

PHYSICAL EDUCATION PROFESSIONAL IN BASIC HEALTH ATTENTION: THE RECOGNITION FROM THE FAMILY HEALTH TEAM

Ana Paula Rosendo Ferreira Gonçalves¹, Lúcio Marques Vieira-Souza^{2,3} & Fábio José Antônio da Silva¹*

GONÇALVES, A.P.R.F.; VIEIRA-SOUZA, L.M. & SILVA, F.J.A. Physical education professional in basic health attention: the recognition from the family health team. **Online Perspectives: Biological & Health**, v.11, n.36, p.72-80, 2021.

RESUMO

Este estudo tem como objetivo analisar a importância do PEF no SUS, por meio do conhecimento dos profissionais das Equipes de Saúde da Família em 19 Unidades Básicas de Saúde (UBS) do município de Apucarana-PR. Trata-se de um estudo qualitativo transversal, retrato da realidade realizado por meio de questionário auto-respondido. Participaram da pesquisa 68 profissionais: 13 agentes comunitários de saúde (19%), 15 técnicos de enfermagem (22%), 13 dentistas (19%), 14 enfermeiras (20%) e 13 médicos (19%). Dos profissionais, 32 (47%) atuam há mais de 10 anos na ESF, 19 (27%) de 6 a 10 anos, 11 (16%) de 1 a 5 anos e 6 (9%) há menos de 1 ano. Cerca de 66 profissionais

possuem conhecimento sobre o NASF e 62 profissionais sabem que o Profissional de Educação Física faz parte da equipe NASF. Por fim, 86% dos profissionais orientam os usuários a procurarem o Profissional de Educação Física e 100% acreditam que a prática de atividade física reduz o uso de intervenção farmacológica e evita doenças crônicas não transmissíveis. Conclui-se que os profissionais que integram as Equipes de Estratégia Saúde da Família do município de Apucarana / PR têm consciência de que o Profissional de Educação Física faz parte do NASF e conhecem os benefícios que ele proporciona ao sistema e aos usuários.

Palavras-chave: Atenção Primária à Saúde; Estratégia Saúde da Família; Unidade Básica de Saúde.

ABSTRACT

This study aims to analyze the importance of PEF in SUS, through the knowledge of professionals of Family Health Teams in 19 Basic Health Units (BHU) in the city of Apucarana, state of Paraná. This is a cross-sectional quantitative study portrait of reality done using a self-answered questionnaire. A total of 68 professionals participated in the research: 13 community health workers (19%), 15 nursing technicians (22%), 13 dentists (19%), 14 nurses (20%), and 13 doctors (19%). Of the professionals, 32 of them (47%) have worked for over 10 years in the FHS, 19 (27%) from 6 to 10 years, 11 (16%) from 1 to 5 years, and 6 (9%) for less than 1 year.

About 66 professionals have knowledge about NASF and 62 professionals know that the Physical Education Professional is part of the NASF team. Finally, 86% of professionals advise users to look for the Physical Education Professional and 100% believe that the practice of physical activity reduces the use of pharmacological intervention and avoids non-communicable chronic diseases. We can conclude that the professionals who make up the Family Health Strategy Teams in the city of Apucarana, state of Paraná, are aware that the Physical Education Professional is part of NASF and know the benefits it provides to the system and its users.

Keywords: Primary Health Care; Family Health Strategy; Basic Health Unit.

¹Departamento de Ensino e Pesquisa, Autarquia Municipal de Saúde, Apucarana-PR, Brasil.

²Curso de Educação Física, Universidade do Estado de Minas Gerais-UEMG, Campus Passos - MG, Brasil.

³Programa de Pós-Graduação em Educação Física, Universidade Federal de Sergipe-UFS, São Cristóvão-SE, Brasil.

(*) e-mail: profedf.luciomarkes@gmail.com

1. INTRODUCTION

It is generally agreed that the sedentary lifestyle is directly associated with one of the risk factors for the development of chronic non-communicable diseases (NCDs), such as obesity, hypertension, diabetes, dyslipidemia, thus evidencing the need to adopt a healthier and more active lifestyle.

