Chapter 100

Inclusion and work process of the physical educator of primary health care in hypertensive assistance

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ABSTRACT
The insertion of the Physical Education Professional (PEF) in Primary Health Care (PHC) collaborates for the reorganization of health services that now have a profession that adds physical activity from the perspective of prevention and health promotion. Physical activity has been consolidating itself as a non-pharmacological means in the prevention and treatment of diseases, especially arterial hypertension, favoring the reduction of State expenses with treatment and complications resulting from the worsening of health problems, as well as increasing the quality of life of those assisted. The recognition of Physical Education as a health profession is recent, having occurred in the late 1990s with the publication of Resolution Nº 218 of March 6, 1997, by the National Health Council. However, it was only from 2008 onwards, with the creation of the Family Health Support Center (NASF), that the PEF became legal to compose the teams that make up the health services, having the opportunity to contribute to the Unified System of health. From this perspective, this study aims to understand the process of inclusion of the Physical Educator in Primary Health Care and its importance in improving the health conditions of hypertensive patients assisted by the Family Health Strategy of Diamantina. This is a literature review study, with a search for articles in the databases of Portal de Periódico Capes and Google Scholar, considering the Portuguese language and a periodical window between the years 2004 to 2021. carried out with a Primary Health Care Professional. Despite the benefits of including PEF in health services, this has been a slow process, requiring professionals in the area to seek training to be able to occupy the opportunities offered, certainly increasing the health promotion process of the population assisted by the APS.

Keywords: Primary Health Care, Physical Education Professional, System Single Health, Arterial hypertension. Health services.

1 INTRODUCTION

Noncommunicable Chronic Diseases (NCDs), which occupied a large part of the discussions in health policies in the second half of the 20th century, continue to negatively impact people's quality of life. Among its main risk factors are a sedentary lifestyle and the adoption of unhealthy eating habits that tend to get worse and worse, as observed in the first two decades of this millennium. More specifically concerning sedentary lifestyle, the physical educator has been playing an important role by adopting increasingly effective techniques with the potential to combat this risk factor and, therefore, improve the health condition of those who rely on the support of this professional (FERREIRA; FERREIRA, 2017). In addition to the many demands for medical care and medications needed in the treatment of CNCDs, these have been responsible for serious complications in the life of the affected individual. This is because such diseases have been the main cause of morbidity and mortality in Brazil (MALTA et al., 2017).

Therefore, knowing that one of the main causes of these pathologies is physical inactivity, one of the main strategies for preventing and controlling them is the practice of physical activity. Thus, knowing that the role of the physical educator can be fundamental in this process, the studies carried out in this area are of great importance, and the insertion of the PEF in primary care may correspond to an important step towards mitigating the impacts of NCDs on public health.

The literature referring to NCDs and Physical Activity (PA) shows that the epidemiological and demographic transitions in Brazil and the world have traced a new profile of diseases responsible for most of the recorded deaths. Specifically in Brazil, the numbers showed that 72% of deaths from known causes are caused by CNCDs. Faced with this reality, it is increasingly necessary to rethink lifestyle habits, aiming at healthy practices that contribute to maintaining health. Among these healthy habits, an active life stands out, since the effectiveness of physical activity for people represents longevity and quality of life (MÁSSIMO; DE SOUZA; FREITAS, 2015).

In this sense, the World Health Organization (WHO) has recommended a daily dose of physical activity for the entire world population, since research has proven the various benefits of physical activity for the general population, acting as a means of non-pharmacological treatment. Health organizations are increasingly working to highlight the importance of this topic, seeking to implement public health policies that encourage an active life (DANESE, 2014).

The physical educator presents himself as a prepared and legitimized professional to act directly with the practice of physical activity. The role of this professional in guiding and encouraging changes in lifestyle habits promotes the reduction of one of the main risk factors for CNCDs, “physical inactivity” (DANESE, 2014). As a health professional, he has an important role in understanding the social reality and, based on this understanding, carrying out actions that can contribute to the improvement of the health conditions of society. There is currently a scientific and social consensus that a "sedentary lifestyle” has been one of the factors responsible for the increase of various types of diseases. This explains the various articulations of health agencies to alleviate this situation.

