

Urban health, social participation, and praxis: experiences in Brazil and the United States

Saúde urbana, participação social e práxis: experiências no Brasil e nos Estados Unidos

Nina Wallerstein*, Paulo Santos de Almeida**, Elizabeth Dickson***, Lorenda Belone****, Prajakta Adsul*****, Belkis Jacquez*****, Christina Alaniz*****, Rosilda Mendes*****, Marco Akerman*****

usjt
arq.urb

número 38 | set - dez de 2023
Recebido: 16/08/2023
Aceito: 16/11/2023
DOI: 10.37916/arq.urb.vi38.684



*Center for Participatory Research, College of Population Health, University of New Mexico, Estados Unidos, nwallerstein@salud.unm.edu

**Escola de Artes, Ciências e Humanidades da Universidade de São Paulo, Brasil, psalmeida@usp.br

***University of New Mexico, College of Population Health, Estados Unidos, edickson@salud.unm.edu

****Center for Participatory Research, College of Population Health, University of New Mexico, Estados Unidos, lorenda@unm.edu

*****Center for Participatory Research, College of Population Health, University of New Mexico, Estados Unidos, PAdsul@salud.unm.edu

*****Center for Participatory Research, College of Population Health, University of New Mexico, Estados Unidos, ByJacquez@salud.unm.edu

*****Center for Participatory Research, College of Population Health, University of New Mexico, Estados Unidos, cnalanz@salud.unm.edu

*****Universidade Federal de São Paulo, Brasil, rosilda.mendes3@gmail.com

*****Faculdade de Saúde Pública da Universidade de São Paulo, Brasil, marcoakerman@usp.br

Keywords:

Quality of life.
Engagement.
Local.

Palavras-chave:

Qualidade de vida.
Engajamento.
Local.

Resumo

Sustainable cities need considerations of social participation toward the real changes to the inclusions and better decisions on own driving. Social participation within Urban Health and research by community social actors worldwide has been built on effective contribution of community participation, to social movements and organizing for health and social justice. This paper builds on this perspective to expand our global knowledge about community participation in research through a dialogue between experiences and contexts in two countries in this approach, the United States and Brazil, considering the urban effects and inclusions. We first focus on differences in political and scientific contexts, and academic perspectives and then present how, despite these differences, similarities exist in values and collaborative methodologies aimed at engaging community partners in democratizing science and knowledge construction. We present a set of case studies, from the U.S. and from Brazil, which illustrate similar multi-level processes using participatory research tools to contribute to social mobilization, community empowerment, and the transformation of inequitable societal conditions in urban centers toward sustainable cities. Despite different processes of evolution, we observed a convergence of participatory health research strategies and values that can transform science, and ambience in our commitment to reduce health and social inequities and improve community wellbeing.

Abstract

Cidades sustentáveis precisam de considerações de participação social para mudanças reais nas inclusões e melhores decisões sobre a própria condução. A participação social na Saúde Urbana e a pesquisa de atores sociais comunitários em todo o mundo foram construídas com base na contribuição efetiva da participação comunitária, nos movimentos sociais e na organização pela saúde e justiça social. Este artigo se baseia nessa perspectiva para expandir nosso conhecimento global sobre a participação da comunidade em pesquisas por meio de um diálogo entre experiências e contextos em dois países nessa abordagem, Estados Unidos e Brasil, considerando os efeitos urbanos e inclusões. Primeiro, focamos nas diferenças nos contextos político e científico e nas perspectivas acadêmicas e, em seguida, apresentamos como, apesar dessas diferenças, existem semelhanças em valores e metodologias colaborativas destinadas a envolver os parceiros da comunidade na democratização da ciência e na construção do conhecimento. Apresentamos um conjunto de estudos de caso, dos EUA e do Brasil, que ilustram processos multiníveis semelhantes usando ferramentas de pesquisa participativa para contribuir com a mobilização social, o empoderamento da comunidade e a transformação de condições sociais desiguais em centros urbanos em cidades sustentáveis. Apesar de diferentes processos de evolução, observamos uma convergência de estratégias e valores de pesquisa participativa em saúde que podem transformar a ciência e o ambiente em nosso compromisso de reduzir as desigualdades sociais e de saúde e melhorar o bem-estar da comunidade.

Introdução

The sustainable city is of fundamental importance for the development of a balanced society. This balance will depend on how democracy can be built and maintained in a participatory way.

The urban health system to the population may be a channel of freedom for social participation and socioeconomic balance. Inequalities arise in cities, especially when they are deficient in offering decent living conditions and, therefore, fail in their essential foundations for guaranteeing human rights. The vast inequalities in regions world-wide, aggravated by political and/or military domination and macroeconomic structural adjustment policies in the 1960s and 1970s, became the backdrop and starting point for a new vision of health promotion that came from the Ottawa Charter of the importance of social participation to improve health equity (Wallerstein et al, 2011).