The World Health Organization (WHO) in 2002 established as a priority the elaboration of public policies regarding this subject, generating awareness about health promotion from the physical activity properly supervised by a Physical Education Professional (PEF) (SANTOS, 2008; SILVA et al., 2019). Due to its importance, the PEF was recognized as a profession through Federal Law no. 9696 of September 1, 1998, and overtime was incorporated within the Public Policy of SUS, occupying a new field of action. (GUIMARÃES, 2013).

The relationship between health and physical activity is fundamental for improving the quality of life. Regular exercise is commonly recommended by various health professionals, providing several benefits, and avoiding the emergence of various diseases (FERNANDES et al., 2013).

In Brazil, Primary Health Care has gained prominence among governmental actions, it is being developed in the highest degree of decentralization and capillarity and should be the main gateway to access the entire network (SILVA et al., 2009).

From 1994, the Ministry of Health established the Family Health Program (PSF) in the Unified Health System (SUS), and due to its extreme importance in primary care, intending to consolidate health interventions, this program began to be called Family Health Strategy (FHS) (PEDROSA; LEAL, 2012; DE SOUZA; SARAIVA FERREIRA, 2020).

Garuzi et al. (2014) says that the PSF was created in 1994, being an important strategy for reorganizing practices in Primary Health Care (PHC), it is a model based on teamwork, prioritization, reception, bonding, prevention, and health promotion actions of the family in its living area without neglecting treatment and rehabilitation.

The expansion and consolidation of the FHS in the country have ensured important achievements, allowing the expansion of its actions with the inclusion of other professionals involved in health promotion (GOMES, 2013).

The FHS's basic health team is composed of the following professionals: a doctor, nurse, nursing technician, community health agent, and dentist. (FIGUEIREDO, CAMARGO AND RIBEIRO, 2018)

To expand the actions of the FHS, the Family Health Support Center (NASF) was created in 2008, through Ordinance No. 154/2008, with the objective of support the insertion of the FHS in the service network and expand the scope and actions in the Primary Care in Brazil (BRASIL, 2018).

The NASF is made up of professionals from different areas of knowledge who must act in an integrated manner and support the professionals of the Family Health Teams while they contribute to the integral care of the system users (BRASIL, 2018).

The emergence of NASF has broadened the perspective of global care based on

prioritized actions from the National Health Promotion Policy (PNPS), including specific actions such as Bodily Practice and Physical Activities in Primary Health Care, such as walking, exercise prescription, recreational practices, sports practice and leisure activities aimed at both the community and vulnerable groups (BRAZIL, 2014).

In the context of the reorganization of PHC practices, the Ministry of Health created in 2008 the multi-professional teams of NASF, to expand the scope of health actions, support and consolidate Primary Care in Brazil, thus also increasing the effectiveness of the actions from the FHS (MARTINS et al, 2016; SOUZA, 2021).

For Scabar, Pelicione and Pelicione (2012), when discussing the performance of PEF in SUS with the objective of health promotion and prevention based on PNPS, it appears that the professional profile meets the needs indicated by public policies and guidelines for action at SUS.

Considering the great importance of the performance of PEF in SUS through NASF established in public health policies, this study aims to investigate the perception of professionals in the FHS teams about the importance of the role of PEF in UBS of the municipality of Apucarana, state of Paraná.

2. METHODOLOGY

This is a cross-sectional study of qualitative approach using a structured questionnaire adding up to 10 questions that address the professionals' age, how long they have worked in a FHS team, their knowledge about NASF; if they know that PEF is part of NASF; if they know about the policies that guide primary care such as PNPS. There were also questions about their knowledge of the potential for reducing medication consumption through physical activity practice and whether they advise users to look for the unit's PEF. Initially, a pilot questionnaire with several questions was applied to various SUS professionals and at the end of its application, the questions with the most information were selected to compose the ideal questionnaire.

The questionnaires were applied to 14 FHS teams and were randomly selected, the inclusion criteria used were two: (1) the staff must have at least the basic composition of professionals from NASF, with Nurse, Nursing Technician, Doctor, Dentist and Community Health Agent; (2) these units should also be a part of the health actions carried out by the PEF. The questionnaire was applied individually to each professional of the 14 selected teams.

