




 Bianca Dias Ferreira<sup>1,2</sup>  
 Andreza Domingos da Silva<sup>2</sup>  
 Kellen Cristine Silva<sup>3</sup>  
 Loreнна Martins da Silva<sup>4</sup>  
 Marta Azevedo dos Santos<sup>1,2</sup>  
 Sônia Lopes Pinto<sup>1,2</sup>

<sup>1</sup> Projeto Enfrentamento e Controle da Obesidade no Âmbito do SUS. Palmas, TO, Brasil.

<sup>2</sup> Universidade Federal do Tocantins<sup>ROR</sup>. Curso de Nutrição, Pós-Graduação em Ciências da Saúde. Palmas, TO, Brasil.

<sup>3</sup> Universidade Federal do Tocantins<sup>ROR</sup>. Curso de Nutrição. Palmas, TO, Brasil.

<sup>4</sup> Secretaria Municipal de Saúde de Palmas. Palmas, TO, Brasil.

**Correspondence**  
Loreнна Martins da Silva  
nutriloreнна.martins@gmail.com

**Assistant Editor**  
 Érika Cardoso dos Reis

## **Nutritionist's understanding of how to deal with obesity in the Legal Amazon city**

### **Compreensão do nutricionista sobre o enfrentamento da obesidade em um município da Amazônia Legal**

#### **Abstract**

**Objectives:** Given the important role of nutritionists in tackling obesity, this study aimed to identify their understanding of obesity and how to tackle it within the Primary Healthcare Units of the city of Palmas, Tocantins.

**Methods:** This study is a cross-sectional, descriptive and exploratory research with a qualitative approach. Data was collected through interviews conducted with a semi-structured script based on the Primary Care Handbook No. 38 - Obesity; the sample consisted of three nutritionists and the interviews were transcribed and analyzed using content analysis. **Results:** Seven categories of analysis were defined: (I) understanding of health; (II) health promotion; (III) health promotion in professional practice; (IV) understanding of obesity; (V) planning concerning tackling of obesity; (VI) strategies for approaching individuals with obesity; and (VII) sentiment regarding dialog about weight. A reproduction of concepts found in the scientific literature was observed, which showed an adequate theoretical understanding of health and health promotion, but limited understanding of obesity. Professional practice, on the other hand, was characterized by a lack of action planning, associated with educational practices with an individual focus and a preventive nature. This highlights the need for professional qualification alongside the structuring of a care model appropriate for chronic conditions such as obesity. **Conclusion:** The nutritionists must recognize the importance of Health Promotion, pursue continuing education and reframe their praxis in order to tackle obesity.

**Keywords:** SUS. Primary Health Care. Obesity Control. Health Promotion.

#### **Resumo**

**Objetivos:** Dada a importância da atuação do nutricionista no enfrentamento da obesidade, este estudo buscou identificar a compreensão desteprofissional sobre a obesidade e seu enfrentamento em Unidades Básicas de Saúde da cidade de Palmas, Tocantins. **Métodos:** Trata-se de estudo transversal, descritivo e exploratório, com abordagem qualitativa. A coleta de dados foi realizada através de entrevista com roteiro semiestruturado baseado no *Caderno de Atenção Básica* n. 38 – Obesidade; a amostra foi composta por três nutricionistas e as entrevistas foram transcritas e analisadas com basena análise de conteúdo. **Resultados:** Foram

construídas sete categorias de análise: (I) compreensão sobre saúde; (II) promoção da saúde; (III) promoção da saúde na prática profissional; (IV) compreensão sobre obesidade; (V) planejamento para o enfrentamento da obesidade; (VI) estratégias de abordagem do indivíduo com obesidade; e (VII) sentimento em relação ao diálogo sobre o peso. Observou-se uma reprodução de conceitos encontrados na literatura científica, o que demonstrou uma compreensão teórica adequada de saúde e promoção da saúde, mas limitada sobre obesidade. Já a prática profissional foi caracterizada pela ausência de planejamento de ações, associada a práticas educativas com foco individual e caráter preventivo. Destaca-se a necessidade de qualificação profissional de forma conjunta com a estruturação de um modelo de atenção adequado a condições crônicas como a obesidade.

**Conclusão:** Os nutricionistas devem se apropriar da importância da Promoção da Saúde, buscar a educação permanente e ressignificar sua práxis para o enfrentamento da obesidade.

