Health promotion to social determinants...



HEALTH PROMOTION TO SOCIAL DETERMINANTS: POSSIBILITY FOR EQUITY PROMOÇÃO DA SAÚDE ARTICULADA AOS DETERMINANTES SOCIAIS: POSSIBILIDADE PARA A EQUIDADE

PROMOCIÓN DE LA SALUD ARTICULADA A LOS DETERMINANTES SOCIALES: POSIBILIDAD PARA LA EQUIDAD

Daniella Santa Figueiredo<sup>1</sup>, Ivonete Teresinha Schulter Buss Heidemann<sup>2</sup>, Gisele Cristina Manfrini Fernandes<sup>3</sup>, Aline Megumi Arawaka<sup>4</sup>, Lays Souza de Oliveira<sup>5</sup>, Adriana Bitencourt Magagnin<sup>6</sup>

#### **ABSTRACT**

Objective: to know the practices of health promotion articulated to social determinants and developed by Primary Health Care professionals. *Method:* this is a qualitative, descriptive, exploratory study. Nineteen semi-structured interviews were conducted with health professionals enrolled in two Basic Health Units. Data were evaluated using the Content Analysis technique in the Thematic Analysis modality. *Results:* health promotion practices are developed, mostly in health education groups, with orientations on lifestyle changes during the scheduled consultations. As potentialities, the adequate work process of the health teams, the support and the incentive of the current management and the bond with the community were pointed out. The main challenges were the excessive user demand for individual consultations and the lack of human resources, pointing out some management weaknesses. *Conclusion:* the relevance of Health Promotion in Primary Care as a form of care and autonomy of the individual and of the community, considering the social determinants, but requiring investments in the permanent education facing the challenges pointed out. *Descriptors:* Health Promotion; Family Health Strategy; Social Determinants of Health; Primary Health Care; Nursing; Equity in Health.

## **RESUMO**

Objetivo: conhecer as práticas de promoção da saúde articuladas aos determinantes sociais e desenvolvidas por profissionais da Atenção Primária à Saúde. Método: trata-se de estudo qualitativo, descritivo, exploratório. Realizaram-se 19 entrevistas semiestruturadas com profissionais de saúde inseridos em duas Unidades Básicas de Saúde. Avaliaram-se os dados a partir da técnica de Análise de Conteúdo na modalidade Análise Temática. Resultados: desenvolvem-se as práticas de Promoção da Saúde, em sua maioria, em grupos de educação em saúde, com orientações sobre mudança de estilo de vida durante as consultas agendadas. Apontaram-se, como potencialidades, o adequado processo de trabalho das equipes de saúde, o apoio e o incentivo da gestão atual e o vínculo com a comunidade. Citaram-se, como principais desafios, a demanda excessiva de usuários para consultas individuais e a falta de recursos humanos, apontando algumas fragilidades da gestão. Conclusão: ressalta-se a pertinência da Promoção da Saúde na Atenção Primária como forma de cuidado e autonomia do indivíduo e da comunidade, considerando os determinantes sociais, mas requerendo investimentos na educação permanente frente aos desafios apontados. Descritores: Promoção da Saúde; Estratégia Saúde da Família; Determinantes Sociais da Saúde; Atenção Primária à Saúde; Enfermagem; Equidade em Saúde.

## RESUMEN

Objetivo: conocer las prácticas de promoción de la salud articuladas a los determinantes sociales y desarrolladas por profesionales de la Atención Primaria a la Salud. Método: se trata de un estudio cualitativo, descriptivo, exploratorio. Se realizaron 19 entrevistas semiestructuradas con profesionales de salud insertados en dos Unidades Básicas de Salud. Se evaluaron los datos a partir de la técnica de Análisis de Contenido en la modalidad Análisis Temático. Resultados: se desarrollan las prácticas de Promoción de la Salud, en su mayoría, en grupos de educación en salud, con orientaciones sobre cambio de estilo de vida durante las consultas programadas. Se señalaron, como potencialidades, el adecuado proceso de trabajo de los equipos de salud, el apoyo y el incentivo de la gestión actual y el vínculo con la comunidad. Se citaron, como principales desafíos, la demanda excesiva de usuarios para consultas individuales y la falta de recursos humanos, apuntando algunas debilidades de la gestión. Conclusión: se resalta la pertinencia de la Promoción de la Salud en la Atención Primaria como forma de cuidado y autonomía del individuo y de la comunidad, considerando los determinantes sociales, pero requiriendo inversiones en la educación permanente frente a los desafíos señalados. Descriptores: Promoción de la Salud, Estrategia de la Salud Familiar; Determinantes Sociales de la Salud; Enfermería; Equidad en Salud.

