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POINTS OF CULTURE AND HEALTH: CHALLENGES AND POTENTIALITIES IN THE VIEW OF THEIR COORDINATORS

PONTOS DE CULTURA E SAÚDE: DESAFIOS E POTENCIALIDADES NA VISÃO DOS SEUS COORDENADORES

PUNTOS DE CULTURA Y SALUD: DESAFÍOS Y POTENCIALIDADES EN LA VISIÓN DE SUS COORDINADORES

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RESUMO

Objetivo: identificar os desafios e potencialidades dos Pontos de Cultura e Saúde na visão dos coordenadores. ***Método:*** estudo descritivo, exploratório, de abordagem qualitativa. A produção de dados ocorreu por intermédio de entrevistas semiestruturadas, nos meses de março e abril de 2013 e analisados mediante a Técnica de Análise de conteúdo. O projeto de pesquisa foi aprovado pela pelo Comitê de Ética em Pesquisa, sob o CAAE nº 14935913.0.0000.5347. ***Resultados***: os desafios e potencialidades de coordenar os Pontos de Cultura estão no atuar dos sujeitos, na comunicação que se estabelece entre os sujeitos envolvidos e na luta pelo desenvolvimento e sustentabilidade de tais estratégias. ***Conclusão***: os coordenadores visualizam os desafios de gerir os pontos como uma oportunidade de crescimento, apresentando-se predispostos a dar seguimento às atividades já iniciadas; para tanto, se articulam visando o envolvimento da comunidade no desenvolvimento de ações promotoras de saúde. ***Descritores:*** Políticas Públicas; Participação Social; Gestão em Saúde.

ABSTRACT

Objective: to identify the challenges and potentialities of the Points of Culture and Health in the view of coordinators. ***Method:*** this is a descriptive-exploratory study with qualitative approach. The production of data took place through semi-structured interviews in the months of March and April 2013. They were analyzed by the Technique of Content Analysis. The research project was approved by the Research Ethics Committee, under the CAAE nº 14935913.0.0000.5347. ***Results:*** the challenges and potentialities to coordinate the Points of Culture lies in actions of the subjects, in the communication established among the individuals involved and in the struggle for development and sustainability of such strategies. ***Conclusion:*** the coordinators visualize the challenges of managing the points as an opportunity to grow, by presenting themselves predisposed to follow up the activities already started; to that end, they articulate themselves with the aim at achieving the involvement of the community for developing of health-promoting actions. ***Descriptors:*** Public Policies; Social Participation; Health Management.

RESUMEN

Objetivo: identificar los desafíos y potencialidades de los Puntos de Cultura y Salud en la visión de los Coordinadores. ***Método:*** estudio descriptivo, exploratorio, con abordaje cualitativo. La producción de los datos ocurrió a través de entrevistas semi-estructuradas, en los meses de marzo y abril de 2013 y analizados mediante la Técnica de Análisis de contenido. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, bajo el CAAE nº 14935913.0.0000.5347. ***Resultados:*** los desafíos y las potencialidades de coordinar los Puntos de Cultura están en el actuar de los individuos, en la comunicación que se establece entre los individuos involucrados, y la lucha por el desarrollo y la sostenibilidad de tales estrategias. ***Conclusión:*** los coordinadores visualizaron los desafíos de administrar los puntos como una oportunidad de crecimiento, se presentando predispuestos para dar seguimiento a las actividades ya iniciadas; para ello, se articulan pretendiendo el envolvimiento de la comunidad en el desarrollo de acciones de promoción de la salud. ***Descriptores:*** Políticas Públicas; Participación Social; Gestión en Salud.

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INTRODUCTION

The Points of Culture emerge as a proposal for a partnership between the ministries of Health and Culture, in the search for alternatives to work in the diversity found in Brazil, by breaking with the idea of using only medications for the treatment of pathologies and with the attempt to solve social problems with vertical external interventions, which are detached from the local reality. Thus, such strategies seek to change the reality of individuals and communities that participate in their shares, which requires actions that advance in the perspective of autonomy and creation of identities.

