



## HEALTH GYM PROGRAM: OPERATIONALITY, ACTIONS AND INTEGRATION

*Programa academia da saúde: operacionalidade, ações e integração*

*Programa gimnasio de la salud: operacionalización, acciones e integración*

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### ABSTRACT

**Objective:** To analyze users', managers' and health workers' perception of the operability of and actions developed in Health Gym facilities and their integration with other facilities within the Healthcare Network (Rede de Atenção à Saúde – RAS).

**Methods:** This qualitative study was carried out in three municipalities located in the Macroregion of Cariri, Ceará State, Brazil. Semi-structured interviews were held with the study participants: 15 users, three health workers and three managers involved in the implementation, monitoring and supervision of the activities held in the facilities between October 2016 and January 2017. Data analysis was based on the methodological and analytical framework based on critical hermeneutics. **Results:** The Health Gym Program (Programa Academia da Saúde – PAS) has had a positive influence on engagement in physical activity among users and hence led to improvements in health status and quality of life. The findings show the dynamics of the operation and organization of the activities, particularly the advantages and difficulties regarding their operability, the actions frequently developed, the observed advances in relation to health promotion and quality of life, and the comprehensiveness of the PAS.

**Conclusion:** Users, health workers and managers share the same perception about the improvements in the health status of the population served by Health Gym facilities. Moreover, its operation is considered good despite the difficulties related to the structural, material and input aspects of the facilities in each context analyzed.

**Descriptors:** Health Programs; Health Promotion; Integrality in Health.

### RESUMO

**Objetivo:** Analisar a percepção de usuários, gestores e trabalhadores da saúde sobre a operacionalidade, as ações desenvolvidas nos polos da Academia da Saúde e a sua integração com os demais pontos da Rede de Atenção à Saúde (RAS). **Métodos:** Estudo qualitativo desenvolvido em três municípios localizados na Macrorregião do Cariri, estado do Ceará, Brasil. Realizaram-se entrevistas semi-estruturadas com os participantes do estudo: 15 usuários, três trabalhadores da saúde e três gestores envolvidos na execução, monitoramento e supervisão das atividades dos polos, entre outubro de 2016 e janeiro de 2017. A análise dos dados foi pautada na proposição metodológica e analítica fundamentada na hermenêutica crítica. **Resultados:** O Programa Academia da Saúde (PAS) tem demonstrado influências positivas na prática de atividade física da população usuária e, conseqüentemente, melhorias na condição de saúde e na qualidade de vida. Os resultados encontrados revelam a dinâmica de funcionamento e organização das atividades, destacando: as facilidades e dificuldades quanto a sua operacionalidade; as ações frequentemente desenvolvidas; os avanços observados em relação à promoção da saúde e à qualidade de vida; e a integralidade no PAS. **Conclusão:** Os usuários, os trabalhadores de saúde e os gestores compartilham a mesma percepção em relação à melhoria nas condições de saúde da população atendida nos polos da Academia da Saúde, e, no que se refere



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Received on: 09/07/2018

Accepted on: 01/28/2019

ao funcionamento, tem sido considerado bom, apesar de dificuldades relacionadas aos aspectos estruturais, de materiais e insumos dos polos em cada contexto estudado.

**Descritores:** Programas de Saúde; Promoção da Saúde; Integralidade em Saúde.

## RESUMEN

**Objetivo:** Analizar la percepción de los usuarios, los gestores y los trabajadores sanitarios sobre la operacionalización, las acciones desarrolladas en los polos del Gimnasio de la Salud y su integración con los demás puntos de la Red de Atención a la Salud (RAS). **Métodos:** Estudio cualitativo desarrollado en tres municipios de la macro región de Cariri, estado de Ceará, Brasil. Se realizaron entrevistas semiestructuradas con los participantes del estudio: 15 usuarios, tres trabajadores sanitarios y tres gestores involucrados con la ejecución, el monitoreo y la supervisión de las actividades en los polos entre octubre de 2016 y enero de 2017. El análisis de los datos ha sido fundamentado en la proposición metodológica y analítica basada en la hermenéutica crítica. **Resultados:** El Programa Gimnasio de la Salud (PGS) ha presentado influencias positivas para la práctica de actividad física de la población usuaria y, en consecuencia, para la mejoría de la condición de salud y la calidad de vida. Los resultados revelan la dinámica de funcionamiento y organización de las actividades con realce para las facilidades y dificultades de su operacionalización; las acciones desarrolladas con frecuencia; los avances observados en la promoción de la salud y la calidad de vida; y la integralidad del PGS. **Conclusión:** Los usuarios, los trabajadores sanitarios y los gestores comparten la misma percepción respecto a la mejoría de las condiciones de salud de la población asistida en los polos del Gimnasio de la Salud y, sobre el funcionamiento, lo mismo ha sido considerado bueno pese a las dificultades de aspectos estructurales, materiales y insumos de los polos en cada uno de los contextos estudiados.