**Palavras-chave:** SUS. Atenção Primária à Saúde. Controle da obesidade. Promoção da saúde.

## INTRODUCTION

Among non-communicable diseases (NCDs), obesity is notable for being both a NCD and a risk factor for other conditions with high prevalence rates in the country. This complex scenario is a challenge for the Unified Health System (In Portuguese Sistema Único de Saúde - SUS), especially Primary Health Care (PHC), which is considered a privileged setting for the development of actions aimed at health promotion (HP) and disease prevention.<sup>1</sup>

Monitoring people with obesity, however, has proved to be challenging, especially relating to the adherence of users to therapeutic processes and the lack of preparation among professionals to handle the complexity of the health/disease process.<sup>2</sup>

In this context, for the comprehensive care of people with obesity, it is important that Family Health Team and multidisciplinary,<sup>2</sup> including nutritionists, work collaboratively with the entire Health Care Network (In Portuguese Rede de Atenção à Saúde - RAS), to integrate general health knowledge with specific nutritional expertise.<sup>1</sup> Thus, despite the availability of several therapeutic options for obesity, it is understood that a barrier to addressing it still remains as obesity prevalence keeps rising among the population.

In the municipality of Palmas, capital of the state of Tocantins, the prevalence of obesity in people over 18 years is about 16.9%, being 19.1% for men and 14.9% for women. Although being one of the lowest in Brazil, it is increasingly rising.<sup>3</sup>

This scenario highlights the urgent need for nutritionists to reframe their understanding and practice in order to address obesity. In this perspective, the study aimed to identify the nutritionist's understanding of obesity and its management in the Primary Healthcare Units (PHU) of the city of Palmas, a municipality in the Legal Amazon and capital of the state of Tocantins.

## MATERIALS AND METHODS

This study is part of the situational diagnosis phase of a project to tackle obesity in the state of Tocantins, submitted to the Human Research Ethics Committee of Universidade Federal do Tocantins (Federal University of Tocantins), in accordance with Resolution No. 466/2012, and approved opinion (No. 3.986.991).

This study is a cross-sectional, descriptive and exploratory study, with a qualitative approach based on content analysis proposed by Bardin.<sup>4</sup> The sample was collected by convenience sampling and consisted of nutritionists with permanent employment in the municipality. All the professionals who were permanent employees of Municipal Health Department of Palmas-TO at the time of the research were invited to participate in the study, totaling three professionals in this category. Data were collected at the professional's workplace, between August and September 2020, in person, while adhering to all preventive measures in relation to the Covid-19 pandemic.

For the interview, a semi-structured script was elaborated based on the Primary Care Handbook No. 38 – Obesity (In Portuguese CAB38).<sup>1</sup> As organizing axes, there were questions related to the identification of the participants, concepts, instruments, flows, care, planning, diagnosis and treatment of obesity. All the interviews were recorded on a tablet and later transcribed in full. This was followed by data organization, coding and identification of recordings and context units, which were then grouped into analysis categories.

Thus, based on the interviews and discourse analysis, contextual units were identified and integrated into seven categories of analysis (Table 1), namely: understanding of health; understanding of health

promotion; health promotion in professional practice; understanding of obesity; planning relating to tackling of obesity; strategies for approaching individuals with obesity; and sentiment regarding dialog about weight.

**Chart 1.** Categories of analysis of interviews with nutritionists from Primary Healthcare Units in the municipality of Palmas, Tocantins, Brazil. 2020.

CONTEXT UNIT	ANALYSIS CATEGORY
Understanding of the concept of health	<i>I. Understanding of health</i>
Understanding of the concept of health promotion	
Health promotion as a responsibility of health professionals, public and private institutions	<i>II. Understanding of health promotion</i>
Implementation of health promotion actions in professional practice	
Health promotion activities developed	
Use of tools/instruments for planning health promotion actions	<i>III. Health promotion in professional practice</i>
Tools/instruments used for planning actions	
Materials used for action planning	
Use of a database for action planning	
Understanding of the concept of obesity	<i>IV. Understanding of obesity</i>
Existence of a work plan to combat obesity	
Knowledge about the municipal plan to combat obesity	
Decision criteria for activities to be carried out	<i>V. Planning regarding the tackling obesity</i>
Materials used as reference for practices and conduct in relation to obesity	
Nonuse of use reference materials for practices and conduct in relation to obesity	

**Chart 1.** Categories of analysis of interviews with nutritionists from Primary Healthcare Units in the municipality of Palmas, Tocantins, Brazil. 2020. (Continues)

