An innovative geographical approach: health promotion and empowerment in a context of extreme urban poverty

Daniel Becker, Kátia Edmundo, Nilza Rogéria Nunes, Daniella Bonatto and Rosane de Souza

Promotion & Education 2005; 12; 48
DOI: 10.1177/1025382305012003011 8x

line. It is difficult to adapt integrated approaches to multiple organisational changes. Evaluation and communication are not easy to establish and implement in practice. Actors in community development have a different approach to evaluation. Proper adjustment of communication to various population groups remains to be found.

The first avenue identified for action was the conception and establishment of concrete strategies. Such strategies would regroup the principles and shared references translated in the format of a charter and the modalities of the actions based on negotiated, rather than imposed, approaches. The development of new project requires time and space.

The second aspect refers to the implication of actors in their appropriate place and corresponding role. Roles of national, regional and local actors must be clarified; the dialogue between financial partners and producers of services must be restored. Community participation should be considered as the foundation of support for policies to reduce health inequities. The accumulated involvement of citizens in local prevention programmes and the integration of services presupposes an assistance to help them organise these activities. The challenge to be taken on is to move from a logic of care consumption to a citizen-centred perspective. In the third instance, the need for developing evaluation, research and training was noted. The steps in the evaluation process should be more firmly based upon implementation, impact and self-evaluation. It consists in starting from the theory of action built by the partners to evaluate the process. The research-actions on health services are absolute priorities. Mixed training programmes which combine actors from different sectors in health promotion should be prioritised.

Two presentations were selected particularly in order to shed light on problems addressed under this theme. The article by Daniel Becker from Brasil illustrates how it is possible, even within the context of extreme poverty, to establish and implement a participatory health promotion programme. It shows how a decisive is the active involvement of the habitants, but also a high level of participation from the decision-makers who come to support the groups, the organisations, the partners, and political action with the aim of achieving more local autonomy. Gérard Coruble's article from France shows how a regional health programme can lead to a framework which structures and facilitates local action. Such a framework must be sufficiently flexible and open in order to allow for its appropriation and the establishment of specific, innovative strategies.

This sub-theme track was rich in facts and proposals, but left the door open to new avenues to explore in the future: How can we transfer the wealth and complexity of these new integrated practices? Who is the most appropriate actor to initiate and accompany the change process? All will agree to consider that "a good local programme gives a voice to the people, helps the true critical issues to emerge, and does not try to protect conflict or cover up injustice, the expectations for the rights of people, strengthen the dynamics and local initiatives" (E. Forichon).

Daniel Becker, Kátia Edmundo, Nilza Rogéria Nunes, Daniella Bonatto and Rosane de Souza

An innovative geographical approach: health promotion and empowerment in a context of extreme urban poverty

Abstract: This article describes and analyses a territorial intervention, the Vila Paciencia Initiative—a local development/health promotion programme implemented in a context of extreme poverty in the western district of Rio de Janeiro. The main goal of the programme was to empower individuals and communities. We emphasise the lessons learned and the potential for integrating them into local and regional health services, which could strengthen community participation and capacity-building and improve the effectiveness and community orientation of primary health care and other public policies directed to geographical development.

Brazil is a country of great social and health inequities, which have aggravated in the last 30 years. (Pochman & Amorim, 2004). More than 1.2 million people live in the slums (*favelas*) and poor peripheries of Rio de Janeiro. They earn on average less than two dollars per capita per day and face a reality of severe social exclusion. In addition to poverty, high rates of unemployment, precarious housing, and environmental problems, *favela* residents are not only highly exposed to violence from organised crime and the police, they lack access to basic public resources such as health services, education, culture, recreation, and social programmes for women, the elderly, and young people (Becker *et al.*, 2003).

In Rio de Janeiro, social indicators worsen as one moves from the centre to the periphery. The community of Vila Paciencia in the farthest district has all of the above problems to a catastrophic degree. Inhabitants began to arrive in the 1960s with squatter removals from the centre of the city. Initially, these dwellings had a temporary character; 40 years later, in ruins, they are still used as housing, surrounded by garbage, rats, insects, and poor sanitation. There are no entertainment or leisure activities, and there are very high levels of poverty and unemployment. Access to health services is difficult and even dangerous, with serious mobility restrictions due to rivalries among local criminal gangs. The stigma associated with living in this place

is perceived as one of the main problems by the residents. The long distance from the city business centre also aggravates the employment difficulties.

Drug trafficking has grown into a powerful organisation in a context remote from the order represented by the State. In Vila Paciencia, drug trafficking dominates community life and social relations. Youth with no opportunities are drawn into crime, which severely restricts the basic rights of residents.

