



HEALTH PROMOTION SYMPOSIUM AND ANALYSIS OF HEALTH SERVICES REORIENTATION AXIS: EXPERIENCE REPORT

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ABSTRACT

Objective: to report the experience of holding the I International Symposium on Health Promotion: dialogue with social determinants, and to analyze the abstracts of the Ottawa Charter Health Services Reorientation Axis. **Method:** Symposium held in 2015 by the Laboratory of Research in Nursing and Health Promotion, in which 78 abstracts were selected, presented through circles of conversation and poster. A spreadsheet was prepared with the professional categories, title, objective, method, and results of each abstract. The abstracts were read in full and the results categorized through Minayo's thematic analysis and represented in the categories: comprehensiveness of actions; vocational training and intersectoriality. **Results:** The restructuring of Primary Health Care and vocational training are the main strategies for the Reorientation of Health Services. They are pointed as fundamental for the implementation of health promotion, as they seek to transform the care model through the implementation of programs offered by the Unified Health System: the National Program for Reorientation of Vocational Training in Health and the Program of Experiences and Internships in the Reality of the Unified Health System. **Final Considerations:** Health promotion needs to gain prominence in policies and be reaffirmed in daily work and throughout the care network.

Keywords: Health Promotion. Health Services. Social Determinants of Health. Education Continuing. Integrality in Health.

INTRODUCTION

The I International Symposium on Health Promotion: dialogue with social determinants was held from November 16th to 18th, 2015, at the Federal University of Santa Catarina (UFSC), in Florianópolis, Santa Catarina, organized by the Extension and Nursing and Health Promotion Research (NEPEPS), renamed from 2016, as the Nursing Health Promotion and Research Laboratory (LAPEPS).

In its first edition, the International Symposium on Health Promotion enabled the scientific and investigative exchange of health promotion and social determinants between the research centers of UFSC and The University of Toronto, with the participation of 197 professionals, students from undergraduate and graduate from the health field⁽¹⁾.

The event was organized around the five axes of the Ottawa Charter for Health Promotion: to

Implement Healthy Public Policy; to Strengthen Community Action; To Reorient Health Services; to Create favorable environments; to Develop Personal Skills⁽¹⁾. A total of 221 works was approved, of which 145 through circles of conversation and 76 through posters mode.

The Ottawa Charter resulted from the I International Conference on health promotion, held in Ottawa, Canada, in November 1986, to rethink the current health model. At this event, discussions began on the concept of Health Promotion worldwide. Health promotion was defined as the community's instrumentalization path to improve their quality of life and health, with greater autonomy of individuals in this process. In addition, understanding health as a resource for life and not an objective of living, materializing as a positive concept. Thus, health promotion is not a private attribution of the health sector and is not limited to a healthy lifestyle, seeks the sense of global well-being

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and needs to be intersectorally discussed⁽²⁾.

In 2006, the National Health Promotion Policy (PNPS), revised in 2014, was created in Brazil, based on international conferences, especially the precepts of the Ottawa Charter. The PNPS highlights the relevance of the social determinants and determinants of health in the health-disease process, and its assumptions are intersectorality and the creation of co-responsibility networks that seek to improve the quality of life. As advances in PNPS, we highlight the use of tobacco, alcohol and other drugs; healthy eating; body practices and physical activities; sustainable development; coping with alcohol abuse, safe and sustainable mobility; the promotion of a culture of peace and human rights. From the PNPS, changes are sought in order to organize, plan, analyze health work, and as a strategy to consolidate the Unified Health System (SUS), which since the 1980s, has introduced the positive concept of health, also discussed at the I International Conference on Health Promotion^(3,4).

Currently, the Ottawa Charter has given health promotion a solid structure and stimulated the creation of an identity. However, it is far from reaching its potential to be internalized in public health policies. To make health promotion effective, especially with the actions of the Ottawa Charter in the face of the changing world, is a major challenge. Especially when there is an increase in population, globalization, urbanization, armed conflict, climate change. In the last quarter of a century, economic and environmental devastation has been observed in various regions. Financial markets, corporate greed, and regional and civil wars have all worked against the principles of health promotion⁽⁵⁾.

