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CASE REPORT ARTICLE

ART AND HEALTH PROMOTION: REVEALING THE HISTORY OF A TEACHING HEALTH CENTER

ARTE E PROMOÇÃO DA SAÚDE: REVELANDO A HISTÓRIA DE UM CENTRO DE SAÚDE ESCOLA

ARTE Y PROMOCIÓN DE SALUD: REVELANDO LA HISTORIA DE UN CENTRO DE SALUD ESCUELA

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ABSTRACT

Objective: to report the experience of the commemorative history of 70 years of a health center, bringing together art and health promotion, the work process of the team and the local health council. **Method:** descriptive study, experience report design, regarding the joint operation of the team, local council, users and representatives from the University of São Paulo in the execution of the event. Five commissions were created: cultural, ceremonial, catering, clothing and promotion. Six meetings were held before the event, between October 7th and October 11th of 2013. **Results:** the program included: youth philharmonic, circus and theater spectacles, dance musical, *chorinho*, choral presentation, ballroom dancing, handcraft workshop, documentary showing and round tables about health. The average daily attendance was of 90 people. **Conclusion:** the group showed potential for "new" health care work, valuing cultural and artistic expressions as integrating parts of health promotion and the perspective of transformation of the work process. **Descriptors:** Primary Health Care; Social Participation; Health Promotion; Art

RESUMO

Objetivo: relatar a experiência da história comemorativa de 70 anos de uma unidade de saúde aproximando Arte e Promoção da Saúde, processo de trabalho da Equipe e Conselho Local de Saúde. **Método:** estudo descritivo, do tipo relato de experiência, sobre atuação conjunta da Equipe, Conselho Local, usuários e representantes da Universidade de São Paulo na realização de evento. Foram criadas cinco comissões: cultural, cerimonial, alimentação, camisetas e divulgação. Sucederam 6 reuniões antes do evento, realizado de 7 a 11/10/2013. **Resultados:** a programação contemplou: Filarmônica Juvenil, espetáculo teatral e circense, musical de dança, *chorinho*, apresentação coral, baile dançante, oficina de artesanato, exibição de documentário, e rodas de conversa sobre saúde. A frequência média diária foi de 90 pessoas. **Conclusão:** o grupo evidenciou um potencial para "novo" trabalho no serviço de saúde, valorizando manifestações culturais e artísticas como integrantes da promoção da saúde e perspectiva de transformação do processo de trabalho. **Descritores:** Atenção Básica à Saúde; Participação Social; Promoção da Saúde; Arte

RESUMEN

Objetivo: narrar la experiencia histórica conmemorativa de 70 años de una unidad de salud uniendo Arte y Promoción de Salud, proceso de trabajo del Equipo y Consejo Locales de Salud. **Método:** estudio descriptivo, tipo relato de experiencia, sobre actuación conjunta del Equipo, Consejo Local, usuarios y representantes de la Universidad de São Paulo en la realización del evento. Fueron creadas cinco comisiones: cultural, ceremonial, alimentación, casacas y promoción. Hubo 6 reuniones previas al evento, realizado del 7 al 11/10/2013. **Resultados:** la programación incluyó: Filarmónica Juvenil, espectáculo teatral y circense, musical de baile, danzas regionales, coros, baile, taller de artesanías, proyección de documental y rondas de conversación sobre salud. La asistencia promedio diaria fue de 90 personas. **Conclusión:** el grupo expresó potencial para un "nuevo" trabajo del servicio de salud, valorando manifestaciones culturales y artísticas como parte de la promoción de salud y perspectiva del proceso de trabajo. **Descriptores:** Atención Primaria de Salud; Participación Social; Promoción de la Salud; Arte.