The persistent socio-environmental degradation and inequities witnessed in large and medium-sized cities demonstrates that much must be done to project a more welcoming and responsible future between society and the government in its territorial limits.

The organization of communities with social participation continues to be an important, resilient and strong strategy to induce public policies at the local and regional level, where changes can generate great evolution for people's quality of life and expand the being of integrated and active communities.

For this, the growth of participation in research and evaluation, with action research, participatory action research and community based participatory research (CBPR) as the most well-known terms and the recognition of determinant knowledge and discourse that strengthen the focus on broader political and political targets of change (Wallerstein et al, 2011).

Identifying and promoting the potential for community participation with academic involvement assumes the integration and existence proposal produced by Paulo Freire's legacy always includes the best information for the population as the essential instrument to access the equity and defeat inequity (Santos & Ferreira, 2023).

As essential importance of participation and democratic linked systems get an

experiential evidence that community power can protect and improve health, and other systems of participation, that population has to get the strategies to become democratic toward building the equities (Iton et al, 2022).

We brought together two teams, from a major developed nation, the United States, and a major developing nation, Brazil; and cities within them, the very large metropolitan city of Sao Paulo, and the medium size city of Albuquerque, New Mexico, to talk about these issues. To think about similarities and differences and mutual learnings about social participation and health, we asked ourselves these questions and have been engaged in dialogue to create this article.

1. What is the context and history of the language of social or community participation used in each country?
2. What are the necessary public health strategies and structural spaces to make a city integrated and sustainable, relating it to other socio-environmental interests, as a result of social/community participation and social inclusion?
3. Taking one of our own public health and participatory research experiences, how are community/social participation, social inclusion and/or community power processes integrated and operationalized?

We see differences in the contexts and perspectives of social participation, but we all are committed to participatory programs, processes and research in our work. This is a paper written by academics who have deep values of social justice and often work in social participation through our engagement in participatory research with communities. This paper starts with presenting our national contexts and histories that frame the possibilities and limitations for social participation and health. We then offer a dialogue on these issues among experiences in the US and Brazil, and consider the broader applicability of these issues to the development of cities and the guarantee of fundamental rights through social participation. In conclusion, we return to our questions, looking at social participation and social movements with CBPR, to encourage greater integration in decision-making for health promotion as an instrument and strategy for the development of a sustainable, healthy city to enhance community transformation with social participation and the belief in democracy and hope for our future.

Historical Context of Countries and Social Participation:

Brazilian Context

Still considered a young democracy, Brazil, after the revitalization of its republican structures with the Federal Constitution of 1988, sought to remodel and build a more participatory and solidary society.

Supported by the design of the North American Federal Constitution, but with a substantial difference in the limitation of regional and local powers, the Brazilian federative system has been supported by a system with federal power of national control, and regional control with the States acting at a lower level than the federal level but with joint action. The local power - developed by the municipalities, is limited to the interests of the localities in conjunction with the regional and federal system. Despite this apparent distribution of powers, it is up to the Federal Power to produce and maintain the general norms, subjecting states and municipalities only to additional supplements.

Brazilian social participation is an objective of public power and society. The fight against discrimination and inequality has been the focus of large organized social movements ("MST", Unions and NGOs) to resist socioeconomic oppression and imbalance between market interests and corrections of historical and authoritarian periods in the Brazilian scenario that allowed the great imbalance against the vulnerable population in health, racial, economic, environmental and gender issues.

Social participation in Brazil can be defined as multiple actions that different social forces develop with the objective of "influencing the formation, execution, inspection and evaluation of public policies in the social area (health, education, housing, transport, etc.)", simultaneously expressing particular conceptions "of the Brazilian social reality and specific proposals to face the problems of poverty and exploitation of the working classes in Brazil" (BRASIL apud Valla and Stotz, 1989, p. 6). The Brazilian Federal Constitution (1988) guaranteed the right to social participation and associated it with the so-called social control, based on the assumption that the Brazilian State recognizes that social participation contributes to building democracy, strengthening citizenship and improving the performance of society. Public administration. The idea of social participation implies understanding that society is multiple and its interests are multiple; moreover, it implies the idea that together we think better and

decide more fairly and democratically. The different social forces are organized and developed with the objective of influencing the formation, execution, supervision and evaluation of public policies in health, education, housing, transport, environment and in many other areas, aiming at their particular and collective interests. (Sao Paulo's State, sd).

Social movements in Brazil began to occupy more space with intensity in the active life of society during the 1990s, and increasingly leading changes in behavior and the renewed guarantee of rights. NGOs, communities and collectives of people began to take advantage of legal freedoms and thus developed the possibility of broadening criticism and savoring more solidarity and equity. However, this path of conquests is not finished. The desire for a more tolerant and balanced society continues as an inherent goal of quality of life to promote better health conditions, participation and collectivity where there can be an open space for dialogue and the implementation of affirmative public policies.