In the health promotion universe, when it comes to the reorientation of health services, it is essential to discuss other models of care and cure to integrate the biomedical model, in order to stimulate different ways of thinking and acting, in search of practices that are effectively health promoters. In this context, there are successful experiences in the reorientation of health services, such as the study that sought to identify meanings and repercussions of the practice of urban and peri urban agriculture in Basic Health Units (UBS), as a health promotion activity. This

revealed that practices of cultivation in the garden encouraged new perspectives on health care through the use of herbal medicines; it also stimulated the autonomy, social participation and participants' physical and mental well-being⁽⁶⁾.

Based on the above, this study had as its guiding question: What is the experience of holding the I International Symposium on Health Promotion: dialogue with social determinants from the perspective of the abstracts of the Ottawa Charter Health Services Reorientation Axis. The objective was to describe the experience of holding the I International Symposium on Health Promotion: dialogue with social determinants and to analyze the abstracts of the Reorientation of the Ottawa Charter Health Services.

DESCRIPTION OF EXPERIENCE

At the I International Symposium on Health Promotion: Dialogue with Social Determinants the Scientific Committee organized the axes for the submission/presentation of papers based on the five strategies for health promotion defined in the Ottawa Charter. Thus, this article is a specific excerpt from the works presented in the reorientation axis of health services. In this regard, the Ottawa Charter states that the commitment to health promotion in health services needs to be shared among individuals, the community, groups, health professionals, health care institutions and governments. In this sense, health services should take a comprehensive position that perceives and respects cultural diversity⁽²⁾.

In the reorientation axis of health services, 78 Abstracts were selected, presented and published, of which 51 were presented through circles of conversation and 27 through posters⁽¹⁾. To organize the data, we made a spreadsheet in Microsoft Word, with the following: information extracted from each Summary: title; categories of professionals; goals; methodology and results.

For the analysis of the information contained in the abstracts, the thematic analysis was used⁽⁷⁾. We started by reading the information set of each abstract listing the unit with information (word or phrase) that represented the context unit. Exploration of the material is essentially an operation aimed at reaching the core of

understanding the text and finding categories, which are more significant expressions or words. In this study, the categories found were: comprehensiveness of actions for health promotion; vocational training and intersectoriality.

Referring to the category integrality of actions for health promotion, we sought abstracts that described the interrelationship between collective and preventive activities. In the professional training category, we sought to interpret and identify the genesis of the health professionals who integrate the system. Finally, allusive to the intersectoral category, we seek to explain practices and experiences of intersectoriality in the different health care scenarios in Brazil.

EXPERIENCE REPORT AND DISCUSSION

In the category integrality of actions for health promotion, the Abstracts presented the integration between collective and preventive actions. Comprehensiveness constitutes a fundamental guideline for the organization of health services towards meeting the individual and collective needs of users. It can be understood, in a first approach, as comprehensive care, focusing on preventive and health promotion activities, without loss to care services⁽⁸⁾.

The Family Health Strategy emerged with the purpose of improving the health condition of Brazilians, initially proposing a reorientation in the care model through multiprofessional teams at the UBS. The teams base their actions on health promotion, disease and grievances prevention, community health treatment and preservation. In some of the abstracts, the actions performed by health professionals were related to the prevention of diseases and grievances in children, women and the elderly. Health promotion practices in preventive activities were also highlighted, such as screening for the prevention of cervical and breast cancer, and work with elderly groups to promote active aging and empower this population to improve quality of life.

Regarding health promotion, several experiences were developed in primary health

care, the most emphasized in the analyzed abstracts were: low-risk prenatal nursing care, spontaneous demand hosting and health education groups with people with chronic noncommunicable diseases, especially diabetes mellitus and hypertension. These studies showed a movement for the expansion and qualification of health care, addressing health promotion and empowerment as guiding and transversal principles of daily practices.

The restructuring of Primary Health Care and the role of management are central strategies for the Reorientation of Health Services. These strategies are pointed as essential for the implementation of health promotion, as they seek to transform the model of care focused on healing and disease, broadening to positive health concept. The monitoring and evaluation of the Health Care Network (RAS) is essential, in order to qualify the work processes and consolidate health services from the perspective of intersectoriality, through discussion and reflection of the actions developed, placing the user in the leading role of the health sector, sensitizing managers and professionals about the articulations of the RAS⁽⁹⁾.

In the vocational training category, health promotion has been addressed in various training programs offered by SUS, however the analyzed abstracts point that the consolidation of this concept is linked to the professional training process and needs theoretical and practical implementation. The National Program for Reorientation of Vocational Training in Health (*Pró-Saúde*) has been a potential for the training of health professionals because it encompasses education and health services, and adds effective elements to overcome the traditional fragmentation between theoretical learning and practical experiences⁽¹⁰⁾.

