Community Action for Better Health

...Or How to Work Together to Create Better Living Conditions

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Community Action for Better Health

...Or How to Work Together to Create Better Living Conditions

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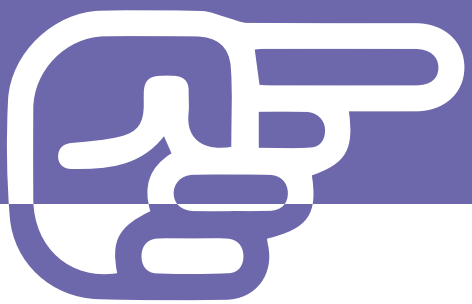


Presentation

Who Is this Guide for?

This guide is intended for community agents from different areas who are interested in initiating or continuing to develop community actions that improve the health of the population: local administrations; professionals from sectors related to quality of life, such as healthcare (with special emphasis on Primary Healthcare and Public Health), Social Welfare, formal and non-formal education; professionals and volunteers from cooperatives, foundations and NGOs; as well as associative movements and citizens of cities and towns.

The guide has been drawn up on the basis of experience in the coordination and development of various community action initiatives in health. Other organisations are working along similar lines of community action through collective movements, but under different descriptions:

... to improve social welfare

... to reduce inequalities

... to improve education

... to guarantee rights

... to empower citizenship

What these different approaches have in common is that by achieving their purpose they improve both individual and collective health indicators. Because health is not just (or even mainly) the result of health interventions, but also of improvements in living conditions that relate to social wellbeing, education, inequalities and active participation. What is essential is that these processes promote people exercising greater control over their own lives, and the development of opportunities for social participation, connectedness, recognition, personal autonomy and control over living conditions.

This guide is intended to serve as a tool for working in a broad and collective way beyond the health field. For this reason, the people who use it are invited to take ownership of it, from the perspective that best allows them to identify a meeting point for collective action in their specific environment. It is therefore proposed that it be used in each context with its corresponding name:

Community action guide for...

Why this Guide?

This guide is part of a work carried out by the Ministry of Health in the field of health promotion, which has enabled the development of actions at local level within the Strategy for Health Promotion and Prevention in the National Health System (NHS) (1) and through the Spanish Healthy Cities Network.

It is also a response to the commitment of strengthening community orientation within Strategy D of the Strategic Framework for Primary and Community Care (2).

This guide for community action aims to take a further step in the direction of this work. It works towards to respond to the needs and concerns of those who are starting out as well as those who have been working in the community for a long time. According to some of the work carried out in tackling the discomforts of everyday life with the ProCC methodology (3), in the professional profiles with a greater community focus there are some contradictions that are important to highlight: high levels of idealisation at the same time as great difficulties for concrete action; the experience of the community as something that is desired and at the same time experienced as a mandate; the feeling that it can be something very powerful and interesting but at the same time something unknown and confusing; the consideration that it is something in the professional sphere but that it also implies a lot of self-education.

Faced with the frustration that this context generates in many people who want to commit to community action, it is hoped that this guide will serve to unify criteria and proposals. For this reason, it is not proposed as a manual to be followed to the letter, but rather as a compass that can provide keys to collectively advance in each specific area in order to improve health and living conditions.

How Was this Guide Constructed?

This document is based on previous works carried out in the field of community development across many neighbourhoods, towns, cities and regions. In recent years, different materials for community action in health have appeared in various autonomous communities, as well as others more closely related to social welfare and citizen participation, and linked to local experiences. The authors of this guide have contributed to many of these materials.

The writing team of this guide has reviewed the materials referenced in the bibliographical section, and has produced successive drafts based on them that have been enriched by the workgroup and the group of validators. Within these groups, an

attempt has been made to maintain both a territorial and professional balance in order to be able to cross different perspectives that facilitate their application in different contexts. The Health Promotion Committee and the Institutional Primary Care Committee have carried out the final review and validated the document.

Usage Guidelines

This document is divided into three parts, each of which can be read independently according to the interests or needs of the reader.

- **Introduction:** The main keys to community action are presented, as well as the factors that condition health and the importance of joint work between different community agents.

- **Bases for Community Action:** A general framework of methodological keys to be taken into account throughout the process of community action is proposed.

- **Cycle of Community Action:** The different phases of the process are described, and the specific actions within each of them are developed.

The document is accompanied by a glossary of terms to facilitate understanding of the text, as well as a compilation of bibliographical references on community action.

Advice to Readers!!

Throughout the text, reference is made to different actions that are important to address in the process of community action. However, beyond the specific tasks to be carried out, **what is fundamental is to create and/or strengthen relationships and links between different community agents.**

In this sense, it is essential to identify the specific contribution that each person, group or institution can make, and that this be the basis for their involvement in the process. Assuming responsibilities that correspond to other community agents can hinder relationships and cause them to waste the specific knowledge and experience that they have.

Finally, a recommendation: **do not be in a hurry.** Sometimes it will even be necessary to go backwards in the quest to make the process truly inclusive and participatory. This is fine. It is the way to ensure that the community action really serves to promote health, and not the opposite (which can happen if the process is not taken care of).

Introduction

Starting Point

Community action (CA) (4,5) is one of the pillars of health promotion, understood as the process that allows people to increase control over their health in order to improve it (6). This process cannot be merely individual, but is related to what is name as Community Health (7,8).

What Is Community Action?

It is the revitalisation of cooperative social relations between people in a given area or space of coexistence.

CA has a triple transformative function:

- To improve the living conditions of those who inhabit the coexistence space.
- To strengthen links and social cohesion, including groups in situations of exclusion.
- To enhance the capacity for individual and collective action in processes that improve health and wellbeing.

A common way of referring to the space for action is the term community. Although there are various definitions, rather than choosing a specific one, it seems important to point out some key factors that determine the community:

- Links: Of interest, identity or function.
- Proximity: Around a common area, within the institutional framework or in relation to common interests that generate mutual recognition.
- Community agents: People, groups, organisations and institutions which, in their plurality, play a leading role in and condition collective life.

These elements are not ideally combined in any particular community setting. Diversity, inequality and disagreement abound in all populations.

This means that conflicts are also part of community life, which is why it is important not to hide them and to promote dialogue based on the different opposing positions.

The key to any process of community action is to find a meeting point and a mobilisation point between the various community agents (Figure 1):

Figure 1. Meeting Point and Mobilisation of Community Agents. Self-development.

What Does Health Depend On? Social determinants and Health Assets

Social Determinants in Health

When we talk about health, we tend to focus on health care and everything that is organised around it (hospital resources and health centres, professionals, medicine, etc.). However, in recent decades there has been growing evidence of the influence on health of the social, political and economic structure in which people live, as well as the importance of community networks and educational, social and work-related factors. Health is shaped by the circumstances in which people are born, grow up, live, work and age. These circumstances are referred to as the social determinants of health (9), and there are several theoretical models that explain them.

Bronfenbrenner developed his theory of the ecology of human development (10), identifying levels ranging from the individual to the macrosystem through the closely related microsystem and the mesosystem as a space for available resources in the social structure.

Based on this model, other models have been developed in which the determinants form layers of

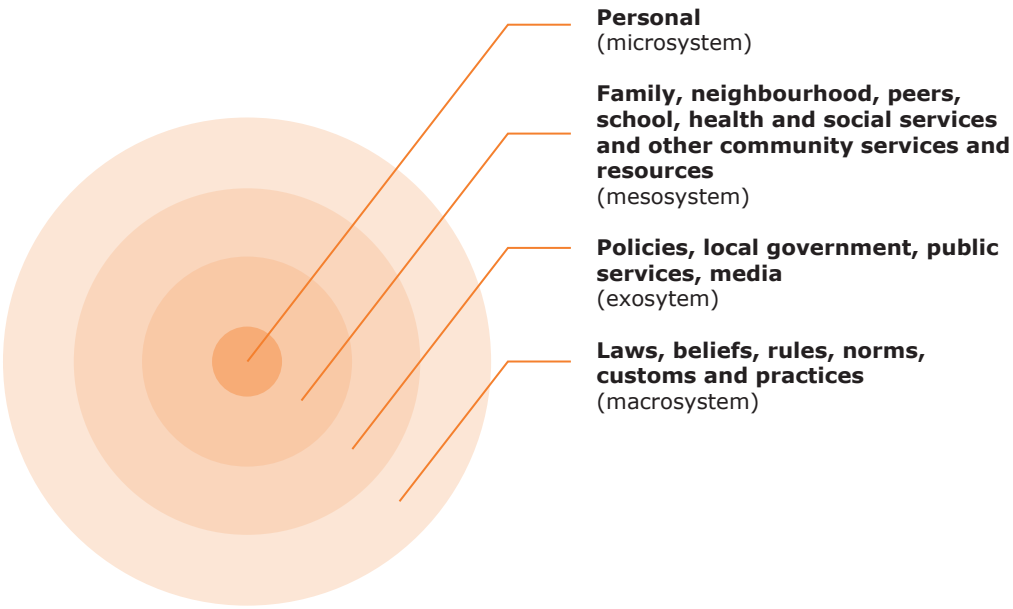


Figure 2. Ecology of Human Development.
Own elaboration based on Bronfenbrenner 1979.

influence. Thus, one can speak of an higher level of socio-economic, political, commercial, cultural and environmental determinants; a second level where living conditions, i.e. work, education, residence, housing and health care are located; and a third level in which psychosocial factors and lifestyles can be found. Meanwhile, surrounding the individual is his or her community environment, based on relationships and social cohesion (Figure 3).

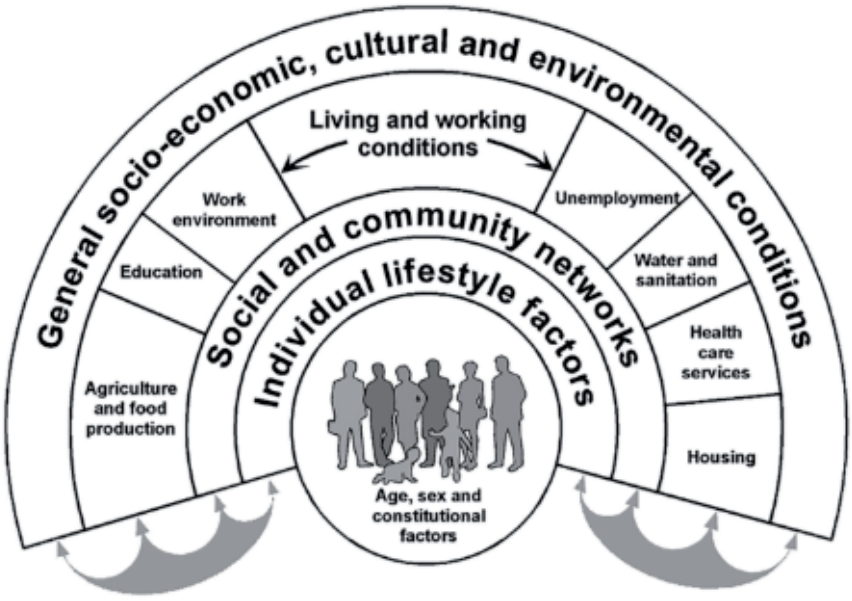


Figure 3. Dalghren and Whitehead's (1991) Framework of Social Determinants of Health, collected in the Methodological Guide for Integrating Equity in Health Strategies, Programmes and Activities, Ministry of Health (11).

These social determinants of health influence not only access to resources and opportunities to maintain or restore health, but also control over them, hence the importance of involving people in the decisions that affect their lives. The different situations of different social groups in relation to these determinants is what generates inequalities or inequities in health.

Social Inequalities in Health

Systematic differences in one or more dimensions of health between population groups or subgroups (socially, economically, demographically or geographically defined) that meet these two conditions: a) they are considered socially unjust; and b) they are potentially avoidable (12).

A more appropriate, but sometimes less used, term is **Inequities in Health**, as it incorporates these two conditions in its meaning. However, given the greater use of the term Social Inequalities, both will be used throughout this paper.

Social inequalities in health, because of their impact, their injustice and their avoidability, are one of the areas of action that need to be considered and addressed as a matter of priority. Figure 4 shows the influence of inequalities and their effects on health.

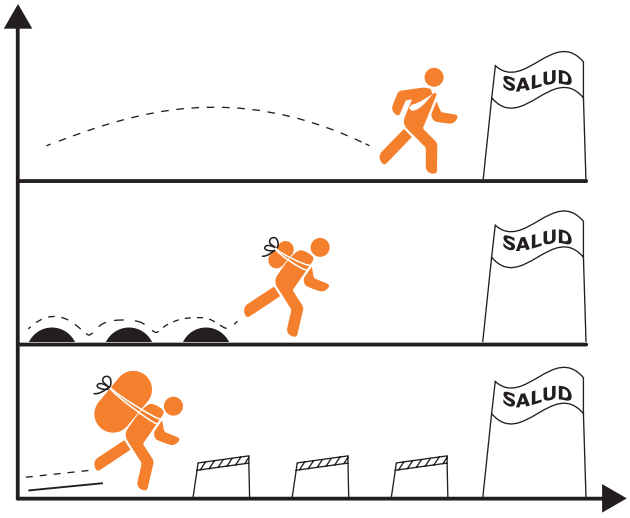


Figure 4. Influence of Inequalities. Methodological Guide for Integrating Equity in Strategies, Programmes and Activities (11)

Health inequalities affect different people and groups according to different axes of inequality: age, gender, social class, ethnicity, migration, sexual diversity, functional diversity and territory. In turn, these different axes intersect with each other (intersectionality): this is the case, for example, of a Romani woman living in a rural area, or an elderly person with reduced mobility from a low social class.

It is important to point out not only the axes of inequality, but also some of the causes of inequality. For example, on the age axis, ageism tends to favour middle age over childhood and old age; on the gender axis, patriarchy generates inequalities

in favour of men; on the social class axis, classism tends to favour the upper classes over the lower classes; on the ethnicity axis, racism generates inequalities that affect ethnic groups without social recognition more than others that have it; on the migration axis, xenophobia acts in favour of nationals over foreigners; on the sexual diversity axis, LGTBIphobia generates inequalities in favour of cisheterosexuality; on the functional diversity axis, ableism can favour people with socially recognised abilities; and on the territory axis, urbanocentrism favours the urban population over the rural population.

Social determinants and the inequality axes shape the structure within which the life of the individual and their community environment unfolds. This structure influences through processes of social determination that lead to inequalities in health outcomes that are avoidable, and therefore unjust.

However, social determination is not the only process at work, since in the opposite direction, the individual and their community environment act to transform the structure of social determinants. This process is known as agency, i.e. the capacity of people to resist, transcend and transform their context autonomously and freely.

This framework of social determinants means that interventions to address health inequities must take place at different levels of intervention if they are to be effective. These actions range from modifying the social context and environments, to interventions targeted at the individual level to modify lifestyles or reduce health consequences (Figure 5).

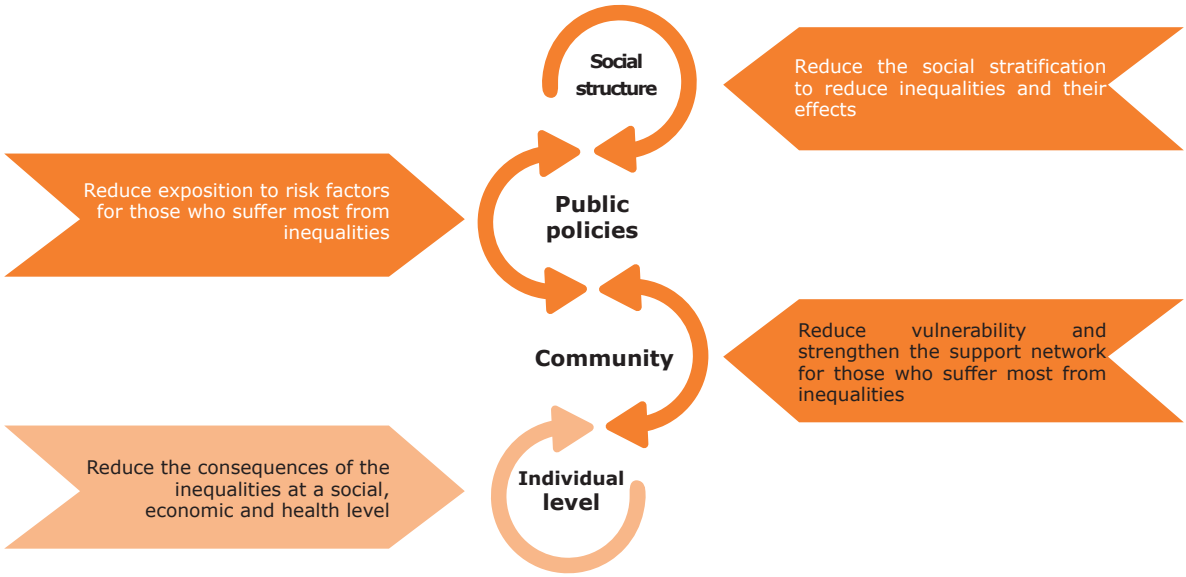


Figure 5. Levels of Intervention with a Social Determinants Perspective. Own elaboration based on the Framework for Action on the Social Determinants of Health Inequities (CSDH, 2008).

