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Healthy and Sustainable Territories: health care strategies for rural black population in Caruaru/Pernambuco

Territórios Saudáveis e Sustentáveis: estratégias de cuidado para a saúde da população negra do campo em Caruaru/Pernambuco

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ABSTRACT The socio-historical process in Brazil is crossed by racism and the agrarian issues, as both are part of the same structural dimension. Thus, the understanding of racism is essential to apprehend the social determination process of racial inequalities in health. This action research had as general objective to analyze the interference of racism in the health-disease-care process of rural black families and, more specifically, to describe the children's group intervention activities. Primary data were used: field diaries and other documents prepared by the Resident Team; and secondary data: the Participatory Rural Appraisal as a tool of systematization in territorialization. This shared action between professionals residents in Family Health Care and settlement dwellers, located in Caruaru (PE), was developed from the popular health education focusing on health promotion and facing racism as a transversal axis. In this sense, the Family Health team is a powerful tool for promoting Healthy and Sustainable Territories by confronting racism in its non-biocentered issues, with the use of low technology, transdisciplinary, strengthening black identities and building health as recommended in health policies and the Sustainable Development Goals.

KEYWORDS Community health education. Rural health. Health of ethnic minorities. Sustainable development. Social Determinants of Health.

RESUMO *O processo sócio-histórico do Brasil é atravessado pelo racismo e pela questão agrária, visto que ambos fazem parte de uma mesma dimensão estrutural. Desse modo, a compreensão do racismo é elementar para apreender o processo de determinação social das desigualdades raciais em saúde. Esta pesquisa-ação teve como objetivo geral analisar a interferência do racismo no processo saúde-doença-cuidado de famílias negras do campo e, mais especificamente, descrever as atividades de intervenção do grupo de crianças. Foram utilizados dados primários: diários de campo e outros documentos elaborados pela Equipe de Residentes; e dados secundários: sistematização das ferramentas do Diagnóstico Rural Participativo na territorialização. Essa ação compartilhada entre profissionais residentes em saúde da família e moradores/as de um assentamento, localizado em Caruaru (PE), foi desenvolvida a partir da educação popular em saúde com foco na promoção à saúde e teve o enfrentamento ao racismo como eixo transversal. Nesse sentido, a equipe de Saúde da Família se mostrou instrumento potente de promoção de Territórios Saudáveis e Sustentáveis a partir do enfrentamento do racismo em suas questões não biocentradas, com o uso de baixa tecnologia, transdisciplinarmente, fortalecendo as identidades negras e construindo saúde conforme preconizado nas políticas de saúde e nos Objetivos de Desenvolvimento Sustentável.*

PALAVRAS-CHAVE *Educação para a saúde comunitária. Saúde da população rural. Saúde das minorias étnicas. Desenvolvimento sustentável. Determinantes Sociais da Saúde.*

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Introduction

Preliminary data from the 2017 Agricultural and Livestock Census of rural producers in Brazil show the majority presence of blacks (52%)[1]. In Pernambuco, a black population amounts to 64.73% among rural producers. Most, however, do not represent equity in access to available goods and services and political autonomy, since Brazilian agribusiness perpetuates the colonial logic of commodities and land concentration[2].

The relationship between racism, as an ideology that produces inequalities, and the land issue, are the foundations of Brazil's social formation, and are part of the same structural dimension. The land tenure structure in the country is the product of a long colonization process that prioritized the exploitation of African and indigenous labor forces as a basis for the development and concentration of land. Thus, it is essential to relate the fact that Brazil is the last country to abolish slavery, has a record in land concentration (1% of rural landowners own 45% of arable land) and has the majority of the black population in poverty condition[2,3].

Nowadays, racial inequalities are expressed in different ways. Studies show that institutional racism interferes with access to services and the quality of healthcare for the black population[4,5].

Therefore, the understanding of structural racism is essential to apprehend the process of social determination of racial inequities in health, and it is important to highlight that such inequities are one of the expressions of racism as a system of exploitation[6]. The concept of the social determination of health is an alternative to understanding the 'social determinants of health', which, according to its critics, has a probabilistic analysis of the 'risks' of becoming ill, fragmenting reality and naturalizing inequalities[7]. Authors discuss the importance of this concept in order not to fall back on biological or historical determinism and seek an understanding through a complex and dialectical view of the social-biological and society-nature relationship[8,9].

