



## Community participation in health promotion programs in Portugal: development and implementation of the Cascais Local Forum for Health Promotion

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**Received:**

04 September 2019

**Last revised:**

05 April 2020

**Accepted:**

10 April 2020

### Abstract

Current international and national guidelines on health promotion recommend the collaborative involvement of the communities that will use and benefit from the implementation of policies and interventions in public health. As such, communities should be involved in every step of the process, from setting priorities to dissemination of findings and outcomes that they will use to address health of communal concern. In Portugal, there has been a growing interest in participatory approaches mainly to set priorities that address diverse societal concerns. In the particular case of health promotion, it stills not a widespread approach. This paper aims to describe the development and implementation of the Cascais Local Forum for Health Promotion (FCPS). Cascais FCPS is a local network of public schools, profit and non-profit organizations and private companies from the healthcare sector that share a common purpose: to increase health and well-being of people living in Cascais. To accomplish this main endeavour, Cascais FCPS adopted a community-based participatory research approach and fosters the involvement of citizens throughout the whole process of developing and implementing the Local Strategy for Health Promotion (ELPS 2016-2020). Cascais FCPS also established a partnership with an academic research institution and created the Cascais Observatory for Health Promotion (Cascais OPS). Cascais OPS independently assesses the partnership process and outcomes under the ELPS 2016-2020, among other responsibilities more devoted to research in public health promotion. Several partnership- and methodological-related challenges are anticipated for the upcoming years; as such, Cascais OPS in collaboration with Cascais FCPS have produced a set of recommendations on how to tackle these. In the Portuguese context, Cascais FCPS is an innovative programme in public health promotion at the local level, which despite its young age (formally created in 2016), it has been successful in the accomplishment of its main objectives

**Keywords:** Community-based participatory research; decentralized decision-making; ecological approach; empowerment; local communities; public health promotion.

### Introduction

In the last decades, there has been a growing interest in ecological models of health promotion (Richard, Gauvin, & Raine, 2011). In contrast to individual-level approaches to health, these recognize the interrelation between individuals and settings, thus

acknowledging both individual and environmental determinants of health behaviors and outcomes (Crosby, Salazar, & DiClemente, 2011; McLeroy, Bibeau, Steckler, & Glanz, 1988; Richard et al., 2011). Within the ecological approach to health promotion, the focus is placed on a multitude of individual and social factors that shape behaviors and, consequently, health outcomes (Crosby et al., 2011; McLeroy et al., 1988;

Richard et al., 2011). The theoretical framework developed by Bronfenbrenner (1979) is one of the best-known and influential works in ecological thinking applied to health, and has supported the design and implementation of several health promotion programs throughout the last three decades (e.g., McLeroy et al., 1988; Trickett, 2009). Following Bronfenbrenner's proposal, environmental influences can be placed on a series of concentric layers ranging from general levels of influence at the outer layer, such as political factors, to more specific ones at the core, as the immediate social network of an individual. Intermediate levels of influence include organizational and community factors, as well as the overlap between settings in which the individual participates (e.g., family and work settings) (Bronfenbrenner, 1979; McLaren & Hawe, 2005). Given the complexity of this framework, support from community members is foreseen in interventions that target multi-level environmental determinants of individual behaviors (McLeroy et al., 1988).

The community assumes a central role within the ecological framework, which encourages community-based over community-placed interventions (Trickett, 2009). These two approaches differ in the level of involvement and support from community members; community-based interventions involve the establishment of meaningful partnerships with the ultimate users of the actions being implemented (i.e., active individuals and communities throughout this process), whereas the opposite is true in community-placed interventions (i.e., individuals and communities assume a passive role in this process) (Jull, Giles, & Graham, 2017; Richard et al., 2011; Trickett, 2009). The meaningful participation and engagement of the community in research activities, including health promotion programs, is at the core of community-based participatory research (CBPR) methods (Israel et al., 1998; Jull et al., 2017; Serapioni & Matos, 2013; Wallerstein & Duran, 2010). Since their value and potential for health promotion programs were recognized by the World Health Organization (WHO) during the Alma-Ata Conference (WHO, 1978), CBPR has been increasingly used since then (Serapioni & Matos, 2013).

The purpose of this article is to describe and discuss the process of developing, implementing and maintaining the Cascais Local Forum for Health Promotion (FCPS), a CBPR partnership for health promotion in Cascais municipality, Portugal. FCPS involves Cascais City Council, local government authorities in Cascais municipality, local schools, community health organizations and social services (over 60 partners). Following a brief literature review of the theoretical framework of CBPR, including its guiding principles, the process of developing, implementing and maintaining the Cascais FCPS will be described. This includes the setting up of the governance structure of Cascais FCPS, strategies employed for community engagement and empowerment throughout the whole process (e.g., identification of common issues and priorities setting), among others. CBPR is an iterative process and thus, this article will conclude by providing a critical reflexion of the actions already implemented under the Cascais FCPS and some recommendations distilled from the lessons learned during the first six years of this community-based participatory effort.

