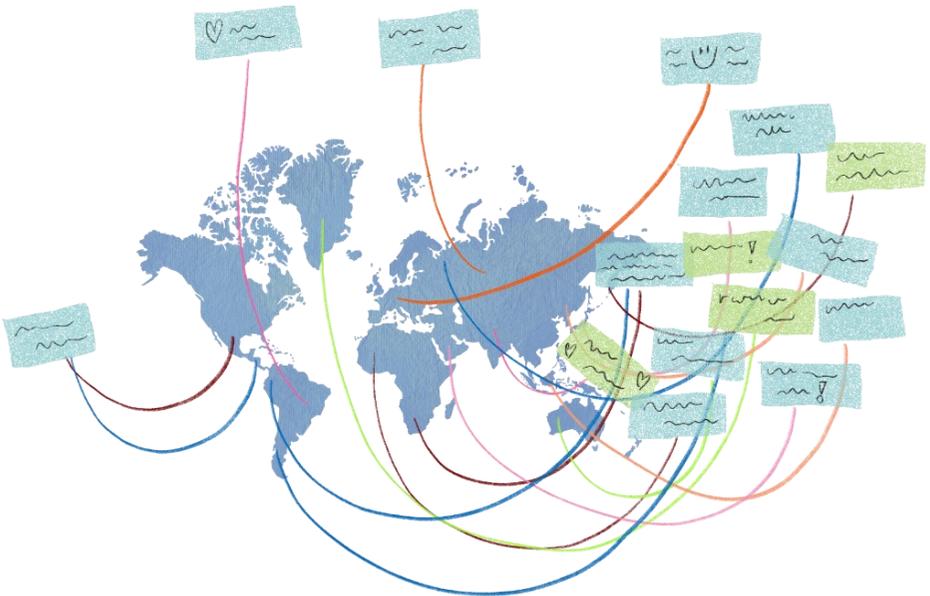# PRACTICAL GUIDE OF PARTICIPATORY METHODOLOGIES FOR COMMUNITY ENGAGEMENT AND HEALTH PROMOTION

Authors:

Laís Martins Costa Araujo (PUC-Rio / TGHN LAC Fiocruz)

Nilza Rogéria de Andrade Nunes (PUC-Rio)

Andrea Rodriguez (University of Dundee, UK)

Technical support & graphic design:

The Global Health Network Latin America and the Caribbean (TGHN LAC/Fiocruz)

Letícia Marinho (TGHN LAC/Fiocruz) – design and cover illustration

For more information and the online PDF version:

Contents

Introduction

This practical guide was developed to support professionals from different sectors in **implementing participatory methodologies for community engagement in health promotion for marginalised groups**. We believe that people and communities have valuable knowledge and potential that, when well-integrated into health initiatives, result in more effective and lasting programmes and actions.

We present some **techniques, tools, and best practices** that can facilitate the development of participatory methodologies for involving people and communities, building trusting relationships, and collaboration among those involved. We hope this material can be used as a valuable resource to strengthen community engagement and contribute to the creation of healthier and more inclusive environments.

Community Engagement for Health Promotion

a.   Distinction of Concepts: Community Engagement and Social Participation

COMMUNITY ENGAGEMENT

Refers to the process of **actively involving a community** in activities, decision-making processes, or initiatives that affect the well-being of its members. It seeks to ensure that the voices and needs of the community are heard and considered by organizations, governments, or projects. It is a broader and more flexible concept, generally used to involve the community in decisions and activities that impact their well-being, and it may or may not include a transformative or emancipatory perspective.

SOCIAL PARTICIPATION

A term used by Paulo Freire, a renowned Brazilian educator and philosopher, within his theory of education for freedom as a means of emancipation. It is **the act by which people, especially those marginalized groups, become more critically aware of their realities** and therefore, engage in transformative practices that aim to change these realities. For Paulo Freire, social participation means a deeper and more radical involvement of people in current issues that affect their lives, through critical consciousness, dialogue, and political action.

