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HEALTH PROMOTION IN THE FAMILY HEALTH STRATEGY: VISION OF COMMUNITY HEALTH AGENTS

PROMOÇÃO DA SAÚDE NA ESTRATÉGIA SAÚDE DA FAMÍLIA: VISÃO DOS AGENTES COMUNITÁRIOS DE SAÚDE

PROMOCIÓN DE LA SALUD EN LA ESTRATEGIA DE SALUD DE LA FAMILIA: LA VISIÓN DE LOS AGENTES DE SALUD DE LA COMUNIDAD

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ABSTRACT

Objective: recognizing the health promotion concept of community health workers in family health teams. **Method:** a descriptive, exploratory study, of a qualitative approach, performed in Passos/ Minas Gerais/Brazil; with 27 community health agents (CHA). The data production was conducted through semi-structured interviews and the speeches analyzed by thematic analysis technique. The research project was approved by the Research Ethics Committee, Opinion 48/2011. **Results:** the answers were organized into two thematic units: Health promotion as a synonym for disease prevention and complications; Health promotion issues associated with gifts in the Ottawa Charter. **Conclusion:** community health workers have heterogeneous views about the meaning of health promotion, passing both the biomedical model as for the issues outlined in the Ottawa Charter. **Descriptors:** Health Promotion; Family Health Program; Community Health Agents.

RESUMO

Objetivo: conhecer o conceito de promoção da saúde dos agentes comunitários de saúde de equipes de saúde da família. **Método:** estudo descritivo e exploratório, de abordagem qualitativa, realizada em Passos/MG/Brasil, com 27 agentes comunitários de saúde (ACS). A produção de dados foi realizada por meio de entrevista semiestruturada e as falas analisadas mediante a Técnica de Análise temática. A pesquisa teve aprovado o projeto pelo Comitê de Ética em Pesquisa, parecer 48/2011. **Resultados:** as falas foram organizadas em duas unidades temáticas: Promoção da saúde como sinônimo de prevenção de doenças e complicações; Promoção da saúde associada a questões presentes na Carta de Ottawa. **Conclusão:** os agentes comunitários de saúde possuem visões heterogêneas sobre o significado da promoção da saúde, perpassando tanto pelo modelo biomédico, quanto por questões expostas na Carta de Ottawa. **Descritores:** Promoção da Saúde; Programa Saúde da Família; Agentes Comunitários de Saúde.

RESUMEN

Objetivo: conocer concepto de la promoción de la salud de los trabajadores de salud comunitarios en los equipos de salud de la familia. **Método:** un estudio exploratorio y descriptivo, de enfoque cualitativo, realizado en Passos/Minas Gerales/Brasil, con 27 agentes comunitarios de salud (ACS). Los datos de producción se llevaron a cabo a través de entrevistas semiestructuradas y discursos analizados por la técnica de análisis temático. El proyecto de investigación fue aprobado por el Comité de Ética de la Investigación, Opinión 48/2011. **Resultados:** las respuestas se organizaron en dos unidades temáticas: Promoción de la salud como sinónimo de prevención de enfermedades y complicaciones; Promoción de la salud asociada con las cuestiones en la Carta de Ottawa. **Conclusión:** los trabajadores comunitarios de salud tienen vistas heterogêneas sobre el significado de promoción de la salud, que pasa tanto por el modelo biomédico, como para las cuestiones que se indican en la Carta de Ottawa. **Descriptores:** Promoción de la Salud; Programa de Salud de la Familia; Agentes Comunitarios de Salud.

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INTRODUCTION

The Family Health Strategy (FHS) was proposed for the restructuring of Primary Health Care (PHC), in accordance with the precepts of the Unified Health System (SUS).¹ The FHS supports the concept that proposes the adoption of a "new vision" of health social construction, where all the social determinants of this process are considered in practice, seeking quality care for users of this health service.²

One of the main functions of the Family Health Team is to developing health promotion activities those result on the improvement in the quality of life of attached users. Health promotion is a production strategy that contributes to the health building actions to adequately address the social needs of health by stimulating and strengthening the role of citizens.³ Thus, the effectiveness of a health promotion action is displayed when results in real-life conditions favorable to health, presenting sustainability.²

Thus, points out that to produce health, in terms of building quality of life, it is necessary to review the modes of organization of health care services and joint strategies with other sectors to address the terrible living conditions experienced by significant portions of the population.⁴

For the development of these actions, the team needs to establishing and create bonds of commitment and responsibility to the users;⁵ and to this, counts with the help of the Community Health Agent (CHA), team members who share the same social space community and therefore knows limiting the development of quality of life that is present in the territory. In addition, the CHA can be an important mobilizing the community, encouraging popular participation in health, essential for effective practices to promote health.