Despite the consistency in criticism, there is still a limitation in the understanding of race relations as the foundations of the Brazilian social structure. Therefore, it is important to defend a critical approach to the social determination of health so that racism is seen as a central problem that is expressed in the health-disease-care process[6]. In the research, it was necessary to carry out mediations between the urgency of recognizing racism as a producer of diseases and injuries; the importance of using tools that identify the health needs of the territory; and the need to intervene with a focus on promoting Healthy and Sustainable Territories (TSS).

Family health assumes a priority strategy for Primary Care (AB), being a privileged field to understand racial inequities in health. As provided for in the National Primary Care Policy (PNAB)[10], AB is the priority gateway for users in the Health Care Network (RAS); it must coordinate care; values the comprehensiveness of care; encourages bonding; it has a territorial base and co-responsibility for care between professionals and users. The strictly biological and procedural dimension, overestimated in medium and high complexity services, is challenged by the social demands that users bring to these health facilities[11].

In the territory, transformations and relationships between social practices and their effects on the social determination of health take place. The concept of TSS in public health can be addressed in two ways: one related to theoretical and abstract determinations; and another directly linked to the determination of social relations of a given territory, so that the process of social reproduction territorialized and conditioned by determining factors, or sustainability assumptions that shape spaces and determine social characteristics of territories, may or may not promote health, according to its predominance, presence or absence[12].

TSS can be defined as relational and belonging spaces where life is made possible, through community actions and public policies that interact with each other and materialize in results for global, regional and local development, in the environmental, cultural, economic, political and social dimensions[12]. Given the importance of territoriality in the construction of TSS, this agenda has been prioritized in social and development policy guidelines, which includes AB and, more recently, the negotiation of the 17 Sustainable Development Goals (SDGs) that make up the so-called 2030 Agenda, prepared by the international society with the support of the United Nations (UN)[13].

From this perspective, this study was developed and guided from the territory's needs. For this, the permanent dialogues between the National Policy for Comprehensive Health of Rural, Forest and Water Populations (PNSIPCFA)[14], the National Policy for Comprehensive Health of the Black Population (PNSIPN)[15] and the UN's SDGs are highlighted. This article had as general objective to analyze the interference of racism in the health-disease-care process of black families living in rural areas and, more specifically, to describe the intervention activities carried out in the group of children, using popular health education, having the fight against racism as a transversal axis.

Materials and methods

This is an action-research carried out during the training process in the Multiprofessional Residency Program in Family Health with emphasis on rural populations (RMSFC-UPE). The research was carried out in the settlement of the district of Cachoeira Seca, rural area of Caruaru, close to the cities of Toritama and Santa Cruz; region known as the clothing hub of the Pernambuco countryside.

The settlement is made up of 25 mostly black families. Such political statement comes, above all, from the phenotype and experiences of racism reported by the families during the assistance provided by the Residents Team (ER)[16,17]. These reports guided the ER's choices in the development of care strategies. Among them, the group of children was the longest-lasting and most adherent community work, justifying its choice for this study.

The ER was composed of professionals with different backgrounds: physical education, pharmacy, physiotherapy, veterinary medicine, nutrition, dentistry, psychology, social work and occupational therapy. The Family Health team (eSF) consisted of a doctor, a nurse, a nursing technician and four community health agents.

The action research had three stages: i) territorialization, ii) intervention and iii) analysis, as detailed:

i) Territorialization: Participatory Rural Diagnosis (DRP) was used, a methodology in which the community builds its own diagnosis, serving as an instrument for data collection, encouraging community self-knowledge and guidance for planning political action[18]. The DRP tool chosen was the spoken map, in which community members designed their territory according to their perceptions of available spaces and devices for sociocultural integration. After drawing up the map, the community identified the risk and protection factors for health and life in the territory, which allowed them to understand the dynamics of the territory in terms of its arrangements, identities and health needs.

ii) Intervention: The intervention was developed through training processes and participatory and horizontal care strategies, conducted by the ER and by professionals from the ESF, aimed at children in the community. 22 meetings were held, lasting 2 hours, on average, from July 2017 to February 2019. The meetings had, on average, the presence of 15 children aged from 2 to 10 years old. One of the meetings provided an opportunity for the assessment of the group of children based on the perception of their guardians.

