



REGISTRATION AND EVALUATION OF HEALTH PROMOTION PRACTICES IN PRIMARY CARE GROUPS

REGISTRO E AVALIAÇÃO DAS PRÁTICAS DE PROMOÇÃO DA SAÚDE NOS GRUPOS DA ATENÇÃO PRIMÁRIA

REGISTRO Y EVALUACIÓN DE LAS PRÁCTICAS DE PROMOCIÓN DE LA SALUD EN LOS GRUPOS DE ATENCIÓN PRIMARIA

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ABSTRACT

Objective: to know the registration and evaluation of health promotion practices in the groups carried out by the Primary Care team. **Method:** this is an exploratory and descriptive study with a qualitative approach developed in ten municipalities of Santa Catarina/SC, Brazil. Twenty-one nurses were interviewed. To analyze the data, thematic analysis was used, followed by descriptive statistics. Three categories of records emerged: non-existent; there is only one mode, and more than one way is used. As for the evaluation, three categories were also revealed: It Does Not Perform; Formal Evaluation and Informal Evaluation. **Results:** most health centers use at least one type of registration, there is a predominance of informal evaluation and the promotion practices in groups are not always evaluated by the participating users. **Conclusion:** there is a need to systematically institutionalize the registration and evaluation of promotion practices for effective planning. **Descriptors:** Health Promotion; Primary Health Care; Health Education; Health Assessment.

RESUMO

Objetivo: conhecer o registro e a avaliação das práticas de promoção da saúde nos grupos realizadas pela equipe da Atenção Primária. **Método:** estudo exploratório e descritivo, qualitativo, desenvolvido em dez municípios de Santa Catarina/SC, Brasil. Foram entrevistados 21 enfermeiros. Para analisar os dados, utilizou-se a análise temática, seguida da estatística descritiva. Emergiram três categorias acerca dos registros: não existentes; há uma modalidade apenas; e são utilizadas mais de uma forma. Quanto à avaliação, também foram reveladas três categorias: Não Realiza, Avaliação Formal e Avaliação Informal. **Resultados:** a maioria dos Centros de Saúde utiliza pelo menos uma modalidade de registro, há predomínio da avaliação informal e as práticas de promoção nos grupos nem sempre são avaliadas pelos usuários participantes. **Conclusão:** existe a necessidade de institucionalizar sistematicamente o registro e a avaliação das práticas de promoção para o seu planejamento efetivo. **Descritores:** Promoção da Saúde; Atenção Primária à Saúde; Educação em Saúde; Avaliação em Saúde.

RESUMEN

Objetivo: conocer el registro y la evaluación de las prácticas de promoción de la salud en los grupos realizados por el equipo de la Atención Primaria. **Método:** estudio exploratorio y descriptivo, cualitativo, desarrollado en diez municipios de Santa Catarina/SC, Brasil. Fueron entrevistados 21 enfermeros. Para analizar los datos, se utilizó el análisis temático, seguida de la estadística descriptiva. Surgieron tres categorías acerca de los registros: No Existentes, Hay una Modalidad Apenas y Son Utilizadas más de una Forma. En la evaluación, también fueron reveladas tres categorías: no realiza; evaluación formal; y evaluación informal. **Resultados:** la mayoría de los Centros de Salud utiliza por lo menos una modalidad de registro, hay predominio de la evaluación informal y las prácticas de promoción en los grupos ni siempre son evaluadas por los usuarios participantes. **Conclusión:** existe la necesidad de institucionalizar sistemáticamente el registro y la evaluación de las prácticas de promoción para su planeamiento efectivo. **Descriptors:** Promoción de la Salud; Atención Primaria de Salud; Educación en Salud; Evaluación en Salud.

