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Permanent education as an integration tool between health agents and endemic

Educação permanente como ferramenta de integração entre agentes de saúde e de endemias

Educación continua como herramienta de integración entre agentes de salud y de endemias

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ABSTRACT

Objective: To report the experience of developing continuing health education (*Educação Permanente em Saúde - EPS*) workshops with a focus on health promotion for the community with a group formed by community health workers (*Agente Comunitário de Saúde - ACS*) and combating endemic disease workers (*Agente de Combate de Endemias - ACE*). **Data Synthesis:** Materialized experience report focusing on health promotion for the community, carried out between December 2018 and February 2019, with ACS and ACE registered in nine Basic Health Units (*Unidade Básica de Saúde - UBS*) in a municipality in the Metropolitan Region of Recife, Pernambuco Brazil. The planning of the workshops was built using participatory methodologies, being carried out in two stages: The importance of the ACS and ACE for the promotion of health in the community and ACS and ACE integration: planning health promotion actions for the community. **Conclusion:** The impact of EPS on strengthening health promotion actions for the community was observed. The workshops showed potential, mainly regarding the aspects of professional integration. In this sense, it can be said that we should invest in EPS as a potential tool to promote a work process shared between community health workers and combating endemic disease workers.

Descriptors: Primary Health Care; Education, Continuing; Health Promotion.

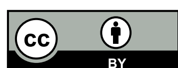
RESUMO

Objetivo: *Relatar a experiência de desenvolvimento de oficinas de educação permanente em saúde (EPS) com foco na promoção da saúde para a comunidade com um grupo formado por agentes comunitários de saúde (ACS) e agentes de combate às endemias (ACE).* **Síntese dos dados:** *Relato de experiência materializado com foco na promoção da saúde para a comunidade, realizada entre dezembro 2018 e fevereiro de 2019, com ACS e ACE cadastrados em nove Unidades Básicas de Saúde (UBS) de um município da Região Metropolitana de Recife, Pernambuco, Brasil. O planejamento das oficinas foi construído utilizando-se metodologias participativas, sendo realizadas em duas etapas: "A importância dos ACS e ACE para a promoção da saúde na comunidade"; "Integração ACS e ACE: o planejamento das ações de promoção de saúde para a comunidade".* ***Conclusão:*** *Observou-se o impacto da EPS sobre o fortalecimento das ações de promoção da saúde para a comunidade. A realização das oficinas demonstrou potencialidade, principalmente quanto aos aspectos de integração profissional. Nesse sentido, pode-se afirmar que se deve investir na EPS como uma ferramenta em potencial para promoção de um processo de trabalho compartilhado entre agentes comunitários de saúde e agentes de combate às endemias.*

Descritores: *Atenção Primária à Saúde; Educação Permanente; Promoção da Saúde.*

RESUMEN

Objetivo: *Relatar la experiencia de desarrollo de talleres de educación continua de salud (ECS) con foco para la promoción de la salud para la comunidad con un grupo de agentes comunitarios de salud (ACS) y agentes de combate a las endemias (ACE).* ***Síntesis de los datos:*** *Relato de experiencia con foco en la promoción de la salud para la comunidad realizada entre*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diciembre de 2018 y febrero de 2019 con ACS y ACE registrados en nueve Unidades Básicas de Salud (UBS) de un municipio de la Región Metropolitana de Recife, Pernambuco, Brasil. La planificación de los talleres ha sido construido utilizándose de metodologías de participación que han sido realizadas en dos etapas: "La importancia de los ACS y los ACE para la promoción de la salud de la comunidad"; "Integración de los ACS y los ACE: la planificación de las acciones de promoción de la salud para la comunidad". ***Conclusión:*** *Se observó el impacto de la ECS sobre el fortalecimiento de las acciones de promoción de la salud para la comunidad. La realización de los talleres ha demostrado su potencia sobre todo de los aspectos de integración profesional. En ese sentido se puede afirmar que se debe invertir en la ECS como herramienta de potencia para la promoción de un proceso de trabajo compartido entre los agentes comunitarios de salud y los agentes de combate a las endemias.*

Descriptores: *Atención Primaria de Salud; Educación Continua; Promoción de la Salud.*

INTRODUCTION

The Family Health Strategy (*Estratégia de Saúde da Família - ESF*) sets up a care model in which practices must be guided by the determinants of the health-disease process, considering the individual and his / her family, social, economic and cultural context, as well as the performance of surveillance actions in health and health promotion. The ESF must be operated by multi-professional teams, in Basic Health Units (*Unidade Básica de Saúde - UBS*), in a defined territory[1].