From the DRP, educational activities were constructed and methodologically guided by Popular Education in Health (EPS). The EPS, as a political-pedagogical tool, proposes the development of new relationships based on dialogue, the appreciation of popular knowledge and the search for insertion in the dynamics of the territory, with cultural identity as the foundation of the education process[19,20]. In these spaces, playing was used as a TSS promotion strategy, considering the fight against racism as a transversal axis. The following techniques were used as pedagogical strategies: experiential, audiovisual, conversation circles and workshops.

iii) Analysis: The previous steps allowed the production of a database formed by documents: field journals[21], residency thesis, activity registration book, reports, photos and meeting minutes. These instruments made it possible to record the activities according to the perception of those who build them, providing a reflective practice from the author/or, with the details perceived in their multiple dimensions and interrelationships[21]. Exhaustive reading of all material was carried out, organization in Excel spreadsheets and workshops to discuss the results among the team, building a dialogue with the theoretical framework. The activities were described considering as categories: the themes and activities developed; the main objectives; the date of the activity; and the number of participants. The data collected in the DRP were the basis for the systematization of the elements that promote and threaten the life of community members according to the theoretical matrix of Breilh[22]. This analysis makes it possible to identify vulnerabilities and potential in the territory.

The study is part of the project Analysis of the development and application of the TSS concept in the Brazilian Semi-Arid Region of Pernambuco, approved by the Research Ethics Committee, under number 31982820.3.0000.5190.

Results and discussion

Health and Life promoting and threatening elements in the territory

The particularities and dynamics of the settlement's black families guided the reading of the territory. *Table 1* presents a summary of the identified elements that promote and threaten health and life:

Table 1. Elements that promote and threaten the health and life of the studied community, PE, 2020

Elements that promote the health and life	Elements that threaten the health and life
1. Tradition of productive activity, agriculture; 2. Matrix-centered family relationship; 3. Community social support network; 4. Existence of traditional health practices; 5. A large part of the families are beneficiaries of the Bolsa Família Program; 6. Settlement has a football field; 7. Use of septic tank; 8. The settlement has two community cisterns; 9. Community covered by the Family Health Unit; 10. Interest and involvement of families and children in participating in the activities; 11. Interaction with the community and its facilities; 12. Availability of a place from the community to carry out the activities; 13. Resident team in training focused on rural health; 14. Monitoring the coordination of the educational institution in the development of the project;	15. Difficulty in accessing social and health services in the city of residence; 16. Absence of public policies for family farming; 17. Precariousness and lack of stability at work; 18. Diseases and health problems of workers in the clothing industry; 19. Presence of people with Common Mental Disorders (CMD); 20. Problems arising from the use of alcohol and other drugs; 21. Indiscriminate/abusive use of controlled medications; 22. Fragile community organization and political mischaracterization of the territory; 23. Child labor; 24. Insufficient garbage collection; 25. River pollution arising from the clothing hub; 26. Absence of sewage and water network; 27. Insufficient public transport; 28. Lack of public lighting and infrastructure; 29. Insufficiency of leisure devices; 30. Presence of stray animals and dissemination of zoonosis; 31. Insufficient policies for living with the climate in the semi-arid region; 32. Absence of day care, school dropout rate high and illiteracy; 33. Violence; 34. Non-recognition of racial identity; 35. Institutional racism.

Source: Self elaborated.

For a long time, agriculture was the main productive activity in this region, establishing itself not only as an economic activity, but also as a way of life and in the processes of subjectivation. However, due to the lack of conditions for working in the field, such as the long periods of drought and the absence of public policies that would make agricultural production viable, the apparel industry became predominant in the local economy (*table 1* - Items 16 and 31). Despite this, such subjective heritage expresses the coexistence with a farmer ethos that presents itself through customs, values and traditions, immersed in practices and their effects both in the ways of managing life and in the relationship with themselves and their peers (*table 1* – Item 1).

Textile production, in addition to not guaranteeing labor and social security rights, does not offer adequate conditions for the worker, as the work is highly fragmented, non-ergonomic, with precarious structure, low light and extended working hours, reaching more than 12 hours a day. Payment is made only by production, whose remuneration is equivalent to cents on the piece[23]. According to DRP data, one of the families received 20 cents for each zipper sewn onto the jeans, and, therefore, everyone was involved in the production, including children and the elderly (*table 1* – Items 17 and 18).