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INTRODUCTION

The widely disseminated and current definition of health promotion was presented in the Ottawa Charter in 1986 at the First International Conference on Health Promotion held in Canada. Thus, health promotion is understood as a process of empowering individuals, families, and communities to increase control over health determinants and to improve their quality of life.¹

Among the areas of health promotion actions evidenced in this study, there is the development of personal abilities in the groups, supported by health education practices because they are considered activities that seek to develop their individual and collective capacities in the population to improve the conditions of life.² It is observed that this activity is increasingly current and frequent, operating in the therapeutic complementarity, through its various modalities, as a way of systematizing Primary Health Care (PHC) assistance.³

Groups are considered potent care spaces and require reviews and analysis to consolidate as an environment of collective discussion and change of practice, from the perspective of integrality in the production of care.⁴ In the groups, educational actions are developed whose purpose is to discuss and promote decision-making regarding health attitudes and practices through the critical reflection of all those involved.⁵

In this sense, the practices of group health promotion are constituted by a process that goes from the planning and execution of the activities until their registration and their evaluation. Studies point to the importance of these phases for the success of educational work in PHC.^{2,6} However, the systematic registration of these actions is not contemplated in the health information systems, which shows the great lack of knowledge and the little concrete expression of the Promotion practices in health services.⁷

Health records are considered important instruments for the development of work in the Family Health Strategy (ESF) since they contribute to achieving the objective of improving the health conditions of the population. Also, work organization is facilitated by the production of information, allowing practitioners to be instrumental in an effective decision-making process to promote resolute assistance.⁸

Regarding the evaluation of health promotion practices, there is a shortage of evaluative initiatives on what is thought and

what is done in PHC-related to promotion.⁷ There is a lack of studies on the effectiveness of health promotion interventions, Highlighting the relevance of evaluative methodologies in the area. Qualitative designs and case studies can be particularly useful in capturing and understanding how, why and to whom promotion practices work and produce desired effects, depending on the context in which PHC is embedded and the capacity to respond to social inequalities.⁹

It is understood that the evaluation of health promotion actions is a methodological and strategic challenge in the construction of evidence that are capable of supporting health management processes, but the application of appropriate evaluation methods, based on participatory process analysis and local contexts is indispensable for the success of the interventions.¹⁰ It is noted that the evaluation is a key word in health promotion, being difficult to know whether the proposed objectives were achieved, whether resources were used rationally, and whether changes were required to improve the effectiveness of actions.¹¹

Considering that strengthening health promotion is not an optional activity but an obligation of health systems,¹² that the group is a creative, interactive and timely space to address various aspects of health promotion,⁶ and that registration and evaluation of health promotion practices in PHC groups are relevant, the question: how are the registration and evaluation of health promotion practices carried out in the Primary Care groups? Thus, this research aims to know the registration and evaluation of health promotion practices in the groups performed by the Primary Health Care team.

METHOD

This was an exploratory and descriptive study of a qualitative nature, linked to the Project of Practices for Health Promotion in Primary Care, developed with nurses in 21 Health Centers of the PHC in ten municipalities located in the region of Greater Florianópolis, Santa Catarina, Brazil.

There were 21 nurses of PHC interviewed, who were involved in health promotion practices in the groups, indicated by the manager and who agreed to participate in the research. It was decided to interview these nurses because it is believed that the professional that practices the promotion of groups has mastery of the topic to answer the research questions. It was adopted as exclusion criterion: nurses unable to participate due to vacations, leave or

removal. There was no sample loss since the 21 indicated nurses participated in the study.

The interviews, previously scheduled by telephone and carried out individually in a private setting of the CS, were conducted by researchers from the Extension and Research Center for Nursing and Health Promotion (NEPEPS), Federal University of Santa Catarina (UFSC). The statements were recorded in audio and transcribed in full for further analysis.

Data collection was performed from February to November 2012, based on a validated script,¹³ which was adapted by the researchers to characterize health promotion activities in the groups. The instrument consists of the characterization of the Health Units (location, the number of nurses, time of experience in the PHC and information about their training); and practices (registration of health promotion activities conducted in groups, and their evaluation), with open questions to the nurse to discuss the subject. Specifically regarding the registration, a question was included on the completion of the D form, since it is contemplated in the Basic Care Information System (SIAB), an official system of the Ministry of Health that enables to record group activities - health education, developed by the ESF teams.

For the treatment of the data, the thematic analysis of Minayo was used, in which the notion of the theme is linked to an affirmation on a certain subject. The thematic analysis unfolds in three stages: the pre-analysis; exploitation of the material; treatment of results and interpretation. In the pre-analysis, the choice of the documents, the exhaustive reading of these documents and the return to the initial objectives of the research takes place. In this step, the “corpus” is extracted, a term that refers to the object of the study and, later, to the categories. They are the result of meaningful expressions or words according to the content of speech is organized and categorization consists of a process of reducing the text to meaningful words and expressions. From the categorization, the researcher analyzes and proposes inferences making the interpretations, interrelating with the theoretical reference initially designed.¹⁴ In this study, the categorization was carried out collectively by three researchers, reunited with this purpose, to give greater credibility to the process.