In order for this current social movements' scenario in Brazil, it is necessary to outline a broader frame of reference, it is related to the conjuncture that constitutes the sociopolitical and economic field, in which the movements occur. There are new configurations and trends that can be observed as new movement types, demands, identities, and repertoires. Then multi-class movements proliferate; movements have emerged toward beyond national borders, are transnational, but movements with secular demands such as land to produce (No Land Movement) or to live their way of life (indigenous peoples), that they have also emerged with force; strengthening of identity movements, which claims for cultural rights and to fight for differences ethnic, cultural, religious, and national. The emergence of new communitarian movements due to social programs and projects stimulated by social policies; also several innovations were created in the field of popular organization, such as networking and greater awareness of the environmental issue. The emergence of new actors organized in NGOs with associations, creation of mediation channels, and numerous new social programs; building the meeting demands were institutionalized (GOHN , 2011).

National US Context

Since its beginnings, the U.S. has faced contradictions in its ideology which has called for democracy and individual freedoms, yet with simultaneous condoning of slaveholding and genocide of indigenous peoples. Unlike Brazil, which re-wrote its constitution in 1988 after the military dictatorship to include a commitment to solidarity and social participation with the ability to enact far-sweeping national policies, the U.S. has strictly adhered to its constitution built on federalism. Federalism has meant a division of authority between the federal government which can enact policies related to inter-state relationships, declarations of war, or other national areas of interest, yet equal authority is retained by states and their localities to enact their own policies and strategic directions.

As federal policy for example, Brazil requires all its citizens to participate in elections, and has built in social participation with citizen's councils in multiple levels and sectors, including in the 1988 re-writing of its constitution. The U.S. on the other hand supports voting only as a voluntary activity, with many state legislatures in recent years creating far-reaching barriers to democracy by enacting laws to restrict voting. With individualism a prime ideology, there is no language in the U.S. constitution that calls for solidarity or for mechanisms that support social participation.

Despite the dominant U.S. individual freedom ideology, there is also a long, if often siloed, history of activism, resistance to oppression, and resilience of communities. The abolitionist movement and the post-civil war organizing by African-American communities during Reconstruction, the late 1800s Settlement Houses in immigrant communities, women's suffrage, and labor organizing were early movements that all sought to redistribute the wealth of America to disenfranchised communities. Later from the 1950s, community organizing movements have included civil rights, anti-Vietnam war, women and American Indian movements; lesbian, gay, bisexual and transgender organizing; disability rights; marriage equality, rights of immigrants, and fights for environmental and climate justice. During COVID, the murder of George Floyd, sparked Black Lives Matter and other BIPOC (Black and Indigenous People of Color) organizing, re-invigorated a unifying Poor People's Movement, and re-opened both the demand for external recognition and resources, as well as a reliance on internal community resilience.

Participation in the health domain started with the 1960s War on Poverty and the call for "maximum citizen participation," with citizen councils becoming a cornerstone of the neighborhood health center movement. Participatory health research has a more recent history, starting with the official declaration in the 1985 Heckler Report of health disparities in Black and Minority populations, and a growing recognition that communities needed to be involved to reduce inequities, including in the research arena. With the 2005 World Health Organization Commission on Social Determinants, the U.S. Department of Health and Human Services also began to shift its language in Health of the Nation documents to include health equity. These changes have been key to promoting possibilities for participation in the U.S.

While social participation occurs across many sectors, a specific social justice-oriented form of research, called community based participatory research (CBPR) in the U.S., started in the 1990s in public health, based on democratic co-creation of knowledge and academic-community partnerships. CBPR has drawn from the Global South inspiration from Brazilian educator Paulo Freire and other activist researchers from the 1970s in Latin America, as well as Asia and Africa (Wallerstein et al, 2018; 2020). CBPR embraces the philosophy of starting from the strengths of communities and involving them equitably to co-produce knowledge for social action to improve health and reduce health inequities. While CBPR has grown in influence in the U.S., social participation in research still remains a problematic concept. Many researchers have used the term of community engagement only as a utilitarian concept focused on recruiting minorities into research projects, instead of a social justice orientation of shared leadership and community-driven research. Increasingly however, activist scholars and scholars of color in particular have entered the academy with goals of returning benefit to their own communities (Belone et al, 2018).

Communities themselves who have been part of community engaged research, are also increasingly demanding equal power, which has influenced foundation and government funders to require evidence of social participation to have their projects funded. American Indian/Alaskan Native Nations (AI/AN) have required the use of CBPR in their communities based on the fact that western traditional approaches to health research has often failed because there is little to no acknowledgement of historical trauma and settler colonialism (Alfred 2009; Brave Heart 2003; Duran & Duran, 1995) and that Indigenous knowledge is undervalued and underutilized

(Christopher et al., 2019; Hicks et al., 2012) in health research. AI/AN request for utilization of CBPR is because it facilitates research to be culturally-centered (Belone et al., 2017; Lucero et al., 2020; Wallerstein et al., 2019) and creates research partnerships between the academy and AI/AN communities to develop effective interventions to address behavioral and mental health disparities (Belone et al., 2016; Gittelshon et al., 2020; Mohammed et al., 2012; Whitesell et al., 2018).

