Based on the existing evidence, the most important cause of human illnesses and disorders which has recently become more prominent given the modernization of societies is the individual’s lifestyle. In fact, this is one reason for the transformation in approach of clinical medicine toward social or community-based medicine. Lifestyle is the normal activities and daily routines that individuals have accepted in their lives, in a way that these activities influence their health status. Lifestyle is an important concept, which is often used to describe “people’s way of life”, and reflects a full range of values, beliefs, and social activities. Given various aspects such as mental health, family life patterns, individual’s relationship patterns, economical and subsistence matters and other issues, lifestyle pathology is deemed interfering in these areas [1].

Considering the characteristics and key elements that form the structure of modern life such as cultural consumption, type of purchase, quality of recreation, human relationships, cultural weakness of teamwork, lack of respect to reciprocal rights in social relationships, increased number of divorces, driving discipline and culture, unrestrained urbanization, incorrect patterns of healthy recreations, dishonesty, aggressions and intolerances in social relationships, non-rational and illogical processes in fashion design and urban architectures, violations of the individual rights in the media and internet, aversions from law, lack of occupational commitment and social discipline, nationwide neglect of domestic capabilities, consumerism, and development of western modeling mentality, that all in this context are critical [2].

As time passes, people’s concerns and circumstances will completely change and this very change may be the reason of the estrangement between the different generations of the society. Under current conditions, it is necessary to have surveillance and research-oriented units in order to monitor and improve people’s lifestyle in a society as active research care. The steps that can be considered in order to achieve this goal include initial qualitative needs assessment based on the people’s objectivity and not merely based on the existing knowledge according to the Hanlon method, classification of specific priorities of the society on separation of groups and classes in partnership with the people and officials, typology of the different indigenous lifestyles (attitudes, values, modes of behavior, nutrition, moods and tastes), development of local and indigenous lifestyles classified as beneficial and harmful styles, providing feedback to the population with the aim of informing (media) and providing arrangements for educational contribution, determining the historical and social roots of various indigenous lifestyles, finding the root cause of different styles with contribution of local experts based on the Supreme Leader’s statements (demographic factors, biological, communications and supports), defining features of compulsory indigenous life styles.
(unchangeable) as in urbanization and non-compulsory and changeable, defining the most effective, relevant and capable organizations in adjusting and changing lifestyles, defining mass media in changing lifestyles, centralizing small town activities about lifestyle, creating a document bank of lifestyle at the unit, setting up an electronic database system for informing, creating grounds for public mobilization and plan pathology, creating study groups about the Islamic lifestyle, and extracting authentic and religious statements, creating local clusters of stylistics, determining the exact family and non-family parameters effective on the process of formation of lifestyles, determining the exact effects of the generational processes on the manifestation of new styles, determining the effects of excessive population growth and indiscriminate migration to urban areas, defining the effects of utilizing technology and influence of western culture, defining the effects of health of society and social and cultural issues on the process of formation of lifestyles, and determining the effects of national health education program on the formation of lifestyle.

The effectiveness of surveillance units in surveillance and management of illnesses and disorders, and discovery of methods to resolve them has already been proven. Overall, all the needed skills and capabilities for the purposes of creating and achieving the goals of the surveillance units can be divided into nine principles: community needs assessment, defining the unit strategy, defining methodological strategy, defining content strategy, designing principles, implementing, producing content, designing information integration and project management. The performance distinction of these units with the current research centers that are in charge of performing and supporting various researches under the current conditions is that in addition to being specific in the research field in the study of lifestyle of residents of each area, the surveillance units are comprised of active research care method based on needs assessment, diagnosis, reflection and action given their nature and objectives. They are also moving contrary to the current research centers that have passive research care.

It seems with these interpretations, one must apply both active and passive health care to introduce the model of active and passive healthcare in research called Active and Passive Research Care to the society for the first time. By taking advantage of this new approach, much of the missing link in the vicious cycle of applying the research findings (of knowledge translation) are corrected and completed, and practically prevents unproductive research to a large extent. The continuous and regular collection of information on lifestyle, the information analysis and intervention in process of surveying events, are three essential elements which can only be achieved in this field by creating a surveillance unit. This is the most important role of the lifestyle surveillance units.

References