

## Health promotion and health social determinants: challenges for professionals during the COVID-19 pandemic

*Promoção da saúde e determinantes sociais da saúde: desafios dos profissionais durante a pandemia da COVID-19*

*Promoción de la salud y los determinantes sociales de la salud: retos de los profesionales durante la pandemia del COVID-19*

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### ABSTRACT

**Objective:** to reflect with professionals working in Primary Health Care on the challenges for the development of health promotion actions and health social determinants during the COVID-19 pandemic. **Method:** study with a qualitative approach, participant action type, based on Freire's assumptions. The Research Itinerary was followed, consisting of three dialectical moments: Thematic Investigation; Coding and Decoding; Critical Unveiling. Twelve professionals from two Basic Health Units, in a municipality in Santa Catarina, participated in four Virtual Culture Circles, held in the second half of 2021, with approval from the Research Ethics Committee. **Results:** during the Circles, they reflected on two themes: Health Promotion and social determinants; Pandemic and the setback of health promotion actions. **Conclusion:** professionals discussed the worsening of social determinants in the COVID-19 pandemic and how challenging it is to consider them in the face of increased health and disease situations.

**Descriptors:** Health Promotion; Social Determinants of Health; Primary Health Care; Health; COVID-19.

### RESUMO

**Objetivo:** refletir com profissionais atuantes na Atenção Primária à Saúde sobre os desafios para o desenvolvimento de ações de promoção da saúde e determinantes sociais da saúde durante a pandemia da COVID-19. **Método:** estudo de abordagem qualitativa, tipo ação participante, fundamentado nos pressupostos de Freire. Percorreu-se o Itinerário de Pesquisa, consistindo em três momentos dialéticos: Investigação Temática; Codificação e Descodificação; Desvelamento Crítico. Participaram doze profissionais de duas Unidades Básicas de Saúde, de um município de Santa Catarina, em quatro Círculos de Cultura Virtuais, realizados no segundo semestre de 2021, com aprovação do Comitê de Ética em Pesquisa. **Resultados:** durante os Círculos refletiram acerca de duas temáticas: Promoção da Saúde e determinantes sociais; Pandemia e o retrocesso das ações de promoção da saúde. **Conclusão:** os profissionais dialogaram sobre o agravamento dos determinantes sociais na pandemia da COVID-19 e como é um desafio considerá-los diante do aumento das situações de saúde e doença.

**Descritores:** Promoção da Saúde; Determinantes Sociais da Saúde; Atenção Primária à Saúde; COVID-19.

### RESUMEN

**Objetivo:** reflexionar junto a los profesionales que actúan en la Atención Primaria de Salud sobre los retos respecto al desarrollo de acciones de promoción de la salud y los determinantes sociales de la salud durante la pandemia del COVID-19. **Método:** estudio con enfoque cualitativo, tipo acción participante, basado en los supuestos de Freire. Se siguió el Itinerario de Investigación, compuesto por tres momentos dialéticos: Investigación Temática; codificación y decodificación; Desvelamiento crítico. Doce profesionales de dos Unidades Básicas de Salud, de un municipio de Santa Catarina, participaron de cuatro Círculos Virtuales de Cultura, realizados en el segundo semestre de 2021, con aprobación del Comité de Ética en Investigación. **Resultados:** durante los Círculos se reflexionó sobre dos temas: Promoción de la Salud y determinantes sociales y; la pandemia y el retroceso de las acciones de promoción de la salud. **Conclusión:** los profesionales discutieron el empeoramiento de los determinantes sociales en la pandemia del COVID-19 y el desafío de considerarlos frente al aumento de las situaciones de salud y enfermedad.

**Descriptores:** Promoción de la Salud; Determinantes Sociales de la Salud; Atención Primaria de Salud; Salud; COVID-19.

## INTRODUCTION

Health promotion can be understood as a promising strategy to face the problems that concern the community against the ideal of multiple responsibility for the challenges experienced and their solutions. Such a strategy is associated with a set of values such as quality of life, solidarity, equity, democracy, citizenship, and development, in addition to contemplating the articulation between the five axes: State; community; individuals; health system; and cross-sectoral partnerships<sup>1</sup>.