Considering that the concept that the health professional has on health promotion will significantly influence his practice, both in structure and in the development of health initiatives,⁶ and based on the assumptions presented, the following question arose that mobilized the development of this study: "What is the conception that the CHA, working in teams of Family Health of the city of Passos-MG have on health promotion?"

It is noticed that the dynamics of knowledge about health promotion makes evident the importance of the FHS to building a working knowledge in practice. Given this context, this study aims to:

- Recognizing the concept of health promotion of community health agents in family health teams.

METHOD

The present study was extracted from the monograph <<*Shares for health promotion developed by the teams of the Family Health of Passos-Minas Gerais: the vision of community health workers*>>.

This is a descriptive and exploratory research with qualitative data analysis.^{7,8} The study population consisted by CHA of teams of Family Health in Passos / MG. The municipality had an estimate population for 2012 of 107.661⁹ and has 17 FHS's, covering 54% of the population.

The study was developed in approximately 50% of the teams; ie, nine teams of the Family Health. To proceed on the selection of nine teams it was used the simple design. For the selection of CHA there were adopted the following criteria: working in Family Health Teams performed, be present in the facility on the day and time of data collection; agreeing to participating in the research. Agents who were present on the day of the start of data collection were also selected through simple draw of three CHA from each team, totaling 27 CHA's.

The data production was held in 2012, through the use of recorded semi-structured interviews.⁸ The application of the interview followed the phases: 1) Contacting the nurses in charge of the Family Health Units designated, whose purpose was to obtain authorization for this study; 2) Contacting the CHA's unit present on the day and time of data collection; 3) Explanation regarding the objectives and procedures of the study and invited to participate; 4) Formalizing acceptance of the CHA by reading and signing the consent form; 5) Application of the instrument for data collection.

It should be noted that data collection occurred only after the approval of the Research Project by the Research Ethics Committee in Humans of the University of Ribeirão Preto (UNAERP), according to ComEt.: 48/2011, thus following the provisions of Resolution No. 196/96 of the National Council on Ethics in Research-CONEP.

The data were analyzed using thematic analysis that enabled the discovery of the core of meaning that make up a communication.⁸ The analysis was conducted with reference to the Ottawa Charter, which is considered a milestone for health promotion.

RESULTS AND DISCUSSION

The subjects studied were predominantly women (21 CHA), aged 20-30 (09 CHA), had completed high school (22 CHA), married (14 CHA), residents in the community of FHS coverage where they act (21 CHA), being that 07 CHA residing in the community from 11 to 20 years. The operating time in FHS ranged from 01 month to 14 years, and the time of performance of the CHA in the FHS those worked at the time of data collection ranged from 01 month to 10 years and 02 months.

By analyzing the speeches of CHA, it was observed that they have diverse visions on the meaning of health promotion, passing both the biomedical model as for reasons outlined in the Ottawa Charter. Thus, two thematic units were found: Health promotion as a synonym for disease prevention and complications; Health promotion issues associated with tasks present in the Ottawa Charter. These thematic units are described below.

• Health promotion as a synonym for prevention of diseases and complications

The association of health promotion on the prevention of diseases is referred to the proposed by Leavell and Clark model, which uses the idea of health promotion based on natural history and prevention of diseases consisting of three levels: primary, secondary and tertiary prevention.⁶ In this model, health promotion is linked to the first level of prevention, primary prevention.

Primary prevention consists in the development of measures to an overall better health, being health education an important element in order to reach this objective.¹⁰ It is clear, therefore, that the promotion of linked health disease prevention focuses on individual in actions whose purpose is to provide the person to better health conditions. This association of health promotion disease prevention can be verified in the statements below:

Look, for me promoting health and preventing diseases, is the prevention of diseases, is providing guidance for people to prevent diseases. (CHA 14)

Working on diseases to be preventable, we work more on prevention, preventing disease. Work not only on curative part, but prevention. (CHA 16)

You make sure they understand it is an orientation so that they will be prevented, so that they prevent disease and may have more health, they can live in a preventive manner. (CHA 18)

In these speeches it is observed that the CHA directly bind to designing health promotion on disease prevention. Note also that the measures cited as promoters of health relate to individual actions, such as the guidance provided to the population for the prevention of diseases.

