



## PRIMARY HEALTH CARE PROFESSIONALS' KNOWLEDGE OF HEALTH PROMOTION COMPETENCIES

*Conhecimento de profissionais da atenção básica sobre as competências de promoção da saúde*

*Conocimiento de los profesionales de la atención básica sobre las competencias de la promoción de la salud*

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### ABSTRACT

**Objective:** To recognize in the work process of Primary Health Care professionals, along with the Family Health Strategy, the domains of health promotion competencies in the face of actions carried out on the basis of the Health Promotion Competencies (CompHP) framework.

**Methods:** This is a qualitative descriptive and exploratory study carried out in the municipality of Acopiara, Ceará, Brazil. The study was carried out from March to June 2016 with nine professionals with a defined role in the Family Health Strategy. The data were collected using a structured interview and organized based on the Thematic Analysis of the participants' statements. **Results:** The professionals are not aware of the CompHP framework and its domains and proposed competencies. However, it is evident that the needs assessment, communication, leadership, possibility of changes and advocacy for health domains are manifested in the participants' statements. Thus, the professionals' knowledge and practices are linked to the aforementioned domains of CompHP competencies. The domains not manifested by professionals were: partnership, planning, implementation and evaluation in health. **Conclusion:** Professionals are unaware of the existence and purpose of the CompHP framework, which reveals the need to include them in training moments at any and all levels of training.

**Descriptors:** Health Promotion; Primary Health Care; Competency-Based Education.

### RESUMO

**Objetivo:** Reconhecer no processo de trabalho dos profissionais da atenção básica, junto a Estratégia Saúde da Família, os domínios de competências em promoção da saúde diante das ações praticadas com base no referencial das Competências em Promoção da Saúde (CompHP). **Métodos:** Trata-se de estudo descritivo e exploratório de natureza qualitativa, realizado no município de Acopiara, Ceará, Brasil. Participaram do estudo, desenvolvido no período de março a junho de 2016, nove profissionais com atuação definida na Estratégia Saúde da Família. Os dados foram coletados através de entrevista semiestruturada e organizados a partir da técnica da análise temática das falas dos participantes. **Resultados:** Os profissionais desconhecem o referencial do CompHP, bem como os seus domínios e as competências propostas. Entretanto, evidencia-se que os domínios: de diagnóstico, comunicação, liderança, possibilidade de mudanças e advocacia em saúde são manifestados nas falas dos participantes. Deste modo, os saberes e práticas dos profissionais articulam-se aos domínios de competências do CompHP supracitados. Os domínios não manifestados pelos profissionais foram: parceria, planejamento, implementação e avaliação em saúde. **Conclusão:** Observou-se o desconhecimento dos profissionais quanto à existência e proposta no referencial do CompHP, o que revela a necessidade de incluí-los nos momentos formativos, em todo e qualquer nível de formação.

**Descritores:** Promoção da Saúde; Atenção Primária à Saúde; Educação Baseada em Competências.



## RESUMEN

**Objetivo:** Reconocer el proceso de trabajo de los profesionales de la atención básica en la Estrategia Salud de la Familia y los dominios de las competencias para la promoción de la salud ante las acciones practicadas basadas en el referencial de las Competencias para la Promoción de la Salud (CompHP). **Métodos:** Se trata de estudio descriptivo, exploratorio y cualitativo realizado en el municipio de Acopiara, Ceará, Brasil. El estudio ha sido desarrollado en el período entre marzo y junio de 2016 en el cual participaron nueve profesionales con actuación definida en la Estrategia Salud de la Familia. Se recogieron los datos a través de una entrevista semiestructurada y les organizaron a través de la técnica del análisis temático de las hablas de los participantes. **Resultados:** Los profesionales desconocen el referencial del CompHP así como sus dominios y las competencias propuestas. Sin embargo, se evidencia que los dominios de diagnóstico, comunicación, liderazgo, posibilidades de cambios y abogacía en salud se manifiestan en las hablas de los participantes. Así, los saberes y las prácticas de los profesionales se articulan con los dominios de competencias del CompHP mencionados antes. Los dominios no manifestados por los profesionales fueron la compañía, el planeamiento, la implementación y la evaluación en salud. **Conclusión:** Se observó el desconocimiento de los profesionales respecto la existencia y propuesta en el referencial del CompHP lo que revela la necesidad de incluirlos en los momentos de formación en todo y cualquier nivel de formación.