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Editor in chief: Cristiane Helena Gallasch; Associate editor: Mercedes Neto

The National Health Promotion Policy (*Política Nacional de Promoção da Saúde - PNPS*) encourages intra and intersectoral cooperation and articulation in order to expand the scope of actions on health determinants and conditions. The health promotion movement has been formed along with the concept of the Social Determinants of Health (SDH) to implement cross-cutting policies, seeking to strengthen cohesion and expand the empowerment of vulnerable communities, which reduces social inequalities and expands intersectional action<sup>2,3</sup>. SDH involve the social, economic, cultural, ethnic-racial, psychological and behavioral factors which influence the occurrence of health problems and their risk factors in the population<sup>4</sup>.

At its basis, the *PNPS* includes the expanded concept of health<sup>2</sup> considering the SDH in the health-disease process<sup>5</sup>. Health promotion seeks to overcome the biomedical model in view of the expanded understanding of health, intersectoral action and community engagement as a way to reduce vulnerabilities and risks<sup>6</sup>. In this sense, it is important that professionals seek intersectoral actions in their daily work, enabling to articulate health promotion with the SDH, being an effective and sustainable way of achieving national health goals and objectives and reducing the growing burden of avoidable diseases<sup>7</sup>.

The focus given to health promotion can be emphasized in the set of actions developed by professionals working in Primary Healthcare (PHC), offering the community a support network<sup>8</sup>, especially in pandemic times. PHC operationalizes the Unified Health System (*Sistema Único de Saúde - SUS*), and has the core of its actions developed in the Family Health Strategy (*Estratégia Saúde da Família - ESF*), being a place of transforming practices<sup>9</sup>.

Thus, the guiding question for this study is: what are the challenges of professionals working in PHC to develop health promotion actions and social determinants of health during the COVID-19 pandemic? It should be noted that the articulation of knowledge provided by health promotion with PHC makes it possible to restructure the care model and operationalize actions which prioritize an approach based on the SDH. In turn, it favors creating a privileged space for community mobilization, especially during the confrontation of COVID-19, a moment in which the world turned its focus on to curing the disease, but with few studies about the articulated health promotion actions for SDH in the same period, which justifies the relevance of this study. Therefore, this study aimed to reflect on the challenges for developing health promotion actions and social determinants of health during the COVID-19 pandemic with professionals working in PHC.

## THEORETICAL REFERENCE

This study was based on the theoretical and methodological assumptions of Paulo Freire, who elaborated an itinerary in a liberating pedagogical perspective conducted through dialogue and horizontal relations. The Freirean Research Itinerary consists of three dialectical moments: Thematic Investigation; Coding and Decoding; and Critical Unveiling<sup>10,11</sup>.

Thematic Investigation makes it possible to survey the generating themes. Coding and Decoding stimulates the search for the meanings of themes and awareness with the exercise of a critical and reflective look. The Critical Unveiling encompasses the analysis and apprehends the information that emerges from the discussion; it symbolizes the emancipation of the participants, and there is an awareness through dialogue which will imply a change in their reality<sup>10</sup>. The Freirean Research Itinerary takes place in Culture Circles, where people converse, share experiences and reflections on real situations of collective interest. This space consists of possibilities for developing health promotion practices<sup>10,11</sup>.

## METHOD

This is a qualitative study with active participation, which followed Freire's Research Itinerary<sup>10,11</sup>. The methodological path followed the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ). However, it was necessary to develop the Culture Circles virtually<sup>11</sup> due to the pandemic and the need for social restrictions. To do so, the Google Meet® application was used with the support of a camera on electronic devices.

The participants included 12 professionals working at the Municipal Health Department from a municipality in Santa Catarina, Brazil. We had the support of the coordinators of two Basic Health Units (*Unidades Básicas de Saúde - UBS*) to organize the participants of the Virtual Culture Circle (VCC), where professors and nursing students from a public university worked with theoretical-practical activities. Therefore, the purpose of the research was explained to the coordinators and they invited professionals to participate in the VCC. All invited professionals agreed to participate in the study with no refusals, in which being a coordinator or professional inserted in the *ESF* teams were considered as inclusion criteria, while professionals on vacation or leave during the research period were considered as exclusion criteria.