Linking health promotion with providing guidance seeking disease prevention is also evident in the speech of the following CHA. According to these CHA, the guidelines provided these users are a way to promote the health of these people:

[...] You guide the population you are promoting health [...] (ACS 9)

You steer, dispel doubts about the difficulties of the patient, would steer. (ACS 12)

It is our duty, professionals who have to make the promotion of health [...] get information for all people in your area and beyond information you can steer, guide, talk [...] Sometimes a conversation you have a direction you give the person already gets more reassured and prevents other future health problems. (ACS 22)

An important point highlighted by CHA 22 refers to the duty of health professionals to providing guidance to service users, seeking on health promotion. In the speeches of CHA 20 and 26, then this issue can also be found, since they consider that the promotion of health becomes responsible for people's need to orient correctly, to transmit knowledge to users:

Health promotion for me is to have responsible people and willing to do for others, without exception, so that people can be well informed and properly oriented on diseases, medications, and know how to prevent various health problems. (CHA 20)

It be seeking knowledge and be looking to take the promotion too, because it's no use you gain knowledge and stay with it, it has to be leading to the population. (CHA 26)

The development of health promotion practices, as quoted by CHA 20 and 22, is a duty and a responsibility of health professionals, especially those working in the PHC.

It becomes important, therefore, incorporating and implementing actions to promote health, with emphasis on PHC. Soon, the professionals working in the PHC, focusing on acting for the FHS, must seek to promote the health of enrolled population for health services.^{1,3}

This importance of the family health team within the context of health promotion can be seen in the statements of the CHAs as follows:

And the PSF we also do health promotion that is passing information, vaccination status, if the person takes drugs or not, if she does physical activity, as it is the food, you sleep well, if it is pregnant, is known prenatal care. Then you follow it, the fact is from sunrise until this person is well elderly, preventing accompanies us somehow. (CHA 15)

Health promotion is to be passing information and guidelines, go to the population information and guidance that may help them find solutions to their health problems, along with the entire staff of the PSF. (CHA 21)

However, it is evident in the speeches that the CHA mentioning only individual actions and preventive approach, such as providing guidance seeking help users find solutions to health problems, check vaccination status, and medications related to the behaviors adopted by people (practice physical, nutrition activities, sleep patterns).

On the other hand, it should be emphasized that the focus of health promotion centered on the individual, with a limited projection for families and groups, it is inappropriate for cases of chronic non-communicable diseases.¹⁰

In the following quote, it may be noted that the CHA is associated with health promotion disease prevention. However, you can also see that this CHA already recognized the importance of the environment in which the person lives in the context of prevention:

So, it is to promote health, prevent disease you, so you know the individual as a whole, the environment in which he lives, all in order to avoid the disease itself [...] Prevent diseases, in order thus not only the person but also looking at the environment he lives, external causes, the causes of family, sometimes causes the familiar set up another physical or psychological illness. It would then be the prevention of disease in all your mind. (CHA 16)

In the statements below, it can be understood that the CHA associate health promotion with the development of activities to guiding users about the importance of adopting healthy behaviors for the prevention of chronic diseases:

I think it is above all the prevention. It is preventing people from certain types of diseases. It is, for example, go to the houses and on preventing hypertension, such as health care not to have hypertension, diabetes [...] give guidance to people [...] to be preventing. (CHA 6)

Promoting health care is happening before the disease is to prevent [...] For example, an activity that here at PSF has campaigned against hypertension against diabetes, prevention of breast cancer, prevention of

cervical cancer, guide people about condom use, understand? (CHA 11)

These CHAs believe that health promotion is related to the provision of guidance to users on measures for the prevention of chronic noncommunicable diseases (CNCD); as hypertension, diabetes, cancer (cervical and breast).

The targeting of actions developed by health teams may be facing, often for specific diseases and target groups, also called risk groups.⁶ However, it should be stated that health promotion must become a collective activity, transcending activities and individual decisions.¹¹

It is observed that the actions cited by CHAs do not cover the community as a whole. Traditionally, the ways of life have been addressed in individualized and fragmented way, where subjects / communities become solely responsible for the various changes in the health / disease process, throughout their lives. However, the score is that in a comprehensive health perspective, the ways of life do not relate solely to the exercise of the will and / or individual freedom and community.³

The concept of health promotion has also been linked to the prevention of diseases and complications. Therefore, the actions of health promotion intended to prevent individuals with certain disease (such as hypertension), have complications and require prompt medical attention, as seen in the following narrative:

I think so: promoting prevention. We promote health is to talk with the diabetic, with hypertension, with the pregnant woman, that to me is health promotion, is we do not give tips to happen worse. (CHA 4)

Are you trying to prevent the person reaches the state of need of immediate medical care, is what we try to do. (CHA 23)

Through the analysis of these speeches highlight the passages "is we do not give tips to happen worse" "try to prevent the person reaches the state of need of immediate medical treatment". In these passages shows the association of health promotion in the prevention of complications.