Brazilian Case Studies in Cities Across Countries:

São Paulo/SP - BR

In the State of São Paulo, in the Southeast of Brazil, the city of São Paulo is a megalacity with almost 12 million inhabitants and an area of 1,521.11 km² (587,3039 sq. mi), and the main financial center of this country with the issues and challenges to keeping the equality and balance of the people in society. According to IBGE (2010), the population of the city of São Paulo was approximately 37% to the self-declared Black (black and brown); 2,2% Asiatic, and 60,6% White.

The public managers and civil society with the implementation of a direct democracy system that involves normative, administrative, transport, and pedagogical aspects have to include the creation of active citizenship centers and permanent municipal councils, among several other participation negotiations (Instituto Cidades Sustentáveis, 2023). Defining that by incorporating citizen participation as a municipal management method (including urban and rural areas), that accepts the understanding that the priorities of this local government can and should be convergent and agreed upon between legislators and the population. Directly, it means recognizing participation as an instrument to ensure understanding of the local reality, people's demands and needs, their desires and aspirations, indicating openness to dialogue and willingness to be transparent, with the counterpart of society's co-responsibility for decision-making. Involving different social actors in the political debate, deliberation and decisions that influence their lives also reaffirms the importance and commitment of management to the elaboration of structuring public policies, which contribute to the construction of a better city, strengthening democracy for the development of a just, inclusive and sustainable society.

In this line, the inclusion of a system of interconnection of data and actors in the field of health could provide greater integration and transparency of information and

knowledge. Through CBPR - Community-based Participatory Research, it allows the use of instruments of participation, dialogue, and inclusion to encourage more help, in addition to legal formality, the implementation of socio-environmental justice with discussion and dialogue on social demands such as racism, inequality, safety, and quality of life.

The recognition of participation as an emancipatory and democratic instrument strengthens the quality of citizenship and makes political functionality more effective. In addition to the system form of social participation understood in normative spaces, one must consider; administrative; transport, and social organization, and the pedagogical, importance of research and data sharing in the field of health, specifically, considering urban health also as an instrument to inherently promote the integration of these areas of action of the city. Undoubtedly, this transformation goes through a cultural transformation, which enables the incorporation of citizen participation as a method of managing local power, reaching not only the city but also its rural area with permanent social support supported by the rest of the government system.

An initial measure can be carried out by forming municipalities, citizenship centers, and public consultations. Although in the formal administrative aspect, these are paths predisposed by national legislation, the systemic involvement of the municipality is fundamental for the improvement of local power, mainly with the possibility of training social leaders who discuss their demands and organize possible decision-making to better implement access to a healthy quality of life considering that in Brazil we have universal access to health promoted by the Federal Constitution, therefore, at a national level in the Brazilian territory.

Brazil Case Studies with Distinct Populations:

The Park Augusta social-participation. The Park Augusta is pointed to as an experience of resilience and social participation in recreation and health to show the importance of the relationship of health, well-being, and interesting integration in society.

With an approximate extension of 24 thousand square meters, split between two plots formally registered in different registrations (one of 7.6 thousand square meters, another of 16,133 thousand square meters), an area contemplated in dispute is in the center news and the struggles of groups organized for the recovery and

preservation of a green area in the central region of the capital of São Paulo, object of pending and uncertainties results of the persistence of such a conflict, illustrating in the controversy whether there is – or not – opportunity and permission to depend on public resources for the creation of a park in that locality, the so-called "Parque Augusta". On August 10, 2018, the Municipality of São Paulo entered into a new agreement with the developers for the consolidation of the Park Augusta as a common good of the people. This agreement was formatted with the involvement of civil society associations (namely, a *Samorcc – Sociedade de Amigos, Moradores e Empreendedores dos bairros Cerqueira César, Consolação e Jardins; Amacon – Associação de Moradores e Amigos do Bairro da Consolação e Adjacências; e Movieco – Movimento Ecológico*), in addition the Prosecutors of the Public Ministry of the State of São Paulo, the Municipal Legislative Power and the Judiciary Power of the State of São Paulo. The object of the agreement brought the obligation of the developers to donate the properties located in the quadrilateral of Ruas Marquês de Paranaguá, Rua Caio Prado and Rua Augusta, in addition to paying indemnities to the Municipality of São Paulo, with the counterpart to receive constructive potential from the Municipality to be applied in any other region of the city or, eventually, alienated in the market (Marques Junior, 2019).