Assets for Healthy Communities

Beyond illness and individuality, it is necessary to understand that health is not only the absence of illness, and therefore cannot be addressed only through prevention and treatment mechanisms. It is necessary to understand it from a vision of what generates health, also taking into account the resources, skills and capacities that each person and each community have to produce it.

Salutogenesis (13) is the theory that studies the biological, material and psychosocial characteristics that make it easier for people to cope with life, taking stressors into account, being able to perceive life as coherent, structured and comprehensible. For this to be possible, the person must have the capacity to use the resources at his or her disposal, which are identified as General Resilience Resources. This capacity is called the Sense of Coherence (14).

General Resistance Resources: Biological, material and psychosocial characteristics that enable people to cope with stressors and to perceive their lives as coherent, structured and comprehensible.

Sense of Coherence: The ability to use these resources, constituted by the relationship between three factors:

- **Comprehensibility:** The ability to understand what happens to me/what happens to us.
- **Manageability:** The ability to manage the resources at my disposal.
- **Meaningfulness:** The ability to feel that my/our life/our lives have meaning or significance.

This guide proposes a new concept similar to the specific resilience resources which can be useful in exploring how general resistance resources and a sense of coherence are put into practice: Resistance Strategies.

Resistance Strategies

Resistance strategies are the actions or mechanisms developed at the individual or collective level in order to deal with a specific problem or need. They are the result of the application of the General Resistance Resources and the Sense of Coherence, so their identification will help to better understand what they are, based on concrete actions. This is very useful to understand:

- The analysis and prioritisation of needs carried out by the person or collective.
- The rationales for action from the perspective of the people affected.
- The individual and collective resources that the person or group recognise as assets for health, although from other spheres it is difficult to identify them as such.

Within the community sphere, and based on the theoretical framework of salutogenesis, the model of assets for health has been developed in recent decades (15). It proposes incorporating the subjective view of the community into the compilation or list of existing resources in an area. In this way, assets are the resources that the community itself recognises as riches. They are defined as factors that enhance the capacity of individuals, groups, communities, populations, social systems and institutions to maintain health and wellbeing and that help them to reduce health inequalities (16).

The health assets of a community can be categorised in a number of ways, one of which is the Assets Based Community Development (ABCD) model (17).

Identifying local resources and assets with people in the community facilitates the strengthening of networks and social capital, as well as promoting the establishment of social links and commitments. One tool for this is asset mapping.

Individual Assets	What they can contribute at individual level to improve the health of the community
Assotiation Assets	Formal and informal groups
Organisation Assets	Social, educational, health services...
Physical Assets	Green spaces, buildings…
Economic Assets	Businesses, companies, local shops...
Cultural Assets	Local talents that reflect their identity and values: music, theatre...

Figure 6. Hernán et al. (2013).

Map of Assets

Inventory of assets or wealth available to a community for a given issue that is of interest to the health or wellbeing of the people involved. It is developed through a participatory process among the people, associations and institutions of a community. In addition to making an inventory, it is interesting to ask why an asset is identified as such and what else it can be used for, so that it can be recommended to others who may benefit from it.

Map of Community Resources

Inventory of community resources to highlight, make accessible and offer to the community the local resources that can improve their health. In this way, valuable information is also obtained to study their distribution by areas and to identify focal points of action for their subsequent development or strengthening.

Differences between Resources and Health Assets

Resource: Goods or services that can improve the health or wellbeing of a person or population. Objective view.

Asset: A resource that is recognised as being conducive to maintaining or improving health from the perspective of the people involved. Subjective view.

For example, a park or a cultural centre are resources that may exist in a territory. But if neighbours do not use them, they remain unused and do not help to improve health. However, this resource will be an asset if it is used and recognised by citizens as beneficial to their health.

Health Equity

Health equity means that all people can develop their full health potential regardless of their social position or other circumstances determined by social factors. More pragmatically, it implies that no one should be disadvantaged in achieving this in so far as it can

be avoided. It thus refers to the creation of equal opportunities for health, as well as the reduction of differences in health to the lowest possible level. It is therefore also a value linked to the concept of human rights and social justice (18).

Equity in health implies that resources are allocated according to the needs of each person, as opposed to equality, which would consist of allocating resources equally to all.

At the same time, it must be remembered that health also relates to the ability to be able to act on living conditions and to link with other individuals and groups. Equity in health cannot be approached only from the framework of resource distribution, but must also incorporate the fair recognition of the capacities and contributions of each person and group to society, including those most affected by inequalities (20, 21) (Figure 7).

"Health equity is not just about health, viewed in isolation, but must be approached from the broader realm of the justice of social arrangements, including economic distribution, with due attention to the role of health in human life and liberty".
Amartya Sen (19)

Figure 7. Contributions and Capacities of People Receiving Minimum Income. Weaving Health (Tejiendo salud), Madrid Salud 2018 (20).

Working Together

By its own definition, community action is collective. The key to its development is the involvement of the different actors who form part of and intervene in the community. Depending on the case, the driver or mobiliser of the joint work may be one or other of the community agents. Each has its own role and functions (22):

- Public administrations (local, regional, state), on which planning, resources and funding depend. The local administration is the one most directly related to citizens, so it can introduce formulas and rules that make participation a differential and positive element of the form of government.
- Professional and technical resources that relate directly and on a daily basis with the population through the different services, programmes and benefits (educational, social, health, economic, cultural, sporting...). The population is not simply the recipient of services, but must be an active participant.
- Citizenship, its social groupings (associations and formally and informally constituted groups) as well as key people in the territory or relational space or any person who participates. These people and groups are the real protagonists of the process with their active participation in public life.

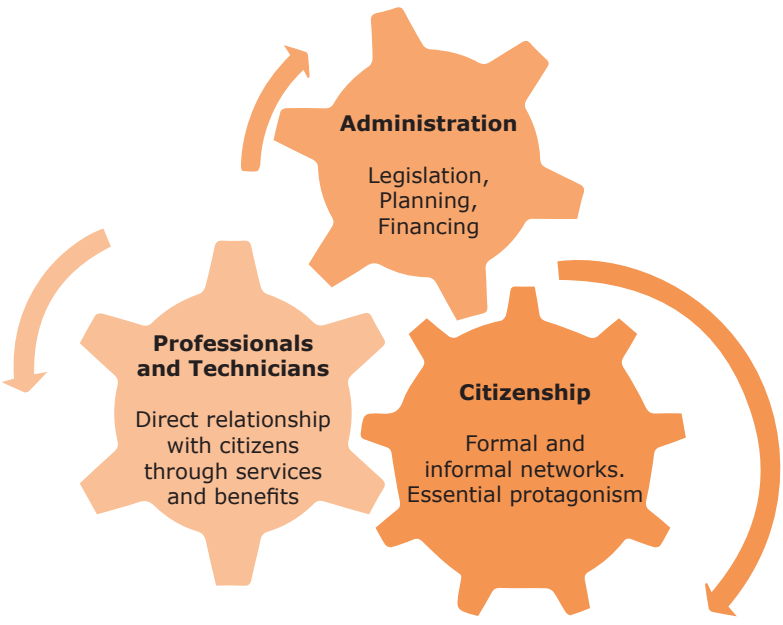


Figure 8. Working Together. Own elaboration

The different community agents working together implies different responsibilities for each of them, not only because of the place they occupy, but also because of the role they play in relation to the rights, obligations and responsibilities linked to health and wellbeing.

This leads to specify separately the conditions that favour intersectoral work between administration and services, on the one hand, and citizen participation, on the other.

Bearers of Rights, Duties and Responsibilities

Rights-holders: The people, recognised as subjects of rights with the capacity to exercise them. Each person is an active subject of development, protagonist of the changes and transformations in their community.

Duty-bearers: All institutions, entities and organisations that form part of the State structure. They must respect, protect and guarantee the enjoyment of rights.

Responsibility-bearers: The families, social organisations, companies, and the different institutions formed by the citizens. They have responsibilities in relation to the implementation of rights by virtue of the fact that they are part of society.

Intersectoral Work

Health is conditioned by social determinants that set in motion processes of social determination which, in turn, generate health inequalities. These social determinants are related to the work of different sectors of society. This means that in order to improve health it is necessary to work with an intersectoral perspective, which allows a joint and coordinated approach between sectors whose policies and actions have an effect on health (health, social welfare, environment, public works, urban planning, transport, industry, education, culture, sport, festivals, heritage...).

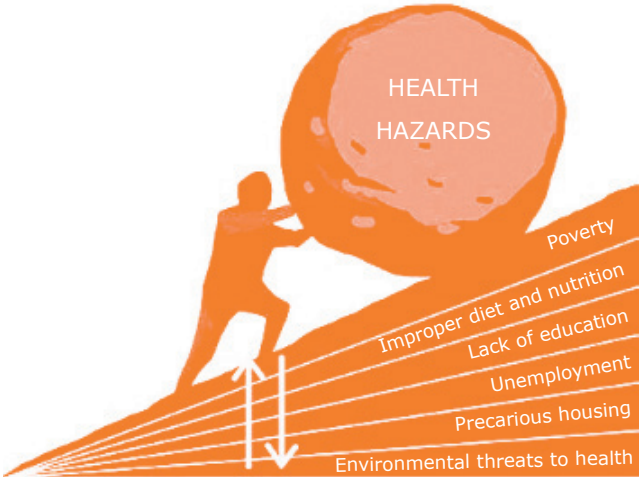


Figure 9. Weaving Health (Tejiendo Salud). Madrid Salud, 2018. Adapted from Making Partners: Intersectoral Action for Health 1988. Proceedings and Outcome of a World Health Organization (WHO) Joint. Working Group on Intersectoral Action for Health.

With this common objective, the concept of Health in All Policies emerged, defined in the Declaration of Helsinki in 2013 (23) as an approach to public policies in all sectors that systematically considers both the positive and negative implications of the decisions taken by policymakers on health. Both the Spanish National Health System's Health Promotion Strategy and many other local health strategies at regional and municipal level (24-32) include the creation of a space for intersectoral coordination in health.

Local entities have a fundamental role to play in relation to health, as they are the administrations closest to citizens and to the environment where people live, work, enjoy leisure and socialise. In this way, they can develop strategies that encourage or support community participation and action at a smaller territorial level, in order to reach out from local policies close to the community (health, education, sports, social welfare or culture).

For intersectoral work to be effective, it is important to promote networking between different sectors and services. This is not something that happens automatically, as it implies internal transformations within the organisations, which requires institutional support and time for the necessary concrete processes of change to take place. The model of stages of networking used in the 1st Ibero-American Virtual Forum of Social Action NGOs (Figure 10) has served as an inspiration.

These stages are related to the different moments of the Community Action Cycle presented in this guide. Their aim is to reach the stages of cooperation and networking. However, it should be borne in mind that it is possible that the way in which many sectors collaborate, especially when the process is not yet mature, is through collaboration and coordination, which is already a step forward.

Figure 10. Intersectoral Work in the Community Action Cycle. Own elaboration based on CRAC "Redes Asociativas" (33). I Ibero-American Virtual Forum of Social Action NGOs.

Citizen Participation

Concerning people's participation, it is one of the key elements to be addressed in the field of community action. People must be at the centre of community action and, therefore, at the centre of decision-making processes in order for them to be effective. Furthermore, following the framework of social determinants of health, it can be explained how social participation is a key mechanism for redistributing power to address social inequalities (34, 35).

There are different schemes that capture the different levels of participation that are possible. One of them is the one proposed in the guide "Community Participation: Improving Health and Wellbeing and Reducing Health Inequalities" (36), which focuses on reaching levels of community participation from level 3 onwards (Figure 11). This model focuses on the **grading of interaction** (exchange of information and influence on decision-making by participating individuals or groups). But there are other dimensions that are important to take into account, such as the **scope** (how many people are being involved, it is not the same to have a level 5 of participation concentrated in 5-10 people than in 3000) and the **breadth** (the diversity of the people who participate: if the usual people participate, those who have a very integrated culture of participation, or diverse people participate from different socio-economic and cultural profiles).

It is also important to remember, to avoid frustration, that community action is collective action, but it does not have to be mass action (and in fact it is difficult for it to be). It is important to try to mobilise a critical mass of people that can generate significant changes, but always remembering that what is fundamental is the organisation of diverse people to confront common problems.

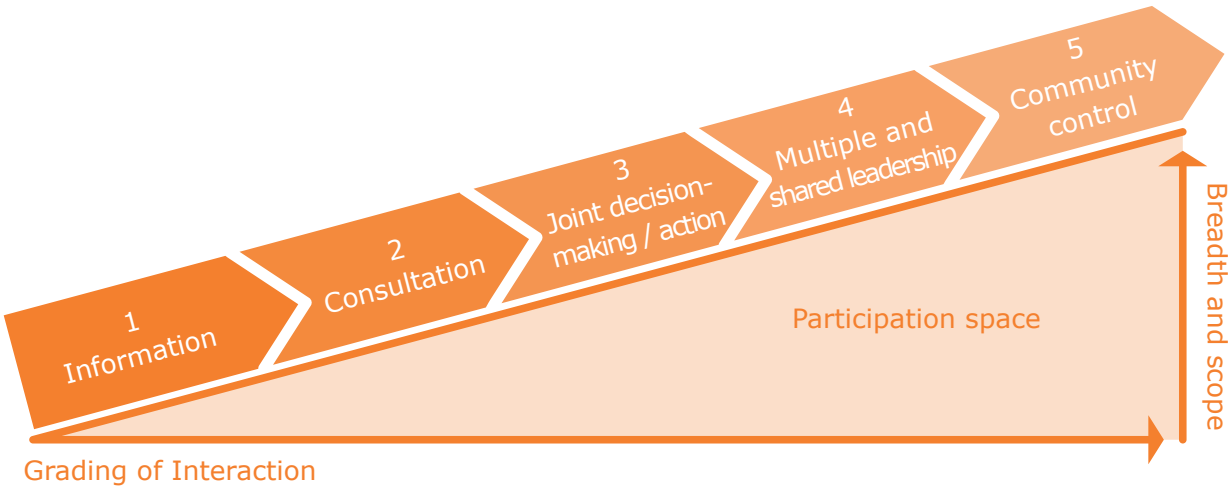


Figure 11. Levels and Grading of Interaction in a Participatory Context. Own elaboration based on the AdaptA GPS model of levels of community participation.

Characteristics of Citizen Participation in Community Processes

Active.
In all phases, from the design and analysis of the situation to the implementation and evaluation of actions.

Conscious.
Clarifying what kind of decisions and areas can be influenced by those who represent local communities and how to achieve this.

Responsible.
Committed to their rights and responsibilities, assuming the commitments that derive from the objectives of their participation.

Deliberate and free.
Respecting the right to be involved to the extent of their willingness and availability, with autonomy and their own tasks.

Transparent.
Regarding who participates and on behalf of which people, groups or organisations they do so.

Organised.
Common objectives oriented towards community development.

Sustained.
Recognising that it takes time and resources to build relationships, trust, commitment and capacity across local communities and statutory organisations.

Decisive.
Must be able to intervene in priority setting and be part of decision-making groups.

Open.
Communicating with community networks and organisations, especially those reaching out to vulnerable groups or newly established communities, as well as the general public through local media and public events.

Adapted from Escartín P, López V, Ruiz-Giménez JL. Community Participation in Health. Comunidad. November 2015; 17(2): 16 (37)

Learning to Build Together

One of the keys to productive participation and intersectoral work is the existence of conditions that allow for the recognition, valuing and exchange of knowledge, skills and experiences of all people, especially those from the local population.

Nowadays, when we talk about knowledge, it is usually related to the academic and professional world; this knowledge is provided by institutions and professionals who analyse and propose projects in search of answers to the big and small challenges of our towns, neighbourhoods and cities; their training and the environment in which they work enhance their capacities for reflection, expression, communication, abstraction and universalisation; this knowledge is socially recognised, communicable and built up over a long period of time; they also have the power to act, to guide and to decide, by virtue of their status and function.