¹Graduated, Municipal Secretary of Health Paulo Lopes and Garopaba. Paulo Lopes (SC), Brazil. Email: <a href="mailto:daniella\_figueiredo@hotmail.com">daniella\_figueiredo@hotmail.com</a> ORCID iD: <a href="https://orcid.org/0000-0003-4157-8012">https://orcid.org/0000-0003-4157-8012</a>; ².³.⁴PhDs, Federal University of Santa Catarina / UFSC. Florianópolis (SC), Brazil. Email: <a href="mailto:ivonete.heidemann@ufsc.br">ivonete.heidemann@ufsc.br</a> ORCID iD: <a href="https://orcid.org/0000-0001-6216-1633">https://orcid.org/0000-0001-6216-1633</a>; Email: <a href="mailto:gisele.manfrini@ufsc.br">gisele.manfrini@ufsc.br</a> ORCID iD: <a href="https://orcid.org/0000-0002-2159-6486">https://orcid.org/0000-0001-6216-1633</a>; Email: <a href="mailto:gisele.manfrini@ufsc.br">gisele.manfrini@ufsc.br</a> ORCID iD: <a href="mailto:https://orcid.org/0000-0001-6216-1633">https://orcid.org/0000-0001-6216-1633</a>; Email: <a href="mailto:gisele.manfrini@ufsc.br">gisele.manfrini@ufsc.br</a> ORCID iD: <a href="mailto:https://orcid.org/0000-0002-2159-6486">https://orcid.org/0000-0002-2159-6486</a>; ⁵Student, Federal University of Santa Catarina / UFSC. Florianópolis (SC), Brazil. Email: <a href="mailto:daranamagagnin@gmail.com">daranamagagnin@gmail.com</a> ORCID iD: <a href="https://orcid.org/0000-0002-1607-9484">https://orcid.org/0000-0002-6882-7691</a>; <sup>6</sup>Masters student, Federal University of Santa Catarina / UFSC. Florianópolis (SC), Brazil. Email: <a href="mailto:daranamagagnin@gmail.com">daranamagagnin@gmail.com</a> ORCID iD: <a href="https://orcid.org/0000-0002-1607-9484">https://orcid.org/0000-0002-1607-9484</a>

### INTRODUCTION

In recent years, it is understood that health promotion has a promising strategy to address the multiple health problems affecting human populations and their environments.<sup>1</sup>

The new health conceptions were born in Brazil, which gave rise to proposals articulating the actions of promotion, prevention, rehabilitation and rehabilitation, with the Brazilian Health Reform, which was consolidated with the VIII National Health Conference (1986), resulting in creation of the Unified Health System - UHS.<sup>2</sup>

Emphasis is increasingly placed on the conceptual evolution of the health promotion movement in its work on the Social Health Determinants (SHD), which constitutes an important support for the implementation of policies of a cross-cutting nature that seek to strengthen cohesion and expand empowerment of vulnerable communities, reducing social inequities and increasing intersectoral action.3 In this context, the Commission on National Social Health Determinants (NCSHD) are defined as social, economic, cultural, ethnic-racial, psychological and behavioral factors that influence the occurrence of health problems and their risk factors in the population.<sup>4</sup>

The Brazilian Government reaffirms the National Policy on Primary Health Care, which is based on the principle of health as a citizen's right and a duty of the State. Primary Health Care has the health of the family as a priority strategy for its organization, in accordance with the precepts of the UHS, structuring the logic of new sector practices and associating clinical work and health promotion. The Brazilian National Primary Care Policy was introduced by the Ministry of Health in 2006, updating it in 2012 and 2017.<sup>5</sup>

It is added that, since then, Brazil has been investing in the formulation and implementation of health promotion policies, concentrating efforts in the construction of a care model that prioritizes actions to improve the quality of life of subjects and collectives, National Policy for Health Promotion of 2014, which proposes the expansion and qualification of health promotion actions in the services and management of the Unified Health System.<sup>6</sup>

It is known that, with health today a dynamic state that has several determinants, among them, environmental, health, social and economic conditions, health promotion is one of the pillars of Primary Care, requiring

Health promotion to social determinants...

health professionals to exercise proactive action towards changing the living conditions of the population.<sup>7</sup>

In this perspective, the Family Health Strategy (FHS) was instituted as a proposal for the restructuring of PHC in accordance with the precepts of the UHS. It is proposed, by the FHS, the adoption of a new model to provide accessibility to health and formulate actions aimed at the collective, consolidating itself as the main and priority strategy in the reorganization of Brazilian PHC, which until today is constantly improving, considering all the social determinants of this process and the population profile of each area where it is inserted.<sup>8</sup>

It is necessary, therefore, for health services to promote health, for professionals to understand and broaden their vision of health promotion, including as critical actors and participants in the process of construction and reformulation of this system.