**Descriptor:** Promoción de la Salud; Atención Primaria de Salud; Educación Basada en Competencias.

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## INTRODUCTION

Health promotion is a complex field that is under permanent construction and that coexists with a plurality of conceptions and actions that reflect the ways of thinking and acting, thus requiring theoretical and political frameworks that can ensure the sustainability and visibility of its actions<sup>(1)</sup>.

Health promotion involves a broad theoretical/practical field that is translated into actions that seek to identify and confront the macrodeterminants of the health-disease-care process and transform them for the benefit of health<sup>(2)</sup>. Based on this conception, subjects without clinical evidence can be strengthened with the objective of achieving greater health potential, feelings of well-being and individual and collective development<sup>(3)</sup>.

In Brazil, such actions are supported by the National Health Promotion Policy, which aims to promote equity and improve conditions and ways of living based on the broader concept of health and a theoretical framework composed of charters produced in international conferences of the World Health Organization: Ottawa (1986), Adelaide (1988), Sundsvall (1991), Jakarta (1997), Mexico City (2000), Bangkok (2005), Nairobi (2009), Helsinki (2013) and Shanghai (2016)<sup>(4,5)</sup>. The policy seeks to enhance the potential of individual health and collective health and reduce vulnerabilities and health risks deriving from social, economic, political, cultural and environmental determinants<sup>(6)</sup>.

Health promotion refers to practices and behaviors that seek to improve the health of the population through initiatives aimed at improving well-being and quality of life<sup>(7)</sup>. These initiatives favor the empowerment of the individual and community, leading them to seek and act under the social determinants with sustainable and multi-strategic actions. The initiatives are mainly consolidated in the Family Health Strategy through comprehensive care and social participation<sup>(8,9)</sup>.

The recent growth of public health promotion policies, which is noted in the international scenario, has brought to light the need to develop some competencies in professionals who carry out health promotion actions. Therefore, it is necessary for the health professional to develop competencies through a combination of knowledge, skills and attitudes that will enable the development of standardized activities, thus improving their practice and ensuring their effectiveness, quality and ethical nature<sup>(10,11)</sup>.

Given the advances in the construction of sets of health promotion competencies, it became necessary to create a theoretical framework which should be shared by all countries to guide health promotion actions. In this regard, the European initiative of the International Union for Health Promotion and Education formulated the project named Developing Competencies and Professional Standards for Health Promotion Capacity Building in Europe (CompHP), which was structured based on a set of core competencies for the development of effective health promotion actions, including ethical values, knowledge, skills and attitudes listed in 47 competencies organized in nine domains with the requirements for the improvement of each competency. These domains are: enable change, advocate for health, partnership, communication, leadership, assessment, planning, implementation, and evaluation and research<sup>(12)</sup>.

Recent scientific research reviews have shown that there is still limited production on the subject, which is marked in Brazil by the disparity in the concentration of these publications in certain regions, with a larger number of publication in the Southeast region<sup>(12,13)</sup>. Faced with this problem and based on the idea that only professionals with these competencies are able to carry out effective health promotion actions in society<sup>(10)</sup>, the following question has been raised: Do primary health care professionals know the domains of competency for health promotion listed in CompHP? Which domains of competency for health promotion listed in CompHP are evident in the knowledge and practice of these professionals?

The study of this issue contributes to the development of the fields of public health and health promotion as it fosters reflections and criticisms about the current health training processes and practices to improve professional practices in the field. In addition, it fills gaps in the literature and contributes to a better distribution of Brazilian research on health promotion competencies, thus collaborating with advances in studies in the Northeast region. Finally, the transformations of health practices resulting from the training of health professionals with the knowledge, skills and attitudes to promote health in an efficient way should be highlighted.

