

Food and nutrition in primary health care and health promotion: the importance of a dialogue

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Financing agent: Ministry of Science,
 Technology and Innovation (MCTI). Process no.:
 2008NCO00162.

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Abstract

Nutritional transition is one of the major challenges for public health policies because it demands a health care model guided by integrality and health promotion, especially in Primary Health Care. Food and nutrition are the basic requirements for health promotion and they enable the achievement of the potential of human development. This paper discusses/examines/brings reflection on the fields of food and nutrition in the context of Primary Care and Health Promotion through a descriptive and reflective methodology, reinforcing the need for a dialogue between these areas, through the interlocution between its challenges and potentials, in order to attain the principles of the National Health System. The analysis made it possible to realize the importance of the Family Health Strategy and Family Health Strategy Support for the revitalization of Primary Care, and how this place is privileged for conducting food and nutrition and health promotion activities. This relationship has potential, but also important challenges such as the need for an interdisciplinary team, which goes beyond the present conformation of family health teams, in sufficient numbers to meet the demand of skills and the development of food and nutrition actions, aiming to the principles of universality, integrality and fairness and the resolutivity of health services.

Key words: Food. Nutrition. Public Health. Primary Health Care. Family Health Program. Health Promotion.

Introduction

Nutritional transition, characterized by coexisting nutritional deficiencies, which have declined, and by chronic non-communicable diseases (NCDs), which have increased, is one the biggest challenges for current public health policies because it requires an integrality-oriented model of health care and an approach focused on health promotion.¹

In view of the need for new services arrangements, in addition to the restructuring of food and nutrition actions developed in the health care system, Primary Health Care (PHC), and especially the Family Health Strategy (FHS) are privileged spaces for actions of encouragement and support to healthy life habits, such as those relating to the regular practice of exercises and diet.^{2,3} Access to food is a human right which constitutes the right to life itself, and food and nutrition allows for the achievement of the potential of human growth and development with quality of life and citizenship, as highlights the Brazilian National Food and Nutrition Policy (NFNP).⁴

This is also the basic principle of the National Policy for Health Promotion (NPHP), which also incorporates the importance of inter-disciplinary and inter-sectorial efforts, crucial to enhance the population's quality of life.⁵ The policy also emphasizes that the support to the development of studies dealing with the impact of food and nutrition actions on health care has been decisive in the accomplishment of health promotion.⁶

Accordingly, NFNP emphasizes the need for a continuous updating of the priorities agenda on researches on food and nutrition, of national and regional interest, based on the national agenda of priorities on health research in order to support decision-making processes.⁴ However, the challenge to develop studies and researches that examine the possibilities of dealing more effectively and broadly with food and nutrition actions in health care, especially in the context of PHC, still remains.

Thus, the present article aims to think over the fields of *Food and Nutrition* in the context of *Primary Health Care* and *Health Promotion* through a descriptive-reflective method based on literature review, reinforcing the need for a dialogue between these areas by discussing its challenges and potentials, in order that the principles of the *Sistema Único de Saúde (SUS)*, the Brazilian National Public Health Care System, be effectively and efficiently accomplished.

A revival of the primary health care via FHS and CSFHs

The organizational history of health services guided by the Primary Health Care, as the term is known worldwide, was underlined by successive re-constructions until its consolidation as a policy of renovation in view of the enduring crisis of contemporary health care systems. Since the first half of the twentieth century, PHC has increasingly played a key role in organizing the actions of health care systems in several countries, and has been consolidated as a strategy for the redesign of the health care model.^{7,8}

Sustained on the principle of integrality, or comprehensiveness, and defined as the first level of health care, responsible for the articulation of actions for health promotion, prevention, treatment and rehabilitation of diseases and disorders, PHC has been viewed as the main entrance to the health system and an approach that supports and defines the work of all other levels.^{9,10} Thus, it requires a broad intervention in order to have a positive effect on the quality of life of the population, which shows the complexity of its activities.¹¹

In Brazil, the National Policy for Primary Care (NPPC), approved in 2006 in a context of decentralization and socially controlled management, and revised in 2011, reinforcing the role of PHC in the organization of the Health Care Networks, has the Family Health Strategy (FHS) as the priority strategy of reorganization. FHS aims at the expansion, qualification and consolidation of the basic level of health care, because it allows for the reorientation of the work process with a greater potential to deepen the principles, guidelines and fundamentals of PHC and enhanced resolutivity and impact on the health status of people and communities, according to the SUS' principles of universality, integrality, equality and decentralization.²

The implementation of FHS led to a major advancement of PHC in Brazil.¹² However, although such implementation has been expeditious in small cities, it has been slow in the big urban centers, in part due to the high complexity problems related to demographic concentration, the high level of exclusion of the population to health care services, the health problems typical of large cities, as well as the disarticulation and poor distribution of the consolidated health care supply by the system.¹³