To go a step further, in order to find appropriate answers adapted to the particularities of the concrete environment, knowledge derived from life experience ("lay" or experiential knowledge) is also necessary. Like all knowledge, this is not built up individually, but in dialogue and interaction with other people who are recognised as being part of the same collective. This is the case, for example, in seminars, conferences and meetings in the academic and professional world, in collective spaces of neighbourhood, and in workers' and feminist associative movements. For this reason, throughout the whole process of community action, it is important to ensure the maintenance of spaces for collective reflection as well as the construction of knowledge among peers (people who are recognised as having an equivalent experience and/or social place), favouring its development and recognition, which is especially necessary in the case of realities of poverty and exclusion (Figure 12). There are many issues and situations that are difficult to express, because they are experienced out of guilt and fear. Thus, the dialogue of people experiencing poverty with professionals about the difficulties in caring for their own family, especially children, can be blocked by the fear of being accused of incompetence, with the consequences that this can also entail. But if there has previously been a reflection with other people who also face the difficulties of raising their families with scarce economic resources, it is easier to recognise other factors that it is important to put on the table in relation to this issue, as well as to be able to express them without being individually exposed.

This recognition of the different forms of knowledge also implies accepting the questioning of one's own knowledge, representations and practices, as well as making room for new questions and the wisdom of community agents who are bearers of local knowledge.

This collectively constructed dialogue can lead to the identification of possible actions in different fields. It is important to remember that the recognition of the value of different kinds of knowledge does not imply that the different community actors have an equivalent role in collective work, especially when it comes to implementing concrete actions and transformations. The role of the administration cannot be the same as that of the citizens, nor can the responsibilities to be assumed from an associative profile be the same as from a professional profile.

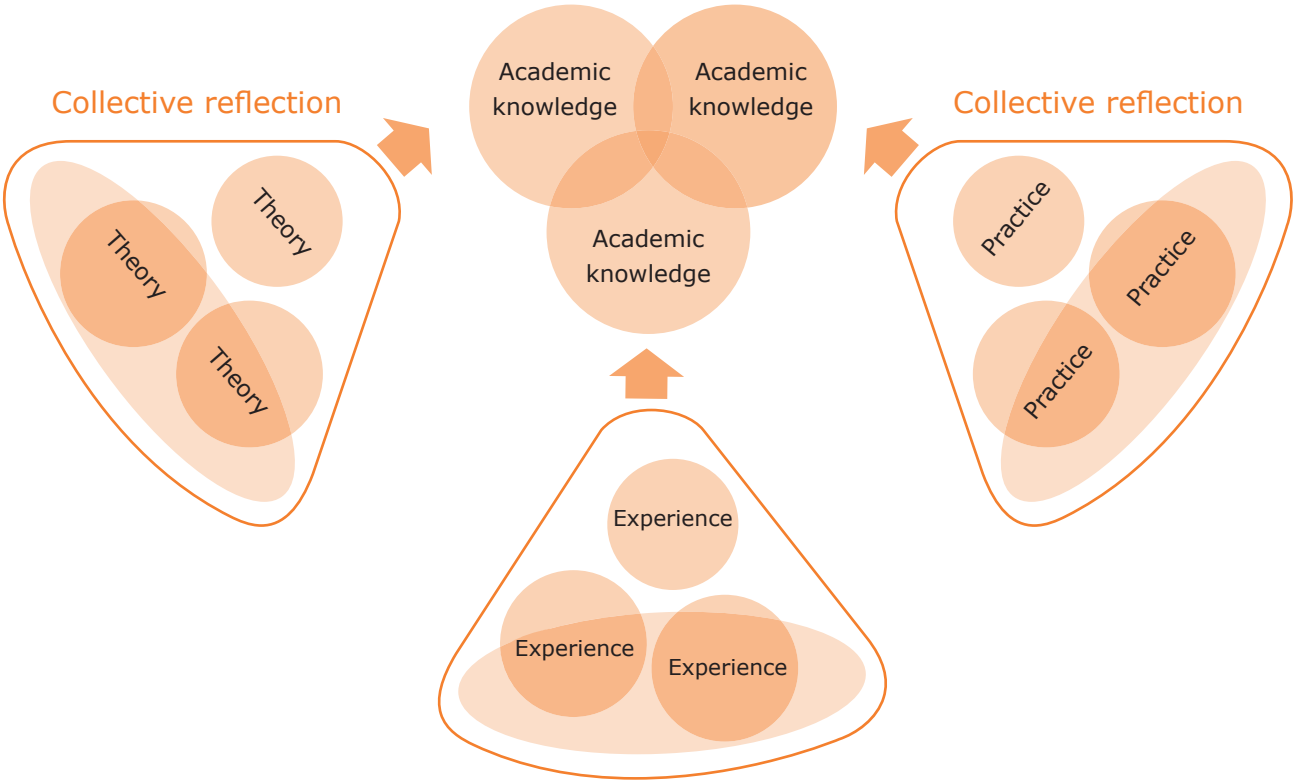


Figure 12. Learning to Build Together, own elaboration.

Legislative and Institutional Context

In Spain, the General Health Law (14/1986) establishes in Article 6 that the actions of the Public Health Administrations *"shall be oriented towards health promotion, to promote individual, family and social interest in health, through adequate health education of the population, to ensure that all health actions are aimed at the prevention of diseases and not only at curing them, and to guarantee health care in all cases of health losses".*

On the other hand, the General Law on Public Health (33/2011) in its Article 16 states that *"health promotion shall include actions aimed at increasing the knowledge and capabilities of individuals, as well as modifying social, labour, environmental and economic conditions, in order to favour their positive impact on individual and collective health".*

With regard to community participation, Article 5 of the General Law on Public Health recognises the right of citizens to effective participation in public health actions, with the competent public administrations establishing the channels to make this effective. Citizen participation is again contemplated in the aforementioned Article 16 on Health Promotion: *"the competent public administrations shall promote effective participation in health promotion actions by citizens, directly or through the social organisations in which they are grouped or which represent them".*

The Ministry of Health boosts the Strategy for Health Promotion and Prevention in the NHS, approved by the Interterritorial Council of the NHS in 2013, which has an implementation plan at local level. This plan fosters the commitment of local entities to health, the strengthening of intersectorality, the improvement of the visibility and use of community resources that promote health, and the promotion of citizen participation, as well as the empowerment of citizens to gain health in the municipal context.

The 2019 Strategic Framework for Primary and Community Care, in Action D, points out the need to *"strengthen community orientation, health promotion and prevention in Primary Health Care".*

Regulatory and Strategic Framework in Spain

- General Health Law (14/1986)
- Law on Quality and Cohesion (2003)
- General Public Health Law (33/2011)
- Health Promotion and Prevention Strategy in the Spanish NHS (2013)
- Strategic Framework for Primary and Community Care (2019)

On the other hand, on an international level, the Declaration of Alma-Ata of 1978, elaborated during the First International Conference on Primary Health Care, organised by World Health Organization (WHO) and United Nations Children's Fund (UNICEF), established the objective of achieving *"Health for All".* This implies giving all the world's people a level of health

that enables them to lead socially and economically productive lives. The main strategies on which this idea is based are: citizen participation, intersectorality, teamwork and making health universally accessible, through the principles of self-responsibility, global mobilisation, development and social justice.

Subsequently, in 1986, during the First International Conference on Health Promotion, the Ottawa Charter was drawn up, a WHO document aimed at achieving the objective of "Health for All by the Year 2000", in response to the new trend towards a positive approach to public health that was being generated.

Health Promotion.
Areas of Action.
(Ottawa Charter 1986)

- Development of a healthy public policy.
- Creation of favourable environments.
- Strengthening community action.
- Development of personal skills.
- Reorientation of health services.

Figure 13. United Nations (UN) Sustainable Development Goals.

Currently, a key frame of reference for health promotion is the 2030 Agenda and the Sustainable Development Goals (38). Although health appears explicitly in Goal 3: "Ensure healthy lives and promote wellbeing for all at all ages", in reality they all have a direct influence and should be taken into account in community action processes.

The healthy cities movement within the framework of the WHO should also be highlighted. This is situated at the European level of the WHO European Healthy Cities Network (39), which is currently in Phase VII (2019-2024) and is supported by the United Nations (UN) 2030 Agenda for Sustainable Development. Phase VII identifies that cities are in an important position to improve health, wellbeing and equity. Among the central recommendations of this Phase VII are the design of urban environments that improve health and wellbeing, the promotion of greater participation of the population, investment in people, and includes, as a novelty with respect to previous phases, the need to address sustainability for a city to be healthy.

In Spain, this project takes shape in the Spanish Healthy Cities Network (RECS) (40), which was born in 1988 and in 2020 had 253 local entities that brought together around 40% of the Spanish population. The RECS is a section of the Spanish Federation of Municipalities and Provinces (FEMP) and works in coordination with the Ministry of Health in the framework of an Agreement for the promotion of the RECS and the local implementation of the Strategy for Health Promotion and Prevention in the Spanish NHS.

Figure 14. European Healthy Cities Network Phase VII.

Bases for Community Action

Methodological Principles

The methods and proposals presented in this document for community action are in continuous development. For this reason, it does not propose closed indications or guidelines, but rather orientations for reflection and action. In this sense, it is essential to encourage creativity and adaptation of the actions to each specific reality, seeking to lay the foundations that can provide stability and breadth to the dynamics of community action.

Therefore, before dealing with the different phases of the community action cycle, this chapter is dedicated to recapping the methodological principles that should support this type of process.

The four pillars of community action are:

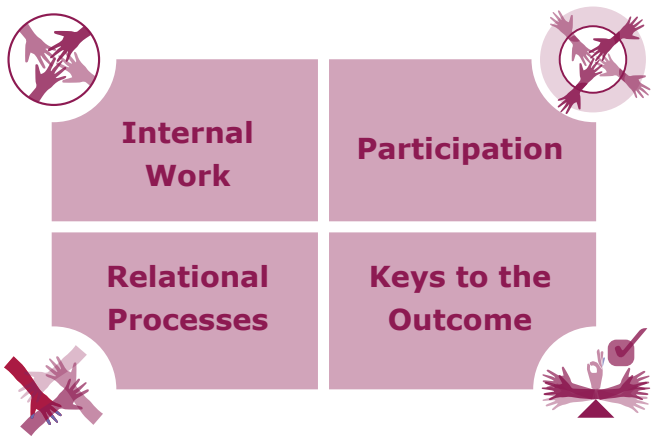


Figure 15. The Four Pillars of Action.

a) The internal work of each organisation

Community action is sustained by the participation and commitment of people who do not act as individuals, but as part of collectives and institutions in the neighborhood, professional, and administrative spheres. In this sense, it is important that their participation is supported by their reference group or institution. It is not just a matter of attending meetings, but also of reflecting on the organisational changes that need to be made within each participating institution or collective to facilitate the development of the community process. This internal work dynamic within each group must be maintained throughout the process in order to promote its transformation and facilitate networking.

This look at the internal conditions of each organisation is key to ensuring the sustainability of the process, as it favours the development of links, knowledge and shared practices that will transform organisational structures and methods in the medium to long term.

b) Participation

One of the keys to community action is participation. For this reason, it is necessary to seek the involvement of different professional fields and administrative levels that have the backing of their institutions, as well as groups in which the population participates.

When considering joint work, it is important to consider the motivations of other sectors, to establish common objectives and priorities, and to reach agreements on how they can be actively involved throughout the process.

The involvement of citizens and the different professional and administrative sectors starts with an invitation to participate. There is often talk of "going out into the community", as if the only way to do this is to go to new spaces to meet the population. However, while this is important, the first step must be taken in the places where the work is already being done. For example, in a health, education or social services centre. These are places where residents are constantly coming and going, and also where relationships are being established on different levels with other institutions and local groups. This already provides a basis on which to begin to act as a community.

In order to promote participation, it is not enough to make an appeal, but it is also necessary to consider how to make it dynamic. Dynamisation consists of activating other agents and people so that they organise themselves, act and make decisions in order to solve the problem, while taking advantage of the opportunities and resources available to do so.

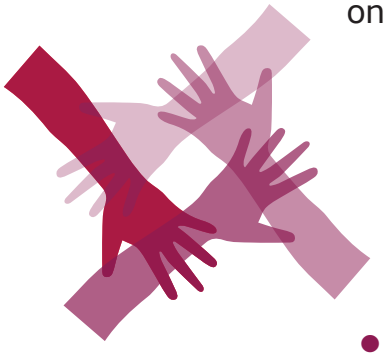
In order to organise oneself, one must be willing, be able and know how to do it. The task of those who are active is precisely to support in these three areas, identifying, sharing or promoting resources and training tools so that the population, professionals and technical staff of the administration can organise themselves.

The aim of dynamisation is to work so that people gain power: so that they can decide and have the resources to be able to act in accordance with these decisions.

It is always important to ask about those who do not participate and their reasons why: whether it is because they do not want to, because they cannot, because of a lack of resources or because they have not been invited in an appropriate manner. This will allow for more tailored proposals that can broaden participation in the process.

c) Relational Processes

All community action works on relationships between people. There are different dimensions to these relational processes:



• Bases of the process

The relationships that are fostered within the process of community action have two main objectives: to create links and to empower people.

The creation of links is fundamental to consolidate relationships, and can be developed around different aspects: interests, identity, affectivity, functionality.

As for the training of the people who participate in community actions, it can be of many different forms, but it should always be aimed at promoting self-organisation, as well as the development of skills to manage any conflicts that may arise. It is not always necessary to think about specific training actions, but the community action itself generates many learning opportunities for all the participants in different areas such as communication skills, organisation, planning, etc.

On the other hand, within the relationship structure that is established, there are four important points that are often not given enough attention:

- **the base of community organisation are groups** that bring people together to act in a concrete way, albeit in diverse and limited areas. These groups, formed by people who come together to practice a hobby or achieve concrete improvements in

some aspect of collective life, are the foundation that helps to ground and fill the network that is woven in the community process with life.

- **the importance of team building** goes beyond the design of coordination spaces between different organisations. This "team-building" requires mutual knowledge and care, trust, informal spaces for relationships, identification of a common framework and objectives, etc. And all this takes time, it cannot be rushed.

- **the responsibility for care** and the tasks involved, identifying and incorporating them into the schedule. This will promote a good balance in terms of relationships, coexistence and between personal and professional or activist life.

- **the importance of informal spaces** for relationships, in addition to formal meetings: conversations over coffee, leisure activities both inside and outside of meetings, celebrations and festivities specific to each place, etc.

• Attitudes of the process

Beyond speeches and words, the relationships developed around community action are influenced to a large extent by the attitudes of those individuals and groups who promote it. Key attitudes for these processes include the following:

- **presence** to be noticed and recognised. Community action cannot be promoted from a distance or intermittently.

- active and effective **respect** for all people, including those who think differently.

- **willingness to collaborate**, because in order to learn from other people and groups, the first step is to want to do so.

- **responsibility** in relation to one's competences, duties and functions, as well as commitments.

- **confidence** in the process and its participants, which helps to cope with frustration in the face of possible difficulties that may arise.

- **coping with conflicts** that may arise in the process. Active listening to those who

are more critical or sceptical is essential. Far from being problems to avoid, conflicts are opportunities for change if they are properly managed.

- **transparency**, promoting the return of what is done in a simple and understandable way.

Abilities of the process

Among the key skills to energise a community action process, the following stand out:

- **leadership**: leadership should not be confused with command. Leadership must be shared and be in line with dynamisation: facilitating relationships, mediating between different interests and reinforcing the capacity of individuals and groups to act and make decisions autonomously.

- **empathy**: in the face of diversity, which is increasingly present at all levels, it is important to develop the ability to listen actively, to put oneself in other people's shoes and to understand their concerns, aspirations and emotions.

- **flexibility**: it is essential to find ways and means to be able to adapt to the different realities and contexts, both of the groups and of the people participating in the process. An example would be facilitating appropriate times and spaces for collective work.

- **creativity**: it is important to enhance the ability to develop one's own ways of doing things in each context in order to find answers to the questions posed in each community process. Community methodology is not what a paper indicates, but what a group of community agents do in a concrete way in their place of action.

- **communication**: there are two dimensions and two directions in this area. As regard to dimensions, communication is developed through publications, posters and campaigns; but there is also "face-to-face" communication, through day-to-day relationships in everyday life, in which values, interests, predispositions, etc. are shown. This, which is sometimes not taken into account, is essential

for the development of community actions. As far as communication directions are concerned, it is important to remember that it is just as important to **listen** to the community environment as it is to tell what is being done.