Given the importance of the knowledge on Health Promotion, through this work, it is seen the articulations between health promotion and the social determinants of health to create the greatest benefit for the population, contributing significantly to the reduction of inequities in health and thereby ensuring human rights. On the other hand, the health service, through the field of medical-curativist care, can not change the determinants or social determinants of this process. We can collaborate, therefore, in the promotion of health, in order to confront a reality of historical iniquities, of great proportions, to an expanded model of health that includes, besides biological, social, environmental, mental and spiritual aspects, that is: they pose daily challenges not only to the health sector, but to all those who construct public policies. 10

The objective of this study is to know the health promotion practices articulated to the social determinants of health developed by Primary Health Care professionals in two municipalities of the greater Florianópolis / SC, questioning which health promotion practices are developed by Primary Health Care professionals?

## **OBJECTIVE**

• To know the practices of health promotion articulated to the social determinants and developed by professionals of the Primary Health Care.

### **METHOD**

This is a qualitative, descriptive, exploratory study within the theoretical foundation of Health Promotion and Social Determinants of Health, with the Municipal Health Secretariat of the municipalities of Paulo Lopes and Garopaba as a study scenario. The two Basic Health Units of Paulo Lopes were selected and one of the eight Basic Health Units of Garopaba was selected, one located in the center of the municipality and two located in the rural area by lot.

Data was collected from semi-structured interviews, and the instrument contained two parts: in the first, there were questions about the professional profile. In the second section, the guiding questions are presented: Do you know the National Policy for Health Promotion?; Do you know when it was created?; Have you received any type of training to carry out the activities of health promotion articulated to the social What determinants of health? health promotion practices, along with SDH, do you develop most often? What methodological strategies do you use to carry out the health promotion activities articulated to the SDH?; In your experience, what facilitates and what makes working with health promotion and SDH in this Health Unit difficult? Do you see an intervention of the health promotion practices that this unit meets? Describe these interventions; What results do these health promotion activities generate in the Unit? And in the community?

The interviews were held in the period of March 2018, with a duration of approximately 30 minutes. Nineteen professionals from the Family Health teams were invited to participate in the study, with five physicians, nine nurses and five dentists selected by the unit coordinator, totaling 19 interviewees. All the interviews in the offices were carried out in the Basic Health Units, registering them in recorder and transcribing them later.

Data was analyzed using the Thematic Analysis technique and, after transcription of the interviews in full, the material was read, initiating pre-analysis and data exploration, which were later grouped into thematic units and, finally categorized and discussed in the light of Health Promotion, Social Determinants of Health and Primary Health Care.<sup>11</sup>

From the data analysis, four categories emerged: Health Promotion Practices in Primary Care; Potential to carry out health promotion practices; Challenges to carry out

Health promotion to social determinants...

health promotion practices; Evaluation of health promotion practices.

The research was initiated only after the approval of the Municipal Health Secretaries of Paulo Lopes and Garopaba and the Ethics Committee of the Federal University of Santa Catarina CEP / UFSC under Opinion 2,390,881 and CAAE n. 74253417.5.0000.0121, and the determinations of Resolution n. 466/12 of the National Health Council regarding research human beings. **Participants** nominated to maintain secrecy over them, by codenames chosen by themselves, preservation of the collection under the care of the researcher. The participants were informed about the importance of the study and the consent form was signed.

## **RESULTS**

## ♦ Professional profile of participants

It is reported that 19 professionals from the FHS participated in the study, of whom nine were nurses, five were doctors and five dentists were divided into 14 females and five males; the participants' age ranged from 35 years (13), from 36 to 50 years (5) and over 50 years (1); the training time was one to 30 years, with most professionals (17) with five to ten years; the time spent in Primary Care ranged from six months to 30 years, with the majority (17) having between two and 14 years of experience; the time of performance in the HU ranged from six months to 18 years: the majority (13) worked from six months to three years in the HU and among the interviewees only five had another employment relationship besides Primary Health Care.

