

Habitation, Urban Context and Psychosocial Rehabilitation

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SUMMARY

This paper articulates architecture, urbanism and mental health through the study of specific habitation, called Therapeutic Residences, for people with severe mental illness who undergo psychosocial rehabilitation. The study analyzes the insertion of these habitations in the urban scheme, in relation to the possibilities of social coexistence, access to commerce, services and other public equipment through the presentation of two case studies located in the west zone of the city of Rio de Janeiro. Besides the considerations linked to the urban space in its physical sense, it also touches on the subjective questions inherent to the exchanges and experiences possible in this context. The methodological strategies correspond to the survey and data analysis along with a qualitative approach. Information made available by City Hall and Mental Health Office, satellite images, semi-structured interviews directed to professionals involved in assisting at the Therapeutic Residences and, in the case of the habitants, open interviews were used. The results indicate the offer of services, the location and the relation of the houses with the street as fundamental factors to the stimulus of social coexistence. It is concluded that the closed condominium model exclusive to TR, in addition to the fragility and difficulties in the urban area in which it is inserted, it hinders the process of psychosocial rehabilitation and it still refers to the idea of an asylum institution. The model of a one-story house integrated to the consolidated urban fabric suggests more possibilities of creating community ties and appropriating the urban space.

KEYWORDS: Habitation. Therapeutic Residence. Psychosocial rehabilitation.

1 INTRODUCTION

This study articulates architecture, urbanism and mental health through the study of habitations for people with severe mental illness who experienced the process of psychosocial rehabilitation. We seek to associate the issues of habitability, linked to housing and its urban context, with actions towards mental health, in the city of Rio de Janeiro.

The research is developed from the study of Therapeutic Residences (TR), which are housing alternatives for a large number of people, admitted for years to psychiatric hospitals due to not having proper support in the community (MINISTÉRIO DA SAÚDE, 2004). Such devices were consolidated as components of the Psychosocial Care Network (RAPS) since the process of Brazilian Psychiatric Reform, whose legal framework refers to law 10.216 of 2000. Since then, the care service for people in psychiatric suffering are seen as strategic devices, such as places of refuge, care and social exchanges, as they must deal with the people and not with the illnesses, they must be places of sociability and subjectivity production (AMARANTE, 2007. p.69).

The RAPS must be integrated with other healthcare spheres, in fact providing the decentralization of mental health care, previously centered in the psychiatric hospital and its asylum structure. The implemented policies, after the psychiatric reform, converge in an articulation among the many sectors of primary health care along with mental health actions. In the care of Rio de Janeiro, Fagundes et al. (2016, p. 1453) indicates, as a possible strategy, the adoption of a “model of territorial-based networks and transversal action with other specific policies and that seek to establish ties and refuge” attributed to each Planning Area (PA) of the city.

In this sense, understanding the Therapeutic Residence service as this assistance and care grounded in the “(...) freedom and circulation through the city’s open spaces as a clinical form of intervention” (LIMA, 2017), this study aims to understand the impacts generated by the habitation in this process.

We are supported by the concept of proper housing established by the report from the World Health Organization (WHO) from 2010, grounded in four aspects: House, Home, Neighborhood and Community. According to Pasternak (2016), besides the physical attribute of the habitational unit, elements such as the integration of this unit in the urban context, offer and access to infrastructure services and social equipment are also pointed out.

It is understood that the limits of a habitation are comprehensive and necessarily interconnected to the possibilities of the urban context in which it is inserted. Hertzberger (2015) complements and reinforces such discussions by evidencing and justifying the interdependence between house and street, in the search for quality of these spaces. According to the author, the habitations and buildings can have a variety of forms as long as:

(...) the street space is created in a way that serves as a catalyst agent among the local habitants in daily situations, so that, at least, the distance among the habitants, often enclosed in hermetically sealed habitations, does not increase. The spatial organization must, instead, serve to stimulate interaction and social cohesion.” (HERTZBERGER, 2015. P. 63).

2 OBJECTIVES

Due to the complexity involved in the analysis of the habitations for people with severe mental illness in process of psychosocial rehabilitation, this study aims to analyze the insertion of Therapeutic Residences in the urban fabric, in relation to the possibilities of social coexistence, access to commerce, services and other public equipment. In addition to the considerations and observations linked to this urban space in its physical and concrete sense, there is also the subjective questions inherent to the exchanges and experiences possible in this context.