Bases

- Creating links
- Empowering people
- Groups as a basis for community action
- Formal and informal spaces
- Team building
- Care

Attitudes

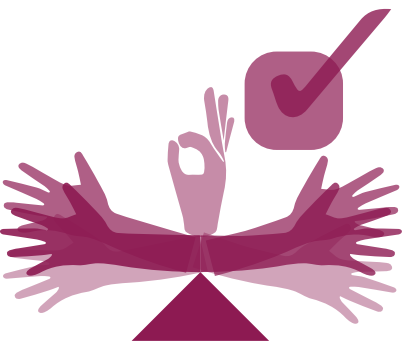
- Presence
- Respect
- Willingness to collaborate
- Responsibility
- Trustworthiness
- Dealing with conflict
- Transparency

Abilities

- Leadership
- Empathy
- Flexibility
- Creativity
- Communication and listening

Figure 16. Bases, Attitudes and Abilities for Community Action.

d) Keys of the outcome



In order to achieve satisfactory results in the field of community action, there are certain issues that are important to bear in mind throughout the process.

- Ensuring a **perspective of equity**, seeking the means to reach the whole population and taking into account the **diversity** of existing realities. In this sense, it is essential to promote the integration into the process of people and groups that are usually excluded from processes of this type.

- **Search for effectiveness**. When facing the different phases of the process, it is important to review the accumulated experience in order to be able to select tools and actions that can facilitate the achievement of the objectives set.

- **Promote evaluation** from the early stages, focusing not only on the results, but also on the structure and development of the process. Throughout the process there are two evaluation dynamics to be carried out: on the one hand, **formative evaluations** during each of the phases of the process, which will fundamentally help to improve the ways of working and make decisions on how to continue, as well as to identify partial results; on the other hand, a **summarising evaluation**, which will make it possible to assess at the end of the community action cycle what has been achieved throughout the whole process and to account for what has been done.

Figure 17. Outcome Keys in Community Action.

Useful tools to go more in-depth into the methodological bases

- Operational Guide for Community Action (IGOP) (4)
- Practical Notebooks to Improve the Functioning of Collectives and Associations (Equipo CRAC) (41)
- Guide to Participate for Better Health (Ministry of Health) (42)

Organisational Proposal

Any process of community action requires networking at a local level, but it also needs to be coordinated with other levels (regional and national) which, with their institutional commitment, can support the dynamisation of community action. This is the case of the local entities adhering to the Health Promotion and Prevention Strategy of the Spanish NHS, to the Spanish Healthy Cities Network or to regional networks such as the Local Governance System of Asturias, the Community Health Network of Aragon, COMSALUT in Catalonia, Xarxa Salut in Valencia, the Community Health Approach Strategy of the Basque Country, etc.

The alliances established in these local networks between different community agents should lead to the establishment of common objectives and cooperative action to achieve them, so that resources are better used. In this way, communication between different groups will improve, their efficiency will be enhanced, duplication of resources and actions will be prevented, and barriers within the community will be broken down. They will also promote working models that allow problems to be analysed from different perspectives and obtain a better diagnosis and more efficient solutions. Furthermore, they will place health policy and actions closer to the people, helping to empower them to identify their resources and strengths in order to face their problems.

This joint work is structured in different degrees of involvement, which are set out in the organisational proposal below. This does not seek to supplant others that may already exist in the territory, but is a model that can be applied flexibly and adapted to the conditions of each community, its institutions, organisations and people involved (Figure 18).

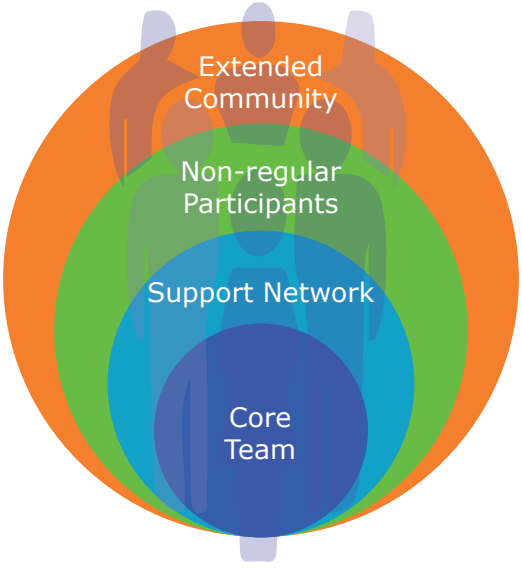
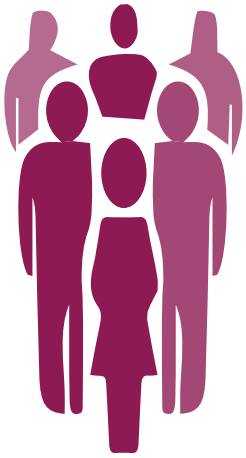


Figure 18. Organisational Proposal for Community Action.



The **Core Team** is a group of people, limited in number, in charge of guaranteeing that the process is carried out and ensuring the initial work to set it in motion and give it continuity. It is the group with the greatest involvement, the one that will drive community action by actively participating in its various phases. It is not usually a very large group in number, depending on the number of people who are willing to get actively involved in the dynamisation of the process. To ensure that this team does not take over the process, it is essential that the whole community is continuously given the opportunity to participate in the process.

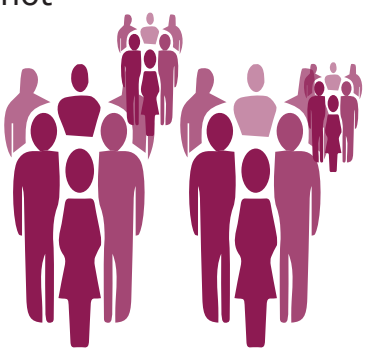
While respecting the effective availability of different people to participate in this team, it is advisable for it to have an intersectoral orientation. Thus, it is recommended that individuals from a variety of areas, including the town council, social services, health centres, schools, institutes, key people in the community capable of mobilising and associations (elderly, youth, women, immigrants and cultural groups), should be given the opportunity to participate.

This core team can be newly created (from a few people motivated to set up a community process), or it can be based on existing structures. Thus, for example, it may be made up of the participants of an Intersectoral Committee or a Health Council who decide to dynamise a process of collective action; or by a small group of professionals (in collaboration with some neighbours) who started to get together with the same objective. In some cases, technical personnel are hired to ease these processes, which facilitates certain aspects, although it is not essential.

The core team must be open and dynamic. Its members can vary over time, depending on their individual situation and the actions that are prioritised. It is important to encourage the entry and exit of people, as well as to assume changes in their degree of involvement in the work of the group. It is not necessary for everyone in the team to be involved in all the activities and tasks. This will depend on the skills, background and resources that each person can contribute. Depending on the needs of each planned task, more people with the appropriate profiles can be added to the group at any time.

The core team must have clear objectives, working methods and functions, agreed upon during the process of creating it.

The **Support Network**, the second space for participation, is made up of the people, groups or institutions interested in taking part in the project, but who are not available to participate in the core team.



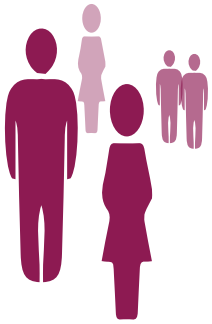
It is advisable for this network to include the different community

agents who can make significant contributions to the process set in motion, both in terms of the specific knowledge they have and the support they can provide for the development of the action. In this sense, it is important that both citizen groups and the different professional and administrative sectors acting at the local level are involved.

This Support Network can build on previous intersectoral and participatory working structures. For example, if there are periodical meetings of Local Forums or Community Committees, in these meetings, the Core Team can share what has been done in the previous weeks in order to contrast what has been done and define priorities for the next steps. Meetings of the Support Network can also be convened independently, setting a frequency (monthly, bimonthly, quarterly) that allows for the participation of the different community agents.

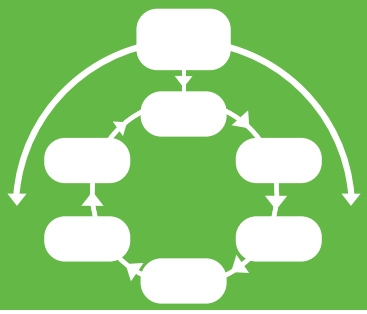
The Support Network, although it should be established from the beginning, can be enriched little by little, adapting continuously to the community process. Attention should be paid, as knowledge of the community is gained, to contacting new agents, making them aware of the aims of the process and inviting them to join the network.

Occasional Participation is the third level. It is not a structured space for participation like the previous two, but serves above all to open up the process to the contributions that can be made by people and groups not permanently involved in community action, but which enrich and contribute new knowledge about the reality. It can be done in many ways (individual interviews, groups, mapping actions, workshops, interventions in community spaces, etc.), especially in phases 2 (Exploring the community) and 4 (Acting). It is a way of making community action known to those who are not initially involved in it. From this one-off involvement, there may be individuals or groups who will join the Support Network or even the Core Team on a more regular basis. Others will remain within the community and will not be actively involved in the process, but having had a first contact with it will later facilitate the tasks of communicating the results of the process.



The **Extended Community** is the space for information and its distribution that includes citizens and professionals who do not participate in the process, but to whom it is important to communicate the evolution of the process, the results obtained and to invite them to join in the next phases.

Cycle of Community Action



This third part of the guide proposes a scheme of action divided into different phases and organised in the form of a cycle. On the one hand, each phase builds on the work carried out previously and conditions the development of the following phases. On the other hand, they are not linear processes with a defined goal, but the results achieved in each round of the cycle can help to identify new objectives and challenges that give continuity to the community action, increasingly enriched and open to new participations.

The development of the phases proposed in this guide is indicative. The processes to be carried out may vary depending on the moment in which each working group finds itself, its previous experiences, its expectations, the projects that are already being carried out in the vicinity, the knowledge available, from which sector or which people are planning to initiate the action, etc.

The outline of each of the phases is divided into the following sections:

- **What are we trying to achieve?**: Definition of priority objectives for each phase.
- **Key points**: Relevant elements to be taken into account in each of the phases.
- **Proposal for action**: This section provides a summary description of the main actions that can be developed to achieve the objectives foreseen in each of the phases.
- **Useful tools**: Reference materials for further information on how to develop each phase.
- **Reviewing what has been done**: A sheet to assess the fulfilment of the main tasks of each phase.

Keys to the Cycle of Community Action

- Establish an initial reflection on the need and opportunity to start a community process.
- Generate spaces to work together in the territories or communities with a culture of real participation oriented towards the determinants of health and not only towards health resources.
- Take specific care to ensure that everyone feels invited to the process, and specifically those people and groups in situations of exclusion.
- Conduct an exploration and analysis of the needs, resistance strategies and assets of the community. This allows for a better understanding of the different existing realities and the establishment of participatory prioritisation mechanisms.
- Continuously act, evaluate and celebrate what is being achieved.

Figure 19. Cycle of Community Action. Own Elaboration

Starting point. Acknowledge and Get to Know One Another

Phase 0 - Starting point. Acknowledge and Get to Know One Another

What Are We Trying to Achieve?

Identify the motivations and objectives that lead to starting or joining the process of community action, as well as to connect with other people or groups beyond the sphere of action of each person.

Key Points

1. The idea of starting a project linked to improving health and wellbeing in the territory can be carried out from different perspectives and contexts: an association that wants to start working on a project, an initiative taken by professionals at a health centre, a coordinated intervention between different local organisations, the adhesion of a Local Entity to a Strategy, network or Plan, applying for subsidies... Whatever the case, it is important to reflect and explain the reasons that motivate one to start working.

2. Normally, work does not start from scratch at local level, in the territories there are already groups of people, projects or actions underway ("the dance has already started before we arrive"). Before starting any process, it is advisable to explore whether other initiatives are already underway, and if so, to connect with them and strengthen links and relationships with other agents in the area.

3. It is important to assess the capacity of the social and community fabric in each local area to respond to the challenges that will arise in the development of community action, as well as the possibilities of institutional and professional commitment to the process. This will make it possible to adapt the objectives, expectations and levels of involvement.

Revise the motivations for getting started

Explore if there are other initiatives and connect with them

Proposals for Action

1. **Recognise what it is that mobilises people.** When a person or a team starts to consider a community action focused on gaining health in a specific environment, it is important to reflect on the motivations that lead them to want to implement it, as well as the expectations it arouses. This reflection should not necessarily lead to a definition of objectives or a design of the work process, but rather serve to promote transparency, to clarify the possibilities for development and with whom they could be shared.

   It is also important for those who are part of an organisation to check whether they have the support of the organisation to participate in such a process (which can be translated, for example, in terms of available time to devote to it).

2. **Get to know and connect with others who are working in the area.** Once the starting point has been identified, it is important to look for information on groups of people, actions or projects that are being carried out in the area. To do this, you can start with different strategies: ask different resources in the neighbourhood (social services, associations, health centre, municipal centres...), consult key people in the community (those who know what is happening in the area and those who are able to mobilise), search through websites (of the local council, associations...), etc. This can be used to identify the actions that are being carried out in the area and the different agents that are doing things, as well as the relationships between them.

   Based on the contacts that are established, it is possible to reflect with them on whether or not it is necessary to carry out new actions, as well as on how to join forces at a collective level.

   In this process, it is important to identify the different issues that generate interest and mobilisation in the community, paying attention to the relations they may or may not have with the search itself. This will help to define the approach from which the development of a community action can be most effective.

3. **Identify how to address community action.** After this process of getting to know the reality of the area and the initiatives and networks already operating in it, it is time to decide. First of all, it is necessary to reflect on what it is possible to do according to the existing conditions. It is important not to generate false expectations or processes that may do more harm than good. Something can always be done, but sometimes the conditions that can give rise to a community development process do not exist, and what needs to be done first is to

promote the conditions that make community action possible in the future (for example, by promoting group dynamics and spaces in the area).

If the minimum conditions are in place and there is no community process underway, it is possible to move on to phase 1 of the cycle, forming the Core Team that will promote the work dynamics.

But it may also be that there are already community action spaces that link different groups and institutions, and it may be more interesting to join them. In this case, it is best to join these spaces.

Useful Tools

- PACAP (Community Activities Programme in Primary Care) Recommendations: How to initiate a process of intervention and community participation from a health centre: Chapter on reflection before taking action (43).
- Manual of Participatory Methodologies. CIMAS (International Observatory on Citizenship and Sustainable Environment) Network: Chapters on starting points and establishing contacts (44).
- Methodological Guide for Approaching Community Health from a Community Perspective. Department of Health. Basque Government: Chapter on getting to know one another and connecting, focussing on the institutional sphere.

Reviewing What Has Been Done so Far to Acknowledge and Get to Know One Another

The shaded questions must be answered in an affirmative way in order to move on to the next phase.

QUESTION POSED	YES	PARTIALLY	NO	COMMENTS
Has it been asked who is making the proposal to initiate the process of community action (ourselves or other people/groups)?				
Have the motivations and expectations of those who make the proposal been considered (ourselves or other people/groups)?				
Has the capacity of each person or organisation to participate or support the project been considered?				
Has what can be contributed to the development of community process been considered?				
Has a list been made of the key agents (city council, organisations, health centre, referents in the population) to contact?				
Is it known if there are issues that generate more interest or mobilisation among people or groups in the area?				
Has it been checked if there are other networks or processes in the area that could be connected to this process?				
Is it known if there is support from any institutions for community action?				

Make a Team and a Network

Phase 1 - Make a Team and a Network

What Are We Trying to Achieve?

To define the core team and the support network, who are the ones who will be most involved in the process, to develop a common language with them and to plan their function and the development of community action.

Key Points

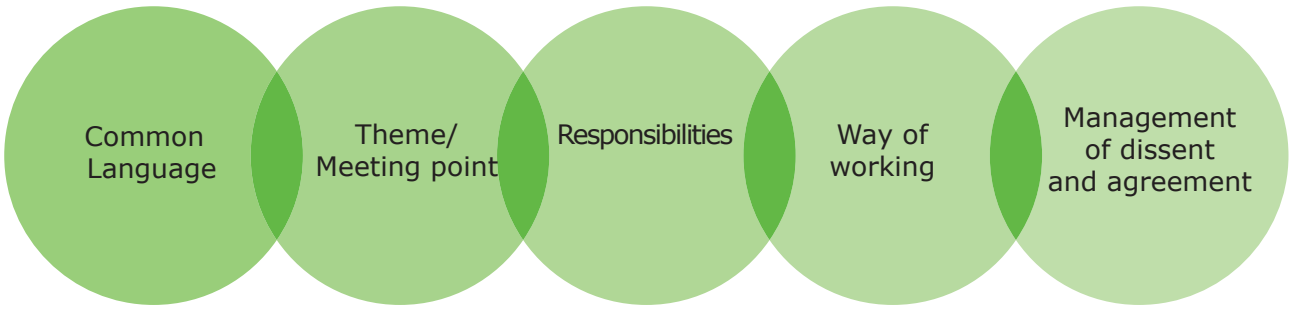
1. It is not always necessary to set up a new group or structure in which to work together and coordinate. An existing one can be rethought, its components expanded and the methodology revised, or several groups can be merged together.

