

Health education through fairs
Educação em saúde por meio de feiras
Educación en salud a través de ferias

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This is an experience report from an extension project, whose objectives were to present an experience in the modality "health fairs", conducted with the Colombo community in the Southwest region of the city of São Paulo, SP, Brazil, by an academic institution, and to analyze the perception of the undergraduate students participating in the project regarding the repercussion of this project in their professional and personal practice. The project was conducted in 2012, and after it, the evaluation of the students involved took place. The undergrads who answered the evaluation are from nine different courses, and stem mostly from the Nursing course (44%), followed by the courses of Psychology (16%), Nutrition (14%), Physical Therapy (10%) and Biology (7%). 1691 people received attention from 13 different types, among which the seven most common were: conduction of laboratory exams, healthy lifestyle practices, child recreation, checking of anthropometric factors, vital signs measurement, nutrition guidance, and physical therapy attention. The undergraduates evaluated positively their participation. Health education and social responsibility actions conducted by the public services, in partnership with the private sector, tend to benefit the population.

Descriptors: Health education; Higher education; Community-institutional relations.

Este é um relato de experiência de um projeto de extensão, que tem como objetivos apresentar uma experiência na modalidade de "feiras de saúde", realizada com a comunidade Colombo na zona Sudoeste da cidade de São Paulo, SP, Brasil, por uma instituição universitária e, analisar a percepção dos universitários extensionistas sobre a repercussão desse projeto para sua prática profissional e pessoal. O trabalho foi desenvolvido no ano de 2012 e após realizou-se avaliação dos alunos envolvidos. Os acadêmicos que responderam à avaliação são oriundos de nove cursos diferentes, com uma predominância para o Curso de Enfermagem (44%), seguidos dos cursos de Psicologia (16%), Nutrição (14%), Fisioterapia (10%) e Biologia (7%). Realizou-se 1691 atendimentos, com 13 tipos diferentes, das quais os sete primeiros foram: realização de exames laboratoriais, práticas de estilo saudável de vida, recreação infantil, verificação de dados antropométricos, aferição de sinais vitais, orientação de nutrição e, atendimento de fisioterapia. Os acadêmicos participantes avaliaram de forma positiva suas participações. Ações de educação em saúde e de responsabilidade social, realizadas pelo poder público, em parceria com o setor privado tendem a beneficiar a população.

Descritores: Educação em saúde; Educação superior; Relações comunidade-instituição.

Este es un relato de experiencia de un proyecto de extensión, que tiene como objetivos presentar una experiencia en la modalidad de "ferias de salud", realizada con la comunidad Colombo en la zona Sudoeste de la ciudad de São Paulo, SP, Brasil, por una institución universitaria y, analizar la percepción de los universitarios sobre la repercusión de este proyecto para su práctica profesional y personal. El trabajo fue desarrollado en el año 2012 y después se realizó evaluación de los alumnos envueltos. Los académicos que respondieron a la evaluación son oriundos de nueve carreras diferentes, con una predominancia de la Carrera de Enfermería (44%), seguida de las carreras de Psicología (16%), Nutrición (14%), Fisioterapia (10%) y Biología (7%). Se realizaron 1691 consultas con 13 tipos diferentes de los cuales los siete primeros fueron: realización de exámenes laboratoriales, prácticas de estilo saludable de vida, recreación infantil, verificación de datos antropométricos, medida de signos vitales, orientación de nutrición y, atención de fisioterapia. Los académicos participantes evaluaron de forma positiva sus participaciones. Acciones de educación en salud y de responsabilidad social realizadas por el poder público, en colaboración con el sector privado tienden a beneficiar a la población.

Descriptoros: Educación en salud; Educación superior; Relaciones comunidad-institución.

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INTRODUCTION

The institutional mission of universities assumes that there should be a strong interaction among professors, researchers, students, workers, and the external community and their different actors and users. Therefore, several different types of participation are necessary, both in the conception and in the execution of projects in the fields of health and technology, as well as several social and educational issues.