Four VCCs were carried out, two in each *UBS*, developed between September and November 2021, lasting approximately one hour each. The mediators were two doctorate nurses with experience in this type of approach. The

participants were explained about the need to sign the Informed Consent Form (ICF) before participating in the first VCC. The term was sent via email to the coordinators, who signed and forwarded it to the other participating professionals and then returned it to the researchers.

Next, the mediators asked the following questions to start the first VCC and go through the Thematic Investigation phase: What is health promotion and social determinants for you? What are the facilities and difficulties to work on these themes? As the participants discussed the questions, a mediator wrote down their testimonies using keywords. Then, participants were encouraged to list the most significant themes that reflected their practice in PHC. In turn, they chose two main themes for discussion in the VCC.

The Coding and Decoding stage took place in the second VCC, in which the mediators asked each participant to choose the theme that represented their understanding of health promotion and social determinants. All the themes raised by the participants were re-read to validate the records, encouraging them to reflect in order to permeate the action-reflection process, motivating them to understand their ability to face the obstacles and limits that emerged and share proposals which would enable transformation of their reality<sup>10</sup>.

Then, the Critical Unveiling was developed (the third stage of the Research Itinerary), when the mediators invited the participants to reflect on what they discussed, revealing possibilities to work on health-promoting actions aimed at the social determinants of health in the pandemic context. It should be noted that the data analysis took place concurrently with the other phases of the Freirean Research Itinerary, which provides for the organization and data analysis process together with the Culture Circle participants<sup>10</sup>. The VCC dialogues were recorded with the due authorization of the participants, transcribed and organized, according to the generated themes raised.

The study began after approval of the research protocol by the Ethics Committee for Research with Human Beings of a public university in southern Brazil, following the precepts of Resolution 466 of 2012 of the National Health Council. The participants chose to be called by the name of colors to ensure their anonymity.

## RESULTS

The 12 study participants were female and worked in different professions within the PHC: two doctors, two nurses, a dentist, an oral health assistant, two nursing technicians and four community health agents. Two participants acted as coordinators of the service at the time of the study. The age range ranged from 24 to 51 years and the time working in the PHC ranged from one month to 20 years.

The two generating themes which emerged for discussion in the VCC were: 1) Health Promotion and social determinants; and 2) The pandemic and the setback of health promotion actions, which will be presented below.

### Health promotion and social determinants

The participants discussed that social determinants are related to the inherent characteristics of each person, which influence the health-disease process.

*[...] the factors which influence diseases in a certain age group or that end up happening in a specific gender. It has to do with the environment, ways of life, family, family relationships [...]* (Lilac)

They also mentioned that the concept of health promotion is linked to the concepts of disease prevention and actions which precede an event, showing difficulty in differentiating the two terms.

*[...] as I work on the vaccine, prevention becomes promotion. So, in my industry, it works really well in that regard. There is good demand, the vaccine campaign has grown a lot. I see prevention as part of health promotion.* (Red)

*[...] prevention appears in the context of health promotion as a set of attitudes that we must take in advance in order to avoid certain events, precaution and avoid certain risks. It's well suited to my work as a community health worker. We have those markers and we make our visits, we create bonds with people, who report health problems and that's where health promotion comes in.* (Yellow)

The professionals discussed the difficulties in articulating health promotion with SDH, such as service overload and user demands.

*[...] it's the question of the demand being very high, we can't really educate the population about the moment to look for the unit. [...] a lot of people want to have a routine exam every year, we explain to them that they don't need to come every year.* (Green)

*[...] for us, as for the other levels of care, it would be good to reduce the burden of patients who have a disease that is more difficult to treat, which has a sequela, that needs rehabilitation or something that needs more demand, more carefully. (Red)*

The participants revealed that longitudinality can be a possibility to promote health in articulation with the SDH.

*[...] working with each patient, we end up getting to know them well, there is that question of longitudinality and follow-up. You get to know the family, understands how it works, the complaints, the needs and be able to respond with greater direction. (Red)*

Dialogues on health promotion raised the idea of disease prevention when individuals unite for a common good, with emphasis on the determinant aspects of the health-disease binomial.

### The pandemic and the setback of health promotion actions

The professionals mentioned that the moment experienced in the COVID-19 pandemic changed the schedules and demands of care at the *UBS*, interfering with intentions during consultations, making them more resolute to people's pressing needs, with a focus on the disease.

