

INTEGRAÇÃO ENSINO-SERVIÇO COMO MEDIADORA DE EXPERIÊNCIAS DE COMUNICAÇÃO EM SAÚDE NA COMUNIDADE

TEACHING-SERVICE INTEGRATION AS A MEDIATOR OF COMMUNITY HEALTH COMMUNICATION EXPERIENCES

INTEGRACIÓN ENSEÑANZA-SERVICIO COMO MEDIADORA DE EXPERIENCIAS DE COMUNICACIÓN EN SALUD DE LA COMUNIDAD

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RESUMO

Objetivo: Relatar experiências de educação em saúde em uma Unidade Saúde da Família de Natal/RN no contexto da integração ensino-serviço. **Método:** Estudo descritivo da experiência “Varal da Cidadania”, em que discentes, mediante vivência do “passeio exploratório do território”, rodas de conversa com profissionais de saúde e entrevistas com a comunidade buscaram compreender a visão da população acerca da cidadania; identificar fragilidades e potencialidades; discutir as possíveis causas e consequências para definir pontos-chaves de atuação. **Resultados:** Realizaram-se quatro “varais” (oficina de *Shantala* - saúde da mulher; tenda do conto-saúde do idoso; orientação alimentar - saúde do homem; teatro - saúde da criança), focando habilidades para o cuidado familiar e auxílio ao empoderamento comunitário. **Conclusão:** Sensibilizaram-se os profissionais para incluir a *Shantala* no Programa de Desenvolvimento e Crescimento, viabilizando uma melhor avaliação pelo Programa Nacional de Melhoria do Acesso e da Qualidade da Atenção Básica. O “Varal do Homem” evidenciou como trabalhar promoção da saúde no espaço da Feira Livre, suplantando a distribuição de *folders*. O “Varal da Criança” auxiliou o fortalecimento de parcerias entre instituições de ensino e a unidade de saúde, potencializando um melhor desenvolvimento do Programa Saúde na Escola. O “Varal do idoso” sensibilizou discentes para a escuta qualificada, elemento essencial ao profissional de saúde.

Descritores: Serviços de integração docente-assistencial; Educação em saúde; Comunicação; Atenção primária à saúde; Sistema único de saúde.

ABSTRACT

Objective: To report health education experiences in a Family Health Unit of Natal/RN in the context of the teaching-service integration. **Method:** A descriptive study of the “Citizenship Clothesline” experience, in which students, through the experience of the “territory exploratory tour”, conversation with health professionals and interviews with the community sought to understand the population's perception about citizenship; identify weaknesses and potentialities; discuss the possible causes and consequences to define key points of action. **Results:** There were four “clotheslines” (*Shantala* workshop - women's health; tale tent-elderly's health; food-health guidance - men's health; theater - child's health), focusing on family care skills and community empowerment assistance. **Conclusion:** We convinced professionals to include *Shantala* in the Development and Growth Program, enabling a better evaluation by the National Program for Improving Access and Quality of Basic Care. The “Man's Clothesline” showed how to work health promotion in the Free Fair space, supplanting the *folders* distribution. The “Children's Clothesline” helped the partnerships strengthening between educational institutions and the health unit, enhancing better development of the School Health Program. The “Elderly People Clothesline” sensitized students to qualified listening, essential element to the health professional.

Descriptors: Teaching care integration services; Health education; Communication; Primary care to health; Unified health system.