#### Dissecting the community-based participatory research: definition and key principles

The first experiences of community involvement in health date back from the second half of the 20<sup>th</sup> century (Serapioni & Matos, 2013). At that time, health organizations recognized that they would be more successful in reducing health inequities if individuals from the target communities, mainly from underdeveloped countries, assumed an active role in the planning, implementation and maintenance of health care programmes (Oakley, 1989; Serapioni & Matos, 2013). The rationale behind was quite simple: communities that are actively involved in setting priorities in health according to their needs, namely by investing in human and financial resources, are more likely to adhere and use health care services tailored to the specificities of their communities (Oakley, 1989). Since then, the potential of community involvement in health has been strengthened and promoted by international (e.g., WHO, 1986, 2002) and national health authorities from different countries (Crisóstomo & Santos, 2018). For example, the Portuguese National

Health Plan currently in force acknowledges the central role played by community members as change agents and thus, argues for their active participation throughout the whole process of defining and implementing public health priorities and policies (DGS, 2015).

The meaningful involvement of community is the main distinctive feature of community-based participatory research (CBPR) (Israel et al., 1998; Jull et al., 2017; Serapioni & Matos, 2013; Wallerstein & Duran, 2006). By “meaningful involvement” of the community is meant that community members, including organizational representatives, are asked to engage in equal partnerships with academic researchers and to create knowledge in a collaborative fashion (O’Fallon & Dearry, 2002; Wallerstein & Duran, 2006). Israel et al., (1998) identified eight interrelated key principles of CBPR: a) community is considered a unit of identity, b) it builds on the strengths and resources within the community, c) collaborative partnerships are encouraged throughout all phases of the research process, d) knowledge and action are integrated for mutual benefits of community and academic partners, e) it is a co-learning and empowerment process, f) as a process, it is cyclical and iterative, g) health is approached from both positive and ecological perspectives, and f) knowledge gained and findings obtained throughout the process are shared with all partners involved. These elements will be discussed in the next section of this paper (*Cascais Local Forum for Health Promotion*), as well as the extent to which the development, implementation and maintenance of Cascais FCPS meet these key principles.

CBPR bridges research and action in such a way that the outcomes are translated into policies and sustained interventions, which are used to address the concerns of the community of identity (Israel et al., 1998; Wallerstein & Duran, 2010). This approach has been used to address health issues in minority or at risk populations with promising results (e.g., Horn, McCracken, Dino, & Brayboy, 2008; Strickland, 2006; Tremblay, Martin, McComber, McGregor, & Macaulay, 2018). Apart from improved health outcomes via reduced health and social disparities (e.g., Tapp,

White, Steuerwald, & Dulin, 2013; Wallerstein & Duran, 2006), relevant CBPR research outcomes also include systems and capacity changes, such as the development and implementation of policies and sustained interventions based on knowledge from local communities, empowerment of communities over the research process, sharing and cultural renewal by reinforcing the sense of identity of a given community (Israel et al., 2001, 1998; Wallerstein & Duran, 2010).

### **Cascais local forum for health promotion**

#### Community as a unit of identity in relation to health promotion

Community identity is a central aspect of CBPR, as outlined by Israel et al. (1998). The first step in any research endeavour using a participatory approach is to define community and acknowledge this definition throughout the research process (Montoya & Kent, 2011). Units of identity refer to socially-created dimensions of identity characterized by the sharing of common perspectives, values and social norms among their members (Steuart, 1993). Within the CBPR framework, community as a unit of identity apply to a group of individuals, more or less dispersed within a geographic boundary, who share a common sense of identity, perspectives, interests, values and social norms, and that provide its members with support to meet mutual needs (Israel, Parker, et al., 2005; McLeroy et al., 1988; Steuart, 1993). Interestingly, these communities are far from homogenous—these are composed of members from diverse sociodemographic backgrounds who are brought together by the sense of a common purpose (MacQueen et al., 2001).