Academic Social-Participation Experience. Another view about a good experience for building participation can be found in the academic sector. The University of Sao Paulo School of Public Health has offered summer courses in "Participatory research and Empowerment" and for multiple years has created a network of facilitators and participatory research projects, called "Multiplas Sementes" (Many Seeds). This collaborative training network is made up of several universities: Center for Participatory Research, College of Population Health, University of New Mexico (USA); the Faculty of Public Health of the University of São Paulo; the Federal University of São Paulo; University of Brasília; Federal University of Minas Gerais; Federal University of Pernambuco; Pontifical Catholic University of Rio de Janeiro; State University of Bahia; Federal University of Goiás and the University Estácio de Sá- Rio de Janeiro. This group aims to share tools and reflections on CBPR, foster a collaborative network of multipliers and participatory research centers for local development and democratization of knowledge, and expand the training and research network. Used

as a reference, the experience and studies of the "Engage for Equity: Advancing Community Engaged Partnerships" initiative from the Center for Participatory Research, University of New Mexico, which has been active in training, in research to improve participatory methodologies and in evaluating the results of partnerships between universities and communities. Its scope is the creation and implementation of workshops, training tools and development of resources to strengthen the practices of participatory methodologies in different places to achieve equity in health through interdisciplinary, intersectoral educational practices committed to critical learning.

U.S. Case Studies with Distinct Populations:

Albuquerque/NM - US

Albuquerque, the largest city in the center of New Mexico, has 600,000 people, with a state total of 2.1 million population. NM is a majority/minority state, that is with racial/ethnic minorities greater than 50% of the population; with a long history of colonization, including from the U.S. conquest of the New Mexican territory, taken from Mexico in 1848. New Mexico is the fourth poorest state in the U.S., with 24 % children in poverty rate, with 49% Hispanic/Latino, 11% Native, 3% Black, 2% Asian, and 35% White. With these populations, New Mexico also has a rich cultural heritage, with Albuquerque surrounded by 24 Native Nations that include 20 Pueblos, three Apache Tribes, and the Navajo Nation all of whom exercise sovereignty and self-determination. The Hispanic/Latinx populations, living in both rural and urban settings, are drawn from the original 17th century settlers from Spain and from more recent immigrants, primarily from Mexico and Central America. While the state is predominantly rural, Albuquerque is its central urban core and holds the full diversity of New Mexican populations as well as the constellation of overall urban influences and inequities, similar to other large U.S. cities. It is with this diversity of populations that we present several vignettes of community based participatory research, in Albuquerque and New Mexico, to consider how social participation and social movements have the potential to influence the health of the city.

CBPR with LGBTQ+ Communities: Growing need for research that addresses inequities experienced by the LGBTQ+ communities¹, (Adsul, 2022a) requires a

¹ <https://guides.loc.gov/lgbtq-studies/introduction>

grounding in participatory approaches, given the systematic, historical and ongoing discrimination for this community. Engagement approaches with the LGBTQ+ community build on the substantial history of organizing and advocacy that begin with the Homophile Movement² in the 1960's and those that continues to this date with growing US legislative actions against the community³. Supported by this rich history, engagement and participation within the community is associated with health, and in⁴ in recent years it has moved to a substantial web and social media presence. A recent systematic review reported that peer connection, identity management, and social support may be important pathways through which social media could support the mental health and well-being of LGBTQ+ communities. These unique considerations have directed our research team in Albuquerque to engage with the LGBTQ+ communities using both in-person and social media/web-driven strategies. In addition to qualitative forms of inquiry that include interviews and discussions, we have engaged the LGBTQ community in online discussion boards and the community engagement studios (Adsul, 2022b), collectively informing our approach to develop communications and health interventions using a community-based participatory research approach.

CBPR in Schools: School settings within New Mexico are as diverse as our state's population. Publicly funded by state governments, governed by locally elected school boards, with local authority to implement education policy, schools are not always the place where healthcare is easily delivered. However, it is often at the school-based health center or school nurse office where students may find the critically important support and attention they need to stay safe, healthy, and in school to meet important educational milestones. As a CBPR researcher working with school health staff to improve adolescent health outcomes both in Albuquerque and in rural areas of the state, we face unique challenges. Multiple community-facing organizations feel responsible for improving children's health and education, and each offers different levels of community identity. We have found it important to center the lived experiences of school health staff and young people during challenging debates and discussions around what health care and health education should be offered in school settings (Dickson et al., 2019; Dickson & Brindis, 2020; Dickson et

al., 2023). Including a CBPR approach when addressing health access to vulnerable student populations provides the opportunity to improve student's health and education outcomes while building relational trust across communities (Beattie et al., 2021).

Research with Indigenous Communities: As a Navajo CBPR researcher who is grounded in service to American Indian/Alaska Native (AI/AN) communities (Belone, Griffith & Baquero, 2018), it is important that these communities have an active role of social participation in the research process, so that principles of CBPR can align with AN/AN values of relationships, responsibility, and trustworthiness (Belone & Werito, 2022; Werito & Belone, 2021). Whether in rural tribal communities throughout New Mexico or in Albuquerque, with its diverse community of urban Natives from multiple tribes, AI/AN principles remain collectivistic, with an importance of family and clan relationships which brings multiple responsibilities at the family, community, and tribal levels. Therefore, CBPR allows researchers to be socially responsible to their research partners, to acknowledge the community and tribal origins as the unit of identity, to facilitate reciprocity, and to encourage bidirectional learning. CBPR also allows the researcher to navigate and exist within the academy while at the same time being allowed to value AI/AN ways of knowing and ways of interacting with communities (Belone, 2010; Belone & Werito, 2022; Belone, Griffith & Baquero, 2018).

