



## COMMUNITY APPROACH IN HEALTH PRACTICES

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### Summary

This research details an approach to health practice in communities, emphasizing the importance of understanding social, institutional and environmental relationships within a specific territory. The proposal suggests the inclusion of new actors in health, in addition to traditional professionals, involving the organized population to address both clinical-epidemiological and social determinations. The approach process includes several steps, such as direct observation, information collection, communication and engagement with the community, identification of key informants, institutional analysis, community mobilization and participation, in addition to mapping and strategic planning. The study emphasizes the need to respect local beliefs and traditions, promote the exchange of knowledge and encourage active community participation in health decisions. The proposed approach seeks to align health practices with the collective interests of society, promoting more integrated and effective community health.

**Key words:**Community Approach. Health Practices. Community Participation

### Abstract

This research details an approach to health practice in communities, highlighting the importance of understanding social, institutional, and environmental relationships within a specific territory. The proposal suggests the inclusion of new actors in health, beyond traditional professionals, involving the organized population to address both clinical-epidemiological and social determinants. The approach process includes several stages, such as direct observation, information gathering, communication, and engagement with the community, identification of key informants, institutional analysis, community mobilization and participation, as well as mapping and strategic planning. The study emphasizes the need to respect local beliefs and traditions, promote knowledge exchange, and encourage active community participation in health decisions. The proposed approach aims to align health practices with the collective interests of society, promoting a more integrated and effective community health.

**Keywords:**Community Approach. Health Practices. Community Participation.

## 1 PROPOSAL FOR A COMMUNITY APPROACH PROCESS IN HEALTH PRACTICES

The construction of the process **Community Approach** is based on a Territory and the Community that lives in it. In other words, it is based on social relationships between people, institutions, organizations and the nature of a given local space and it is these relationships that determine the characteristics of this proposal and its future perspectives. In this way, it proposes the incorporation of new subjects, going beyond the set of professionals and health workers, by involving the organized population, which corresponds to the expansion of the object, which encompasses, in addition to clinical-epidemiological determinations, at the individual and collective level, social determinations that affect different population groups depending on their living conditions. From this perspective, the intervention also goes beyond the use of medical-sanitary knowledge and technologies and includes social communication technologies that encourage the mobilization, organization and action of different groups in promoting and defending living and health conditions.

It is difficult to establish, a priori, which is the most appropriate way or methodology for the approach process, however, what is certain is that the social agent triggering the process must be clear in expressing its guiding objectives. An approach to be done well needs to be planned. Planning is seeing the

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details of contact with the community before doing so, for this it is necessary to be clear about the reason for this approach, the reason for it, its usefulness and importance.

The approach does not just happen at the first contact, it is constant, growing and dynamic, as the community is always in movement and its social relations present permanent contradictions. Health practice is a social response and must be related to the historical development of society. It is, therefore, not the sole and exclusive consequence of accumulated scientific-technological knowledge, but also of socio-cultural knowledge, applied in a society at a specific historical moment.

Knowing and respecting the beliefs and traditions of the community, knowing how to help people recognize the positive or negative points of their traditions, introducing new ideas, taking advantage of old ones, learning and growing together are essential for the social relationship that is intended to be formed between people. health agents and the community.

The exchange of knowledge is part of an education process for participation in health. **The community approach**, then, it becomes a reality as people understand the importance of exchanging experiences, of learning from each other, so that everyone wins and the community benefits. This proposal is aimed at health professionals, especially those with higher education, as they are historically distant from the community. Finally, for all those who seek to overcome the comfort and isolation, characteristic of the hegemonic practice of professional practice.

Next, important moments will be presented during the community approach process. des.

## 2 DIRECT OBSERVATION (UNSTRUCTURED OBSERVATION)

In the first moment of the COMMUNITY APPROACH, one walks in the territory “without being noticed”, in the most natural way possible, with the aim of observing the local reality, highlighting basic social needs, health, hygiene, cultural assets, socio-sanitary resources and all other aspects that are immediately visible and that indicate differences in the living conditions of residents. It is the moment of sensory appreciation of the concrete-concrete reality, there is no application of questionnaires or interviews.