Health promotion is one of the main endeavours of the Cascais City Council. However, this is not a simple task, because Cascais is a very heterogeneous community regarding the characteristics of the resident population. This municipality is located in Lisbon Metropolitan Area and includes four parishes: Alcabideche, Parede e Carcavelos, Cascais e Estoril and S. Domingos de Rama. The resident population in Cascais municipality increased ca. 23.3% in the period 2001-2018 (PORDATA, 2019) with immigrants holders

of a valid residence permit accounting for a non-negligible percentage (11.9% vs 4.6% at the national level) of the total residents in 2018 (PORDATA, 2020). Concerning the distribution of the population by age groups, children and adolescents (<15 years old) and older persons (>64 years old) accounted for 16.0% and 20.3%, respectively, in 2018 (PORDATA, 2019). In terms of socioeconomic characteristics, Cascais scored 0.7 out of 1.0 for the Portuguese Social Diversity Index in 2011, which indicates high socioeconomic diversity (Pereira, Bonzinho, Graça, & Ramos, 2018).

The heterogeneity of Cascais community adds complexity to the development and implementation of health promotion programmes and actions to reduce health disparities. However, Cascais City Council has actively pursued a policy of proximity that combined with a CBPR approach to health promotion has the potential to reduce such disparities. Hence, Cascais City Council and the Assembly of the Primary Health Care Units (ACES) in Cascais decided to establish an Installing Committee with the purpose of creating the Cascais Local Forum for Health Promotion (Cascais FCPS), in 2014. Cascais FCPS was envisaged as a structure within the community that would facilitate collaborative partnership, support or expand existing social structures or actions aimed at health promotion with the ultimate goal of defining Cascais Local Strategy for Health Promotion (Vicente et al., 2016). Six relevant public and private organizations within Cascais community for health-related issues took part in the Installing Committee: a) Cascais City Council (Committees on Health Promotion, Sports, Education, and Social Affairs), b) ACES in Cascais, c) Adult Psychiatry Unit/Cascais Community Team from the Egas Moniz Hospital (West Lisbon Hospital Centre; public health unit), d) Cascais CUF Hospital (private health unit), e) Ser + Association (non-profit organization for HIV prevention and support to people living with HIV), and f) Vitamimos SABE Association (organization for health promotion and obesity prevention among children and adolescents in Cascais).

#### Building on community strengths and resources to set up the Cascais Local Forum for Health Promotion

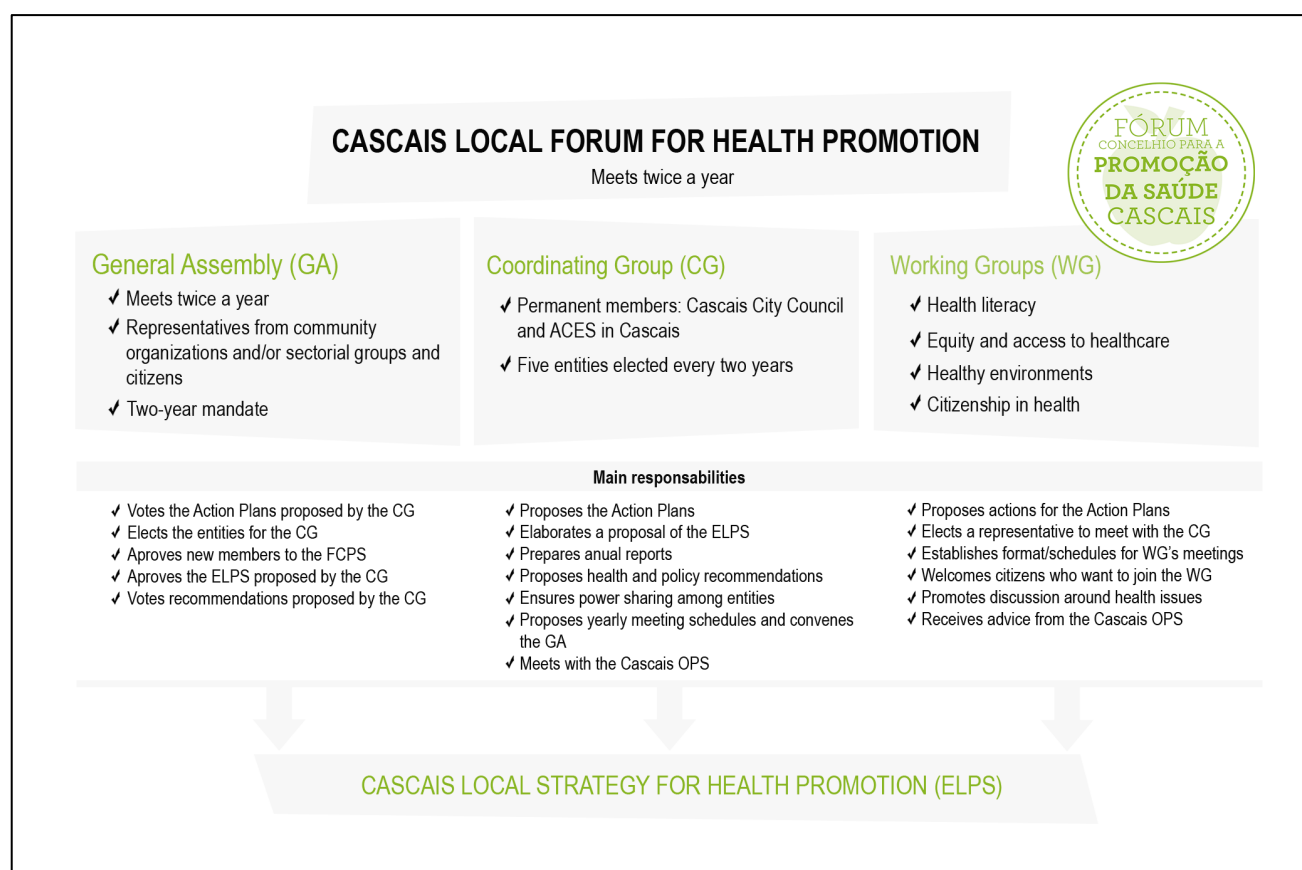
Following the identification of the community of identity, the next step under the CBPR approach is to identify potential partners within the community to address common health concerns (Israel et al., 1998). These might be individual citizens, social networks or mediating structures within the community where its members usually meet, such as churches and non-profit local organizations for sports or cultural activities (Israel, Eng, Schulz, & Parker, 2005; Israel et al., 1998; McLeroy et al., 1988). As such, in early 2015, the Installing Committee publicly presented a proposal for Cascais FCPS, which included the governance structure, objectives and motivation for defining the Local Strategy for Health Promotion. Following this first public presentation, ca. 40 community organizations confirmed their willingness to be involved in Cascais FCPS, which was formally established in October 2015 (Vicente et al., 2016). The FCPS currently involves over 60 partners, including the ones that were part of the Installing Committee, representatives from the local government (City and Parishes Councils), local public schools, health non-profit organizations, associations within the church, public utility non-profit organizations, and private companies in the healthcare sector.

