Community diagnosis in the family health...



COMMUNITY DIAGNOSIS IN THE FAMILY HEALTH STRATEGY: POTENTIAL AND **CHALLENGES**

DIAGNÓSTICO COMUNITÁRIO NA ESTRATÉGIA SAÚDE DA FAMÍLIA: POTENCIALIDADES E **DESAFIOS**

DIAGNÓSTICO COMUNITARIO EN LA ESTRATEGIA SALUD DE LA FAMILIA: POTENCIAL Y DESAFÍOS Yaná Tamara Tomasi¹, Jeane Barros de Souza², Valéria Silvana Faganello Madureira³

ABSTRACT

Objective: to know the potentialities and challenges of the community diagnosis (CD) in the perception of professionals who work in the Family Health Strategy (ESF). Method: this is a qualitative study with the use of convergent care research, in which five meetings were held with ten ESF professionals working in the west of Santa Catarina, developed from talk circles recorded, transcribed and later analyzed through content analysis. Results: the potential of CD were to promote health and develop teamwork, update information and new possibilities for action in the community. The challenges of CD were lack of teamwork and dialogue among professionals, updating maps, support of managers and professional qualification. Conclusion: through the CD, it is possible to qualify the health actions developed in primary care as a result of the interaction of the different actors in this process. CD's possibilities of action are numerous in the face of the difficulties found, which also aims at reflect, qualify and plan the assistance according to the reality of the professionals who work in the ESF and also according to the need of the territory. Descriptors: Community Health Services; Community Health Centers; Nursing; Primary Health Care; Health Planning Support; Comprehensive Health Care.

RESUMO

Objetivo: conhecer as potencialidades e os desafios do diagnóstico comunitário (DC) na percepção dos profissionais que atuam na Estratégia Saúde da Família (ESF). Método: estudo qualitativo, com utilização da pesquisa convergente assistencial, em que foram realizados cinco encontros com dez profissionais da ESF que atuam no oeste catarinense, desenvolvidos a partir de rodas de conversa, que foram gravadas, transcritas e posteriormente analisadas através da análise de conteúdo. Resultados: como potencialidades do DC: promover a saúde e desenvolver trabalho em equipe, atualização das informações e novas possibilidades de atuação na comunidade. Como desafios do DC: falta o trabalho em equipe e o diálogo entre os profissionais, atualizar os mapas, apoio dos gestores e qualificação profissional. Conclusão: através do DC é possível qualificar as ações em saúde desenvolvidas na atenção básica como fruto da interação dos diferentes atores deste processo. As possibilidades de atuação do DC são inúmeras diante das dificuldades encontradas, as quais também servem para refletir, qualificar e planejar a assistência conforme a realidade dos profissionais que atuam na ESF e também de acordo com a necessidade do território. Descritores: Diagnóstico da Situação de Saúde; Estratégia Saúde da Família; Enfermagem; Atenção Primária à Saúde; Apoio ao Planejamento em Saúde; Assistência Integral à Saúde.

Objetivo: conocer las potencialidades y los desafíos del diagnóstico comunitario (DC) en la percepción de los profesionales que actúan en la Estrategia Salud de la Familia (ESF). Método: estudio cualitativo, con utilización de la investigación convergente asistencial, en que fueron realizados cinco encuentros con diez profesionales de la ESF que actúan en el oeste catarinense, desarrollados a partir de ruedas de conversaciones, que fueron grabadas, transcritas y posteriormente analizadas a través del análisis de contenido. *Resultados:* como potencialidades del DC: promover la salud y desarrollar trabajo en equipo, actualización de las informaciones y nuevas posibilidades de actuación en la comunidad. Como desafíos del DC: falta el trabajo em equipo y el diálogo entre los profesionales, actualizar los mapas, apoyo de los gestores y calificación profesional. Conclusión: a través del DC es posible calificar las acciones en salud desarrolladas en la atención básica como fruto de la interacción de los diferentes actores de este proceso. Las posibilidades de actuación del DC son innúmeras frente a las dificultades encontradas, las cuales también sirven para reflexionar, calificar y planear la asistencia conforme la realidad de los profesionales que actúan en la ESF y también de acuerdo con la necesidad del territorio. Descriptores: Diagnóstico de la Situación de Salud; Estrategia de Salud Familiar; Enfermería; Atención Primaria de Salud; Apoyo a la Planificación en Salud; Atención Integral de Salud.