3 METHODOLOGY

Two stages were defined for the development and organization of the study: the first refers to the presentation of the study location, in a large scale, focused on urban planning and its interface with mental health instituted in PA 4.0, from the city of Rio de Janeiro. The profile is due to the investments performed in the last 20 years, connected to the Brazilian Psychiatric Reform, especially in the area of the old Juliano Moreira Colony.

Then, two examples of Therapeutic Residences located in the study location, their relations with the insertion urban context, impressions and experiences of the habitants are presented.

As methodological strategies, we opted for the combination of a survey and data analysis along with a qualitative approach. Information made available by City Hall and Mental Health Office, satellite images, semi-structured interviews directed to professionals involved in assisting at the Therapeutic Residences were used. In the case of the habitants, we opted for open interviews, as a way to guarantee more freedom and naturality in their participation.

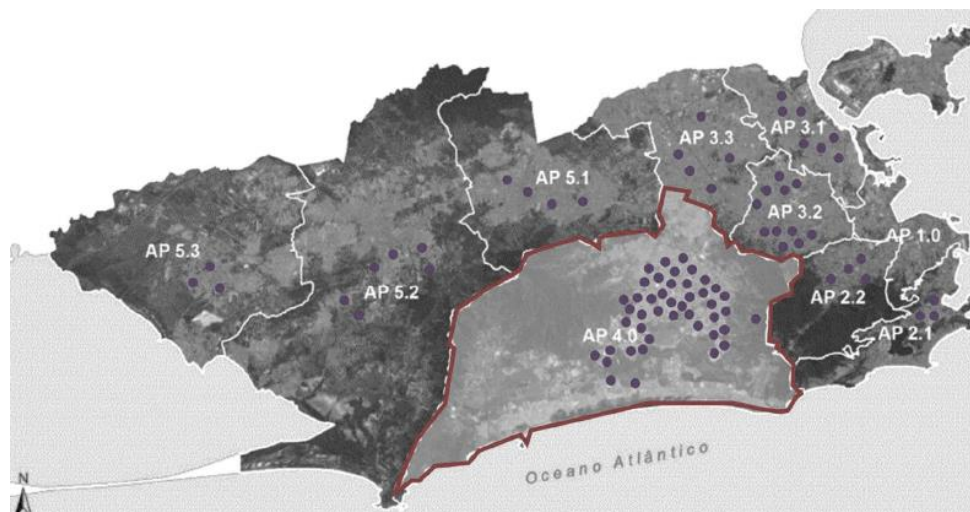
4 DATA ANALYSIS

4.1 Planning Area 4.0 and the Psychiatric Reform: Juliano Moreira Colony

According to the Municipal Health Plan of Rio de Janeiro (2013), the territory is divided in 10 planning areas (PA), defined in 1993, with very heterogenous characteristics among them, due to the different historic and occupation factors. The Planning Area 4.0, selected as study profile in this article, is classified as the second largest in territory, with an area of 294 km², populational density of 3,097 hab/km² and still the second largest population (910 thousand inhabitants). It corresponds to the Jacarepaguá, Anil, Gardênia Azul, Cidade de Deus, Curicica, Freguesia (Jacarepaguá), Pechincha, Taquara, Tanque, Praça Seca, Itanhangá, Barra da Tijuca, Camorim, Vargem Pequena, Vargem Grande, Recreio dos Bandeirantes neighborhoods. Still according to the specifications of the plan, this region is a vector of urban expansion of average and high income (RIO DE JANEIRO, 2013).

According to data provided by the Mental Health Office, referring to the location of the Therapeutic Residences, this area stands out in relation to the others due to the high concentration of these devices, corresponding to approximately 50% of the total in the whole city. This factor is justified, in part, by the location and consolidation of one of the largest psychiatric institutions, consolidated in the 20th century: the Juliano Moreira Agricultural Colony, located in the Jacarepaguá neighborhood.

Figure 1: Schematic indication of the concentration of TR in the Planning Areas in the city of Rio de Janeiro.



Source: Elaborated by the authors, based on the map provided by City Hall.