It is known that prevention of complications, resulting from pathology, is an action that has significant importance. However, this action should not be confused with health promotion, since partnerships of different ministries (Education, Cities, Sport, Land Development, Social Development, Environment for the promotion of health within the context of NCDS, are required,

Agriculture, Labour and Planning), secretaries (Special Human Rights, Public Safety), transit agencies, non-governmental organizations, business and civil society, seeking to develop interventions that overcome the determinants of health/disease process, impacting positively on reduction of these diseases.¹²

Despite the association between prevention of disease and promotion of this, in the words of the CHA, it is believed that the difference between the approaches of health promotion and disease prevention encompasses a variety of factors, ranging from the principles and concepts that have health until the developments of shares.⁶

It presents a critique of the concept of health promotion as a synonym for disease prevention, since even among respected theorists Promoting these two terms, prevention and promotion, appear often, closely linked. Health promotion to differentiate prevention, characterized by interventions whose ideal would be "permanent disposal, or at least enduring, because the disease would seek to achieve its basic causes, and not only prevent the disease manifest in individuals and collectivities individuals".^{13:37}

Another criticism made refers to the priority given to the disease, since the health will not be achieved simply by the care of sick people, the disease is considered by many as "an adverse condition which can only be tackled by individual or collective consumption of products and services (both curative as preventive nature)".^{13:31}

This prioritization given to the disease by health professionals can be noticed in the statements below, because although be referring to health promotion, the CHA does not cite health measures, but measures to act on the disease, prevention measures are or curative measures:

Then promote health is primarily prevent illness. For me health promotion occurs in two stages, when we develop disease prevention activities and when we treat the disease [...] When we develop disease prevention activities we are promoting health, because we gave, we give information to that the person does not get sick, then promoted her health. And when the person is already sick and do an intervention, a curative activity, we are also promoting her health because it allows her to be healthy again. (CHA 7)

Health promotion is when one deals with prevention, I believe [...] explaining what each disease that comes on the drive, such as hypertension, showing nicely. (CHA 13)

Promoting health is [...] detect people who are lacking something, diseases like hypertension, diabetes, leprosy, things that happen in the area in which you are working. So, it becomes easier you're directing people to seek the health post to be taking the appropriate action to be solved the problem she is having [...] (CHA 27)

Thus, health promotion aims to be a new way of understanding health and disease, seeking to break paradigms, advocate incorporating equity and social control in the management of public policies.^{3,13}

● A broader view of health promotion, coupled with the issues present in the Ottawa Charter for health promotion

The meaning of health promotion was changing, assuming, in actuality, a political and technical approach around the health/disease/care process. Thus, health promotion, modernly, is characterized by the realization of the importance of the broad determinants of health conditions.¹⁰

It is important to note that social conditions are the basis for a health standard of a population, as well as the position of each individual in society also sets itself as a key determinant of their health.¹⁴

It is known that the modern movement for health promotion began with the publication of the Lalonde Report in 1974. WHO, in 1978, in collaboration with the United Nations Fund for Children (UNICEF), convened the First International Conference on Primary Health Care, held in Alma-Ata. The conclusions and recommendations made in Alma-Ata brought reinforcement to the defenders of Health Promotion.¹⁰

In 1986 was held in Ottawa, Canada, the First International Conference on Health Promotion Later International Conferences on Health Promotion in Adelaide (1988), Sundsvall (1991), Jakarta (1997) 10 and more recently were held in Mexico (2000) and in Bangkok (2005). Through these conferences was the expansion of the concept of health promotion.

The Ottawa Charter was marked as an important document about the meaning of health promotion, as previously mentioned. In this paper it is worth noting some key points of health promotion as intersectionality, the conditions and resources necessary for health (such as housing, food, education, income, peace, social justice, equity, stable ecosystem, sustainable resources), and empowering and strengthening community action.¹⁵

The association of the conditions necessary for health with the design of health promotion can be seen in the speech of CHA 1. It should be noted that this binds the CHA health promotion health-related issues (such as diet, social life and family, activity physical) and not the concept of disease.