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INTRODUCTION

The healthcare model based on the Family Health Strategy (ESF) has brought a new perspective on healthcare, as well as a continuous stimulus to an advanced practice of the community as a whole. But for the health practices consistent with the

community, it is necessary to strengthen the autonomy of the actors involved in the care process, as well as to break with traditional models of health care and to value human singularities.²

In this sense, the community diagnosis (CD) is considered a "key" element of reflection on the daily life of the health services, being an indispensable technology for the organization of the work processes of the ESF teams, assuring the basic care principles, such as the definition of the territory and the population ascribed.³

To know the field of action, the ESF teams must discover the important path of CD in health and the diverse possibilities of action that it provides, in an interdisciplinary perspective in the analysis of the problems, opening possibilities for the dialogue between the actors involved and the identification of what each sector can do to intervene on the determinants, constraints or facts that express the problems in the community.⁴

OBJECTIVE

• To know the potentialities and the challenges of the CDD in the perception of the professionals who work in the FHT.

METHOD

This is a qualitative study of convergent type of care. The Convergent Care Research (CCR) requires the active participation of the research participants, being oriented towards the resolution or minimization of problems in practice, making changes and/or introducing new health practices, which may lead to theoretical construction, understood and carried out in articulation with the actions involving researchers and other people representative of the situation to be researched, forming a process of mutual cooperation.⁵

The research was carried out in a municipality in the west of Santa Catarina, with the participation of ten professionals who work in the ESF, involving physicians, nurses, nursing technicians and community health agents, who were selected with the support of the Municipal Health Department County. Only the professionals working at the ESF participated in the study and were

Community diagnosis in the family health...

released by the Municipal Health Department to collaborate.

To maintain the anonymity of the professionals participating in the study, it was opted to name them with names of fruit trees, making an analogy to CD as a tree that was planted, grown and that can still bear fruit.

The actions of the research were conducted by the Arch of Problem proposed by Charles Maguerez, which is developed through five stages, starting from the observation of reality and definition of a problem of study, emerging the key positions for the construction of theorization and elaboration of the solution hypothesis to intervene, exercise and manage the situations associated with the problem.⁶

Five meetings were developed with the participants through talk circles and discussing the following themes: Meanings of the CD; Reflections on the paths and possibilities for intelligent maps; The blossoming of CD; The watering of the CD in search of the fruits; and Reaping the fruits of CD.

The meetings were held in a room of the Municipal Health Department and participants were released from work to join the five proposed meetings recorded, transcribed and later analyzed through content analysis.

The data were organized to be submitted to the analytical procedures and after the exploration of the material of analysis with the organization of the codification, choice of the units a priori, the rules of counting and the definition of the two categories were defined: potentialities of CD; The challenges in CD path.

This study followed Resolution CNS/MS 466/12, which regulates research involving human subjects and approved by the Ethics Committee of the Federal University of Southern Frontier, with an opinion number 791.930 of 2014.

RESULTS AND DISCUSSIONS

♦ The potentialities of CD

Health promotion stands out as a possibility to act based on the real needs raised in a given territory among the possible actions to be developed through CD, and these actions are expressed through improvements in the living conditions of the family, individual and community, as well as in the resolution of services.⁸

Health promotion actions aim to promote quality of life and reduce vulnerability and health risks related to its determinants and conditions, such as housing, health, leisure and work.⁹

The recognition of health promotion actions as a possibility for CD, as a result of the use of this technology, as evidenced by professionals working at the ESF:

I think it would already be a fruit of the community diagnosis to do a health promotion... because after you have done a whole survey of data, a whole project, all a resoluteness, a planning, is that you will do the promotion in the community. (Plumtree)

It is evident the importance of health promotion as a strategy to empower users to work on improving their quality of life, but these actions should be developed based on the living conditions of this individual and family, which information may be the result of CD built by the team, configuring health promotion as a potential of this technology.