In 2008, the Notice 01/08 was released, which was published by both ministries, proposing strategies resulting from the union between Culture and Health, and aimed at the development of promotion activities through the conduction of social and cultural practices.[1] The aforementioned notice envisage the enlargement of Points of Culture, involving Health in so-called "Points of Culture and Health" by selecting 120 cultural initiatives conducted by public or private entities, without lucrative purposes, that could act in the sociocultural field with health promotion, disease prevention and popular education for the care/self-care in health.[2]

In Brazil, there are over 3.670 Points of Culture, which has arisen since 2004 with the desire to "unhide" Brazil, by believing in the people, enhancing what already exists and establishing partnerships with the peripheries.[3] The culture produced by subjects who lived or live the experience of suffering, medicalization, discrimination and stigma in the transformation of society is essential in the whole movement. This leads us to produce new meanings, new senses, i.e., a new social imaginary.[4]

From the Points of Culture, the agents would be recognized by the government and would have to receive funds for expanding the activities according to their situations (reforming physical spaces, hire people for conducting workshops, elaborate newspapers and newsletters). The only obligation would be to purchase multimedia equipment for the cultural production in free software. Thus, one begins to compose a network to exchange experiences and strengthen the government policy.[5]

By considering that a great difficulty among workers to mobilize and encourage the population towards the reflection and development of health is still prevalent in the reality of health services, [6] the Points of Culture and Health appear as an important strategy for changing this scenario, as they provide spaces that promote healthy living for inhabitants of communities. The actions developed in such points corroborate the idea that health is not just a matter of remedy and technical-supportive acts, and that all people are co-responsible and co-agents of their own health.

When such a relationship exists and the community participates and involves itself, one establishes a participatory process, which results from the confrontation of perspectives and priorities, both from health workers and from users. This implies respectful and solidary practices, and, to do so, it is important to know the skills and habits of the community, with basis on a process of health education that appreciates the user's subjectivity and transfer of knowledge.[7] Under this perspective, the Points of Culture emerge as permanent spaces for cultural production, reception and dissemination, thereby involving communities in the actions of socio-cultural impact.

The concept of Point of Culture involves the construction of a connected network, i.e., "a Point only becomes a Point of Culture from the moment in which it interacts and integrates itself to other Points of Culture and other organizations of civil society". [8:145] Accordingly, the Points of Culture and Health are inserted into socially vulnerable communities, by providing an attractive environment for health promotion from the culture and, consequently, the improvement of the quality of life.[1,9]

The most relevant difference between Points of Culture and Points of Culture and Health lies in the fact that the latter is connected to a Health Unit of the Primary Care Network, which causes the health professionals to participate in the elaboration of the project of the Point, of meetings as members of the working group and of proposed activities. Nonetheless, both proposals come to corroborate in the search for autonomy and empowerment, by the community, of its own developmental processes, whether they are economic, social and cultural, by valuing people of the community itself and enhancing the exchange of skills. [1,9] In short, they both work directly with health promotion.

In Rio Grande do Sul, one hospital group proposed a network of Points of Culture and Health through the Notice 01/2008, and, after two years of Policy of Culture and Health within the Group, the network was formed, as a pilot project, being the first experience in

Brazil. Initiatives like this reinforce the premise that the health systems must break with the emphasis based only on the improvement of productivity and appreciate the qualitative impact of interventions on sanitary and epidemiological indicators.[10]

In the midst of the issue presented herein, and considering the onset of Points of Culture and Health in the society, it is assumed that the coordinators of these points play an important role in the dynamics of this initiative, by envisaging new pathways to health care and motivating the local community to participate in projects with a view to promoting the health of individuals. Given this proposition, one starts from the assumption that, in this process, they find great potential for change in the quality of life of people in the own sustainability of points, as well as weaknesses that need to be identified, analyzed and circumvented to the full development of this strategy. Thus, the question is: what are challenges and potentialities that coordinators of the Points of Culture and Health visualize in this strategy? Such questioning emphasizes the proposed objective of this paper:

- To identify the challenges and potentialities of Points of Culture and Health in the view of their coordinators.

METHODOLOGY

This is a descriptive-exploratory study with qualitative approach, developed in eight Points of the Network of Culture and Health of a hospital group in the city of Porto Alegre/RS. The hospital, field of study, is part of a group comprised of four hospitals, three Psychosocial Care Centers (CAPS, as per its acronym in Portuguese), a center for education and research in health and 12 health units. Each point is linked to a particular health unit of the Primary Care of the municipality.