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INTRODUCTION

The comprehensive health care process is a basic mission of the SUS (Brazilian Unified Health System) and the Primary Health Care, through the Family Health Strategy, and includes health promotion and protection, the prevention of health dangers, diagnosis, treatment, rehabilitation, harm reduction and health maintenance aiming to develop comprehensive care that impacts the health situation and autonomy of people and the determinants and conditionals of public health and is defined as the structural axis for the (re) organization of health care practices at SUS.¹ SUS has been capable of causing important repercussions in Family Health Strategy through a new health care concept, having the family and its social space as the basic care space.² It is developed through care and management practices, both democratic and participative, in the form of team work directed at populations from defined areas, for whom it takes sanitary responsibility, considering the dynamics present in the area where these populations live.¹

Primary Health Care uses complex and varied care technologies, with the aim to help handling the most frequent and relevant health demands and needs in their territory. It is developed with the highest degree of decentralization and capillarity, close to people's lives and it must be the preferred contact for users, the main entrance and communication center of the health care network. It is guided by the principles of universality, accessibility, bonding, continuity of care, care comprehensiveness, accountability, humanization and social participation. Primary Health Care considers individuals in their singularity and social-cultural setting, aiming to produce comprehensive care.¹

The Family Health Strategy is the priority of Brazil's National Policy for Primary Care for the expansion and consolidation of Primary Health Care. This strategy enables new work with the team and the families, approaching the real needs of the community, which acknowledges the importance and function of this service in their area, thus, health care is performed more effectively and actively.^{1,3} It also highlights the need to develop a new way to develop health, incorporating the positive health concept and care comprehensiveness to daily practices, thus shifting the focus from the disease.⁴ In this new form of work and in the different methods of establishing care, the health team can understand best the signs

of a specific place, strengthening responsibilities and offering opportunities for reorientation and improvement of the actions and motivation for the continuous participation of the community, changing the work process of the team.⁵ This work process must have specific outlines, and the professional needs to be qualified and show a unique profile since the care does not emphasize technical procedures, but the team-community-family and team-team interrelationships.⁶

In the work of the Primary Care/Family Health teams, the collective actions in the community, the group activities, and the participation in the users' social medias are some of the crucial resources for working in the cultural and social dimensions, being a possible and privileged space in the support network and a means for discussion of common situations daily experienced, allowing for the discovery of potential, the management of vulnerability and, consequently, increasing self-esteem. Multi-professional work, with the construction of groups, makes it possible to strengthen the bond between team and users.⁷

The establishment of the Family Health Strategy requires that the team elaborate a common project and, for such purpose, the specialized work of each professional complements that of the other and the agents can establish an interactive action between workers-workers and between workers-users.⁸

We believe that, when adopting this perspective in the work of Primary Health Care teams, it would be necessary to plan physical readjustments in the health services that prioritize to serve the current care model and lack physical spaces dedicated to performing collective activities for health promotion, expanding the participation of other professionals who are not traditionally linked to the competence core of producing health actions.

When considering that health promotion is one of the main axes that guide the team work, we believe that group practices are capable of promoting people's health, focusing on citizenship, independence and empowerment. Thus, the objective of this study was to report the experience of the commemorative event for the 70 years of a teaching health center, aiming to articulate the work process of the unit's team with members of the local health council, users of the service and representatives from the University of Sao Paulo, bringing health closer to the field of arts (theater, dance and music).

METHOD

This experience report was written based on the study << *Arte e Saúde na unidade: A comemoração dos 70 anos do CSE Vila Tibério - Ribeirão Preto* >> presented at the III Fórum de Integração dos Mestrados em Enfermagem, which took place on November 27th, 28th and 29th of 2013, at Ribeirão Preto College of Nursing, state of Sao Paulo.

A descriptive study, with an experience report design, was conducted at Centro de Saúde Escola da Vila Tibério), in the city of Ribeirão Preto, state of São Paulo, regarding the joint operation of team of this health teaching center in articulation with members of the local health council, users included in the health promotion groups and representatives from the University of São Paulo during the organization of a commemorative event for the 70 years of the health center, which took place between October 7th and October 11th of 2013.