Despite this knowledge, it has been necessary to develop strategies that can affect the insertion of the physical educator in primary care, understanding the possibilities and challenges in this process. With this, it is important to carry out studies on this subject, to understand how society, health agencies, and the government, have been related to support this action that aims to encourage the practice of physical activity, which is an of the main actions to be undertaken for so many health problems. It is important to understand how the professional relationship between the PEF and other actors that work in health has been taking place, as it will allow identifying possible failures or deficiencies in this process, aiming at the creation of strategies that make the physical educator's performance more and more consolidated in the health services. This is a condition for the services of this professional to be made the most of, bringing the desired benefits to society.

The physical education professional has increasingly been an ally of multidisciplinary teams in primary care, due to the contributions generated in changes in lifestyle habits both among members of the general population and the population assisted by the health area. These changes lead to a reduction in the number of patients who arrive at high-complexity services since a large number start to avoid risk factors through changes in attitudes and seek self-care. Effectively, the insertion of the physical education professional has a positive impact on health services and people's lives, since their role becomes a fundamental means for maintaining health (BONFIM, 2012; FALCI; BELISÁRIO, 2013).

It is observed that the insertion of the physical education professional as an actor in the health area has been consolidating for some years, and currently gaining strength due to several factors. One can list as factors, the benefits known for the practice of physical activity, both as a preventive, palliative, or harm reduction means for various diseases. However, we are still aware of the innumerable challenges to be faced in health care by physical education professionals, among them, the deficiency in their training due to the little offer in the graduation of disciplines consistent with the practice in the field of health (BONFIM, 2012; COSTA, 2019). However, even knowing so many benefits already established by the practice of physical activity, we have observed that a large part of the population has not performed the time of physical activity recommended by the WHO, with a large part of the population that does not perform any type of physical activity (BONFIM, 2012; COSTA, 2019).

In short, knowing the different benefits of physical activity in people's lives, it is important to understand people's level of knowledge and how much they are using this information to improve their health conditions. For this, it is necessary to know how physical education professionals are being inserted in the health area, and how this insertion contributes to the improvement of the quality of social life. In this sense, the present study aims to understand the process of including the Physical Educator in Primary Health Care and its importance in improving the health conditions of hypertensive patients assisted by the Family Health Strategy of Diamantina-MG.

2 METHODOLOGY

The methodology used was the literature review initiated with a search process, analysis, and description of a body of knowledge that aims to reach an answer to a specific question. In addition, an interview was conducted with a Primary Care (PC) professional from the city of Diamantina-MG to understand how the Physical Education Professional was and is inserted into health services.

The search process for articles was as follows: a search for articles was carried out in the databases of Portal de Periódico Capes and Google Scholar, considering the Portuguese language and a periodical window between the years 2004 to 2021, since this period was the focus of the first discussions about the subject studied.

For the survey of articles, we defined the following descriptors contextualized to the theme [Hypertension OR Systemic Arterial Hypertension OR Cardiovascular Disease OR Hypertension] AND [Lifestyles OR Unified Health System OR Physical Educator OR Physical Activity OR Health OR Family Health Strategy OR Physical Education OR History OR Physical Exercise OR Resistance Exercise OR Physical Inactivity OR Sedentarism]. In the initial search carried out on the Capes Periódico Portal, a total of 1,780 scientific articles were found, and in the search carried out on Google Scholar, a total of 1,020 articles were found.

After analysis by reading the title and abstracts, we downloaded a total of 98 articles. Among the 98 articles, after in-depth reading of them, we selected 16 articles to compose this review.