Regarding the records of health promotion practices in the groups, three categories were evidenced: non-existent; there is only one mode, and more than one way are used.

Three categories related to the evaluation of practices emerged: it does not perform; formal evaluation; and informal evaluation. It was considered a formal evaluation that was performed systematically, based on instruments designed for this purpose, such as the application of questionnaires, scripts, among others. This type of evaluation is also characterized by some form of registration by the group and/or professionals. It was classified as an informal evaluation that is unsystematic, which does not use instruments to evaluate the practice nor does it apply any form of registration, and based on informal conversations with the group and/or professionals of the health team. After this categorization step, the quantitative data analysis was performed using simple descriptive statistics. The data are presented in a descriptive way and tables, discussed from the health promotion referential relation with the PHC.

After authorization by the Municipal Health Secretary of the municipalities and following the recommendations of Resolution 196/96 of the National Health Council, the study was approved by the Research Ethics Committee of the Federal University of Santa Catarina under Process n° 2368/11. To ensure confidentiality and privacy, respondents were identified with the letter “E”, followed by an Arabic numeral representing the order in which the transcripts were performed (E1, E2, E3 through E21). All participants received guidance on the research and signed the Informed Consent Term.

RESULTS

• Characterization of the individuals

Table 1 presents the data that characterize the interviewed nurses and reveals that the majority (n=17; 81%) are female. Regarding the duration of the ESF, two nurses (9.5%) have less than one year of experience; 13 (61.9%), from one to five years; and six (28.6%), more than five years. They are educated in different public and private higher education institutions, predominantly (n=18; 85.7%) of the State of Santa Catarina (SC).

With regard to the complementary training at the level of specialization, only six (28.6%) interviewed do not have, three (14.3%) are attending and, among the others (n=12, 57.1%), with at least one specialization course, it was highlighted the training in Family Health (n=7, 33.3%), of which four (19%) concluded it at the Open University of the Unified Health System (UNA-SUS). It was

also identified that only two nurses (n=9.5%) have more than one specialization course.

Table 1. Characteristics of the nurses interviewed in the region of Grande Florianópolis (SC), Brazil, 2012.

Variables	n=21	%
Gender		
Female	17	81
Male	4	19
Time of experience in the ESF		
<1 year	2	9.5
1 - 5 years	13	61.9
> 5 years	6	28.6
Type of the higher education institution		
Public	10	47.6
Private	11	52.4
Localization of the higher education institution		
Santa Catarina/Brazil	18	85.7
Other Brazilian State	3	14.3
Complementary training at specialization level		
At least one course	12	57.1
In progress	3	14.3
None	6	28.6
Specialization course*		
Family Health	7	33.3
Mental Health	2	9.5
Obstetrics and Neonatology	1	4.8
Aesthetics	1	4.8
Public Health	1	4.8
Gerontology	1	4.8
Nursing at work	1	4.8

* Considered only the completed Specialization Courses.

◆ **Registration of health promotion practices in groups**

Table 2 shows the main findings regarding the registration of health promotion practices of the groups in the CS. Most of the services (n=11; 52.4%) have only one type of registration, highlighting reports or production records (n=7, 33.3%) and the book (n=5; 23.8%) as the most used. Records of promotion practices identified less frequently were: leaflet/sheet (n=4; 19%); Photo (n=3; 14.3%); Computerized system of the municipality

(n=2, 9.5%); Bulletin (n=2, 9.5%); Book or logbook (n=2; 9.5%); Presence list (n=2; 9.5%); Notebook (n=1, 4.8%); and medical records (n=1, 4.8%). It is also worth noting that, of the total CS registering (n=18; 85.7%), less than half (n=7; 33.3%) use more than one resource.

Regarding filling in the D record specifically, most nurses (n=13, 61.9%) answered that they filled it, seven (33.3%) did not use it, and one (4.8%) did not answer, as shown in Table 2.