There is some information that cannot be obtained through direct observation, such as, for example, the proportion of salary in family income or the degree of unionization of workers. Furthermore, what is seen can be misinterpreted if the observation is not complemented with other information. In summary, direct observation represents a useful and necessary instrument in the process, but it will always be partial, as it does not provide complete information, sufficient knowledge as it is limited to the appearance of the phenomena.

### 2.1 TRY TO KNOW AND IDENTIFY THE CHARACTERISTICS OF THE AREA TO BE WORKED

To engage in community action, there must be a minimum of information and awareness on the part of social agents. useful information can be found at ibge, emater, in the departments of health, planning, social action, education, environment, labor, in state development companies, in water supply institutions, sewage, urban cleaning, electricity, among others.

The following information can be searched for:

A) Related to the environment: location, historical, political and administrative aspects, limits and geographical features, climate, area (Km<sup>2</sup>), general water supply and treatment of the community, community, community access roads, garbage collection by the state, recreation areas, main services (such as schools, pharmacies, police, fire department, health centers, churches, social clubs, public telephone, market), number of houses and other information.

B) Related to the domestic-family sphere: population by age, sex and socio-economic level, employment/unemployment situation, main diseases that occur in the community, main causes of death, literacy, situation of exploitation, oppression and discrimination in which the population lives.

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## 2.2 COMMUNICATION WITH THE COMMUNITY

Health Conferences held in Brazil in recent years have continually reiterated the importance of information, communication and education as fundamental instruments for consolidating the SUS. Still to be in accordance with the current deliberations of the National Health Conferences, health policies must discuss and update all means of access by the population to information, especially the mass media. Therefore, it is essential that the Social Communication sectors of public policies understand communication as a process of appropriating the technical and political potential of information technologies and their advances, going beyond understanding communication as press relations and propaganda.

To rethink communication, one must consider the role of information technologies in the forms of organization and communication in society, avoiding the standardization of values and understanding that organizations and social networks act in the most diverse directions. Taking advantage of educational and communicative potential will help to democratize knowledge and universalize health actions, providing an increase in the population's quality of life. It is necessary to reduce the difficulties that collective health technicians have because they do not master the dimensions of communication processes.

In the first contact with people in the community, the introduction is made. Personal presentation is a form of communication, therefore, the professional must be suited to the environment so that barriers are not created that may hinder the social relationship that is intended to be built, he must be dressed appropriately and use terminology that is more appropriate to the understanding of all. Before you start asking questions, it's a good idea to talk a little with people about topics they like to talk about (about work, home, children, general problems, leisure and try to find out the names of the people present, as it's a demonstration of respect and interest). You should only ask for information that makes sense, explaining the reason for the questions, the importance of the answers and what they will be used for. To gain trust and respect from people, you need to value their customs, beliefs, way of being, lifestyles, problems and feelings.

Some points must be recognized in order to achieve successful relationships with the community. Among them is elitism, which is the arrogant way of addressing the community considered uneducated and incapable, this form must be eliminated. Basisism (which is being within the base all the time to be able to modify it) must be rethought, as the fundamental thing is not to be in the community all the time but, rather, to start from the level you are at and learn from it. Another point is authoritarianism, which silences the popular masses, damaging the entire approach process.

The demands of this job are not easily met by any individual or team. The courage to take risks, to seek new ways of thinking and acting collectively is a constant challenge. For this, it is necessary to prepare in advance and, above all, to be clear about the principle of reality that guides it. The partnership of health actions with the community becomes important, mainly due to the resizing of institutions and public exercise circuits.

### 2.2.1 Identification of Key Informants

It is necessary to generate, directly, on the ground, some basic information, capable of expressing the local needs of the population. To this end, we seek to know the community's key informants, as they provide privileged testimonies of its history and basic social processes. The identification of key informants is important, as it informs the necessary perception of subjectivity, through behaviors, attitudes, rebellion, among other aspects that make up the emotional trait of community action, which is as fundamental as clinical and epidemiological data. In this way, it is considered the

life and health problems of the population as well as sociocultural and environmental problems.