CONTEXT UNIT	ANALYSIS CATEGORY
Activities carried out to combat obesity despite the absence of a work plan	<i>VI. Strategies for approaching individuals with obesity</i>
Experience/ actions taken to combat obesity	
Impressions about action taken to combat obesity	
Entry point for users with obesity to the PCU	
Flowchart for referral to a nutritionist	
Frequency of consultations of obese users	
Ways to monitor users with obesity	
Strategies for monitoring users with obesity	
Difficulties in monitoring users with obesity	
Professionals' suggestions for successful obesity care under SUS	
Sentiment regarding discussion of weight with patients in general and patients with obesity	<i>VII. Feelings regarding dialog about weight</i>
Fellings relating to weight discussion with patients with obesity	

Source: Interviews with nutritionists of Primary Healthcare Units in the municipality of Palmas, Tocantins, Brazil. 2020. Elaborated by the authors.

PHU: Primary Healthcare Unites;SUS: Unified Health System (In portuguese, Sistema Único de Saúde)

For analysis and interpretation, the content analysis method was used, consisting of the following phases: pre-analysis, exploration of the material, inference and interpretation of the results resultados.<sup>4</sup> To guarantee the confidentiality of the information and the identity of the interviewees, they were identified as E1, E2 and E3.

## RESULTS AND DISCUSSION

All the nutritionists working at the PHC with a permanent employment contract of in Palmas (n=3) participated in the study. They were between 42 and 52 years old and, 66.7% were female. The time period

of graduation and professional practice as a nutritionist ranged from 19 to 25 years; while period of time working at Núcleo Ampliado de Saúde da Família e Atenção Básica (Expanded Center for Family Health and Primary Care (NASF-AB)), ranges from 4 to 6 years. Regarding additional training, only one of the professionals had a postgraduate degree in the themes of health promotion (HP) and NCDs, and another had taken two refresher courses on obesity in the last three years.

From the results, seven categories of analysis based on the discourse of the interviewed nutritionists were obtained, and were utilized for the discussion.

## Understanding of health

The WHO defines health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.<sup>5</sup> According to Bircher,<sup>6</sup> health is understood as a dynamic state of physical, mental and social well-being that meets the demands of a life compatible with age, culture and personal responsibility. In some reports, excerpts from these concepts were cited by the professionals interviewed:

[...] I understand that it is exactly that concept of health, of being physical, social, and psychological well-being. (E1)

[...] It is seeking things in everyday life that can bring physical and emotional well-being. (E2)

The WHO concept of health, established in 1946, has remained unchanged to this day, because although it is not a consensus, it assumes that an individual's health condition is complex, multidimensional and dynamic. Criticism arises because this definition is not consistent with reality, after all, over time, it has become clear that health is compatible with the presence of diseases and is influenced by several determinants.<sup>7</sup>

Considering the aspects that influence health, the social determinants of health (SDH) are defined as social, cultural, ethnic/racial, psychological and behavioral factors that impact the emergence of health problems in the population.<sup>8,9</sup> Thus, in the statements of the interviewees, aspects involving this complexity can be observed.

[...] It is a set of care practices we can apply to ourselves, with our body, with our mind, with our peace, with our tranquility. (E2)

[...] The definition of health has been broadened because this well-being should not only be physiological, she must be well physically, mentally and integrated into society. (E3)

It can be inferred from the reports that the subjects interviewed reproduce concepts that are already known and have a broader understanding beyond the biological concept of health.

## Understanding of Health Promotion (HP)

It is considered that the difficulties in defining health promotion stem from the complexity of defining health and its dimensions.<sup>10</sup> In the context of public health, however, the National Health Promotion Policy (PNPS) was approved in 2006 and revised in 2014, regulating health promotion as a set of strategies and ways of producing health, both individually and collectively.<sup>11</sup> At times, the interviewees reproduced this concept in their speeches:

[...] Health promotion is about making strategies that favor aspects that will help people's health, whether it is physical activity, leisure, emotional issues, food. (E1)

[...] it would be the commitment of all institutions to promote what would be considered the definition of health. (E3)

Thus, it can be seen that the language expressed by the interviewees brings along understanding, as advocated by the PNPS, that HP must consider the autonomy and uniqueness of subjects, collectivities and territories, since their ways of living are conditioned and determined by the social, economic, political and cultural contexts in which they live.<sup>11</sup>

## Health promotion in professional practice

In the interviewees' statements about carrying out health promotion actions, it can be seen that, despite the breadth of concepts, educational practices aimed at changing individual behaviors stand out. In addition, a particular feature of the study was the report of remote activities, due to the Covid-19 pandemic, as can be seen below:

[...] Practically all the time, because as I work in the clinical area, I do outpatient care, at the moment I am only doing outpatient care, but I have always done a lot of talks aimed not only at diabetes and hypertension, but mainly also with pregnant women. (E3)

It can be seen that HP, in the view of those interviewed, takes the form of individual care and preventive activities. For Sonaglio,<sup>10</sup> it is notable that the experiences seen in health services are essentially prescriptive, preventive and centered on the disease, and that promoting health, at various times, can be linked to prescribing individual behaviors to achieve health.

