safety policy and design measures to create and maintain SCs. In Iran, too, haphazard programs were implemented to promote safety. Each organization implemented a safety program more or less, but cross-sectoral cooperation was a forgotten part of their safety programs. There was a need for an integrated safety program that would encourage cross-sectoral collaboration among various stakeholders.

“There was this general idea that we had a lot of

accidents. There needed to be a comprehensive accident prevention policy.” (p 1)

“We didn’t have systematic and well-documented safety promotion programs in the country, and they weren’t being paid attention to. Every country needs to have a well-documented and comprehensive safety program that involves all organizations in the discussion of safety promotion.” (p 2)

Of course, some experts stated that the introduction of this concept to Iran and the Tehran Municipality was not necessarily based on a review of indicators and needs assessment. There was a passive understanding regarding the discussion of injuries and accidents in the country.

“SH introduced the SCP to the municipality, which was not necessarily based on a needs assessment, of course, there was this general idea that we have a lot of accidents.” (p 8)

Passive understanding is more common, especially among politicians, compared to active problem-solving. This passive mechanism can be in the form of reports, policy briefs, lobbying, and the media.

“The social perspective was first created in the municipality by Mr. X, who had a good social perspective, and this perspective was created through a report that I gave him after attending the SC Conference.” (p 3)

Policy Stream

In the policy stream, many policies have to compete with each other for the preference of policymakers. Compared to other policy areas, the SCP is often considered a non-urgent issue because the preventive approach has been neglected in the country compared to the curative approach. The SCP has to compete with other interventions to solve problems. Policy entrepreneurs often defend their preferred policy by finding innovative policy solutions. Accordingly, policy entrepreneurs considered the SCP as a key to safety promotion.

“I came across the topic of SC in studies, and it seemed to me that this was a good and innovative initiative and a model that could work. That is why we started as a pilot.” (p 4)

Innovative policy solutions, to be sustainable, need to be supported by actions that are accepted. The SCP was put on the agenda both through the Ministry of Health and the Municipality, separately and in parallel, with a time lag of several years. In the case of the SCP, policy entrepreneurs tried to implement the program through the Health Network Management Center of the Ministry of Health and the Health System, and in the Municipality of Tehran, through the community hubs. This time lag in implementation, coordination challenges between the two institutions, exacerbated inefficiencies, and initially slowed progress, while each institution could focus on specific priorities without duplicating efforts and allowing for tailored implementation approaches.

“I thought at the time that the SC alone for a few cities could not create a very large movement in the country, and that the health system should look at incidents as one of its priorities. So I thought that if we came in through the Network Management Center, we would be more successful in the SC.” (p 7)

“The Municipality had community hubs with public participation that tried to implement the SCP through them.” (p 5)

The SC program gained more attention by creating enthusiasm for the movement at the executive level.

“We started the first reporting system with computer disks. It had never happened in any health program at that time that they were supposed to send reports on paper... The very act of receiving reports of home visit checklists and simultaneously receiving reports of injuries, in the case of home accidents, made the people involved realize that the country’s health system was fully activated in the field of accident and injury prevention.” (p 4)

However, the sustainability of any policy is determined by its technical and financial feasibility, political support, and compatibility with the local structure of the community. Policymakers evaluate the feasibility of proposed policies.

“Cities like Kashmar and a few other cities were initially piloted to see if they could be implemented in Iran.” (p 4 and 8)

Of course, the Ministry of Health only considered technical feasibility (through health centers) and did not pay attention to financing the program. However, it tried to overcome this problem by attracting political support.

“The governor is the main stakeholder, and the program should be managed through his support. So, the first step in the sustainability of the program is to attract the support of the highest authority in the city.” (p 7)

A program that is compatible with the local community is more likely to be successful. Therefore, through the municipality, the local community was involved in the implementation of the SCP to ensure its compatibility with the local community.