However, for the development of these actions, it is necessary to combine efforts not only of the professionals who work in the ESF team, since it is an intersectoral practice. Therefore, the involvement of other professionals from different segments, not only health, is extremely important for integral care.

Intersectoriality refers to the professionals that integrate the ESF team in the development of actions through partnerships and resources in the community, building a movement to overcome vision and fragmented practices, fulfilling the purposes of the ESF, adopting the integration of knowledge and sectors as principles, as well as an expanded view of the health-disease process. 10

In addition to this articulation with the other sectors, the dialogue and planning of these actions in teams are indispensable for their effectiveness and, among these actions, there are those of health promotion, 11 being the way in which the workers articulate in relation to their affects the integrality of the attention offered to the users and in the health actions that are developed.

In this context, teamwork is considered an essential element for the operation of the ESF team, which emerges as another potential of the CD, recognized by professionals as a key part for their accomplishment:

You cannot do it alone, it has to be teamwork. (Appletree)

Every team has to cooperate with each other to work and have a better and more united service. (Orange tree)

From the testimonies presented, it is evident the conception of teamwork as a result of the efforts of each professional, which is indispensable for the qualification of this process that is the discussion and the point of view of each member of the ESF team so the work is the result of a multidisciplinary

Community diagnosis in the family health...

construction, which allows the approximation between the parts and the look to the whole.

In the performance of the ESF, the team meeting constitutes a space that allows planning and organization of work processes, since it allows the articulation between the knowledge of the different professionals and the construction of integral care. In this way, the meetings represent a space of exchange and discussion among the professionals involved in the CD construction process.

The importance of discussing in a team the planning of actions is recognized by the professionals of the ESF, who present the meetings as an opportunity to reflect on the reality of action and carry out an evaluation of the actions developed:

[...] discuss team issues and make proposals to try to change what needs improvement. In team meetings, it is possible to discuss problems and present proposals to improve what has to be improved, if it needs to improve (Guava tree).

If you meet in team meetings and pass on the data to each other, this I think helps a lot, and so see where the faults are and try to correct (Orange tree).

The discussion and the team planning allow the inclusion of the look and knowledge of the different professionals who work in the ESF, recognizing the interdependence of the actors in the care process.

In this scenario, the Community Health Agent (ACS) emerges as an integrating agent between the team and the community, because, being a member of that community and being in permanent contact with the families, can facilitate the work of surveillance and health promotion.

A more dialogic relationship between the members of the team tends to qualify and develop competencies to the work of the ACS, and the meetings are a suitable space for this, precisely because they allow a closer approximation of all the members of the ESF team, favoring the exchange of knowledge and growth professional. The inclusion of ACS in these discussion spaces, from the planning to the implementation and evaluation of the work, contributes to the development of actions that consider the different aspects related to health care for the individual, family and community.¹²

The recognition of the importance of ACS participation in team meetings is evident in the reports of the participants of this study:

Having them (ACS) as our gateway is important because they are the ones who bring the problems to us (staff), those who are in daily life, who accompany us, who make the visit all they know everything that

goes on in the families because they end up interacting with the family much more than we do. (Avocado tree)

...because in the team meeting you get a debate and they (ACS) manage to put what each family is going through.... Of course, we will not solve it alone, but we will try together to find some solution to help this family. (Jabuticaba tree)

The movement to survey, pass on and discuss the data for the performance of the CD is of extreme importance and this process can and should be carried out with the participation of all the members of the ESF, and the ACS plays an indispensable role in bringing the demands of the community to the staff.