It is possible to notice the frequent use of the terms "orientation" and "lecture" in relation to health promotion actions, demonstrating that these are frequent practices in the professional work of the interviewees. In this sense, Sonaglio<sup>10</sup> highlights the potential of Education in Health for health promotion. It is necessary to overcome the notion of simple prescription and passing on knowledge, in favor of a relationship of dialog, focusing on individual experiences and valuing popular wisdom.

Regarding the use of tools/instruments for planning these HP actions, the interviewees' reports can be seen below:

[...] Of the databases that I use, I use some, the e-SUS reports that I pull some data from. And SISVAN, mainly for consumption markers and some related to nutritional status. (E1)

[...] To plan these actions? Well, the tool I have is what the SUS provides me, so they are the opportunities to meet with the teams to plan within the units. (E3)

One interviewee mentioned some Health Information Systems (HIS), such as the Food and Nutrition Surveillance System (In Portuguese Sistema de Vigilância Alimentar e Nutricional - SISVAN) and the Electronic Citizen Health Record (In Portuguese e-SUS). HIS are tools to support the management of SUS which produce information that makes it possible to assess a given health situation, make decisions about actions to be implemented, monitor/control the implementation of proposed actions and assess the impact achieved.<sup>12</sup>

The use of these tools therefore demonstrates the intention to plan and implement actions that are relevant to the territory.

## Understanding of obesity

In general, all the nutritionists related their understanding of obesity to the concept of Body Mass Index (BMI), but we also observed additional information, such as the relationship with food consumption and being a risk factor for other diseases, signaling the importance of body weight in the understanding of obesity for these professionals.

[...] Obesity? I take the issue of BMI very seriously. So I use the specific BMI parameter for a given life cycle. (E1)

[...] I think the answer is simple: it is excess weight in some way. Obesity for me is also very much related to the way a person eats. (E2)

It was possible to observe divergences between the statements, such as the inclusion of inadequate eating habits as a meaning for obesity, and similarities, such as the recurring reference to BMI, since this index is recommended for measuring obesity at a population level and in clinical practice, despite its limitations.<sup>1</sup>

Cori, Petty and Alvarenga<sup>13</sup> identified the stigmatizing and prejudiced beliefs and attitudes of nutritionists towards people with obesity, which influence their work and can have an impact on the effectiveness of treatment for people with obesity.

The professional's understanding of patient's health condition is relevant to the care they provide to their patients. In this respect, the authors suggest that these professionals should be trained such that they can rethink the meanings of obesity and offer a more individualized and humanized treatment to patients living with this pathology.<sup>13</sup>

## Planning in relation to tackling of obesity

The majority of those interviewed were aware of the Municipal Plan for the Prevention and Control of Obesity, whose general aim is to prevent and control obesity in the population of the municipality of Palmas.<sup>14</sup> However, despite being aware of the existence of the plan, the professionals reported not using it as a guide for carrying out actions to tackle obesity in the health territory in which they work, according to the following report:

[...] Well, I know it exists because we have already worked on it. But I do not know, I do not follow this plan in general. I do not even know if it is completely ready, but there is the municipal plan, there is the state plan, there is, we know it exists, right?

This plan, therefore, if implemented, has transformative potential, given that it was built from a HP perspective, based on an expanded concept of health and founded on cooperation between various public sectors and higher education institutions in the health area, with the co-responsibility of all the sectors involved in its implementation.



It was noted, however, that the nutritionists did not have their own structured work plan for carrying out actions to tackle obesity, demonstrating that they do not fully incorporate their knowledge into their professional work, according to the following reports.

[...] I do not have a written work plan, but I have it mentally. So, according to the patient's clinical condition, I decide which strategy is best to apply. (E1)

[...] So, the theme differs according to what is being worked on that month, if we are going to talk about diabetes, hypertension, if it is breastfeeding month. (E2)

Regarding the use of reference materials for practices and conduct in relation to obesity, we observed that some professionals did not use them, clinging to technical knowledge and not recognizing the need to use up-to-date theoretical references.