The research was carried out with 68 professionals and the analysis and calculation of results were performed using Epi Info 6.0 software. The research project was approved by the Research Ethics Committee of the Center for Higher Studies of Apucarana / Faculty of Apucarana (FAP), number 2.570.066.

3. RESULTS AND DISCUSSION

The 68 professionals from the Municipal Health Authority (AMS) who were part of the FHS answered the questionnaire: 13 community health workers, 15 nursing technicians,

13 dental surgeons, 14 nurses, and 13 doctors. The age of professionals ranged from 27 to 32 years (11%), 33 to 38 years (25%), 39 to 44 years (25%), 45 to 50 years (20%), and over 50 years (17%). Of all the professionals who participated in the survey, 48% had been working in the FHS and AMS for over 10 years, 29% from 6 to 10 years, 11% from 1 to 5 years, 10% for less than 1 year (table 1).

Table 1 - Characteristics of the study sample

Variables	Relative Frequency (%)
<i>Professional Category</i>	
Community Health Workers	19%
Nursing technicians	22%
Dentists	19%
Nurses	20%
Doctors	19%
<i>Professionals' age (average)</i>	
27 – 32 years	13%
33 – 38 years	25%
39 – 44 years	25%
45 – 50 years	20%
+ 50 years	17%
<i>FHS work time</i>	
> 10 years	48%
06 - 10 years	29%
01 - 05 years	13%
< 01 year	10%

In the present survey, about 66 professionals reported knowing about NASF, the survey also reveals that 62 professionals who answered the questionnaire were aware that PEF make up the NASF team which brings us to the work published by Felix et al. (2016) where other primary care health professionals are facilitators in the integration of PEF into UBS services

Based on this assumption, the result of the research shows us that literature and politics consider essential the interaction between FHS and NASF and also that this relationship has to be very well constructed and effective. According to Silva (2016), one of the proposals of the FHS is to promote comprehensive assistance to families. The principles and guidelines of PHC in its broadest form have been consolidated in recent years, during the same period in which the FHS has established itself as one of the main strategies for health policy consolidation.

The insertion of PEF in the SUS has as reference the unbridled increase of chronic NCDs, resulting from a sedentary lifestyle which has become an epidemic such as hypertension and diabetes (GOMES; DUARTE, 2008). In this sense, the present research shows that 86% of these professionals advise users to look for the health unit's PEF.

Given the above, we must emphasize the importance of interaction between FHS and NASF. The implementation of NASF shows us the need to establish spaces for meetings, planning, discussions, and constitutions of shared therapeutic projects with the FHS, thus believing in the importance of inserting and supporting NASF teams to expand health promotion, disease prevention, and expansion of collective and individual care (SILVA, 2016).

NASF's work is guided by the theoretical-methodological with it being one of the tools used to organize and strengthen the work of the FHS and NASF (MATUDA et al. 2015).

According to Ferreira et al. (2016), the results ratify the data presented in this paper, as both point out that the insertion of PEF is relevant in NASF teams, as they represent an area of knowledge and intervention qualified to develop health education actions and programs, and the promotion of physical activity and healthy lifestyles is part of this process.

According to Vespasiano et al. (2017), the effects and results of the insertion of the PEF in SUS were always evaluated as positive for the communities involved. They are generators of benefits for the promotion of general health and quality of life and even decrease the operating costs of the system. The same author points out that the actions taken by PEF guarantee SUS users health promotion and disease prevention, as an adjunct measure for various treatments, especially when talking about chronic NCDs.

This support is a new way of generating health, in which two or more teams work together to create a proposal for pedagogical-therapeutic intervention. Applied to PHC, it means a work organization strategy designed to satisfy the need to expand the scope of the FHS, bringing a multidisciplinary team that will provide health care to the surrounding area in an interdisciplinary way, adding the potential of completeness and resolution of care (BRAZIL, 2014). NASF matrix support for FHS materializes through problem sharing, knowledge and experience exchange among practitioners, as well as agreed upon interventions, taking into account the clarity of common and specific responsibilities of the PHC team (ROCK CALF; CAMERA, 2017).