Community health agents (*Agente Comunitário de Saúde - ACS*) are integrated into the ESF, which comes from the community itself, the main actor in training, strengthening, health promotion, and expanding links between the community and health services[2].

Health surveillance (VS), also as a model for reorganizing health practices, aims to analyze the health situation of a population to organize, recommend and execute the best practices to face existing problems from actions of surveillance, promotion, prevention and control of diseases, and conditions inserted in the daily life of the Family Health teams (*Equipe de Saúde da Família - eqSF*)[3].

The combination of the instruments of health, epidemiological and environmental surveillance aims to make possible innovative and more effective responses to the needs that emerge in the field of health, with combating endemic diseases workers (*Agente de Combate de Endemias - ACE*) as one of the fundamental actors in these actions[4].

ACEs were integrated into surveillance in the late 1990s, with the publication of the Ordinance[5] GM/MS n.º 1.399, from 15/12/1999, which regulates the competences of the three levels of government in the area of epidemiology and disease control, emphasizing the role of municipalities as executors of the policy for controlling endemic diseases, according to the Basic Operating Standard (BOS) of SUS published in 01/1996[6].

An organization of the Primary Care (*Atenção Básica*) and VS sectors is necessary to build an integration in their work process, to promote comprehensive care and better results, preserving the specificities of the sectors and sharing their technologies[7].

To promote the integration between AB and VS, the Ministry of Health (*Ministério da Saúde - MS*) produced publications between the years 2002 to 2018. In 2002, the National Dengue Control Program (*Programa Nacional de Controle da Dengue - PNCD*) was launched, which justified the integration as a conceptual basis of the National Guidelines for the Prevention and Control of Dengue Epidemics, highlighting the importance of joint actions of the ACE with the ACS[8-10].

Through Ordinance[11] No. 1,007 of 2010, the Ministry of Health defined the regulatory criteria for the incorporation of ACE in Primary Health Care (*Atenção Primária à Saúde - APS*), intending to strengthen health surveillance actions with FHT. In 2016, from Decree[12] No. 11.350 of 2006, there was a regulation on the occupations of ACS and ACE and their defined duties, undergoing reformulation by Law No. 13.595[13] of 2018, which proposes the encouragement of integrated actions between AB and VS, specifying the common attributions by these two actors in the community.

In 2017, the National Primary Care Policy (*Política Nacional de Atenção Básica - PNAB*) was reformulated by Ordinance[14] No. 2,436 and the creation of the National Health Surveillance Policy (*Política Nacional de Vigilância em Saúde - PNVS*) by Resolution[15] CNS No. 588 of 2018, in which they contextualize the importance of the integration between AB and VS for comprehensive care in the community.

Researchers[16,17] affirm that, if there is no use of indispensable tools, such as planning and programming, as well as systematic monitoring and evaluation, which must occur in an articulated way between the AB and VS

management services, instead of increasing, it can do with the work of agents to be minimized and their performance reduced simply to the control of endemics. For a reorganization of the work process to take place, aiming at the decentralization of health surveillance actions for AB, the permanent qualification of the ACE and ESF professionals, as well as the management team, is essential[18].

Permanent health education proposes the use of collective spaces, to bring reflection to workers, as well as the evaluation of their actions in the territory, creating dialogues and as a powerful strategy for transforming health practices both in the field of education and health promotion as care and assistance to the population[19].

In this sense, the Extended Nucleus of Family Health and Primary Care (*Núcleo Ampliado de Saúde da Família e Atenção Básica - Nasf-AB*) develops activities together with ESF professionals, in a shared and collaborative way, through matrix support (clinical assistance and technical-pedagogical), with the possibility to carry out CHE actions aimed at developing the integration between VS and ESF. Nasf-AB, created by the MS in 2008, is composed of a team with professionals from different areas to guide practices related to improving the quality of life and health. Because its performance is also focused on other professionals through pedagogical technical support, it becomes strategic in the development of integrated actions among professionals[14].