Table 2. Records of health promotion practices in the Health Center in the region of Grande Florianópolis - SC, 2012.

Records	n (CS)=21	%
None	3	14.3
Only one mode	11	52.4
More than one form used	7	38.9
Filling the record D		
Yes	13	61.9
No	7	33.3
Did not know	1	4.8

The study also revealed that the implementation of the Program for Improving Access and Quality in Primary Care (PMAQ-AB) contributed to the adoption of the register of health promotion practices, as evidenced by the testimony:

[...] we have a black booklet that we did it after PMAQ-AB, we register there: we met on such date, at such time, with such a technician, such doctor, in such community, attended such and such people. (E8)

◆ **Evaluation of health promotion practices in groups**

Regarding the evaluation of health promotion activities in the groups, it was found that more than half of the CS (n=12, 57.1%) developed some type of evaluation, with predominance of those classified as informal (n=10; 47; with the group (n=4, 19%), with the Family Health team (n=5, 23.8%) or with both the group and the professional staff (n=1, 4, 8%), as shown in Table 3.

Table 3. Evaluation of health promotion practices in health centers of the groups in the region of Grande Florianópolis - SC, 2012.

Evaluation	n (CS)=21	%
Not performed	9	42.9
Formal evaluation		
With the group	2	9.5
Informal evaluation		
With the group	4	19.0
With the team	5	23.8
With the group and the team	1	4.8

The participants highlighted difficulties in evaluating health promotion practices in the groups. The lack of systematization or an evaluation method, based on guiding instruments, indicators, and parameters to measure/judge the results, for example, is clearly evidenced in the nurses' testimonials, assigning their informal character to the evaluations, with the team and with the group:

We talk among us [the professionals], [...], not with the population. Until the end of the presentation, when we have just made the presentation, we ask if they liked the lecture if there was any doubt [...]. Even themes for the next [activity] if they talk, we do. (E16)

The evaluation is done soon after the activity. Unfortunately we [the professionals] do not do this in a manner that is organized and written. We evaluate, for example, the walk. At the end of the walk, we evaluate how we did the walk. Did you like it? [...] What do you think, stretching time is good or do you want a longer time? [...] Is walking time okay or do you want a longer time? [...]. (E19)

On the other hand, only two nurses reported performing a formal evaluation in the groups, using the questionnaire, as shown in the speeches:

[...] I made some notes for them, with some questions and some other idea that they would have, some complaint, suggestion and I gave them to answer. It is a form that I have created for the unit, only from here. (E9)

[...] Evaluation we cannot do with all groups, most elderly groups are illiterate or have vision problems, and we cannot apply questionnaire, but when it is a group like school, when it is a group of the mothers in childcare, we always try to apply a questionnaire, not every group, but every 3 months to know what they are thinking of the methods, what I am thinking of the people that are coming, what is being addressed, and try to apply the questionnaire. (E10)

The study also indicates that PMAQ-AB can contribute to guide the systematization of evaluation practices related to health

promotion activities in the groups, as shown in the testimony:

[...] with this PMAQ, that made us build an intervention matrix, I believe that we should use this matrix [...] to see and evaluate what has to be done, what we did. Plan and in how long and I also have this matrix ready, so on top of that [...] of some problems and actions raised here at this health facility and I have already had results. So, for sure we will also use this array that is on my computer. (E14)

DISCUSSION

The experience of the professionals participating in this study, as well as the complementary training at the level of specialization, with emphasis on the Family Health course, can be favorable aspects to health promotion practices in PHC, given that most professionals perform at least one form of registration and evaluation (formal or informal) of the promotional activities carried out in the groups, which does not mean that improvements in these aspects are not necessary.

International study shows suggestions for the reorientation of health services with a focus on health promotion, such as expanding and actively investing in professional development.¹² In Brazil, post-graduate courses have been subsidized by the Ministries of Health and Education since the mid-1990s, as a strategy to train professionals with competence to work in the Family Health Strategy, according to the guidelines of the National Policy of Basic Care.¹⁵

From the perception of the professionals who graduated from two Specialization Courses in Family and Community Health, the changes in PHC work provoked by the training were analyzed, evidencing: the knowledge and development of abilities to listen to the community and to opportune their participation; the way of organizing and conducting groups with users.¹⁵ Thus, the positive results of this study, concerning the registration and evaluation of promotion practices in the groups, may be related to the specialist training of nurses, but the preparation of the health teams to work in the