COMMUNITY ENGAGEMENT	SOCIAL PARTICIPATION
Emphasis	
Practical solutions and community well-being; collaboration between various actors (government, NGOs, community)	Emancipation, critical awareness, and social transformation
Participation Level	
Can vary from consultation to full community control over decisions; focus on collaboration	Active, political, and dialogical participation; focus on autonomy and empowerment of the oppressed
Final Objective	
Improvement of living conditions, resolution of local issues, strengthening of social capital	Political and social transformation; creation of a fairer and less oppressive society
Political Nature	
Not always explicit, can be more pragmatic and oriented towards well-being	Highly political and critical; participation is an act of liberation
Method	
Partnerships between institutions and the community, consultation, trust-building	Liberating education, critical dialogue, awareness, and transformative action

b. Community Engagement for Health Promotion: creating health "with" rather than "for"

Community engagement plays a fundamental role in health promotion, as it involves the active participation of community members in identifying issues they want to address, developing solutions, and implementing actions. This can contribute to:

⇒ Identification of Specific Needs: Communities have unique characteristics and challenges. Engagement enables these needs to be identified more precisely, resulting in health promotion strategies that are culturally appropriate and locally relevant for those affected by these issues.

⇒ Ownership and Sustainability of Actions: When the community participates in the planning and execution of health initiatives, a sense of belonging and responsibility is created, enhancing adherence and continuity of actions, even after specific programs end.

⇒ Increased Access to Information and Health Services: Through community participation, health information can be disseminated in meaningful ways, more effectively, leveraging local social networks and community leaders to extend the reach of messages and reduce barriers to accessing services.

⇒ Strengthening Trust in Health Systems: Collaboration between health professionals and the community can reduce mistrust and improve communication, facilitating the acceptance of public health interventions, such as smoking cessation campaigns and oral health prevention programs.

⇒ Empowerment and Skill Development: Engagement provides opportunities for community members to develop communication and listening skills, increasing local capacity to address health challenges and promoting self-care.

These factors contribute to creating healthier environments and reducing health inequities of vulnerable populations by making initiatives more inclusive and people-centred.

The Importance of Participatory Methodologies for Community Engagement and for the Work with Vulnerable Populations

Community participation is essential for health promotion as it ensures that health actions and policies are relevant, effective, and sustainable. Active community participation not only improves the suitability and effectiveness of health actions but also fosters a collaborative approach that strengthens the health system.

Participatory methodologies can play a crucial role in increasing adherence, participation, and engagement of people toward a common goal. In health actions, these methodologies are especially powerful, as they encourage active collaboration between health professionals and the community, ensuring that activities are more relevant, accessible, and meaningful to the populations involved. They are widely used to promote community engagement and social participation, facilitating the exchange of knowledge, experiences, and ideas among participants. These techniques are dynamic and interactive, which helps foster critical dialogue, create bonds, and strengthen cohesion within a community, promoting the collective construction of solutions to common problems.

Toolkit of Participatory Methodologies

Participatory methodologies such as **Circles of Talk**, **River of Life**, **Talking Maps**, **Memory and Identity Maps,** and **Pedagogical Workshop**, among others, are powerful tools to promote engagement and adherence to healthcare activities, making processes more democratic, personalized, and relevant to the needs of the community. By promoting active collaboration and empowering individuals, these methodologies increase the effectiveness of interventions and ensure more sustainable involvement over time.

a. MEMORY AND IDENTITY MAP

The **Memory and Identity Map**, also known as the "Origin or Identity Map," is a participatory methodology that creates a visual representation of participants' identities. Using a local map, participants can locate their place of origin, sharing parts of their history and memories associated with that place.

Each participant is invited to **reflect on memories and share those they feel comfortable discussing with the group**. The information may include aspects such as personality, family, place/region/country of origin or residence, cuisine, hobbies, values, religion, life events, gender, ethnicity, age, race, fears, dreams, dislikes, and significant memories (e.g., related to work). This exercise can serve as an introductory activity, allowing participants to introduce themselves based on locations on the map that they identify with.

Objective:

→ Promote a deeper understanding of the aspects that form each participant's identity, enabling the group to recognize both the similarities and diversities that unite them and make them unique.

→ Foster individual and collective reflection on how elements of identity and memory, such as origin, values, experiences, and beliefs, influence their practices.

Step-by-Step Guide to Conducting the Memory and Identity Map Activity:

Initial Recommendations:

	Provide maps of the country/region being worked on, scissors, glue, adhesive tape, ribbons, paper cards, and colored pens/markers.
	The activity can be conducted in smaller groups depending on the number of participants.
	Plan approximately 30 minutes for the activity, depending on the number of participants.
	The facilitator should encourage participants to revisit their personal and professional journeys, exploring experiences that illustrate their memories and shape their identities.

