

## **Executive Summary:**

### **The application and evaluation of an assets-based model in Latin America and the Caribbean: the experience with the healthy settings approach**

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#### **PAHO'S Healthy Municipalities, Cities and Communities (HMC) Strategy**

The Pan American Health Organization (PAHO) developed and introduced *The Healthy Municipalities, Cities and Communities (HMC)* strategy in the 1990s to improve and promote local health and development in the hemisphere of the Americas. This strategy is being actively implemented in 18 of the 35 countries and 3 territories of the Americas.

Based on the notion that being healthy means having a good quality of life, the actions of the HMC strategy focus more on the underlying determinants of health than on their consequences in terms of diseases and illnesses. This strategy also focuses strongly on the notion that every community has assets and resources that, when strategically aligned around community-driven priorities, can lead to more effective change. This is achieved by facilitating joint action among local authorities, community members and key stakeholders, aimed at improving their living conditions and quality of life in the places where they live, work, study and play.

The HMC Strategy incorporates an assets-based approach by:

- Emphasizing capacity building through (1) community empowerment, education, and participation; (2) strengthening individual skills and fostering critical thinking among those involved in the initiative; and (3) supporting the development of leadership, agents of change, and advocates.
- Promoting action by communities, institutions, and intersectoral organizational structures for action through (1) the identification of community resources and assets (assets-mapping, community assessments, etc.); (2) and the definition of priorities, strategic planning and the development of a responsive and appropriate action plan.
- Fostering socio-political action by (1) guaranteeing formal commitment by local governments, (2) forming community-based, intersectoral committees, and (3) utilizing participatory, community-based methodologies.

#### **PAHO's Participatory Evaluation Initiative**

It is evident that health promotion and assets-based approaches can greatly contribute to the development of programs and policies that support the preservation of health and the decrease of health inequities, rather than only the prevention of diseases. During the past few decades the implementation of the healthy settings approach in Latin America and the Caribbean (LAC) countries have greatly advanced the cause for health promotion in

the Region and have accumulated valuable experiences and information related to the process, outcomes, benefits and challenges of these approaches to community and population health. Nevertheless, practitioners in the field are often concerned that health promotion programs and policies will not be continued due to a perception on the part of decision makers and funders that there is a lack of success and effectiveness.

In an attempt to address this need, in 1999 PAHO established a *Healthy Municipalities Evaluation Working Group* formed by evaluation experts from leading institutions in the Americas working on issues related to health promotion, evaluation and local development. The Working Group was comprised of people from governmental, non-governmental and academic sectors from various countries in the hemisphere, including Argentina, Brazil, Canada, Chile, Colombia, Ecuador, and the United States. It developed a series of evaluation tools, among them, a *Participatory Evaluation Guide for Healthy Municipalities, Cities and Communities* (2005).

This *Participatory Evaluation Guide for Healthy Municipalities, Cities and Communities* provides guidance and tools to evaluate healthy settings and health promotion efforts using an evaluation framework that incorporates essential health promotion elements and assets such as intersectoral collaboration, social participation, capacity building, individual physical and material conditions, health determinants, and community capacity, among others. It aims to provide an alternative evaluation framework that reflects the underlying health promotion principles embedded in many long-term initiatives taking place in LAC countries while continually building on a community's assets and capacities through continued participation.

### **Lessons learned**

Over the past 3 years, the Participatory Evaluation guide has been introduced and applied to several LAC countries. Based on the experiences from Brazil, Dominican Republic, Honduras, Mexico, Peru, and Trinidad and Tobago, it was found that the main factors that affected the implementation of this evaluation strategy were 'political context' and 'timing'. Election periods and political transitions often caused major delays (if not termination) of initiatives, shortage and/or change of personnel and funds, and great uncertainty about the future of the initiatives. The lengthy time period required to implement this strategy, as well as the necessity for intersectoral collaboration, also posed to be challenges.

On the other hand, experiences showed that this participatory evaluation strategy was an empowering and assets-building process by itself. This approach encouraged community participation, the development of personal skills and the understanding of the key assets that created supportive environments for health development. Having strong, sustained and dynamic leadership was central to the sustainability of a community-responsive evaluation initiative. Active commitment and engagement from institutions both at the local and national levels were key to the success of these initiatives, as well as the quality of the collaborative work among them. Overall, it was found that this evaluation process provided an invaluable opportunity to discuss and reflect on communities' experiences, challenges, assets and potentials.