As for the research subjects, eight coordinators of points were interviewed, four males and four females. Of the eight participant coordinators, only one had employment link with the hospital institution, and the others were linked to the project. The criteria for exclusion of these professionals were: absence and/or unavailability during the period for collecting information and the fact of not agreeing to participate in the study.

The production of data took place through semi-structured interviews, held in the months of March and April 2013, at times and places accessible to the study subjects. It made use of questionings that sought to identify the perceptions of coordinators on the main contributions of the Points of Culture and Health for the communities to which they were intended. Their statements were recorded and, after the subjects' consent by signing the Free and Informed Consent Form, transcribed in their entirety, with warranty of privacy to all interviewees. The speeches were referenced by the letter "P" of participant, followed by the number of the interview (P1 to P8).

The analysis of data took place in the light of Content Analysis, whose organization occurs in three chronological poles: pre-analysis, material exploration and treatment of results, inference and interpretation. From this analysis, it sought to conduct a deeper interpretation of the phenomenon, by surpassing the merely descriptive scope of the manifested content.[11]To that end, a fluctuating reading was initially held, with the aim at providing an overall view of the set from previous impressions and orientations of data. Subsequently, the material exploration was performed, where the data could be coded and categorized, which allowed the representation of content. Finally, the stretches of text by categorization were distributed, with the accomplishment of a dialogue-based reading of the text of the interviews and, subsequently, there was the identification of registration units for their analysis.

The ethical aspects of researches with human beings were respected, which are advocated by the National Health Council, according to the Resolution 466/2012. The research project was submitted to the Research Committee of the School of Nursing from the Federal University of Rio Grande do Sul, and it was approved by the Opinion nº 24270 and, subsequently, to the Brazil Platform, thereby obtaining authorization to its implementation, through the Protocol nº 14935913.0.0000.5347.

RESULTS AND DISCUSSION

The analysis of data allowed the construction of three categories: (In) formation to manage the Points of Culture and Health: the action of subjects and the construction of possibilities; Communication in Points of Culture and Health: the challenge of those who experience it; and Development and sustainability of Points of Culture and Health: the need to strengthen the subjects.

♦ (In) formation to manage the Points of Culture and Health: the action of

subjects and the construction of possibilities

The contemporary scenario is presented in a context with new knowledge, which requires that one seeks to develop more critical conceptual benchmarks and approaches that enable the comprehension of a world of quick changes and great contradictions, as well as the need to be placed in a scenario in which the limits previously established for the knowledge start to face profound discussions, reviews and reflections.[12] Under this perspective, the society hopes for a subject with creative ability and leadership to act in several scenarios of the health system, thereby producing an useful knowledge and capable of providing changes in the daily lives of people, and the need for responsibility is a singular factor, with mutual implication between teaching, management, care and social participation.[13]

The approximation of an innovative reality and the mismatch of its acquisition, assimilation, access, assessment and reflection, have generated difficulties referred not only to contents and learning methods in the points, but also in relation to the way to critically assess the knowledge and its forms of use. Thus, the major challenge in the action of coordinators would be in developing new ways to manage these points, by learning about the reality of the local community and assuming an empirical training that would enable the proactive intervention in the development of these elements.

At a first moment of the interviews, the action of subjects in the space of the Points of Culture and Health was observed, since that one can realize health actions aimed at the transformation for a reality with more inclusion in the communities, thereby providing the construction and dissemination of a knowledge that permeates the walls of the health institutions:

> *[...] The idea was to appreciate the community itself, to make people to see that each community, having its characteristics, could manifest its interest by the local culture, develop, seek means of manifestation, of each one to strengthen the local culture, without abandoning the issue of health.* (P1)

> *We had a great perspective to qualify our workers and sensitize them with an intervention in the culture, in order to transform it into other forms of care.* (P3)

> *[...] I saw many spontaneous situations in which people lived at home, lived at school, lived on the streets and, at the time in which children brought this up in a very spontaneous and natural way, we could be exchanging, could be bringing our view and exchanging these experiences.* (P4)

From the set of speeches, one should highlight that the performance of subjects in the Points of Culture takes place from collectively constructed actions, i.e., by proposing the participation of all actors involved in the process and, thereby, propitiating the establishment of health practices from the subject, with regard to its social and health context.