1. **Introduction to the Activity**: Explain the concept and purpose of the methodology, emphasizing that it is an opportunity for each person to reflect on the parts that make up their identity and share these insights with the group.

2. **Location on the Map**: Provide a map of the country or region and invite each participant to mark, with a ribbon, the place where they were born or feel connected to as their origin.

3. **Individual Reflection**: Provide paper cards for participants to write down memories from childhood and other general recollections. Each participant may use as many cards as they like and mark one or more locations on the map with associated memories. Encourage them to reflect on personal aspects they would like to share (e.g., personality, family, place of origin, experiences, foods, hobbies, values, religion, gender, ethnicity, dreams, fears, and significant memories). Participants should feel free to choose what to share and how deeply they delve into each topic.

4. **Presentation and Exploration**: One end of the ribbon should be attached to the map at the place of origin (e.g., the state where they were born or the city where they spent vacations). The other end should be attached to the card where the participant described their memory of that place. Each participant presents their map perspective to the group, explaining the main elements they chose to represent. After each presentation, the facilitator may encourage dialogue with questions such as, "What experiences or influences were important in shaping your identity?" or "How do these elements influence your current practices at work?"

5. **Group Discussion and Reflection**: The facilitator should encourage reflections on the similarities and differences observed in the maps, exploring how identities influence the group and their personal or professional practices.

b. RIVER OF LIFE

The **River of Life** is a participatory methodology that uses the metaphor of a river to help participants visualize their experiences, life journeys, or project development in a structured and symbolic way. By drawing a river, each person represents significant moments, challenges, and achievements along their path.

This methodology, with a visual and participatory focus, is particularly effective in **strengthening community engagement among vulnerable populations**, promoting a deeper understanding of their life experiences, and the factors that influence their journeys.

Objectives:

→ Promote engagement of individuals and communities in reflective and empowering processes concerning their own realities and life paths, highlighting the challenges faced and the factors that contributed to their journey;

→ Create a safe sharing environment to identify barriers and enablers;

→ Encourage community strategies for health promotion.

Step-by-Step Guide to Conducting the River of Life Activity:

Initial Recommendations:

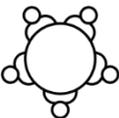|	
	Provide flip chart paper, scissors, glue, adhesive tape, drawing materials (e.g., crayons, pencils, markers, paints, brushes, newspaper or magazine clippings), and/or natural elements (leaves, stones).
	The activity should be conducted with a group of up to 8 people to ensure equal participation and a welcoming and safe environment.
	Plan approximately 75 minutes for the activity, allowing groups enough time to go through Stages A and B outlined below.
	The activity should be led by facilitators who will encourage the creation of the River of Life based on each group's symbols and references. Given the sensitive nature of personal stories, facilitators should be attentive to any discomfort and offer support as needed.
	The activity can be conducted on a table, a workbench, or on the floor.
	At the start, the group should sketch a river that represents each participant's journey, represented by flowing water. Participants and facilitators are free to use symbols that illustrate their journey, such as turbulent waters for difficult moments, flowers for achievements, and stones for obstacles overcome.

A1. **Introduction to the Theme and Purpose**: Gather the group and introduce the theme and purpose of using the River of Life methodology. Explain that the time required will depend on the group size and the stories to be shared.

A2. **Selecting the Time Period**: Define the time that the river will cover, for example, "from the beginning of the pandemic to the present."

A3. **Guiding Questions**: Formulate questions to guide reflection, such as: "What were the most significant challenges and achievements in your health during and after the pandemic?" or "What factors helped you overcome difficulties?"

A4. **Symbols and Representations**: Encourage the use of elements like fish, flowers, and calm waters to symbolize positive experiences, and stones, waterfalls, or crocodiles to represent obstacles or challenges.

A5. **Reflection on the Journey**: Encourage participants to reflect on the highs and lows along their path and how each phase contributed to their personal growth.

B1. **Individual Sharing**: After the allocated time for constructing the River of Life, invite each participant to present their "river" while the group listens respectfully, observing commonalities and unique aspects of each journey.

B2. **Identifying Key Points and Group Discussion**: Facilitators should encourage the group to collectively identify critical points, facilitators, and challenges that emerged during the presentations.

B3. **Defining Strategies for Change**: Ask the group about possible actions and strategies to overcome obstacles, reinforcing community engagement and mutual support.