**Descritores:** Planes y Programas de Salud; Promoción de la Salud; Integralidad en Salud.

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## INTRODUCTION

The Health Gym Program (*Programa Academia da Saúde – PAS*) is a strategy for health promotion and production of care in Brazilian municipalities launched in 2011 by Ministerial Ordinance No. 1401, of June 15, and redefined by Ordinance No. 2681 dated November 7, 2013. The purpose of the PAS is to implement gym facilities with adequate infrastructures and qualified professionals to encourage physical activity and foster healthy eating in Brazilian municipalities with the use of federal resources<sup>(1)</sup>. Its creation aimed to promote body practices, regular physical activity, healthy eating, health education and interdisciplinary follow-up and contribute to the production of care and healthy and sustainable lifestyles in the general population<sup>(2)</sup>.

The PAS offers services that ensure the provision of care focused on the particularities of the current scenario, which consists of the populations' illness and mortality mainly driven by noncommunicable diseases (NCDs). The program is part of the Healthcare Network (*Rede de Atenção à Saúde – RAS*) and it enhances collective actions and care and sets the scene for experience and knowledge exchange<sup>(2)</sup>. The development of the program represents a strategy based on sectoral policies to improve the quality of life of the population through Primary Health Care (PHC), health promotion practices, care comprehensiveness, the fight against NCDs and the promotion of healthy lifestyle<sup>(3)</sup>.

The implementation of the PAS is a result of the repercussions brought about by the process of industrialization and urbanization in the country, which led to the appearance of major changes in morbidity and mortality patterns and to a significant increase in NCDs. These diseases are responsible for more than half of the overall mortality and for the high hospitalization costs, thus generating a great economic impact on the health system and a decrease in the quality of life and health of the population<sup>(4)</sup>. Recent studies have shown that one-third of adults worldwide are physically inactive, which has led to more than 5.3 million deaths annually<sup>(5)</sup>; additionally, physical inactivity is a major risk factor for NCDs.

Faced with the need to set goals to reduce these rates, the Ministry of Health launched in 2011 the National Plan for Tackling NCDs<sup>(6)</sup>, which establishes health promotion actions<sup>(6)</sup> with the purpose of promoting physical activity, healthy eating, active aging and the prevention and control of excessive drinking and smoking through partnership with PHC and multidisciplinary and interdisciplinary work. These objectives are in line with the priority idea of creating the PAS<sup>(7)</sup>.

Given the importance of implementing Health Gym facilities in the various Brazilian municipalities, until May 2015 there were 1,165 gym facilities implemented nationwide. If the facilities of similar origin are considered, such as the City Gym Program (*Programa Academia da Cidade – PAC*) in Recife, Pernambuco, Brazil, this total would

reach 4,240 facilities. These facilities received federal funding for their improvement and building stages in 2,849 municipalities in the country<sup>(6)</sup>.

The PAS is born out of timely experiences in encouraging physical activity and, consequently, changing life habits in programs implemented in Brazilian capitals such as Recife, Aracaju, Belo Horizonte and Curitiba<sup>(9)</sup>. For the proper functioning of the program, the facilities must have adequate infrastructure and equipment for individual and collective activities guided by trained professionals<sup>(9)</sup> who should develop actions to promote physical activity and health promotion based on the specificities of each group. In addition, these actions must be linked to PHC professionals.

The actions developed by the PAS are cross-cut by health promotion, which is understood as the various options offered to promote an individual's active and autonomous action to control the conditioning factors and determinants that affect their health and the quality of individual and collective life so that they can participate in the control of this process<sup>(10)</sup>. The National Health Promotion Policy (*Política Nacional de Promoção da Saúde – PNPS*) includes actions that are in line with the PAS, such as healthy eating, regular physical activity, smoking prevention and control, and the reduction of the abuse of alcohol and other drugs<sup>(10,11)</sup>.

