



« THE CITY ACADEMY PROGRAMME: A HEALTH PROMOTION STRATEGY »

Recife, Brazil

Period of implementation: 2002 (launch) | Study case written in 2010

The City Academy Programme (CAP) was implemented in the city of Recife on 2002, established by Municipal Decree, and became a Health Promotion and Basic Healthcare policy of the Department of Health in 2006. CAP is a policy for promoting health in the areas of physical activity, leisure and advice on healthy diets, and aims to implement its projects in health facilities and reclassified public spaces. Its main objectives are to encourage the population to adopt healthy lifestyles and to foster public leisure spaces based on principles of access, social inclusion, experience and participation in the construction of health policy. Activities include varied physical activities such as games, dance, gymnastics, sports as well as nutritional assessment, lectures, seminars, discussion groups, and participation in Participatory Budgeting, in municipal conferences, and discussion forums, among other activities. In addition to the initiatives carried out in the centres, some activities are undertaken within the communities organised by the Family Health Strategy and in the Psychosocial Support Centres.



The **Inclusive Cities Observatory** was launched in 2008 by the UCLG Committee on Social Inclusion, Participatory Democracy and Human Rights with the aim of creating a space for analysis and reflection on local social inclusion policies. The initiative was developed with the scientific support of Professor Yves Cabannes (University College of London) and the Centre for Social Studies (CES) from the University of Coimbra. At present, the Observatory contains more than sixty study cases mostly developed between 2008 and 2010. Even though many of these cases refer to policies that have already come to an end, they still have much to offer: from capitalizing on the learning acquired by other local authorities to discovering suggestive and alternative means to address social inclusion challenges from a local perspective.

Context

Government and decentralization context

Brazil is governed by a democratic presidential system of government, with direct elections to choose the government, and is divided into three levels of governmental organisation: federal, state and municipal. Its main blueprint is the Federal Constitution, with the creation of the SUS (Health System) being the most important achievement in the health field. Among other things, this guarantees health as a right for all and an obligation of the state. Despite the democratic system and the direct elections themselves being constitutional guarantees, there have been effective changes in political management and decision-making over the last eight years, which have led to significant growth in the instruments for social participation, such as an increase in the number of the municipal, state and national conferences, an increase in the number of users' councils in health and the creation of Participatory Budgeting.

Health and the Brazilian healthcare system

The Brazilian health system is still in a phase of consolidation, as it faces old and new challenges and creates alliances with other sectors of society. The Eighth National Health Conference held in 1986 was of major importance across the country in mobilising large sectors of civil society. The Federal Constitution of 1988 included many of the proposals made by the Eighth Conference – recognising health as a basic right of all citizens – and established the Health System (SUS). Laws 8,080 and 8,142 to enact the SUS were published in 1990, and their basic principles contained the following: (a) the universality and comprehensive nature of healthcare; (b) equality of access to public health services; (c) decentralisation of decision-making and the autonomy of the political and administrative spheres of state and municipal governments; and (d) public participation. The reform of the health system had far-reaching effects: “60 million Brazilians in need, condemned to dependence on charitable institutions, obtained the right to healthcare. It was an irreversible breakthrough in healthcare reform” (Mendes 2001: 28). In 1994, the Health Minister implemented the Family Health Programme as a strategy for the development of a primary healthcare system capable of transforming the prevailing model of health system and reinforcing the prevention and promotion of health. The programme is still in the consolidation phase, but some positive results have already been acknowledged at the national level. A total of 26,100 teams, covering a population of 83.8 million people, or 44.5% of Brazil's population, are work in this programme (Brazil 2006).

In the healthcare field, a major part of the financial resources allocated to the execution of these policies comes from the federal government, with the complementary budget coming from state governments and town councils. In this respect, there have still been no significant changes in the federal sphere with regard to fostering health promotion policies, such as the City Academy Programme, which makes finding resources an even greater challenge for consolidating initiatives that do not fall within the traditional illness-focused framework of health.