The University of New Mexico, as the largest research and education institution in the state, is located in Albuquerque, and therefore provides a physical, social, and administrative central space for providing capacity-building in CBPR and social participation with multiple groups of stakeholders.

CBPR Institute Graduate Course: The CBPR Summer Institute is held annually at the University of New Mexico by the Center for Participatory Research. It originated in 2010 as a course for public health graduate students, while it now welcomes students of any major, faculty, researchers, community members, academic/community teams, health professionals, activists, and others. Participants gain an understanding of the challenges and benefits of CBPR through published articles,

² <https://guides.loc.gov/lgbtq-studies/introduction>

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9679591/>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7282985/>

presentations on partnerships with community partners, group dialogue, interactive and engaging activities, and continual self-reflection or reflexivity. The history, key principles, and applications of CBPR practice are introduced, along with the theory behind it, with contributions from the UNM Engage for Equity tools (Wallerstein et al, 2020; Parker et al, 2020). With the combination of methodologies that center indigenous knowledge and dialogue rooted in Paulo Freire's philosophy, the CBPR Institute is able to create a participatory setting within a typically academic space. This allows for a unique approach to learning that supports an emancipatory and empowering pedagogy. Participants are provided with various opportunities to connect within this community, interacting with each other and with the facilitators. Group and individual reflection push participants to integrate their learnings into their own work following the Institute. Through the Institute's application of the core CBPR principles throughout the teaching of the course, participants are challenged to unlearn the traditional research methodologies that center the academic perspective. A range of professionals representing numerous fields including public health, sociology, political science, medicine, and education, have taken part in the Institute, bringing their new perspectives of how to work in partnership with communities and with goals of social participation back to their own work. The CBPR Institute provides an opportunity for individuals to learn how to apply participatory and radically inclusive research within their own disciplines, which is crucial to tackling health inequities.

Community-based Participatory Action Research (CBPAR) Workshops for Communities: The New Mexico Academic Health Department (AHD), established in 2021, is a partnership between New Mexico Department of Health, New Mexico State University, and University of New Mexico. This partnership cements the state-wide commitment to strengthen the connection of academia and practice through workforce development, research, and interventions. The partnership unites public health practitioners, community partners, and organizations from across the state to work together in addressing health disparities and improving health equity outcomes of New Mexicans by reinforcing the public health infrastructure. Biostatistical support, fieldwork experiences for students, and statewide training are some of the moving parts of the AHD that will lead to these desired outcomes. The Community-based Participatory Action and Research (CBPAR) Workshop is one of the state-wide training opportunities being developed through the AHD. This Workshop was built from the graduate CBPR Institute at UNM and from an Empowerment and CBPR

curriculum offered in Brazil by Wallerstein and Mendes (authors of this article) and with many other Brazilian colleagues who are members of "Multiples Sementes," a network of facilitators and faculty from nine Universities in Brazil who have collectively offered a similar training through the country.

In New Mexico, the CBPAR workshop training of seven modules has been designed to offer a pragmatic toolbox of activities and methods for community partners grounded in New Mexican health priorities, culture, histories, and peoples. The CBPAR Workshop modules consist of virtual and in-person training pinpointed at the outcomes, partnerships, and processes, and context of different project groups from across the different public health regions.

Conclusions

Social participation is a major challenge for cities. Among the forms of participation pointed out in this article, the importance of the range of actions and spaces to build and allow more reception to people, which can evolve towards a broad form of health in the sense of inclusion, empowerment, and belonging, is increasingly demonstrated.

Despite the different forms of the solution, it was observed that the problems are similar even though the comparisons between the cities of São Paulo and Albuquerque express their own qualities in terms of territorial size and populations. Dealing with "health" in a broad way allows an integrative look between people, actions, and solutions in the most varied aspects of experiences presented, such as gender, family, hospital system, and leisure. All these are linked by the dynamism of social participation. One of the major similarities is the role of universities in cities that create social, administrative, research and educational spaces for capacity building and promotion of social participation. Academic institutions, in particular, promote opportunities for participatory research and participatory education as applied approaches with community partners working with their academic partners to address major issues of social and health inequities.

In São Paulo, the solidarity envisaged is an objective of Brazilian's Constitution to keep building an equal society that can depend more on popular participation actions in the face of the inertia of the governments. Because of this reason, social movements and methodological initiatives of engagement and participatory actions are

instruments for training and also for social mobilization. Through the scope of participatory health initiatives associated with the conduct of inclusive public policies and social participation, it has been possible to increase expectations for a more equitable, democratic society with freedom for criticism and decision-making that are more consistent with the purposes of solidarity foreseen in the systems of powers in Brazil.