Consequently, the area goes through a restructuration of the services and spaces to comply with the Psychiatric Reform and assist the people still in in-patient regime, in the facilities of the old Colony. According to Soares (2018), since 2000, a work to allocate these people in the

community is being developed, with emphasis on magnifying the Therapeutic Residences services.

In the issues relating to the area's urban planning, we highlight Resolution Nº2, from December 15th, 2008, which discusses the operationalization of several actions, related to the development of the Juliano Moreira Colony GAP (Growth Acceleration Program). The document, among other aspects, indicates "the areas to be regularized, areas where habitational provision projects must be developed, areas where urban equipment must be implemented, procedures to be adopted, attributions and responsibilities involved, complying with the terms of the applicable legislations (BRASIL, 2009).

In parallel to the GAP – Colony, there are still the large-impact urbanistic interventions in the region, such as the implementation of the Transolympic Expressway, characterized by City Hall as one of the mobility legacies of the Rio Olympic Games 2016. The stretch is 26 kilometers long and connects the Recreio dos Bandeirantes neighborhood, in the West Zone, to the Deodoro neighborhood, in the North Zone (RIO DE JANEIRO, 2016).

Mendo e Maia (2014), in a specific study on the area about the infrastructure and mobility, evaluated the possible impacts of this intervention in the region and highlighted the inconsistencies related to the GAP – Colony previously instituted as a model to be followed. The authors indicated that the layout adopted for the Transolympic was established in a preservation and reforestation area, defined in the proposal for the use and occupation of the GAP – Colony soil. According to an interview with one of the City Hall employees, such action was adopted as a way to guarantee the lowest social impact, since a second layout option, also in study, would have a large number of expropriations (MENDO; MAIA, 2014).

The satellite images referring to the years 2009 and 2020, presented below, specifically of this area, present an overview of the changes that occurred in this interval. It is already possible to verify a significant decrease in green areas, especially immediately around the Transolympic, in addition to the accelerated occupation and densification process.

Figure 2: Changes in PA 4.0, Colony Juliano Moreira Colony area, in the period between 2009 and 2020.



Source: Elaborated by the authors, based on satellite images (Google Earth).

Despite the investments in habitations by the public power in consonance with the planning foreseen in the GAP – Colony, the growth of the irregular occupations is even more evident, in addition to the activity and organization of Militias. Houses are constructed without the proper infrastructure system and public services, which directly influences in the health, well-being and security of the population.

Figure 3: Recent buildings constructed near the Transolympic.



Source: Satallite images (Google Earth). Date: 2020.

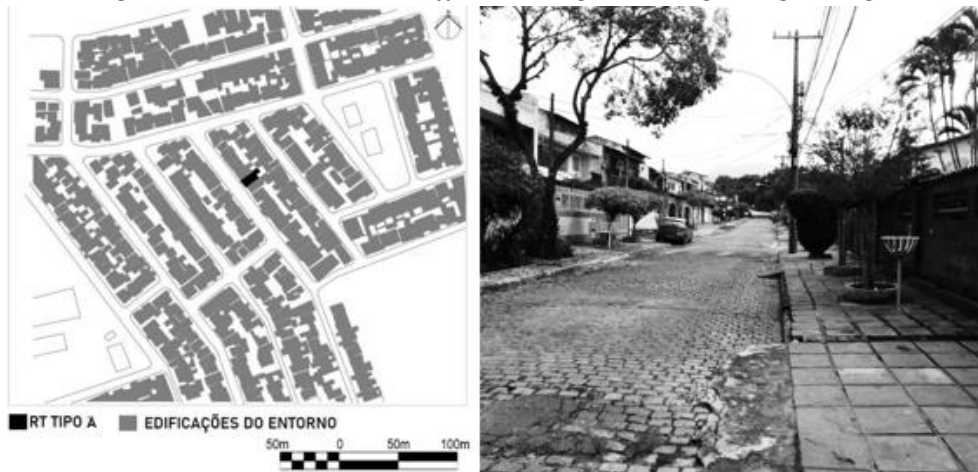
Recent news reports indicate some of the effects of this process, such as the tragedy of the collapse of two buildings constructed irregularly, located in Muzema, a community in the west zone of the city, also inserted in PA 4.0. In the incident, in 2019, the buildings, with 5 floors each, collapsed after intense rain, causing the death of 24 people (EL PAÍS BRASIL, 2019).