In the context of political, cultural and educational changes, university extension in the 1980s is under new paradigms, which directly affected University. In this period, people discussed the need to think about the role of higher education institutions and their role in society. University extensions have become the main asset for the interaction between what is produced and discussed in University and its application in society, through impacting actions, capable of changing social, cultural, economic, and political realities¹.

This article discusses reflections about current health education through its manifestation in health fairs as one of several important university extension tools for the building of healthier and more sustainable communities. Prevention can and should be a central aspect of care for educators and health professionals, if they wish to proceed beyond remedies or end of process care, that is, if they wish to do more than act when the disease is already there or even is already chronic.

When one seeks to find ways to live a healthier life in collaboration with others, one compromises to educational dialogs capable of raising awareness. The concern with the integrity of health actions can not be absent.

A study² states that an integral point of view about health care is important for health professionals and educators. It criticizes different periods where the State took upon itself the role to civilize and moralize the great masses as to secure the development of productive hygienist and moralist forces, which also acted upon health

education actions. The study also condemns educational health strategies that work with highly vertical organization structures and are very complex, but still dictate what types of behavior should be adopted to maintain the health of people. Where is the active participation of the individual in the conduction and in the decision of the health-illness processes?²

It is possible, as it was for the educator Paulo Freire, to fight for a liberating educational space, genuinely aiming at education to transform lives and collectivities, thinking about the people from every community, school or health unit as subjects that produce life, knowledge and cooperative actions. This work aims, thus, to understand the educational health process through fairs from a Freirean collective participation perception, with dialogs capable of raising awareness for the collaborative building of pedagogic proposals, to be made through discussions that are more expansive, lasting, and larger in scope.

It is necessary to see clearly the identity of the works promoted and disseminated when one thinks about extension projects, as to make the distinction between university extensions and different forms of welfare clear.

Regarding the relationship between communities, there is also a clash between University and popular culture and habits, and they are in a continuous cycle of trade and interaction, and add values to both sides. Not only an authoritarian imposition of knowledge about health that was produced in the University context, it is an active and participative act of sharing, that maximizes potentialities and knowledge that has already been built by the subjects in their local reality.

To dialogue about health and education is an ideological political act that can be performed by everyone, and is one of the intentional focuses of any attempt to the relevance of health education more evident, both in the comprehension of political and education priorities, and in the liberation and autonomy of the subjects and of Brazilian

society, that can and should be part of process of social participation in health⁴.

Educational authorities should not see social responsibility issues as a simple trend, but as the consolidation of attitudes that compose a new and much wider in scope way to live and interact with one's surroundings and with society. Knowledge and action, science and popular health, would be merged into one action⁵.

A starting point when working with health fairs is the idea to offer a interdisciplinary and interprofesional practice, breaking with fragmented and linear ways to teach that are restricted to the classrooms. The objective here is to offer experiences in which the students notice that knowledge is a sum of what is known by many different fields, to let them work in a quotidian that emphasizes autonomy, and exposed to concrete situations of the reality of the health of the country and the region⁶.

Nowadays, an exclusively theoretical education is not enough to form a health professional with serious worries about the integrity of the human being, whose perspective indicates that health should generate autonomous beings, and who is capable of generating gradual changes in the reality of people's lives.

It is necessary for them to live and know the reality of people around them. It is necessary to cultivate friendships, participate in events, identify leaderships, and if possible, to dive into the local reality. The professionals who incorporates these practices in their daily work has renewed chances to develop ties with the population, ties that can generate proactive and meaningful social changing actions⁷.

The focus of this article is the "Health Fairs", one of the extension activities that have been consolidated throughout the years, in the Adventist University Center of São Paulo (UNASP).

The main objectives of the fairs are to promote health and social wellbeing in nearby communities, aiding the integration between University and community. The work is executed by a multi-profesional team. That is one of the great characteristics

that make possible for students and professionals to develop new personal and professional skills. It also allows for a greater proximity between, especially, the different fields of health knowledge, as it puts the team in concrete problems and situations of local communities.

Therefore, the aims of this article are to report the experience with health education conducted at the community Colombo, in the Southwest of São Paulo, and to analyze the perception of the university students participating in the extension program, regarding the repercussion of this project to their personal and professional practices.