*[...]appointments were different before the pandemic, they had childcare consultations and with pregnant women. Prenatal care was in the afternoon and in the morning other demands were attended to. Let's say that the patients who came to look for the same day, the consultation took place on the same day [...] (Black)*

*[...] during the pandemic, there was a change in the agenda and demands. We ended up focusing more on cases of illness and spontaneous demand. We do very little in the promotion actions as we did before the pandemic. (Lilac)*

They discussed that the medication dispensing routine at the *UBS* did not change during the pandemic period, highlighting the dependence of users on drugs, which strongly portrays the hegemonic biomedical model.

*The medication part already had a lot of dependency, with difficulty to get it and then I think that as we cannot make a scheduled appointment, because it is a very large demand, sometimes it is not possible to work with the medication withdrawal. [...] it involves having therapy together, so sometimes the demand from the psychologist is great. (Black)*

Many of the actions developed at the *UBS* and in the community, which characterized the proposal of health promotion from the understanding of the participants, were paralyzed from the pandemic:

*Activities that we used to do and are now stopped [...] the School Health Program, for assessing children, weighing, anthropometric measurements, assessing oral health, giving lectures on nutrition, food, physical activity. We participated in the group of older adults in the neighborhood at their invitation, so we evaluated their blood pressure, capillary blood glucose, advised on renewing prescriptions and on medicinal plants. (Blue)*

*[...] Many programs that were made in other years had to be put aside due to the pandemic. Many groups or planning improvements, unfortunately this year could not be done. (Blue)*

They showed that many of the groups at the *UBS* attended adults and mothers, being a space for exchanging experiences and also for renewing drug prescriptions.

*[...] they formed groups to have a conversation and then took the opportunity to renew the prescription. They also formed a group for mothers who brought their babies for the first consultation, for explanations about the postpartum period. (Lilac)*

They also mentioned that the COVID-19 pandemic increased the demand for pregnant women at the *UBS* and consequently made it difficult to qualify the care provided at the health service.

*Now in the COVID-19 pandemic, we have 80 to 90 pregnant women. And every week there are about five new prenatal consultations, we only see pregnant women every day in the morning, the schedule is closed for doctors and nurses. (Red)*

They reflected that there was a reduction in professionals in the pandemic period, which was a difficult time and weakened the team, which made it even more difficult to carry out health-promoting activities.

*There were professionals leaving, who often ended up with just the doctor, just the nurse, and we couldn't get out of that moment of welfare to use our time to promote health. (Green)*

Demand from managers and the population to maintain and guarantee continuous care at the *UBS* was another challenging factor for the team to be able to reorganize itself and thus develop health-promoting actions in the community.

*We are pressured with a large number of patients arriving at the service every day. In fact, there is no continuity, the coordinator demands it and I have to do what comes. (Blue)*

The dialogues in the VCC provided participants with a space to exchange experiences, allowing an exercise to reflect on the lived reality. They revealed the challenges in their daily practice, especially due to the pandemic situation, which further distanced them from developing health-promoting practices articulated with SDH.

## DISCUSSION

The 1st International Conference on Health Promotion resulted in the Ottawa Charter, with guidance to achieve the goal “Health for All” from the year 2000<sup>12</sup>. Thus, five strategies were conceptualized in this document: the implementation of healthy policies, creation of favorable environments, reorientation of health services, reinforcement of community action and development of personal skills. It reaffirms the SDH, pointing out that if the treatment of diseases is a specific attribution of the health sector, health promotion involves a complexity that goes beyond it, emphasizing the need for intersectoral actions for its construction<sup>13</sup>.

However, the interconnection between health promotion and SDH is still seen as a major challenge, as the focus on individual lifestyle continues to be attractive in Brazil, with emphasis on the biomedical model. Health promotion actions are limited and generally seek to identify the harmful effects of certain behaviors, acting in the regulation of lifestyles, maintaining the focus on the disease and eliminating habits considered “at risk”<sup>6</sup>, requiring greater strengthening of these actions in PHC.