RESUMEN

Objetivo: Presentar experiencias de educación sanitaria en una Unidad de Salud de la Familia de Natal/RN en el contexto de la integración enseñanza-servicio. **Método:** Estudio descriptivo de la experiencia “Tendedero de la ciudadanía” en que discentes a través de la experiencia de la “gira de exploración del territorio”, círculos de conversación con profesionales de la salud y entrevistas con la comunidad han intentado comprender la visión de las personas sobre la ciudadanía; identificar las debilidades y potencialidades; discutir las posibles causas y consecuencias para buscar puntos claves de acción. **Resultados:** Hubo cuatro “tendederos” (taller de *Shantala* - la salud de la mujer; puesto de cuento - la salud del anciano; orientación alimentar - salud del hombre; teatro - salud infantil), centrándose en las habilidades para el cuidado de la familia y la asistencia a la potenciación comunitaria. **Conclusión:** si concienciaron los profesionales para añadir la *Shantala* en el Programa de Crecimiento y Desarrollo, lo que permite una mejor evaluación del Programa Nacional de Mejoramiento del Acceso y Calidad de la Atención Primaria. El “Tendedero del Hombre” mostró cómo trabajar promoción de la salud en el espacio de la Feria Libre, suplantando la distribución de folletos. El “Tendedero de los niños” ayudó a fortalecer la colaboración entre las instituciones educativas y la unidad de salud, lo que aumenta las posibilidades de un mejor desarrollo del Programa de Salud Escolar. El “Tendedero del Anciano” concienció discentes para la escucha cualificada, que es esencial para el profesional de la salud.

Descritores: Servicios de integración docente asistencial; Educación en salud; Comunicación; Atención primaria de salud; Sistema único de salud.

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INTRODUCTION

The Unified Health System (SUS) is composed of public health services and actions at the municipal, state and national levels, as well as private health services, which are part of the SUS in a complementary way when contracted for such purpose⁽¹⁾. Such a system was created to change the situation of inequality in the health care of the population, making the public service to any citizen an obligation, offering services in primary, secondary and tertiary care. In the SUS, health is the result of people's living conditions (access to employment, fair salary, education, housing, sanitation, transportation, food, culture, leisure and a decent and quality health system); this conception is a horizon for the Health Services⁽²⁾. In this way, the SUS seeks to improve the quality of life of the population by grounding its actions in the Health Promotion framework, extrapolating the provision of clinical-assistance services, demanding intersectoral actions to act on the social determinants of health (SDH), seeking to reduce inequities in health, developing the autonomy of the subjects, and strengthening political and social processes⁽³⁻⁴⁾.

The dissemination of information and dialogic and emancipatory education are essential factors for this goal. However, health professionals face difficulties to conduct educational processes based on this perspective. These difficulties are related to curricular training based on non-dialogic educational models and the strong biomedical model⁽⁵⁾.

A congruent educational method to this perspective is the meaningful learning where the subjects must turn to the reality that surrounds them in order to reflect and to inquire the reasons of what they see as problematic. Thus, the teaching-learning process is made possible by the integration of content to be learned with daily life⁽⁶⁾.

Dialogued education provides formal knowledge, favoring social and technological development and encouraging the development of ethical, tolerant, humanized and transformative relationships⁽⁵⁾. It is therefore an essential factor in the principle of empowerment inherent to health promotion, understood as a process of empowering individuals and communities to take greater control over personal, socioeconomic and environmental factors that affect their health⁽⁷⁾. Although health promotion is a goal of any public policy, the health sector stands out before the potential of operating inter-sectorality and

sensitizing other sectors towards common goals of positive impact on SDH⁽⁷⁾. In fact, when we evaluate the concept of care, i.e. "the provision of health technologies, according to the unique needs of each person at different moments in life, aiming at well-being, security and autonomy to have a productive and happy life"⁽⁸⁾, we identify the implication of the health sector.

Care has different dimensions that range from individual care, up to family, professional, organizational, systemic and societal care. All of these dimensions are related to the Health Promotion framework. However, we will highlight the individual dimension, related to "taking care of oneself", in the sense that each of us can or has the power to produce a unique way of "living the life", making choices, and the dimension related to the care of the family, of our neighbors and friends' cycles⁽⁸⁾. That is because, this experience report has as object an outreach action whose purpose is to act in the individual and family dimensions of care, developing actions of education and communication in health to assist in empowerment.