METHOD

The Adventist University Center of São Paulo (UNASP) is in a community that is challenged from an economic and social perspective, located in the South area of São Paulo, and under the jurisdiction of the Sub-city-government of Campo Limpo, that is located in the same region and brings together the administrative districts of Campo Limpo, Capão Redondo and Vila Andrade, adding to a total of 590,602 residents in 2010.

One third of the population of the area live in "favelas"(slums). The juvenile vulnerability index for those between 15 and 19 years of age is 68, a number that classifies this group as more vulnerable. According to the Health Necessity Index - HNI, elaborated from indexes that reflect the aspects of the city's health policies that need to be considered as priorities, the administrative district Capão Redondo is one of the ones who should be prioritized when it comes to the offer of health services, since in 2007 it was already among the districts with a high HNI (in the 14th position)⁸.

From 2011 on, the UNASP also brought added to their scope of action the Colombo Community, that corresponds to one of the five complexes of Paraisópolis, in the Southwest of São Paulo.

According to the Union of the Residents, an estimate of 3500 families and 17 thousand people live there, in an area of 148,091.90 m². The Union of Residents of Jardim Colombo and the Primary Health Care Unit

from Vila Sônia, that caters to this population, contacted the UNASP, asking for their aid and subsidy in future public intervention policies. The stated the need of a diagnosis and of characterizing the population (this health data does not exist).

The UNASP decided, then, to start acting with the Health Fairs, aiming at getting to know better the population, while a census is being carried out in the community. The first interviews for understanding the health needs of the population happened in July, 2011, with the University Extension and the local community leadership. Interviews have been scheduled with representatives from the PCU (Primary Care Unit) Vila Sônia, and reaffirmed the need of finding the specific health characteristics of this population. The residents of Jardim Colombo, who were not catered by the Family Health Strategy (FHS) in their region, needed to try receiving care from the same health service that cared for the over 60 thousand people who live in Vila Sônia.

The organization of a Health Fair needs moments dedicated to planning, implementing, and evaluating its actions.

The place where the event is conducted is vital, and so, a brief interview about the region must be conducted, mediated through an interview with the community leaders. A draft of the space that will receive the event is necessary to predict the flow of people, thus avoiding the formation of queues. As any other project, this one also entails costs, and it is necessary to predict them and look for the necessary resources.

The recruitment of volunteers demand that the organizers know what types of service must be offered to provide an adequate care to the population. It is also necessary to train these volunteers.

Marketing is a key point and communication must be effective. After everything is planned, the only thing left is to execute the activities. However, the educational health intervention must not be just a momentary action with one single target. The project's sustainability must be planned from the beginning. After initially raising awareness, how will the participants

be referred to future visits to health services? Are there any work groups or educational workshops planned to answer the health priorities found during the fair?

After the event is conducted, the last methodological step starts: its evaluation. There are several different ways to evaluate the event. It can be done through statements of people cared for, of local community leaders, and through a survey of the knowledge and professional competences acquired by the undergraduates and other participant volunteers. An evaluation survey regarding the perception of volunteers from the University was conducted as soon as the fair was concluded.

The organizational structure consisted of one professor as a coordinator, professors that represent the courses, one student as a coordinator, one student as a leader for each service, and approximately 100 volunteer students.

This version of the Health and Social Responsibility Fair was held in the Colombo Community, inside the structure of the Girassol Daycare and of the NGO "Projeto Viver", both located in the Paraisópolis Community.

Regarding the second objective, the subjects of the release were the 100 students who participated in this edition of the health fair conducted in the Colombo Community, in the Southwest of city of São Paulo. The students represented the nine graduation courses of the Adventist University Center of São Paulo, and were mostly from health-related courses.

They answered a questionnaire with open questions on the day of the intervention. The questions were about their perception of the actions performed in health fairs, and the repercussion of this type of volunteer work for their personal and professional education. They also were asked about what course are they from, in which semester they are, and in how many health fairs they have participated.