[...] I use all the material from the Ministry of Health, so the handbook, but it is quite old [...] the Primary Care Handbook. I use, for example, now I'm using this [material] on cardiovascular diets, which is a newer publication, and I use the guide a lot, the Food Guide for the Brazilian Population, I think it is the material I use the most. (E1)

[...] No, I do not have the practice of using references. (E2)

The perception and attitudes of health professionals in relation to obesity, as well as the level of knowledge on the subject, beliefs, attitudes and the organization of work are factors that have a direct impact on the care of people with obesity.<sup>15</sup> Even in the face of greater awareness, policies and approaches to tackling obesity, it can be seen that these strategies are still insufficient given the lack of preparation of health professionals to deal with the disease.<sup>15</sup>

In addition to innovative strategies, there is the need for incessant search for continuing education, as well as an organized workflow for planning the network and its work processes, treatment and care for this public.<sup>16</sup>

## Strategies for approaching individuals with obesity

The professionals interviewed presented and described the actions/activities they carry out to tackle obesity, despite the absence of a work plan, as shown in the following example:

[...] what I do is always the same, which is to pass on information, in the form of a lecture [...] I have been working a lot along the lines of focusing on changing eating habits and not on the success he had on the scale. (E2)

In general, there is a focus on food among the activities carried out, and this may be related to the understanding that obesity is largely down to body weight. Therefore, their behavior tends to be limited to the search for calorie reduction and is sometimes associated with increased physical activity.

Cori, Petty and Alvarenga<sup>13</sup> point out that focus on calories and food restriction remains at the center of treatments, although it is known that this strategy is not successful. Despite this, strategies for caring for people with obesity recommend monitoring by a multi-professional team and establishing an action plan for changing behavior, with a focus on promoting healthy eating and physical activity.<sup>1</sup>

It is believed that promoting a broader, non-stigmatized view of weight and food and nutrition leads patients to better understand their relationship with their bodies and food, and to believe in their ability to

lose weight.<sup>13</sup> In this context, believing that they can offer appropriate guidance and treatment for obesity, the nutritionists interviewed show their impressions of the strategies and actions carried out to tackle obesity:

[...] some patients fit in well and were able to follow these guidelines and other patients had greater difficulty. When it comes to individual care, what I have seen is that very few patients are able to get a follow-up, and that follow-up is what he expects, because generally patients with obesity want a quick follow-up (E1).

The impressions of the professionals interviewed are important. In the treatment of obesity, the follow-up of the user and his frequency to the service are relevant, as this allows for greater interaction and the formation of a bond between the professional and the user. As a result, there is more room to delve deeper into issues relating to health and nutrition, since follow-up aimed at maintaining a healthy weight and based on changing eating and lifestyle habits is not a short-term process.<sup>1</sup>

In the interviews, it was possible to understand more about the organization of treatment and the frequency of appointments for patients with obesity:

[...] The user with obesity, depending on the degree of obesity and whether there is a comorbidity or not, there is a frequency and quantity of follow-up visits. (E1)

[...] I monitor the patient until they reach the weight we have chosen. (E3)

. Among the interviewees, there was evidence of individualized care, according to the particularities of each patient. The structuring and implementation of comprehensive care for people with obesity requires health services to be organized in order to provide qualified care.<sup>17</sup> Thus, because they do not have a structured work plan and do not use the guidelines and strategies proposed by reference materials, the actions of the nutritionists interviewed may be ineffective in tackling obesity in PHC.

Considering the importance of structuring the RAS to tackle obesity, it is important for professionals to know how services are organized in order to enable comprehensive care and make accurate referrals at all levels of care.<sup>17</sup> The professionals interviewed demonstrated their understanding of the flowcharts for organizing care for users with obesity at the PHU where they work:

[...] In this unit, as in all units, the process, its first point is to be attended by the Family Health team [...] the flow is usually to go to the health unit through reception or through the health agents. (E1)

Sebold et al.<sup>17</sup> point out that the existence of soft technology tools - which are relationship technologies, such as care flows - favors obesity care, as they contribute to the organization of care within the territories and guide the management of the condition. Flows are therefore possibilities for structuring care within the scope of PHC, and their collective construction can favor adherence and accountability on the part of those involved in terms of the effectiveness and quality of care.

In a study similar to this one, with primary care professionals in the Distrito Federal, Moura and Recine<sup>15</sup> mention challenges related to the provision of more effective care for people with obesity by workers. They also highlight the need to structure a model of care that is appropriate for obesity, as well as other chronic conditions.