2. Identify the people and groups who can form part of the Core Team and the Support Network, as well as their willingness and availability to support community action. In order to design these different spaces for participation, it is important to start from the experiences and expectations of the people and groups that act locally.

3. Establish a process of reflection and co-training within the team to develop a common language in relation to the community action and a collective working framework.

4. Define the theme or meeting point around which the different members of the Core Team and the Support Network can mobilise and dynamise the process. Agree on the functions of these workspaces, and define the role that each of the participating individuals and groups will play.

5. Develop an overall plan of the community action process, paying particular attention to identify the key ways to promote participation without excluding anyone in the different stages of the process and develop evaluation methods around the process and the results obtained.



Proposals for action

1. Establish the Core Team and the Support Network for Community action

Some areas may already have intersectoral participatory spaces whose components have different profiles (e.g. health councils, local committees or networks, local action plans, citizen participation platforms, etc.) There may also be informal spaces driven by the social fabric that operate in the area.

It is therefore necessary to look for existing community dynamics. This helps both to develop synergies that facilitate community action and to avoid creating a sense of invasion and undervaluing the work that has been done previously. If there is already a participatory space in operation, it is best not to duplicate structures. The easiest thing to do is to join in, making modifications if necessary.

In the event that these spaces for participation are newly created, it is important to rely on the previous work of knowledge and recognition (Phase 0) in order to identify the possible areas and agents of the community that are of interest to form the group. Generally, they can be made up of:

- Institutions: technical staff from different areas: health, social services, equality, participation, local development, environment, youth, sport, urban planning, education, transport, etc.
- Professionals: health, education, social work, etc.
- Citizens: citizen associations and groups, key mobilisers, etc.

The more diverse perspectives are incorporated into the process (e.g. older people, migrants, people in vulnerable situations, etc.), the more enriching the process will be. It would be beneficial for these spaces to reflect the diversity of the municipality, including the perspective of equity.

2. Establishing a Common Working Framework

The fact that the members of the group come from different backgrounds can lead to a different understanding of participation, community action, and processes... The first challenge is therefore to build a common language. To this end, it is interesting to share reference resources from different fields in order to find common ground and build common perspectives. This guide provides a glossary at the end of it.

There are some key values to consider regarding how to work both within the Core Team and the Support Network: respect for the existing trajectories and values of the different entities; trust and the ability to build open and cooperative relationships; transparency, knowledge sharing in order to build-up community capacity; reciprocity and egalitarian relationships that favour mutual collaboration; as well as shared knowledge production and practices.

It is also important to reach a consensus from the outset:

- the theme or meeting point between the different groups and institutions around which the process can be set in motion.

- the rules of operation (time and frequency of meetings, who convenes them and how, how the agenda or topics to be addressed are decided, etc.).

- the different responsibilities of those in the core team and the support network (so that everyone has a contribution to make).

- who is going to take the lead in facilitating these spaces (the city council? the health centre? the people who launched the initiative that set the process in motion?)

A particularly important aspect is to define certain rules on how dissent and confrontation will be dealt with in the group. It can be useful to establish, for example, a protocol of good treatment that conditions attitudes, models of relationship and confrontation.

3. Identifying Resources and Pathways to Sustainability

When planning the community action process, it is important to be aware of the resources available at the start and for its development. Although conditions may change, at this point it is possible to identify the political, institutional or organisational commitment, the technical, methodological and economic resources available and the initial social participation. This makes it possible to adjust

the expectations of what can be achieved to the reality from which it starts, without generating false hopes that can lead to mistrust and weaken the links between citizens and institutions.

On the other hand, this starting point can lead to the search for and identification of ways to strengthen the long-term sustainability of the project. This makes it possible to think of strategies to obtain greater institutional, economic or citizen support to make the continuity of the project possible.

There are various possibilities along these lines. For example, at the municipal level, when the proposal is presented in a plenary session and is approved, this helps to promote its continuity beyond the political colours in power at the time. This can be done by associating the community project with a broader dynamic that provides possible resources or opportunities: by advocating adhesion to the Strategy for Health Promotion and Prevention in the Spanish NHS, to the Spanish Healthy Cities Network or to regional local health strategies. In terms of Primare Care management and health areas, this can be done by supporting community orientation through training, as well as organisational and coordination actions.

4. Define a Strategy for Reaching Out to the Community

The process may have a specific starting point, but it should not be forgotten that the objectives of community action are very broad: to improve living conditions, strengthen links and enhance individual and collective capacities for action. In order to achieve these objectives, which in each context will be specified in a particular way, it is necessary to open up participation to other people and groups beyond those who initiate the process.

The search for those group members who are still missing makes it necessary not to close long-term objectives that could only be of interest to the initial core team. What needs to be done in this moment is to design a communication and exploration strategy in relation to the community that will make it easier for more people and groups to join the process and participate in the dynamic of prioritising objectives and planning actions. The key question is "who is missing". No one should be able to say "I wasn't counted".

Favourable Conditions for Participation

Timetables which are adapted to the population.

Contact and reminders by phone, message, email and home visits.

Information in clear, concise language and in several languages.

Intercultural approach.

Addressing the issue of functional diversity.

Use pleasing spaces and a relaxed atmosphere.

Facilitate the participation of those who have more obstacles to do so.

Offer support for childcare and for people in situations of dependency.

The search for this participation must be carried out with a focus on equity. In this sense, it is important to work with active citizens and community organisations in order to identify obstacles to participation and to generate communication strategies in relation to: groups in situations of vulnerability or isolation, recently created communities, people with low literacy or learning difficulties, people with language difficulties or who do not use digital or social media, people with functional diversity.

It is also important, within the equity approach, to take into account the gender perspective, since, despite the growing evidence on gender inequalities in health, the gender perspective is still an area for improvement in policies and programmes in general, and in public health and community health in particular. This is recommended by the Spanish Society of Public Health and Health Administration (SESPAS) 2018 report on Community Care (45), not only as a matter of ethics and justice, but also as a matter of effectiveness of interventions. The Spanish Society of Family and Community Medicine (SEMFYC) document Community Orientation: Do's and Don'ts in Primary Care (46) also advises incorporating context-oriented interpretation and intervention strategies, including focusing on gender, in the individual, family and community spheres.

Useful Tools

- Guides Xarxa Salut 2 (Health Network Guide 2). Health Concepts to listen to and understand ourselves (47) and 3 (Toolbox) (48): glossary and specific dynamics.
- How to develop the community health strategy. Barcelona Salut als Barris (Barcelona Health in the Neighbourhoods): keys and dynamics to form a core team.
- Participation Guide for Better Health: Ministry of Health: keys to citizen participation with focus on equity.

Reviewing What Has Been Done to Make a Team and Network

The shaded questions must be answered in an affirmative way in order to progress to the next stage.

QUESTION POSED	YES	PARTIALLY	NO	COMMENTS
Have the participatory dynamics that are already taking place in the territory been identified?				
Has there been any reflection on whether it is time to create a team to develop a community action or is it better to join an existing group/structure?				
Have the initial components of the Core Team and the Support Network been defined?				
Have the sectors and spaces represented in the Core Team and the Support Network been identified?				
Has work been done to develop a common language?				
Has the theme or focal point on which the process can be energised been identified?				
Have the responsibilities of each member of the Core Team and the Support Network been defined?				
Has it been defined how it is going to work?				
Have the resources and support available at the start of the process been identified?				
Has the sustainability of the process been reflected upon according to the identified resources and support?				
Have plans been made for how to encourage participation that takes into account the diversity of the population, including those who are often left out of these processes?				

Explore the Community

Phase 2 - Explore the Community

What Are We Trying to Achieve?

To initiate a process of collective research that can facilitate the subsequent development of actions based on the identification of the main characteristics of the community: the existing data and resources, the needs, resistance strategies and health assets identified by the population.

Key Points

1. Collect updated information on the health and wellbeing situation in the area from a social determinants perspective that takes into account the axes of inequality (health and wellbeing according to age, gender, social class, ethnicity, migration, sexual diversity, functional diversity and territory). Identify and pool existing community resources.

2. Use techniques and methodologies that help to go beyond quantitative data, complementing it with data obtained from the subjective expression of different members of the community through qualitative techniques. This will serve to generate new knowledge about felt needs, resistance strategies developed to address them, and assets for health.

3. Depending on how the process has started to develop, asset identification can be carried out in a general way simultaneously with the exploration of felt needs or linked to specific needs identified earlier.

4. It is important not to prolong this phase, the idea is to lay the foundations for a rapid diagnosis that will allow action to be taken as soon as possible and thus mobilise more people and groups to join the process.

Define the community → **Compile existing data** → **Listen, observe, understand**

Proposals for Action

The first step is to define who will be in charge of the exploration. This can be carried out by the Core Team itself or by specific working groups that also involve external people, people who are available to take on specific tasks: data analysis, analysis of felt needs together with resistance strategies, asset mapping, etc.

1. Define the Community to be Analysed

It is essential that the promoter group defines the community or territory to be analysed. In this sense, it is important that the chosen area has limits that allow it to be approached within the framework of the process, allowing for a direct meeting and relationship between the three protagonists of community action: administrations, professionals and citizens. At the same time, it is important to identify both the administrative distribution of the territory (association of small municipalities, region, town, or part of the city-neighbourhood, district...) and the map drawn by the subjective feelings of belonging existing in the population, which do not always coincide. Territoriality can thus be understood as a "meaningful community", with a specific meaning for those who inhabit it and recognise it as a shared space.

On the other hand, these delimitations do not necessarily have to be strictly geographical, but could also be defined according to population groups of greater interest or with concrete/ specific characteristics.

2. Collecting and Organising Existing Information

It is important to be able to retrieve data that can be obtained from existing archives and registers, websites of municipalities or organisations, as well as work done by municipalities in linking various strategies, etc. You can look for general data or data that is more focused on specific issues that you want to work directly on (e.g. if the community action process arises out of concern about the increase in childhood obesity in a neighbourhood). In this sense, it would be important to have the participation, if possible, of technicians from the area who handle this information (public health, census, etc.).

Ideally, data should be collected and organised at the same level as the sphere of action (the neighbourhood, or municipality, etc.). On occasions when this is not possible, approximations can be made on the basis of more general data (regional, national). Epidemiological and sociological sources can be consulted, without forgetting previous work that has been carried out on people's subjective perception of their own state of health.

The aspects on which information retrieval is of most interest are:

- **The Physical Environment**

  Territory is of great importance in the lives of communities. There are many conditioning factors in the territory that affect collective life and that facilitate, hinder or impede the human and social relations that are at the basis of the community and coexistence process.

  It is of interest to know the distribution of neighbourhoods, the topography, the distribution of green and natural spaces, the urban barriers that hinder relations, etc.

- **Demographic Characteristics**

  It is important to know the population distribution by age groups and sex, the demographic history of the community (migratory movements), as well as the recent history of local institutions, organisations and associations.

- **The Socio-economic Characteristics**

  As a starting point, one can look for simple indicators such as the unemployment rate, the main economic sectors, the level of education, etc.

- **Social and Cultural Aspects**

  It is interesting to identify, if available, information on the different socio-cultural models existing in the territory, forms of social organisation, historical demands and needs, etc.

- **The Health Status of the Community**

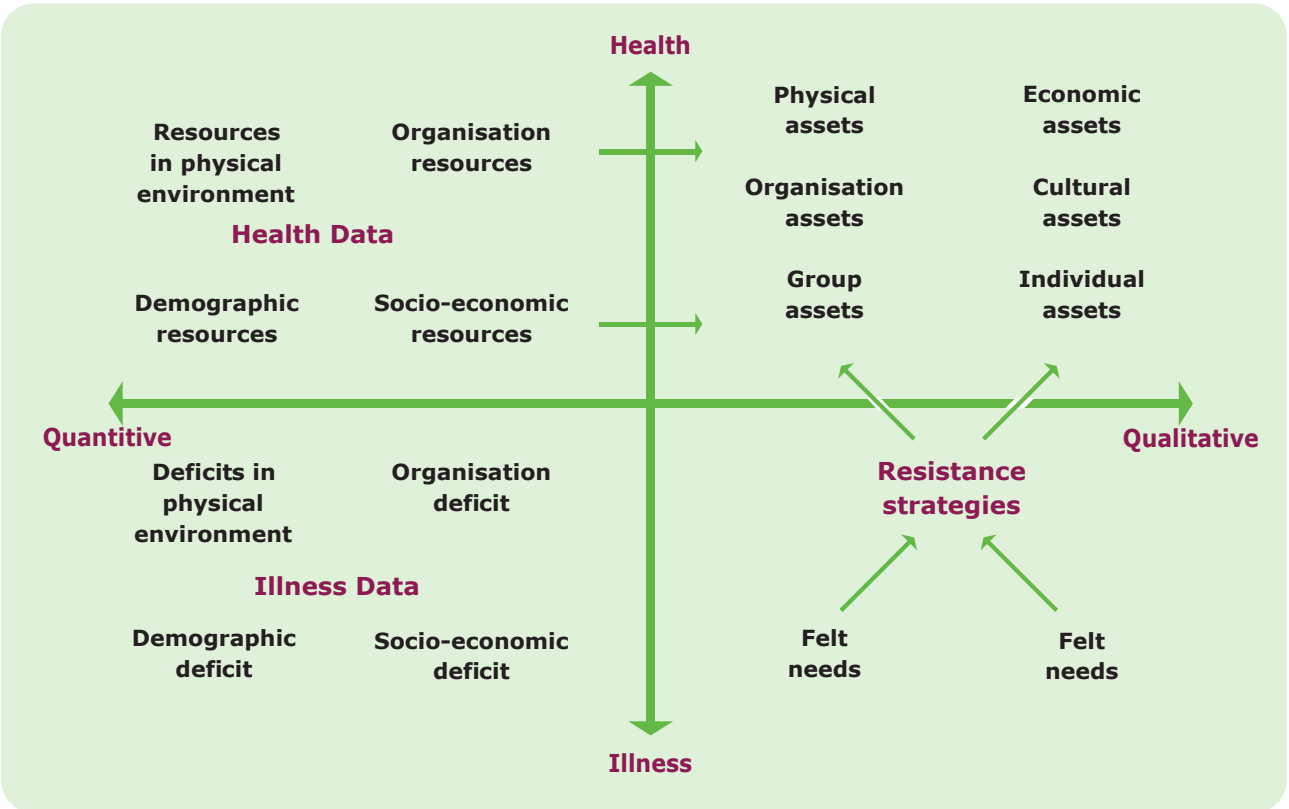
  There are various indicators, such as morbidity and mortality indicators, and other indicators that are linked to health determinants. Some sources of information would be: statistical information systems, health information systems, health surveys, surveys on drug use, global data from public health observatories or atlases, municipal plans, etc. This data can be supplemented with information provided by the health centre or other key informants in the community. As far as possible, it may be useful to identify and geolocate information related to health status and determinants on a map to better understand the reality of the community.

- **Identification of Community Resources**

Resources are goods or services that can improve the health of individuals or groups. Their identification is very useful when it comes to knowing what exists inside a territory, this allows to analyse those resources with the aim of improving them in order to optimise and enhance their use.

It is the duty of institutions to guarantee the availability of resources for health and wellbeing to all citizens, but also to work to ensure that they are recognised as assets, making them known, making them accessible, adapting them to needs, managing them in a participatory way and listening to the population.

In this sense, it is key to address the use and perception that the population makes of the resources, and it is important to relate this to the work done on asset mapping. Both proposals, resource identification and asset mapping, should be seen as complementary in order to achieve a more global and complete vision.



3. Listen, Observe and Understand

Exploring the community to gain a deeper understanding of the key determinants of health and wellbeing of those who live there cannot be done solely by retrieving data from previous record. This phase of the process should be an opportunity to launch a collective research (or co-research) based on active listening and observation of the different existing realities. To this end, it is proposed to use tools developed by qualitative methodology (49). In this sense, it may be useful to have a person or training resource helping to use them, while paying special attention to generating training dynamics that help more people in the community environment to use these tools.

This is particularly important because it allows to address aspects that are beyond the scope of other methodologies:

- beliefs, values, attitudes, behaviours and expectations.
- interactions between individuals and groups.
- the impact of suffering and illness on people.
- economic, social, cultural and political factors that influence health and disease.
- the experiences of users of different professional services, etc.