The governance model of Cascais FCPS is illustrated in Fig. 1. The Coordinating Group is composed of seven organizations from the list of total partners in Cascais FCPS; Cascais City Council and ACES in Cascais are permanent members, whereas the remaining five are elected for a two-year mandate. Citizens, representatives of organizations from the community and/or sectorial groups are elected for a two-year mandate in the General Assembly. Finally, four Working Groups involving community partners were established following the Portuguese National Health Plan (DGS, 2015): health literacy, equity and access to healthcare, healthy environments, and citizenship in health (to be described in the next section). The main objectives of Cascais FCPS are a) to promote a meeting point for community members to discuss, propose and engage in health promotion actions; b) to promote capacity building of community members in health-related topics; c) to support policy-decision makers at the local government; d) to monitor a set of indicators and to disseminate the results of the actions undertaken;

and finally e) to define and implement the Cascais Local Strategy for Health Promotion.

A guiding principle of CBPR is the building up on strengths and resources within the community of identity, including individual and organizational assets (Israel et al., 1998). In order to develop the Cascais Local Strategy for Health Promotion, the first step was to review the state of the art regarding recommendations for health promotion at the national and local levels, followed by the mapping of past or ongoing initiatives for health promotion within the municipality. Towards this end, the contribution of the partners within FCPS was fundamental. The list of partners in Cascais FCPS includes non-profit organizations that work with at risk populations and/or minorities. This is the case of the Centre for Rehabilitation and Integration with People with Disabilities (Centro de

Reabilitação e Integração de Deficientes) that supports people with permanent or temporary disability, from all ages, in the fulfilment of their activities of daily living in Cascais Municipality. Also, Ser + Associação is a non-profit organization providing support to people living with HIV. Given their proximity to the community members, these two organizations and others within the Cascais FCPS contribute inside and valuable knowledge from the needs, expectations and concerns of individuals with whom they have an established relationship of trust. Moreover, the involvement of community members through the existing networks of each partner within the Cascais FCPS is anticipated to be more successful, especially in the case of 'hard-to-reach' population, such as people living with HIV or disabilities.