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3 RESULTS AND DISCUSSION

3.1 INCLUSION OF PEF IN HEALTH CARE

The creation of the Unified Health System (SUS) in Brazil in 1988 by the Brazilian Federal Constitution was a historic milestone for the strengthening of various professions. Presenting an organizational model of health services, the SUS promotes actions in all areas of health, which requires the articulation of different professions (COSTA, 2019; MANSKE; OLIVEIRA, 2017).

However, the insertion of physical education professionals in the health area is still a recent event in Brazil. In 1997, with the publication of Resolution CNS 218 of March 6, 1997, by the National Health Council, physical education became an integral profession in the health area. This is because at that time there was a visible change in the morbidity and mortality profile in the country, justified by the increased incidence of Chronic Noncommunicable Diseases (NCDs), which among its main risk factors is “physical inactivity” (FALCI; BELISÁRIO, 2013; MANSKE; OLIVEIRA, 2017).

As a result, the PEF gained prominence in the field of health, since its presence in health services has been consolidating since 2000. Contributing to raising the awareness of physical education in the field

of health, in 2002, the WHO warned of the need to create public health policies based on themes related to the importance of practicing physical activity. Thus, the PEF began to gain more space, since the practice of a physical activity is as important as good professional guidance (BONFIM, 2012).

Continuing this movement of integration of PEF into health services, in 2006 the Federal Government implemented the (PNPS) National Health Promotion Policy. This action contributed to creating actions to encourage the practice of physical activity, seeking to reduce sedentary rates in the country (FERREIRA; FERREIRA, 2017). In 2007, professors from the State University of Londrina created the Brazilian Society of Physical Activity and Health (SBAFS), whose main purpose is to organize the actions of researchers, professionals, and students of undergraduate university courses who develop their actions within the scope of physical activity and health, regardless of their graduation area, in the national territory. Among its goals are the promotion and realization of the Brazilian Congress of Physical Activity and Health and the support of regional scientific meetings for the dissemination of knowledge in the area. In addition to maintaining ties with similar and similar entities, both in the country and abroad, this society represents, when requested, the area of physical activity and health in Brazil (NAHAS; GARCIA, 2010).

However, the role of the PEF in primary care only actually occurred in 2008, with the creation of the Family Health Support Center (NASF) by Ordinance 154, of January 24, 2008. to be classified among the five professions with the greatest participation in the activities of the Support Center for Family Health (NASF), integrating half of the teams registered in the program. So much so that, between 2013 and 2017, there was a 141% increase in the participation of PEF in health services (COSTA, 2019; FALCI; BELISÁRIO, 2013; MANSKE; OLIVEIRA, 2017).

From this perspective, the physical educator had greater credibility to act in health, as his role is considered essential in guiding and encouraging the practice of physical activity, and collaborating for the prevention of various diseases. In addition, the insertion of the physical education professional has been seen as a contribution to carrying out interdisciplinary work, resulting in a significant reduction in the demands of highly complex services, which often overload the Unified Health System (BONFIM, 2012; FALCI; BELISÁRIO, 2013).

Thus, it is notorious that the insertion of the physical educator in health services has been built for some years through several actions. However, we can understand that there are still many challenges to be faced. The insertion of this professional in health teams is a recent experience, and it still requires the establishment of several dialogues with different sectors so that he can play an even more effective role in the field of health. For this, it is necessary to rethink professional training, establishing curriculum guidelines aligned with a professionalization consistent with the demands of SUS services (BONFIM, 2012; FALCI; BELISÁRIO, 2013; MANSKE; OLIVEIRA, 2017).

3.2 JUSTIFICATION FOR THE INCLUSION OF PEF IN PRIMARY HEALTH CARE

The performance of the physical educator in health is mainly due to the high rates of individuals affected by (NCD) Chronic Noncommunicable Diseases. This occurrence has caused great concern for world health authorities. Thus, the inclusion of the PEF in the multidisciplinary team of the NASF in Brazil was due to the great importance of physical activity in people's lives, contributing to the reduction of sedentary lifestyle (FALCI; BELISÁRIO, 2013; MANSKE; OLIVEIRA, 2017).