The local school is the only institution. It provides education to 2,000 students and tends to various community needs such as food for families, documentation, and social support while, at the same time, imposing the power of the State and controlling residents. Both the State and organised crime have become sources of oppression that guide community life, decreasing the chances for community organisation (Bonatto *et al.*, 2003).

The Vila Pacienca Initiative

Heath promotion programmes based on territorial interventions seek to empower residents and challenge them to become agents of change. Community empowerment is essential for reducing inequities (Rifkin, 2003) and promoting health and quality of life. Programmes with a community empowerment perspective generally use a bottom-up approach with community-based views and perceptions, and consider an increase in community capacity and power as important for health improvement (Laverack & Labonte, 2000). Recent studies indicate that empowerment, including dimensions such as self-esteem, political legitimacy, social cohesion, and support networks, are important determinants of health status (Wallerstein, 1992; Wilkinson & Marmott, 2003).

The *Vila Paciencia Initiative* (VPI) is a local development programme implemented by a Brazilian civil society organisation, the Centre for Health Promotion (CEDAPS – www.cedaps.org.br). Using participatory methodologies, CEDAPS encourages community development, HIV/AIDS prevention, youth leadership, health promotion in schools, health services reorientation, and community-oriented research programmes. VPI uses the international Program Problem Solving for Better Health® (PSBH) approach as its core methodology (Smith *et al.*, 1994), which was introduced in 1989 by the Dreyfus Health Foundation (DHF), a division of the Rogosin Institute (Weill Medical College, Cornell University, New York) (www.dhfglobal.org). The programme is currently being used in 30 countries. DHF is also the funding organisation for VPI.

Keywords

- community empowerment
- territorial approach
- local development
- participatory methodologies
- evaluation

PSBH, which is known in Brazil as Shared Construction of Solutions, can be defined as a tool to build the capacities of professionals and community leaders, enabling them to prioritise and analyse problems and resources in their communities and organisations and develop projects that contribute to solving the problems. The programme generates action, encourages participation and the sharing of ideas and experiences, and promotes better use of available resources. Programme outputs are practical intervention projects that have a positive impact on community life. A technical team provides development, systematisation, networking, and evaluation support for the projects.

In 1999, CEDAPS and the Rio de Janeiro Municipal Secretariat of Health agreed to promote a social intervention in the region of Santa Cruz based on the Healthy Cities approach. The *Santa Cruz Initiative* was launched in September 2000. After two years, the programme has benefited some 10,000 people and has gone on to focus on a more delimited territory – Vila Paciencia. The central thrust of the programme is to persuade the most vulnerable and excluded people to participate in defining the development agenda.

In February 2002, CEDAPS brought 30 residents, mostly youth from 18 to 25 years of age, on board as development agents to work in community mobilisation activities such as recreation, cleaning campaigns, and sports and cultural events. The selection process included interviews and recommendations by community leaders. A series of participatory learning and action (Rifkin, 2003) workshops involving some 120 people were then organised to develop a shared vision for the future, prioritise problems, and identify available resources. The goal was to enable community members to put their desires for change into concrete form and promote their involvement in defining and implementing the actions they had chosen, a task that is considered central in the literature of empowerment (Rifkin, 2003; Laverack & Wallerstein, 2001).

Based on these elements, a participatory community diagnosis process was launched, with a random household survey (20% of homes) aimed at obtaining information about residents and their perceptions as well as a broader understanding of the local symbolic and cultural universe. The process used a community-oriented participatory research approach (Hills, 2002). The diagnosis generated an extensive report that allowed the community to mobilise around its priorities and helped residents organise discussion forums to define a development agenda.

Based on the results of the diagnosis, priority issues were divided into five themes: education and health; community organisation; housing and the environment; cultural life and recreation; and income generation. The main problems were listed for each of the themes and were illustrated with the data obtained during the diagnosis process.

Corresponding author:

Daniel Becker
Centro de Promoção da Saúde, CEDAPS
Rua do Ouvidor 86, 5º andar
Centro – Rio de Janeiro RJ
20040-030 Brazil
www.cedaps.org.br
Email: danielb@cedaps.org.br

Kátia Edmundo
CEDAPS

Nilza Rogéria Nunes
CEDAPS

Daniella Bonatto
CEDAPS

Rosane de Souza
CEDAPS

Based on these data sets, a workshop was organised in November 2002, which resulted in 45 projects to tackle issues prioritised by the community development plan using available resources to generate small but significant benefits for the community. The project leaders were mainly local residents with no more than four years of formal education.

