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# PARTICIPATORY RAPID ESTIMATION AS A STRATEGY FOR TERRITORIAL DIAGNOSIS, A TECHNIQUE PERFORMED BY AN ORAL HEALTH TEAM: AN EXPERIENCE REPORT IN CARUARU-PE

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**Marcos Gustavo Oliveira da Silva[1], Maria Josilaine das Neves de Carvalho[2], Anne Daiane Souto Luz da Silva[3], Giseli Cordeiro da Silva[4], Calina Raíssa Silva de Sá Moura[5], Edmilson Bezerra Leite[6], Vanessa Vila Nova Torres[7], Paloma Alves Moura[8], José Igor da Silva[9]. Francisco José Macêdo da Silva[10], Juliana Macêna de Lima[11], Paulo André Gomes Barros[12]**

## ABSTRACT

The Participatory Rapid Estimate (ERP) is a methodological tool for territorial situational diagnosis, which allows the identification in the short term of the main health problems and social determinants in specific communities. Its participatory and qualitative character allows us to understand the singularities of each territory through active listening and direct observation, being especially useful in the organization of the actions of the Family Health Teams. This paper aims to report the experience of the application of ERP by the Oral Health Team (OHT) of the Basic Health Unit (UBS) Sinhazinha I, located in the urban area of the municipality of Caruaru-PE, in the first quarter of 2024. The team toured the micro-areas of the territory, interviewing community leaders and local agents, with the support of Community Health Agents, even in areas of social risk. Information on basic sanitation, socioeconomic profile, level of education and prevalence of health problems was collected. Large disparities between neighboring micro-areas were highlighted, revealing the importance of a singularized local planning. ERP has proven to be an effective, viable and strategic tool for strengthening territorialized care, subsidizing more effective actions in the field of collective oral health.

[1] Dental Surgeon
Professional Master's Degree in Family Health
Aggeu Magalhães Research Center (CPqAM/FIOCRUZ) Federal University of Pernambuco (UFPE)
[2] Student of the Dentistry Course Instituto Ser Educacional – Campus Caruaru-PE
[3] Dental Surgeon Specialist in Pediatric Dentistry and Patients with Special Needs Tabosa de Almeida University Center – ASCES-UNITA, Caruaru-PE
[4] Student of the Dentistry Course Instituto Ser Educacional – Campus Caruaru-PE
[5] Dental Surgeon Federal University of Pernambuco (UFPE)
[6] Dental Surgeon Instituto Ser Educacional – Campus Caruaru-PE Social Worker, graduated from UNOPAR
[7] Student of the Dentistry Course Instituto Ser Educacional – Campus Caruaru-PE
[8] Dental Surgeon (UFPE) Residency in Primary Care and Family Health
Tabosa de Almeida University Center – ASCES-UNITA, Caruaru-PE
[9] Dental Surgeon Instituto Ser Educacional – Caruaru Campus-PE
Public Health Specialist
[10] Undergraduate student in Dentistry – UNINASSAU University Center - Caruaru/PE
Specialist in People Management – University of Pernambuco (UPE)
Bachelor of Business Administration – Faculty of Philosophy, Sciences and Letters of Caruaru (FAFICA)
[11] Student of the Dentistry Course Instituto Ser Educacional – Campus Caruaru-PE
[12] Doctorate Student in Dentistry Specialist in Orthodontics
Specialist in Public Health with Emphasis in Sanitarianism Master in Dentistry, area of concentration in Orthodontics

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## 1 INTRODUCTION

Primary Health Care (PHC) is the main gateway to the Unified Health System (SUS) and has as its fundamental assumption continuous, comprehensive and coordinated care, aimed at the unique needs of the populations assigned to the territories where the health teams operate. One of the central pillars for the effectiveness of PHC actions is the detailed and contextualized knowledge of the territory, which goes beyond geographical delimitation and comes to be understood as a dynamic space for the production of life, health, and social relations (BRASIL, 2021; MENDES, 2011). In this sense, territorialization and situational analysis become indispensable practices for local health planning and management.