PHC with health promotion groups has not yet reached all the professionals working in the area. Research revealed that the lack of specific training for working with groups is an element that hinders not only the development of collective practices but the planning and registration required for them.¹⁶

Regarding the registration of health promotion activities in the groups, it is worth noting in this investigation the significant number of participants that only performs a registration modality, especially the SIAB production report and record and the book. A similar result was revealed in another study, whose most relevant records were related to SIAB instruments.⁸ In this system, tokens (A, B, C and D) and reports (SSA2, SSA4, PMA2 and PMA4) allow the organization and maintenance of the data collected by professionals of the Family Health team about individual and collective care, as well as the procedures performed.¹⁷

A study about group practices developed by Family Health teams showed that the registration formalized by a Municipal Health Department is also a "production sheet," a document used by some teams to carry out the first evaluation draft.¹⁶

SIAB's D form should be used by all professionals in the PHC to register medical and nursing consultations, request for examinations, referrals, group activities - health education, among others.¹⁸ Despite the expressive use of this instrument identified in the research, not all professionals who carry out promotional activities record them on this sheet. However, it should be mentioned that in D form, it is possible to record only the number of activities performed, since it does not seem sufficient to carry out a reality analysis capable of subsidizing the planning of health promotion practices.

With the objective of improving the quality of health information and optimizing the use of this information by managers, professionals, and the general population, the Ministry of Health through the Department of Basic Care of the Secretary of Health Care is restructuring the SIAB. This restructuring was called Strategy e-SUS AB, which provides for the implementation of a specific form of collective activity, an instrument that includes fields that detail the group activities for health promotion and which can improve the registration of data regarding these practices include: activity (health education, group care, evaluation/collective procedure and social mobilization); Target audience (community in general, adolescent, woman, man, family, among others); Health

practices/themes (healthy eating, citizenship and human rights, worker health, herbal/phytotherapy, environmental health, etc.); place of activities; and number of participants.¹⁹

It is believed that the implementation of the collective activity sheet in the daily routine of the Family Health teams can contribute to a complete record about health promotion practices, as well as their evaluation and planning. The study draws attention to the fact that the teams are organized in their daily work process to routinely and systematize the data records immediately after the actions, which enables to organize, analyze and use the health information required by professionals in the identification of problems and prioritization, to know the specificities of the areas of coverage, to analyze community living conditions, as well as to evaluate the productivity of actions and services.²⁰ This is particularly important, considering that what happens in SIAB, are unstructured, inefficient, unsystematic practices of collection, storage, analysis and dissemination of information.²¹

The research identified that 96% of the country's PHC teams reported at least one action to promote health or prevent non-communicable chronic diseases. However, only 16.1% Presented document proving the accomplishment of these actions,⁷ percentage that evidences deficiency in the registry of the activities. Although most of the professionals in this study perform some form of registration of group health promotion practices, since no documentary evidence was requested of these records, only the participants' testimony was collected, it is not possible to establish comparisons between the studies nor to affirm that there are no deficiencies in the records of these professionals.

The records of the health promotion practices in the groups can support their evaluation, contributing to the changes necessary for their improvement, which justifies the relevance of the adoption of records by the PHC teams, routinely and systematically. However, the field of evaluation and health promotion are complex and polysemic, with conceptual and methodological differences. The possibility of evaluating health promotion groups should focus on their usefulness, considering the socioenvironmental determinants associated with health gains, as well as identify best practices that express values that make it possible to construct evidence, understanding

the context and recognition Sustainable organizational practices and processes.¹⁰

In this study, although more than half of the CSs develop some evaluation of the group health promotion activities, it was observed that in most services the evaluation is of the informal type, being carried out mainly by the health team, while the formal evaluation, although less representative, was developed with the groups.