Following the survey of the professional profile of the research participants, semistructured interviews were carried out, from which four categories were presented, showing examples of excerpts from the professionals.

# ♦ Health Promotion Practices in Primary Care

It was stated, as far as the practices of health promotion, by the professionals, the realization of activities in groups of pregnant, smoking, hypertensive and diabetic (Hiperdia), healthy eating and childcare. It was also mentioned, to a lesser extent, the performance in the oral health groups, physical activity groups, demedicalization group and medicinal plants.

It was also recorded that the professionals affirmed that they also carry out health promotion practices that go beyond basic

units such as the School Health Program (SHP) and projects with the Pastoral Care of Children and Adolescents in partnership with SARC (Social Assistance Reference Center).

[...]the NPP we go to schools, give an orientation, deliver the kits of brushing, we did supervised brushing, an evaluation, we forwarded when necessary, we see results, we have a great bond with the school and the children [...]. (DANDELION)

[...]After a few months, we realized the need to work with this age group, so once a month we held the meetings there at SARCand discussed various topics such as: sexuality, bullying, STI's, drugs, various themes that were coming up with their needs we were putting together material and working with them [...]. (ANEMONE)

The consultations and guidelines provided as health promotion practices covering the stimulation of well-being, physical activity, guidelines on healthy eating, lifestyle and habits change and on rest, sleep and self-care were pointed out.

In consultations, I believe that encouraging change, making a therapeutic plan together with the patient to see if we can find, in his routine, some strengths that can strengthen health without thinking about the disease, so more on well-being. I'm always motivated to do physical exercises, proper nutrition, sleep and rest [...]. (PASSION FRUIT FLOWER)

[...]in consultations, mainly, I advise a lot about the quality of life, food, physical exercises. So any moment of opportunity that we can talk about and give something to the patients we take advantage of. Until then, in the corridor, we get them and do health education, do health promotion, have to guide, so we do not miss any opportunity [...]. (LILY)

It is noticed that the majority of the practices of health promotion, cited by the professionals, is directed to the activities of health education with a view to prevention of diseases, not in health specifically.

It is very difficult to say that what we do is promotion because we always end up acting in a preventive way, we work to prevent worse things, and little health promotion. (CARNATION)

It is revealed, in relation to the social determinants health. that Ωf many professionals affirmed that they act from some services that directly influence the quality of life of the population such as the school, the Guardianship Council, SARC, the collection company garbage municipality, nursing homes and the support of the city hall. These partnerships are aimed at reducing the number of people at risk and vulnerability in the communities, but many Health promotion to social determinants...

still speak of the lack of participation of the population directly in the health of the community.

But of course it could have a much greater impact if they had other more effective, more regular intervention projects. Not only in the area of health and basic unity, but also of community organization, social participation of the collective, which is still lacking a little [...]. (PASSION FRUIT FLOWER)

It was fully assured by the interviewees that the methodology used for health promotion practices was health education in the form of lectures and collective activities, some group dynamics and individual counseling guidelines for diseases, and only one of the interviewees believes that it is possible to carry out health promotion practices by walking the community in search of social health determinations and seeking autonomy from people, their families, their strengths and weaknesses.

# ♦ Potential to carry out health promotion practices

As potentialities for developing health promotion practices, the interviewees affirmed the awareness of the Family Health teams, the importance of acting on these actions and the engagement of professionals. As a facilitating factor, it was highlighted that a full FHS team, the support of municipal coordination and management development of health promotion practices, as well as the multiprofessional work in the units, emphasizing the involvement in the various interconsultations among the professionals of the unit, and also the support of the municipal administration pointed out, several times, as a positive.

What facilitates, teamwork, right, I think it makes it a lot easier. When a team is engaged, something good always comes out [...]. (DANDELION)

What makes it easier for me to have a united team, a team that speaks the same language, have enthusiasm for the thing to happen [...]. (CHERRY TREE)

In this new management, we have a secretary of health who supports us a lot, helps, encourages, gives support, she provides car, driver, whatever we need. If you need folders to campaign in schools, you always find a way. Release to take refresher course. I think this is all very necessary for people who are doing good health promotion [...]. (LILY)

They pointed out the maintenance of a good bond with the users of the unit, accompanying them during and after the guidelines, the search for conditions to

improve the quality of life, to have good habits and even their interest in participating in promotion practices of health as facilities.