4.2 Urban context and therapeutic residences

To illustrate the discussion brought up in this study, two therapeutic residences located in PA 4.0 in the city of Rio de Janeiro are presented. The idea is to evidence the points of connection and divergence between these residences, in relation to their connection with the urban fabric. All information was obtained in the period previous to the COVID-19 Pandemic, form in loco visitations, with photographic records and through field diary, in addition to the interviews. All the names mentioned in the reports are fictitious.

As a first point, we highlight the relation of the two residences with the immediate surroundings and the configuration of this design. Both are located in residential condominiums. In the first case, referring to the Therapeutic Residence named in this study as TR Type A, located in the Taquara Neighborhood, a homogeneous and relatively dense context is observed. The neighboring buildings are mostly one or two-stories high. There is immediate contact with the street, which allows for a greater interaction with the neighbors and passers-by. There is still proximity with green areas and parks, and the streets are forested.

Figure 4: Insertion context of TR Type A and image of the neighboring buildings.



Source: Collected and elaborated by the authors.

In the second study, named TR Type B, it is possible to indicate the low density of the surrounding area as a more relevant factor. This study is located in a condominium created exclusively for therapeutic residences. Over all, there are 10 one-story houses that can house up to 8 habitants each. The configuration is around a central patio, with external delimitation by a metallic railing. The neighboring buildings, external to the condominium, are mostly one-story, being mostly residential.

Figure 5: Insertion context of TR Type B and image of the neighboring buildings.



Source: Collected and elaborated by the authors.

It is worth mentioning that this model of condominium restricted to TR use, inaugurated in 2012, is the only one implemented in the city. The proposal was financed by GAP-Colony, mentioned previously, and boosted by the deactivation of one of the centers of the Juliano Moreira Municipal Healthcare Institute (LIMA, 2017). There was a ample preparation process for this group, through a interdisciplinary team, in order to guarantee the basic conditions for the change and deinstitutionalization.

Despite the care and efforts of the teams involved in the implementation of these TR, the professionals that work in the house located in this condominium showed concern in relation to this model of habitation. All of them indicated difficulty in maintaining the day-to-day common to a house. According to one of the managers, responsible for the coordination of this segment, the condominium with 80 habitants generates demands for administrative services assumed by the professionals, referring to the logic of the institution, to a certain extent, due to the proportions.

“It is a valid experience, which was thought of at another moment, but it is not coincidence that it is the only condominium of therapeutic residences, and I hope that this does not repeat itself and that there are no other services in this model”. (EXCERPT FROM INTERVIEW WITH A PROFESSIONAL, 2018).

In addition to the difficulties linked to managing a TR exclusive condominium, there is the distancing in relation to the street. The houses face the interior of the plot and only those habitants with more autonomy and mobility circulate in the common areas, with the possibility of getting close to the divide with the access street. Even so, this relation is confused and delicate, since the condominium has a guard booth and the presence of an employee, 24h, who

regulates the approximation of people. The professionals working in the compound for longer explained that it was necessary to hire this security team because they already had a break in.

When evaluating the habitation projects and the uses and appropriations by the users, Hertzberger (2015) indicates that the one-story habitational units with low walls offer less privacy than the balconies of units with upper floors, for example, however, they allow for this immediate contact “with the passersby and with the general street activity”, which, according to the author, can be attractive for many people, especially if the street offers something of “the old community quality” (HERTZBERGER, 2015).

This relation was observed in the day-to-day of TR Type A. During the visitations, the interaction between one of the habitants and the broom vendor that was passing by the street was observed and, in another occasion, one neighbor greeted those who were on the house’s porch. The simple fact of sitting on the porch to observe the street seems to constitute a day-to-day more common to living, breaking with the idea of isolation experienced in psychiatric institutions.

About the offer of public socialization spaces, it was verified, in a study developed by Gouvêa (2002), based on the Federal District Planning Institute, that only the location of TR Type A complies with the encompassing area for neighborhood parks and plaza, considered as a radius of 600m. Despite the proximity and easy access, the plaza is not very frequented by the habitants of this TR, according to reports from the professionals.