B4. **Recording Ideas and Proposals**: A facilitator should document the ideas, strategies, and recommendations that emerged during the discussion, enabling the formulation of concrete plans for future actions.

c. TALKING MAP

The **Talking map** is a diagnostic technique developed in 1970 by Fundación Colombia Nuestra and later adapted for projects across Latin America. Also known as Social Cartography, it is a valuable tool for working with groups as it **enables situational analyses of contexts** through a participatory approach. Cartography involves creating maps to represent and interpret the world, with a strong visual character that now gives it even more prominence and visibility.

In each discussion with different stakeholders (service users, communities, institutions, and public authorities), individuals express their perceptions of the territory, creating a local map based on these insights. Participants create a drawing that represents their local spaces, how they view their communities, what is offered, what services are available, businesses, and other relevant points. The maps serve to expand service users' and professionals' **understanding of the different identities** each individual may have in relation to the territory and the diverse ways they experience it.

Objective:

→ Engage the community in creating a participatory territorial diagnosis;

→ Encourage reflection on the use of spaces and their relationship to health;

→ Increase collective awareness of resources, vulnerabilities, and opportunities for community action.

Step-by-Step Guide to Conducting the Talking Map Activity:

Initial Recommendations:

	Provide flip chart paper, scissors, glue, adhesive tape, rulers, and drawing materials (e.g., crayons, pencils, markers, paints, brushes).
	The activity should be conducted with a group of up to 8 people to ensure everyone can actively participate in the map's creation.
	Plan approximately 60 minutes for the activity, allowing groups enough time to go through Stages A, B, and C listed below.
	The facilitator should ask participants to start building the map, prompting them to reflect on the main points of interest in the area they are drawing and asking questions to help them understand the significance and accessibility of certain spaces.
	With the facilitator's instructions, participants should draw the place where they live or the service/organization they attend, indicating areas/locations of interest and their feelings toward them.

Stage A: Preparation and Introduction | Stage B: Building the Map
Stage C: Analysis and Sharing

A1.	**Introduction to the Talking Map**: Begin by explaining the purpose of the methodology and how it can benefit the community, focusing on identifying points of interest and local challenges.
A2.	**Defining the Territory**: Ask participants to consider the area they will map (e.g., neighbourhood, community, or a specific health service).
B1.	**Participatory Drawing**: Provide paper and markers for the group to draw the territory as they perceive it and highlight important areas to them. Guide them to represent feelings and perceptions about each place, encouraging the use of symbols (e.g. hearts for welcoming places, zigzag lines for insecure areas).
B2.	**Guided Reflection**: As a facilitator, guide the group with questions to stimulate identification of key points of interest and the feelings these places evoke. Example questions: "Which places are essential for your health and well-being? Which areas do you avoid and why?"
C1.	**Presentation of Maps:** Each group shares their map, explaining their reasons and feelings about the highlighted locations.
C2.	**Group Discussion:** Facilitate a conversation about the commonalities and differences in participants' perceptions. For instance, ask about factors that make certain places feel safe or unsafe and the impact of these spaces on collective health.
C3.	**Action Identification**: Record the main points, resources, or challenges identified. Encourage the group to develop strategies and potential community actions to improve well-being in the area.

d. CIRCLES OF TALK

Circles of Talk is a participatory and collaborative approach that allows participants to share their experiences, knowledge, and perspectives on a particular topic. Through critical dialogue, participants can expand upon their thoughts and reflections. The goal is to create a space where participants can reflect on everyday life, including their relationship with the world, work, and life projects.

Circles of talk facilitate a more **dynamic exchange of ideas** and should be conducted in a setting that allows people to express themselves without judgment, helping them to overcome personal fears and insecurities, while also enhancing communication and interaction. For the circle to achieve its purpose, it can be planned based on themes that were chosen by the participants through guiding questions.

Objectives:

→ Create an informal and equal environment, allowing participants to share their views and experiences without the influence of a mediator;

→ Share knowledge;

→ Encourage the exchange of experiences to build and rebuild new insights on the research topic.

Step-by-Step Guide to Conducting Circles of Talk:

1. **Define the Theme and Objectives**: Choose a central theme of shared interest. Establish the focus of the discussion (e.g., family, oral health, or environment). Define the expected outcomes for these circles (e.g., providing spaces for experience-sharing, mapping needs, gathering ideas, or disseminating information).