Coordinators recognize the articulation and unity among the subjects as a way to promote people's health in the Points of Culture and Health, something that, under the perspective of these managers, is strengthened by mutual respect for the dignity, and the positions of educator and student are shared by health professionals and users of such points.

The process of (in) formation takes place in a continuous manner, characterized by the search, inquiry and knowledge exchange. Accordingly, while one teaches, one keeps searching and seeking. Thus, one teaches the reason of the search and the reason of inquiries between the educator and the student.[14]The information comes from a combination of data, assessment and judgment elaborated about a certain situation, and it is important to subsidize the process of decision-making, implementation and assessment of health actions. Thus, it is understood that the (in) formation would be essential to coordinate the Points of Culture and Health, given that the work of managers would allow the overcoming of challenges and the construction of possibilities.

It is important to analyze the concept of health that is being developed in these points, because, from it, the information and data that will subsidize the management of health systems might be better planned, implemented, monitored and assessed.[15]

> *We shouldn't think about health from illness, but from the personal construction. (P3)*

> *The fact that health is much more than drug treatment [...] goes through the working relationships and everything that is related to your body and health, but it's also culture. (P7)*

> *Health has to do with a number of aspects, especially the fact of always be connected with the joy of living. In fact, the lack the joy of living usually provokes serious health problems.* (P8)

Reports unveil that the managers of Points of Culture and Health bind the term health in the breadth that the term itself has: with personal construction, relationships, joy of living and culture. The conceptions that the

coordinators have in relation to health are crucial and guide their actions. Hence, the understanding of health promotion is a co-responsibility of the coordinators of these points, by the influence on the performance, which might, besides improving listening, strengthen bonds, thereby ensuring access to information.[16]

The merger of the concepts of culture and health, with the objective of broadening and qualifying processes of health promoting, through cultural activities, recognition of the human being as an integral being and health as quality of life, confirms the importance of actions developed in the Points of Culture and Health.

The (in) formation in health services must be guided by the strengthening of health practices supported by technologically competent models, able to stimulate a creative, autonomous and resoluteness teamwork, which is engaged in health promotion, open to social participation and committed to the humanization of health care.[17] Thus, the (in) formation essential to the coordination of points constitutes an important process to optimize actions in health services. The inexperience of the entities to manage cultural projects, in contrast, the importance of the training process to manage the points and the reciprocity between professionals and users to enable health actions in the points, consistent with the longing of people, can be visualized from the following statements:

> *[...] There were few people to work and lack of knowledge of the area, because I am a doctor who takes part in some issues of culture, but I'm not an "expert". Then, knowing how it worked, search for workshop instructors, all this was very hard.* (P3)
>
> *[...] our lack of experience in playing such a project, we realized that some things we had planned would have to be different, that the practice would be very different.* (P4)

In people that integrate the points, coordinators perceive the possibility of making a difference and the ability to transform a certain social reality, through their participation in the educational process of health practices. Accordingly, the (in) formation of the individual becomes essential to the approximation in relation to concrete conditions of existence, and it requires the construction of possibilities in the everyday of health services, to the extent that, from people, one can interpret their social contexts, by reproducing activities in these points in a permanent transformation that guides and organizes the lifestyle of the population.[12] The coordinators' speeches have presented the construction of possibility in the Points of Culture and Health:

> *I think the hardest part was keeping people in the continuity of the workshops, so that we could find a harmony between what they sought and the way in which it was running. (P8)*
>
> *The mobilization for the activities was challenging, because people are laziness to go out and perform activities. Then, we realized that we had an activity within the point and such, we had to pick up people at their homes.* (P4)

The appropriation of new strategies has proved to be essential to the development of actions of health promotion in these points, by allowing the articulation of cultural knowledge in these areas, since it enables the qualification to manage the points from the actions of all members in the activities of the point and the construction of possibilities together with the subjects. In light of the foregoing, it is possible to understand the (in) formation in Points of Culture and Health as a decisive process, an important mechanism to discuss, reflect and enhance the health practices. Thus, it is necessary to construct possibilities or enhance what already exists as new ways of thinking the doing, the teaching and the learning, in a "liberating" perspective, through interaction and collective participation.[18]