Given the need for greater attention and improvement of the technologies and concepts used for health promotion, this study proposes to recognize in the work process of Primary Health Care professionals, along with the Family Health Strategy, the domains of health promotion competencies in the face of actions carried out on the basis of the Health Promotion Competencies (CompHP) framework.

## METHODS

This study was carried out using a qualitative descriptive and exploratory design which is adequate to the research object, considering the knowledge gaps and little exploration of the phenomenon in Brazil and in the context of primary health care<sup>(14)</sup>.

The locale of the study was the municipality of Acopiara, Ceará, Brazil, located in the Midsouth region of the state, with a population of approximately 51,160 inhabitants and a total area of 2,265,349 km<sup>2</sup>, 345 km away from the capital. The municipality has 21 primary health care centers divided into Family Health Strategy and Community Health Workers teams<sup>(15)</sup>. The municipality was chosen as the locale of the study because it is served by the Family and Community Health Multidisciplinary Residency Program of the Ceará School of Public Health.

The study was carried out from March to June 2016 with nine professionals with a defined role in the Family Health Strategy teams. This sample was indicated by the Coordinator of Primary Health Care in the municipality based on the following inclusion criteria: primary health care professional (ESF) and resident working in the municipality. The sample consisted of the total number of professionals who met the inclusion criteria.

Data were collected using a semi-structured interview based on a set of guiding questions developed by the researchers based on the domains of competency for health promotion listed in CompHP. The questions were as follows: What do you know about health promotion competencies? Which knowledge, skills and attitudes are needed for health promotion practices? The interviews were recorded in a private place and lasted an average of 30 minutes. They were recorded in a digital audio format and then transcribed.

After transcription, the data were organized using the thematic analysis technique, which consisted of the following phases: pre-analysis, which consisted of initial reading of the material, definition of registration and context units and form of categorization (phrases, themes, characters and/or events); exploration of the material, which consisted in highlighting the registration units in the text and classifying and dividing the data into definitive categories; and treatment and interpretation of the obtained results, in which the researchers made formulations and interpretations by relating the findings with the scientific literature and the domains of competency for health promotion listed in CompHP<sup>(16)</sup>.

Two categories emerged from the participants' interviews: "Health promotion knowledge and its relationship to the domains of CompHP" and "Professionals' lack of knowledge about CompHP and the domains of competency for health promotion".

The participants who met the previously established criteria signed the Free and Informed Consent Form approved by the Research Ethics Committee of the Ceará School of Public Health (Approval No. 1.403.574). To guarantee the anonymity of the interviewees, the name "professional" was used followed by a number according to the order of the interviews.

## RESULTS AND DISCUSSION

Below is the descriptive corpus constructed in the study from the following categories.

### Health promotion knowledge and its relationship to the domains of CompHP

The category "health promotion knowledge and its relationship to the domains of CompHP", revealed by the health professionals, is related to the forms of disease prevention and quality of life.

*"Health promotion is, above all, to promote health education, because we have to focus on prevention and not on the disease. (...)"*. (Professional 7)

*"It is to work with a focus on health rather than on the disease. It consists of actions that will, for example, talk about how to take care of health to avoid some disease in the future"*. (Professional 4)

They are also related to the means to promote personal empowerment, moving towards the search and maintenance of health through actions that generate information and problematize reality.

*“(...) actions that really seek to promote quality of life, that really seek to awaken in people this empowerment with regard to their health.” (Professional 4)*

*“I think health promotion is to train users to bring health to their territory (...)”. (Professional 8)*

The knowledge expressed in the interviews reinforce a traditional view of health promotion, i.e., the use of resources to transmit information to individuals and their communities aiming at disease prevention based on a model that focuses on the secondary social determinants and the natural history of diseases<sup>(17)</sup>. However, characteristics of the new health promotion movement merge with the traditional view by emphasizing the importance of empowering the individual and the community to make them autonomous and managers of their health and quality of life.

Nowadays, health promotion is understood a broad field translated into actions that seek to identify and confront the macrodeterminants of the health-disease-care process and transform them for the benefit of health<sup>(18)</sup>. Therefore, the goal of achieving a healthy lifestyle and individual well-being is achieved based on an idea of global well-being.