Social context

The city of Recife, with an area of 217 km², has an estimated population of 1,562,000 (IBGE 2009a). Recife is the capital of the state of Pernambuco (8,810,256 inhabitants) and is located in the north-east region of Brazil, on the shores of the Atlantic Ocean. It is the centre of a metropolitan area with almost 3.75 million inhabitants (IGBE 2009a) and is estimated to be the fourth largest urban metropolis in Brazil by population. Recife's GDP per capita in was 13,510

reales, the highest of the north-eastern capitals (IGBE 2009b). The total unemployment rate in 2009 was 19.2% (16.3% for men and 22.7% for women) (DIIESE 2009). Unemployment within the group aged between 18 and 24 years old amounted to 35.6%; it was 16.7% in the age group between 25 and 30 years old, and was 8.5% in the population older than 64 years old (DIIESE 2009). Estimates in 2008 suggested that 42.39% of the population of the Recife metropolitan area was in low income groups, as they earned less than half the minimum wage (415 reales in 2008, the equivalent of approximately U.S.\$ 210) (IDB 2009). In terms of age range, the population is distributed across three groups: 26.16% in the group aged between 0 and 14 years old; 67.33% in the group aged between 15 and 64 years old; and 6.51% in the group aged over 64 years old (IGBE 2009a).

The rate of illiteracy in the population over 15 years of age is 8.92% in the Recife metropolitan area (IDB 2009), which is very slightly below the national average, but there are significant inequalities between the various neighbourhoods in the city: for example, the rate of illiteracy is 2% in Boa Viagem and 24% in Isla Ilha Joana Bezerra (Atlas Municipal 2005). In 2008, life expectancy at birth was 68.8 years; it was 72.3 years for women and 65.3 for men (IDB 2009).

State of health of the population and range of health services in the State of Pernambuco

In this section, we present some health indicators (Table 1) for 2008 (IDB 2009) related to the health promotion strategies of the Ministry of Health, the state of Pernambuco, and, in particular, the “City Academy Programme” social inclusion policy that is being implemented in the city of Recife.

Table 1. Indicators of risk factors, mortality, resources and coverage

Proportion of the population stating that they had consulted a doctor in the last 12 months (2008)	70.3%
Women aged over 40 years old undergoing a clinical breast examination by a doctor or nurse in the 12 months prior to the interview date (2008)	29.3%
Women aged between 50 and 69 years old undergoing a mammography in two years prior to the interview date (2008)	43.4%
Women aged between 25 and 60 years old undergoing a preventive examination for cervical cancer in the 3 years prior to the date of interview (2008)	74.3%
Resident population self-assessing their state of health as very good or good (2008)	73%
Permanent private homes registered with the Family Health Units programme (2008)	72%
Number of peri-natal check-ups (2008):	
• 1-3 check-ups	9.24%
• 4-6 check-ups	34.77%
• 7 or more check-ups	53.86%
Infant mortality rate (2007)	29.2%
Arterial hypertension prevalence rate (2008)	26.6%

Prevalence rate of sufficient physical activity during free time (2008)	17%
Prevalence rate of current smokers (2008)	10.4%
Prevalence rate of excessive consumption of alcoholic drinks (2008)	19.2%
Prevalence rate of excess weight in adults aged 25 to 50 years of age (2008)	35.5%
% of Ministry's expenditure on basic healthcare (2008)	18.8%
Doctors per 1,000 inhabitants (2008)	1.36

Source: Basic Indicators and Data (IDB) 2009, DATASUS. Brasilia: Ministry of Health.

Institutional level of policy development: Municipal

Policy development

The City Academy Programme is a policy strategy for the promotion of health that stresses physical activity during leisure time and a healthy diet, and its main principles are individual autonomy, social involvement, intersectoriality, shared management, interdisciplinarity, transversality and health and free time as citizens' rights. The projects are located in 21 public buildings reclassified as poles or centres; in 21 Psychosocial Support Centres (PSCs); and in a further 64 health and social facilities, such as Family Health Strategy (FHS) centres, Basic Health Units (BHUs), non-governmental organisations (NGOs), community associations, and other public leisure areas designated for the Programme's work. The normal opening hours are from 5:30 to 11:30 and from 14:00 to 20:00 from Monday to Friday, while the activities in the poles or centres take place from 5:30 to 8:30 and from 17:00 to 20:00, and activities take place in the other facilities at other times.

Background

The organisation of Brazilian health services has traditionally been symptom-based and focused on individual medical and curative interventions. However, by effectively contributing to improving the population's quality of life, the Eighth Conference (1986) saw the development of health promotion strategies based on a broad-based and positive concept of health. The role of physical education and its possible contribution to this new social process for fostering health was restored. At the same time, the Department of Health offered the university the aim of establishing partnerships, and a shared objective of working in the field of the city's health. A survey was carried out, with a questionnaire given to people exercising in a public park in Recife. The results showed that 74% of those interviewed were not exercising correctly.