> The ease is that I have a good bond with them, they listen to me, they accept my guidelines, they follow some things that I pass [...]. (VIOLET)

> And the acceptance of the community, they accept our work well, they charge, they demand this work, I think it's the main this [...]. (ANIS)

# ♦ Challenges for implementing health promotion practices

It is described as challenges to develop promotion practices that the main factor cited was the excess of users' demand and this causes them to be restricted in the offices and, consequently, it is difficult to carry out health promotion practices. It is reported that the weekly agenda of activities is limited to the accomplishment of actions promoting the health affirming that the management requires monthly productivity from the number of consultations carried out, devaluing the collective practices.

[...]we here are just a team for urgency, emergency, spontaneous demand, consultations already scheduled, and the agenda of the FHS, which is the part of promotion, only you can not always get out of the unit. So, health promotion, which should be the first step of an FHS team, before they get to the unit, we got to do last [...]. (LOTUS FLOWER)

What is difficult for sure is the spontaneous demand, we can not do anything that much focused on promotion, to study the determinants of the areas, to evaluate this [...]. (SUNFLOWER)

We here think more about curative rather than preventive health in the municipality as a whole because what counts is production, is the number of visits, the number of procedures, unfortunately, is that. We even get a lot of pressure from management on these numbers [...]. (FENNEL)

I believe that numbers are also accurate to be passed on to the Ministry, but not only that, you know, I understand that we have to have production, but the management here I think is more worried about the money that will come from the Ministry, with the numbers that are past, than with people [...]. (ORANGE FLOWER)

Another point was mentioned by the interviewees about the training of professionals, stating that the focus is still very much on the biomedical model, on the curativist model, and most of the FHS teams work with the disease look and maybe, for that reason, feel insecure to plan and

Health promotion to social determinants...

organize health promotion practices that reach and interest the community, and this is due to the fact that many professionals still confuse the concepts of health promotion and disease prevention.

I think that first, professionals have to know what health promotion is [...] you have to teach the whole team the meaning, the importance, and then it happens [...] and I see that the greatest difficulty is the lack of dedication and interest of the professionals because, of course, doing health promotion gives more work, it gives more work to prevent a pressure ulcer than to get there with the dressing to do [...]. (HIBISCUS)

It is added, on the other hand, that professionals believe that users of health facilities, culturally, follow the biomedical model, the figure of the doctor in his office. They search for them for queries that respond quickly to their demands, and respondents affirm that the population is very immediate and also presents a great resistance to the orientations given by the professionals and low adherence to the practices of health promotion.

# ♦ Evaluation of health promotion practices

It was highlighted by all professionals, regarding the evaluation of health promotion activities that generate in the unit and in the community, that they do not make any evaluation in a systematized way. The results are presented subjectively, in more individualized cases, based on the users' reports, in the follow-up of chronic diseases and vital signs.

In the consultations, patients report that they improve, that they are more well-off, or they have lost weight, they are happier [...]. (PASSION FRUIT FLOWER)

Not a lot, not as much as we would like because it is difficult to change people's habits, change the culture, it is not easy, it is very difficult, but you perceive. Patients who are already able to control hypertension, blood glucose [...]. (ANEMONE)

In the view of the interviewees, it can be seen that health promotion practices, when performed, influence the decrease in demand due to illness, and people go to the basic unit for routine follow-up and create a link with professionals. Thus. the number Ωf complications in chronic diseases, the incidence of sexually transmitted diseases and the number of pregnancies in adolescence are reduced, and they also believe that this makes the users happier, improves the self-esteem and quality of life of the population.

These consultations are not only when people are sick, it is because the patients are very close to us. Many nursing consultations that I do are only for guidance, only for health promotion [...]. (HIBISCUS)

Our patients are very happy to be with the controlled diseases, in not having as many occurrences in health as it is necessary to go to care of average or high complexity [...]. (VIOLET)

I think in these groups that we do have an awareness, you know, they end up looking for more unity, taking care of themselves, looking for more medical care, not only because they are sick, but, one more thing of prevention, routine exams or to take information [...]. (ARUM)

It generates people's well-being, improved health. Satisfaction and professional that really, despite all the hiccups that we have on a daily basis, you can still make a difference in the lives of some people, some families [...]. (ANEMONE)