♦ Communication in Points of Culture and Health: the challenge of those who experience it

One of the main aspects that need attention for composing and maintaining the Points of Culture refers to the communication among the network's members. The study subjects mentioned that there are difficulties in communication among the team members, as well as among the institutions that comprise it. From the speeches, one can realize that the communication with health institutions, occasionally, is weakened, since the dialogue between them and the points would be loss-making still at the beginning of the activities; in addition, there was no, in some points, recognition of actions by the health units.

> *The communication with the unit has never worked. We are in the same space, but it's like we were various miles away. (P2)*
>
> *Nobody has thought about Point of Culture as an extension of the health unit, people from the health unit did not walk for four blocks to reach the space and use it. (P4)*
>
> *Initially, the health unit participated in the development of the project, but, during the implementation of the project, there was a*

great removal due to the replacement of managers of the unit. (P8)

The construction of a health network, proposal of the Points of Culture, implies more than offers of services in the same geographical territory. It implies the act of putting into question: how these services are being relating? What is the standard communication established among the different teams and different services? What models of care and management are being produced in these services? [19]

Given this, it is necessary that the health services seek to absorb the wealth of the popular culture of populations that interpret and explain the reality, by reproducing patterns of sociability in constant manner. This culture is the set of productions in permanent transformation that guides and organizes the lifestyle of the population.[4] Furthermore, by considering that many interventions of the health units, such as groups for health promotion and groups for enhancing the quality of life could be conducted in these points, with the participating public itself in the workshops, who are inhabitants of the communities, these strategies would minimize this aforementioned removal.

The development of networks is presented as a complex task, by requiring the implementation of technologies that qualify the encounters among different services, specialties and skills. Having more services and more equipment is essential, but is not enough. One should also ensure that the expansion of the health coverage is accompanied by an expansion of the communication among the services, thereby resulting in more efficient and effective processes of care and management that provide a comprehensive care in the Points of Culture and Health. These processes of interaction among the services and among these services and other social movements and policies that turn the Points of Culture and Health into constant producers of health in a given territory with accessibility, integrator and humanized.

The communication among members of the network and of its managerial entity showed difficulties, since there was a removal of three Points of Culture and Health of the referential health units. These difficulties in communication also generate reduction of the effectiveness of the proposal and non-implementation of established goals, as expressed in the coordinators' speeches below:

The distance of the entity that manages the network, the lack of communication, the short terms related to the delivery of documentation was increasingly letting us away. (P2)

The difficulty in communication with the managerial entity lasted until the end and it was ended in that way. (P4)

The construction of these regionalized networks for attending the culture and the health can strengthen the cooperation processes, by contributing to the reduction of inequalities, as well as expanding the degree of co-management among different actors, through the agreement of complementary and interdependent responsibilities on the production of health.[19] Thus, it requires that the Points of Culture and Health develop mechanisms of co-management of policies, collective spaces for the encounter of the differences of a plurality of subjects and different policies for the production of understandings and common action, which result from negotiations, production of consensus and hiring of tasks in collective manner. Accordingly, integrating the set of actions of different areas and sectors enables the construction of shared and co-responsible actions, thereby preventing overlap of actions and competition for resources, as well as removals due to poor communication or disruptions of mutual objectives, because these same spaces must be facilitators of communication.[19,20]

The Points of Culture are not, simply, a polyarchical arrangement among different actors endowed with certain autonomy, but a search engine that seeks, deliberately, in its institutional plan, to deepen and establish stable patterns of interrelationships among its members and the community that actively participates in this process. The main advantages generated must enhance the learning ability, the functioning as channels for disseminating knowledge and use of existing information to produce new skills, by allowing diversified bonds between actors and organizations, reducing disparities, removals and turning, actually, the Points of Culture and Health into means for enhancing quality of life and empowering its subjects.[20]

♦ Development and sustainability of Points of Culture and Health: the need to strengthen the subjects

The subjects highlighted the importance of coordinators and community act in partnership with the aim at providing development and sustainability for the Points of Culture and Health. In this sense, the articulation of managers to engage users in

activities that could promote the feasibility of such points was crucial. Accordingly, the points emerge as a strategy to articulate the demands and needs of social subjects, in an attempt to alleviate the exclusion; to that end, they seek the cooperation and involvement of all actors involved in the process, by aiming at implementing actions that promote health.