Within the federalism of the United States, states have much more autonomy to enact their own policies related to citizen and social participation. As mentioned earlier, voting for example has become a political minefield, with many states seeking to restrict voting and others to liberalize its access. Social movements have been part of U.S. life, yet often they have been historically fragmented and have struggled to be recognized beyond being in the margins of society. Since the late 1960s, there have been increasing efforts for the development of multi-cultural and multi-sector movements that have sought to unite the nation. These have included “Occupy Wall Street,” which in the 1980s promoted the idea that 99% of us are connected and need to organize against the corporate greed of the 1%. Since COVID, the multicultural BIPOC movements have sought alliances to challenge major social, racial and health inequities.

Community based participatory research has provided an opportunity for many of us to promote the value of social participation through honoring co-production of knowledge from communities, other stakeholders, and academics working together. In the U.S., the American Public Health Association (APHA) hosts two caucuses, the Community Based Public Health Caucus, promoting CBPR; and the Spirit of 1848 Caucus, providing opportunities for people from distinct ethnic/racial communities, gender and sexual identities, and class backgrounds to work together to expose inequities and to seek strategies for change. In Brazil, the “multiples sementes” network has brought together participatory researchers from all over the country in a relatively new co-learning network, with ABRASCO, long supporting working groups in health promotion and other equity-based areas that espouse social participation.

In summary, it was noted that the dialogue and experiences highlighted here in health and social participation are directly related to the desire to promote good quality of life associated with social integration to keep democracy increasingly alive and effective in society through "praxis" and resilience, in the best transforming spirit of Paulo Freire.

Acknowledgments

Coauthor Paulo Santos de Almeida expresses his gratitude to the USP/CAPES Print Program (Edital 32/22) for the financial support for the development of the Visiting Scholar project at UNM in 2023.

References

- ADSUL, Prajakta; NAIR, Uma S.; TAMI-MAURY, Irene; MADHIVANAN, Purnima; KANO, Miria. Incorporating Participatory Approaches and Implementation Science Toward an Integrated Research Paradigm to Promote Equity in Cancer Prevention and Control Research for Sexual and Gender Diverse Populations. **Annals of LGBTQ Public and Population Health**. v 3.1: 41-62. 2022. Disponível em: <https://connect.springerpub.com/content/sqrlgbtq/3/1/41?implicit-login=true>. Acessado em: 15 ago. 2023.
- ADSUL, Prajakta; MYERS, Katie; JAFFE, TALYA; et al. Centering community voices through community engagement studios for dissemination of and engagement in research. Presentation at the **American Public Health Association Annual Meeting**. 2022. Disponível em: <https://apha.confex.com/apha/2022/meetingapp.cgi/Paper/514484>. Acessado em: 15 ago. 2023.
- BEATTIE, Helen M.; FITZGERALD, Courtney A.; HOLMES, Breena. Impact of Engaging Students in Health Survey Data Analysis and as Full Partners in School Change: Results From a Mixed Methods Study. **Health Promotion Practice**. Disponível em: <https://doi.org/10.1177/15248399211048461>. Acessado em 15. Ago.2023
- BELONE, Lorenda et al. Academic positions for faculty of color: combining life calling, community service, and research. In Wallerstein, Nina; et al (Eds.), **Community-based participatory research for health: Advancing social and health equity**, 3a. ed., p. 265–271). San Francisco, CA: Jossey-Bass. 2018.
- BELONE, Lorenda; WERITO, Vincent. K'é Bee 'Ahi'na'anish: Mentorship while utilizing a Diné-Centered Community-Based Participatory Research Approach. In VALLEJO; WERITO, Vincent (Eds.), **Transforming Diné Education: Innovations in Pedagogy and Practice**. University of Arizona Press. 2022.

BELONE, Lorenda; TOSA, Janice; SHENDO, Kevin, et al. Community based participatory research principles and strategies for co-creating culturally-centered interventions with Native communities: A partnership between the University of New Mexico and the Pueblo of Jemez with implications for other ethno-cultural communities. In ZANE, Nolan; BERNAL, Guillermo; LEONG, Frederick (Eds.) **Evidence-Based Psychological Practice with Ethnic Minorities: Culturally Informed Research and Clinical Strategies**, p. 199–220. American Psychological Association, Washington, DC. 2017.

BELONE, Lorenda; RAE, Rebecca; HIRCHAK, Katherine et al. Dissemination of an American Indian Culturally Centered Community-Based Participatory Research Family Listening Program: Implications for Global Indigenous Well-Being, **Genealogy**, v. 4 (99); doi:10.3390/genealogy4040099. 2020. Disponível em: <https://doi.org/10.3390/genealogy4040099>. Acessado em: 15 ago. 2023.

DICKSON, Elizabeth; PARSHALL, Mark; BRINDIS, Claire D. Isolated voices: Perspectives of teachers, school nurses, and administrators regarding implementation of sexual health education policy. **Journal of School Health**, 90(2), 88-98. 2020. Disponível em: <https://pubmed.ncbi.nlm.nih.gov/31813167/>. Acessado em 15 ago. 2023.