In one of the visitations, the researcher suggested walking to the location and Vagner, one of the older habitants, accompanied her to present the plaza. Vagner has complete autonomy regarding his circulation in the neighborhood. During the walk, he indicate, with pride, all the work already done for the neighbors, from trimming a tree, cleaning the sidewalk, to small repairs in the buildings. Despite the apparent confidence and ease in connecting with the neighbors, he said that he does not like the plaza, since people “look” at him in a way that bothers him. Vagner seemed very concerned with what other would think of him if, for example, he were to sit on one of the swings in the plaza, like the researcher was doing.

Figure 6: Plaza located near TR Type A.



Source: Authors’ collection.

Robba and Macedo (2002) define plazas as “free urban public spaces for leisure and population socialization, accessible to the citizens and free of vehicles”. In this sense, they must promote for people to come together, social exchanges, as well as environments available to all in a human dimension. TR Type B is located at approximately 800m from the closest plaza. In all

visitations, as well as interviews, this public space was never mentioned as a socialization or leisure space.

Figure 7: Plaza located near TR Type.



Source: Authors' collection.

The distance between the plaza and the house partly justifies the no use of this space by the habitants. Another factor is related to the configuration of the condominium, which presents a central patio, with green area and some benches, performing, to some extent, this function of meeting and socializing space, even if restricted to the habitant of condominium TRs.

In addition to these issues, there is still the condition of low mobility of a large part of the habitants, who are elderly with some difficulty to move and in need of chaperones in extra-condominium circuits. According to reports from professionals, some outings are organized whenever possible, but they demand specific logistics, with hiring private transportation and organizing the routine as whole.

It is noted that this coming and going, the circulation beyond the walls of the condominium, is not established naturally, that is, routinely. Milton, one of the habitants of this house, is the only one with more autonomy and performs extra-TR routes alone. Whenever he needs to go out to buy something or visit his nephew, he uses a private car.

This set of TRs is close to one of the BRT stations, however, even so, the access it not so simple. In one of the visitations, the researcher chose to use this transportation alternative, but the feeling of insecurity and the walk in a quite arid and empty route make it difficult to use this alternative as transport (Figure 7). The other option is using a van to the BRT Taquara station. The route is longer, but fairly used by the habitants of the region.

Figure 8. Access ramp to the Transolympic expressway and route to the BRT station.



Source: Authors' collection.

When we look to the access to services and commerce, the situation of TR Type B appears even more segregated, or it evidences it. There is little offer of commerce near the

houses and the most practical solution adopted by the professionals is through orders made by phone. The larger orders are performed monthly and, in these cases, one of the professionals is responsible for the task with the help of Rodrigo, one of the younger habitants with condition to perform this activity. The location of this “great commerce” and other services, such as banks, for example, is in Taquara, approximately 3km away or in Curicica, 2km away.

In the case of the routine experienced in TR Type A, these relationships are more diverse. Vagner, mentioned previously, and Jonas circulate a lot in the neighborhood. Both know the local commerce, help the caretakers in some specific situations, for example, when it is necessary to make a smaller purchase. The commercial center, located in Taquara, is also relatively close, approximately 1.5 km, offering more possibilities and alternatives. In this house, composed of five habitants, all present relatively good mobility, but some still need company for external activities.

In one of the visitations, the researcher met Jonas close to the house. In the small route they shared, he introduced one of the neighbor’s dogs, with certain admiration, and commented that they were always there, close to the gate when he walked by. They seemed used to Jonas’ presence.

5. RESULTS AND DISCUSSION

The habitants of TR Type A, in their majority, presented more autonomy and independence when compared to the habitants of TR Type B. There are several factors linked to this characteristic, of which we highlight the physical mobility of each habitant, smaller psychiatric hospitalization time, or even, more time living in a house. In addition to these elements, we indicate that the proximity to public equipment, commerce and services, as well as the possibilities for direct contact with the community, are fundamental in the psychosocial rehabilitation process of these people with severe mental illness.

The presentation of the study location in a wide scale, represented by Planning Area 4.0, allows us to visualize some of the weaknesses linked to the habitation conditions in this region, defined largely by the model of urban planning and urbanistic interventions adopted by the public management.