Five commissions were created to organize the event: cultural, ceremonial, catering, clothing and promotion and six joint meetings of these commissions were held, in addition to further meetings for each individual commission. Commissions were composed of members from the relevant categories (team, council, users and University representatives) and meetings were held in the health teaching center facilities, a primary health center that performs care, education and research for a population of approximately seven thousand people.

To establish the range of cultural activities, partnerships were articulated with social groups and performing arts professionals from the neighborhood. In the round tables regarding the SUS, social control and the rational use of medication, the researchers contacted faculty members, as well as specialists from the college of nursing, the medical school and the faculty of pharmaceutical sciences, all of which are education units linked to the University of Sao Paulo, at the campus of Ribeirão Preto.

♦ A synthesis of the history of this scenario

The health unit in question began its activities in 1943, after the area residents gathered funds for the acquisition of a place to establish a health care center, which was handed over to the Institute for the Protection and Assistance of Childhood and Prenatal Hygiene since, at the time, it was a reference in the promotion of health care. In the year of 1986, because of the dissolution of this

institute, the building was donated to the Santa Lydia Institute, a health institution based on the municipality and responsible for hospital care, which had a private nature at the time.

After a decade, the building became a property of the City Hall of Ribeirão Preto and, in June of 1997, it became officially known as Centro de Saúde Escola da Vila Tibério "Professora Dra Maria Herbênia Oliveira Duarte" - a physician and genetic researcher of the University of São Paulo at the Ribeirão Preto College of Medicine. Through its partnership with the University of São Paulo, the unit currently offers internships for undergraduate students of the faculties of Medicine, Nursing, Psychology, Occupational Therapy and Pharmacy at the University of São Paulo.

The area of responsibility of the unit has approximately 30% of users with private health care plans. The unit has a family health unit, which currently has 1615 people registered, and these users correspond to 26% of its total territory. This percentage is composed mainly of an elderly population, who mainly subsist with their pension or have no income at all, living alone or with their families.

Some of the elderly, in addition to participating in the group activities offered by this service, also participate in activities offered by the social groups in the neighborhood, such as: gymnastics, tai chi chuan, elderly ballroom dances, Boules courts, domino, handicrafts and cooking.

RESULTS AND DISCUSSION

The establishment of the program that revealed the history of the celebration for the 70 years of the Centro de Saúde Escola da Vila Tibério (Figure 1), was a moment when we considered it would be essential to have the collective participation of all of those involved (the service professionals, council members, users of the health center and representatives from the University of São Paulo). This would provide the health center context with other possible visions of the health-disease-care process, and going beyond the strictly biological approach.

Placing ourselves on the interface of art and health promotion, we observed a gradual increase in the connection between the subjects and life, the environment, others and their own subjectivity.⁹ Close contact with this scenario brought about multiple experiences, teaching that what is alive is always under construction, constantly creating itself, coming undone and recreating itself,

being a process of autopoiesis, self-creation, of health promotion.⁹

Date	Program	Time	N=780	%
07.10	Reception and authorities speeches	2 p.m. to 3 p.m.	60	7.7
	SESI Youth Philharmonic	3 p.m. to 3:45 p.m.	80	10.3
	Dance group presentation (Centro de Saúde Escola da Vila Tibério)	4 p.m. to 4:30 p.m.	50	6.4
08.10	Lecture and video (Memória da Vila Tibério)	9 a.m. to 10 a.m.	24	3.1
	Theater presentation "Escola de Bichos"	10 a.m. to 10:40 a.m.	50	6.4
	Elderly choral presentation "Vozes do Circulo"	1:40 p.m. to 2 p.m.	40	5.1
	Relaxation and Health Group (Centro de Saúde Escola da Vila Tibério)	2 p.m. to 3 p.m.	50	6.4
	"Choro da Casa" Project	3 p.m. to 4:30 p.m.	70	9.0
09.10	Round table about the SUS	8:30 a.m. to 10 a.m.	18	2.3
	"Os Profissionais" Circus Show	10:30 a.m. to 11:30 a.m.	70	9.0
	Accordion performance	1:30 p.m. to 2 p.m.	25	3.2
	Workshop of confection of EVA toys	2 p.m. to 4 p.m.	30	3.8
10.10	Round table about Social Control at SUS	8:30 a.m. to 10 a.m.	23	2.9
	"Nós Somos o Samba" dance presentation	10 a.m. to 10:30 a.m.	45	5.8
	Round table about rational use of medicine	2 p.m. to 4 p.m.	30	3.8
11.10	FMRP-UPS Hospital das Clínicas choral presentation	2 p.m. to 2:20 p.m.	50	6.4
	Ballroom dance	2:30 p.m. to 4:30 p.m.	65	8.3