2. **Develop a Flexible Agenda**: Prepare a discussion guide that includes key themes and guiding questions related to your objective. It is important to keep the guide flexible to allow the conversation to flow naturally.

3. **Structure**: A discussion circle is a method that involves a group of people (usually 6 to 12 participants) freely discussing a predetermined topic without a mediator. However, each session may have a facilitator. At the beginning, the purpose of the circle should be explained, along with the basic rules of interaction and the goal of creating a welcoming and respectful environment for people to express themselves. Encourage active participation and foster empathetic listening among participants.

4. **Mobilize Participants**: Identify the group of people who will be invited to join the circles of talk. Participants should have knowledge of or interest in the topic selected for discussion.

5. **Setting**: Circles of talk can take place in informal settings, such as living rooms or community spaces, and typically last about an hour or until all perspectives have been shared. Ice-breaking activities can be used to facilitate group interaction, and offering coffee or refreshments can help create a welcoming and relaxed atmosphere.

6. **Record**: With participants' consent, it is important to document discussions and emerging ideas during the circles of talk so that they can be applied and strengthened in the future.

e. PEDAGOGICAL WORKSHOP FOR HEALTH PROMOTION

The **Pedagogical Workshop** on Health Promotion is a work methodology that aims to achieve a collective construction of knowledge. The workshop encourages new actions and behaviours. The entire process developed during a pedagogical workshop follows the critical-reflective theoretical approach proposed by Freire (1977), based on the appreciation and integration of individuals' prior knowledge and the construction of new knowledges and practices that should be linked with their contexts.

The workshop requires joint and extremely flexible planning so that it can be adjusted to the problem situations presented by the participants. The facilitator's formal role is not to 'teach' or pass on knowledge directly to the group. This should be a process of sharing and acknowledging the current, previous and diverse knowledge and experiences from the group.

In this way, the workshops will **explore the values, skills, interests and current needs of each participant**. The techniques and procedures used during the workshop should be varied, including individual and group activities to promote interaction among participants, with a focus on practical activities.

Objective:

→ Offer a space for critical reflection on topics relevant to participants' lives, in an environment that is welcoming, dynamic, and creative.

Workshop Planning (Key Elements):

The space to be used	The number of participants	The materials needed

What activities are most appropriate/should be adapted

Meet the needs and interests of the participants (age, level of education, personality)

Accessibility/Inclusion/Diversity

Conduct an evaluation during and at the end of the workshop

Tips for facilitators

Be prepared to build a <u>relationship</u> with the group of participants. This is more than just a workshop delivery; it is an interaction between people.

Consider how you can make your participants feel <u>safe and comfortable</u>, allowing them to participate in their own ways.

Respect the <u>opinions and ideas</u> of participants, even when you do not agree with them.

Participants may be nervous or anxious to participate and you need to <u>be patient, kind and sensitive</u> to deal with this.

Be <u>mindful of the language</u> used. Use simple language, without jargon!

<u>Remember</u> that participants may not know you and may be nervous.

Try not to make assumptions about what participants know or don't know about the workshop topic. <u>Explore all possibilities</u>.

Participants may not easily trust professionals, services, and organisations, based on negative experiences that may be transferred to the facilitator. Try to identify <u>how participants are feeling</u> at various intervals of the workshop and whether or not they have any questions.

Be aware that participants can read your body language, thus you should <u>show that you are fully present for them</u>.

Every human being is unique. If someone prefers not to engage in certain activities, <u>respect</u> that. Also, think of <u>alternative</u> activities for participants who are showing less interest for what you are suggesting.

Be <u>flexible</u> and adjust the duration of the workshop according to the needs and preferences of your audience (they may want a longer or shorter discussion of a particular topic).

Some <u>silence</u> within the group is important and welcome. It is a way to leave space for someone to assimilate information and ask questions!

Value <u>different knowledge, skills, and experiences</u> - for example, some people are good at verbal communication and artistic activities, while others may prefer writing instead of speaking.

Remember that you are not only there in a professional capacity, you are a <u>human being</u>!

Every interaction counts, try to <u>make the most of this opportunity</u>.

Workshop Structure

Part 1: Building Trust/Getting to Know Each Other

This is an initial moment to establish trust among participants. It is also where we collectively agree on ground rules for how the workshop will run. We suggest having a snack or shared meal as part of this moment. You can ask the group:

- **How do you think** we should work together?
- **How do you think** we can make this workshop a safe and respectful environment for everyone?
- **What is important for you** to feel comfortable sharing your experiences here?