### DISCUSSION

In terms of health promotion practices, developed in accordance with the perception of users and professionals, it is possible to see a strong relationship with clinical practices, disease focus and traditional methodologies. In this approach, the promotion practices for a formal education, centered on the act of depositing, are oriented in this approach, the groups being formed according to the name of some disease that characterizes them, as a group of hypertensive, diabetic, smoker or obese. It is also verified that most of these groups are programs suggested by the Ministry of Health and fully coordinated by the health team, without any participation of such "patients", nor even in the choice of subject that will be addressed. 12

The importance of acting on the social determinants of health by professionals was mentioned, demonstrating an expanded view of them in the promotion of the health of the population. **Participants** understand Social Determinants of Health, however, it is perceived that in most speech understanding is restricted to socioeconomic factors, and health should be explored from different angles and perspectives from a holistic concept and multidimensional. It is understood that social conditions have always influenced health, so it is necessary to plan actions in all sectors to promote the wellbeing of society, as the sustainability of the work with the SDH, in the scope of Primary Health Care, goes through, obligatorily, by solid partnership with other sectors of the community.<sup>3,13</sup>

Health promotion to social determinants...

It was found that another way of acting on the social determination of health reported was the guarantee of access to the health service, and these actions include home visits to users with difficulty in locomotion or unable to attend the unit, active search for users in situations of risk or vulnerability, attending to patients in an individualized way and considering their personal needs. It is necessary, in order to achieve this in a sustainable and comprehensive manner, the organization of a structure of work that goes beyond the individualized facilitators present in the current practice and contemplates the intersectoriality, equity, integrality, social participation and guidance of people's health needs.<sup>13</sup>

It is believed that professionals feel the need to develop health promotion practices and more dialogic approaches in their work routine, however, these strategies are often performed in an unstructured way, according to previous experiences, worldview and society of the professionals who carry them out. Health professionals are urged to insist on merely informative activities, repeating various subjects such as healthy eating, physical activity, salt control, use condoms, and so many others, and over time the community gets tired of these activities because they do not bring more useful news to the day-to-day, and consequently the groups begin to empty themselves and, in an attempt to keep them going, they are transformed into groups for the delivery of medication. 12

lt is imperative that professionals assimilate the FHS as an innovative practice and with new health actions, translating their activities into good health indicators for the population. It is observed, however, that there are many difficulties in working with the population, especially with regard to the issue of health promotion, since people's thinking is still largely curative immediate. 2,14

health The potential of promotion practices was mentioned by the interviewees. the awareness of the Family Health teams about the importance of acting on these practices and the engagement of the teams in carrying out these activities. It promotes, through responsible and active professionals, the strengthening of the bond and community Unit, and access in the Health an interdisciplinary approach allows the development of health promotion activities, with continuity and follow-up, involvement with families and community. It is important to stress that it is important for

the FHS members to act in harmony with each other and with the community. 15

It is considered that another facilitator mentioned by the professionals was the proximity of the Health Unit with the population, allowing the operationalization of interventions for a broader perspective of health promotion, since the establishment of a bond promotes the closer relationship between the community and the health team and facilitates the population's adherence to the service. Autonomy and protagonism in the processes of production in health are promoted by the involvement of the subjects in the processes of change, contributing to make care more effective/efficient and motivating for the workers, which would consequently result in a transformation in the modes of production to generate reflection and action, reinforce subjectivities and produce new forms of relationship between health workers and users. 16

As a challenge to health promotion practices, respondents expressed excessive spontaneous demand and insufficient numbers of professionals, allied to a hegemonic curativist practice, as a challenge to the practice of health promotion.<sup>15</sup>

It should be emphasized that a health team, when insufficient in number and qualification, can negatively influence the provision of care to families, and this can be a factor in the neglect of health actions, since available employees are unable to provide full.<sup>14</sup>

It was highlighted, as another difficulty pointed out by professionals, the monthly productivity in which management requires a number of gueries that must be carried out quantitatively, devaluing collective practices. These activities are served by computerized services that assess more to collect the productivity of professionals than to be an instrument that contributes to the development of health promotion actions, however, these Computerized Health Systems provide knowledge of the socio-cultural health situation and but still require subjective data such as lifestyles, risk situations, unemployment, income and others that are important elements that can contribute to the organization of health promotion actions.<sup>17</sup>

The results show that health promotion practices provide for the unit and the community, by all professionals, that there is no systematized way of evaluating these practices, and the evaluation of these results is often based only in the users' reports, in a subjective and individualized way.

Health promotion to social determinants...