Education is communication, dialogue, insofar as it is not transference of knowledge, but an encounter of interlocutors who seek the signification of meanings. In fact, any health action requires communication, dialogue between the individuals involved, whether individually or collectively. Therefore, there is a relationship between health and education that, from the point of view of interpersonal relationships, care and respect, constitutes a rich source of inter-disciplinarity⁽⁹⁾.

In this perspective, health promotion actions include health education actions understood as a social process with great potential for transforming reality. Thus, health and education have their place in the possibility of allowing the individuals to learn to BE political, autonomous, critical subjects and transformers of reality⁽⁹⁾.

The outreach action target of this report aims specifically to carry out actions of popular education in health in a Family Health Unit of the city of Natal/RN where activities of Health and Citizenship (SACI) are developed through dynamics entitled "Citizenship Clothes Line".

These were the assumptions that guided the outline of the outreach action "Citizenship Clothes Line: Developing actions of communication in in community health", target of this report.

METHODS

This is a descriptive study about health education actions carried out in social facilities belonging to the territory of a Family Health Unit (FHU) in Natal/RN. These actions were developed based on a survey of the population's health needs, selection of viable critical points of intervention, and design of action plans for social facilities in the territory. These plans of action were concretized in the dynamics "Citizenship Clothes Line".

The "Citizenship Clothes Line" advocates health promotion through popular health education strategies, thus considering community knowledge as a raw material for the educational process. It consists of a process of learning from the knowledge of the subjects and from the words and themes of their daily life⁽⁹⁾.

Contextualization of the experience "Citizenship Clothes Line"

The students of the various courses (Physical Education, Nursing, Pharmacy, Physiotherapy, Speech Therapy, Health Systems Management, Medicine, Nutrition, Dentistry and Social Work) participating in the course Health and Citizenship - SACI, from the Federal University of Rio Grande do Norte - must experience dynamics that prompt reflections on the health problems of the population to trigger the planning and development of health care actions in the community.

In general, the objectives of SACI, a practical course based on teaching-service-community integration, are to carry out an analysis of the demand and health needs of the population of a given territory to develop popular health education actions in one of the social facilities of this territory. In order to do so, it is sought to develop skills related to teamwork, leadership, mobilization of partnerships, and communication with collective groups and plan actions by evaluating their feasibility (cost/profit, partnerships, and know-how). Thus, the insertion of students in the communities contributes to the improvement of these territories, and a mutual contribution UFRN-health services is necessary.

The activities are structured in the pedagogical conception of the problematization, being the Arch of Maguerez the conducting element of the practices⁽¹⁰⁾. Thus, the objective is to extrapolate the technical-scientific domain of training and to extend the structuring aspects of relations and practices that contribute to the

increase the quality of health of the population by facing the epidemiological aspects of the health-disease process⁽¹¹⁾.

Nevertheless, SACI integrates actions of the Education Program for Health in Work (Pet-Health), regulated in 2010 by a ministerial order. The Pet-Health intends to reorient health education starting from the integration of teaching and service provision and the integral approach of the health-disease process, constituting itself as a central instrument to respond to the concrete needs of the population, committed to the strengthening of the SUS⁽¹¹⁾.

Therefore, other teaching-service-community courses, SACI is a locus conducive to outreach actions as described in this study, which took place in the second half of 2016.

"Citizenship Clothes Line": Planning and execution

The dynamics "Citizenship Clothes Line" ("*Varal da Cidadania*") aimed to develop actions of popular education in health in social facilities of the Territory attached to a Family Health Unit, where the group of authors of this report experienced in the course Health and Citizenship. In this case, the selection of the social facility depended on the need identified by the tutorial group before the discussions with the community, according to the method of problematization.

Through experiences of practices such as the "exploratory tour in the territory", the students sought to know the place, talk with the people who lived there to try to understand their worldview about issues related to citizenship, such as the right to education, health and leisure, through analysis of these walks and speeches, identifying weaknesses and potentialities, discuss the possible causes and consequences related so as to search for key points, through a critical-reflexive analysis to mobilize theory/perceptions, where the tutorial group had governability to intervene and contribute to the community. The method of the Arch of Maguerez⁽¹⁰⁾ enabled the identification of *what to do, why to do it, to whom, where to do it, how to do it* and *what resources* are involved in doing it.