In this way, the absence of a PEF in PHC services can be considered a setback or deficiency due to the loss of benefits that this professional can offer to the population. Effectively, the lack of professional guiding and offering physical activity reduces the chances of self-care and coping with CNCDs by those assisted. It is healthy to emphasize that this group of diseases has "physical inactivity" as one of the main risk factors (FERREIRA; FERREIRA, 2017).

In addition, the practice of physical activity has proven to be very efficient for special groups, especially for the elderly. Physical activity has contributed to maintaining health, improving quality of life, reducing anxiety and depressive conditions, improving functional capacity, facilitating the lives of the elderly, and reducing their dependence on activities of daily living (MONTE et al., 2015).

Another important contribution of the PEF's participation in primary care is related to health services. Its role of encouraging people to pursue a healthier lifestyle has led to a reduction in other demands on the service. In this perspective, the physical educator also performs an essential work of Popular Education in Health, which works as a tool to guide people about the importance of certain habits for maintaining health, thus encouraging self-care (FALCI; BELISÁRIO, 2013; MONTE et al., 2015).

Therefore, given the many benefits of physical activity, the physical educator must occupy a significant space in the field of health. Thus, the physical education professional has a great responsibility in contributing to the improvement of people's quality of life through guidance on the practice of physical activity, as well as playing a fundamental role in the prevention and promotion of health (BONFIM, 2012; FALCI; BELISÁRIO, 2013; FERREIRA; FERREIRA, 2017; MONTE et al., 2015).

3.3 INTERVIEW WITH A PRIMARY HEALTH CARE PROFESSIONAL

The ESF of Diamantina has one (1) Physical Educator in its primary care network, which was included about five (5) years ago, and should provide support to twelve (12) units in the urban area and four (04) in the countryside. These units are installed in rented properties, requiring that the specific spaces of offices and vaccine rooms be adapted to comply with health safety standards. As a consequence of the lack of a specific physical space for this professional to work, there is a need for improvisations so that he can act. In this way, depending on the activity to be carried out, in addition to the large spaces that may exist in some units, the PEF seeks other locations that are more suitable, such as community spaces, annexes to churches, associations, squares, and streets with less traffic at times reduced movement. It is important

to point out that there is no official report in the Municipal Health Department of Diamantina - MG, which contains the strategies and adaptations carried out by the PEF so that it can carry out its activities.

As for materials for the development of activities, in 2020 mattresses, ropes, shin guards, hula hoops, and balls, among others, were purchased, which, due to the health measures resulting from the Covid-19 pandemic, could not be readily used. Until the beginning of the distancing measures, the physical educator's routine included monitoring the workday of the health teams, which takes place from Monday to Friday from 7 am to 5 pm. The activities of the PEF, along with other professionals from the multidisciplinary teams, are focused on collective care and shared with group interventions. The individual consultations shared with other team members are aimed at families identified in the matrix support carried out by the units. When necessary, such consultations are carried out at home, allowing greater knowledge of the patient's context.

In the context of the pandemic, the PEF helped with administrative activities, organizing and analyzing information on health indicators to be passed on to other professionals for inclusion in the e-SUS system in the ESF. Outside this context, there is no specificity about the target audience of this professional. In addition to the work carried out with groups of pregnant women and chronic pain, its performance meets the demands of the units, and goals stipulated by municipal, state, or federal management, such as, for example, carrying out actions in public schools, aimed at corporal practices for children from preschool to adulthood, as provided for in the School Health Program.