Health promotion [...] is a set of factors, he eating, physical activity, social interaction with family and other people. (CHA 1)

Health promotion is a strategy that seeks joint production of health in ways of thinking and operating linked to other policies and technologies developed in the Brazilian health system, aimed, therefore, an appropriate response to the social needs of health.¹¹

Health promotion, linked to the development of actions, in order to act on the health / disease process, not letting the disease occurs, can be observed in the speech of CHA 19 below:

It is involved in actions that promote health / disease process, acting on it, not letting the disease from happening by acting on the things that can cause a person to get sick. Promoting health for me is this. (CHA 19)

Strategies for health promotion should be directed to the entire population, considering the context in which these people live, seeking to change the situation of individuals and the environment. Thus, the actions of health promotion should focus on the health / disease process and act on their determinants and constraints.⁶

As regards the NHS, health promotion is seen as a strategy which allows to highlight the aspects that determine the health / disease in Brazil (violence, unemployment, inadequate or no housing, poor sanitation, hunger, hardship process access to education, unplanned urbanization, etc.), leveraging broader forms of acting on this process.³ Thus, for health promotion is necessary to develop various strategies to intervene in the reality of the population. These actions must be planned and anchored on health care and recognition of the social determinants of health / disease process.⁶

Partnerships, seeking the development of interdisciplinary and intersectoral action for better health, were also related to health promotion. In speaking of the CHA 1 we note the reference to partnerships as an important means to provide individuals with health conditions:

Guide them and provide, not good just because you take the information, you have to be together, providing that person to be developing that [...] It is to be providing, with teams of partnerships [...] (CHA 1)

Interdisciplinary and intersectoral actions are important for the promotion of health. Soon, through intersectoral can involve various segments of society for health.⁶

Despite the importance of intersectoral approach to health promotion, sometimes the actions of health promotion has developed interdisciplinary focus, and when the involvement of other sectors occurs, there is no prospect of joint and integrated action. However, it points out that even considering the difficulties faced, the intersectoral approach is presented as a way of challenging work. Therefore, the FHS has the role to contribute by acting as a facilitator of the process, so that the intersectionality becomes reality in the SUS.¹⁶

Community participation, in the context of health promotion, was also evident. For CHA 2, health promotion means the participation of users, the community as a whole, the activities proposed by the FHS, as can be seen in his speech:

So I think for me it means [...] the importance of their participation in activities, not only for the patient and for the community [...] (CHA 2)

The active involvement of local people is essential to the success of initiatives aimed at promoting health since the people of the community served, if stimulated, demonstrate skills and gain confidence, being able to produce and promote action plans based on the needs found in the community.¹⁷

It is noteworthy that in addition to community participation in the activities developed by the teams, you need to stimulate the leadership of these subjects. Health promotion should seek to strengthen the role of citizens, by creating mechanisms of mobilization and participation of the people in matters relating to health.^{3,18}

The Ottawa Charter for health promotion still punctuates that health promotion must stimulate concrete and effective Community actions aiming at the improvement of health conditions. And it emphasizes that the increase in the power of community is essential to this process.

Thus, by means of lines present in this thematic unit, it is evident that these CHA have a broader view of health promotion, once mentioning several points present in the Ottawa Charter. Therefore focused on the vision of health promotion health-related, and not the disease, and ways to promote it:

[...] So we can offer to the public option, not only it be coming here to take medicine, but option for her to know what is good for

her health, which will be able to improve her health. (CHA 5)

The name says it all, promotion, you have to do in a way that health happens in the best way possible, seek all possible ways to have a good health, enjoy good health. (CHA 8)

It is the quality of health. (CHA 25)

The broader concept of health promotion enables the development of an enhanced vision of the socioeconomic and cultural context of the population, understanding and considering the determinants and determinants of health / disease.⁶ Therefore, the process for health promotion, health should be seen as a right of all citizens, as provided in the Brazilian Constitution. People therefore have the right to live in healthy environments. Also stresses that many diseases may cease to exist if the man change his lifestyle, spending to build and live in healthy cities, to live harmoniously with their peers and with the environment, and stop supporting economic development policies socially exclusive.¹³

CONCLUSION

In this study it was possible to make some statements relating to health promotion within the FHS, the point of view of the CHA. It presents a mixed view on the concept of health promotion. Some CHAs have a view of promoting health-related issues present in the Ottawa Charter, as the social determinants of health, intersectoral and community participation. However, the prevailing conception was associated with prevention of diseases and complications.

It is noteworthy, given these results, the need for greater awareness of CHA on the design of effective health promotion in the National Policy for the Promotion of Health, with a view to achieving a greater impact by their actions, considering the importance of effective this strategy to the quality of life.

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