Figure 1. Program for the celebration of the 70 years of Centro de Saúde Escola da Vila Tibério, Ribeirão Preto - Sao Paulo, 2013.

Health promotion, to which we refer, acts as an amplification field in the debate regarding health and its multiple determinants and conditionals, with special attention to the social and community networks and the cultural conditions, strengthening the establishment of an agenda that is ethically engaged towards social transformation.

The diversity of strategies, the complexity of relationships and the different dimensions of health and the lives of the people involved in health promotion constitute a political and methodological challenge for the performance of evaluative processes in this action field.

The Pan American Health Association, in its Participative Evaluation Guide for Healthy Municipalities, notes that participative evaluation values the contribution of the individuals involved in the evaluated strategy; it strengthens the empowering process in obtaining knowledge and developing abilities in the community; brings opportunities for intersectoral dialog; strengthens responsibilities and offers opportunities for the reorientation and improvement of actions, in addition to motivating the continuous participation of the community.¹⁰

In the health care process it has been highlighted that the institutions must be spaces for the production of goods and services for the users, as well as to value the inventive potential of the subjects who work at these institutions/services: managers, workers and users.¹¹

During the preparations for celebrating the 70 years of the health center, we could note that all the subjects involved in the organization and establishment of the event stepped up as managers and creators of knowledge. They managed together, created and enabled a type of work that was potentially inventive, participative and productive of meaning, in which the collective management of the cultural and artistic

activities was a fundamental criterion for the promotion of health.

The establishment of bonds and the creation of commitment with co-accountability between the professionals and the population, in the case of members of the health council and users of the service, were essential to reach the objectives and to create a coalition that gathered people around a common goal and aimed to influence health and well-being practices.^{2, 12}

It is also worth highlighting the improvement in the articulation with the social groups from the neighborhood, which made the strengthening and capillarization of the work in social networks possible and which may become a new form of organization and action, resulting from the association of people or organizations to carry out a defined objective, and whose ideal is "a new concept of the process of social change - which considers the participation of citizens to be fundamental - and the organization method of the social agents to conduct this process".^{13:9}

CONCLUSION

When considering that the health-disease process is a complex phenomenon that is not limited to the biological field, it becomes necessary to configure the team in search for more effectiveness in each situation. The action of the group brought about a more comprehensive apprehension of the needs that favor the perspective of transformation of the work process.

The group presented a potential for a "new" type of work that is not part of the routine of health services, appreciating cultural and artistic expressions as integrating parts of the construction of health processes. This allowed us to review the practices and reaffirm that the context must not be separated from the public health policies. SUS is the privileged

place for the innovative practice of health professionals if we consider teaching and work locations to be practice settings, with a transformative role, and which goes beyond a physical space, for the development of new practices and to constitute environments where it is possible to acknowledge the social subjects present, the nature, the content and the purpose of these practices, in light of society and the policies for health care and promotion.

Permanent health education brings about daily updates of the practices according to the latest theoretical, methodological, scientific and technological contributions available. This emerging mastery is associated with the invention of collective health and social control. The collective construction of the team work and the local health council has existed for over a decade and has transformed the health promotion actions in this unit.

We expect this process to go further, incorporating innovative methods of new practical and living areas, as well as the use of technologies that make it possible to acquire competences based in ethical and moral values in the individual and collective spheres, with a review of the health and disease processes with aims to allow, dynamically, adjustments according to individual and social demands, both from and in the reality.

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