Among the instruments to support territorialization and qualified listening to the community, the Participatory Rapid Estimate (ERP) stands out, a qualitative, agile and sensitive methodology to the reality of the territories. ERP aims to capture, through direct observation, interviews with community leaders, health professionals and service users, essential data on the social determinants of health, the community's perception of its main problems and the resources available to face them (CECÍLIO, 2009; MERHY, 2014). Unlike traditional epidemiological surveys, ERP values popular knowledge and the active participation of social subjects, strengthening the community's role in the care process and in the construction of health responses (PAIM, 2013; CAMPOS, 2000).

The literature points out that the health of a population is deeply related to its living conditions, understood from social determinants such as income, education, housing, basic sanitation, public safety and access to essential services. These factors have a direct impact on the health-disease process and should be considered in the planning of problem-solving actions (SILVA & OLIVEIRA, 2017; BUSS & PELLEGRINI FILHO, 2007). Thus, the application of ERP in PHC allows for a more critical and expanded approach to care, favoring the construction of situational diagnoses that are closer to reality and more sensitive to health inequities.

In the field of oral health, the use of ERP is still limited, although extremely promising. Historically, dentistry in primary care has faced challenges to break with the curative model centered on individual clinical procedures. The incorporation of practices such as ERP contributes to changing this paradigm, bringing the performance of the Oral Health Team (OHT) closer to the principles of Collective Health, with a focus on health promotion, disease prevention and attention to local vulnerabilities (NARVAI, 2000; SCHERER & SCHERER, 2007; TEIXEIRA et al., 2018). By incorporating the territory as an object of analysis, the OHT expands its capacity for action, making its practices more effective, humane and contextualized.

The city of Caruaru, located in the Agreste region of Pernambuco, has heterogeneous social and economic realities that are reflected in the health indicators of the population. The urban area, in particular, is marked by territorial inequalities that are expressed in micro-areas with different epidemiological profiles, unequal access to services and contrasting social determinants. In this scenario, the ERP applied by the Oral Health Team of the Sinhazinha I Basic Health Unit, in the first quarter of 2024, was configured as a strategic tool to recognize the singularities of each micro-territory and subsidize more sensitive, effective, and equitable health planning.

Therefore, this article aims to describe the implementation of the Participatory Rapid Estimate as a strategy to approximate the reality experienced by the population assigned to the Sinhazinha I UBS, in Caruaru-PE, highlighting the relevance of this methodology for the planning of oral health actions in the context of Primary Care.

## 2 METHODOLOGY

This is a descriptive and qualitative experience report, carried out by the Oral Health Team (OHT) of the Sinhazinha I Basic Health Unit (BHU), located in the urban area of the municipality of Caruaru, state of Pernambuco, Brazil.

The experience took place during the first quarter of 2024, in the context of the care practice of the Family Health Strategy (ESF), and its main objective was the application of the Participatory Rapid Estimate (ERP) methodology as a situational diagnosis tool for the territory assigned to the unit.

The Participatory Rapid Estimate was carried out based on the methodological principles proposed by Cecílio (2009), which advocate active listening, the valorization of community knowledge and the identification of local health priorities based on the collective construction of knowledge.

The activity was developed through home and institutional visits carried out in all micro-areas of the UBS, with the monitoring of the Community Health Agents (CHA) responsible for each territory, whose performance was fundamental for access to locations with greater social vulnerability and public insecurity.

## 3 RESULTS

The reported experience was conducted by the Oral Health Team (OHT) of the Sinhazinha I Basic Health Unit (BHU), located in the urban area of the municipality of Caruaru, state of Pernambuco, during the first quarter of 2024. The main objective was the application of the Participatory Rapid Estimate (ERP) methodology, a situational diagnosis tool of the

territory assigned to the unit, in the context of the Family Health Strategy (ESF). The ERP was executed according to the methodological principles proposed by Cecílio (2009), which emphasize active listening, the valorization of community knowledge and the collective construction of knowledge to identify local health priorities. The methodology involved home and institutional visits in all micro-areas of the UBS, with the support of Community Health Agents (CHA), whose functions were crucial to access the locations of greatest social vulnerability and public insecurity, ensuring safety during the data collection process.