Similar to what happens with other training courses for health professionals, there are gaps in the curricula of Physical Education courses, which make it difficult to better prepare the PEF to work in Primary Health Care. As a result, training is offered to professionals who become part of the ESF health teams, aiming to guide them in their respective work, for greater success in their actions with the assistance. Meetings with the Primary Care coordination help the PEF to reduce limitations in its performance, to optimize its actions. According to reports collected during the interview, it has been observed that the PEF, a member of the Diamantina primary care network, has its work recognized and, due to the commitment observed in the subjects who are part of the groups with which it works, it is motivated to continue working in health.

The results observed in this study allow a current analysis of the consolidation of the insertion of the Physical Education Professional (PEF) in Primary Health Care (PHC), in addition to favoring the understanding of the relationship of Physical Activity in the control and treatment of Arterial Hypertension. In the ESF of the city of Diamantina-MG, a performance of the PEF characterized by the development of diversified activities has been evidenced, being generally orientation and educational in the scope of Physical Activity. This fact is reaffirmed by the perception found in the literature, which describes the Physical Educator as a professional able to play different roles in different spaces (LIMA et al., 2016; PEREIRA et al., 2020).

The fact that the insertion of the Physical Educator in the Primary Care Network in Diamantina-MG is recent, is not limited only to this municipality. In Brazil, it was only in 1997 that the National Health Council recognized physical education professionals as belonging to the health area. This advance was due to the universality of the SUS, since there was a greater possibility of social participation in health services, which changed the care model. Such changes were necessary to provide the population with greater access to health services, since the Federal Constitution of 1988 determines that Health is a right of all and a duty of the State, with physical activity included in the packages offered (MACHADO; LIMA; BAPTISTA, 2017; MACINKO; MENDONÇA, 2018).

In this way, the assistance offered by the PEF in the ESF of Diamantina is aimed at promoting health collectively or individually, always based on teamwork, where there is an interaction between this professional and the others who complement the primary care network (FALCI; BELISÁRIO, 2013; MANSKE; OLIVEIRA, 2017).

However, the performance of this professional is, to a large extent, subject to several challenges, such as the lack of adequate infrastructure for work, lack or scarcity of materials, little recognition by the other professionals of the team, as well as the limitation of this professional to work in the field. multidisciplinary context (MACHADO et al., 2020; SILVA et al., 2018). In the case of the ESF in Diamantina-MG, an acceptance, and appreciation of the work of the PEF by the multidisciplinary teams have been observed, but there are limits to its performance. This is because, in addition to having included only one PEF in the municipality's PA network, this must meet the demands presented by all teams belonging to the 16 units that make up the network.

As stated by Bonfim (2012), the presence of PEF in PHC is aimed at increasing the level of physical activity of the population, which, in turn, can contribute to reducing the prevalence of various diseases. In addition, as Falci and Belisário (2013) bring in their study, the interdisciplinary practice carried out by the PEF in health services leads to the improvement of health indicators and relieves the demands of high complexity in secondary care, making the Unified Health System viable. This relationship is observed in the context of Diamantina, where the physical educator plays a prominent role in health education, contributing to reflection on the importance of a healthy lifestyle that positively affects disease control, especially Hypertension.

From the perspective of Arterial Hypertension, PEF guidance is also important because PA is one of the most successful non-pharmacological measures in the treatment and control of this disease. Under these conditions, the inclusion of physical educators in health services becomes a necessity and must be expanded. After all, the intervention activity of the PEF requires knowledge of the public under its responsibility so that it can plan a contextualized physical activity program considering the specificities of the subjects, their limitations, and their possibilities (BARROSO et al., 2020; PITANGA, 2019).

4 FINAL CONSIDERATIONS

Through all contextualizations carried out, a reflection is promoted on the process of insertion of the Physical Educator in Primary Health Care and the health conditions of hypertensive patients assisted by the Family Health Strategy of Diamantina - MG. Through the theoretical survey carried out in this study, several reflections were provided regarding the insertion of the PEF in Primary Health Care, the challenges that this professional encounters in his path, and mainly his contributions to the improvement of the health conditions of those assisted in these spaces of care. health.