Qualitative Techniques

- **Observation:** The process of looking closely and systematically at how people's behaviours develop, as well as the use and disposition of resources in the community.
- **Individual interviews:** Can be used when individual discourse is of interest, when there might be a lot of peer pressure because of the topic or when the informants are widely dispersed.
- **Group interviews:** Useful when there is an interest in exploring a particular social context and in stimulating the interaction of the participants.
- **Public forums:** These offer people from diverse backgrounds the opportunity to express their views on key issues and what can be done about them. There is no discussion, and no goal of a joint conclusion.

This also allows for emerging or complex issues to appear which will help to better understand the overall framework of the community.

The different tasks to be carried out can be developed by the core team or by sub-groups specifically created for this purpose. The collective research process itself is a key moment in the community action, as it allows for the development of activities to which new people and groups can be invited to participate (for example, those who fall within the area of "Specific participants" in the organisational scheme proposed in Phase 1). It also helps to strengthen the links between those who promote these activities through working together in concrete ways. In this sense, it is very interesting what it contributes in terms of rebalancing the power between professional and neighbourhood profiles, by placing everyone in the same role as co-researchers.

Within this co-research work, two aspects can be distinguished, which can be developed one after the other or at the same time, depending on the context of the Community action process.

- **Identification of Felt Needs and Resistance Strategies**

  We propose the idea of exploring these two elements and the relationships between them in order to gain a deeper understanding of both, as well as to facilitate further connections with the assets identified in the asset mapping process.

  Needs can be as concrete as the need for food and water or as abstract as improving community cohesion. Examining needs will help to discover what individuals and groups within the community feel needs to be improved and the direction in which they feel community action should be organised.

  For further explanation of the concept of resistance strategies, the following questions can serve as examples: What does a person who has no income do to cover their basic needs? How does a family organise itself to care for a family member with a significant degree of dependency? What collective responses are there on the part of people affected by the lack of decent housing? The aim is to identify what the affected people do to address a given need, without judging its effectiveness, ethics or legality.

  Identifying these strategies of resistance to felt needs provides three key elements:

  - On one hand, delving into the strategies of resistance can help to understand the logic and priorities that

mobilise the action of the people affected in the face of the needs they feel. In this way, the actions that are subsequently proposed can be adapted to be more effective.

- On the other hand, in order to develop them, it is necessary to bring into play general resources of resistance that come from previous experience, the culture, as well as one's own socialisation networks. Identifying these general resources of resistance, often unrecognised in excluded groups, allows them to be incorporated into the map of community assets that is developed.

- Finally, it is interesting to generate a dialogue back and forth between needs and resistance strategies, as it may allow the identification of needs that were initially silenced. An example would be that of a person with dependency who complains about the architectural barriers that confine them to their home, but every time they have a problem they call a family member to come and help instead of using the telecare service. Although it was not mentioned at first, addressing the strategies of resistance in this case allows us to point out loneliness as an element to be taken into account.

- **Asset Mapping**

Asset mapping is a community-based process of identifying the wealth and resources available in relation to an issue of concern for health or wellbeing. It is done through a participatory process and focuses on what makes people feel healthy.

Asset mapping can be done at the same time as the analysis of felt needs and resistance strategies. It can also be approached in a general way or it can be done according to the interests of the community under study, choosing specific themes that affect the health of the community and analysing the available assets linked to it (e.g. obesity, drug addiction...). Asset mapping, like the other areas of exploration mentioned above, is not an end in itself, but rather a tool to be able to then move on to action.

The first tasks to be carried out will be to plan and mark out the area to be mapped, choose the work methodology and recruit key informants (people, associations or institutions with in-depth knowledge of the area and the relationships between its inhabitants). Key informants

are those whose knowledge arises from a strategic position within the social life of the neighbourhood and the network of social relations.
The starting proposition of asset mapping is very simple: ask people about what exists in their environment that makes them feel good and helps them cope with life's challenges. This can be helped by a number of techniques that can be used in a variety of ways (50). Each technique can have a complementary purpose to the others and can be used depending on the knowledge of the people in the asset identification group leading the process, as well as the skills and availability of the informants.

One element to be taken into account is that there are resources that may be assets for one group of the population and not for others. This is the case, for example, of an auditorium or a sports centre with high prices that are inaccessible to those with few resources. For this reason, it is important to incorporate views from the different axes of inequality into the asset mapping work that is carried out.

Once the techniques to be used have been decided, the asset identification group must establish the steps to catalogue the identified assets. There are various online platforms for the visibility of community resources and/or health assets that are mapped. In the framework of the local implementation of the Strategy for Health Promotion and Prevention in the Spanish NHS, the Ministry of Health provides a map: Localiza Salud (Localize health) www.localizasalud.org (51) The Community Health Alliance also has a map for the publication of health assets: www.alianzasaludcomunitaria.org (52). There are also other community initiatives that publish their community resources and health assets on other types of platforms.

Useful Tools

- Community Toolkit. 2. Assessing Community Needs and Resources: Gathering tools to describe the community, conduct interviews and focus groups, and identify assets and resources (53).
- Guide for the Local Implementation of the Health Promotion and Prevention Strategy in the Spanish NHS (Ministry of Health): Keys to identifying resources at local level.
- Techniques for Identifying Health Assets. Applicable to Each Health Centre. FMC. 2019;26 (Extraordin 2):18-26: Systematisation of asset identification techniques (54).
- Guide to Asset-based Community Health (EASP) and Guide for the Elaboration of the Map of Health Assets of the Balearic Islands: Guides focused on the identification of assets.

Reviewing What Has Been Done to Explore the Community

The shaded questions must be answered in an affirmative way in order to progress to the next stage.

QUESTION POSED	YES	PARTIALLY	NO	COMMENTS
Has the geographical area/territory in which to work been identified (neighbourhood, basic health area, municipality, etc.)?				
Has a timetable been established and have tasks been organised for the collection of community information?				
Has a list of the main needs of the community been obtained, identifying the different collectives or social groups most affected?				
Have the resilience strategies with which individuals and groups are coping with their main needs been identified?				
Have actions been designed for the identification and collection of health assets in the community?				
Has a list of assets for health in the community (an asset map) been obtained?				

Analyse and Prioritise

Phase 3 - Analyse and Prioritise

What Are We Trying to Achieve?

In this phase, the priority field (or fields) of action must be defined on the basis of the collective review of the data obtained from the community exploration.

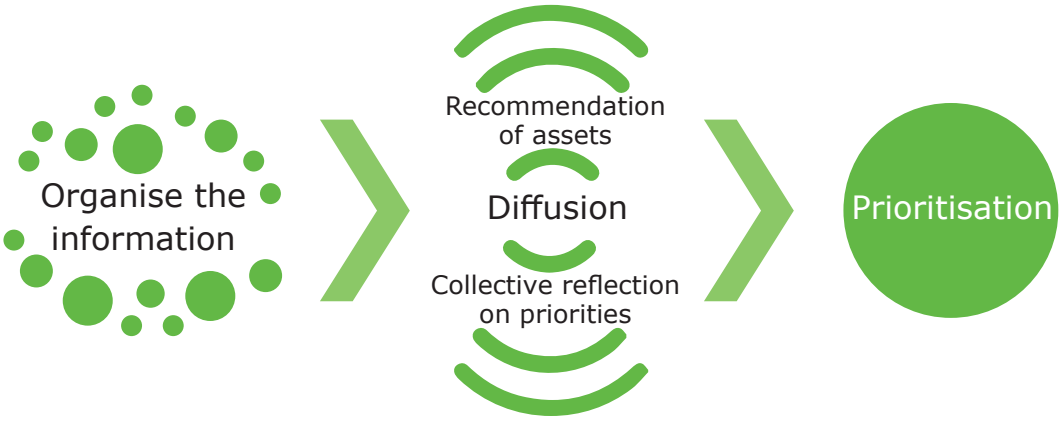
Key Points

1. Define the criteria to be used for prioritisation and the criteria to serve as the basis for the analysis of the information.

2. It is necessary to connect needs and resources of resistance with assets in order to identify courses of action that can be more useful and effective.

3. Bear in mind that the analysis and prioritisation process is a key moment of reflection and dialogue between the different community agents involved in order to better understand the health and wellbeing situation in the community, what is already being done and what can be improved.

4. Communicate the outcome of the analysis in a way that invites action by producing a small, simple final document to be shared with the community.



Proposals for Action

1. Organise and Analyse the Information

In order to arrive at an overall understanding of the community and the priority issues that are important to address, the first step is to organise the information that has been collected so far. To do this, it is important to define from the outset what the criteria for organising the information will be, and to identify if there is any important information missing that can still be searched for.

Once organised, it is time to analyse the information. For this, it is important to define the prioritisation criteria, which can be related to different aspects of the problem, for example:

- The significance of the problem (extent, severity, social impact)
- The real capacity for intervention.
- Social and institutional support.

Another important aspect is to analyse the possible connections that each asset identified may have with needs and resources of resistance. This will help to see which of these assets enhance, maintain or support the health and wellbeing of the community in relation to the issues that affect them most. It is also the basis for developing possible recommendations on how to use assets to develop strategies for action.

At the same time, it is important to review the information collected from the perspective of health inequalities and to assess whether it is necessary to look for more data on a particular population group.

2. Return the Information and Share Tools and Assets

The information gathered and organised must not remain only within the Core Team and the Support Network, but must be socialised in a simple way and with an equity perspective so that it reaches the different realities with the communities. This makes it possible to increase the capacity for community action in two fundamental areas:

a) Providing data encourages joint reflection on the priority issues to be addressed in the preparation and development phases of actions. The feedback process should make it possible to confirm whether there is agreement on the analysis carried out or whether certain elements that have not been taken into account and which are important for a significant part of the community should be incorporated. This will lead to a more complete vision of the reality and to a greater and better common awareness of

what exists, what does not exist and what would be needed.

b) Promoting greater awareness of existing assets and their recommendation. For example, information on existing assets can be provided to different types of professionals so that they can carry out asset recommendation as part of their activity (55-57). This consists of the professionals getting together with the people they serve and selecting assets that could help to improve their living conditions (e.g. a woman with hypertension who lives alone and wants to start walking, can make use of a women's group that goes for a walk twice a week under the neighbourhood women's association).

The circulation of the main data collected throughout this phase will be done in a simple and understandable way so that it can reach the whole community, including the Support Network, specific participants and other people or groups that may be interested, paying attention not to generate more inequalities. For this reason, different ways of dissemination should be considered in order to reach different audiences. Written and audiovisual materials, publications in local media, social networks and the web, but also community meetings (which can be general or focused on different profiles of participants) can be carried out to present the information gathered and then open a dialogue with the people who attend.

3. Prioritise the Fields of Action

When prioritising the fields of action, felt needs are placed in the order in which it is considered that they should be addressed. To do this, it is advisable to use a participatory methodology and appropriate prioritisation criteria, and to choose only one or two problems to address initially. It is important to take into account the impact of the prioritised need according to the axes of inequality: age, gender, social class, ethnicity, migration, sexual diversity, functional diversity and territory.

The prioritisation of issues and objectives for action should not only assess the severity or frequency of the problem, but also the existence of applicable solutions and the likelihood of success of a given action.

Keys for Prioritisation

Options to Prioritise

- Health problems/needs.
- Alternative forms of intervention.
- Target population.
- Sequence of intervention.

Criterias for Prioritisation

- Risk (magnitude, severity).
- Health assets.
- Opportunity (social, political).

Methods

- Consensus and negotiation.
- Participation of different actors.
- Balance of criteria.

It is important to be clear about the means by which other members of the community, beyond the Core Team and the Support Network, will be involved in this phase. This is a laborious task but it has the advantage of being a tool for disseminating the work, thus increasing the interest and involvement of the population in the subsequent action plan.

Useful Tools

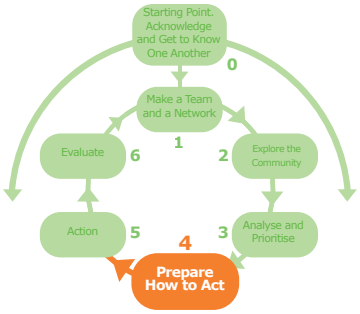
- Community Prioritisation in the Barcelona Salut als Barris (Barcelona Health in the Neighbourhoods) Programme: Systematisation of different prioritisation techniques (58).
- Annex I Asturias Community Health Guide: proposed Hanlon prioritisation tool (modified) (59).
- Community Toolbox. 3. Analysing problems and goals: tool collection.

Reviewing What Has Been Done to Analyse and Prioritise

The shaded questions must be answered in an affirmative way in order to progress to the next stage.

QUESTION POSED	YES	PARTIALLY	NO	COMMENTS
Have the criteria for organising the information been defined?				
Have the prioritisation criteria to be used in the analysis been defined?				
Have needs, resilience strategies and assets been connected to identify courses of action that may be more effective?				
Has the data collected been reviewed to see if there is missing information on groups affected by social inequalities in health?				
Has the information analysed been returned to the different participation spaces in a simple and understandable way?				
Have action themes been prioritised in a participatory way on the basis of the analysis carried out?				

Prepare How to Act



Phase 4 - Prepare How to Act

What Are We Trying to Achieve?

To develop an action plan on the prioritised issue (or issues) taking into account previous experiences that show what can work and what cannot.

Key Points

1. In many cases, there are already known interventions that have been shown to be effective (including scientific evidence) for the objective that has been set. There may also be previous experiences at the local level that are important to take into account in order to be able to make useful proposals.

2. The action plan developed should aim to be a short and agile set of direction. A plan with concrete objectives and actions, people in charge, resources, deadlines (timeline) and proposals on how it can be evaluated makes it easier to act upon.

3. Often this plan is not about doing a lot of new things, but about organising and coordinating what is already working.

4. The evaluation of the action plan, although to be identified at a later stage, should already be designed at this phase.

5. Continue to seek channels of participation, as well as ways of communicating the plan to citizens, community agents and institutional decision-makers.

- Review and supplement data.
- Analyse related social determinants.
- Identify the most affected populations and the inequalities.

- Search for scientific evidence.
- Identify previous experiences in the community.

Plan the action

- Specific objectives.
- Available assets.
- Concrete actions: Who will develop them? When? How? What resources are needed?

Action Proposals

1. Going Deeper into the Prioritised Issue

Once you have defined the issue or the field of action in which you would like to intervene, it is important to review the data you have about it and look for complementary information that can help you to know it better. For example, you can analyse the social determinants that have the greatest influence in relation to the prioritised issue, which people or groups are most affected and what initiatives are already underway or have been developed in the past in this field.

2. Building on Previous Knowledge

What has been known to work, based on accumulated evidence and previous experience in the community? This is a question to ask before starting to develop an action plan. Ideally, actions that have been previously demonstrated to be effective should be used to ensure that they will make progress towards the stated objective.

There are good search engines and documents where you can review what interventions have scientific evidence and what interventions are being carried out elsewhere around the issue you have prioritised. This can provide guidance for the subsequent planning of the action plan.

There may also be previous experiences in the community linked to this issue that may have been effective and they could be interesting to maintain or recover.

3. Planning Actions

What is to be done, what for, who is doing it, how is it to be done, when, and where?

It is important that the Core Team, together with the Support Network and those who wish to participate in the process, design the action plan. It is not necessary to draw up a complex plan; it is a roadmap, something simple, concrete and feasible, which is realistic and does not lead to frustration by setting unattainable objectives and proposals that are complicated to develop.

It is advisable to propose activities that are not too abstract and broad, as this can make it difficult to motivate people to participate. If the framework is too general, you can look for concrete ways in which it manifests itself at the community level. On the other hand, if the issues are too specific or segmented, some people may not feel affected. In this case it is useful to present how they can affect other areas, so that everyone can recognise their connection to them.

It is important to identify and

make explicit the "theory of change" behind the proposed activities, i.e. what is intended to be achieved by what is to be done. This implies having a working hypothesis, i.e. a tentative explanation, to be confirmed in practice, of the consequences of the actions that can be developed. This will provide a fundamental basis for the evaluation of the action plan.

Some of the issues to be addressed are:

- Specific objectives: This is a matter of clearly defining concrete and measurable objectives that can be achieved with the actions to be developed. They can be of different types: health, wellbeing, training, organisational, etc. If there are several objectives, they can be prioritised according to the degree of consensus on each one, the experience and capacities of the group and the institutional support that can be counted on.

- What community assets are available to develop the actions? It is important to include the assets that were identified in previous phases of the planning, in order to have a more solid base and at the same time to promote the dynamisation of community assets.

- The specific actions to be carried out - Who does them and how are they to be done? In order to carry out each action it is necessary to know who is responsible for it, how it will be carried out and the resources that will be needed. Each of the different community agents involved (institutions, municipal technicians, health professionals, associations, citizens) may have a role to play in carrying out the actions. It would be desirable that the referents of the different areas or working groups that can be created at this time be incorporated into the Core Team.