4. FINAL CONSIDERATIONS

The importance of PEF and its essential specific knowledge about bodily practices and physical activity linked to health promotion and disease prevention highlights the purpose of NASF's creation. In light of the foregoing of this research, we able to state that health professionals who are part of the FHS in the city of Apucarana, state of Paraná, are mostly aware of NASF, its policy, and that the PEF is part of this program's team. Also, most of the professionals advise users to seek this PEF either for guidance or for the practice of some physical activity. The professionals interviewed also agree that the practice of regular physical activity can reduce pharmacological intervention and can avoid and minimize the complications of NCDs in general.

Therefore, we can confirm the need to insert the PEF in the NASF of Apucarana,

where their interaction can help to develop actions that involve their knowledge and their specific performance. In a deeper view, they can also develop actions of health promotion and disease prevention in its area of operation thus providing an improvement in the quality of life of the population and an expansion of the actions of primary care.

In the present research, it is not clear if this interaction between FHS and NASF is very effective and if the tools that can be used as matrix support are actively deployed, thus leaving a gap for future analysis.

5. REFERENCES

- BEZERRA, G.S. ROCHA, L.; CÂMARA L. Apoio matricial e ações na atenção primária: experiência de profissionais de ESF e NASF. **Saúde em Debate**, v. 41, n. 114, 2017.
- BRASIL. Ministério da saúde. **Política Nacional de Promoção da Saúde**. Série B. Textos Básicos de Saúde. Brasília. 2014.
- BRASIL. Ministério da saúde. **Portaria Ministerial nº 154**, 24 de Janeiro de 2008.
- BRASIL. Ministério da Saúde. **Cadernos de atenção básica, Diretrizes do NASF: Núcleo de Apoio a Saúde da Família**. Série A. Normas e Manuais Técnicos Cadernos de Atenção Básica, n. 27. Brasília. 2010.
- BRASIL. Ministério da Saúde. **Cadernos de atenção básica, Diretrizes do NASF: Núcleo de Apoio a Saúde da Família**. Série A. Normas e Manuais Técnicos Cadernos de Atenção Básica, n. 39. Brasília. 2018.
- BRASIL. Ministério da Saúde. **Política Nacional de Atenção Básica**. Brasília: Ministério da Saúde, 2012. (Série E. Legislação em Saúde)
- BRASIL. Secretaria de Atenção à Saúde. **Departamento de Atenção Básica. Núcleo de Apoio à Saúde da Família**, v.1: ferramentas para a gestão e para o trabalho cotidiano. Ministério da Saúde. Cadernos de Atenção Básica. Brasília, DF, n. 39, 2014.
- DE SOUZA, J.C., SARAIVA FERREIRA, J. Ações do programa saúde na escola no contexto das equipes de saúde da família. **Perspectivas Online: Biológicas & Saúde**, v.10, n.35, p. 40-52, 2020.
- FELIX, R.M.; BARBOSA, A.R.; ILHA, P.V.; & GRAUP, S. Reflexões sobre a inserção do Profissional de Educação Física na Atenção Básica. **Revista Científica Perspectiva, Ciência e Saúde**. v1. n1, 2016
- FERNANDES, N.P. BEZERRA, C.R.M.; NETO, J.S.; BATISTA, V.L.M.; & DE MENDONÇA, C.D.C.L. A prática do exercício físico para melhoria da qualidade de vida e controle da hipertensão arterial na terceira idade. **Revista de Ciências da Saúde Nova Esperança**, v. 11, n. 3, p. 63-69, 2013.
- FERREIRA, T.; CIPOLOTTI, M.; MARQUES, B.; & MIRANDA, M. A inserção do Profissional de Educação Física nos Núcleos de Apoio a Saúde da Família: visão dos profissionais. **Revista Brasileira de Atividade Física & Saúde**, v. 21, n. 3, p. 228-236, 2016.
- FIGUEIREDO, W. M. CAMARGO, A. M. RIBEIRO, L. G. Estratégia da saúde da família: avaliação da percepção da comunidade. **Brazilian Journal of Development**, 2018.