Precarious work contributes to the fragility of community organization, despite this having been pointed out by families as essential for the guarantee of rights and resolution of territorial issues. The instability of informal work directly influences the living and health conditions of these populations and exposes

workers to intense journeys, with little time and resources for health care[23]. As a result of this context, were identified illnesses and harms of both physical order, such as urinary tract infections, back problems, pain in the upper and lower limbs; and psychosocial order, such as anxiety, depression, child labor, food insecurity and family conflicts, intensified by the overlapping of family and work environments (*table 1* – Item 18).

The settlement's families are expanded, not meeting a nuclear/house pattern. It was common to find members of the same family in the territory, mother, sisters, sisters-in-law and aunts. This matrix-centered family relationship was presented in the potential for collective care, evidencing an important social support network. The matricentric organization dialogues and at the same time reflects aspects of matriarchy, thus contributing to collective and cooperative values, extrapolating the individualistic and competitive feeling, which gives women a position of authority as well[24]. This configuration of the settlement strengthened community work and collective care strategies (*table 1* – Items 2 and 3).

Another protective factor in this territory is the existence of traditional health practices. Spirituality and the relationship with the land were evident in the figure of the community healer, the same one who cultivates a small vegetable garden with medicinal plants and some fruit trees in her backyard, being recognized for her knowledge and care (*table 1* – Item 4). Popular practices are concrete forms of resistance of rural peoples to the destructive effects of industrial modernity and to the hegemony of Western medicine, in addition to being often the only alternative of care due to the difficulty in accessing public health services[25,26]. The use of teas, tinctures and blessings as care alternatives for mental and physical suffering is carried out concomitantly with the use of psychotropic medications[27], overcoming the logic of medicalization as one of the only care devices offered to rural populations.

Most of the families were beneficiaries of the Bolsa Família program and worked in sewing to supplement their income, mainly in the removal of leftover thread – 'hairs' from jeans (*table 1* – Item 5). During periods of high service, it was common to observe women and children in circles, sitting on the floor or in chairs, gathered for the collective task of removing the 'hairs'. The families also carried out the work of ironing the pockets of their jeans, and they worked intensively together on the days scheduled for delivery of the goods. Payment was not always made immediately. Few families in the settlement had a sewing machine and/or knew how to sew, and this explains the performance of less complex services, which require only scissors as an instrument.

The conditions of social lack of protection, exposure to long working hours and irregularities in equipment maintenance, in addition to the non-use of individual and collective protective equipment, lead to early exhaustion and the consequent illness of workers[23].

According to the DRP, the lands of this settlement were occupied in 1997, and, in 1999, possession was granted, with 25 families being settled. Tensions generated during the negotiation with the National Institute of Colonization and Agrarian Reform (Incra) culminated in the non-organization of the settlement in agrovillages and plots, typical structures in the land tenure process, where houses are built and where agricultural practices are carried out, respectively. Despite the lack of planning, some families resisted and planted in land not yet occupied, as well as in their own backyards. The political mischaracterization of the territory, in which part of the settlers do not know the local history in depth, means that the place is called 'Landless'.

The settlement has a soccer field, two workshops and a grocery store. The soccer field and the grocery store are important equipment for interaction between and/

with the community, facilitating the development of collective activities, important aspects for promoting quality of life. The streets were unpaved, and garbage collection took place only twice a week, so it was possible to visualize accumulated waste, including scraps of jeans. The river that runs through the settlement is polluted by the jeans industry's laundries, making it dark blue and fetid. There was no sewage system, but some houses had a septic tank. Few families had their own cisterns, a fragility alleviated by two communal cisterns, supplied by the army weekly. However, it was still necessary to store water in individual buckets and plastic bottles, which commonly became the focus of vector-borne disease mosquitoes, such as arboviruses (*table 1* – Items 6, 7, 8, 24, 25, 26 and 30).

Other needs and demands identified in the territory were the following: insufficient public transport, with 'toyotas' (private cars that offer transport service) the most used; distance and difficulty in accessing social assistance services; insufficiency of oral health care; lack of lighting and public infrastructure; weakness in health surveillance; presence of stray animals and/or zoonoses carriers; insufficiency of rural technical assistance and policies for coexistence with the semi-arid region; absence of day care; school dropout rate high, illiteracy and unemployment (*table 1* – Items 15, 27, 28, 29, 30 and 31).