As a result, the teachers at the institution realised that it was necessary for physical education to play a suitable role in providing guidance for the population, in terms of physical activity from the perspective of promoting health. In this context, and starting with a group of teachers, the city of Recife embarked on a programme of physical exercise using existing public spaces. The initiative from the academic sphere, together with an allocation of funds from the authorities, was essential in consolidating and implementing the idea. During the municipal elections (2000), a government programme was created with the main aim of a complete change of priorities, based on democratic and participatory management.

At this point, the need to meet the specific requirements of the community emerged, focusing on public health and the promotion of health, unlike the model being used at that time, a *hospital-centric* model, focusing on cures rather than the promotion of health. Further, there

were not enough public spaces for leisure and physical activity in the city; and indicators of violence in the community were on the increase. As a result of intersectoral dialogues that initially involved the Department of Health, the Department of Tourism and Sport, the University of Pernambuco and the Federal University, the City Academy Programme was born.

Policy objectives

The general objective of the City Academy Programme is to contribute to the promotion of public health by means of physical activities, leisure and advice on adopting healthy dietary habits. This is by means of fostering the use of public spaces, establishing healthcare facilities, promoting social involvement, and endeavouring to improve the quality of life for the population of Recife.

Stakeholders, beneficiaries and participatory methodologies

Beneficiaries

As this project covers both a need in which the target group is the entire population of Recife covering all age ranges and a need referred by the health network, in its structure the programme does not contain participation criteria – which could make it exclusive – and thereby covers the entire community. The poles in which the activities are carried out are located in 6 Health Districts, and will be implemented in cooperation with the State Government in another 22 centres until 2011. The activities undertaken include a wide range of physical activities such as games, wrestling, dance, gymnastics, sports and physical assessment as well as nutritional assessment, lectures, discussion groups, seminars, visits between centres, intermunicipal visits, bicycle rides, and even participation in Participatory Budgeting, in municipal conferences, in sports competitions, and in discussion forums, among others. The context of each facility with Programme projects defines which activities are scheduled. In spaces where there is a greater and more specific need among children, the activities are more play-based and games have a greater role; in spaces with a larger proportion of adults and senior citizens, the activities are in keeping with the needs and conditions of this group. Estimates suggest that an average of 60,000 people a month have been seen in the 21 centres of the Programme.

Agents involved

In order to make CAP into something that is part of everyday life, various agents became involved. These include the Municipal Health Department, the Municipal Participatory Budgeting Department, the Municipal Human Rights and Public Safety Department, the Municipal Education Department, the Municipal Culture Department, the Municipal Social Welfare Department, the State Department of Cities, the Urban Maintenance and Cleaning Company, the Recife Urban Development Company and community associations (residents' associations, religious institutions, organised groups, and NGOs, among others) as well as all the intersectoral channels between the various policies of the Municipal Department of Health: the Policy for Care for Consumers of Alcohol and Other Drugs, the Policy for Care for Elderly People, and the Policy for Care for Disabled people, among others.

Participation processes implemented

As mentioned above, the first three criteria used to implement CAP cover processes of social participation and the identification of demands of a social nature, to the extent that applications related to the emerging needs of the population in the territories or in specific terms, when the participation of communities is fostered in an organised way in initiatives that promote their empowerment by referring to decisions linked to their lives. The SZSI indicators

include education levels, access to culture, conditions of habitability and of performance, among others.

Within its configuration, the Health System (SUS) anticipates the creation of social participation mechanisms based on the example of the groups managing health conferences and units. CAP users are thereby encouraged to form part of an organisation, based on meetings and discussion groups in the facilities used by the project, in order to represent the interests of the group in the decisions approved in plenary sessions. The democratic system in Brazil has led to the implementation of another instrument for participation and shared decision-making called *participatory budgeting*. This type of organisation enables citizens to decide who their representatives are in open plenary sessions, and allows them to vote according to their main interests when using the public resources in their communities in various areas: health, education, works, free time, culture, etc. As a result, one of the important criteria for implementation in a CAP centre is the result of a decision by participatory budgeting, which fosters citizens' participation in deciding on public policy. Since 2002, all the poles or centres in which CAP is now located as well as those that will be opened in 2010/2011 have been voted for as part of participatory budgeting.