The Program of Experiences and Internships in the Reality of the Unified Health System (VER-SUS) brings students closer to reality and raises awareness about the reorientation of services and the accomplishment and consolidation of SUS. It presents a broad contribution to vocational training, encompassing important aspects such as interdisciplinarity and critical thinking, which are often not found in Higher Education Institutions⁽¹¹⁾.

VER-SUS is essential in academic education and for the future professional; strengthens citizenship and ethical values; empowerment and social participation as a protagonist of the health process and not only of diseases, and contributes to the construction of the link between the health student and the work practices in the SUS.

In Brazil, public health policies aim to reorganize and encourage Primary Health Care as a strategy to replace the traditional hospital-centered model (priority is not basic attention). The work at the UBS is performed by a multiprofessional team, which, due to its disciplinary training, has difficulties in performing truly interdisciplinary teamwork⁽¹²⁾.

Pró-Saúde has flaws in learning for health promotion. However, it contributes to the necessary changes in the training process, in view of the qualification of nursing professionals to work in the various levels of care, in accordance with the principles and guidelines of the SUS⁽¹⁰⁾.

According to researchers⁽¹³⁾, health professionals and managers have difficulties to discern prevention and health promotion actions. In training and curricula there is a devaluation of knowledge about health promotion, because teaching is based on the biomedical model. The university has a responsibility to include health promotion as a cross-cutting axis in curricula.

The Abstracts pointed to the need for the creation of new actions in vocational training, such as: the reorganization/integration of common subjects in the curriculum of health courses, in order to practice multiprofessional teamwork since academic education; and the change in the current teaching structure, which focuses on the biological/pathological paradigm and is materialized mainly within hospital institutions, which makes it difficult to reorient services from the perspective of health promotion in the various contexts of society.

Regarding intersectoriality, there is still a gap between management and health promotion practice regarding the implementation of intersectoral work/actions. In general, non-health institutions find it difficult to understand their role in health promotion. The health sector, in turn, is not prepared to carry out intersectoral articulation, as it also needs to broaden the understanding about health promotion and the

strategies that compose it. In the search for the implementation of intersectoral work, public policies of integration between health, education, environment, social assistance, are a possibility of action.

Health and its determinants can be problematized in the daily life of different social spaces and in different ways⁽¹⁴⁾. Health promotion initiatives are characterized by fostering community empowerment and social participation; pursuit of equity through action on social determinants of health, and development of multi-strategic and sustainable actions⁽¹⁵⁾.

For Family Health to be effective as a priority strategy for reorganizing Primary Care, it must be technically and politically guided, having as its central point the production of quality of life of users in the territory, as well as their effective autonomous and democratic participation. Health promotion needs to be emphasized in policies and reaffirmed in the daily work of public management and health teams of the SUS network, with the participation of the population.

Priority actions identified in the PNPS serve as an inductive tool for strengthening health promotion actions in all spheres of the SUS. The inclusion of topics such as physical activity, healthy eating, public policies in the area of urbanization and environment; regulation of tobacco-free environments; legislation on the protection of populations from alcohol limits; family support programs and protection of victims of violence can produce more effective and integrated responses⁽¹⁶⁾. In the work process, nurses use some principles of PNPS in their consultations, such as comprehensiveness, autonomy, social participation, empowerment and intersectoriality, stimulating the health promotion of individuals and families through respect, dialogue, collective involvement and active participation⁽¹⁷⁾. On the other hand, studies shows advances and challenges regarding the actions included in the PNPS and point out difficulties for their continuity in the face of the political, economic and institutional crisis that occurs in Brazil, especially with the financial cuts⁽⁴⁾.

FINAL CONSIDERATIONS

The I International Symposium on Health

Promotion: dialogue with social determinants made it possible to discuss the theme of health promotion at national and international levels. In this study, the Health Services Reorientation Axis was analyzed because it is believed that the Family Health Strategy has been essential to reorient health services.

The works presented in this axis are related to the comprehensiveness of care, professional training and intersectorality of health actions. The abstracts highlighted that the actions developed in the Unified Health System (SUS) such as the National Program for Reorientation of Vocational Training in Health (*Pró-Saúde*) and the Program of Experiences and Internships in the Reality of the Unified Health System (VER-SUS) provide major contributions to health education and practice. However, health promotion still needs to be strengthened in the curriculum of health professionals and strengthened as a public policy.