The identified demands were to carry out educational actions focused on the life cycles permeating themes worked by the Ministry of Health such as: child health; elderly health, and combating Diabetes mellitus; hypertension and illicit drug use.

The indicatives of these demands were the speeches of the professionals of the FHU Beach city during wheels of conversation, impressions of students during the exploratory tour and analysis of the interviews of the leaders of the social facilities also during the exploratory tour.

As for educational activities, there was a need for seeking viable active pedagogical strategies, supplanting the reference of traditional education. To do so, they would encourage communication skills and teamwork among the students who would conduct the strategies.

The places chosen to develop the actions were: a home for the elderly, the Family Health Unit itself, a Municipal Child Education Center, schools in the territory and the Street Market that works in the vicinity of the USF.

Thus, four dynamics of the "Citizenship Clothes Line" were held. The first was focused on

the health of women, by holding a *Shantala* workshop, targeting parents and mothers of children from one to six months of age. The second cloth line targeted men's health, focusing on healthy eating as a protection factor for *Diabetes mellitus* and heart diseases such as hypertension.

The third focused on child and adolescent health and aimed to stimulate values and habits promoting quality of life to address, indirectly, a serious problem in the territory that is the use of drugs in the schools. Finally, there was a "Cloth line" aimed at the health of the elderly, having as essential string the listening to understand the uniqueness of each individual and how this perception is essential to health work.

To assist in the organization and subsequent evaluation of these dynamics, the tutorial group developed plans of actions in matrices, as shown in Figure 1.

Figure 1 - Worksheet used to delineate and evaluate the action plan.

Definition of the problem on which you wish to intervene:						
Descriptors of the problem to be addressed:						
Discussion on critical nodes:						
First reason		Second reason		Third reason (root problem)		
Operative plan:						
Critical nodes	Actions	Resources (physical, human, financial)	Products	Results	Responsible	Term (short, medium, long)

The dynamics of each "clothes line" were elaborated according to the life cycle (adult, child, elderly) and thematic approach, lasting three hours (08:30 to 11:30 hours), corresponding to a meeting of the course. Thus, four "cloth lines" were organized:

1. Citizenship clothes Line - Women's Health (October 2016): *Shantala* workshop for fathers and mothers of children from one to six months of age as a strategy to introduce integrative practices into the FHU activities and to provide a way to relieve infant colic without medication and encourage family/child bonding.
2. Citizenship Clothes Line – Men's Health (October 2016): Addressing consumers at the Street market, preferably men, in order to discuss the relationship between eating and chronic diseases such as Diabetes mellitus and hypertension. The intention was to provide information about foods that we must introduce in our diet and the ones that must be replaced for a better quality of life.

3. Citizenship Clothes Line – Children's Health (November 2016): Presentation of a play to work values and habits that promote satisfactory oral and corporal hygiene at the Municipal Center of Early Infant Education to indirectly address infestation by ectoparasites such as lice and scabies.

4. Citizenship Clothes Line – Elderly's Health (November 2016): Creation of a Tent of Tales⁽¹²⁾, with elderly in nursing homes as a way of working listening and understanding where each individual brings his story, but these stories need to be minimally known to establish the bond, essential element to health work.

After conducting the dynamics of the "Citizenship Clothes line", the tutorial group evaluated the results collected with aid of the worksheets. After the evaluation, the results collected by the FHU professionals and by the partners involved in the "Citizenship clothes line" were discussed.

RESULTS AND DISCUSSION

The project "Citizenship Clothes Line" foresees actions of popular education aimed at the four life cycles (child, adolescent, adult and elderly), since the demands identified by the tutorial group were related to these cycles.