Barandier (2015) indicates two movements linked to the expansion of Urbanization in the city of Rio de Janeiro: the first keeps the expansion vector aimed at the west zone, with emphasis on PA4, and the second, less intense, indicates resuming the investments in the more central neighborhoods of PA2 and PA1. The author highlights that the habitational programs directed at central areas are restricted, the new real state products being aimed and offered to medium and high-income families, maintaining the intrinsic logic to the segregation process of the city that “has pushed the poorer population to the slums, to the west zone and to metropolitan outskirts” (BARANDIER, 2015. P.07).

When we look at the routine of the habitants of therapeutic residences in these areas, the elements that configure this segregation appear accentuated and still interwoven by the complex process of psychosocial rehabilitation. Besides the concrete factors, linked to the territory and its configuration, there are subjective relationships, constituted in each individual, woven by the representation of craziness to society.

The relationship with the plaza portrayed by Vagner evidences these questions linked to prejudice and tied to the stigma of craziness. Vagner appeared confident and felt respected when his social experience was established in relation to work, providing services and acknowledging him as an equal, capable and useful individual. But a casual encounter, or even eventual looks in a public space such as the plaza, brought feelings of distrust and discomfort.

This necessary articulation and contact with the community, represented by the “culture”, according to Amarante (2007), is established as the main and more difficult goal to be reached by the Psychiatric Reform. According to the author, this culture corresponds to society’s view towards craziness. Despite the difficulties experienced by Vagner, mentioned previously, it is important to highlight that, even so, the location of the house, represented by TR Type A, provides conditions for this articulation with the community to take place, to some extent.

It is in the territory that the mechanisms of solidarity, fraternity, rejection and discrimination are built in the day-to-day of a certain social culture. Acting in the territory means transforming the social place of craziness in a society (AMARANTE, 2007. P. 106).

In addition to all these questions, it is necessary to point out the relations of accessibility linked to urban design and interventions beyond the limits of the habitation. In this context, we emphasize that a person with reduced mobility is not synonym to dependency, if the ways in which the urban environment interact with this individual are satisfactory. “The environments provide a range of resources or barriers that will decide if people with a certain level of capacity can do the things they deem important” (WHO, 2015).

In the case of TR Type B, it is noted that all movement is established in terms of the car use, due to the long distances, in addition to the reduced mobility of some habitants. Therefore, to some extent, it limits even more the coming and going of the habitants, besides hindering the development of more autonomy.

The independence in day-to-day life, as well as social integration, for example, can be stimulated through the use of spaces that allow the development of such activities. A plaza, located near the residences, clear and secure access, with spaces that can be used, as well as appropriated, as environments for meeting people and leisure, can constitute an option of habitual practice by people, contributing to the creation of community ties.

The use and identification of these spaces can also be attributed to the way they are suggested or designed. According to Hertzberger (2015), the distancing of people in relation to the spaces they occupy, lack of identity, or feeling of belonging, materialized through attitudes linked to appropriation and care of these environments, also refer to the scale of the projects, and the care when scaling these collective areas of public use.

CONCLUSION

The house and its connection to the social and urban environment is an essential point in the psychosocial rehabilitation process of egresses from long periods of psychiatric hospitalization. The design of the limits of this house with the street, in addition to the location in relation to the urban context, can aid or hinder the possibilities of exchanges, socializing and development of community ties.

The model represented by the TR exclusive condominium refers to the aspect of reclusion and concentration of people with severe mental illnesses, even making it difficult for the support teams to act. The design, configured from the central patio, in this case, is established as a barrier for extra TR socializing, since it establishes a physical distancing from the street and also a symbolic distancing, represented by the attitudes adopted regarding security, for example.

At this point, we highlight the complexity and inefficacy of the objective of social reintegration with society, when situating Therapeutic Residences in a urban context still lacking so many services, infrastructure and mobility, represented by the Colony Area Juliano Moreira. There is still little articulation between the urban planning and the architectonic and urbanistic interventions in favor of social reintegration.

The model of a ground floor house connected to the already consolidated urban fabric offers, therefore, more possibilities of connection and integration between the habitants of this house and the social and urban environment.