The application of the ERP resulted in a detailed survey of the socioeconomic, sanitary and health conditions of the different micro-areas of the territory served. The interviews conducted with community leaders, key residents and local professionals allowed us to understand the specificities of each area, providing a comprehensive and differentiated view of the living conditions of the population. The investigative process included the mapping of local infrastructure, such as basic sanitation, housing conditions, and the population's schooling, as well as the analysis of the main prevalent diseases, such as sexually transmitted diseases (STDs) in areas of greater vulnerability and chronic non-communicable diseases (NCDs) in areas with greater purchasing power.

The results indicated great disparities between the micro-areas, with a clear contrast between the predominant youth in the peripheral areas, in a situation of vulnerability, and the elderly population in the central micro-areas, with better socioeconomic conditions. In the most vulnerable regions, a high prevalence of infectious diseases, such as STDs, as well as oral health problems, such as dental caries and periodontal diseases, was observed. On the other hand, in areas with higher purchasing power, the elderly population had a prevalence of chronic diseases, such as hypertension and diabetes, in addition to a large number of cases requiring prosthetic rehabilitation.

Through the analysis of the data collected, it was possible to identify the specific needs of each micro-area and plan appropriate interventions. The information obtained during the ERP enabled the elaboration of an action plan focused on health promotion and disease prevention. In areas with a high prevalence of STDs, educational actions on safe sexual practices and oral health were prioritized, while in micro-areas with a higher prevalence of chronic diseases, the focus was on control and prevention campaigns, with an emphasis on monitoring conditions such as hypertension and diabetes.

The ERP methodology proved to be effective at UBS Sinhazinha I, both for its low cost and easy execution, as well as for its ability to generate significant data that directly guided the planning of health actions. The use of this methodology allowed a closer approximation between health professionals and the community, contributing to the improvement of the

population's health conditions and strengthening the integration between the UBS and the territory. In view of its effectiveness and ease of implementation, it is recommended that ERP be adopted as a frequent practice in Primary Care, in order to improve the planning of health actions, promoting equity and quality of life of the population.

## 4 DISCUSSION

The use of Participatory Rapid Estimation (ERP) at UBS Sinhazinha I evidenced the relevance of this methodology for the analysis of the health conditions of the population served, providing valuable insights for the planning of more assertive actions. By applying ERP, it was possible to identify inequalities in access to health care, as well as differences in health needs in each micro-area. These findings highlight the importance of a flexible approach adapted to local realities, where community participation plays a central role in defining intervention strategies, making them more effective and targeted (Cecílio, 2009; Paim, 2013).

Regarding the differences found between the micro-areas of greater social vulnerability and the more centralized ones, it is possible to observe that poverty and the lack of basic infrastructure, such as sanitation, directly affect health conditions. These data confirm what other studies point out about the close relationship between poor sanitary conditions and the prevalence of infectious diseases (Nunes et al., 2020). The high rate of sexually transmitted diseases (STDs) in the most peripheral areas and chronic diseases in regions with higher purchasing power illustrate the need for public policies that contemplate the different demands of the population, with differentiated and personalized strategies for each context.

The ERP also demonstrated the importance of community participation in the construction of the health diagnosis. Active listening to leaders and the local population strengthens the perception of health needs and, more importantly, allows interventions to be better accepted by the community. This participatory model contributes to breaking down barriers of mistrust between health professionals and residents, facilitating adherence to the proposed actions. As Vasconcelos et al. (2016) point out, the active participation of the community in health decisions is a key factor for the success of public policies in Primary Care.

Another relevant aspect observed was the fundamental role of Community Health Agents (CHA) in the execution of the ERP. The presence of the CHAs was decisive not only for access to areas of greater risk and social vulnerability, but also to ensure that the information collected was representative of the local reality. Partnering with these

professionals, often seen as a bridge between health services and the population, is essential for carrying out more effective and safer interventions (Barbosa et al., 2021).