Individual or group semi-structured interviews can be used. Individual interviews are aimed at obtaining special knowledge, a particular topic. Group interviews are used to build knowledge about global aspects of the community and allow access to a wider range of information. People who have the necessary qualities are sought, on purpose and in a well-directed manner, such as community leaders, political, religious and union leaders, members of neighborhood associations, mothers' clubs and other organized groups. A strategic group circulating in the community is characterized by income profession, such as taxi drivers, seamstresses, barbers and small traders.



Power distribution networks must be known. There are many and varied forms of manipulation of power within the community. The identification of the so-called “elite” can be helped by leaders and executors of actions concerning community life. The position of administrators is investigated, the type of participation in decision-making on basic community issues, who are the members who hold authority, respect and power, where conflicts and protests emerge from, who directs them, among other information.

### *2.2.2 Institutional Analysis*

Its objective is to identify formal and informal institutions that exist or that exert influence on the community. Therefore, the Community Approach transcends the institutionalized spaces of the “health service system”, expands to other sectors and bodies of governmental and non-governmental action, and involves a complex network of entities representing different social groups. Research on existing equipment and entities serves to assess the potential of mobilization forces, the level of engagement, politicization and action, ensuring their collaboration.

A dynamic to be developed with the community is called “game of balls”. After surveying all entities, the community discusses their importance, which is represented by the size of the ball, that is, the larger the ball, the greater its importance, and vice versa. Once this is done, a larger circle is drawn that represents the territory. The “balls” of entities are arranged around or within the area. The distance of the balls will represent the actions of these entities, that is, the closer the entity is to the area, the greater its performance in that location. The aim of this activity is to stimulate discussion about each entity, in order to better understand their interrelationship and their ways of acting.

### *2.2.3 Community Mobilization*

Community Mobilization promotes awareness for the organized participation of interested parties (community organizations and the population) in solutions to collective problems. We must try to awaken the collective interest in appropriating the power that, subjectively, they have, but are unable to use for their own interests. Understanding that changing the “functioning” of the community does not happen without the collaboration of residents and that the role of professionals, who work in the area and intend to change a reality, is to accompany the community in the search for solutions to the problems that they themselves define .

We seek to work with a collective vision of the future, based on persistent knowledge of reality that is the source of critical ideas and the impetus for change. Hence the insistence on expanded work in the social fabric, not limited to individuals and families, which restrict political mobilization, so necessary for change. The redefinition of a sense of belonging and identity is organized, less and less, by local or national servers and, more and more, by extra-national or extra-territorialized participation of consumers. This new sense of identity brings major problems to the idea of social mobilization, which now deals with deterritorialized people. Knowledge of existing social capital is extremely important for the development of health actions.

### *2.2.4 Community Participation*

The right to participation is a community right provided for in the Constitution. Participation means taking part, sharing, exchanging, having direct influence on decisions and actions. It is essential to raise awareness in the community that every citizen must participate. Only then does he exercise the right to discuss actions that interfere with their own health and that of the community. Community participation is essential for the good results of health actions. When you establish good communication with the community, you work better.

We work to ensure that each citizen enjoys democracy and full participation, contributing to raising their political awareness and organization, in defense of the community's aspirations and interests. There are times when actions become difficult to develop and get lost along the way, without realizing that it could be a consequence of the historical heritage of civil society never participating in decisions and, when this was possible, it often ended up using the same tools as the class you dominate. You must be careful not to make this mistake.

### 3 HISTORICAL PROFILE OF THE COMMUNITY

Every community has a history, a heritage of experiences and knowledge that influence present attitudes, beliefs and current values. Drawing a historical profile means knowing the key facts that occurred in the community over time, in a chronological manner, seeking to understand the connections and influences on the current reality.