Among the possibilities of the CD, the mapping of the territory of action allows to gather different information and to widen the look about that reality, since this instrument aims to collect and register the data, as well as the organization of work. However, it is often built with little dialogue between team members.¹³

The process of knowing the area of action of the ESF team should reflect the new health actions, which need to follow the changes that occur continuously in the territory¹³ and contribute to a better diagnosis of the health situation⁵. Thus, the monitoring of this population through territorial maps also needs to be updated according to the changing population profile, geographic and environmental aspects.

This perception about the importance of constant updating of the maps produced was identified by the study participants, expressing that this instrument is a facilitator of the work processes, guiding the performance of the ESF team in the community:

Always keeping the information up-to-date on the maps is important because otherwise, the people here inside the health center will not know what goes on out there in the community, that is, we need to bring and update the information of what is happening out there, for the team to act correctly. (Guava tree)

I need to locate myself here in my area and with the map, for example, it is easier to find the hypertensive and diabetic. (Peachtree)

The updating and reflection on the maps produced from the territory as part of the CD reflects on the quality and effectiveness of the health actions of the team, as evidenced in the following report:

I think the maps are important because the families increase a lot, [...] the map goes outdated over time. And this had Community diagnosis in the family health...

to be exposed here, even for the population that enters the health unit to find it too, that they are interested in seeing. (Avocado tree)

The construction of the maps of the micro areas of actuation is one of the tools that potentiates the CD and such maps must be constructed in the team, considering the integrality of the care. Likewise, their results should be discussed permanently in the ESF to guide the planning.

During this study, after the **ESF** professionals observed some maps ready and reflect on the reality of the territory, the need arose and the opportunity to build an instrument and to organize the process to follow the users who use benzodiazepines in the community. This theme was raised by the participants of the research in the third meeting, considering the high number of users of this type of medication in the territory, who often use it for a long period of time or even without the appointment of a medical professional.

From the reflections in the meetings, it became possible to expand the team's eyes to these users, and not only to hypertensive and diabetic patients whose numbers are generally high in all places because they are chronic diseases with a strong epidemiological impact:

We came up with the idea that we monitor those who use the drugs (benzodiazepines). To leave only the hypertensive and diabetic, and cover more, seeking to meet all the needs of the population. (Appletree)

Thus, in the course of convergent care research, the possibility of constructing an instrument for tracking and monitoring users using benzodiazepines in the territory has arisen, which was proposed to be used by ACSs during the home visit.

After this initial data collection, the team proposed to continue planning health actions, reducing the number of users who use benzodiazepines in the territory, creating another possibility for CD:

Now we will know how many people use this type of medicine so we can take action. (Appletree)

Even to reduce the number of medicines they take, because many do not even know what they take each thing for, and maybe many would not need to take it all from controlled medicine. (Guava tree)

I thought it was really good, we just needed to know what the benzodiazepines are, right? It's a list for us to know about the visit and understand better about it. (Guava tree)

Also, the professionals of the team realized the need to improve the knowledge about the benzodiazepines, mainly the ACS who are

responsible for this first approach and data collection, as it is observed in the speech of the Guava tree:

I thought it was really good, we just needed to know what the benzodiazepines are, right? It's a list for us to know about the visit and understand better about it. (Goiabeira)

Thus, in order to qualify this process, a quick reference material was used during the research walk to be used by the ACS during the visits to obtain information about what benzodiazepines are, as well as a list with the most used.

The team's commitment to the continuity of these activities thought and seeded during this research, which can be identified in the following reports, which reflect ideas of team planning of future actions, both in the local scope as in the municipal scope:

[...] then we can think of something else, or give continuity and put other patients who have other problems as well. (Avocado tree)

Also, because the idea would be to make a policy in a second moment also in our municipality. (Plumtree)

The performance and discussion of the CD by the professionals that work in the ESF allows a horizon of methodologies of action since there is no ready recipe to carry it out, but there is the possibility of adapting it to the needs of each team and each territory. Thus, the intelligent maps and the follow-up of users were strategies used by the participants of this study to qualify their work process, from which so many other actions can still result.