“Because the community hubs that the municipality already had and people went to and were known there, these places had some knowledge of the community and the region, and they even helped to identify vulnerable areas in the community. They recorded their observations, drew or even documented them, and collected information. Through the community hubs, people prioritized their needs and sent them to the SC structure, which was made up of different organizations in the municipality, and they took the program forward.” (p 1)

Anyway, in the Tehran Municipality in 2005-2006, they sought to take a different approach and tried to create a social perspective beyond the service perspective that existed in the municipality.

“The social perspective on health was one of the health issues that were raised in the municipality in those years,

and one of the social issues was the safety issue.” (p 3)

Political Stream

The alignment of upstream laws with the intended policy can have a significant impact on highlighting it. Many laws in various documents are aligned with the discussion of injury prevention and safety promotion and highlight their importance.

“Enjoying social security in terms of retirement, unemployment, old age, disability, carelessness, being stranded, accidents and incidents, the need for health services and medical care in the form of insurance, etc., is a universal right. The government is obliged to provide the above services and financial support to each person in the country, in accordance with the laws, from public revenues and revenues from public participation.” (31)

“Effective monitoring, evaluation, and care (development of surveillance and health system monitoring) and intervention on high-risk behaviors and risk factors for cancers, cardiovascular diseases, accidents and incidents, and the use of any addictive substances such as tobacco, alcohol, narcotics, and non-pharmaceutical industrial psychotropic substances in a way that diseases and their adverse effects reach the lowest level among the countries of the region in the foreseeable future.” (32)

The Health Transformation Plan emphasizes the establishment of a national system for monitoring accidents (both traffic and non-traffic), which indicates the importance and attention paid to this area (32).

Many other documents also emphasize the importance of safety and the creation of infrastructure to improve safety. For example, in the Millennium Development Goals, Goal 11, Articles 11-1 and 11-2, the improvement of the safety of cities and settlements is emphasized.

The impact of political officials’ movements on the prominence of politics is a complex and multifaceted issue. The relocation of political officials can have both positive and negative effects on the political atmosphere. On the one hand, the relocation of officials can bring new perspectives and new ideas to the fore and lead to more innovative and bold policies. On the other hand, the relocation of officials can also lead to instability and uncertainty, making bold decision-making difficult. Regarding the SCP, the presence of the mayor of Tehran during that time made the program more prominent, and his replacement with the next mayor changed the political atmosphere, thereby slowing down the program.

“Mr. X became mayor of Tehran in 2005 and wanted to do something that had an international brand, meaning that issues related to the WHO networks were very interesting to him.” (p 10)

“After the government changed and political officials were replaced, the program lost its essence and appeal.” (p 4)

Policies that align with prevailing ideologies, public

opinion, and party platforms are more likely to succeed.

“It was a lot of talk because it was a tool for advertising and propaganda. For example, in some cities, you might not see a single news story about it in the media for ten years. Something started, and you see it now. So the mayor and his officials were interested in giving this issue a boost.” (p 2)

Agenda-setting is the process of deciding which issues are worthy of public attention and which are not. Political will can influence this process by prioritizing some issues over others.

“What kind of thinking is prevailing on this issue now? At least in our country, Iran, for example, regarding the issue of home accidents, I thought it would be good if we started at the bottom, that is, in the health centers, but it requires an order from above.” (p 4)

Interest groups, businesses, and individuals influence policy decisions through targeted influence to get programs on the agenda. In the case of the SCP, according to some experts, people from the ministry tried to get this program on the agenda through this means after continuing their studies at Karolinska in Sweden.

“15 or 20 people went to Sweden. These were the people who went there and got a PhD and came back and became ambassadors for Sweden and Karolinska.” (p 12)

To elaborate on the role of individuals trained in Sweden, it can be noted that these individuals promoted several initiatives upon returning to the country. For example, many sought to implement health and educational programs modeled on what they had learned in Sweden. They also played a key role in fostering international collaboration, particularly with Swedish institutions and universities.

In terms of aligning ideas with local needs, these groups tried to adapt concepts like resource management, specialized training, and scientific research to local conditions and limitations. Through workshops, conferences, and joint projects, they aimed to introduce modern ideas in ways that fit local needs and cultural contexts.