Yet about the National Policy of Permanent Education in Health[20], one of its tools is the multi-professional residences in health (MRH), which seek to promote the re-signification of the work process of the health services where it is inserted, instigating criticism about interdisciplinary practice and possibilities, the feeling of professional appreciation and the limits of reality transformation[21].

The need to carry out this experience report was based on the professional work routine of Nasf-AB and the reflections of a resident in the area of preventive veterinary medicine, because, when living with Family Health teams, there was a noticeable deficiency in the integration between ACS and ACE in the planning of health promotion actions, even these professionals working and living in the same territory.

The relevance of this report is to present how the ACS and ACE contributed to the strengthening of Primary Health Care, through the EPS workshops and the implementation of the National Health Promotion Policy[22], from the participants' reflection on the integration process (based on cooperation, solidarity, and democratic management) and their contribution to promoting changes in the organization of their practices, using more horizontal actions of management and intersectoral cooperation between VS and AB to plan and execute actions in the territory.

In this sense, this article aimed to report the experience of developing permanent health education workshops with a group of community health agents and combating-endemic diseases workers with a focus on health promotion for the community.

DATA SYNTHESIS

This is an experience report idealized based on the professional work routine of Nasf-AB and the reflections of a resident in the area of preventive veterinary medicine, in a municipality in the Metropolitan Region of Recife, Pernambuco, Brasil, materialized from the construction and realization of EPS workshops, carried out between December 2018 and February 2019, with ACS and ACE registered in nine UBS, which correspond to a health territory in the municipality of Camaragibe.

There were two workshops between agents ACS and ACE, with an average duration of two hours each. By the proposal, the workshops were organized as spaces for integration, in which it was sought to share knowledge cooperatively among the participants, discussing the themes related to the objectives of the study. The methodological strategies used in the workshops sought to use problematizing questions so that it involved the active participation of all[23]. The workshops were prepared as spaces for exchange and conversation that enabled the critical reflection of the integrated practices between ACS and ACE and health promoters for the community.

The importance of ACS and ACE in health promotion for the community

The first workshop started with the division of the group to discuss the topic "The importance of ACS and ACE in health promotion for the community". As the workshop was being held, it was noticed that, as other authors claim[24,25], agents distinguish that their recommended actions are the link between the service and the community; promoting health agents and changing the habits of the population through health education actions relevant to the territory in which they operate.

However, it was seen that the participants have difficulty in serving the territory, with a quality visit and a timely, which corroborates studies that claim that these professional categories have accumulated bureaucratic activities,

associated with those related to the production and recording of information, which, consequently, led to the compromising of some activities for the community, such as home visits, which became shorter and simpler[26,27].

Still, from health care, it is perceived that it has a biological/technical aspect, in which health professionals are seen as "disease healers" and that the health-disease binomial still has the privilege of attention. It should be noted that this understanding is present in society in general. The population aims to receive health care focused on the treatment of diseases. Thus, the transformation recommended by the ESF and the guidelines of the Unified Health System (SUS) happens slowly and gradually, while health agents have been working hard to modify this paradigm[28].

In a survey carried out in the classroom on the difficulties faced by ACSs in carrying out educational work, the highlight is given to the lack of time and adequate space, two essential elements for carrying out this work[29].

It is perceived that the use of the workshop is useful as an EPS action tool, as it has the potential to enable these professionals to share opinions and experiences, based on the reality of the work, enabling the constant exchange of different knowledge that can allow innovations in their practices[30].

Integration between ACS and ACE: planning health promotion actions for the community

In this workshop, we sought to integrate the ACS and ACE, to debate about the epidemiology and health indicators of the municipality, in addition to the importance of planning actions for health promotion for the community.

For this, there was a presentation and then a debate on the epidemiological data of the municipality's health territory, collected by the resident from the Notification Diseases Information System (SINAN), relating to environmental surveillance data, collected from spreadsheets that describe requests and services of interest to the sector in the territory, such as the creation of livestock farm in the urban area; infestations of rats, fleas and ticks in homes; cats with sporotrichosis; mistreatment of animals; inappropriate garbage and arboviruses, among others. Both sources of information, referring to the years 2014 to 2018, made it possible to discuss the relationship with the context and the social and economic vulnerability of people, as well as the interaction of human beings with animals and the environment.