As a limitation to the reflections proposed here, there is the fact that there is only one physical education professional in the primary care network in Diamantina. This makes it impossible to obtain a better assessment of how this professional is integrated into the network, and the effective gains achieved with his work.

The perspective is that this work serves as a path for the emergence of new studies on the investigated theme, and can contribute to the improvement of health services where the Physical Education Professional is present. In addition, it is expected that the PEF will be increasingly inserted in health services, allowing for more efficient performance, providing great experiences in the field of physical activity, and collaborating to increase the achievements achieved by the Unified Health System, which represents so much for everyone. us Brazilians.

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REFERENCES

Barroso, w. *Et al*. Diretrizes brasileiras de hipertensão arterial – 2020.

Arquivos brasileiros de cardiologia, 2020.

Bonfim, g. C. S. O nasf no município de fortaleza e a intervenção do professor de educação física. **Revista diálogos acadêmicos**, v. 2, p. 150–157, 2012.

Costa, f. F. Novas diretrizes curriculares para os cursos de graduação em educação física: oportunidades de aproximações com o sus? **Revista brasileira de atividade física & saúde**, v. 24, p. 1–4, 2019.

Danese, m. C. F. Avaliação dos fatores de risco da hipertensão arterial dos feirantes de teixeira de freitas, ba. **Mosaicum**, v. 20, p. 1808–589, 2014.

Falci, d. M.; belisário, s. A. A inserção do profissional de educação física na atenção primária à saúde e os desafios em sua formação. **Interface: communication, health, education**, v. 17, n. 47, p. 885–899, 2013.

Ferreira, j. C.; ferreira, j. S. Atuação dos profissionais de educação física na atenção primária à saúde.

Caderno de educação física e esporte, marechal cândido rondon, v. 15, n. 2, p. 105–113, 2017.

Lima, l. R. A. *Et al*. Contributo da educação física na área do esporte, atividade física, saúde e educação para as crianças e jovens que vivem com o hiv. **Revista bras cineantropom hum**, p. 243–258, 2016.

Machado, c. V.; lima, l. D. De; baptista, t. W. De f. Health policies in brazil in times of contradiction: paths and pitfalls in the construction of a universal system. **Cadernos de saude publica**, v. 33suppl 2, p. E00129616, 2017.

Macinko, j.; mendonça, c. S. Estratégia saúde da família, um forte modelo de atenção primária à saúde que traz resultados. **Saúde em debate**, v. 42, n. Spe1, p. 18–37, 2018.

Malta, d. C. *Et al*. Doenças crônicas não transmissíveis e a utilização de serviços de saúde: análise da pesquisa nacional de saúde no brasil. **Revista saude publica**, v. 51, n. 1, p. 1–10, 2017.

Manske, g. S.; oliveira, d. A formação do profissional de educação física e o sistema único de saúde. **Motrivivência**, v. 29, n. 52, p. 191–210, 2017.

Mássimo, e. A. L.; de souza, h. N. F.; freitas, m. I. F. Doenças crônicas não transmissíveis, risco e promoção da saúde: construções sociais de participantes do vigitel. **Ciencia e saude coletiva**, v. 20, n. 3, p. 679–688, 2015.

Monte, r. S. *Et al*. Atividade física como instrumento de educação popular em saúde. **Revista eletrônica gestão & saúde**, v. 6, p. 800– 08, 2015.

Nahas, m. V.; garcia, l. M. T. Um pouco de história, desenvolvimentos recentes e perspectivas para a pesquisa em atividade física e saúde no brasil. **Revista brasileira de educação física e esporte**, v. 24, n. 1, p. 135–148, 2010.

Pereira, c. A. H. *Et al*. Educação física: da ciência à docência. **Research, society and development**, v. 9, n. 9, p. 1689–1699, 2020.

Pitanga, f. Orientações para avaliação e prescrição de exercícios físicos direcionados à saúde. **Cref4/sp**, p. 145–172, 2019.