Policy Entrepreneur

Policy entrepreneurs framed all of the aforementioned issues, and the magnitude of the issue of injuries and accidents, and safety promotion, was highlighted. The attention to the volume of accidents and incidents and the heightened discussion of accidents aligned with the interests of several program stakeholders in the Ministry of Health and Tehran Municipality, and these stakeholders guided the program's entry onto the agenda. Policy entrepreneurship is a phenomenon in which entrepreneurs align with officials to gain privileged access to resources. In the case of the SCP, policy entrepreneurs aligned with prominent figures in the health field and attracted their attention to the program's implementation.

These entrepreneurs facilitated collaboration among experts by forming communication networks such as the Safe Community Steering Council, as mentioned in the Health Council's discussions. Their efforts not only brought attention to contemporary policies but also ensured that the SCP was aligned with up-to-date practices in injury prevention and safety promotion. These strategic actions significantly contributed to the program's advancement and broader visibility.

“Dr. P wrote in his handwriting that this must be done, and it turned out that Mr. Dr. F (then Minister of Health) gave an official order to the entire country in a letter that I had prepared that this work should be helped to be done.” (p 4)

These entrepreneurs could bring together experts and create a communication network. Some experts have mentioned this.

“In the Health Council, through these people, the experts of the health system came together and created the Safe Community Steering Council.” (p 11)

Of course, during that period, entrepreneurs tried to highlight up-to-date policies in the field of injury prevention and safety promotion, and in this way, prepared the ground for the SCP to be placed on the agenda.

“I was in charge of the accident department in the Ministry of Health, and I reviewed the existing programs, and this program caught my attention, which could be put into practice.” (p 4)

Discussion

Various factors influence the development of a safety promotion and injury prevention policy in the policymaking field. In Iran, various indicators and reports have referred to injuries and accidents. Many studies have shown the burden of injuries and accidents on different age groups in both sexes (7, 33-39). In response to the burden of injuries and accidents, safety promotion and injury prevention programs are also developed and implemented. The SCP was also implemented in Iran for this purpose. This is even though, despite epidemiological studies in this regard in Iran, there is a dominant therapeutic perspective (40). However, studies have shown that a paradigm shift towards preventive interventions is crucial to reduce the rate of injuries and accidents and improve and promote safety, and ultimately the health of the population. As emphasized in the study of Esmaili and the study of Yazdi et al (41, 42).

Accordingly, the need for a safety promotion policy was felt. Many studies have shown the need for a coherent and integrated safety policy (43-46). Therefore, the SCP was introduced as a model of safety promotion based on injury prevention in 1989 worldwide, and many countries implemented this program in response to the volume of accidents and incidents (18, 47-49). Considering the program's effectiveness in many regions

that have implemented the program in the world (50-52), entrepreneurs and policymakers in Iran were also interested in putting the program on the agenda.

However, policy sustainability is important. Therefore, its feasibility should be assessed and evaluated. Some studies in the world have examined the importance of feasibility studies for community-based health programs (53, 54). Based on the findings, the present study also emphasizes the need to investigate the feasibility of the SCP as a community-based program and shows that a detailed feasibility study has not been conducted on the SCP. At the same time, to ensure the effectiveness of health promotion programs, it is essential to gain political support (55-57). In this regard, studies have emphasized the need for political support for investment in public health (55, 56). In the SCP, although political support was not properly obtained, the burden of injuries and accidents, and the need for a comprehensive safety promotion policy were issues that affected this issue.

In parallel with the problem and policy streams, a political stream was also formed regarding this program. One of the factors that influenced the formation of the SCP was the alignment of policy with existing laws. Solving challenges related to injuries and accidents and promoting safety in the community have been specifically emphasized in upstream documents (32, 57). In the Constitution, Article 29, the government is obligated to provide services and financial support for accidents and incidents from public revenues and revenues from public participation (31). In the Health Transformation Plan, the establishment of a national system for accident care (both traffic and non-traffic) has been emphasized (32). Of course, during this period, political developments, such as changes in the government or municipality, could affect the continuation of the process of entering and implementing the SCP. The impact of political developments on the implementation of community-based health programs is very multifaceted and important. Political determinants of health can reinforce or influence each other to shape opportunities that either advance health equity or exacerbate health inequalities.