**Figure 1** Governance structure and logo of the Cascais Local Forum for Health Promotion (FCPS). The main responsibilities of the General Assembly (GA), Coordinating Group (CG) and Working Groups (WG) are also indicated. Cascais OPS: Cascais Observatory for Health Promotion



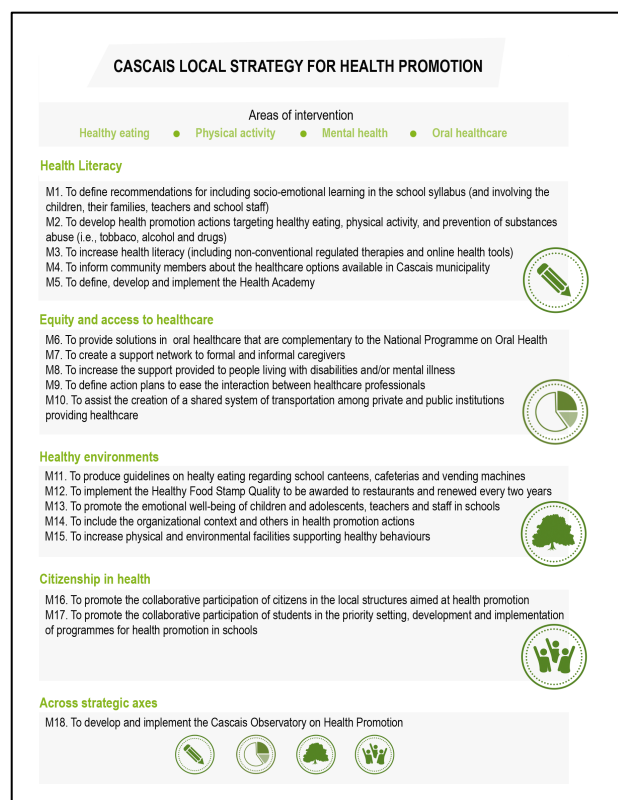
### Collaborative and equitable partnerships within Cascais FCPS

Community-based research fosters equitable and empowered partnerships (de Sayu & Chanmugam, 2015; Israel et al., 1998; Wallerstein & Duran, 2010). Hence, the research process is no longer centred in the researcher (de Sayu & Chanmugam, 2015), and non-academic partners, including community members, are expected to be involved in every step of the process, including identifying the problem(s) to be addressed, collecting and analysing data, disseminating the findings and using the outcomes to address health issues within the community (Israel et al., 2005; Israel et al., 1998; Jull et al., 2017). A great challenge to Cascais FCPS was the absence of previous experience in collaborative research aimed at health promotion (Vicente et al., 2016). In order to overcome this, Cascais FCPS established a partnership with the project Portugal Participates – Avenues Towards Societal Innovation (Portugal Participa – Caminhos para a Inovação Societal) aimed at developing a participatory methodology that best fitted the community of identity under investigation. The project Portugal Participates aims to promote participatory action research and empower communities to increase control of various aspects at individual and collective levels (Portugal Participa - Rede de Autarquias Participativas, 2020).

The participatory approach used by the Cascais FCPS has two distinctive features. The first one is the involvement of community members in the governance structure of Cascais FCPS. As such, community members are empowered to shape decision-making and view their role in Cascais FCPS as important and meaningful. Indeed, decentralized decision making has been pointed out as an effective strategy towards equitable partnerships (Becker, Israel, & Allen, 2005). The second distinctive feature of Cascais FCPS is the organization of local assemblies open to the community (Vicente et al., 2016). The main objective of those that took place in January 2016 was to engage community members in the first stages of research.

Thus, community members were invited to participate and asked to identify health-related issues that most concerned them, as well as to propose measures to tackle these. In total, 71 residents in Cascais engaged in the four local assemblies, one assembly in each of the four parishes, and proposed 38 measures, of which the 18 most voted were selected for appreciation by the Coordinating Group before their inclusion in the Local Strategy for Health Promotion (Vicente et al., 2016).

The Local Strategy for Health Promotion (ELPS) developed within Cascais FCPS is a good example of translational research that benefits the local community. ELPS aims at promoting quality of life and reducing the vulnerability of community members to health determinants, including lifestyle factors, working and/or housing conditions, environmental determinants, education, leisure and cultural activities, and access to goods and services (Vicente et al., 2016). The Coordinating Group used three different sources of information to develop the ELPS for the period 2016-2020: a) international strategic documents and recommendations, including the Ottawa Charter for Health Promotion (WHO, 1986) and the Declaration of Alma-Ata (WHO, 1978), as well as guidelines from the Portuguese Directorate-General of Health and Cascais ACES, b) contributions from individual and organizational stakeholders involved in health promotion activities in Cascais municipality, and c) measures proposed by community members that engaged in the local assemblies previously described (Vicente et al., 2016). The ELPS 2016-2020 is structured along four strategic axes following the Portuguese National Health Plan 2016-2020 (DGS, 2015) and the Working Groups within Cascais FCPS: a) health literacy, b) equity and access to healthcare, c) healthy environments, and d) citizenship in health. Each strategic axis comprises several measures and actions in a total of 17 measures (Fig. 2), plus one measure across strategic axes, and 54 actions for the period 2017-2018.