In this regard, the PAS works as a health promotion strategy and requires effective intersectoral actions to function. Thus, for health promotion to be consolidated, there must be articulation between the various sectors of society and the population for the implementation of intersectoral actions aimed at achieving the goals of the health promotion policy<sup>(12)</sup>. The implementation of intersectoral actions requires ensuring the comprehensiveness of the PAS, as it needs to be in line with the other health care services of the RAS, such as the Family Health Care teams and the Family Health Care Support Center (*Núcleo de Apoio à Saúde da Família – NASF*). Furthermore, there needs to be an articulation between the PAS and the different actors involved in this process, such as managers, health workers and users.

In addition, health promotion policy actions should be focused on individual and collective particularities with the aim of guaranteeing autonomy and self-care in accordance with the articulation of strategies among Healthcare Networks<sup>(13)</sup>. Participatory construction involving users, managers and health workers provides the knowledge of the real needs of each community, helps to outline goals and strategies to be developed in the facilities, and allows observing the effectiveness of care plans, the articulation between the people involved and the impact on the life of the population.

In Brazil, PAS-like programs previously created through municipal initiatives to improve the population's health carried out actions to promote physical activity and health. After the creation of the PAS, they had the opportunity to apply for funding and thus enhance the previously developed strategies<sup>(4,14-17)</sup>.

Although the program has well-delimited objectives and priorities, studies carried out with similar programs have pointed out limitations and challenges in the operation of the facilities due to the lack of materials, infrastructure and adequate training of professionals, which have a negative impact on its operation and hence a decline in the expected results<sup>(3,17,18)</sup>.

Facilitating factors are also present in the reality of the PAS facilities, such as the strengthening of the bond between the population and the professionals. This bonding helps in knowing the real needs of the community and of each user, thus allowing the elaboration of a care plan specific to each context and respecting subjectivity. Another positive element in this process is the intersectorality between managers and professionals, which ensures effective operability and facilitates overcoming possible difficulties and limitations<sup>(17)</sup>.

Thus, studying the daily life of the Health Gym facilities allows to know the health promotion activities developed and their impact on the quality of life and health of the population enrolled in the program. In addition, it helps identify positive and negative points that influence its operability. It also makes it possible to assess the existence or not of articulation between professionals directly linked to the program, managers, ESF professionals and other services of the RAS.

In view of such discussion and willing to contribute to the strengthening of the PAS, the following question should be asked: "How do users, managers and health workers perceive the PAS based on issues related to the operability and actions developed in the program facilities and its integration with the other programs or services of the RAS?" For better understanding the object of study, we used critical hermeneutics, in which the basis of analysis is social praxis within a critical and analytic perspective<sup>(19)</sup>.

The objective of this study is to analyze users', managers' and health workers' perception of the operability of and actions developed in Health Gym facilities and their integration with other facilities within the Healthcare Network (*Rede de Atenção à Saúde – RAS*).

## METHODS

In accordance with the nature of the object of study, we chose to carry out a qualitative study, which consisted of the analysis of the intersubjective processes of the social context to improve the understanding of human production based on critical hermeneutics<sup>(19)</sup>. Thus, we focused on understanding care and management practices in the daily operation of the Health Gym Program located in the Cariri region in the state of Ceará.

The state of Ceará, Brazil, is divided into five health macro regions (Fortaleza, Cariri, Sobral, Sertão Central and Litoral Leste) and each of them is subdivided into regions totaling 22 areas that accommodate the municipalities inherent to each one<sup>(20)</sup>.

Thus, this study was carried out in three municipalities located in the health macro region of Cariri, which maintain facilities of the Health Gym Program and present demographic conditions of mid- and small-sized regions. The selection was made by identifying the representatives of each group that is part of the Health Gym Program: users, health professionals and health managers. Users were selected based on their regular use and enrollment in the Family Health Strategy. Health workers were those working in the teams of the Family Health Support Center and Primary Health Care Center. Managers should be managerial coordinators of the program in the municipality.

Data were collected from October 2016 to January 2017 using semi-structured interviews<sup>(21)</sup>. The questions addressed the operation of the facilities, the strengths and weaknesses of the program, and the integration of the program with the healthcare network aiming at health promotion and disease prevention. The questions were mainly focused on the effectiveness of the program in improving quality of life and consolidating public health policies.