However, the approach to drugs was not viable due to the local context. The "Adolescent's clothes line", where healthy habits of living (feeding, practice of sports, engagement in social projects) would be approached through workshops to indirectly address the issue of drugs, was not carried out in view of the difficulty in working in the schools resulting from the advance of drug trafficking in these facilities.

As for the other "clothes lines", the execution was easily agreed with the leaders of the social facilities. However, there were also difficulties. In the "Women's clothes line", there was low population adherence to the activity due to the low frequency of educational activities at the FHU. Thus, the population was not used to participate in such activities; it is yet necessary to institute this culture. However, the students knew a method of complementary medicine, easily applicable and of low cost: the *Shantala* method. There was a massive participation of the group, where each one exercised the activity of instructor, showing, in dolls positioned in front of the mothers and their babies, how to perform the massage. Before this practical instruction, a movie was played to show the technique step-by-step. However, the most significant result of this "clothes line" was the raising of awareness of FHU nurses to include *Shantala* into the Development and Growth Program, enabling a better evaluation by the National Program for Improving Access and Quality of Primary Care. This is because the FHU Beach City presented satisfactory results in the PMAQ-AB⁽¹³⁾, except in the case of integrative practices. In this way, the teaching-service integration fulfilled its purpose: enabling the learning and qualification of the services provided to the population.

In the "Citizenship clothes line – Men's Health", the difficulty was the lack of resources to pay for printed folders prepared by the students informing about the harm caused by the excessive consumption of salt and sugar. However, the action was fruitful and made it possible a meaningful learning about the elements of communication and persuasion techniques. This is because students, organized in pairs, were distributed among the stalls of the street markets to approach customers, questioning their daily

consumption of salt and sugar in relation to the bags containing the measures indicated by the World Health Organization (salt < 2,0 grams, sugar ≤ 25,0 grams)⁽¹⁴⁾. These measurements were performed using a precision scale. Based on the answers, they provided information on how to avoid excess salt by replacing it with natural seasonings. At the end, recipes were distributed on how to make herbal salt and how to season various meats (chicken, fish, and red meat)⁽¹⁵⁾. Therefore, there was an incentive to awareness in the community about the need for food re-education, an opportunity to publicize the work developed in the FHU to combat and control Diabetes mellitus and hypertension.

The realization of the "Citizenship clothes line – Men's Health" had the goal to highlight a more active way of working to promote health in the Free Street market area. This is because FHU professionals carry out "Health in the Street market", distributing folders; the tutorial group had the duty to develop more dynamic approaches.

In the "Children's clothes line", the challenge was to keep the attention of the audience of children (which normally get distracted quickly) and the inexperience of the group with regard to the pedagogical practice for kids. As it was a theatrical stage, the dynamics allowed the children to interact with the group and strengthen their partnership with the CMEI and the FHU. Besides the play, guidance on oral and body hygiene was given through an animation movie, as well as distribution of toothpastes and toothbrushes for the children. In general, actions carried out in other sectors such as education institutions make it possible for the students to learn the multiple factors related to the health-disease process and, consequently, the need to act with Inter-sectoriality to achieve a resolute health care. Furthermore, working in the school environment facilitates the discussion about the Health in School Program (HSP)⁽¹⁶⁾ and assists in the establishment of partnerships in health actions between educational institutions and FHUs.

Inter-sectoriality consists of an integrative practice of actions of different sectors that articulate, complement and interact with each other for a more intricate approach and confrontation of problems, sharing resources and goals, and jointly developing strategies⁽¹⁶⁾.

The Health in School Program (HSP) is an intersectoral policy between the Ministries of Health and Education that has the aim to promote

comprehensive health care for children, adolescents and young people in public primary education within schools and/or health units.

The actions of the HSP go beyond the technical-scientific perspective, with the teams identified in the HSP as starters of initiatives to promote school health and active in the processes of permanent and continuing health education for teachers, employees, parents and students.