**Figure 2** Cascais Local Strategy for Health Promotion (ELPS 2016-2020). Cascais ELPS 2016-2020 is structured along four strategic axes: health literacy, equity and access to healthcare, healthy environments and citizenship in health. The logos of each strategic axis are also provided

The reciprocal exchange of knowledge, experience and capacity among all partners, and community members whenever possible, is a concern of Cascais FCPS since its implementation. One avenue to tackle this issue has been power sharing as acknowledged in the governance structure of the Cascais FCPS (Fig. 1). As such, partners in Cascais FCPS learn about community values, whereas community members gain skills in health promotion programmes, and all of them contribute their unique knowledge and skills to influence decision making. A good example of a space for co-learning among partners within Cascais FCPS and community members is Health Academy (Academia da Saúde). This is an innovative approach to health literacy in Cascais under the ELPS 2016-2020. The main objective of the Health Academy is to increase health literacy of community members by a) providing information on healthcare resources (i.e., infrastructures and services) available in Cascais, b) disseminating health initiatives and events, c) encouraging community members to actively participate and engage in

health promotion following a participatory approach. Since 2017, three branches of Health Academy opened in Cascais municipality and its online version was also launched (<http://academiadasaude.pt/>).

Two programmes within Health Academy are worth mention given its potential for reciprocal knowledge and skills exchange. These are +Health Everyday (+Saúde todos os dias) and the Health Walks (Paragens de caminhadas). The former is aimed at promoting health literacy and health behaviors, as well as to increase the common sense of identity and shared values among community members. Thus, it comprises several actions, such as meditation and mindfulness sessions, fitness classes, workshops, debates, and guided visits to monuments in Cascais, among others. Since it was launched in 2018, 4726 community members participated in 270 initiatives that were organized within +Health Everyday (Academia da Saúde, 2020a). The Health Walks initiative tackles sedentary behaviours and associated chronic diseases by promoting walks that are guided by a health professional. There are nine walking routes of easy level in terms of difficulty, thus being suitable for participants of all ages. The Health Walks initiative was launched in 2019; since then 3223 community members participated in 3223 walks (Academia da Saúde, 2020b). During these activities, health professionals, social workers, volunteers, other partners in Cascais FCPS and community members spend time together, which creates the opportunity for them to share personal stories, values, and concerns in an understandable and respectful language, which ultimately leads to the establishment and maintenance of trusting relationships.

#### The Local Strategy for Health Promotion – a balance between research and action

The assessment of a CBPR partnership process and outcomes is particularly relevant, because data gathered can be used to improve the actions of the partnership and to guarantee the achievement of its main objectives (Israel, Lantz, McGranaghan, Kerr, & Guzman, 2005). As such, the establishment of the Cascais Observatory on Health Promotion (Observatório

de Promoção de Saúde, OPS) resulting from a partnership with an academic research unit was planned under the ELPS 2016-2020 (Vicente et al., 2016). Cascais OPS was officially created in October 2017; it is coordinated by the Environmental Health Institute (Instituto de Saúde Ambiental, ISAMB) from the Faculty of Medicine, University of Lisbon and funded by Cascais City Council. Concerning its role within Cascais FCPS, the Observatory is not a partner, but instead it has operational autonomy and works in direct collaboration with the Committee on Health Promotion from Cascais City Council and the Coordinating Group within Cascais FCPS, whereas it only occasionally meets with the Working Groups (Fig. 1). The objectives of Cascais OPS are much broader than the assessment of the actions implemented under the ELPS 2016-2020 (e.g., characterization of the satisfaction level of both the partners of the FCPS and the community members who engaged in health promotion activities under the ELPS 2016-2020), and include a) to provide scientific and technical advice to the four Working Groups within the Cascais FCPS, b) to assess self-reported health and disease indicators that would allow to describe public health gains in Cascais community, and c) to propose strategies and support priority setting in health promotion, including the implementation of the actions under the ELPS 2016-2020.