It is reaffirmed the need to carry out the CD in a team with discussion and planning by all the professionals involved, as the complementarity and interdependence of the actions will result in an integral and resolutive assistance.¹⁴

◆ The Challenges of CD path

During the joint construction of the CD, as well as the discussions it generates, various challenges arise along the way. One of the first difficulties observed and reported during this research was the effective updating of the intelligent maps of the micro areas by the ESF team members.

From then on the opportunity arose and the need to update the maps of the micro areas and to reflect together with the professionals of the team on their relevance. After the reflection on the importance of the construction of the map and its continuous updating, it was possible to turn a blind eye to these maps, which were practically forgotten.

Community diagnosis in the family health...

In the following report, it is evident the difficulties that the constant updating of the intelligent maps entails in the health services:

Because of we move on the map all the month, for example, what has changed so we will change here, so do not accumulate to do everything at once. (Avocado tree)

The need for constant updating of intelligent maps reproduces a valid and reliable interpretation of reality and meets the National Basic Care Policy (PNAB),⁴ when it identifies as attribution of all professionals the updating of data regarding the individual's health situation and family.

However, another challenge found along the roadmap of the territory comprises the simple performance of these by the team to meet only the evaluation criteria of the Program of Improvement of Access and Quality (PMAQ), as evidenced in the testimony of Avocado tree:

These maps, even them asked (speaking of PMAQ), they asked for the map of the micro areas, and they liked it because it was well divided. (Avocado tree)

The PMAQ points out that all the teams participating in the program must be organize in a way that ensures the principles of Basic Care, such as the definition of the territory of the unit of health and the population attached to it. But, perhaps, the professionals participating in this study have done the mapping only to follow the evaluative items of the PMAQ without understanding its real meanings until the realization of this convergent care research.

Therefore, the effectiveness of this action and the team's ability to reflect on the material produced is discussed since it is believed that the most arduous task of making the material was performed and it is now up to the professionals to reflect on what is produced, its constant updating will not result in overloading the service and will serve as a tool for planning actions.

And once again, teamwork for the implementation of CD in health services emerges, since, in addition to be presented as one of the potentialities for CD, this participatory action of all members of the ESF team also arises as a major challenge to be achieved in this process due to the presence of professionals who are not committed to their work or who sometimes do not recognize the importance of their continuous participation.

The commitment and co-responsibility between professionals and the population are fundamental for achieving the objectives of the ESF team, which will only be possible through a change of attitude by the

professionals and managers of these services, building an interdisciplinary practice permeated by completeness of assistance to the individual, family and community.¹⁵

The difficulties related to teamwork have arisen in the reports of different professionals, who point out that the CD should be a collective construction, but that the lack of participation of the team in the moments of discussion and planning of the actions compromises the quality of the assistance:

I think the biggest difficulty is actually joining the team to discuss the diagnosis. (Orange tree)

[...] we cannot do something alone because it already has a team name, it's for everybody, and everyone has their contribution, everyone has something to contribute, but sometimes there are people who do not want anything with anything. (Avocado tree)

The co-responsibility of all professionals before the actions developed by the ESF results in the construction of actions with a multidisciplinary approach and a single care line, in which everyone works together to reach a common denominator: improving the quality of care in the community.

These discrepancies during the construction of the CD have repercussions on the quality of the planning and actions carried out since such embarrassments result in discontinuity of actions and fragmentation of the assistance. ¹⁴ The following statements demonstrate the importance of the whole team working together, with the objective to qualify the assistance provided:

Everyone has to work in the same line, we who work out as the staff inside the post, doctor, nurse, everyone in the same line, a collective work. (Jabuticaba tree)

And there is that thing that is very dispersed, people are far from reality and we think it's okay because if you do not make a team meeting, you do not see problems and do not seek to solve situations together. (Avocado tree)

The lack of spaces for dialogue and exchange of information results in different problems and failures in healthcare, leading to isolated actions that do not reflect the real needs of the territory, which could be minimized through team meetings with the participation of all professionals involved.