This project was authorized by the Research Ethics Committee of the UNASP, and meets all the guidelines from the Resolution 466/12, made by the National

Council of Health to be a guideline regarding all rights and duties of the researchers and of the subjects who are involved in a research.

RESULTS

Regarding the profile of the students who participated in the event discussed here, Table 1 shows the distribution, according to the course and semester.

Participation in the events is not mandatory for the students. It can be noted, in Table 1, that the volunteers who answered the evaluation come from nine different courses. Most of them come from the Nursing course (44%), which seems adequate due to the nature of the activities that are developed and the interest of the participants, followed

by the courses of Psychology (16%), Nutrition (14%), Physical Therapy (10%) and Biology (7%). Some students who participated were from courses which are not directly related to health issues, showing an interest in participating in volunteer activities.

Some students reach the end of their courses having been through many Health Fairs throughout their academic years. That can bring to them new professional and personal competences to them, and maximize their potential with different types of communities. Considering that the University Center organizes about 4 events in an average school year, a student can participate in up to 16 fairs throughout their education.

Table 1. Profile of volunteers who participated in the Colombo Community event, distributed according to course and semester. UNASP, São Paulo, 2012.

Curso\semestre	1st	2nd	3rd	5th	7th	8th	Total
Nursing	5		9	18	12		44
Psychology	4	1	4	5	2		16
Nutrition	5		3	5	1		14
Physical therapy	1		7	1	1		10
Biology	1		1	3	1	1	7
Pedagogy	4						4
Computer Science	3						3
Physical Education					1		1
Accounting			1				1
TOTAL	23	1	25	32	18	1	100

According to Table 2, regarding how frequently the subjects participate in these health fairs, most of them are participating for the first time (67%), indicating that there is a very high interest to participate at least once in this type of event. More than 30% have participated in previous events, and nearly 10% participated in more than 5 events.

In addition to services that aimed at promoting health care, this multidisciplinary project counted with the active involvement of other 70 students, in the development of social responsibility activities.

In this particular event, these students helped painting houses and stairways in the community, with a group of architects and partnered NGOs.

Table 3 shows that, throughout this event, a total of 1691 people was received in the fair. This number, divided by that of volunteers, indicate that an average of 17 people was cared by each student. Considering each of the specific health prevention and promotion stands (sectors), that were about 6, one arrives at a total of 280 people per student.

Table 2. Frequency of participation in previous Health Fairs of the students who were volunteers in the event at the Colombo Community. UNASP, São Paulo, 2012.

Frequency	I	II	III	IV	V	VI	VII	VIII	IX	X	Total
N	67	10	09	05	02	01	01	01	03	01	100

Table 3. Distribution of the attendances conducted, separated by sector. Colombo Community. São Paulo: 2012.

Attendance Type	n	%
Biochemical tests (hematocrit, blood sugar and cholesterol)	353	21.9
Healthy lifestyle circuit (8 natural remedies)	304	17.9
Recreational space for children	202	11.9
Weight, height, BMI and waist circumference	201	11.9
Blood pressure, pulse and respiratory rate measurement	155	9.1
Nutritional guidance	136	8.0
Physical therapy services	122	7.2
Body fat percentage, spirometry and oximetry	84	4.9
Lectures on prevention and health promotion	71	4.2
Psychological evaluation of subjective well-being	31	1.8
Women's health guidance	12	0.7
Elaboration of one's first résumé, legal and income tax orientations	10	0.5
Senior citizens group	10	0.5
Total Number of Attendances	1691	100.0

It is worth highlighting some testimonials of students involved in the Health Fairs, regarding their perceptions about the activity:

"I noticed the state of the commitment or the interest of the population or their concerns about health. It increased my social perception to know a little of what they want, hope, demand and how much they participate in the projects. I also developed specific skills in anthropometry, electrocardiogram and a greater perspective on multi-professional work"(Nutrition Student).

"I learned we can help community in a very pleasant way. Caring for mental and physical health can be very simple"(Psychology Student).

"I learned about the importance of mobilization of solidarity actions in peripheral areas in São Paulo and how important is the information we give to the people we help" (Psychology Student).