In this regard, the study by Dawes, Amador, and Dunlap showed that political determinants of health create structural conditions and social drivers that affect all health (58). Stuckler and Basu have also shown in their study how political decisions have led to increasing health inequalities and increasing rates of illness and death (59). Such studies, in support of our study, show that health is a political choice and that politics is an ongoing struggle for power among competing interests. Understanding the political context is critical for the successful implementation and sustainability of community-based health programs. Political instability creates an environment of uncertainty, resource scarcity, and policy volatility that directly affects the effectiveness and sustainability of community-based

health programs. In general, strong political will and sustained commitment are effective, flexible, and impactful catalysts for community-based health programs such as the SCP. Strong leadership and support from senior local leaders are the foundation of community-based programs such as SCs (60-62). The Ottawa Declaration also states that governments should move towards public health policies and clearly articulate their political commitment (63). Studies have identified political commitment from leaders, especially local leaders and decision-makers, as a key factor in the success and sustainability of community-based programs (64, 65).

Different streams merge at a specific moment to identify a problem, propose a solution, and instigate political change, which creates an opportunity for policy change (66). These streams converge when a policy window opens. In this case, the Ministry of Health and the Tehran Municipality acted as policy entrepreneurs, coordinating various streams to draw the attention of decision-makers and policymakers to the issues of injuries and accidents, as well as the necessity of implementing the SCP. Through this coordination, the three streams of problem, policy, and politics intersected, leading to the formation of a policy window and ultimately placing the SCP on the agenda.

One limitation of the study was the lack of cooperation from some experts in safety promotion and injury prevention. To address this issue, we excluded those who were uncooperative and recruited individuals who were more willing to participate in the study. Additionally, the unavailability of certain documents related to the implementation and agenda setting of the Safe Community Program posed challenges. To enhance accuracy and focus, we made an effort to utilize the available documents to their fullest extent. These strategies helped reduce research obstacles and created a more favorable environment for obtaining reliable results.

Conclusion

The multiple streams approach focuses on the different dynamics of the problem, solution, and political processes that converge at a convenient opportunity. The problem stream was formed due to the high frequency of accidents and injuries, and the need for an integrated safety policy. The opportunities and threats in this stream led to greater attention to safety problems and the need to formulate appropriate policies. While the problem stream helped to highlight the issues and increase the attention of policymakers, the policy stream played an important role. The policy stream helped to advance the SCP by competing with other interventions to solve the problems and supporting policy entrepreneurs.

The political stream also played an important role in the agenda-setting of the program by influencing political will and commitment to implementing safety policies. Changes in political officials and the transfer of officials had both

positive and negative effects on the political venue. With the changes in political leadership, the implementation of certain initiatives experienced notable shifts. For instance, the establishment of integrated safety policies gained momentum under supportive leadership, resulting in increased allocation of resources and commitment to the SCP. Conversely, some initiatives aimed at advancing community participation in safety measures faced setbacks due to a lack of continuity in political support, leading to delays or partial implementation. These changes underscore the critical role of political consistency in sustaining and advancing community-based programs like the SCP. Policy entrepreneurs played an important role in putting the SCP on the agenda by providing innovative solutions and gaining support from policymakers.

The SCP has demonstrated significant impacts by reducing accidents and injuries, fostering integrated safety policies, and establishing a robust foundation for sustainable improvements in community safety practices.

Authors' Contribution

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Availability of Data

The datasets analyzed during the current study are available from the corresponding author upon reasonable request.

Competing Interests

Not applicable.

Ethical Approval

The ethics committee of Kerman University of Medical Sciences (KUMS) approved the study with a registration ID number IR.KMU.REC.1400.483.

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