  Some examples: If the actions are aimed at the elderly, it would be advisable for the team that develops them to include someone who represents this group. If the aim is to promote a community health asset (e.g. a healthy route), in addition to health professionals, it is important to involve municipal authorities. If an initiative is to be undertaken for users of the health centre (e.g. recommendation of physical activity from consultations), local health professionals must also lead some of the tasks necessary for the process to be feasible. Actions

promoted by local schools (e.g. extracurricular activities) will require the involvement of someone representing the educational community.

- When is it done? It is advisable to draw up a timetable of the tasks to be carried out, setting deadlines for both preparation and implementation of activities.

- Where is it done? Identify the place where the activity is to be carried out and the materials needed.

- What resources are needed, how can they be obtained, by what means?

On the other hand, it is important to consider which indicators will be used to monitor and evaluate the actions and how the information will be collected throughout the process in order to be able to make this assessment.

Useful Tools

- Health Promotion and Education Information System (SIPES) (60): Information on good practice in health promotion and What Works for Health (61): Search engine for evidence on community health.
- Annex 3. Guide to a Community Health Project. Situation Analysis. Community Care Strategy in the Aragon Health System. Primary Care. Department of Health. Government of Aragon: outlines on determination of objectives, design of methods and conditioning factors.
- Guide Xarxa Salut 4 (Health Network Guide 4). "Community Actions for Health from the Municipalities Linked to the IV Health Plan of the Valencian Community": Example of articulation between evidence and proposals for action in different thematic areas of health promotion (62).

Reviewing What Has Been Done to Prepare How to Act

The shaded questions must be answered in an affirmative way in order to progress to the next stage.

QUESTION POSED	YES	PARTIALLY	NO	COMMENTS
Have effective interventions (with evidence or previous experience of success) linked to the prioritised issue been researched?				
Have the objectives hoping to be achieved (the expected results) of the Action Plan been clearly defined?				
Have feasible and timely actions been identified to achieve the stated objectives?				
Have previously identified resistance strategies and community assets been taken into account in action planning?				
Has an action plan been agreed on, including the objectives, the tasks to be carried out, the people in charge, the necessary resources, the timetable and monitoring and evaluation indicators?				
Have the objective and action plan been shared with the community?				

Action

Phase 5 - Action

What Are We Trying to Achieve?

To develop the action plan in a coordinated and participatory manner.

Key Points

1. Ensuring information and support from the different community agents involved in the process is key to be able to develop the action plan appropriately.

2. It is essential to establish mechanisms for the dynamisation, monitoring and accompaniment of the development of activities throughout this phase.

3. The actions developed in this phase should be specifically evaluated, reviewing both their results and the extent to which they have contributed to advancing participation, equity and empowerment in relation to the overall framework of the community process.

- Promote the real involvement of different sectors
- Dissemination of the initiative to the community as a whole

- Distribution of the action plan to all the people involved
- Allocate the necessary resources for the development of the actions
- Identify any organisational changes necessary for the development of the actions
- Establish mechanisms and schedules for monitoring actions

- Evaluate the results of the actions of this phase

Action Proposals

This is the moment to implement the action plan derived from the prioritised objective. To do this, the connections previously made between needs, resistance strategies and assets must be taken up again, making the latter more dynamic in order to respond to the problems detected.

In this phase it is key to promote the real involvement of the different participating sectors. The role of the institutions is central to the whole process of implementing the proposed actions and, therefore, it is essential that their support is requested from the Core Team and the Support Network. On the other hand, it is important to adequately disseminate the initiative to the whole community through the communication channels that have been identified as the most effective in previous stages.

For the correct development of this phase it is useful:

- Ensure that the time planning is complete, clear and up to date.
- Distribute the action plan to everybody, with names assigned to specific tasks, so that it is clear what commitments are made.
- Allocate necessary resources for the development of the actions.
- Set up regular meetings in which each participant reports on the development of the tasks they are committed to.
- Identify the organisational changes that will be necessary to develop the action plan.
- Prepare a register where the team records the work it is doing in a way that facilitates its evaluation.

Once the action plan has been defined and implemented, it needs to be followed up. Thus, it is necessary that each working group that develops specific actions has a series of questions in mind:

- Is what was said would be done being done?
- Is it being done as agreed?
- Does what is being done make progress towards the goal?
- What issues are arising?
- How are the issues being solved?

This monitoring will help to not neglect some of the key dimensions in the process of Community action. In this phase of developing concrete actions, it is particularly important to promote that:

- Participants feel that they are the protagonists of the process.
- Participants develop skills that enable them to make decisions to maintain or generate their health and wellbeing.

- The initiative reaches the people who need it most.
- Institutional involvement is encouraged, gaining the support of policy makers for health promotion at the local level.
- Health-supportive environments are created.

Useful Tools

- Phase 4. Taking action. Methodological Guide for Approaching Community Health from a Community Perspective. Department of Health. Basque Government: Extended explanation on how the action phase can be developed.
- Dynamisation of a Map of Assets for Health from the Associative Sector. Sánchez Casado et al. *Revista Comunidad*: Example of the connection between needs and assets (63).
- Chapter 6. Indicators of Good Practice. Building Significant Experiences of Action and Social Participation. Education Collective for Participation (CRAC) Team: Outline of indicators that can be useful for evaluating the actions developed (64).

Reviewing What Has Been Done in Order to Take Action

The shaded questions must be answered in an affirmative way in order to progress to the next stage.

QUESTION POSED	YES	PARTIALLY	NO	COMMENTS
Has the action plan been circulated to all participants?				
Has the distribution of tasks been reviewed with the persons responsible for the different aspects of the action plan?				
Have the necessary resources been allocated to develop the action plan?				
Has a dynamic of coordination and monitoring of the different interventions been developed?				
Has a registration form been made available to all persons responsible for developing actions?				
Has an evaluation of the different interventions been carried out?				

Evaluate

Phase 6 - Evaluate

What Are We Trying to Achieve?

To obtain information for the continuous improvement of community action, reflecting on and analysing its design, process and results.

Key Points

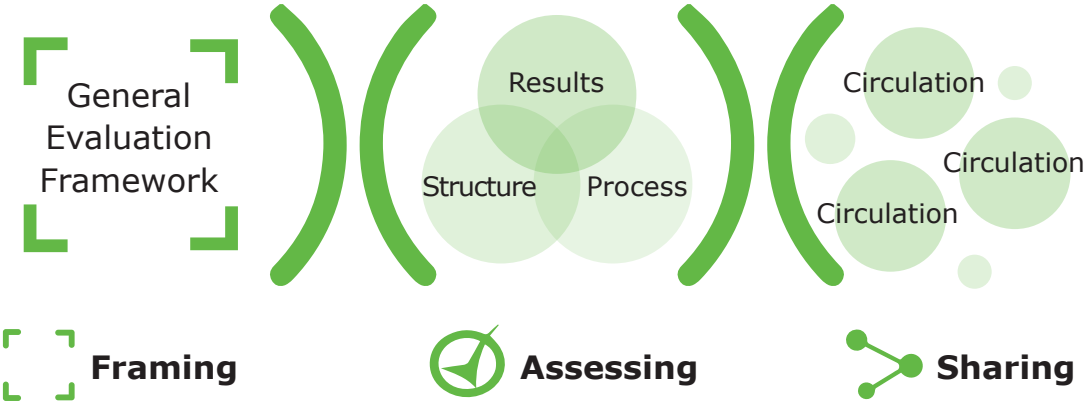
1. It is important to keep evaluation in mind from the very beginning of the reflection on Community action, and to carry out partial evaluations at the end of each of the previous phases.

2. Evaluation should be facilitative, help to reflect and improve, as well as identify what has been learned and how further work can be done.

3. The evaluation can be something simple that provides the necessary information; it is not always necessary to elaborate something of great complexity.

4. It is important to incorporate evaluation criteria and indicators that help to identify the changes achieved in relation to the objectives of the Community action.

5. Incorporate the perspective of equity, participation, autonomy and intersectorality in this evaluation.



Action Proposals

1. Define the General Framework of the Evaluation, Criteria and Procedures

The purpose of the evaluation is to analyse the process being carried out and to assess whether the actions developed are enabling the objectives set to be achieved, as well as to find out where there is room for improvement, with the option to be able to reorient the process and/or actions if necessary.

When considering evaluation, it is important to do so from the beginning of the process, to have it in mind from the initial reflection.

On many occasions, the thought of evaluation, especially for those who do not have a technical background, can be a cause for concern. They might think that it must be something complex that they will not know how to do or that it will not be very useful, and this will often lead them to put it to one side. However, evaluation is fundamental and, although it can be very in-depth, it can also be seen as something useful and simple, a small analysis to obtain information that can help to move forward. It is essential to tailor evaluation to the possibilities and resources available.

Before specifying the tools to be used, it is essential to give meaning to the task of evaluation. It is necessary to have clear answers to the question of why evaluate and what will be done with the results of the evaluation. This is related to the degree of involvement of the different community agents, as processes with greater neighbourhood involvement and less weight of the administration are not the same as others in which institutional support is clear and decisive. This also helps to reflect on what is meant by evaluation, what is to be evaluated, who the tools are aimed at and who will use them.

Within this process, it can help to clarify the task by recalling the general objectives that have been set out. In this sense, the threefold transformative function that has been identified for all community action can be taken up again, concreted in these three objectives:

- Transforming living conditions.
- Developing links and inclusion.
- Developing individual and collective capacities.

Once the general framework has been defined, it is important to consider three key dimensions for assessing the quality of a Community action:

- **Structural Dimension:** how the action was thought out, planned and organised prior to its development, as well as the resources available to carry it

out and the sustainability of the process in the future.

- **Process Dimension:** how it has worked on the development of Community action.
- **Results Dimension:** what objectives are being pursued, how they have been constructed and to what extent they have been achieved.

The next step is to define the evaluation criteria. These are the basic questions to be answered by the evaluation in each of these three dimensions.

Criteria for Evaluation (Proposal)	
Structural Criteria	
PLANNING	Has the design of the process been adequate?
RESOURCES	Have sufficient resources been secured for the development of the different phases?
SUSTAINABILITY	Has institutional and civic support been secured to ensure continuity of Community action?
Process Criteria	
DEVELOPMENT	What difficulties have been encountered in carrying out the plans and how have they been dealt with?
ADAPTATION	How has the process been adapted to the concrete reality of the community environment?
PARTICIPATION	How has the participation of diverse profiles and equity been favoured?
COMMUNICATION	How have the internal and external communication dynamics worked?
Result Criteria	
TRANSFORMATION	Has it been possible to develop transformations in living conditions?
LINKS	Has it succeeded in strengthening links and networking capacity, and has it promoted social cohesion by including excluded groups?
CAPACITIES	Have capacities for individual and collective action been enhanced?

It may be useful to receive a small amount of training from technicians with experience in evaluation, and to ask for their support. At the same time, it is important to approach this issue with a broad and creative approach, open to different methods, tools and strategies. This is the way to incorporate the diversity of experiences and participants that come together in a community action.

Keys to be Defined for the Evaluation

- Selection of questions linked to the structural, methodological and objective dimensions. These questions must be clear, agreed upon and prioritised in order to select the most relevant ones.
- How will the information be obtained and what is the source of the information.
- Who will be responsible for collecting the information and how it will be communicated to them.
- How the information will be analysed.
- What mechanisms will allow the evaluation to also be done in a participatory way.

2. Evaluating What Has Been Achieved and How it Has Been Achieved

Once the Core Team and the Support Network have established the methodology and the evaluation criteria, such as which questions will be asked and how the data obtained will be measured, the evaluation will be carried out by addressing the three dimensions referred to above:

- **Structural Assessment**

  In the structural evaluation, the focus is on how the Community action has been designed and the resources invested in it. In this respect, there are some key points to assess:

  - Whether clear and measurable objectives have been defined.
  - Whether time planning of the action has been established.
  - Whether responsibilities and roles have been defined and distributed.
  - Whether a strategy has been defined to make the action sustainable.
  - Whether the costs of the action have been calculated and the necessary resources have been found.

- **Evaluation of the Process**

  Process evaluation allows us to know whether the intervention is being carried out as planned, which will allow us to improve the way it works in subsequent stages. To do this, it is important to develop a limited number of useful, easily understood and achievable indicators to help evaluate each phase.

  Some issues to analyse in a community process may include:

  - The difficulties encountered in the implementation of the plan, as well as the strategies developed to try to overcome them.

  - The adaptation of actions to the context in which they are carried out. Review the quality and usefulness of the information gathered in the analysis of needs, resistances and assets, as well as whether appropriate objectives and actions have been developed based on the information gathered when exploring the community.

  - Participation in the different spaces (Core Team, Support Network, specific participants). Social groups that participate in each space, groups that have been reached with the actions and groups that have not been reached (using the classification of inequality axes such as social class, gender, age, ethnicity-culture, migration, territory-geographical, urban and/or architectural isolation, functional diversity, sexual diversity). Has it been connected with their concerns, worries and objectives?

  - The quality of the relationships between the people who in one way or another participate in the process; different groups, associations or services that, on the one hand, carry out their own project and its aims and, on the other hand, know how to relate to the collective project.

  - Facts, events or actions that increase the degree of autonomy of the community and strengthen its creativity and self-management capacity.

  - The use of the assets identified in the proposed actions, and the capacity to identify contextual barriers and facilitators that have arisen throughout the process.

  - The capacity to reach out to the whole population that has not participated in the process.

- **Evaluation of Results**

The evaluation of results aims to measure the changes achieved as a consequence of the process developed. In order to do this, it is essential to identify the starting point and the objectives that are to be achieved beforehand.

Depending on the actions developed, it will be interesting to measure one aspect or another, such as changes in behaviour, acquisition of knowledge, skills developed, or the facilitators and barriers to change. However, it is also possible to look for results in terms of awareness, values and community guidelines, as well as organisational aspects of the services. Thus participation, empowerment and autonomy are key in the development of the process, but they are also outcomes that are sought through community action and need to be evaluated as such.

It may be interesting to measure changes in the people targeted by the actions developed and in the agents involved in the planning and development of the process.

The evaluation to be carried out can be quantitative (e.g. quantifying the responses of a questionnaire) or qualitative (collecting opinions from people targeted by the action or involved in the process). Various techniques can be used to collect opinions, for example individual interviews, focus groups, etc. These qualitative methodologies require time to conduct and analyse.

3. Share the Results

Once the evaluation has been carried out, it is important to consider how the results will be shared both within the Support Network and with the general population (in the neighbourhood, to institutions, technicians, associations, etc.).

It is worth to prepare a small document, simple and easy to understand, with small headlines that summarise the results, and use different ways to circulate said document, trying to reach different profiles (for example, by sharing it on the local council's website, on a local radio station, on the WhatsApp group of young people in the area, on posters in the neighbourhood and at the health centre, at a talk at the senior citizens' association… etc.). Videos can also be a very interesting tool for dissemination.

Useful Tools

- Quality Resources in Health Promotion of the Aragonese Network of Health Promotion Projects (RAPPS): Compilation of materials on evaluation and quality, including an evaluation sheet in calculation format (65).
- Operational Guide for the Evaluation of Community Action. Institute of Government and Public Policy (IGOP): Systematic compilation of different evaluation instruments (66).
- Rapid equity assessment tool of the Asturias Health Observatory: an online form to assess the equity of actions and processes (67).
- Reflection tool on how to integrate equity in health promotion actions/activities at local level: Short version based on the checklist for preliminary analysis of Equity in Health Strategies, Programmes and Activities (68).

Reviewing What Has Been Done to Evaluate

The shaded questions must be answered in an affirmative way in order to progress to the next phase.

QUESTION POSED	YES	PARTIALLY	NO	COMMENTS
Have assessment tools and methodologies been identified?				
Has information for process evaluation been collected and recorded?				
Has information for the evaluation of results been collected and recorded?				
Has an analysis been made of what has been learned in the work process?				
Have improvements been made based on the lessons learned from the evaluation?				
Have the results of the assessment been disseminated in the community?				

Glossary[1]

Asset-based Community Health

Work within a model of health promotion in which a vital element is the generation of policies and environments that encourage people to make healthy decisions and are strengthened to act on their health determinants, with a perspective of equity, participation and building-up of the community, exercising an important role of those non-health sectors. It is based on the use of methodologies based on scientific knowledge - for analysis, prioritisation, intervention and evaluation - and reinforcing and dynamising existing resources/assets for health at the local level. The dynamisation of these assets is approached globally with two perspectives: the dynamisation, visibility or connection of assets from the community level (health promotion projects) and the use of assets in consultation (asset recommendation).