The follow-up, support, integration, and evaluation process of the network of interventions was aimed at helping the projects achieve the planned benefits. The process included activities such as community mobilisation, visits, meetings, events, and capacity-building of project leaders. A few projects received a little material support while government agencies were asked to support others. Periodic meetings were used to celebrate accomplishments, share difficulties, and strengthen the network. Most projects were directed at issues considered as priorities by the community: child and adolescent recreation, environmental and housing problems, and HIV/AIDS prevention.

Project evaluation

The evaluation of the *Vila Paciencia Initiative* was designed as a dynamic process implemented in partnership with various stakeholders (Akerman *et al*., 2002). It can be subdivided into three complementary sets of activities. The first deals with community development, with indicators derived from the participatory community diagnosis (Bonatto *et al.* 2003). The projects were evaluated periodically using these baseline indicators. Changes in the indicators also reflected the influence of many factors affecting the community in addition to the programme. However, since the indicators were related to priorities defined by local stakeholders, they reinforced community involvement in the programme.

A second set of evaluation activities focused on local actions and used indicators formulated in parallel to the intervention plans of the residents. These activities essentially monitored the impacts of the programme at the micro level. A third set of evaluation activities consisted of qualitative observations of the individual and collective empowerment taking place in the community. In this case, the indicators were based on direct observations and the systematisation of stories and reports of participants about their experiences.

Some aspects of the empowerment can be illustrated by the evaluation results within each of the three sets of activities described. The data obtained from the community plan diagnosis generated a panorama of the life conditions in the community (Bonatto *et al.*, 2003) and provided the baseline for the formulation of intervention and evaluation proposals. A body of exemplar data allowed a better understanding of the situation: "*Regarding occupation, 58.0% of residents, older than 15 years do not work; among the ones who do, the most common jobs are household jobs and cleaning services, all requiring no formal education. Child labour is a serious problem, since 7.1% of the children between 10 and 14 years old work outside their homes (selling candies or begging on street corners for example) against 0.6% of the municipal average (IPEA, 2001). If we consider household jobs, this number rises to 40.1% of children between 4 and 9 years old and 56.7% of children between 10 and 14 years old.*" (Source: PCD – Vila Paciência, 2003)

Data show that the situation in this community was much more serious than that of other poor communities in Rio. The data, validated by local stakeholders, can also be used to help formulate, implement, and monitor local public policies. Supported by such a study, the community can also use such studies to strengthen their negotiation leverage with the State and/or social institutions.

Other aspects must be stressed regarding the importance of the participatory diagnosis. It allowed residents to evolve from passive recipients to active partners in the project development process, producing knowledge and solutions. Throughout this process, individuals and organisations gained skills and developed networks. Participatory community diagnosis also promotes the incorporation of community knowledge, experience, ideas, and energy into social interventions and draws the attention of the media, society, and governments to regional/local inequities.

As for the projects developed by the residents (local actions), evaluation indicators, which were directly related to the vision of the stakeholders, were defined for each plan. An example of this set of evaluation activities can be found in the *Cultural Gateway* project proposed by a local resident, that is, to "*organize a cultural space with a small library, so that 50 kids and teens between 7 and 15 years old living nearby can make better use of their free time, removing at least 50% of them from the streets during one year.*" In this example, the percentage of targeted children and adolescents that regularly visited the library was defined as a process indicator while the number of participating children that showed improvements in school and the average number of children that remained in the streets were used as result indicators. After two years, the library has become a community asset and is attended by several children daily who use the books and videos donated to the library. Another example of a project by a resident is that of K., who works with street kids who lack attention from their parents. Offering recreation activities, K. was able to recruit 25 children and, using a behavioural observation guide, he noted a reduction in the aggressive behaviour of four of them. One of the children had been expelled from school and was able to return, thanks to this intervention. The project was also evaluated based on testimonials from local businessmen. They were suspicious in the beginning, but by the end of the year, following changes in the behaviour of the children, they began to contribute to the project by providing snacks.

Evaluations are based on criteria defined by project leaders, that is, those who experience the problem. A capacity-building process that uses planning tools such as those described above contributes to the empowerment of stakeholders, enabling them to make changes, even if they are only small ones, to their realities with no need for external resources. Syme (2003, p. 6) described "control of destiny" as the ability of people to deal with the forces that affect their own lives, empowering them and adding a political quality to the process.