> *[...] involving people in the generation of employment and income and in something they like, makes them to recover their self-esteem and the outcome of this work is profoundly satisfactory, and this is a great characteristic of solidary economy.* (P8)
>
> *The focal point of the Point of Culture is to show that they are not alone [...] because, at the moment in which they come out of their homes and meet with other people, they already have the ability to exchange information, make other types of campaigns, so it emerges other projects.* (P1)
>
> *[...] we started to work, we were receiving the support of people, children were involved on it, and it was becoming easier and we start to see a meaning in what we were conducting.* (P4)

The coordinators expose the articulation of their actions, by listing the activities and cultural products developed in such points with aspects that suggest a search for solidarity economy. The solidarity economy might be regarded as a proposal for a sustainable and inclusive development, which is essentially characterized by collective production and management. In this guideline, the proposition of a new consciousness is emphasized, which allows not only enhance the local development of these actions, but also the traditional knowledge, the freedom to overcome limitations and the respect for the nature.[3]

The strengthening of the shared production and the involvement of society in the construction of new collective actions result in the expansion of the popular protagonism in the struggle for the right to health, and this is an important strategy to include the system users in their own health.[21] Coordinators draw attention to the importance of information exchange in strengthening partnerships and creating new projects that promote not only the development, but the sustainability of these points. When we share, we learn more, since it generates a new way of thinking, improved by new skills and ways of seeing the world. Thus, people can weave up supportive networks, by integrating new competences, articulating sectors of society, involving people and, above all, sizing their actions for the strengthening of the comprehensiveness of the subject.[22]

> *[...] disseminating actions in the community and make them interesting in such a way that people get aware to go, because we shouldn't forget that the foundation of all this is that people go into the point and that the point goes out to meet people on the streets.* (P5)
>
> *The Points of Culture were developed to allow people to effectively reach the tip, but the tip suffers from the lack of a set of issues [...] this hinders and makes the program to lose its own essence, and this is reviewed with dialogue, discussion.* (P6)

A concern that is pretty highlighted by the coordinators of the points was the need of individuals to be increasingly engaged with the actions developed in these strategies, so that they could better understand and strengthen their democratic role in the constitution of the Brazilian Unified Health System (SUS, as per its acronym in Portuguese). Thus, incorporating the popular health education as a democratic practice is important, both to elaborate public health policies and to generate impact in the improvement of the quality of the public health, and it is indispensable, and, therefore, encouraged, expanded and preserved.[21]

The non-recognition of the management about the duty itself, and of the community in relation to its rights, causes local problems are treated in a generalized manner, without a proper attention to specific approaches of that population, which culminates in a verticalized and ineffective health system.[23] Such aspects were quite stressed by the coordinators, as a need to enable the strengthening of the subjects in the face of the difficulties encountered in the implementation of the Points of Culture. There was consensus among the subjects with respect to the need for more investments and a special care for strengthening strategies like these, because, infrastructural problems and of physical space, closure of covenants by the managerial entity and the lack of continuity of actions and projects for political reasons have proved to be limiting and hindering factors for the development of actions in such points, along with the community.

> *[...] we didn't have the physical space. Constituting that space with little money in a place that was totally messed up. (P4)*
>
> *Unfortunately, it was interrupted by numerous difficulties in the organization of the points and then we could not conduct all the actions of the project [...] there was a great expectation. (P3)*

> *These policies come from the government, and, when the government is replaced, they are abandoned; this is a very important issue for us to think, since we are submitted to this ephemerality. (P5)*
>
> *We find people on the streets and ask when they will go back to the workshops, parents want to continue because their children were involved and had a different attitude of life.* (P8)

The poor acceptance on the part of the community was notable with regard to the completion of the project, often at the time in which they were more involved. The establishment of a different policy for every four years (policy of continuity) after the elections in the country, as well as the lack of continuity of actions and projects of previous governments, propose a reflection about this situation of instability: what should we do to ensure that actions do not recede with the change of political parties of the government?