Asset Recommendation

Asset recommendation, also known as 'Social prescribing', refers to the

[1]This glossary is intended to be an open document that allows for improved precision and quality after new updates. It has been constructed using the Glossary of Community Health Alliance as a foundation, enriching it with key references in the promotion of community health and community action like the glossary of Health Promotion of the WHO and bibliography cited throughout the text in this guide. Furthermore, diverse references and details have been included, such as:

Morgan A, Davis M, Ziglio E. Health Assets in a Global Context: Theory, Methods, Action. Springer; 2010. Cofiño R, Aviñó D, Benedé CB, Botello B, Cubillo J, Morgan A, Paredes-Carbonell JJ, Hernán M. Health Promotion based on assets: how to work with this perspective in local interventions? GacSanit. 2016. Available at: https://www.sciencedirect.com/science/article/pii/S021391111630125X?

Buck D. Improving the public's health: a London: resource The for King's local Fund; 2013. 60 p. Available at: https://assets.kingsfund.org.uk/f/256914/x/f120955208/improving_public_health_2013.pdf

Solar O, Irwin A. A conceptual framework for action on the social determinants of health. Discussion paper for the Commission on Social Determinants of Health, April 2007. Available at: https://iris.who.int/handle/10665/44489

Whitehead M. The concepts and principles of equity and health. WHO Regional Office for Europe, 1990. Available at: https://journals.sagepub.com/doi/10.2190/986L-LHQ6-2VTE-YRRN?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

Hufty M, Báscolo E, Bazzani R. Governance in health: a conceptual and analytical approach to research. Cadernos de Saúde Pública [Internet]. 2006 Jan; 22:35-45. Available at: http://www.scielo.br/pdf/csp/v22s0/03.pdf

Community-Based Participatory Research for Health: From Process to Outcomes. 2nd ed. San Francisco, CA: Jossey-Bass, 2008.

Rodríguez Ch, Lamothe L, Barten F, Haggerty J. Governance and health: meaning and implications in Latin America. Rev. salud pública. 12 (1): 151-159, 2010 Available at: http://www.scielosp.org/pdf/rsap/v12s1/v12s1a11.pdf

Flores W. ¿Qué es la gobernanza del sistema de salud y cuál es su relevancia? (What is the governance of the health system and what is its relevance?) Centre of Studies for Equity and Governance in Health Systems. Available at: https://cegss.org.gt/wp-content/uploads/2013/02/evidencia_para_politicas_publicas.pdf

Brandling J, William H. Social Prescribing in general practice: adding meaning to medicine. Br J Gen Pract. 2009 Jun 1: 59(563): 454-456. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2688060/

recommendation of health assets, resources and community activities linked to the health and wellbeing of the community. It is usually carried out on an individual basis within the process of health care consultation and is normally exercised by a health professional.

Community

There are various theories and definitions of what community is. Rather than choosing one of them, it seems important to point out some key factors that determine what it is and things that can help to develop a vision of it that allows for action:

- Links: interest, identity or functional.
- Proximity: this can be around a common territory, but also within the institutional framework or in relation to common interests that generate mutual recognition.
- Community agents: people, groups and institutions that, in their plurality, play a leading role in and condition collective life.

Community Action in Health

The dynamisation of cooperative social relations between people in a given area or space of coexistence with a triple transforming function:

- To improve living conditions.
- To strengthen links and social cohesion.
- To enhance capacities for individual and collective action.

It is a dialectical process (due to the relationships with and between the protagonists of community intervention) and dynamic, as it evolves over time and in the territorial space in which it takes place. Its sustainability and continuity must be ensured. Any process of community action must be developed on the basis of what already exists, taking into account the history of the community, especially in terms of participation, with each community developing its own itinerary.

Community Agents

A set of different formal or informal actors operating in the community environment. They are classified into three groups:

- Administrations (local government, other public administrations and private entities). The role of local government is particularly important in Community action.
- Public and private technical and professional resources, contributing to the active participation of citizens in the improvement of their reality and not limiting their activity to the management of benefits.
- Citizenship. Associations, groups and individuals. Citizen participation is the central element of Community Intervention.

Community Health

Collective expression of individual and group health in a defined community, determined by the interaction between individual and family characteristics, the social, cultural and environmental milieu, as well as health services and the influence of social, political and global factors.

Coproduction in Health

Work developed between local health agents from different professional fields and citizens: contributing resources, each influencing the health conditions they can influence, doing so in an organised and coordinated way and with common health objectives.

Determinants of Health. Social Determinants of Health

Set of personal, social, health, economic and environmental factors that condition the state of health of individuals and the populations in which they live.

The social determinants of health are the circumstances in which people are born, grow up, live, work and age, including the health system.

These circumstances are the result of the different and sometimes unfair distribution of money, power and resources at global, national and local levels, which in turn depend on the policies adopted.

Empowerment for Health

The process by which people acquire greater control over the decisions and actions that affect their health. Empowerment is therefore the process by which people strengthen their capacities, confidence, vision and protagonism as a social group to promote positive changes in the situations in which they live. It is linked to the concept of Health Promotion.

Empowerment for individual health refers primarily to strengthening a person's capacity to make decisions and exercise control over their personal lives. Empowerment for community health involves individuals acting collectively on the intrinsic and extrinsic factors that reinforce or constrain it, challenging and changing the inequitable distribution of social resources to which all are entitled, thereby achieving greater influence and control over the determinants of health and quality of life in their community.

It is important to point out that empowerment does not depend only on personal or collective will or conviction, but that there are conditions that favour disempowerment, such as the lack of spaces for participation or the fact that these are not binding, the undervaluing or criminalisation of the actions implemented by people, etc.

Equity in Health

Equity in health implies that everyone should have a fair chance to achieve

their full health potential. More pragmatically, it implies that no one should be disadvantaged in achieving this to the extent that it can be avoided. Equity refers to the creation of equal opportunities for health, as well as the reduction of differences in health to the lowest possible level. It implies that felt needs guide the distribution of opportunities for wellbeing.

The WHO's global strategy to achieve Health for All is fundamentally aimed at achieving greater equity in health between and within populations and between countries. Inequity occurs as a result of differences in opportunities arising from macroeconomic, social and health policies. It occurs for example as a consequence of unequal access to health services, adequate food, adequate housing, etc. Inequity in life chances would lead to inequalities in health status.

Therefore, the aim is to improve the health and wellbeing of the population through interventions aimed at achieving greater equity by addressing the cross-cutting inequality axes that generate health inequalities: gender, age, social class, ethnicity, migratory status, functional diversity, sexual diversity and territory.

Health Asset

Any factor (or resource) identified by individuals, groups and communities as supportive in maintaining and sustaining health and wellbeing and reducing health inequalities. These resources present in the community can act at an individual, family and/or community level and, as a common denominator, have the capacity to strengthen the ability of individuals or groups to maintain or improve physical, psychological and/or social health and to counteract stressful situations.

Health in All Policies

Actions developed from the political sphere and with an intersectoral perspective that take into account the implications for the health of individuals and populations derived from political decision-making in areas such as urban planning, transport, leisure and free time, industry, health, trade, etc. They seek to generate synergies and avoid negative impacts on health, with the aim of improving the health of the population and developing a perspective of equity.

Health Outcomes

A change in the health status of an individual, group or population which is attributable to a planned intervention or series of interventions, whether or not the intervention is intended to change health status.

This definition highlights the outcomes of planned interventions, which may benefit individuals, groups or entire populations. Interventions may include: government policies and resulting government programmes (also the desired or undesired health outcomes of government policies in sectors other than health), laws and regulations, or health services and programmes, including health promotion programmes. Health outcomes are often assessed using health indicators.

Health Promotion

Health promotion is the process of enabling people to increase control over their health in order to improve it. It consists of providing individuals and communities with the necessary means to improve their health and to exercise greater control over the determinants of their health.

It is a comprehensive political and social process that encompasses not only actions aimed directly at strengthening the skills and capacities of individuals, but also those aimed at modifying social, environmental and economic conditions in order to mitigate their negative impact on collective and individual health and to enhance their positive impact. This mean that health promotion does not exclusively concern the health sector.

Health Resource

Any element related to people, places, different institutions or organisations, which can be used to promote health or respond to their needs and improve the quality of life and wellbeing of the community or the people in it.

The difference between an asset and a resource is that a resource may or may not be perceived by the population as a generator of health, and an asset is clearly identified by the population as a generator of health and wellbeing.

Intersectorality

Intersectoral collaboration in health is defined as a recognised relationship between different sectors of society, established to take action on an issue in order to achieve health outcomes or intermediate health outcomes more effectively, efficiently or sustainably than the health sector can achieve acting alone.

Resistance Strategies

These are the actions or mechanisms developed at the individual or collective level to try to deal with a specific problem or need. They are influenced by the social and cultural models of each person or group, as well as by previous experiences in relation to the problem needing to be faced and the capacities or assets that are possessed. In this sense, the identification of these strategies allows for a better understanding:

- The analysis and prioritisation of needs carried out by a person or group.
- The logic of action to address the needs from the perspective of the people affected.
- The individual and collective resources that the person or group recognises as assets for health.

Salutogenesis

A term whose meaning is "genesis of health". In contrast to the traditional pathogenic vision that asks why people fall ill and the factors that cause illness, Salutogenesis is a new paradigm that focuses on how people can stay

healthy and what factors are involved in human health and wellbeing. It is from this approach that it develops its proposals for intervention on the health of populations.

Social Inequalities in Health

Unfair and avoidable differences in health that occur between population groups defined by social, economic, demographic and/or geographic factors. These differences are usually the result of the differential distribution of power, prestige and resources, affecting different people according to a series of axes of inequality with a transversal impact on them: gender, age, social class, ethnicity, migratory status, functional diversity, sexual diversity and territory.

Further Reading

On the Conceptual Framework and Strategies

- Social Determinants of Health. The Solid Facts (WHO)
- Guide for the Local Implementation of the Health Promotion and Prevention Strategy in the Spanish NHS (Ministry of Health)
- Strategic Framework for Primary and Community Attention (Ministry of Health)
- Community Health and Local Administration SESPAS Report (SESPAS. Gaceta sanitaria)
- Community Corrective Processes Methodology (RCE-APS)
- What Do We Talk About When We Talk About Community Health? (SESPAS. Gaceta sanitaria)
- Fundamentals of the Asset-based Approach to PHC (FMC)
- Improving Community Health: Asset-based Community Action (FMC)
- Health Asset Identification Techniques (FMC)
- Community Organisation and Development: Community Intervention in the New Social Conditions. Marco Marchioni

On Models and Proposals for Community Action

- How to Initiate a Process of Community Intervention and Participation from a Health Centre (PACAP-SEMFyC)
- Operational Guide to Community Action (IGOP)
- Methodological Guide for the Approach to Health from a Community Perspective in the Basque Country (Osakidetza)
- Guide to Working in Community Health in Asturias (Asturias Health Observatory)
- Guide for the Elaboration of the Map of Health Assets in the Balearic Islands (Directorate-General of Public Health and Health Service of the Balearic Islands).
- Guide to Asset-Based Community Health Andalusia (Andalusian School of Public Health)
- Barcelona Salut als Barris (Barcelona Health in the Neighbourhoods). How to Develop the Community Health Strategy (Barcelona Public Health Agency)
- Strategy for Community Care in the Aragon Health System (Aragon Health Department)

- Health Network Guide 1. Procedure for Working on Community Action for Health from the Municipalities in Five Stages (Valencian Ministry of Universal Health and Public Health)
- Community Orientation: Do's and Don'ts in Primary Care (SEMFyC)
- Guide to Recommending Assets in the Health System (Asturias Health Observatory)

On Citizen Participation

- Participation for Better Health Guide (Ministry of Health)
- AdaptA GPS Guide - Community participation (Ministry of Health)
- Health Network Guide 2. Health Concepts to listen and to understand ourselves (Valencian Ministry of Universal Health and Public Health)
- Health Network Guide 3. Toolbox (Valencian Ministry of Universal Health and Public Health)
- Practical Notebooks to Improve the Functioning of Collectives and Associations (CRAC Team)

On Equity

- Methodological Guide for Integrating Equity into Health Strategies, Programmes and Activities (Ministry of Health)
- Weaving Health. Guide for Collective Action from Realities of Poverty (Madrid Health)
- Tool for the incorporation of the Health Equity Perspective in Local Health Plans (Local Health Action Network of Andalusia)

On Evaluation, Quality and Evidence

- Operational Guide to Evaluating Community Action (IGOP)
- Quality Criteria in Health Promotion (Aragonese Network of Prevention and Health Promotion).
- Recommendations for the Evaluation of Community Interventions (Barcelona Public Health Agency)
- Quality Resources in Health Promotion of the Aragonese Network of Health Promotion Projects (RAPPS)
- Rapid Equity Assessment Tool of the Asturias Health Observatory.
- Health Promotion and Education Information System. SIPES (Ministry of Health)

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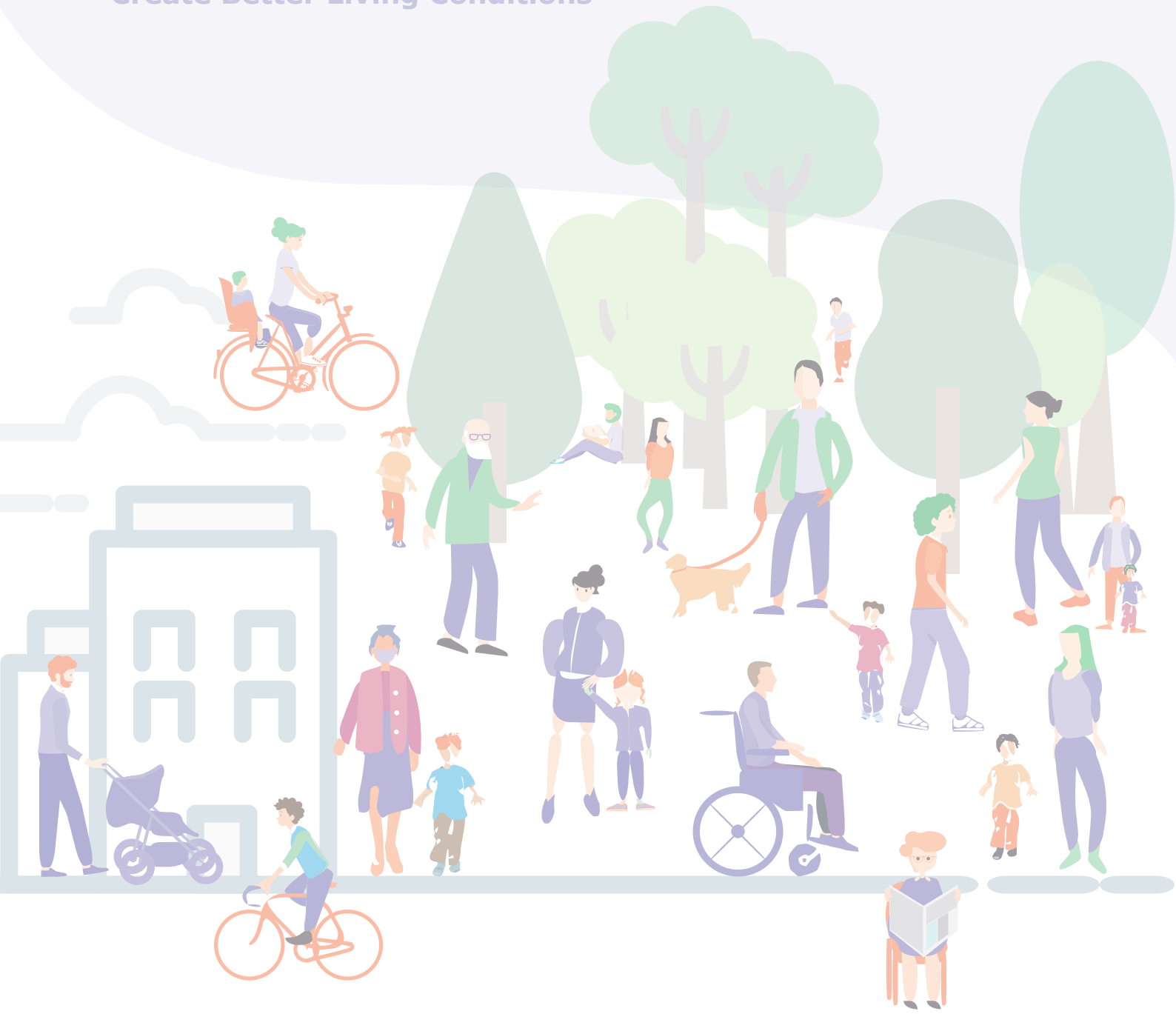
Community Action for Better Health

...Or How to Work Together to Create Better Living Conditions



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