We hope that studies from the experiences of people in psychosocial rehabilitation, sensitive to these dynamics, can contribute to the development and adequacy of these residences, strengthening the discussions in favor of a complete residency, capable of promoting the health of its habitants.

REFERENCES

AMARANTE, Paulo. **Saúde Mental e Atenção Psicossocial**. Editora Fiocruz, Rio de Janeiro, 2007.

BRASIL. Lei nº 10.216, de 6 de abril de 2001. Dispõe sobre a proteção e os direitos das pessoas portadoras de transtornos mentais e redireciona o modelo assistencial em saúde mental. Diário Oficial da União: Brasília, DF. 2001.

BRASIL. Residências terapêuticas: o que são, para que servem. Ministério da Saúde. Brasília: 2004.

BRASIL. Resolução nº 2, de 15 de dezembro de 2008. Dispõe sobre a operacionalização de ações diversas, relativas ao desenvolvimento do PAC da Colônia Juliano Moreira. Diário Oficial da União: seção 1, Brasília, DF, n. 119, p. 135, 25 jun. 2009.

EL PAÍS BRASIL. Desabamento de dois prédios em Muzema, no Rio, deixa mortos e vários feridos. El País Brasil, Disponível em: https://brasil.elpais.com/brasil/2019/04/12/politica/1555065639_167178.html. Acesso em: 10.mai.2021.

FAGUNDES JUNIOR, Hugo Marques; DESVIAT, Manuel, SILVA, Paulo Roberto Fagundes da. Reforma Psiquiátrica no Rio de Janeiro: situação atual e perspectivas futuras. *Ciência e saúde coletiva* [online]. 2016, vol.21, n.5, pp.1449-1460.

GOUVÊA, Luiz, Alberto. *Biocidade: Conceitos e Critérios para um desenho ambiental urbanos, em localidades de clima tropical de Planalto*. São Paulo: Nobel, 2002.

HERTZBERGER, Herman. *Lições de Arquitetura*. Tradução: Carlos Eduardo Lima Machado. 3ª edição. São Paulo: Martins Fontes, 2015.

LIMA. Débora. O Residencial Stella do Patrocínio: a experiência do condomínio de residências terapêuticas no Instituto Municipal de Assistência à Saúde Juliano Moreira. In: PASSOS. Raquel Gouveia. COSTA. Rosane de

Albuquerque. SILVA. Fernanda Gonçalves. (orgs.) Saúde mental e os desafios atuais da atenção psicossocial. Rio de Janeiro: Gramma, 2017.

MENDO, Maria Ayara; MAIA, Flavia. A construção da via expressa TransOlimpica dentro da área da Colônia Juliano Moreira, São Paulo, 2014. Anais [...]. In: III Encontro da Associação Nacional de Pesquisa e Pós-graduação em Arquitetura e Urbanismo, Disponível em: http://anparq.org.br/dvd-enanparq-3/htm/Artigos/SC/ORAL/SC-IM-009_MENDO_MAIA.pdf. Acesso em: 08.mar.2021.

WHO. Resumo Relatório Mundial de Envelhecimento e Saúde. World Health Organization. WHO,2015.

PASTERNAK, S. Habitação e saúde. Estudos Avançados, [S. l.], v. 30, n. 86, p. 51-66, 2016. Disponível em: <https://www.revistas.usp.br/eav/article/view/115080>. Acesso em: 23 maio. 2021.

RIO DE JANEIRO. Plano Municipal de Saúde do Rio de Janeiro (PMS-RJ) 2014-2017. Secretaria Municipal de Saúde, 2013. Disponível em: http://www.rio.rj.gov.br/dlstatic/10112/3700816/4128745/PMS_20142017.pdf. Acesso em: 09.jan.2016.

RIO DE JANEIRO. Prefeitura do Rio de Janeiro. Prefeitura inaugura Transolímpica, primeira via expressa da cidade com BRT. Prefeitura, Rio de Janeiro, 09. jul. 2016. Disponível em: <http://www.rio.rj.gov.br/web/guest/exibeconteudo?id=6264053> Acesso em: 17.mai.2021.

ROBBA, F.; MACEDO, S. S. Praças brasileiras. São Paulo: Editora da Universidade de São Paulo - Imprensa Oficial do Estado, 2002.