The information for creating this profile must be collected from key informants, such as the oldest residents and older people in the community; it is important not to limit yourself to a small group. In this sense, tradition plays an important role in unveiling the story reported in an unstructured way. The facts and information will be determined by the residents, that is, they will be aspects that they consider important. However, the team can delve deeper into specific aspects, such as the use of natural resources, the installation of a public water supply network, asphalt paving, among others. Questions about specific years should be avoided, giving preference to important moments or events. It is important to give people time to remember past situations. The team must organize the information to facilitate historical analysis and so that it is possible to understand the limitations and opportunities already experienced by the population in the past, which will be of great value for planning future work.

#### 3.1 GROUP DISCUSSIONS

In meetings to talk and exchange ideas about the reality of the community, it is essential to create an atmosphere of respect for cultural characteristics, differences in language and even the way of speaking. In group meetings, the best topics of common interest are studied, as each person brings their point of view and their way of looking at solving problems and making suggestions. The main objective of meetings is to obtain cooperation from group members. This only happens when everyone participates in debating the problem and coming up with the best solutions. Participation generates acceptance, which brings with it cooperation. This is a more participatory method, discussing together the reality and problems experienced by the group contributes to greater awareness.

As the group is made up of individuals, success depends on their attitudes. There are several personal conditions necessary for the individual, such as friendliness, interest in the activity to be carried out, the linguistic point of view and the psychosocial point of view (group members must be aware of the main social difficulties that may arise during work and know how to overcome frustrations arising from the friction of the components' tendencies or instincts), among other conditions.

Interviews with key informants provide a lot of information about reality, but they are not enough for the process of **Community Approach**, therefore, it is necessary to further expand and diversify the universe interviewed. To do this, you must bring together other people and organize group discussions, in an environment of trust and cordiality. This way, the knowledge and experience of more people is gathered and different opinions are confronted.

Below are some tips for discussion group participants:

- Speak frankly;
- Listen carefully to what others say;
- Do not interrupt anyone who is speaking;
- Do not monopolize the discussion;
- Do not run away from the discussion;
- Speak up when you disagree with an opinion;
- Clarify any obscure point whenever you feel the need, not leaving it to

another moment;

- Bring questions to the meeting to stimulate debate;
- Study the group's problems and reflect on what was said.

To understand what is going on in the head of a person participating in a meeting, it is necessary to understand the way people tend to think and solve a problem. This condition is considered as the intellectual mechanism of a meeting. The first phase is defining the problem, in the second phase the problem is analyzed and the causes are sought, in the third phase a provisional conclusion is reached and in the fourth phase a definitive conclusion is reached. For the meeting to run smoothly, it is necessary that all group members go through these four phases in their individual thinking. The phases of



a “led” meeting must therefore follow the normal phases of human thought. They are: definition of the subject or problem, debate of the problem or subject, acceptance and summary of the conclusion.

To organize group discussions, the entire population is invited or specific groups of people come together. However, when a large group is formed, more than twenty people, management becomes difficult and there is a tendency for subgroups to form.

### 3.2 WORKING WITH INFORMATION

After fieldwork, the highlight of the **Community Approach**, follows the most technical and time-consuming phase, which consists of compiling, processing, analyzing, interpreting, presenting and developing the information obtained. A summary of the most significant data is made. Quantitative data must be presented in absolute numbers and percentages, to allow better comparison and interpretation of results. The summary of information can be discussed with the community, establishing another moment in the approach process. In this return of results, ways of presenting and visualizing information that are accessible to everyone must be found.

### 3.3 MAPPING

It is the recognition and exploration of the territory according to the logic of relationships between living conditions, health and access to health actions and services. This implies a process of collecting and systematizing demographic, socioeconomic, epidemiological and health data that must subsequently be interpreted according to the basic map and thematic maps. Epidemiological, socioeconomic, environmental and service production data are referenced to points or areas on the map. The basic map contains the territorial delimitation, with the urban-rural configuration design. In other words, it contains the delimitation of neighborhoods and streets, taking into account the demographic density of the population. Thematic maps imply, firstly, the spatial location of health services and other social facilities, such as daycare centers, schools, etc., and the delimitation of the population's access routes to services. These measures provide an idea of the demand flows to the various local health units.