With regard to mental health, the diagnosis allowed us to identify the presence of people with Common Mental Disorders (CMD), such as insomnia, anxiety and stress; problems arising from the use of alcohol and other drugs; indiscriminate/abusive use of controlled medications (benzodiazepines, etc.) and a situation of social isolation, which is in line with the symptoms found in research with countryside populations in Brazil[28,29]. According to them, both isolation and frequent exposure to situations of violence can cause psychosomatic symptoms and abuse of alcohol and other drugs (*table 1* – Items 19, 20 and 21). In addition, mental health is impacted when rights are violated or education and income generation opportunities are excluded[27].

According to the World Health Organization (WHO), there is a relationship between situations of vulnerability and mental health problems, with an association between mental disorders and precarious living and working conditions[30]. In this sense, socio-historical issues have repercussions on the mental health of the rural population, as their place of life and work is constantly threatened by environmental degradation and poverty, being a stage for conflicts and struggles for rights[29].

Violence is an extremely important category to understand the experience of black families, given the exposure to annihilating episodes in face of state institutions and socially established relationships. Politics centered on death, or sovereignty expressed "in the power to dictate who can live and who should die"[31(5)] are the foundations of the concept of necropolitics. In the territory, situations of exodus due to violence and a common history of homicide deaths were identified; imprisonment without trial, resulting from petty crimes; exposure to institutional racism at school, in the health system and in the judiciary; conflicting relationships between settlement members; intrafamily violence and difficulties in expressing affection; in addition to situations of non-recognition of racial identity and self-depreciation, such as straightening curly hair in children and preference for light-skinned black children[32] (*table 1* – Item 33 and 35).

Despite the difficulties found in this territory, it is possible to recognize the presence of local integration and social support existing in the settlement, which can be listed as protective factors for mental health, positively impacting the lives of community members (*table 1* – Item 3).

The coverage by the Family Health Unit (USF), together with the ER in rural health, presented potential for the expansion of care,

as well as the possibility of a greater bond with the eSF (*table 1* – Items 9 and 13). The monitoring supervised by the coordination of the RMSFC contributed to thinking about territorialized and articulated strategies with other health and intersectoral devices, such as the oral health task force held in the settlement, articulation with surveillance for the vaccination of stray animals and articulation with the archdiocese for policies for coexistence with the semiarid region (*table 1* – Items 12, 13 and 14).

Faced with Health and Life promoting and threatening processes, individual and collective activities were planned that sought to recognize its particularities in the territory, placing the experience of black families in the settlement in hegemonic power relations, which are guided by necropolitics and the denial of racism as a producer of inequalities.

Care strategies: the experience of the children's group

It is based on the understanding of care as part of health work and, in addition, as a dimension of life that takes place in the meeting. Thus, care practices cannot be understood only as actions, but as an ethical attitude that demands concern, responsibility and affective involvement with the other[28].

Care is also based on the political dimension of social determination and EPS, since the horizontal, dialogical relationship, based on autonomy and problematization, generates critical awareness and community empowerment, contributing for the population, based on this care, to engage if in a process of transformation not only individual, but also social and of the community[20].

In this sense, the reasons for creating the group were multifaceted. They involved the absence of leisure and daycare activities, the presence of child labor, delay in motor and cognitive development, complaints about disobedience and aggressiveness of some children, as well as the receptivity and community engagement so that the activities were possible.

From the beginning, the place defined for the group's meeting was in front of one of the houses, which was also the settlement's bar and grocery store, a space provided by one of the residents. The area was covered with brasilit tiles, which provided shade, despite the heat, and allowed for greater comfort. In carrying out the activities, the ER and the children usually sit on the floor, in a circle format, seeking greater horizontality and interaction.

The themes of the meetings were chosen from the continuous process of evaluating the priority demands and the possibilities of intervening in face of them. We sought to promote the potential of social actors in the territory to engage in the learning process, from the EPS, which allowed the suggestions of children and their guardians. The activities developed and the themes addressed were in line with the following SDGs: health and well-being; gender equality; reduction of inequalities; sustainable cities and communities[13].

Through playing, this intervention enabled dialogues and reflections on the social determination in the health-disease-care process; exercise of creativity, criticality and autonomy; stimulation of sociability and neuropsychomotor development in children. Racism and its multiple facets were prioritized at all meetings, being a transversal element in the activities developed, based on the understanding that it is impossible to achieve the SDGs without fighting racial inequalities.

Table 2 describes the activities developed, main themes, objectives, dates and number of participants in each meeting.