In Belo Horizonte, Minas Gerais, although there is no policy to evaluate health promotion practices established by the Municipal Health Department, it is understood that there is a permanent process of evaluation in the development of practices in general, in some cases in a more formalized, in others, more intuitive.¹⁶

In the health promotion practice groups, it is pointed out that the evaluation of the results of the educational activities is an ongoing process of learning developed in these groups, which requires interaction between the nurse, the team and the users.² It is emphasized that the evaluation is an essential element of the "success" of experiences and that formative (non-normative) evaluation, especially not exclusively quantitative, is vital to the improvement and innovation of health practices.¹⁶

Formative evaluation has the purpose of improving a program in the course of the intervention and may involve managers or agents immersed in the implementation of this program.²² This type of evaluation can be developed in the daily practice of health promotion, with all participants, users of the promotion groups and professionals involved in the practices.

The results of this study indicate that, in the health promotion practices developed in the groups, their evaluation does not always occur with the participating users. However, according to the literature, since 1990, initiatives have been introduced to increase the diversity of agents and the methodological approaches involved in the evaluation, which is understood as a technical and practical, but above all, emancipatory activity, since it allows Participation of all the actors involved.²³

The evaluation of user perception, for example, should be carried out, provided that methodological care is implemented, to enable it to express its opinion.²² Thus, users, who participate in health promotion practices in groups, should be included in the context of PHC, so that they feel they are participants in

the evaluation process and contribute to the improvement of practices.

A multicenter study in Spain, which describes community health promotion activities in primary care in five different regions, revealed that although 75% of activities are evaluated, only a quarter of the community was involved in the evaluation, which is an aspect that requires improvement.²⁴

Differing from the findings of this research, which showed a minority of formal evaluations of health promotion practices in the groups, studies have addressed this type of evaluation in group educational strategies. A study with patients with type 2 Diabetes Mellitus addressed the evaluation of the educational workshops carried out in a group, in the search for self-care promotion in PHC. Thus, from different participatory and playful techniques, participants were evaluated at the end of each workshop, facilitating and limiting factors of the themes worked, as well as the techniques used in the workshops.²⁵

In the study, evaluation was continuous throughout the educational process, and the general objective of the educational practice was reached, given that it provided participants with space for reflection, debate, and empowerment of the user with diabetes in their self-care practices. It is emphasized that the evaluation of educational processes can contribute to the planning of new interventions in PHC.²⁵

In supplementary health care, another study on health promotion in groups evaluated the educational process through an open telephone interview, following a systematized script about the methodology, resources, time and work of health professionals.²⁶

Although the informal evaluation is carried out by a larger number of Health Centers participating in this study, a more formal assessment of the practices in the PMAQ-AB subsidized PHC groups is seen, as this emerged in nurses' statements as a potential to contribute not Only with the registration of health promotion activities in the groups, but also with the systematization of the evaluation of these practices. PMAQ-AB, an initiative of the federal government that combines financial incentives and evaluation of local processes, brings contributions to this effect.⁷

It should be noted that there are potentialities and limitations in this program regarding the evaluation of promotional activities, emphasizing that its specific dimension has been reduced to the focus of

educational actions to specific groups. Even in this case, the PMAQ-AB instrument does not allow us to evaluate how these actions are being implemented and how they are effective, producing the desired results.⁹

It is also added that PMAQ-AB was not designed to evaluate all the components of health promotion, disregarding the dynamics of the implementation processes of health promotion actions or practices.⁹ Thus, it is an initiative that incorporates instruments which need better respond to the needs of evaluation of health promotion practices under the PHC.

CONCLUSION

Regarding the registration and evaluation of health promotion practices in the groups, most Health Centers use at least one type of registration and more than half develop evaluation, with a predominance of what is classified as informal. The SIAB and PMAQ-AB instruments, proposed by the Ministry of Health, are used by Family Health teams to record and evaluate group health promotion practices. These practices that occur in the groups are not always evaluated formally by the participating users, an aspect that must be rethought by the team, considering the relevance of the involvement of all its actors in the evaluation process.

Given the findings, considering the need to improve and institutionalize the registration and evaluation of health promotion practices developed in the PHC groups, it is believed that this study can contribute to both being carried out formally, systematically and routinely in order to Of directing the planning of the practices to the demands of the groups and the health service, in search of a positive impact on the health of the population.

As the study was developed in Health Centers of a specific region of the State of Santa Catarina, the generalization of its results is a limitation. Also, the use of interviews as the only data collection technique restricts the understanding of the research topic. We suggest new studies with triangulation of methods with the aim of unveiling the registry and evaluation of health promotion practices in groups in other PHC contexts.

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