Collective decision-making by means of dialogue on the integration/installation/construction of democratic spaces goes beyond the possibility of offering providing access to physical activity and advice on a healthy diet. It expands this access with the opportunity for individuals to take responsibility for their own lives, as active promoters of their own homes, neighbourhoods and communities by means of an initiative aiming to cover the range of human diversity without excluding their individual features.

This is how people become involved with CAP: As soon as they decide to take part in CAP, they organise themselves in small groups within the community and elect community leaders to represent the collective will. These leaders seek instruments/knowledge on the CAP implementation process in their own situations. People organise themselves to identify, within their community, a place which is as close as possible to "suitable" in order to construct the physical structure of CAP, participate in the Programme to gain practical experience, and discuss the benefits that the Programme will bring with other people in their community.

All the phases are essential for the success of the Programme's initiatives, with participation extended and even reinforced when the initiative is in place and in operation, and the population covered considers itself to be part of the processes carried out on an everyday basis. This is maintained through discussion groups, during which various subjects considered relevant to individuals and the community are discussed, or in the assessment phases of the activities being developed, in the dialogue between users and professionals on procedures, in the search for the Programme's qualification, or when they organise themselves in a group called the "City Academy Programme Users Committee." The initiatives carried out within CAP contribute to closer social relations through the formation of community groups, foster the extension of social networks above and beyond participation in the projects, and enable participants to spend a great deal of time together, which broadens the field of vision of the world / community / action / relations in peoples' lives.

Institutionalizing and financing

Institutionalization processes

The City Academy Programme was presented to the population at the Fifth Municipal Health Conference and officially implemented in 2002 by the Recife Department of Health. It is regulated by the following decrees and ordinances: (1) Decree 19,808 of 22 February 2003,

creating the City Academy Programme; (2) Decree No. 22,345 of 18 October 2006, restructuring and regulating the City Academy Programme; (3) Ordinance No. 122/2006 - GAB/SS EM of 28 September 2006, implementing it as a policy for the promotion of health and basic healthcare of the Department of Health; and (4) Law No. 17,400/2007, creating 120 professional physical education posts in the Department of Health, thereby making public tender processes possible. The process for implementing CAP in communities is subject to the following criteria: (a) that CAP has participated in conferences on health, education, children and adolescents and other issues; (b) that CAP has been chosen as a priority in the Participatory Budgeting process; (c) that CAP is located in regions with Special Zones of Social Interest; (d) that CAP is located in a region with some health network coverage; (e) that the execution of the works for redesignating the public space are technically feasible; and (f) that CAP is located in areas with high indicators of violence.

Financing

Until 2009, CAP was entirely financed by Recife City Council at an approximate cost of 13,000,000 R\$ (13 million reals) over 7 years. The financing of works for implementing new centres is currently being undertaken in collaboration with the Pernambuco State Government under the terms of an agreement with the Department of State for Cities to roll out the Programme across the State of Pernambuco as a whole (now known as the City Academy Programme), with the City responsible for all the Programme's costs and management. The estimated annual cost of the CAP initiatives, which includes human resources, cleaning materials, the purchase and maintenance of permanent equipment for physical activities, and the maintenance of the structure and security, among other items, is approximately 160,000 R\$ (160 thousand reals) per pole or centre.

Outcomes and reflections

Key results and achievements

The following results reinforce the policy:

- Return of the population to public leisure areas;
- Cultural activities in the centres that are included in the local community's agenda;
- Election of professionals and users as District Councillors and at health conferences;
- Positive valuation by the community;
- 80% of users are very satisfied with CAP;
- 84% of teachers are satisfied or very satisfied with CAP;
- The places with centres triple the probability that individuals engage in physical exercise; and
- The reclassified spaces foster employment based on security, cleaning and accessibility, and have become more occupied.

Although there is still a great deal of room for improvement, belief in the Programme involves belief in the capacity of individuals to decide on their health; and also involves thinking in terms of its intersectorial nature, based on the needs of others rather than one's own, and an understanding that differences must be respected. The key aspects in the consolidation of the

City Academy Programme as a policy for the promotion of health and social inclusion appear to be: creating a feeling of belonging to a community, a mechanism in the territory creating intersectorial initiatives, and the collective construction of projects.