The units of the FHS also can and should count on the support of professionals of the education area, seeking to use the pedagogical and educational tools essential to the involvement of the target public in health promotion and protection actions.

In this context, the HSP proposes to constitute a new design of health education policy as part of a broad training for citizenship and promotion of articulation of knowledge and participation of students, parents, school community and society in general in comprehensive health and education⁽¹⁷⁾. Therefore, this is a strategic program to reach the attributions of primary health care services.

As for the "Elderly clothes line", the reduced number of elderly individuals with cognitive ability to participate in the Tent of Tales and apparent apathy to participate in interactive dynamics made it difficult to carry out the Tent in its essence, as a dialogic practice characterized by a participative methodology, allowing expression of voices, polysemic discourses and singular subjectivation processes⁽¹²⁾.

In this case, questions were asked to the elderly to stimulate them to report their experiences and, through this reach the aim of the re-signification of psychosocial problems. In the end, a dance called *forró* was organized in the asylum and there was a significant participation of the group.

The "Elderly clothes line" enabled the SACI students to approach the reality of Long Stay Institution for the Elderly (LSIE) and stimulate FHU professionals to develop socialization activities with the elderly. The goal was to sensitize the tutorial group for qualified listening, an essential element to the health professional, as well as to stimulate the dissemination of a strategy created by Jaqueline Abrantes, a nurse from a FHU in the city of Natal/RN, which is known in several places due to the good results achieved, but it is not disseminated in all the FHUs of Natal. Still in the perspective of qualified listening and the learning process inherent in life (issues addressed by the

Tent of Tales), a film session was held with professionals from the FHU Beach City, exposing the movie "My Afternoons with Margueritte"⁽¹⁸⁾. At the end of the clothes line, the actions were evaluated by comparison with the plan. The result was positive, but the group identified weaknesses, already exposed in the report.

Therefore, the dynamics reported in this study can be understood, based on interactive and playful processes, as having the potential to sensitize students to public service, re-signifying it as a valuable place of learning for life. The ludic activity favors the process of learning to know, to do, to be and to live with creativity, dynamicity and responsibility⁽¹⁹⁾. The perspective of teamwork is paramount to the course "Health and Citizenship", which seeks inter-professional training based on awareness of the team concept, experienced through the activities proposed as the "clothes line". At the end of the process, the members of this dynamic learned the fundamental characteristic of a team: people working in a defined work plan for individual and collective development, using the skills of each of its components⁽²⁰⁾.

In addition, the "Clothes lines" collaborate with the motivation of professionals to continue the teaching-service-community⁽²¹⁾. The main motivations are related to improvements in working conditions, learning opportunities, professional enhancement and changes in work processes.

FINAL CONSIDERATIONS

The "Citizenship clothes line" project caused impacts on the teaching-service-community tripod. This is because it has made possible a more dynamic and problematizing teaching-learning process, allowing working cognitive, factual and attitudinal skills. Nevertheless, the project has been carried out in the tutorial groups that are inserted in SACI every semester. The "Citizenship clothes line" creates opportunities for the development of outreach products such as booklets (the fruit of the Men's Clothes Line), theatrical scripts (Children's Clothes Line) and instructional materials (Women's clothes line) as they occurred in its first edition in 2016.2, as well as research projects. In this way, it is a strategy that materializes the indissociability of teaching-research-outreach. In this case, "Clothes Line" inspired the development of research projects addressing the theme of HSP.

From the perspective of the service, the project allows the participation of service professionals in university outreach activities, contributing to their continuing education and stimulating the adherence of these professionals to serve as preceptors of the components of the teaching-service-community integration such as SACI. The preceptor, a health professional who articulates the experiences necessary to learn the contents covered in these components, is a fundamental actor. In addition, the actions developed by the tutorial group contribute to the process of encouraging the community to value the health services, since actions must occur in partnership with them. Therefore, the impact on the community lies in the fact that improving its quality of life is the final assignment of these actions.

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