Table 2. Themes and activities conducted in the settlement children's group from June 2017 to January 2019

Themes	Activities conducted	Main goals	Date of the activity	Nº of participants
1. Healthy eating	1.1. Dynamics of myth or truth about foods and their characteristics; ultra-processed food vs. real food; healthy snack.	1.2. Discuss the importance of food choices and the balance of different nutrients in the diet, considering the context of socioeconomic vulnerability and regional availability of food.	06/15/2017	10
2. Racism and its interfaces	2.1. Storytelling 'Beautiful girl in the ribbon bow' associated with painting.	2.2. Promote a reflective debate on the different forms of racism and its implications for children's health.	07/19/2017	12
3. Oral health	3.1. Dynamics of teeth and oral health-friendly foods; Assessment of children's oral health status; distribution of oral kit with orientation for use and painting of drawings on the theme.	3.2. Discuss the importance of diet and oral hygiene habits in maintaining health; guide children's brushing; offer the oral kit to children.	07/19/2017	20
4. Affection and Emotional Aspects	4.1. Dynamics of the affection tree.	4.2. Discuss affection and its forms of resistance in the context of socioeconomic vulnerability.	08/22/2017	10
5. Arboviruses and social determination	5.1. Puppet theater (Mosquivaldo), painting of drawings related to the theme and question and answer game.	5.2. Discuss illness caused by arboviruses and the process of social determination and environmental racism.	09/13/2017	15
6. Motor aspects	6.1. Plasticine workshop, painting workshop, stick game.	6.2. Stimulate the development of motor aspects (laterality, global and fine coordination, manual refinement) and a leisure activity.	10/18/2017	13
7. Cognitive aspects	7.1. Puzzle games, stick games, storytelling.	7.2. Stimulate the development of cognitive aspects (logical reasoning, memory, attention and concentration).	11/21/2017	15
8. Expression of affections	8.1. Giant board game with gifts aimed at affection and massage wheel.	8.2. Stimulate the exchange of affection, sensory exchanges, social interaction and global motor coordination.	12/13/2017	12
9. Evaluation meeting of the Group of children with the participation of the guardians	9.1. Conversation circle with guardians at the health unit and with children in the territory.	9.2. Provide a space for evaluating the group, its organization and objectives in a feedback focused on its improvement.	01/18/2018	7
10. Senses	10.1. Senses box	10.2. Stimulate the senses through play, such as the stereognosis box.	02/12/2018	12
11. Social aspects	11.1. Storytelling	11.2. Assist in the development of social aspects (respect for rules, respect for others); social interaction.	03/15/2018	14
12. Body perception/body image	12.1. Self-drawing on cardboard and a conversation wheel about self-perception.	12.2. Encourage children's perception of the construction of their identity and respect for different phenotypes and other bodily characteristics.	04/11/2018	15
13. Verminosis	13.1. Setting up the table of hygiene habits and health care for the prevention of helminths.	13.2. Guide children in the care and prevention of helminths, in a contextualized way.	04/26/2018	20
14. Traditional and Cooperative Games	14.1. Rhythmic gymnastics workshop and materials construction.	14.2. Educate for free body expression and body awareness; in addition to stimulating cooperation, creativity and communication among children.	05/16/2018	13
15. São João Festival	15.1. Junes festival square dance and banquet.	15.2. Strengthen community ties and regional culture.	06/13/2018	25

Table 2. (cont.)

Themes	Activities conducted	Main goals	Date of the activity	Nº of participants
16. Organic garden	16.1. Construction of an organic garden using low cost/recyclable materials.	16.2. Encourage healthy eating, the relationship with the land and belonging to the countryside.	08/15/2018	10
17. Environment and Sustainability	17.1. Toy workshop made with recyclable materials (empty toilet paper rolls, caps and pet bottles, barbecue sticks and used paper).	17.2. Discuss the role of the community in promoting a healthier environment and in reducing the accumulation of solid waste from its reuse through recycling.	09/17/2018	16
18. Children's day	18.1. Treasure hunt, snack and gift delivery; Angola capoeira circle.	18.2. Provide a leisure and mental health environment for children and their families through games that encourage collectiveness and teamwork; rescue of black ancestry through the discussion of capoeira and its relationship with the history of black people.	10/11/2018	26
19. Black Awareness month	19.1. Painting workshop with African tribal inspiration; Turban and mooring workshop.	19.2. Discuss the formation history of our slave society and value the culture and resistance of the black people, highlighting aesthetic, musical, dance and struggle aspects.	11/14/2018	12
20. Collective reading	20.1. Storytelling with diverse themes.	20.2. Develop the habit of reading as a way to expand the worldview, vocabulary and critical interpretive capacity.	12/13/2017	12
21. Vacation and leisure	21.1. Workshop for Bowling made with pet bottles and cans.	21.2. Addressing the right to leisure, playing and vacations, bringing contextualized play alternatives.	01/07/19	15
22. Carnival's 'Health Block'	22.1. Mask workshop and carnival march. Banner exhibition.	22.2. Promote the strengthening of community ties and regional culture.	02/04/2019	17
23. Closing meeting	23.1. Exhibition of the group's activities on a mural. Closing party with games and group evaluation.	23.2. To fraternize and rescue the activities developed every month between residents and children.	02/23/2019	25