## Feelings about the weight conversation

The professionals, in general, said they felt comfortable, had no difficulty or even felt at ease in dealing with the user's weight, which can be seen in the following report:

[...] I do not have difficulty to work with her, to talk to her, to guide her, to tell her that she's overweight - she or he has excess weight and has obesity, which is grade 3, or grade - I do not have this difficulty. (E2)

From this perspective, some studies point to the relationship between obesity and psychosocial problems such as stigma, discrimination and prejudice, with health professionals being one of the sources of prejudice.<sup>13</sup> Obara, Vivolo and Alvarenga<sup>18</sup> reflect that the attitudes of nutritionists and students in the field towards people with obesity are influenced by negative views of the patient, the causes of obesity or even the feeling of inability to treat them. The patient's weight has a direct influence on the time taken to provide care, perceptions, conduct and treatment strategies.<sup>18</sup>

Alvarenga<sup>19</sup> points out that strategies focused on the biological perspective of energy balance and weight loss have not proven to be very effective, especially in the long term, making it necessary to improve the approach, seeking to encompass all the complexity that surrounds the human being, including the biological, psychological, social and emotional context.

Internationally, the actions that have been shown to be effective in preventing obesity are intersectoral and include, above all, the development of Food and Nutrition Education (FNE) actions, with PHC being a strategic place to carry them out.<sup>20</sup>

The nutritionist is the professional qualified by training to develop health education actions in the field of food and nutrition. Techniques mediated by dialectics and dialog, such as conversation circles, playful workshops, mind maps, among others, can be used and applied in the nutritionist's areas of action.<sup>21</sup>

These actions, depending on the needs of each territory, can be carried out in conjunction with matrix support, which can support the Family Health Teams in PHC to ensure that they are carried out. In order to achieve these objectives effectively, it is necessary for the professional to seek a learning process with a critical, practical, diversified approach, adjusted to the target audience and which stimulates their critical capacity.<sup>21</sup>

In order to better understand the scope of the information produced by this study, it is necessary to explain the limitations faced in its construction. It is worth highlighting the fact that this study used convenience sampling, with the subjects participating in the research being professionals with permanent employment, which limited the number of participants. In addition, as this study is a qualitative research, the search for an understanding of what the subject feels, thinks, how they motivate themselves and understand the facts, is unique, which does not de-characterize the methodology used, since the results responded to the proposed objectives.

We interviewed all the nutritionists who have a permanent contract with the city council, in an attempt to obtain a report from professionals who are practicing on a permanent basis and have a history of providing health care to people with obesity. This methodological choice was made due to the high turnover of health professionals in the municipality, who on average are replaced every two years.

. Based on the results found, it is important to carry out other studies that include a larger number of nutritionists in different cities in the Amazonia Legal region (Legal Amazon region), in order to understand and investigate more comprehensively how professional nutritionists understand their work and how it can impact on the health care of people with obesity.

## CONCLUSION

Definitions from the scientific literature were reproduced, which reflects an adequate theoretical understanding of terms such as health and HP, but with limitations in relation to the problem of obesity and how to tackle it. The professional practice of these nutritionists is characterized by a lack of planning of actions to combat obesity, absence of HP actions and an approach centered on the individual, curative in nature and focused on disease prevention.

Although the actions taken to tackle and control obesity by SUS focus on the individual, his or her weight and diseases, there is an urgent need to change this panorama and the way these nutritionists practice. It is therefore essential that nutritionists recognize the importance of health promotion in tackling obesity, understanding who the individual seeking help to change their lifestyle is, constantly seek continuing education and reformulation of their praxis in the health territory. It is the task of PHC management to establish flows in these work processes, establishing joint planning with health service professionals, culminating in the construction and implementation of public policies and strategies that take into account the needs of users from a broader perspective on health issues, establishing new paradigms and strategies for implementing their practice.

The interviews did not explicitly mention the flow process present in the health care network, actions and programs whose scope includes health promotion, such as the Health at School Program, the Health Academy Program, among others.

Also, there is a clear lack of planning regarding work, given that the interviewees are aware of the Municipal Plan for the Prevention and Control of Obesity, they report not using it as a guide for carrying out actions aimed at tackling obesity in the health territory where they work.

Considering that the prevalence and increase in obesity in people over 18 years of age in the city of Palmas (TO) has reached a high level, it is important that obesity is viewed with care and attention by nutrition professionals, health management, health sector and society in general.

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