From the data obtained, the health team was able to plan more strategic actions, focused on the specific needs of each micro-area. However, it is important to highlight that the mapping of health conditions is not limited to data collection: the transformation of this information into concrete actions depends on a number of factors, including financing, the training of professionals, and the continuity of actions over time. ERP, by providing a detailed and realistic view of local health, offers a solid basis for the elaboration of more appropriate public policies, but its success is closely linked to the continuous implementation of the suggested strategies (Lima et al., 2019).

Although the results of the ERP at UBS Sinhazinha I have been promising, it is necessary to recognize that the complexity of the challenges encountered requires interinstitutional and multidisciplinary action. Health actions, especially in highly vulnerable territories, need to involve not only health professionals, but also other social and government networks, to ensure a more effective confrontation of social inequalities that directly impact the health of the population. The interprofessional approach, which involves doctors, nurses, dentists, social workers, and others, is essential to create a comprehensive and contextualized health plan (Almeida et al., 2018).

In summary, the ERP proved to be an important tool for the situational diagnosis and planning of health actions at the Sinhazinha I UBS. However, the continuity and success of this methodology depend on a public policy that not only implements immediate actions, but also ensures the continuity of the monitoring and evaluation of health conditions over time. with the proper financial and institutional support.

## 5 CONCLUSION

The application of the Participatory Rapid Estimate (ERP) at the Sinhazinha I UBS proved to be not only an efficient tool for situational diagnosis, but also as an important approach for the planning of actions that are more sensitive to the needs of the population. From the data collected, it was possible to identify the health conditions and social determinants that impact the communities, enabling more precise planning, adapted to local realities. The ERP methodology, due to its flexibility and qualitative depth, was able to capture the complexities of the various micro-areas, revealing both inequalities in health conditions and in care opportunities, a crucial information for the implementation of more equitable public policies (Cecílio, 2009; Paim, 2013).

Through this participatory practice, it was possible not only to listen to the community, but also to integrate its knowledge into the care process, promoting a fundamental community protagonism (Campos, 2000). This type of approach strengthens trust between health professionals and residents, creating a more collaborative and effective environment for the execution of interventions. By highlighting the conditions of social and economic vulnerability in peripheral areas, for example, the ERP allowed prioritizing educational actions focused on more prevalent health problems, such as sexually transmitted diseases, while in the more central areas, with greater purchasing power, strategies were established for the control of chronic non-communicable diseases, corroborating previous studies that point to inequality in access to and quality of health care (Merhy, 2014; Nunes et al., 2020).

The use of this methodology also revealed the need for continuous and interinstitutional monitoring, because, despite the promising results, the complexity of the challenges requires the collaboration of different social and governmental actors. In this sense, the success of the ERP at UBS Sinhazinha I depends on a robust support structure, which ensures the continuity of actions, the monitoring of health conditions over time, and the constant training of health professionals to deal with the specificities of each territory (Barbosa et al., 2021; Lima et al., 2019). The interprofessional approach, involving doctors, nurses, dentists and social workers, is essential to create a comprehensive and contextualized health plan, as demonstrated by Almeida et al. (2018).

In addition, the experience reported in this study corroborates the relevance of ERP as a tool not only for diagnosis, but also for transforming the care model in Primary Health Care, with a focus on health promotion and disease prevention (Scherer & Scherer, 2007; Teixeira et al., 2018). The methodology, due to its participatory and contextualized nature, contributes to the creation of more inclusive and adapted health strategies, promoting equity in access to care and, consequently, improving the quality of life of the population served.

Therefore, it is recommended that ERP be systematically incorporated into public health practices, especially in Primary Care, as part of a continuous process of evaluation and improvement of the services provided to the population (Paim, 2013). This is in line with the principles of the SUS, which seeks accessible, comprehensive, and humanized health for all, especially for the most vulnerable populations.

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