After that moment, the development of integrated planning began between ASC and ACE of each UBS, which started from the discussion on carrying out joint actions, which occurred without previous planning and with difficulty in outlining integrated actions with so many daily attributions and bureaucracy. Subsequently, integrated planning started with the use of epidemiological and environmental data analysis discussed earlier, which served to define priorities for actions in the territory.

From that moment, several ideas and strategies for shared actions emerged. The first was the reconstruction of the UBS maps in order to illustrate the territories of each ACS and ACE and redefine the risks, as well as the realization of EPS and the School Health Program (PSE)[31], citing common themes that they could accomplish.

It was seen that, to improve integration, agents could use the collective spaces of UBS, such as Nasf-AB meetings or even administrative meetings, including as a way to schedule planning meetings and involve other actors. Collective activities, as potential strategies, allow the exchange of experience between agents and encourage the realization of integrated actions in an intra and intersectoral way[32,33].

The importance of political and management support for carrying out actions and the ways of doing so is emphasized. This articulation with management and the Union is understood by some researchers as important sectors to support professionals to enable and develop actions effectively[34].

It was observed that the ideas discussed are strategies to promote integration between them and it was seen that they started from discussions previously held during the first Integration Workshop ACS and ACE, confirming a study that reports the EPS process as responsible for stimulating reflections and ideas about their practices[35]. During the process, it was observed that the agents showed a feeling of appreciation, of listening, of the memory of another time, when meetings like these were held more often.

A study carried out in São Paulo[36], which used EPS as a device for co-management, demonstrated that this pedagogy was able to increase the potential for resolving problems and reduce feelings of suffering from work, assigning EPS as a strategy with the ability to enable the participation of the different actors involved and their qualification.

As presented, the realization of the workshops with the ACS and ACE allowed a resumption of integration among the professionals, causing the planning and execution of actions. There was also the recognition of other partners and programs for possible future actions. These factors contribute to the effectiveness and expansion of the range of promotion and surveillance actions in APS, providing support for the need to implement APS components that, until now, have not been carried out[37]. This demonstrates that it is necessary to carry out EPS spaces in health services

and to become institutionalized as a policy of Brazilian municipalities so that the health practices carried out in APS are transformed and implemented.

These spaces must be permanently adopted or revisited so that they can advance in the planned actions and add other actors[38]. Besides, so that the long-term results of shared planning and actions can be monitored and evaluated.

With the enactment of Law No. 13,595 / 2018[13], it is necessary to seek spaces that provide a discussion of ACS and ACE attributions, so that the strengthening of these professionals and their practices occurs, remaining aligned with the National Policy for Permanent Education in Health[20] and the National Policy for Health Promotion[21], causing an impact on the promotion of community health.

CONCLUSION

Based on the workshops held, the impact of EPS on strengthening health promotion actions in the community through the integration between ACS and ACE was observed. The promotion of dialogue between these participants is an important strategy for the approximation of categories, stimulating the emergence of ideas, which may or may not complement each other, and which result in the construction of new knowledge.

However, it is necessary to remember that the apprehension of new knowledge goes through continuous dynamic processes, dependent and, mainly, of the demand of the territory in which these subjects act. Therefore, they need permanent reflections on the work process, through accompaniment and monitoring, in an integrated way, of the AB and VS managements.

The residency was also a factor to be considered as positive, as it provoked the student's reflection in various situations to carry out integrated actions with health surveillance. The realization of the workshops showed great potential, mainly regarding the aspects of professional valorization, empowerment, and protagonism of these categories so important in AB, enabling ACS and ACE sufficient tools to improve integrated work.

In this sense, it can be said that investment in EPS should be done as a potential tool to promote the integration between ACS and ACE because it is an action that qualifies the service and has the user as the main reference, who needs health promotion actions integrally and equitably.

It is necessary to maintain the continuity of the EPS spaces and the planning and execution of integrated actions between ACE and ACS to encourage the development of these actions as a routine among these professionals during their work process.

INTEREST CONFLICTS

The authors declare that there are no conflicts of interest during the study.

CONTRIBUTION

Wêslley Natam Martins Almeida contributed to the preparation and design of the study; analysis and interpretation of data, and review of the manuscript. **Tarsila Karla Santana de Miranda** and **Luisa Macedo Cavalcante** contributed to the analysis and interpretation of data and the revision of the manuscript.

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