"Helping the community can be more gratifying than what is expected, the organization and division of tasks and spaces is paramount." (Psychology Student).

"I learned that the way in which we approach people can make a huge difference in their lives. And that communitarian work gives much guidance to people and also makes them safer and happier with a fast and efficient"(Psychology Student).

"I learned to talk with the public, and how to present a lecture to a different public"(Nutrition Student).

"It was great to see the practice the veterans have in helping the newbies"(Psychology Student).

"I see that people need to be more health-targeted. And that I have to do my part about it"(Nursing Student).

"I could learn methods to deal with people, to manage the sector, to deal with some types of adversity, to learn a little more about temperament control, among other things" (Biology Student).

"The greater thing learned that day was to be proactive, that is, to help in what is needed and also that when many fields get integrated and work together it is much more productive than when they work separated. The small actions of some people can make the difference for many people"(Psychology Student)

"I learned a little about the reality of this community and that really social factors interfere in the health and quality of life of the population" (Nursing Student).

"to be more human. You develop sensitivities by meeting the reality of people. You learn to relate to the team, to exercise leadership. Being less selfish, more sociable and contributing to the social." (Nursing Student).

"I presented a lecture that day, and in the end the patient came to talk to me and thanked me a lot, because her life had changed, and better yet, she would put that knowledge in practice"(Nursing Student).

DISCUSSION

The survey that evaluates the Health Fairs, the relevance of the academic training received and the practice of professionals have shown itself to be in line with the objective profile of the student that is outlined in the Pedagogical Project of the Health Courses, since it states that its students, throughout their education, should display:

*"Leadership in the work of multi-professional teams, health professionals must be able to assume leadership positions, always aiming at the well-being of the community"*⁹.

One of the responsibilities of higher education is to prepare a professional to a humanistic, creative and reflexive vision. These professionals must have an improved perception of the needs of people around them, so they can act with social responsibilities in mind and commit to citizenship, as a promoter of human being's integral health.

Leadership involves commitment, responsibility, empathy, decision making skills, communication and management, in an effective and efficient way⁹. It is also worth to highlight the need to: *"Answer to the regional health specificities through strategically planned interventions, in the levels of health promotion, prevention and rehabilitation, offering integral attention to the health of individuals, families and communities"*⁹.

Evaluation testimonials from the students, regarding the repercussion of their actions in Health Fairs, can be incorporated to the extension and teaching project, allowing for the reorientation of paths and more effective proposals of formative action.

Most organizations consider the planning of the activities to be highly important, while evaluation is still considered secondary, whether in social projects or as bureaucratic routine procedure. It is necessary to rethink this perception that undervalues the evaluation of social aspects, giving it new meanings as a relevant process in the improvement of decision making and of actions in the social field¹⁰.

Students in the evaluation process reported that the dialog between theory and practice is one of the greatest knowledges

and competences gained in this project. New spaces are formed, ones more open and flexible to the integral development of their potential. The theory/practice interface is one of the greatest challenges of higher education nowadays.

An article published in the Brazilian Extension Magazine with research results, "Higher education training: conceptions and relevance of university extensions integrated to teaching and research", proposed a study regarding the practice of university extensions and the possible contributions it could give to academic and professional training. After interviewing students and analyzing 78 university extension projects, they found that 53 of them mentioned, among other results expected for the benefit of undergraduate students, the relationship between theory and practice. The contact of the student with the community and the University surroundings is presented as a possibility to formulate problems from a theoretical framework, developing tools and skills targeted at the concrete reality of actions¹¹.

Students must have the opportunity to make free and active choices, to have innovative initiatives, exchange experiences and interact with colleagues who are interested in the same subjects and were chosen by affinity. They are expected, in this context, to acquire practical knowledge without pressure, with more satisfaction and more meaning; they can develop intellectual, affective and relational potentials, and develop their ability to criticize and reflect; they can exercise their creativity, their spontaneity and their leadership, and increasingly become actors and abandon their role of spectators in the teaching-learning process¹².

Education in health, in Brazil, seeks new pedagogical alternatives that favor the articulation between theory and practice in a more integrated and interdisciplinary work perspective.