Pointed by the health team, the users were invited to participate in the present study during their activities in the facility. An informative opening was conducted by the managers to disclose some information. The researchers were previously identified and authorized to carry out the procedures. The interviews were previously scheduled and recorded with the participants' permission. They were held in a private place and lasted 20 minutes each. Cordiality between the interviewer and interviewee was ensured.

Data collection was finished after saturation<sup>(22)</sup>. The sample, therefore, consisted of 21 participants (15 users, three health workers and three managers).

The data were analyzed based on the methodological and analytical framework of critical hermeneutics<sup>(19)</sup>, in which the presentation of the narratives is part of the senses and meanings expressed in the questions and analysis. The process of data analysis involved three steps: data ordering, classification and final analysis. During data ordering, the collected material was reassembled into written material through transcriptions and annotations consolidated by the researcher. The written material, in the form of narratives, was thoroughly read and the data were organized.

The classification of the data started with the initial and thorough reading of the narratives to check for relationships with the purpose of clustering meaning units from the central ideas about the subject. The analysis of the empirical data was based on the categories resulting from the articulation between different information and the theoretical framework<sup>(19)</sup>. Thus, three thematic categories emerged: "The operability of the Health Gym Program"; "Promotion of health and quality of life of PAS users"; and "Comprehensiveness of actions: articulation with the ESF and NASF teams".

The interviewees were informed about the objectives, purposes and procedures of the research and were then invited to participate voluntarily. Agreement to participate was expressed by signing an Informed Consent Form that respected the ethical principles of research involving human beings<sup>(23)</sup>. Considering the need to protect the identities of the participants, the following codes were used: for the municipality (Mun01, Mun02, Mun03); for users (US01 ...); for health workers (HW01 ...); and for managers (MA01 ...).

The project was approved by the Research Ethics Committee of the Regional University of Cariri (*Universidade Regional do Cariri – URCA*) under Approval No. 328.933.

## RESULTS AND DISCUSSION

This section will present and discuss the results of the study, which were grouped into the following categories: "The operability of the Health Gym Program"; "Promotion of health and quality of life of PAS users"; and "Comprehensiveness of actions: articulation with the ESF and NASF teams". These categories will be discussed in the light of the literature.



## The operationality of the Health Gym Program

This category describes the data on the operation and organization of the PAS and highlights the advantages and difficulties observed by the study participants, as well as the main actions developed.

Operationality is a key concept when discussing the PAS to achieve results in terms of health promotion and impact on people's quality of life. One of the main operational issues involves the operation and organization of facilities. Their operation must be in line with the intervention proposal. The results, however, revealed divergences in the municipalities.

Mun01 users consider the facility operates well and is accessible to the entire population and emphasize that being public and free and having a professional to conduct the activities are positive aspects. From the perspective of a health worker from the same municipality, although the facility operates well, there is a need for greater investments because the demand has increased due to the recognition of the benefits for the population.

A negative perception of the operation of the facilities predominated among the participants in Mun02. According to some users, infrastructure and equipment are "poor". According to the health worker, the inputs for the development of the actions are still insufficient. From the manager's point of view, there are weaknesses in the operation due to lack of financial resources. It should be noted that the PAS activities in this municipality were interrupted for some time due to political issues, as shown in the participants' statements.

The users in Mun03 say the facility operates well and emphasize that it has contributed to the improvement of self-esteem and quality of life. One user rated the operation as fair but did explain why. From the professional's point of view, the operation is regular and promising and much can still be done to achieve the proposed ideal structure and organization. The manager of Mun03 did not answer all the questions because he had been in the job for only two months; however, he acknowledged great incentive on the part of the management office to guarantee the facility operates effectively:

*"[...] I think that it enhances people's knowledge, we make more friends, we get to know people more, we get more information about health, they always hold information events like mental health events, breast cancer campaigns and others. There is everything here, [...], everything takes place here. As this place gathers more people, it is a very good way to promote the campaigns." (Mun01/Us03)*

*"I think the operation is still a bit poor, especially because the city is big now and deserves something bigger, a more adequate, bigger space; but it is a great initiative, few cities here in the region have this. I think it is a great initiative, but it still needs better public investment." (Mun02/Us02)*