The activities developed by Cascais OPS during its first year are highly diverse and balanced between research interests of the academic partner and community concerns. These include, although not exclusively:

- *Working meetings* Researchers from Cascais OPS engaged in monthly meetings with the Cascais City Council Committee on Health Promotion for a) being updated on the activities of the Cascais FCPS and b) jointly redefine the set of process indicators to be measured. The academic partners also proposed relevant outcome indicators that were discussed and voted by the Committee on Health Promotion, the Coordinating Group and the Working Groups of Cascais FCPS. Individual working meetings with each Working Group aimed at a) promoting partners' adherence to the instruments developed to evaluate regular working meetings (to be described below), b) discussing and jointly define process and outcome indicators, and c) developing overall performance indicators.
- *Brief questionnaires for evaluating meetings* Aside from evaluating group meetings, the results from these anonymous questionnaires also allow the improvement of group process. Partners and community members are asked to indicate their overall satisfaction level, perceived quality and perceived utility of working meetings and health promotion initiatives under ELPS 2016-2020 by filling in a brief questionnaire at the end of each activity (Fig. 3).
- *Cascais OPS online platform* Data collected under ELPS 2016-2020 are available at the Cascais OPS online platform ([www.ops-cascais.pt](http://www.ops-cascais.pt)) after login via secure username and password combination. This is an easy and user-friendly navigation website; its structure mirrors the three-level hierarchical organization of ELPS 2016-2020 in strategic axes, measures and actions. The coordinators of each Working Group are responsible for inserting data into the platform, whereas researchers from Cascais OPS conduct data analysis and communication of the results via the platform. Several functions are currently under development and should be available during the next year, including the repository of documents of different types (e.g., images, pamphlets, reports) produced by the FCPS and interactive dashboards for data visualization.
- *Overall performance indicators* In order to improve the quality of the actions and outcomes of the ELPS 2016-2020, the creation of an algorithm that integrates process and outcome indicators into a single performance indicator per strategic axis is planned. The protocol for the Delphi panel for consensus building on the relative weight of each indicator to be used in the algorithm is currently under preparation. It is planned as a co-learning and empowerment process that will engage researchers, partners within the Cascais FCPS, relevant experts from outside the Cascais FCPS, and community members.



## A. Questionnaire on satisfaction and perceived utility

Logo: ELPS 2016-2020

[Measure/action (eg. M1.A1.) | Description of the event] Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SHARE YOUR OPINION WITH US.**  
For each question below, please select the option with which you agree the most.

How **satisfied** are you with this event?

	<input type="checkbox"/> Completely satisfied
	<input type="checkbox"/> Satisfied
	<input type="checkbox"/> Neither satisfied nor dissatisfied
	<input type="checkbox"/> Dissatisfied
	<input type="checkbox"/> Completely dissatisfied

In your opinion, how **useful** was this event?

	<input type="checkbox"/> Extremely useful
	<input type="checkbox"/> Very useful
	<input type="checkbox"/> Somewhat useful
	<input type="checkbox"/> Slightly useful
	<input type="checkbox"/> Not useful at all

Gender: ☐ F ☐ M    You are: ☐ Instructor ☐ Trainee  
Age: \_\_\_\_ years

**THANK YOU!**  
Please turn the page to leave comments/suggestions.

Logos: U LISBOA, ELPS, ELPS 2016-2020, ELPS 2021-2025

## B. Questionnaire on satisfaction and perceived quality

Logo: ELPS 2016-2020

[Measure/action (eg. M1.A1.) | Description of the event] Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SHARE YOUR OPINION WITH US.**  
For each question below, please select the option with which you agree the most.

How **satisfied** are you with this event?

	<input type="checkbox"/> Completely satisfied
	<input type="checkbox"/> Satisfied
	<input type="checkbox"/> Neither satisfied nor dissatisfied
	<input type="checkbox"/> Dissatisfied
	<input type="checkbox"/> Completely dissatisfied

How do you **classify** the results of this event?

	<input type="checkbox"/> Excellent results
	<input type="checkbox"/> Good results
	<input type="checkbox"/> Neither good nor bad
	<input type="checkbox"/> Weak results
	<input type="checkbox"/> Very weak results

Gender: ☐ F ☐ M    You are: ☐ Instructor ☐ Trainee  
Age: \_\_\_\_ years

**THANK YOU!**  
Please turn the page to leave comments/suggestions.

Logos: U LISBOA, ELPS, ELPS 2016-2020, ELPS 2021-2025

**Figure 3** Questionnaires used to evaluate overall satisfaction level, perceived quality and perceived utility of working meetings and health promotion initiatives under the ELPS 2016-2020 2016-2020

### Using a cyclical and iterative process to address health promotion in Cascais

In order to implement and assess the ELPS 2016-2020, the Cascais FCPS designs Action Plans that encompass the measures, actions and set of indicators to be addressed in periods of two consecutive years. During the course of the Action Plan 2017-2018, 22 out of 54 actions were concluded as measured by the outcome indicators. The remaining still ongoing (9) or were re-designed (23) to better meet the community needs. Throughout this period, new issues emerged and these were considered in the Action Plan 2019-2020, which included 12 new actions apart from the ones not completed during the previous Action Plan, in a total of 44 actions. The implementation of the ELPS 2016-2020 through short-period Action Plans indicates that this is a cyclical and iterative process, which involves the re-definition of strategies as to accommodate shifting needs of the community of identity (Horn et al., 2008; Israel et al., 1998).