You can use a flip chart/or white paper to write down and validate the ideas that come from the group. Make sure that the participants understand the agreement and agree on the main points.

Part 2: Introduction and Ice Breaker

This is the moment when participants can **introduce themselves in more detail and using creative ways**. We expect that a good part of the presentation took place in Part 1, where they got to know each other, but perhaps not everyone interacted well during the shared snack/meal, and this moment will be one more opportunity for participants to get to know each other. The activity should be fun and provide a positive interaction between participants, where they can feel motivated to do the other parts of the workshop. However, not all participants will open to the same degree, and this does not mean that they are not engaged in the process. In this part, the objectives of the workshop are presented.

Part 3: Capturing previous views and experiences

This part aims to listen to **participants' own definitions and life experiences** related to the workshop topic. In this part, the group will raise awareness of different perspectives related to the same topic/issue they face or have an interest in.

This is a crucial moment because the narratives of the participants will serve as a basis for articulation in the next parts of the workshop. Following Paulo Freire's theory and principles of empowerment, participants should be invited to express their own knowledge rather than passively receiving the information. By doing so, we are changing traditional perspectives of learning and placing participants at the centre of their own learning processes.

Part 4: Deepening reflection

This part will involve deepening critical reflection. The views and experiences shared by participants will be combined with new information brought by the facilitator on the issues discussed. This new information can **add different elements of analysis or perspectives to the group**. This can confirm what they already knew or expand and transform their current knowledge. It is important to create a **critical discussion that includes different points of view**. Following Freire's principles, it allows participants to explore and question society and its realities, thus develop a greater understanding of the theme of the workshop in relation to their lives, and consequently, have a better capacity to make choices.

Part 5: Building new knowledge

This section allows participants to **identify and appropriate their own knowledge, and at the same time explore "new" points of view** that are necessary in order to bring about change. Facilitators will encourage participants to visualize their next steps. Participants need to reflect on the new knowledge or insights that have emerged through the group discussion and how this can be used in the future for each person, to improve their lives.

The group will then continue with a critical reflection on the topic and may be invited to do an individual and/or group activity (which could be a collective panel, a collage, a text, an activity, a game, a poem, a drawing, a theatre scene, among others).

Part 6: Collective agreement for change

In this segment, participants are invited to say what type of collective agreement each of them could make regarding any specific behavioural changes that they feel could be incorporated into their lives and daily routines from now on because of the workshop.

This will encourage participants to create an **action plan** to support their behavioural changes. Therefore, this part of the workshop illustrates Freire's proposition that, because of the critical consciousness, **a critical attitude can be formed towards a healthier life**. This agreement can be written into a panel where each person, or the group, will state their personal commitments to change and how they hope to achieve this. The ways by which each of the participants will use to recognize if the changes were achieved can also be discussed at this stage. In addition, participants can discuss how they can help each other to fulfil the elements of change stated in the agreement (depending on the profile and type of bond that the members of the group have).

Part 7: Closing and evaluation

Here the facilitators can give a **summary** of what were the key discussions in the workshop or simply highlighting any relevant points that have emerged. Participants can also give their opinions here about what their participation.

A verbal and/or written evaluation should be completed by participants. This evaluation can take different forms. It can be done by filling out an evaluation form, or even through an informal chat about what worked well and what didn't during the workshop, with suggestions to improve future sessions.

This feedback from participants is essential to help facilitators know what needs to be improved for future activities.

References for further reading

Afonso, M.L. and Abade, F.L. (2008) *Para reinventar as rodas: rodas de conversa em direitos humanos*. Belo Horizonte: RECIMAM.

Candau, V. and Sacavino, S. (2000) *Educar em direitos humanos: construir democracia*. Rio de Janeiro: DP&A.

CEDAPS, 2023. *Guide to the Digital Talking Map*. Center for Health Promotion. Available at: http://www.cedaps.org.br/ [Accessed 28 November 2024].

Freire, P. (2011) *Pedagogia da autonomia: saberes necessários à prática educativa*. São Paulo: Paz e Terra.

Freire, P. (2012) *Pedagogia do oprimido*. Rio de Janeiro: Nova Fronteira (Saraiva de Bolso).

Freire, P. (1974) *Education for critical consciousness*. London: Bloomsbury Revelation Series.