It constitutes the systematization in the evaluations of health promotion practices as a useful tool for the improvement and improvement of primary care in the country and for the promotion of the necessary debate regarding the change of the current health care model. For this reason, the information that teams develop a health promotion practice does not reflect the quality of what is being offered or proposed, significantly limiting the evaluation of its actual effectiveness.<sup>18</sup>

It is understood that, in the field of evaluation, there is a shortage of studies and useful information and accessible professionals on the effectiveness of health promotion interventions under the PHC. By ensuring a virtuous circle between public policies of social protection and improvement of the quality of life and health, the construction of strategies for integrated action and permanent exchange information, as well as monitoring and participatory evaluation of interventions. It is necessary to reaffirm the relevance of evaluative methodologies in the HP area and, especially, those that can motivate the participation and the integration among diverse sectors and public policies in the broader logic of the PHC.18

## **CONCLUSION**

Through this study, it was possible to know that the health promotion practices carried out in Primary Care are fundamental to increase the positive health status of the population. lt is noticed that the professionals demonstrate familiarity with the term health promotion, reinforcing the importance of carrying out these practices in their daily life, going beyond the walls of the unit. However, it is also observed that many professionals do not understand the concept of health promotion, confusing it with other concepts such as disease prevention.

It should be noted that most of the promotion actions, when performed by the Family Health teams, have little relation to the statistics produced by the system. These activities are used more to collect the productivity of professionals than to be an that contributes instrument development of health promotion actions. On the other hand, it is provided by the Computerized Health Systems, knowledge of the local socio-cultural and economic health situation, but there is still a lack of subjective data, such as lifestyles, risk situations, unemployment, income and others that are important elements which can

contribute to the organization of health promotion actions.

It is also understood in the work on the social determinants of health, although it is a growing theme and of great importance for Primary Care, that professionals still face some difficulties to work on the subject, since they are very focused on the individual working present difficulties and in lt intersectorally. is perceived that professionals need to overcome this activity aimed only at transforming individuals' behaviors, focusing on orientations related to changes in habits, and understanding health as a result of multiple cultural, social and economic factors and determinants that are related to quality of life and are influenced by the social determinants of health.

It is also facilitated by the structure of the FHS to create a link between the team and the community, promoting multidisciplinary and interdisciplinary work and providing opportunities for the Primary Care professionals to work towards intersectoral care of the population.

In contrast, it is observed that the difficulties encountered for the implementation of health promotion practices permeate the problems of work management, with the excess of demand for individual consultations being an example, reducing the scope of professionals' performance in collective practices. It can be noticed that the biologicist professional training model also does not favor the broader performance of professionals working in Primary Health Care.

In view of the above, it is believed that this work represents a small step in the production of knowledge about health promotion practices in PHC. It is necessary, however, to carry out new studies with the purpose of unveiling the action on health promotion in the various sectors of the community and providing assistance focused on the needs of individuals, families and the community.

## REFERÊNCIAS

- 1. Jacson SF, Birn AE, Fawcett SB, Poland B, Schultz JA. Synergy for health equity: integrating health promotion and social determinants of health approaches in and beyond the Americas. Rev Panam Salud Pública. 2013 Dec;34(6):473-80. PMID: 24569978
- 2. Gracietti A, Vendruscolo C, Adamy EK, Trindade LL, Brum MLB. Health promotion: integrative review. J Nurs UFPE on line. 2014

Health promotion to social determinants...

Nov;8(11):3972-82. Doi: https://doi.org/10.5205/1981-8963v8i11a13622p3972-3982-2014

- 3. Pereira AS, Soares DKM, Oliveira KKA, Marques LA, Moreira DP, Vieira LJE. Análise da Produção Científica sobre os Determinantes Sociais da Saúde. Cadernos ENP. 2013 July/Dec; 2(7):40-52.
- 4. Comissão Nacional sobre os Determinantes Sociais da Saúde. Carta aberta aos candidatos à Presidência da República. Rio de Janeiro: CNDSS; 2006.
- 5. Heidemann ITSBS, Cypriano CC, Gastaldo D, Jackson S, Rocha CG, Fagundes EI. A comparative study of primary care health promotion practices in Florianópolis, Santa Catarina State, Brazil, and Toronto, Ontario, Canada. Cad Saúde Pública. 2018 Apr; 34(4):e00214516. Doi: http://dx.doi.org/10.1590/0102-

311x00214516.