Thus, the structuring of the primary care network still represents a huge challenge in the present days. The lack of human resources in health care with adequate technical capabilities and attractive work conditions has still been found in most of the Brazilian municipalities, being a great obstacle to a good management performance.^{9,14} In addition, it is not sufficient to re-dimension

the training of family health teams only via a larger number of introductory courses or more hours of specific training, but to move it to a continuous educational/learning process, mediated and problematized, with the collaboration of diverse professionals.¹⁵

Aiming at supporting and strengthening FHS in the services network to expand the range and scope of PHC actions, as well as its resolutivity, the Ministry of Health created in 2008 the Center for Support to Family Health (CSFH). CSFHs are made of teams of health professionals from the most diverse areas of knowledge, to work in conjunction with professionals of the family health teams through an inter-disciplinary, inter-sectorial and matrix organization, with priority actions on continuing education with focus on the territory under their responsibility.¹⁶

Organizational and political background of food and nutrition actions in primary health care and health promotion

Although records of the Brazilian government actions in the field of food and nutrition have existed since the 1930s, it received the attention from the national agenda in 1970 with the creation of the *Instituto Nacional de Alimentação e Nutrição (INAN)* (National Institute of Food and Nutrition) and, particularly, in the 1990s, with the publication of policies and researches in the area.

The creation of INAN in 1972 was very important because it had the purpose of assisting the government in the development of a national food and nutrition policy; developing, implementing and evaluating the National Program of Food and Nutrition (PRONAN); and working as a central body of the activities in this field of knowledge. The institute was responsible for the management of the Program of Nutrition in Health and the Program of Combat of Specific Deficiencies. INAN ceased its activities in 1997, which led to the emergence of the General Coordination of Food and Nutrition Policy, currently General Coordination of Food and Nutrition under the Ministry of Health and responsible for the development of the National Food and Nutrition Policy (NFNP).¹⁷

Through NFNP, which was approved in 1999, the Ministry of Health confirmed its commitment by recognizing food and nutrition as basic requirements for the promotion and protection of health. The policy was also a milestone for researches in the field of scientific nutrition, responsible for influencing a change in the concept of food and health relation,¹⁸ enhancing the recognized need for investments in the development, implementation and execution of actions of promotion, protection and recovery of health.⁸

In 2011, a revised edition of NFNP was issued with the purpose of improving food, nutrition and health conditions, aiming at ensuring the Food and Nutrition Security for the Brazilian population, becoming a reference to the new challenges to be addressed in the area, inside SUS.⁴

In 2006, in conjunction with NPPC and NFNP, the National Policy of Health Promotion (NPHP) was formulated, aiming at the creation of mechanisms to diminish the conditions of vulnerability, to defend equality and incorporate the participation and social control in the management of public policies. NPHP devised as core strategies the promotion of actions relating to healthy foods, the accomplishment of intra- and inter-sectorial activities and the implementation of actions of food and nutrition monitoring and a re-orientation of the health care services, with emphasis on PHC.⁶

Another major milestone, in 2009, was the publication of the *Matriz de ações de alimentação e nutrição na Atenção Básica de Saúde* (Matrix for Food and Nutrition Actions in Primary Health Care), which was published in the year following the creation of CSFH. It has the objective of systematizing and organizing the food and nutrition actions and nutritional care to compose the health actions developed under PHC, aiming at the improvement of the government action, especially regarding the three policies: NFNP, NPPC and NPHP.³

Presently, the Brazilian government has implemented several actions in the field of food and nutrition. Jaime et al.¹⁹ highlight the actions of the Food and Nutrition Monitoring, with the use of the Food and Nutrition Monitoring System; the Health Promotion and Healthy Diet, with the implementation of the *Guia Alimentar para a População Brasileira* (Dietary Guide for the Brazilian People); the National Strategy for Healthy Supplementary Food and the Program of Health in School; and the control and prevention of obesity, chronic diseases and micronutrient deficiencies, with a focus on iron-deficiency anemia and hypovitaminosis A.