The presentation of abstracts that address integrality is configured with the need to change

the health care model based on the principles of health promotion.

It was emphasized in the abstracts that to promote the intersectorality of health actions, intersectoral arrangements in public management, the empowerment of the population, training and stimulation of active citizenship are necessary so that the population recognizes their health conditions and their causes, so that she can advocate for healthy public policy. Developing health promotion from an intersectoral perspective is a complex task and needs to break political barriers and personal interests. The mobilization of professional and various fields of knowledge, for the sake of intersectorality is urgently needed to confront the social determinants of health.

This article contributes to nursing in order to reflect on academic education for health promotion and reorientation of services, stimulating the critical-reflective formative process, with intersectoral practices in Primary Health Care and RAS.

SIMPÓSIO DE PROMOÇÃO DA SAÚDE E ANÁLISE DO EIXO REORIENTAÇÃO DOS SERVIÇOS DE SAÚDE: RELATO DE EXPERIÊNCIA

RESUMO

Objetivo: relatar a experiência de realizar o I Simpósio Internacional de Promoção da Saúde: diálogo com os determinantes sociais, e analisar os resumos do Eixo Reorientação dos Serviços de Saúde da Carta de Ottawa. **Método:** Simpósio realizado em 2015 pelo Laboratório de Pesquisa em Enfermagem e Promoção da Saúde, no qual foram selecionados 78 resumos, apresentados na modalidade roda de conversa e pôster. Elaborou-se uma planilha com as categorias profissionais, título, objetivo, método, e resultados de cada resumo. Os resumos foram lidos na íntegra e os resultados categorizados, por meio da análise temática de Minayo, e representados nas categorias: integralidade das ações; formação profissional e intersectorialidade. **Resultados:** A reestruturação da Atenção Primária à Saúde e a formação profissional são as principais estratégias para a Reorientação dos Serviços de Saúde. São apontadas como fundamentais para implantação da promoção da saúde, visto que procuram transformar o modelo de atenção através da implantação de programas oferecidos pelo Sistema Único de Saúde: o Programa Nacional de Reorientação da Formação Profissional em Saúde e o Programa Vivências e Estágios na Realidade do SUS. **Considerações Finais:** A promoção da saúde precisa ganhar destaque nas políticas e ser reafirmada no cotidiano do trabalho e em toda a rede assistencial.

Palavras-chave: Promoção da Saúde. Serviços de Saúde. Determinantes sociais de saúde. Educação Permanente. Integralidade em Saúde.

SIMPÓSIO DE PROMOCIÓN DE LA SALUD Y EL ANÁLISIS DEL EJE REORIENTACIÓN DE LOS SERVICIOS SANITARIOS: RELATO DE EXPERIENCIA

RESUMEN

Objetivo: relatar la experiencia de realizar el I Simposio Internacional de Promoción de la Salud: diálogo con los determinantes sociales, y analizar los resúmenes del Eje Reorientación de los Servicios Sanitarios de la Carta de Ottawa. **Método:** simposio realizado en 2015 por el Laboratorio de Investigación en Enfermería y Promoción de la Salud, en el cual fueron seleccionados 78 resúmenes, presentados en la modalidad rueda de conversación y póster. Se elaboró una planilla con las categorías profesionales, título, objetivo, método, y resultados de cada resumen. Los resúmenes fueron leídos en su totalidad y los resultados categorizados, por medio del análisis temático de Minayo, y representados en las categorías: integralidad de las acciones; formación profesional e intersectorialidad. **Resultados:** la reestructuración de la Atención Primaria a la Salud y la formación profesional son las principales estrategias para la Reorientación de los Servicios de Salud. Se señalan como fundamentales para el despliegue de la promoción de la

saúde, ya que buscan transformar el modelo de atención através del despliegue de programas ofrecidos por el Sistema Único de Salud (SUS): el Programa Nacional de Reorientación de la Formación Profesional en Salud y el Programa Vivencias y Pasantías en la Realidad del SUS. **Consideraciones Finales:** la promoción de la salud necesita ganar enfoque en las políticas y ser reafirmada en el cotidiano del trabajo y en toda la red asistencial.

Palabras clave: Promoción de la Salud. Servicios de Salud. Determinantes sociales de la salud. Educación Permanente. Integralidad en Salud.

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