- 6. Sá GBAR, Dornelles GC, Cruz KG, Amorim RCA, Andrade SSCA, Oliveira TP, et al. The Health Academy Program as a strategy to promote health and healthy lifestyles: the national implementation scenario. Ciênc Saúde Coletiva. 2016 June;21(6):1849-60. Doi: <a href="http://dx.doi.org/10.1590/1413-81232015216.09562016">http://dx.doi.org/10.1590/1413-81232015216.09562016</a>.
- 7. Oliveira ESF, Souza DCDBN, Costa AP. Pesquisa qualitativa: desenvolvimento e perspectivas no campo da promoção da saúde. Rev Bras Promoç Saúde [Internet]. 2016 Dec [cited 2018 July 12]; 29 (Suppl):1-4. Available from:

http://periodicos.unifor.br/RBPS/article/view/6418/pdf

- 8. Santos JS, Maia MAC, Andrade RD, Oliveira CT. Health promotion in the family health strategy: vision of community health agents. J Nurs UFPE on line. 2014 July; 8 (Suppl 1): 2316-23. Doi: 10.5205/reuol.5927-50900-1-SM.0807supl201417
- 9. Yamaguchi MU, Bernuci MP, Pavanelli GC. Scientific research about the National Policy for Health Promotion. Ciênc Saúde Coletiva. 2016 June;21(6):1727-36. Doi: 10.1590/1413-81232015216.07462016
- 10. Westphal M. Mesa redonda: Criação de ambientes favoráveis a saúde. In: I Simpósio Internacional de Promoção da Saúde e Enfermagem: Diálogo com os Determinantes 2017. **Anais** do Ι Simpósio Internacional de Promoção da Saúde e Enfermagem: Diálogo com os Determinantes Sociais [Internet]. Florianópolis: UFSC; 2015 [cited 2018 June 15]. Available from: http://aben-

Health promotion to social determinants...

Figueiredo DS, Heidemann ITSB, Fernandes GCM et al.

sc.com/downloads/I\_Simposio\_Internacional\_ de\_Promocaoda\_Saude.pdf

- 11. Minayo MCS. Pesquisa social: teoria, método e criatividade. 33th ed. Petrópolis: Vozes: 2013.
- 12. Santos SKZ, Da Ros MA. Ressignificando Giving New Meaning to Health Promotion in Groups for Health Professionals. Rev Bras Educ Méd. 2016 Apr/June; 40(2):189-96. Doi: http://dx.doi.org/10.1590/1981-52712015v40n2e02272014
- MF. 13. Dowbor TP, Westphal Social determinants of health and the Brazilian Family Health Care Program in the city of Sao Paulo, Southeastern Brazil. Rev Saúde Pública.
- 2013 Aug; 47(4):781-90. Doi: 10.1590/S0034-8910.2013047004585
- 14. Roecker S, Nunes EFPA, Marcon SS. The educational work of nurses in the Family Health Strategy. Texto contexto-enferm. 2013 Jan/Mar;22(1):157-65. Available http://www.scielo.br/pdf/tce/v22n1/pt\_19.p df
- 15. Heidemann ITSB, Wosny AM, Boehs AE. Health promotion in primary care: study based on the Paulo Freire method. Ciênc Saúde Coletiva. 2014 Aug;19(8):3553-9. 10.1590/1413-81232014198.11342013
- 16. Mekaro KS, Ogata MN, França Y. Family Health Strategy nurses' conceptions of educational practices. Ciênc Cuid Saúde. 2014;13(4):749-55.
- 10.4025/cienccuidsaude.v13i4.21942
- 17. Heidemann ITSB, Costa MFBNA, Hermida PMV, Marçal CCB, Cypriano CC. Primary care information system: potential for health promotion. Acta Paul Enferm. 2015 Nov;28(2):152-9. Doi:

http://dx.doi.org/10.1590/1982-0194201500026

18. Teixeira MB, Casanova A, Oliveira CCM, Ensgtrom EM, Bodstein RCA. Evaluation of health promotion practices: a look from the participating teams of the National Program for Access and Quality Improvement in Primary Care. Saúde Debate. 2014 Oct; 38 (Spe):52-68. Doi:

https://doi.org/10.5935/0103-1104.2014S005

Submission: 2018/12/05 Accepted: 2019/02/12 Publishing: 2019/04/01 **Corresponding Address** 

Ivonete Teresinha Schulter Buss Heidemann Campus Universitário - Trindade Bloco I (CEPETEC) - Centro de Ciências da

Saúde - Piso Térreo

CEP: 88040-900 - Florianópolis (SC), Brazil