Overall assessment and replicability or adaptation elsewhere

General assessment

As well as the positive results obtained in the city of Recife, it is important to emphasise the recognition that the City Academy Programme has received nationally and internationally:

- Finalist of the David Capistrano Hijo Prize – Humaniza SUS – 45 successful projects in the country in 2004;
- 2nd Place in the 2006 Participatory Budgeting;
- 1st Place Venue in the II Active Cities, Healthy Cities Competition promoted by the OPAS, by the Centre for Disease Control (CDC) and by the Human City Foundation in Bogota, Colombia in 2005;
- Assessment of the Centre for Disease Control (CDC) – USA as a project with good results in health; and
- A benchmark programme for a physical activity programme that is being implemented in San Diego (California) for Latin communities living in the USA.

Challenges and limitations

Despite the major and significant progress made, there are nevertheless still some difficulties in all the processes: bringing together various interests also entails facing the need to mediate conflicts, which is not an easy task, especially in a programme that is within a public institution and which is also a response to political interests. As well as obstacles including the absence of a budgetary provision and the lack of training for Physical Education professionals in the public health field, another important aspect that needs to be taken into account is the need for a reform of the State in Brazil in order for democratisation processes to facilitate citizens' participation. However, the structures of the State remain bureaucratic and do not encourage participation. These obstacles will always be present in the everyday routine of public policies that are managed for the common good and involve social participation.

Another factor that may hinder the implementation of this strategy could be related to the climate conditions in each region (because they are carried out in open public spaces), as it is necessary to adapt to local conditions and, at the same time, the cultural characteristics of each region may make an important contribution to membership, given that collective participation and activities are vital factors for the smooth running of the Programme.

The distinguishing feature of CAP is that it shares difficulties with the collective, making the creation of alternatives and mobilisation to solve problems feasible, and encourages people to be the authors of their own story.

Replicability or adaptation of policy elsewhere

CAP is currently working on several projects, including: (1) it is the subject of an international study called *Stratégies d'institutionnalisation d'interventions innovantes en matière de équité em santé au Brésil: un étude comparative (Institutional strategies for innovative initiatives in the area of equality of healthcare in Brazil: a comparative study)*; (2) it is participating in a research

study related to the incidence of diabetes among users of the Programme; (3) it is being registered with the Ministry of Health as a Health Network Structure; (4) it is being replicated in 184 towns in the state of Pernambuco through dissemination efforts of the State of Pernambuco's Department of Cities; and (5) CAP is the benchmark for a physical activity programme that is being implemented in San Diego (California) for Latin communities living in the USA. All these examples show the great potential for large-scale replication if the material resources and physical structure are adapted to each situation.

CAP has become a national and international benchmark for the construction of projects in the health production area. Despite the specific features of each place/region/town, its key factor is not related to its physical structure or its material resources but instead to the relationships built between all those involved in the Programme. This can and must be replicated and applied in all places that seek to make an effective contribution to promoting individuals' quality of life.

External Assessment: Commentary by Prof. Eronildo Felisberto, Mother and Child Institute, University of Recife, Brazil, September 2010)

“The City Academy Programme (CAP) implemented by Recife City Council highlights a new vision and a new attitude that should be present in the political and administrative patterns of local and regional governments, as it shows the possibility of the practical exercise of transdisciplinarity. It presents a new attitude by public employees that juxtaposes knowledge and the clarity of thought necessary to promote projects that contribute to the sustainability of correlated Programmes that aim to promote human health and quality of life. CAP involves an approach that associates knowledge with the use of technologies, based on the concept of citizenship and autonomy necessary for individual social development. It contributes to the promotion of health by means of physical activities, provides advice on adopting healthy diets, encourages the use of public spaces, and promotes social involvement.

It also has some difficulties shared by many of the social programmes coordinated by the public authorities. These difficulties are related to the absence of a budgetary provision in order to provide it with a greater level of sustainability and the need for increased integration with other health promotion projects that follow the example of the Family Health Strategy, the main Brazilian model for the reorganisation of the health system which, among its formal responsibilities, includes monitoring of health and projects for prevention of disease, with strategies closely related to the activities involved in the CAP.”

Further information

The case was researched and written by Ebrivaldo G.C. Júnior, Director of the City Academy Programme of the Recife Department of Health, and Dr. Mauro Serapioni of the Centre for Social Studies of the University of Coimbra, Portugal, in 2010.

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