Some other examples of activities and results obtained by residents illustrate this process. In the area of environmental improvement, residents organised discussions of sanitation problems, the cleaning and unblocking of sewage systems, and the distribution of

hygiene kits and educational materials. Health-related projects screened more than 500 people for hypertension and promoted lice prevention in 300 children. In terms of education and recreation, project leaders were «capacitated» to organise regular sport and recreation activities for 750 children. Collaborations between the CEDAPS team and community project leaders also led to the organisation of several community events. With AIDS being considered by the community its top priority health problem, a Community Centre for STD/AIDS Prevention, which is managed by "capacitated" residents, was opened to provide for the sexual and reproductive health of the community. Lastly, the testimony of a CEDAP team member illustrates the individual and collective empowerment process taking place in the community. *"For the project leader, what matters during the evaluation is the recognition by the community. What counts is to walk down the street and be recognized by the residents, getting in touch with people, becoming more popular. He becomes a reference for those touched by the project. The testimony of people who benefited from the project has much more value for project leaders than the statistical results. Even when projects fell short of leader's desired outcomes they were very satisfied with their actions. Many mentioned the increase of self-awareness and a certain «love» for the community, as they get to know it better.... Thoughts come to mind about the need to search for paths to self-improvement and help improve the conditions of the community..."*

Most testimonies revealed an increase in self-esteem. Residents realised that they were capable of producing change and concrete improvements for their families and community. This psychological dimension is coupled to a potential political dimension, as stakeholders see themselves as persons with rights (Vasconcelos, 2004). A progressive involvement and an increase in community mobilisation was also observed based on what appeared to be a greater autonomy of local residents for organising local actions.

Discussion

The fundamental goal of the *Vila Paciencia Initiative* was to promote the involvement of local residents in the process of improving their health and living conditions. The methodology used (PSBH) contains strategic elements that reinforce this action. A participatory approach guiding the interaction between technical action and popular initiative is the structural axis of the initiative.

Several important lessons have been learned from the *Vila Paciencia Initiative* experience. Many features are now being used in other programmes, including the mobilisation process based on a collective planning process, the participatory community diagnosis, the organisation of community discussion forums, the creation of a network of stakeholder actions through PSBH, and the multi-strategy evaluation methodology. CEDAPS is applying these lessons to AIDS prevention, youth empowerment, school health, and other health promotion programmes in more than 60 poor communities in Brazil. The PSBH Global Network developed by the Dreyfus Health Foundation has also incorporated several elements of the programme, especially in projects in six other Latin American countries (El Salvador, Dominican Republic, Mexico, Costa Rica, Nicaragua, and Peru), where similar community empowerment initiatives have been implemented.

At this point, the project faces serious challenges such as the violence that is ever present in the community life, low participation by local governments, the scarcity of resources, and the small proportion of community residents who effectively participate. The main perspectives of the programme are to continue strengthening local institutions, supporting local stakeholders in the development of autonomous activities, developing advocacy initiatives to promote appropriate public policies, and working toward generating local income.

To integrate health promotion and prevention into local and regional health services, CEDAPS has designed a structured, transferable methodology for empowerment-based interventions in similar contexts. A simplified version of the programme described here is being applied in pilot projects for community-based primary health care services in cooperation with the Rio de Janeiro Municipal Health Secretariat to help teams and community representatives plan and implement integrated health promotion interventions and mobilise residents to solve local problems. This may contribute to increasing the effectiveness and community-orientation of the programme and, at the same time, develop empowerment.

Laverack & Wallerstein (2001) stated that empowerment is better conceived and evaluated as a continuum, with the stakeholders progressing from personal strengthening to the development of small support groups, to community organisations and partnerships, and finally to political action. Social and political changes resulting from the empowerment taking place in the community may not occur until well after the end of the programme. In this sense, the initiative was implemented within the limits and possibilities of a concrete social practice in Brazil, a country of great social inequities. The expectation of the programme is not to cause, in and of itself, over a short period of time, measurable changes and quantifiable impacts. More modestly, it seeks to contribute to improvements in the community, making the movement toward development and political change more understandable. Major changes cannot occur without infrastructure investments and, all the more so, without changes in the broader context. As Pivetta (2002: p.248) mentioned: «there will not be... a 'fantasy island'without the synergy of a State and Nation project that guarantees social, environmental and economic sustainability as a whole».

Conclusion

Our experience shows that a territorial intervention using participatory techniques is a promising way of integrating prevention and promotion into local development and promoting community empowerment designed to increase the autonomy and power of individuals and social groups subjected to oppression and prejudice. The participation of local residents and stakeholders in each step of the intervention process is vital if these programmes are to be transformed into triggers for development and social change. Community empowerment is thus an important element that provides an adequate focus for public policies at the local level and that increases the capacity of communities to improve their quality of life.