Under this perspective, the use of materials and professional incentives acquires a great interest as a managerial tool in the health services and in the management based on results and staff, given the constant challenges currently presented by the reforms in the health sector in force in the world. In this case, they would enable the optimization of components of the productive process, by contributing to the achievement of the objectives of the health policies, and, consequently, generating impacts on the population's health.[6,24]

The sudden closure of the Points of Culture leave marks in the communities, which express the desire and need for continuity, by defying entities and managers to proactively act in the development and sustainability of social actions like these. Nevertheless, the visualization of challenges and perspectives on the part of the coordinators, singly, reveal their willingness to follow up these activities already started earlier and overcome possible barriers, thereby conquering users and considering, in this way, the challenges as a way to grow.

CONCLUSION

The results of this study have revealed that the Points of Culture and Health are strategies of sharing of different forms of artistic and cultural creation, by expanding spaces for articulation with the community, and that enhance actions of health promotion, by enabling improvements in the quality of life and well-being of users.

The articulation and partnership are key components for the development and sustainability of the Points of Culture, at least from the perspective of their coordinators, who recognize the benefits of such initiatives. But, in contrast, they indicate strong barriers that hinder their accomplishment. Among the most emphasized aspects, the results and analysis of data suggest that the challenges and potentialities of the Points of Culture and Health are in the (in) formation required to manage such points, a fact that refers not only to the sense of a formative basis to allow coordinators to be leaders in the process of driving these points, by developing and indicating new ways and possibilities; as well as the information that is disseminated to users and members of these points, being that it is essential to analyze and reflect on the performance of these subjects from their conceptions of health.

Another data that expressed strong meaning to these coordinators was in the communication established in these points. The subjects expressed disagreement in the face of the lack of support from groups that should be articulated and involved with the initiative. They have demonstrated that it is necessary to establish communication beyond the points, through a shared perspective, which favors the elaboration of co-management mechanisms for the sake of common health actions, which would be resulting from best negotiations, productions and collective consensus, something that still appears as a challenge to be overcome by these subjects.

The coordinators expressed the importance of the popular qualification for the development and maintenance of such points, and the conversation between coordinators and community is the starting point, by seeking articulation to give greater visibility and allow the development of actions of health promotion. For the participating subjects, it is necessary to conquer users, so that they reach the points, but, after their insertion, only being a part is not enough, since it needs to enable greater cooperation among them, in order to make them more aware of the reality that surrounds them; to that end, they must be willing to do politics within the community and encouraged to produce culture in the broadest sense, through the use of educational tools that allow sharing the cultural production with a view to optimizing health-promoting actions.

The coordinators of the Points of Culture were able to seize the initiative along with the Ministries of Culture and of Health, by developing social technologies of cultural production, which are disseminated by the community and by the health care network.

Nonetheless, the development of such strategies requires a range of financial incentives and of propositive actions, mostly on the part of the government, and that these coordinators cannot always achieve. Besides government incentives, it requires the continuity of the solidary collaboration with other groups with similar interests and with the community, which, through popular participation, will be key authors in creating public policies consistent with the social reality of the contexts in which they live, thereby presenting a strong social impact.

These are just some examples of challenges and potentialities experienced by coordinators in the Points of Culture and Health, throughout their performance. However, a more extensive listing of contributions, which are facilitating factors for health promotion and improvements in quality of life, does not conceal or disguise the large amount of difficulties that delay the development and sustainability of strategies like these in the country. Accordingly, it becomes essential to cooperate with local and community initiatives of cultural production, so that the Points of Culture and Health are able to develop and organize themselves in a more sustainable and economic way.

The coordinators visualize the challenges of managing the points as an opportunity to grow, by presenting themselves predisposed to follow up the activities already started; to that end, they seek the development and the sustainability of such points along with the community. They believe in changes, in community empowerment and in the development of actions that allow the improvement of the quality of life, and, above all, believe that, from popular commitment and collective action, new public policies able to provide future results might be strengthened and/or created.

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