CDC (2011) *Principles of community engagement*. CDC/ATDSDR. NIH publication. Available at: https://www.atsdr.cdc.gov/community-engagement/php/chapter-1/introduction.html (Accessed: 15 November 2024).

Minayo, M.C., Deslandes, S.F. and Gomes, R. (2011) *Pesquisa social: teoria, método e criatividade*. Petrópolis: Editora Vozes Limitada.

Moura, A.F. and Lima, M.G. (2014) 'A reinvenção da roda: roda de conversa, um instrumento metodológico possível', *Revista Temas em Educação*, 23(1), p. 95.

Moussa, Z., 1994. *Rivers of Life: A Participatory Reflection Tool*. Adapted from the Community Organizing Curriculum by the New Mexico Department of Health, Public Health Division.

Popay, J. et al. (2006) *Community engagement for health improvement: questions of definition, outcomes and evaluation*. A background paper prepared for NICE. London: NICE.

Ribeiro, L.H.L. and Silva, C.A. da (2022) 'Cartography of social action and the struggle for the use of territory in Brazil: contributions to reflection on method from the experience of Rede Fitovida in Rio de Janeiro', *GEOUSP*, 26(2), e187100. Available at: https://doi.org/10.11606/issn.2179-0892.geousp.2022.187100.en (Accessed: 1 November 2024).

Rodriguez, A., Biazus-Dalcin, C. & van Blerk, L. (2022). 'Do Not Give Up On Us': a workshop guide for health promotion and civic engagement. 2022, Dundee, UK: University of Dundee. 88 p. https://discovery.dundee.ac.uk/en/publications/do-not-give-up-on-us-a-workshop-guide-for-health-promotion-and-ci

Rodriguez, A; Beaton, L; Freeman, R. (2019). Strengthening Social Interactions and Constructing New Oral Health and Health Knowledge: The Co-design, Implementation and Evaluation of a Pedagogical Workshop Program with and for Homeless Young People.

Special Issue: Promoting Inclusion Oral-Health. Social Interventions to Reduce Oral health Inequities. Dentistry Journal, 2019, 7,11. Available at: https://discovery.dundee.ac.uk/en/publications/strengthening-social-interactions-and-constructing-new-oral-healt. [Accessed 28 November 2024].

Rodriguez, A. and Nunes, N.R. de A. (2023) 'Empowerment in health promotion of marginalised groups: the use of Paulo Freire's theoretical approach and community-based participatory research for health equity', in Jourdan, D. and Potvin, L. (eds.) *Global handbook of health promotion research: doing health promotion research*. Springer, Canada, 3, pp. 61–68. Available at: https://discovery.dundee.ac.uk/en/publications/empowerment-in-health-promotion-of-marginalised-groups-the-use-of (Accessed: 7 November 2024).

Tindana, P.O. et al. (2007) 'Grand challenges in global health: community engagement in research in developing countries', *PLOS Medicine*, 4(9), p. e273. Available at: https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0040273 (Accessed: 14 November 2024).

Wallerstein, N. and Duran, B. (2006) 'Usando a pesquisa participativa baseada na comunidade para abordar as disparidades de saúde', *Revista Eletrônica Mutações*, 16(26). Available at: https://www.periodicos.ufam.edu.br/index.php/relem/issue/view/560 (Accessed: 7 November 2024).

Wallerstein, N., et al., 2024. *Pesquisa participativa e empoderamento: teorias e práticas de participação social*. 1st ed. São Paulo: Hucitec. (Coleção Saúde em Debate, v. 350).

Wallerstein, N. (2021) 'Engage for equity: advancing the fields of community-based participatory research and community-engaged research in community psychology and the social sciences', *American Journal of Community Psychology*, 67(3–4), pp. 251–255. Available at: https://onlinelibrary.wiley.com/doi/full/10.1002/ajcp.12530 (Accessed: 7 November 2024).

Wallerstein, N. (2002) 'Empowerment to reduce health disparities', *Scandinavian Journal of Public Health*, 30(59_suppl), pp. 72–77. Available at: https://journals.sagepub.com/doi/epdf/10.1177/14034948020300031201 (Accessed: 7 November 2024).

Wellcome Trust (2011) *Community engagement-under the microscope: 12–15 June 2011*. London: Wellcome Trust. Available at: https://wellcome.org/sites/default/files/wtvm054326_0.pdf (Accessed: 7 November 2024).