Cascais FCPS is currently preparing the ELPS 2021-2025, which also follows a CBPR approach and profits from lessons learned from the ELPS 2016-2020. Once again, the project *Portugal Participates* (Portugal Participa - Rede de Autarquias Participativas, 2020) was involved in order to define the participatory approach that better fits this particular community of identity. This is structured along five phases:

- **Communication** Cascais FCPS will use appropriate communication channels (e.g., social networks, Health Academy, pamphlets) to inform Cascais community members that the ELPS 2021-2025 is under development and that their meaningful involvement is expected.
- **Listening** Cascais community members were invited to identify health issues that concerned them and to set health priorities by answering to an online/paper open-ended questionnaire. The following dimensions were considered: a) how to increase health literacy, b) which environments better support healthy behaviours, c) how to increase participation in health decision-making, and d) additional health priorities.
- **Public discussion** Four local assemblies, one per parish, will take place and community members will be invited to participate. Those who accept will be asked to propose measures to tackle health priorities that were previously identified (*Listening* phase).
- **Engagement** During this phase, the Coordinating Group becomes aware of the priorities and measures identified by the community members and starts to develop the ELPS 2021-2025 by defining actions, expected outcomes, process and outcome indicators.
- **Partnership** Finally, all partners within the Cascais FCPS engage in joint action aimed at implementing the ELPS 2021-2025.

## Dissemination of findings to all partners

The communication and dissemination of the findings is a relevant aspect of any research endeavour, and it assumes particular relevance under the CBPR framework (Israel et al., 1998; Parker et al., 2005). All dissemination efforts made by the Cascais FCPS shared credits equally by listing the partners and using the project logo on all products (e.g., pamphlets, reports, presentations), and also acknowledged that all partners, including community members, participate as equal members by using an understandable and respectful language. Until this moment, five local assemblies were organized with the main purpose of disseminating the findings of the ELPS 2016-2020 to the community members. The first one took place in 2017 and aimed at presenting the achievements under the Action Plan 2017-2018; it also included a conference entitled “Brain: myths and realities”. In 2019, four local assemblies, one per parish, were organized to increase health literacy and disseminate findings from the ELPS 2016-2020 by using a dynamic and interactive board game—the Fórum Quizz. This group quiz includes four categories of questions (well-being, healthy eating, physical exercise and Cascais FCPS) to which participants should answer in groups; the group with the highest number of correct answers wins the game.

## Concluding remarks

Cascais Local Forum for Health Promotion is an innovative approach to health promotion within the Portuguese context. It acknowledges the multi-level complexity of health determinants that shape behaviors and developed a strategy for health promotion that is based on the meaningful participation of the ultimate users of its outcomes—community members. Since the Installing Committee publicly presented a proposal for developing the Cascais FCPS in 2015, there has been a continuous strengthening of already existing partnerships and the successful establishment of new ones—it is currently a network of 52 entities, including local schools, community health organizations and social services working in Cascais, as well as community members. Their joint work has resulted in

the development of several tools and resources tailored to community needs under the Cascais ELPS 2016-2020 (e.g., Health Academy). However, Cascais FCPS faces everyday challenges that can compromise the successful achievement of its objectives. These include partnership-related issues that potentially affect the nurturing and maintenance of relationships within the Cascais FCPS (e.g., distrust, unequal power sharing, conflict arising from differences in perspectives), as well as methodological challenges (e.g., unbalanced research and action, questions regarding the scientific value of the participatory approach) (Israel et al., 1998). The continuous and independent monitoring of all activities within the Cascais FCPS by the Cascais OPS is crucial to timely detect and solve any of the challenges briefly mentioned.

Apart from partnership- and methodological-related issues, the implementation of the Action Plan 2019-2020 and the development and implementation of the ELPS 2021-2025 challenge the satisfaction and motivation of all partners involved. Satisfied and motivated partners actively contribute to the success of the collaborative approach. In order to achieve this, the following actions are being implemented: a) to support democratic leadership and decision-making by equally involve all partners, b) to regularly update the partners on the results, c) to foster the continuity of measures and actions under development that were not concluded in the previous Action Plan irrespectively of any changes to the working teams, d) to define SMART objectives to each action, e) to develop overall performance indicators per strategic axis, as well as a systematic and straightforward approach to data collection. Cascais FCPS is a valuable resource for health promotion that was built with and for people living in Cascais, this being a relevant indicator of their commitment to the success of this initiative.

## Acknowledgments

The authors would like to thank all member of the Local Forum for Health Promotion. It has been an inspiring and innovative journey, all together.

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