*"[...] I think it is promising and regular. [...] so, as we know, people need programs like that to optimize the promotion and quality of life of the people involved; therefore, the more participants, the better the health of the population and the lower the use of medication [...]." (Mun03/HW01)*

The assessment of the social actors involved in conducting and participating in the actions of the PAS facilities also revealed advantages and difficulties in this process. The main facilities perceived by the users of the three municipalities were: easy location, activities' flexible hours, being free of charges, and the possibility of using the different equipment in the facilities. The advantages reported by health professionals and managers varied and were mainly related to professional experience as a facilitator of the development of care actions. In addition, they emphasize the flexible places for physical activity and the support from the NASF and the Health Secretariat. They also say that PHC is responsible for the actions and planning:

*"Oh, because it is very close, it is safe [...]." (Mun01/Us03)*

*"As it is a public area, there are many advantages for you to set some time and come and exercise a little; as there is no security guard to ask for permission, you can come and go whenever you want; it makes it a lot easier for you to go to the gym." (Mun02/Us01)*

*"One advantage is that it is close to work and that you improve even more each day in the gym." (Mun03/Us02)*

As for the difficulties, there were some specificities across the groups of participants. The users recognize that personal limitations related to health conditions end up hindering their participation in the PAS actions. Other difficulties reported were lack of investment, inadequate infrastructure and lack of equipment maintenance:

*"It is hard for me because of the pain I feel, the joint pain; I wake up like that, with pain, and I do not feel in the mood to come here to warm up." (Mun01/Us03)*

*“Investment, just investment, because there is the structure. If there was investment for us to buy other materials, other equipment, it would be better [...]” (Mun01/HW01)*

*“But I think there should be more incentive from both the state and the city governments. The managers should help more. I think it is a little abandoned.” (Mun02/Us05)*

*“The greatest difficulty is the lack of time.” (Mun03/Us03)*

A cross-sectional study<sup>(4)</sup> on the effectiveness of the program found that about 72.8% of the users interviewed were highly satisfied. As for the difficulties that may interfere with the continuity of the users' participation in the PAS, an evaluation study<sup>(4)</sup> found that 90.6% of the users stopped participating for personal reasons and 9.4% stopped participating for reasons related to the program. Personal reasons include lack of time, illness, distance to the facility, lack of personal motivation to participate in a physical activity program. The reasons related to the program were: class hours, belief that the program is weak, and lack of material to carry out the activities.

The results regarding the actions developed revealed that the activities in the facilities are mainly related to body practices and physical activity. The following activities stand out: walking, stretching, flexion exercises, abs exercises, and pull-up bar exercises, running, aerobics, dancing, and step workout. In addition, the gym is seen as a place for socializing and being in contact with nature:

*“Walking, stretching exercises, exercises done with her [professional] too, because three times a week we do exercises with her, which is great too, and walking, which is fundamental. On Mondays, Wednesdays and Fridays we do the exercises. She starts around fifteen to six, ten to six, which is the time when there are more people here.” (Mun01/Us02)*

*“I do abs exercises, flexion exercises, and I also run “short races”, walk a little, and the results have been good so far.” (Mun02/Us01)*

*“The main activities we do are using the ball, dancing and step exercises. I enjoy a lot doing each of them [...]” (Mun03/Us02)*

According to the health worker from Mun02, health education activities are also carried out and they include guidelines on healthy life habits:

*“[...] There are issues related to eating, and there are even exercises that they could do on the days that we cannot meet [...]” (Mun02/HW01)*

The same actions are carried out in the Mun03:

*“[...] in addition to individualized follow-up, such as consultations and guidance, we also carried out collective activities, such as lectures, in which guidelines were directly provided by the NASF and ESF professionals.” (Mun03/HW01)*

The results of the 2016 Monitoring of PAS<sup>(24)</sup> reveal that out of 1,372 municipalities 98.6% offered body practices and physical activity, 81.9% developed healthy eating actions, and 79.2% carried out health education actions. In 61.7% of them there are activities to tackle tobacco use and in 49.3% there are activities to tackle the abuse of alcohol and other drugs. There was a low percentage of other activities (promotion of a culture of peace, discussion of issues related to safe mobility and sustainable development, artistic and cultural practices and/or integrative and complementary practices)<sup>(24)</sup>. These data corroborate the results of another study<sup>(6)</sup> that showed a prevalence of body practices and physical activity combined with health education actions.