Food and nutrition in primary health care: potentials and challenges

To develop a comprehensive model of health care for the population, changes are required in the organization of practices and services, with transformations of know-how and work process.²⁰ To this end, a field of knowledge should not be disparaged for the benefit of another; on the contrary, i.e., starting with the full understanding of the specificities of each area and the need for specialists of different areas to think of joint, integrated and interrelated actions, aiming to overcome the fragmented knowledge still present in health services provided by PHC. It is important that the professionals take responsibility for their role as health promoting agents, breaking the paradigm of simply looking at the user's disease and beginning to see the subject in a full, complete and continued manner, combining knowledge and practice.¹⁸ Accordingly, advances have been accomplished via programs such as *Pró-Saúde* (Pro-Health) and *PET-Saúde* (PET-Health), which propose to redesign the training of health professionals, going through curricular reforms and ensuring a better learning-service integration.^{21,22}

It is also crucial, to ensure the integrality, or completeness, of health care, to evaluate the problems found and provide the necessary resources, which requires the integration of services through health care networks, recognizing the interdependence between actors and organizations, since none of them has all the necessary capabilities to fulfill people's expectations and demands.²³ Thus, access to different levels of health care must be universal, complete, continuous and of quality, contributing to the development of binding relations and accountability between teams and users. Valorization of the professionals and evaluation of results and feedback are also important, as well as the encouragement to participation and social control.³

In the context of nutrition, current epidemiological and nutritional profiles compose a mosaic of health problems in the Brazilian population, calling the attention of specialists and governments to the need for policies to meet and supply the demands arising from this situation.²⁴ Given this, the development of actions to promote healthy dietary practices in PHC, especially through FHS, has been pointed as a key strategy to cope with the new reality in the health field.^{3,25,26}

The advances resulting from the Brazilian government's efforts are remarkable, among which are the consolidation of NFNP; the increased number of actions offered in nutrition via PHC, especially after the implementation of CSFH; the increasing inclusion of the food and nutrition theme in studies and scientific publications; the monitoring of actions through the Food and Nutrition Surveillance System. However, in order that the actions provided on food and nutrition may succeed in meeting the demands for health services, there are still major critical knots to untangle.

Coutinho et al.¹ mention the need for strengthening SUS' nutrition network institutionally, in the three government levels, so that a single nutrition agenda may be implemented, focused on the promotion of healthy eating habits. In this sense, it is necessary to go even further toward the consolidation, expansion and universalization of the actions proposed for PHC in Brazil, as well as in the monitoring of the Food and Nutrition Surveillance and the social welfare program "Bolsa Família", in order to solve the micronutrient deficiencies and work on the prevention and control of chronic diseases.¹⁹

Ten years ago, Assis et al.⁵ emphasized that the objective of promoting health, particularly in Brazil, would only be achieved if effective actions in the food and nutrition surveillance and care were implemented in connection with the health surveillance system. The authors also questioned the possible routes that a reform of PHC would take without the integration of nutrition and the nutritionist to put it into practice. Very likely, health care would continue to be focused on the old hegemony of medical knowledge. Therefore, discussions on the inclusion of nutritionists to the FHS teams are imperative.

Geus et al.²⁷ emphasized that such inclusion is crucial for the promotion of people's health in all stages of life, in dealing with the aspects of healthy diets, food safety, citizenship and the human right to adequate food. The absence of nutritionists in the health care staff confronts with the principle of completeness, or integrality, of health actions because this professional is the one who has academic background to act in the food and nutrition area in the communities, and the approach to this issue is beyond the actions of health promotion and the prevention, treatment and recovery of diseases.

Nutritionists are not yet part of the basic family health teams, but can be responsible for the matrix planning and management of actions of food and nutrition in the CSFHs.²⁸ This represents a potential, but brings with it the challenge of dealing with the takeover of actions of food and nutrition by other health professionals, respecting competencies and specific duties. This brings to focus the importance of having trained professionals to put into practice the actions proposed for PHC.¹⁹ However, the implementation of such centers is still incipient, and it is necessary to strengthen and enlarge them to facilitate the fulfillment of medical-social demands that are still confined to the Family Health Unit.¹⁵

In general, each CSFH 1 must carry out its activities connected to at least eight and a maximum of fifteen teams of Family Health.² In 2012, according to the Support Room to Strategic Management of the Ministry of Health, there were 1,929 CSFHs in operation. In the previous year, there were 1,564 teams, with CSFHs implemented in only 1,330 Brazilian cities.²⁹

The nutritionist is only one of the 20 professionals that may compose the CSFHs, and such arrangement is defined by the city administration.² Such flexibility in choosing the professionals aims to allow that the actions be planned according to the local reality, based on territory, constituting in fact an upward planning. This represents a huge potential, especially if one considers the Brazilian federative model and the health care network structuring, having PHC as manager. On the other hand, such choice condition also brings challenges that must be addressed, because it does not guarantee that such criteria of priority will be observed, making the selection and hiring of professionals be used for other purposes, such as to meet political interests, and also as exchange for favors and privileges.