In this context, it is important to emphasize the importance of understanding the historical and theoretical frameworks of health promotion in order to have trained professionals with competencies to work in this field with a view to overcoming the predominantly biological, curative, medical, centered and unintegrated approach to health practices. That is, there is a need to build competencies based on the adoption of theoretical frameworks such as CompHP<sup>(19)</sup>.

The domains of competency for health promotion listed in CompHP include a minimum set of competencies based on the concepts and principles of health promotion outlined in the Ottawa Charter and other charters of the World Health Organization that any health promoter should build to work efficiently, effectively and appropriately in the field<sup>(20)</sup>.

Structurally, the competencies built by CompHP are organized into domains that include specific and interlinked areas of health promotion practices and the appropriate skills associated with relevant practices in the field. Thus, building all the domains is key to carrying out effective health promotion actions that can contribute to a greater recognition and validation of health promotion and the work performed by health professionals<sup>(20)</sup>.

Thus, investment should be made to build the set of domains of competency, which should be permeated by a solid framework of ethical aspects and key knowledge on health promotion<sup>(21)</sup>.

The analysis of this category revealed the relationship between the interviewees' knowledge and the “enable change” and “advocate for health” domains.

The domain “enable change” is manifested by the intent to trigger other people to seek positive health changes. It is the activation of individuals and collectivities to act towards capacity building for health promotion action to improve health and reduce social inequities<sup>(22)</sup>. The aim of bringing about real changes is directly linked to the motivation of the professionals and users involved, and it is essential that these social actors be engaged in a dynamic and participative way, sharing goals, being interdependent, and focusing on horizontality and co-responsibility<sup>(23)</sup>.

On the other hand, the domain “advocate for health” refers to the claim – with and in favor of individuals and their collectivities – to improve health and well-being<sup>(21)</sup>. In the context of health promotion, it directs the concrete and effective participation of the community in the processes of health production and in public policies in the field through the empowerment and strengthening of spaces of democracy<sup>(24, 25)</sup>.

It should be noted that the presence of the domains of competency for health promotion mentioned above was identified in the participants' interviews. However, they did not possess a concrete knowledge about them as for what the health promotion competencies listed in CompHP are.

### **Professionals' lack of knowledge about CompHP and the domains of competency for health promotion**

This category shows that the professionals interviewed in the present study do not know the CompHP framework and its domains and proposed competencies. The following statements reveal these findings:

*“This term ends up being new to me. I really do not know these competencies for health promotion.” (Professional 2)*

*“No, I do not know about that.” (Professional 5)*

When discussing the knowledge that professionals should possess to carry out health promotion activities, characteristics consistent with the domains “assessment” emerged as the participants were aware of the need to have access to the reality and potentialities of a context to support and direct health actions. The participants also demonstrated “communication” competencies as they used several techniques and technologies to reach individuals and collectivities in their contexts, and “leadership” competencies, as they contributed to building a shared view that guided activities and services aimed at health promotion.

*"(...) I think it consists of identifying the vulnerabilities too, doesn't it? Assessing the needs and what we see they are in need of. And based on that, we try to carry out some activity, not only at that moment, but something that can be continued and that I can start on my own." (Professional 1)*

*"It is much more about the way he is going to address a certain subject so that it is not such a boring thing; there needs to be more dialog and resourcefulness because if it is just a lecture they will not pay attention. It needs to be something more dynamic." (Professional 4)*

*"(...) We need to take initiative and have goodwill, empathy and, mainly, persistence and willpower, because it is complicated to work for health promotion." (Professional 9)*

The domains of CompHP are important for practice as they can turn health professionals into health promoters. In this regard, the professionals' interviews point to three domains, namely: assessment, communication and leadership.

"Assessment", as a domain of competency for health promotion, encompasses the recognition of the territory and its political, economic, social, cultural, environmental, behavioral and biological peculiarities<sup>(10)</sup>. In short, it consists of analyzing the spatial context in order to identify information relevant to the decision-making process and to support the definition of health strategies<sup>(10)</sup> and actions related to the health-disease-care process<sup>(26)</sup>.

