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CONFERENCE ABSTRACT

Estrategia de mapeo de activos para la salud y bienestar comunitario en la Ciudad de Buenos Aires

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Mapping strategy for health and wellbeing community assets in the city of Buenos Aires

Introduction

Identifying and mapping health assets in a specific territory can help to encourage and support healthy behaviours in the community (from physical activity to learning skills or socialization). Usually, assets-based models are implemented on small communities. Large urban territories, especially in Latin America, are still a great challenge.

Practice change implemented

Health assets uptake to improve health and wellbeing in the general population.

Aim and theory of change

To develop, implement and evaluate community asset mapping strategies in the city of Buenos Aires. This project was based on the Assets Model and the Salutogenic theory, a positive health-based approach promoting individuals, families and communities to increase control over their health and wellbeing, making the most of their strengths, talents and abilities.

Targeted population and stakeholders

Community in general was the target population; and stakeholders were community volunteers, students in health sciences, NGOs, and institutions from education, culture, religious and public sectors.

Timeline

Three phases: First, community resources were collected through interviews with key informants, web-based and field search with university students and community volunteers in pilot neighborhoods (2015-2016). Second, a mass communication campaign was carried out to disseminate the collaborative virtual map (2017). Third, health assets were further collected through field work with community volunteers from different neighborhoods (2018-2019).

Highlights

1144 resources and assets were identified, validated and grouped into five categories. The communication campaign ""#MeHaceBienMiBarrio"" reached 120,383 persons on Facebook in the first 2 weeks, of whom 9,213 interacted. News was covered by major newspapers and TV news programmes. By then, the map had more than 23,000 views and 87 new community assets were

received by the public. Five diverse socioeconomic neighborhoods were included on the community-based third stage, forming local teams from 10 to 20 community members.

Comments on sustainability

The first stage was positive in terms of dissemination and interaction. The participation rate fell as diffusion decreased. Local mapping groups still keep contact in virtual social networks and continue recommending health assets.

Comments on transferability

The coordinating team made a mapping toolkit manual (printed and digital versions distributed for free) to build capacity in other settings to replicate this project.

Discussion

Time and resources can be optimized by complementing face-to-face and virtual community participation actions. Working on effective communication helps increase project visibility and join forces with other organizations pursuing similar goals and objectives.

Conclusions

Implementing a health asset mapping strategy with community participation in a large city is possible. Asset mapping projects carried out by health institutions may help build bridges between the health system and the community.

Lessons learned

A mixed massive and personalised strategy of health assets mapping is feasible with limited initial funding. Field work is essential to enhance and sustain results over time. The use of virtual social networks for the identification of health assets with community participation are opportunities to expand their impact and contribute to improving community awareness.