Source: Self elaborated.

In general, the themes sought to broaden environmental perception and identification with the territory; promote knowledge about the health care of children and families; stimulate neuropsychomotor and social development; promote citizenship; strengthen community and family affective bonds and the children's black identity, boosting self-esteem and rescuing their ancestry.

The activities dedicated to valuing regional and primary processed foods and stimulating the production of the agro-ecological garden sought to consider both the effects of the high consumption of pesticides and transgenics on health, as well as the global syndemic of obesity, malnutrition and climate change, consequences of the agribusiness food production system (*table 2* – Item 1). It is understood that, in addition to providing guidance on the importance of healthy eating, it is also necessary to encourage contact with the land and the defense of agroecology as a strategy to strengthen health in rural areas[33].

Epidemiological data point to the vulnerability of the black population, as the most prevalent diseases for this group are related to genetic factors aggravated by environmental issues, such as high blood pressure and diabetes mellitus. While in the white population, death from hypertension was stable

between 2005 and 2012 and death from diabetes decreased between 2000 and 2012, for the black and indigenous population, this rate increased[34].

Issues related to the environment, environmental injustices and implications of environmental racism on the health of vulnerable populations also guided the activities carried out in the group. The concept of environmental racism places the process of economic and political state management as a producer of inequalities[35]. Only 32.8% of rural households are connected to the water distribution network, which directly and indirectly influences the emergence of Diseases Related to Inadequate Environmental Sanitation (DRSAI)[36]. The lack of adequate water supply, sanitary sewage and solid waste treatment contributes to the genocide of the black population and configures one of the faces of environmental racism that, in Brazil, results in the death of a black person by DRSAI every one and a half hours[37].

Affected communities and their democratic allies have the capacity to face these and other environmental conflicts, which is directly related to the production of health in the territories. Mobilizations for environmental justice fight for the autonomy of communities, their cultures and the right to maintain their livelihoods. The production of counter-hegemonic knowledge is essential for these mobilizations to gain strength in epistemological power disputes. Combating the manipulations and uncertainties of those who produce environmental injustices through the strengthening of the shared production of knowledge and the mobilization of communities is a powerful coping strategy[38,39].

In this sense, the discussion on basic sanitation and its importance for health promotion was emphasized, considering the difficulty of access of this community to infrastructure services, operational facilities for urban cleaning and solid waste management, drainage and management of urban rainwater, sewage and drinking water supply[37].

Therefore, the importance of stimulating children's perception about the territory and criticality in the face of environmental issues, in an environmental education involved in the search for environmental justice[40]. The puppet theater (*table 2* – Item 5), whose character was 'Mosquivaldo', a playful representation of the *Aedes aegypti* mosquito, allowed for the discussion of how state interventions in fighting arboviruses blame the population, while denying the negligence of the State facing the social determination of health[41]. Still on the environmental theme, a panel was assembled with images of habits related to the prevention and control of helminthiasis (*table 2* – Item 13). Recycling workshops for the construction of toys were held, discussing how the proper disposal and reuse of solid waste contribute to a healthier and more sustainable territory (*table 2* – Item 17).

In the field of social relations, it was essential to consider the legacy of colonial violence and its contemporary implications[42] in the affectivity of black families, due to the contrast that violence produces between the repression of emotions, as a defense mechanism, and community solidarity as a daily strategy of survival. In the group of children, in addition to situations in which affection was the central theme of the meeting, the practice of love[20] was encouraged through group hugs and the expression of emotions and feelings, which influenced the children's relationships not only with each other, but also with family members and the community (*table 2* – Item 8).