In this sense, one of the difficulties of CD is the lack of spaces for dialogue among professionals, for example, the team meeting, an essential element for the performance of the ESF. The limitations that the lack of this space entails in the work can be evidenced in the following reports: Community diagnosis in the family health...

I think what's missing is the dialogue between the ACS and the station staff, things like that, having more meetings. (Orange tree)

The health services end up missing a more accurate diagnosis because who is there actually in the field is the ACS and they need to be heard. (Appletree)

In front of these lines, the professionals recognize the importance of spaces for dialogue. It is noteworthy that many of the participants' speeches present the desire to hold team meetings, but there is a lack of incentive and counterpart of managers in this scenario.

It was noticed that often the lack of incentive by the managers and the lack of qualification of the professionals contribute to the reproduction of uncommitted actions. Valuation and training of professionals can encourage them to seek qualification.¹⁶

The lack of incentive was evidenced by the professionals who work in the ESF, pointing out important aspects about the valorization of the ACS by the municipal and local administration:

There is a lack of incentive for municipal management and unit coordinators to give more importance to what ACS talk about... giving more authority and making them feel more valued. (Avocado tree)

ACS performance is indispensable in these discussion spaces, and its vision and action on the territory can contribute immensely to guide the actions of the team on this reality.

Different anxieties are identified in the speeches of professionals to qualify their work processes, presenting several strategies that demonstrate their interest in improving the care provided:

Bring more courses and speakers to discuss various topics, and even the nurse can help in this regard because ACSs will feel valued. And taking a course with the whole team is also important. (Appletree)

Actually, I think there are some working agents who have not done any course, who just went that way and started working, I think this is missing for them to be able to work with more quality. (Jabuticaba tree)

The qualification actions of the professionals who work in the ESF team are necessary and the professionals demonstrated the need to improve their knowledge about new planning and healthcare tools, improving the quality of care. However, these qualification actions must emerge from the different management spheres and can be made via the permanent education of these professionals.

It is noticed the importance of discussion moments and actions of qualification of the

teams of the ESF to improve the quality of the assistance that is provided to the community. Despite the difficulties of teamwork, the participation and involvement of different professionals in the actions developed are a potential aspect of the results of the CD.

To consolidate DC, it is necessary to break the verticality of actions, which is based on the adoption of proactive planning positions that are coherent with the reality of the territory and are the result of the interaction of the different actors in this process.¹⁷

However, there are still many obstacles to be overcome for the comprehensive health care that is so ambitious in the ESF, which seeks to counter the fragmented and disjointed approach, as well as to expand the limits of care, with attention to the health of the user, family and community in an integral way.¹¹

CONCLUSION

The CD has been consolidated as an important work tool of the professionals who work in the ESF, as it allows a reflection about its action scenario, valuing the individual and the different conditions of the territory that contribute to the understanding of the health and disease process.

Undoubtedly, the CD allows better planning and development of its actions to the ESF team. It highlights as potential the opportunity to develop actions of promotion and prevention to health, work and multiprofessional construction, the mapping of the territory and constant updating.

However, there are many challenges to overcome in the application and development of CD by professionals who work in ESF teams, such as the effective use of materials produced, the participation and commitment of all team members, lack of discussion and dialogue and constant qualification of professionals.

In this way, this study allowed us to reaffirm that through the CD, it is possible to qualify the actions in health developed in primary care and their possibilities of action are numerous in the face of the difficulties found, which also reflect, qualify and plan the service. However, there is a need for further studies on the CD to know, qualify and encourage the actions developed by the ESF teams, given the scarce scientific production on the subject.

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