Strengthening health-promoting actions at the macro level depends on acting on the SDH, and at the micro level on the person, family and community. In this perspective, it becomes necessary to move forward with programs and initiatives for health promotion which seek to strengthen the subjects and the community in a critical and reflective way, with a view to enhancing the transformation and autonomy processes of people over social reality<sup>6,14</sup>.

It is worth remembering that the *ESF* emerged within the scope of PHC as a permanent space for building and rebuilding relational processes which reveal the plurality and power of individuals, collectivities and also of professionals who work in the territory to identify needs and encourage health promotion actions. However, the actions developed have presented managerial and operational limits in relation to facing the set of SDH<sup>7</sup>.

The very concept of health promotion is still confused with prevention by professionals working in PHC. There is a loophole about the controversy related to the confusion between these two concepts. Health promotion rescues the concept of health as a social product and seeks to extrapolate the risk approach from the field of prevention. In this regard, it is relevant to address this conceptual conflict from the training of health professionals, considering both practices as complementary and a fundamental part of PHC services; however, they are differentiated by their areas of actuation and activities<sup>15</sup>.

Professionals in PHC still develop healthcare from a biomedical perspective, focusing on the disease. Disease promotion and prevention actions are developed in a fragmented way and with limited participation and involvement of all its members<sup>16</sup>. Added to this is the turnover of professionals in PHC services which can compromise the bond with the community and the scope of health promoting actions aimed at the SDH of individuals and communities<sup>17</sup>.

*ESF* professionals face difficulties in their daily work, such as: interference from political leaders, ineffectiveness of the health network, bureaucratization of the public service instituted by laws to control municipal management expenses, high demand and turnover, the performance profile of workers and on-the-job training and interprofessional relations. From then on, health managers have little capacity in the decision-making process, since their practice is questioned by political and bureaucratic issues in the municipality, which makes it difficult to acquire material resources and hire professionals with a profile focused on health to act in the *ESF*, distancing itself even more from health promotion actions in the territory<sup>17</sup>.

Thus, there is work overload for professionals working in PHC due to the accumulation of different functions which result from the need to provide care in accordance with the demands related to the functioning of health services and the population, having to reach goals established in agreements and health service indicators. There is a burden to achieve objectives, which is not proportional to the conditions given to them to meet spontaneous demand with quality. In turn, some activities are neglected so that others are carried out<sup>18</sup>.

Added to this, Brazil and the world experienced the COVID-19 pandemic with repercussions on the reorientation of actions developed in PHC services<sup>19</sup>. One of the activities which was paralyzed was the organization of health education groups in the community, which have proven to be efficient in achieving positive results. These groups allow for greater work optimization with a decrease in individual consultations, as well as active participation of the individuals



in the educational process through a collective practice of problematization and discussion, instigating a growing learning process<sup>20</sup>.

Health promotion articulated with the SDH seeks the quality of life of the population through integrated and intersectoral actions, involving the private, governmental and non-governmental sectors together with civil society in the debate on SDH with a view to enhance health interventions<sup>2,8</sup>. It is time to reorganize work processes in PHC and enable collective spaces for decision-making and dialogue which sensitize professionals to work in health promotion under the SDH of individuals and collectivities, seeking to achieve the assumptions of the *PNPS* and the Ottawa Charter<sup>17</sup>.

### Study limitations

The performance of the VCCs can be mentioned as a limiting factor, which required a detailed organization with the professionals' work schedules. It was necessary to adjust the time of the team meeting within an hour so that the professionals and coordinators could participate in them.

### CONCLUSION

There are challenges for carrying out health promotion practices articulated with the SDH in PHC. One of them is the persistence of the biological model as a hegemonic practice in the care provided by professionals. It also urges the importance of working with the expanded concept of health, understanding it in the social, spiritual, biological, political and economic dimensions, articulating it intersectorally as a *sine qua non* condition for achieving improved quality of life.

The participants discussed that teamwork, the social network, interpersonal relationships and reception at the *UBS* contribute to promoting health in the community from the perspective of SDH. This study brought contributions to health promotion and its articulation with SDH at the time when the reality experienced by professionals in the context of PHC was unveiled. The reflections arising from the VCC through Paulo Freire's Research Itinerary stimulated a debate on the need to promote health to individuals and collectivities in an articulated way to the SDH in the daily practice of professionals who work in the PHC context.

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