### **Promotion of health and quality of life of PAS users**

With regard to this category, users of the facilities of the Health Gym Program in the cities analyzed perceived a positive impact of the activities on the improvement of their health condition and quality of life. They say physical activity is responsible for the control of chronic diseases, such as arterial hypertension and diabetes mellitus, the prevention of diseases, the improvement of symptoms related to certain health conditions, the adoption of healthy habits, and the well-being:

*“There are many people here who have problems, right, arthritis, arthrosis... these kinds of problems that come with age, and everyone reported feeling better after they started coming here.” (Mun01/Us03)*

*“Oh, a lot. My blood pressure problem, people who have diabetes, right, there are many good things. It prevents*

*a lot of things in those who participate, right.” (Mun01/Us04)*

*“[...] it will improve health because physical activity lights up the soul, the body; working out, working, making the blood flow through the body...” (Mun02/Us02)*

*“In the best possible way. People develop healthy habits, well-being, increase their self-esteem; so, I think that the facility is of great value to the population. Many people seek it, it is very good, it is very important to engage in physical activity in order to live a healthy life.” (Mun03/Us04)*

The statement made by the manager from Mun02 corroborates the users' statements about the contribution of the actions developed in the facilities to the promotion of health and quality of life of the population.

*“[...] every month we measured and found a small decrease in glucose levels, blood pressure lowered a little, there was already a certain control over such situations, and physical activity is a habit. If you go one, two, three, four, five days and the next week you do not go, you will miss it.” (Mun02/Gt01)*

These statements demonstrate that promoting health and a healthy lifestyle should be prioritized within the actions developed by the professionals working in the Health Gym facilities.

The findings of another study<sup>(25)</sup> reaffirm PAS as an intervention to promote urban health and equity. In addition to providing physical activity to the most vulnerable population and promoting the right to health in the city, the program seems to act upon outcomes other than lifestyle.

Health promotion is urgently needed to improve the population's health and quality of life in a worrying scenario as the world faces a triple burden of disease consisting of the unfinished agenda of communicable diseases, new emerging and reemerging diseases and the unprecedented increase in noncommunicable diseases.

### **Comprehensiveness of actions: articulation with the ESF and NASF teams**

This category shows that the actions developed in the Health Gym facilities need to be in line with the other services of the healthcare network of each municipality, mainly with the ESF and NASF teams, in order to ensure the continuity of care and the comprehensiveness of actions. In the cities analyzed, health workers and managers mentioned the articulation of the ESF and NASF with the PAS, both in the programming of integrated actions (monthly meetings are held to elaborate a schedule of activities) and in the individual follow-up of the users who are referred according to their health needs. Despite not knowing the reality of the other programs in the municipality, the health worker from Mun02 recognizes the importance of joint work between ESF, NASF and PAS:

*“[...] The NASF and the Family Health Strategy, everyone supports the Health Gym program, everyone helps. We hold many events, there are many partnerships.” (Mun01/HW01)*

*“It is a well articulated work. Every month the teams meet with the coordinators to plan and elaborate the schedule of activities. [...] All the actions developed in the two Health Gym facilities aim to comply with the principles of SUS, including the comprehensiveness of the activities and services. The collective activities carried out are organized based on the needs identified in the healthcare services of the municipality.” (Mun01/MA01)*

*“[...] We have partnerships with NASF, and the professionals who participate are a psychologist and a nutritionist, and with the ESF, with physicians, technicians and nurses who are part of the life and health care of the population.” (Mun03/HW01)*

In a study<sup>(17)</sup> about the program in the municipality of Rio de Janeiro, intersectoral actions occurred in an effective way and the activities developed went beyond physical activity practices, which makes the program more efficient and, consequently, leads to a positive impact on the daily life of the population served.

The results of the 2016 Monitoring of the PAS<sup>(24)</sup> show that only 39% of the operating facilities (n=529) receive regular support from ESF professionals and that 29% of the facilities (n=392) receive support from the NASF. Such support refers to the joint planning of the activities and the technical, specialized and/or pedagogical support. This percentage is considered low as one of the key points for the development of the PAS is its integration with the ESF and the NASF to ensure the comprehensiveness of care<sup>(24)</sup> and the recognition of the user in the different services of the RAS, thus contributing to the continuity of care.