The historical reasons that affect affectivity interfere in the process of self-denial of the black body, which fuels the pursuit of whitening, generating low self-esteem and insecurity since childhood[17]. At the first meeting, in which images of black references were taken for the children to paint, questions arose regarding the beauty of these references and the rejection to make the paintings (*table 2* – Item 2). In another moment, during the proposal to elaborate a drawing based on the self-perception

of body image, listing its characteristics, the children drew themselves as white, with light eyes and straight hair (*table 2* – Item 12). In the reports of evaluation meetings with family members, there are statements from mothers about the racism suffered by children at school, which reflected in the way they saw themselves, understood and understood their peers (*table 2* – Item 9).

During the meetings, with the insertion of positive references of blackness, dialogues about the stories of resistance and origin of black people, problematization about the 'skin color' pencil and the diversity of phenotypes, it was possible to identify changes in behavior and in children's self-esteem. It was common to see them fighting for black and brown pencil for the paintings, and they no longer portrayed their eyes and hair in blue and yellow colors. Over time, they became more and more participative and confident to carry out the proposed tasks.

In the assessment carried out with the children at the end of 2018, the Black Awareness Day and the Angola capoeira workshop were remembered as the best meetings of the year. At the end of the meetings, the children's joy at seeing themselves portrayed in a positive way was noticeable. On Black Awareness Day, the turban and body painting workshops got the children excited. One of them expressed: *"I am beautiful, miss. I'm looking like an African queen"*, as recorded in the field journal (*table 2* – Item 19).

Regarding neuropsychomotor aspects, it was possible to observe the group's contribution to the development of children's skills (*table 2* – Items 4, 6, 7, 10 and 11). During the group evaluation meeting, mothers reported the teachers' perception of progress in school performance and greater participation of children in classes, including in cases where they were unable to express themselves verbally, as can be seen in the testimony recorded in the report of evaluation:

> *The teachers are asking if I put my daughter on tutoring, because of how well she is doing at school.*

> *Before it my son didn't even speak very well, now he talks about everything.*

The above reports demonstrate the evolution of children's personal skills and social interactions, stimulated in the proposed activities. The lack of stimuli and mediation, resulting from the context of vulnerability and racism to which families and their territory are subjected, directly impacts the subjectivity and emotional, motor and mental dimensions of children, compromising their full development[43]. As a strategy to overcome these damages, playful encounters contributed to the elaboration of emotions, increased body awareness and self-perception, influencing neuropsychomotor development and sociability.

The other activities sought to equip children for self-care in health and knowledge of their rights, through dialogues and games involving the themes of hygiene, oral health, right to leisure, citizenship and community participation (*table 2* – Items 3, 14 , 15, 16, 18, 19, 20, 21, 22 and 23). Participatory methodologies encouraged the effective performance of children and their families in the educational process, valuing their knowledge, experiences and involving them in the identification and search for solutions for the territory's needs.

Final considerations

During the twenty months of activities, it was possible to follow the children's development, their stories and the family and community contexts that play a fundamental role in the construction of their subjectivities and biographical trajectories. The results include significant advances in development, in the strengthening of community ties and in the creation of a consolidated bond with the families in the territory. From the group, it

was possible to systematically monitor the health care of the families in the settlement, so that the identified demands, especially those that pointed to the racist dimensions, were worked out for the care of the families in a broader way.

Meetings with children and family members still resonate with powerful pulses in the ER. The transdisciplinary work, from different professional backgrounds, as well as the moments of care experienced with the families in the territory, ensured mutual learning about health, resistance and community action. In view of the turnover and the short period of the training process in the residency, it was essential to guarantee the continuity of the group with the contribution of professionals from the subsequent ER.

From this action-research, it was possible to perceive the eSF as a powerful instrument for promoting stronger TSS to face a highly complex issue, namely racism. Due to the territorial and longitudinal nature of care, working with families and enhancing bonds allowed focusing on racial and non-biocentric issues with the use of low technology, strengthening and building health as recommended in AB, in health policies and in the SDGs, in an integral and preventive manner. As a last reflexive point: the promotion of citizenship and the strengthening of black identities are fundamental parts in health promotion and prevention strategies, as well as in the establishment of TSS.

Collaborators

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