The domain "communication" addresses the adoption of techniques and technologies to communicate – verbally and/or non-verbally – actions to promote health in an effective way that must be suitable to the reality<sup>(21)</sup>. It consists, therefore, of the development of the ability to connect with individuals and collectivities in a process that is based on dialog, discussion and dissemination of health promotion actions.

Finally, the domain "leadership" consolidates the knowledge, skills and attitudes required to work with the various actors of the territory, engaging them and motivating them to improve. It includes, therefore, the construction of a collectively shared view, with definitions of strategic directions for health promotion actions<sup>(6)</sup>. Leadership helps to overcome fragmented behaviors and fosters action based on dialog and evidence-based practices, with a positive impact on health promotion processes<sup>(22)</sup>.

In the present study, the presence of the domains identified in the professionals' interviews suggests that the actions carried out by the professionals interviewed can effectively impact on people's lives.

Other areas required for a health promoter's practice were not identified in the professionals' interviews: partnership, planning, implementation, and evaluation and research.

The partnership domain involves the cooperation among various actors and sectors to increase the impact of health promotion actions and is closely linked to both internal and external intersectorality<sup>(10)</sup>.

The planning, implementation and evaluation and research domains, as well as the assessment domain, comprise competencies of a cyclical administrative process of health promotion activities and actions which involves having access to the needs and potentialities of a given context and thus set goals and objectives together with key people, carrying out actions in the community and in accordance with public policies based on research and studies, thus ensuring their continuous evaluation and (re)adequation.

In general, the competencies for health promotion direct the integration of the professional to the daily life of the health services, improving the practices from the creation and management of spaces for analysis and reflection, knowledge articulation and renewal of the capacity to face complex situations in the health field, thus building skills, knowledge and attitudes that are key to transforming health reality<sup>(28)</sup>.

Finally, there is a transition in health promotion practices. That is, the new health promotion is proceeding to consolidate itself in the context of primary health care professionals. To ensure the effectiveness of these actions, professionals must build competencies for health promotion.

Given that, health promotion manifests itself as a strategy to break and overcome the biomedical paradigm and thus strengthen the public health field and place itself across the levels of care. Furthermore, it sees the health-disease-care process in a broad way, considering the individual and collective singularities and the determinants of health. It strengthens the actions carried out by professionals working in the Family Health Strategy with a view to putting into effect primary health care and contributing to the improvement of the health conditions and the way of living of the population.

This study aimed to know primary health care professionals' conceptions from a qualitative and interpretative perspective. Therefore, it should be noted that most of the domains of the CompHP observed were identified by the researchers from the treatment and interpretation of the information, i.e., they were not directly mentioned by the participants, which can be acknowledged as a weakness. Therefore, further research should be carried out using different methodological approaches in order to prove and/or complement the exposed findings.

This study contributes to health promotion and public health by elucidating primary health care professionals' approximation with and appropriation of the domains of competency for health promotion, which have been proven to be weakened in their reality. Therefore, it is important to strengthen health policies and training of professionals in the field so that they can build

competencies for an effective practice that must be suitable to reality. Finally, CompHP has the potential to be a theoretical framework for the training of professionals who are able to promote health and for the monitoring of these practices.

## FINAL CONSIDERATIONS

Considering the CompHP a theoretical framework for competency for health promotion, we observed that the professionals did not know about its existence and proposal, which demonstrates the need to include discussions about these competencies and their theoretical framework in their education – any and all levels of education – given its holistic and transversal nature. With regard to the domains of competency listed in CompHP, the professionals' interviews exhibited aspects of the enable change, leadership, assessment, communication and advocate for health domains, which were present in their knowledge and practices.

It should be noted that these domains must be strengthened so that professionals become aware of its existence and practice. In addition, there is an urgent need to encourage the building of other domains not manifested by professionals: partnership, planning, implementation, and evaluation in health.

## CONFLICTS OF INTEREST

There were no conflicts of interest during the development of this research.

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