- GARUZI, M.; ACHITTI, M.C.D.O.; SATO, C.A.; ROCHA, S.A.; & SPAGNUOLO, R.S. Acolhimento na Estratégia Saúde da Família: revisão integrativa. **Revista Panamericana de Salud Pública**, v. 35, p. 144-149, 2014.
- GIOVANELLA L.; MENDONÇA M.; Atenção Primária à Saúde. **Políticas e Sistema de Saúde no Brasil**. Rio de Janeiro: Editora Fiocruz; 2008. p. 575-625.
- GOMES, M.A.; **A Educação Física do Sistema Único de Saúde (SUS): efetividade de uma intervenção de base comunitária para promoção da atividade física e saúde**. 2013.189f. Tese (doutorado). Programa de Pós-Graduação em Educação Física. Universidade Federal de Santa Catarina, Centro de Desportos. Florianópolis. 2013
- GOMES M.; DUARTE M.; Efetividade de uma intervenção de Atividade Física em Adultos Atendidos pela Estratégia de Saúde da Família: Programa Ação e Saúde Floripa- Brasil. **Revista Brasileira de Atividade Física e Saúde**. 13.44-56. 2008.
- GUIMARÃES, M.H.; **O Profissional de Educação Física na Saúde**. disponível em: <<http://www.crefpr.org.br/noticias/o-profissional-de-educacao-fisica-na-saude>> Acesso em: 20 de ago.2020.
- MARTINS, C.E.M.; ANDRADE, A.A.; REIS, G.C.; & BARROS, L.D.O. A importância do professor de Educação Física nos Núcleos de Apoio à Saúde da Família no município de Aracaju/SE. **2º Congresso de Atividade Física, Nutrição e Saúde**. Aracaju. 2016
- MATUDA, C.G.; PINTO, N.R.D.S.; MARTINS, C.L.; & FRAZÃO, P. Colaboração interprofissional na Estratégia Saúde da Família: implicações para a produção do cuidado e a gestão do trabalho. **Ciências e Saúde Coletiva**. Rio de Janeiro. v. 20, n. 8, p. 2511-2521. Ago 2015.<<http://www.scielo.br/scielo.php>. acesso em:12 Nov. 2020.
- MALTA, D. et al. A Política Nacional de Promoção da Saúde e a agenda da atividade física no contexto do SUS. **Epidemiologia e Serviços de Saúde**. 18, n. 1, p. 79-86, 2009.
- NAHAS, M.V. **Atividade Física, Saúde e Qualidade de Vida – Conceitos e sugestões para um estilo de vida ativo**. 7ed. Editora Do Autor. Florianópolis/SC. 2017
- SANTOS, L.R. O profissional de Educação Física e a saúde da família. **Revista Educação Física CONFEF**, Ano VIII, nº 27, p.18-19, 2008.
- SCABAR, T.G.; PELICIONI, A F.PELICIONI, M.C. Atuação do profissional de Educação Física no Sistema Único de Saúde: uma análise a partir da Política Nacional de Promoção da Saúde e das Diretrizes do Núcleo de Apoio à Saúde da Família – NASF. **Journal of the Health Sciences**.v.30, n.4, p.411-418. 2012.
- SILVA, A.L.F. et al. Educação física na atenção primária à saúde em Sobral/CE: desenhando saberes e fazeres integralizados. **SANARE, Revista de políticas públicas**. Sobral, v.8, n.2, p.63-72, 2009.
- SILVA, L.T. Atuação do profissional de educação física na saúde do trabalhador em um hospital universitário. **Educación Física Y Ciencia**, v.21, n.8, 2019.
- SILVA, P.S.C. **NÚCLEO DE APOIO A SAUDE DA FAMILIA. Aspectos legais, conceitos e possibilidades para atuação dos Profissionais de Educação Física**. 1ed. Editora Unisul. Florianópolis/SC. 2016.
- SOUZA, L.M.V. Gestão, Política Públicas e os cenários de prática da Educação Física no Sistema Único de Saúde. **Fiep Bulletin**, v.91, p.412-415, 2021.

PEDROSA, O. P.; LEAL, A. F. A inserção do profissional de Educação Física na Estratégia Saúde da Família em uma capital do norte do Brasil. **Revista movimento UFRGS**. Porto Alegre. v.18, n.2, p.235-253, abr/jun.2012.

VESPASIANO, B. S. O professor de educação física no Sistema Único de Saúde: sua prática e resultados - estudo de revisão. **SAÚDE REV.**, Piracicaba, v. 17, n. 46, p. 79-89, maio-ago. 2017.