Next, the different population groups must be characterized, according to their living conditions, which will allow the juxtaposition of the basic map to the thematic maps of health services and living conditions. Finally, it is necessary to make a spatial distribution of the main health problems, identified based on epidemiological information extracted from official databases or obtained through “quick estimates”, with “key informants” and cross-referencing this information with previously prepared maps.

The purpose of mapping is to allow the definition of priorities, in terms of problems and groups, as closely as possible, which will be reflected in the definition of the most appropriate action, as well as the concentration of interventions on prioritized groups. This system makes it possible to direct interventions and allocate resources in a more economically efficient and socially more effective way. In other words, it aims to contribute to the operationalization of a political choice in favor of equity, according to criteria of positive discrimination. Mapping also provides support for other steps, such as planning and programming.

### 3.4 COMMUNITY DIAGNOSIS

It is constructed from information on the number of inhabitants, education, public health situation, main causes of death, family income, environmental situation, means of transport and communication most used, local institutions interested in improving living conditions, among others.

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### 3.5 PLANNING AND PROGRAMMING

Planning is programming the development of health actions in a specific territory. It requires detailed knowledge of the living and working conditions of people residing in the territory and the forms of organization and action of the various governmental or non-governmental bodies, so that one can have a “strategic vision”, that is, clarity about what is necessary and possible to do. It also requires availability and



interest in developing communicative action, participating in a permanent dialogue with representatives of these bodies, with social groups and the community, seeking collective work. Using all the information obtained so far, actions are planned and priorities are defined with popular participation. Planning must be based on the community's health diagnosis and must consider the principles and objectives of the actions to be carried out.

A “problem tree” or “situational flowchart” can be constructed to systematize information about health problems, and thus support a decision-making process regarding “what to do” to face them. These decisions include a “tree of objectives”, from which the actions to be carried out in the territories considered from an intersectoral perspective are derived.

The set of actions and services defined to face problems constitute operations to be implemented according to a logic that favors the perspective of managerial flexibility (projects) and not the organization of bureaucratic structures to manage the human and material resources involved. This implies the reorganization of work teams and decentralized and modular management and strengthens managerial and social control of the action implementation process. The Community Approach is not prefixed at the first contact with the population, but rather gradually established throughout the process of health practices, through successive approaches, also considered throughout the planning and programming process.

### 3.6 EVALUATION TO RECOGNIZE THE FAILURE AND ACHIEVEMENTS OF THE PROCESS

The evaluation is carried out between social agents and the community, resulting in another moment in the approach. Within the health workers' team itself, frequent assessments are carried out to strengthen the group in terms of internal relationships, the ways of working and the objectives to be achieved.

## CONCLUSIONS

Throughout this work, we can see the intention of a proposal to bring health care practices closer to the collective interests of society. This highlights the possibility of bringing social groups closer to those who practice reflection and action in health so that relationships and contradictions serve to build a counter-ideology redirecting health services.

The practice of **Community Approach** Coherence requires training of the professionals involved. The professional must act with competence, scientific curiosity and, at the same time, have affective and political creativity, situations that combine the awareness of serious, honest and organic work with the popular classes and their historical project of a healthy society and city.

The operationalization of these ideas involves identifying new ways of thinking about the health work process. This means a possibility of reconceptualizing the object of health practices, and, consequently, the formulation of questions about the relevance, consistency or effectiveness of the means of work and the work itself. Questions to be used to seize and/or transform this object.

This is a path that will be permanently under construction and when one opts for a transformative practice, an abstract-concrete moment of mutual knowledge for social mobilization, the issue refers to the democratization of Brazilian society itself. In this way, the process of **Communities Approach** in health practices, it presupposes the emergence and experience of conflicts that health practice is a source of, manifested at the level of the professional team, the organization of services and social groups. It is equally important to emphasize that the set of techniques and methodologies presented should not be understood as a closed package, to be applied uniformly in different contexts. To the contrary, it is a collection of operational instruments, which must be “adapted” according to the characteristics of each community.

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