For the proper operation of the PAS and relevant community impact, the managers and the multidisciplinary team should work together in the different services of the RAS so that each one's roles are recognized by all and an intersectoral relationship is established to deliver comprehensive care to the user, family and community.

Although this is not an evaluation study, knowing the perceptions of the main actors involved in the PAS (users, health workers and managers) is a first look at these municipalities and indicates the need for a monitoring of the process of implementation and evaluation of the actions. The data presented herein show that the PAS faces many challenges in different contexts. There is much to be done by the social actors involved in the operationalization of the PAS as putting their goals into practice in order to strengthen the healthy lifestyles and the quality of life of individuals and collectivities is a complex and procedural process<sup>(26)</sup>.

The rapid expansion of the PAS has not been accompanied by an evaluation of the entire implementation process in different contexts and an understanding of its characteristics, type of actions, results and other aspects of such initiative<sup>(27)</sup>. Thus, it should be noted that the present study contributes to the planning of the practices and reassessment of the goals and demonstrates the need for greater investments. In addition, it strengthens the program and the policies, including the Health Promotion Policy. Health promotion strategies, such as the PAS, aim at long-term impact, and it is important to define ways to ensure sustainability in the local agenda<sup>(8)</sup>.

The findings show the importance of knowing the perceptions of the participants involved in certain health care and health promotion programs or actions. In addition, they can encourage the replication of the study in other contexts or fields of knowledge.

Strategically, the analysis of the favorable and unfavorable situations for the operability of the PAS points to more promising paths for municipalities that have already implemented or intend to implement the service. Thus, the statements can serve as a starting point for planning the program in other contexts. Although limited to the researched reality and the intersubjective focus of actions, this study shows a participatory evaluation of health policies integrated into the territory.

## FINAL CONSIDERATIONS

In general, the study showed the gains that the PAS has provided in the municipalities analyzed, its potential and the paths that need to be traced for its effective operability. Its operation has been considered good, but some participants of the study revealed the need to improve and enhance the facilities in each context analyzed.

The difficulties involved are mainly related to structural aspects, materials and inputs. As for the advantages presented, it is possible to perceive that the strategy of implementing the facilities in public places positively influences the users' accessibility, which corresponds to a result sought and planned by the equity promoted in the guidelines that regulate the program.

The users, health workers and managers share the same perception regarding the improvement in the health conditions of the population served at the facilities, that is, they understand that the activities offered have contributed positively to the control of chronic diseases, such as hypertension and diabetes mellitus. In addition, they associate the program with the quality of life reported by the users, as these activities improve self-esteem and reinvigorate the body and soul.

Regarding the process of planning and implementing the activities, comprehensive and intersectoral actions are key in the PAS proposal, especially the articulation with the ESF and NASF. Such articulation with the PAS was present in the municipalities analyzed, both in the programming of integrated actions and in the individual follow-up of the patients referred according to their health needs.

Knowing the weaknesses of the operating PAS points to the intervention by the responsible actors within the municipal administrative sphere, which is of paramount importance for ensuring positive outcomes in the health and quality of life of the population.

This study is expected to assist in the expansion of actions to promote health and quality of life in the facilities of the PAS, promote the comprehensiveness of health practices and services, and establish new care relationships among users.

## ACKNOWLEDGMENTS

To the study participants, users, managers and health workers involved in the Health Gym Program in the Cariri health Macro Region.

## CONFLICTS OF INTEREST

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



## CONTRIBUTIONS

**Laís Barreto de Brito Gonçalves, Rachel Cardoso de Almeida and Tainá Maranhão de Oliveira** contributed to the study conception; collection, analysis and discussion of data; writing of the manuscript **Maria Augusta Vasconcelos Palácio** contributed to the analysis and discussion of the data, writing and critical review of the manuscript; **Antônio Germane Alves Pinto** contributed to the research coordination; research development; analysis and discussion of the data; writing and critical review of the manuscript.

## FUNDING SOURCES

FUNCAP/MS/ Ceará State Health Secretariat/ CNPq

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**How to cite:** Gonçalves LBB, Almeida RC, Oliveira TM, Palácio MAV, Pinto AGA. Health gym program: operationality, actions and integration. Rev Bras Promoç Saúde. 2019;32:8381.

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