DICKSON, Elizabeth; BRINDIS, Claire D. The double bind of school nurses and policy implementation: Intersecting the street-level bureaucracy framework and teaching sexual health education. In **The Journal of School Nursing** (Vol. 37, Issue 4, pp. 280–291). 2021. Disponível em: <https://doi.org/10.1177/1059840519868764>. Acessado em 15 ago. 2023.

DICKSON, Elizabeth; BRAKEY, Heidi Rishel; WILSON, Persephone et al. Classroom voices: youth perspectives to direct school-based sexual health education. **Sex Education**, 1-18. 2023. DOI: [10.1080/14681811.2023.2218267](https://doi.org/10.1080/14681811.2023.2218267). Disponível em: <https://www.tandfonline.com/doi/full/10.1080/14681811.2023.2218267>. Acessado em: 15 ago. 2023.

GOHN, Maria da Gloria. Movimentos sociais na contemporaneidade. **Revista Brasileira de Educação** v. 16 n. 47 maio-ago. 2011. Disponível em: <https://www.scielo.br/j/rbedu/a/vXJKXcs7cybL3YNbDCKCRVp/?lang=pt#>. Acessado em 15 ago. 2023.

IBGE – Instituto Brasileiro de Geografia e Estatística. (2010) Censo Demográfico 2010. Disponível em: [www.https://www.ibge.gov.br/](http://www.ibge.gov.br). Acessado em: 15 ago. 2023

INSTITUTO CIDADES SUSTENTÁVEIS. (2023) Disponível em: <https://www.cidessustentaveis.org.br/inicial/home>. Acessado em: 15 ago. 2023

ITON, Anthony; ROSS, Robert K.; TAMBER, Pritpal S. Building Community Power To Dismantle Policy-Based Structural Inequity In Population Health. **Health Affairs**. 41:12, 1763-1771. 2022. Disponível em: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2022.00540>. Acessado em: 15 ago. 2023.

LUCERO, Julie E.; BOURSAW, Blake; EDER, Milton M.; GREENE-MOTON, Ella et al. Engage for Equity: The Role of Trust and Synergy in Community-Based Participatory Research. **Health Education and Behavior**, 47(3): 372-379. 2020. Disponível em: <https://pubmed.ncbi.nlm.nih.gov/32437290/>. Acessado em: 15 ago. 2023.

MARQUES JÚNIOR, Jose Jair. Parque Augusta no Município de São Paulo: instituições estatais e não estatais envolvidas na consolidação desse equipamento urbano e as dinâmicas de negociação. **Cadernos Jurídicos**, São Paulo, ano 20, nº 52, p. 91-105. 2019. Disponível em: https://www.tjsp.jus.br/download/EPM/Publicacoes/CadernosJuridicos/cj_n52_06_1_parque_augusta.pdf?d=637123720336587751. Acessado em: 26 jun. 2023.

PARKER, Myra; WALLERSTEIN, Nina; DURAN, Bonnie et al. Engage for Equity; Development of Community-based Participatory Research Tools. **Health Education and Behavior** 47 (3): 359-372. 2020. Disponível em: <https://pubmed.ncbi.nlm.nih.gov/32437292/>. Acessado em 15 ago. 2023.

SANTOS, Pedro Pinto, FERREIRA, Tiago Miguel. Social Vulnerability in the Lisbon Metropolitan Area. In: Ferreira, T.M. (eds) Multi-risk Interactions Towards Resilient and Sustainable Cities. **Advances in Sustainability Science and Technology**. Springer, Singapore. 2023. Disponível em: https://doi.org/10.1007/978-981-99-0745-8_3. Acessado em 15 ago. 2023.

WALLERSTEIN Nina; MENDES, Rosilda; MINKLER, Meredith., ARKEMAN, Marco. Reclaiming the social in community movements: perspectives from the USA and Brazil/South America: 25 years after Ottawa, **Health Promotion International**, v. 26, Issue suppl_2, 2011. Disponível em: <https://doi.org/10.1093/heapro/drar077>. Acessado em 15 ago. 2023.

WALLERSTEIN, Nina; OETZEL, John G.; SANCHEZ-YOUNGMAN, Shannon et al. Engage for Equity: A Long-Term Study of Community Based Participatory Research and Community Engaged Research Practices and Outcomes, **Health Education and Behavior**, 47(3): 380-390. 2020. Disponível em: <https://pub-med.ncbi.nlm.nih.gov/32437293/>. Acessado em 15 ago. 2023.

WERITO, Vincent; BELONE, Lorenda. Research from a *Diné*-centered perspective and the development of a community-based partnership. **Health Education & Behavior**, 48(3), 361-370. 2021. Disponível em : <https://pub-med.ncbi.nlm.nih.gov/34080481/>. Acessado em 15 ago. 2023.