It is important to consider that the interdisciplinary work proposes to break the logic present in the educational process, that of a fragmented and disjointed health work.

That is justified by an understanding of the importance of reciprocal interaction and transformation among the different fields of knowledge¹².

Beyond conceptual content, attitudes, abilities and values are formed. Students state that there are improvements in their study and in the practice of specific content developed in the health area, in addition to abilities of leadership and of organization within multiprofessional teams. They also improve their ability to communicate, as they learn to divulge scientific knowledge in a simple and understandable way to different types of public.

The notion of social responsibility is also developed here. The students gain a new and more sensitive perspective regarding the developing and recovering human beings, the compromise to strategies of action and social transformation.

If the intention of the University is to prepare the students to actively participate in the decisions of society, it is necessary to transform an isolated work into an university training where extension, research and teaching are truly inseparable.

Practice has been showing that, in order to carry out and live an extension, "to research is necessary, and to move forward the teaching process that during the development of extension activities, which would guarantee the inseparability and, therefore, a more humanistic and integrated training for the interlocutors involved in it"¹³.

The main motivation for university students to participate is targeted at the opportunity of helping people in the community to put into action the knowledge they acquired in classrooms. The experience of a Health Fair marks the life of a student and their future professional actions.

Teaching, research and extension activities in the lines of a Health and Social Responsibility Fair can indeed contribute to the training of professionals who are more humane, sensible to the needs of people around them, more reflective, proactive, critical, and who have a more developed sense of social responsibility.

When studying different methods of educational work, and of collaborative and participative research, Nara Ramos¹⁴ highlights the relevance of the involvement of new actors in this process:

For young people it is a meaningful experience because they need to build the process and that makes them go after theoretical references (readings, contact with the experts for guidance, reflections and idea exchange.

These young people go through a process of planning, action and reflection that leads to technical maturity and to their empowerment as citizens¹⁵.

The commitment with social changes must exist in conjunction with research and teaching, and cannot be a responsibility of university extensions alone.

A research conducted with Health Fairs, in the medicine course at UFRR, between 2004 and 2008, the relevance of these fairs were noted, both regarding the sensitization of the community when it comes to the improvement of their lives through prevention, and the acquisition of new competences for health professionals in a multiprofessional context.

The students interact with a series of daily challenges and conflicts of families and of the general community, including the way they deal with health care in the spaces where they live, their houses, their neighborhood and their health units. The participation of the social actors, after all, is essential for dealing with socio-environmental and health contexts that exist in the interfaces between science, society and politics, minimizing injustices and iniquities in health¹⁵.

CONCLUSION

It is very clear for the university community that extension activities are their most intimate link to society. The Health and Social Responsibility Fair may be a strong communication channel for reaching increasingly ambitious social and academic objectives.

The university participants have reinstated the relevance of the project for the humanization of the health professional and for a dynamic articulation of practical and academic knowledge, which are being built.

The population, who is scarcely attended by the public health services, needs orientation, awareness and education to understand what a health prevention and promotion work really entails.

There are simple processes that can be gradually adopted, changing some life habits that the university students are prepared to sensitize and stimulate through different strategies, aiming for a healthier lifestyle.

The work developed by those working with extension projects when they diagnose and give advices to the participants of the local community is extremely relevant for prevention. That seems more important than letting these people seek treatment only after they are already victims of a disease.

The health census conducted in 2012 in this community, by students and professors of the UNASP, presented as one of its results that the population still was not investing in health care and prevention.

It can be concluded that the indexes of improvement of health, culture and education aspects in the area around the institution have been better in the last years - which is also due to actions that resulted from partnerships between the public and private institutions.

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CONTRIBUTIONS

Cristina Zukowsky Tavares was responsible for the writing and revision of the article. **Luciano Senti da Costa** participated in the conception, writing, and organization of data. **Maria Fernanda Melo Lopes Ninahuaman** participated in the conception and writing of the article. **Greice Marques** contributed with the conception and organization of data. **Daniela a Cunha dos Santos** performed the final revision.

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