References

Kerman, M., Mendes, R., & Bogus, C.M. (2002). Avaliação em promoção da saúde: Foco no «município saudável. ***Revista de Saúde Pública, 36(5),*** 638-646.

Becker, D., Edmundo, K., Santos, S.R., Almeida, L.S., Nunes, N.R., Gomes, E., Lima, I.O., Teixeira, F., & Mattos, A. (2003). ***Pesquisa Participativa sobre a Situação da Infância e Adolescência no Complexo do Alemão.*** Rio de Janeiro: UNICEF e Centro de Promoção da Saúde.

Bodstein, R., & Zancan, L. (2002). Avaliação das ações de promoção da saúde em contextos de pobreza e vulnerabilidade social, pp. 39-59. In Zancan, L., Bodstein, R., & Marcondes, W.B., (eds.). ***Promoção da Saúde como caminho para o Desenvolvimento*** Local. Rio de Janeiro: ABRASCO.

Bonatto, D., Edmundo, K., Becker, D., Nunes, N.R., Marques, R., & Braga, A. (2003). ***Diagnóstico Comunitário Participativo de Vila Paciência.*** Rio de Janeiro: Centro de Promoção da Saúde.

Hills, M., & Mullett, J. (2002). ***Community based Research and Evaluation. Collaborative Action for Health and Social Change-a Workbook.*** Victoria: University of Victoria.

Laverack, G., & Labonte, R. (2000). A planning framework for community empowerment goals within health promotion. ***Health Policy and Planning,*** 15(3), 255-62.

Pivetta, F. (2003). Laboratório territorial como instância para a promoção da saúde–contribuição para as discussões acerca do programa DLIS Manguinhos. In Zancan, L., Bodstein, R., & Marcondes, W.B., (eds.), ***Promoção da Saúde como caminho para o Desenvolvimento Local,*** pp. 247-271. Rio de Janeiro: Associação Brasileira de Saúde Coletiva.

Pochmann, M., & Amorim, R. (2004). ***Atlas da Exclusão Social no Brasil.*** São Paulo: Cortez Editora.

Rifkin, S.B. (2003). A Framework Linking Community Empowerment and Health Equity: It Is a Matter of CHOICE. ***Journal of Health, Population and Nutrition, 21 (3),*** 168-180.

Smith, B., Barnett, S., Collado, D., Connor, M., DePasquale J., Gross, L., McDermott, V., & Sykes, A. (1994). Problem-Solving for Better Health. ***World Health Forum,*** 15(1), 9-15

Syme, SL. (2004). Social determinants of health: the community as an empowered partner. ***Preventing Chronic Disease.*** Available: http://www.cdc.gov/pcd/issues/2004/jan/03_0001.htm

Valla, V. V. (1999). Educação popular, saúde comunitária e apoio social numa conjuntura de globalização. ***Cadernos de Saúde Pública, 15(Sup. 2),*** 7-14.

Vasconcelos, E. (2004). ***O poder que brota da dor e da opressão: empowerment, sua história, teorias e estratégias.*** Rio de Janeiro: Ed. Paulus.

Wallerstein, N. (1992). Powerlessness, empowerment, and health: implications for health promotion programs. ***American Journal of Health Promotion, 6,*** 197-205.

Westphal, M.F. (2000). O movimento Cidades / Comunidades Saudáveis: um compromisso com a qualidade de vida. ***Ciência e Saúde Coletiva, 5(1),*** 39-51.

Wilkinson, R., & Marmot, M. (2003). ***Social determinants of health: the solid facts. 2nd edition.*** Copenhagen: World Health Organization.

Acknowledgements

This article and the programme to which it refers were supported by the Dreyfus Health Foundation, a division of The Rogosin Institute, which is affiliated with the New York Presbyterian Hospital and Weill Medical College of Cornell University, New York.

Résumé : Une approche territoriale innovante : promotion de la santé et *empowerment* dans un contexte de pauvreté urbaine extrême

Cet article décrit et analyse une intervention territoriale, l'*Initiative de Vila Paciencia*- un programme de développement local et de promotion de la santé mis en œuvre dans un contexte de pauvreté extrême dans le district ouest de Rio de Janeiro. Le but principal de ce programme était l'*empowerment* des individus et des communautés. On a mis l'accent sur les enseignements tirés de l'étude de la situation et sur la possibilité de les intégrer dans des services de santé locaux et régionaux, ce qui a permis de renforcer la participation communautaire et le développement des capacités, et d'améliorer l'efficacité et l'orientation communautaire des soins de santé primaires et des autres politiques publiques de développement territorial.