The promotion of health also represents a challenge in the sense of moving toward the consolidation of an inter-sectorial model, with actions going beyond the physical boundaries of the Health Care Primary Units. Health promotion brings along a new logic of dealing with the health-disease issue, considering the social health determinants, which encompass social, economic, cultural, ethnic-racial, psychological and behavior aspects.³⁰

The inter-sectorial approach is one aspect of the activities of Food and Nutrition in PHC with integrated actions by the most diverse sectors existing in the territory, especially Education and Social Welfare. Examples are the care provided to the families covered by the “Bolsa Família” program.¹⁹ As pointed out by Ferreira and Magalhães,³¹ the proposed promotion brings along new demands relating to the care model and academic education, with the need to break with the traditional technicist fragmentation and move toward more enduring partnerships and the innovation of the food practices focused on building food citizenship.

Finally, another issue to be addressed is concerned with the targeting of nutrition-related researches in the scope of PHC in Brazil. Studies evaluating the professional practice, the perceptions and continuing education of the PHC staff are very important. Although the production of studies in the field is growing, those relating to the assessment of food and nutrition programs in general do not discuss the impact but only their implementation. It is also necessary the decentralization of researches as well as the enlargement of the scope of the themes involving food in nutrition in PHC.³²

Final considerations

For decades, health has no longer been seen merely as the absence of illness, and its concept has been widened, being considered a resource for everyday life and not as the objective of living.³³ Physical and psychological well-being has also begun to be considered. Therefore, it is not possible to think of PHC and FHS without thinking of actions of Health Promotion, because its basic role of proposing a new model for a comprehensive, or integral, health care would be lost, and that one focused on illnesses would be reinforced. FHS’ differentiated work process, focused on reality and building a bond with the community, favors the quality of life of people and becomes a privileged space for the accomplishment of food and nutrition action from the perspective of Human Right to Adequate Food.

Thus, PHC policies of food and nutrition and health promotion are interdependently related and need to be addressed in a coordinated manner so that a single agenda can be implemented, focused on the promotion of healthy habits, taking into account the social health determinants and the complexity of human behaviors.

To this end, it is vital the presence of a multi- and inter-disciplinary team, acting further than the current approach of family health teams, often centered on the physician. All professionals must be health promoters and an enlarged PHC staff, with other skills and expertise – with nutritionists, physical education professionals, speech therapists, educators, specialists in communication and many others – would result in advances toward the principles of universality,

integrality, equality and resolutivity. And it is not enough to have professionals in the network, it is necessary that they are in number sufficient to meet the demand and accomplish the actions that SUS is supposed to perform, which becomes difficult with professionals included only in CSFH teams, primarily performing the matrix design and planning of actions, often of a large number of family health teams.

Matrix design and management is all-important in PHC because the actions relating to food and nutrition and the promotion of healthy dietary habits must be transversal, as part of the routine work of the health care staff. However, more specific actions are very important, and it is essential that the users' contact with the nutritionist does not happen only after the occurrence of the disease, because in this case it would be the continuance of a curative model, focused on the disease only, and the nutritionist's role as a health promoter would be directly relegated to the backstage, and often not happening at all.

The nutritionist has a key role in providing the population with information relating to Food and Nutrition Education. But a healthy diet is beyond individual choices. Food choices are influenced by factors related to agriculture, education, economy, family and community habits, religion and many others, objective and subjective, conscious or unconscious factors. In short, it reflects the people and communities' ways of living. And in this sense the presence of the nutritionist in PHC is all-important, because it is the nearest place to where people live.

It is important to learn everything about the environment before acting, to result in benefits. In order to go beyond the need and supplementation of a nutrient, for example, it is necessary to learn everything about the chain that is behind it, from foods production up to their availability to the community. The health care staff must perform this task, and having someone with specific skills and knowledge in the area of food and nutrition can further enrich the outcomes.

Furthermore, it is necessary that the work be performed jointly with the community, so that it can participate actively in the building process with their culture, knowledge, traditions and habits, ensuring the sustainability of the actions. There is a growing movement for professionals of the Primary Health Care to be in fact knowledgeable of the community in which they perform their work so that the Nutritionist can operate beyond the individualized nutritional care, becoming an articulator with the production market, with social movements, with the most diverse sectors, acting in the political arenas.

Finally, training and continuing education of health professionals must be critically reviewed and, in the scope of nutrition, it is crucial and strategic the qualification of health managers and workers to implement policies, programs and actions in health care, food and nutrition monitoring, promotion of health and adequate and healthy foods, safe and nutritious foods, so that the problems and issues arising from the current social, epidemiological and nutritional Brazilian conditions can be effectively solved.

Acknowledgements

The authors gratefully acknowledge the support of the Center for the Study on Public Health of the Center of Advanced and Multidisciplinary Studies of the University of Brasilia.

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Received: 04/24/2013

Revised: 07/29/2013

Approved: 08/2/2013