

Continuing teacher training: action-reflection-action health literacy space**Formação continuada de professores: espaço de ação-reflexão-ação da literacia para a saúde****Formación continua de profesores: espacio de acción-reflexión-acción de la literacia para la salud****Received: 10/12/2016****Approved: 15/04/2017****Published: 03/08/2017****Roselita Sebold¹****Darclé Cardoso²****Daniela Lemos Carcereri³****Rita Buzzi Rausch⁴**

This article aims at discussing health literacy in the continued training courses for teachers and the process of health education in pilot projects with students. The research has a qualitative approach, held between 2010 to 2013 in Rio do Sul/SC/Brazil, with 33 students and 20 teachers. Which methods of teaching and learning a broader concept of health are applied to pilot projects with students to subsidize the continued training, based on health literacy. Data has shown that the students learned this broader scope approach, that suggests health in the perspective of health promotion, as they associated the concept to many situations in their lives and to confronting vulnerabilities. The teacher is considered to be an agent of health literacy, as well as the articulator between the interests of the students and the community, and has the flexibility to act according to the school context.

Descriptors: Health education; Health promotion; Education continuing.

Este artigo tem como objetivo abordar a literacia para a saúde na formação continuada de professores e o processo de educação em saúde nos projetos pilotos com alunos. Trata-se de um estudo com abordagem qualitativa, realizada entre 2010 a 2013 em Rio do Sul/SC, com 33 alunos e 20 professoras. Foram aplicados métodos de ensinar e aprender o conceito de saúde ampliado em projetos pilotos com estudantes para subsidiar a formação continuada, com base na literacia para a saúde. A análise dos dados demonstrou que os alunos apreenderam esta abordagem ampliada, sugerindo saúde na perspectiva de promoção da saúde ao associarem o conceito em diversos ambientes do convívio e de enfrentamento das vulnerabilidades. Considera-se que o professor é um agente de literacia para a saúde e o articulador entre os interesses dos alunos e da comunidade com flexibilidade para agir de acordo com o contexto escolar.

Descritores: Educação em saúde; Promoção da saúde; Formação continuada.

Este artículo tiene como objetivo abordar la literacia para la salud en la formación continua de profesores y el proceso de educación en salud en los proyectos piloto con estudiantes. Este es un estudio con abordaje cualitativo, desarrollada entre 2010 al 2013, en Rio do Sul/SC/Brazil, con 33 alumnos y 20 docentes. Fueron aplicados métodos de enseñanza y aprendizaje del concepto de salud ampliado en proyectos piloto con estudiantes para subsidiar la formación continua, con base en la literacia para la salud. El análisis de los datos demostró que los alumnos aprehendieron este abordaje ampliado, sugiriendo salud en la perspectiva de promoción de la salud al asociar el concepto en diferentes entornos de convivencia y de enfrentamiento de las vulnerabilidades. Se considera que el profesor es un agente de literacia para la salud y el articulador entre los intereses de los estudiantes y de la comunidad con flexibilidad para actuar de acuerdo con el contexto escolar.

Descriptores: Educación en salud; Promoción de la salud; Educación continua.

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INTRODUCTION

Nowadays health education programs try to focus on health promotion as opposed to considering strictly health prevention. That means that projects which aim to act upon reality must contemplate activities that promote self-knowledge, self-esteem, and the relationships between environment and quality of life.

According to the Ministry of Health (Brazil), the school has an important role in the formation of health culture, as it is a (re)producer of knowledge, as well as of personal and social practices. The school also participates in the cultural formation and preparation for the work market, allowing for the theme to be approached in the different disciplines that are discussed regarding it¹.

The city of Rio do Sul, in the state of Santa Catarina, Brazil, developed, since 1991, through the Odontology Department of its Health Secretariat, an educational program named ProEsaSul, in which the continuous training of the public network teachers is one of the methodologies used to introduce health literacy actions in the school environment.

Health literacy is a consequence of the access people have to information about health, and the project aims at developing it in the schools that participate through continuous training at ProEsaSul, which is linked to the process of written language acquisition.

To achieve this level of comprehension, the starting point was a comprehensive health concept, considering the discussions according to which health is not the opposite of sickness, since people are not completely healthy or sick, but live in health/sickness conditions according to their potentialities, the conditions of their lives and how they interact with such conditions².

There have been attempts to institute a positive conception of the health/sickness process, in a moment in which a negative view on health is clearly hegemonic³. The introduction of the notion of "positive health", based on the concept of salutogenesis, the perspective of a holistic

and systemic approach, that argues that the state of the health of individuals depends on a complex group of dimensions in order to improve health equality⁴.

The many health conferences around the world contributed to the development of the concept of health promotion and health literacy. The influence of these historical methods was noted in the methodology and contents developed in the continued training of teachers, health professionals, and in the schools⁵⁻⁷. Among them, one can highlight the Ottawa Charter (1986), that mentions health education as part of a process that empowers people and develop their lives, including personal and positive health related attitudes throughout their lives; also, the Nairobi Declaration (2009) discussed health literacy in health promotion⁵⁻⁷.

During the last 25 years, continued training at ProEsaSul went through reformulations in the programmed didactic content, regarding the context of health promotion. These changes went from technical practices focused on the disease, to psychopedagogical workshops, and today, its focus is on health literacy.

In view of the demands for educational health actions, the difficulty in contextualizing learning, and the fact that health teaching is often considered to overload the teacher, health education strategies were sought that were pedagogical actions, and involved the integral development of the students, both in cognitive and health aspects.

For the matter of integrating health education to an educational context, and for a better insertion of health professionals in schools, a study was developed with students and teachers from the first two years of elementary school. It discussed health literacy, and this theme, allied to health promotion precepts, led to the concept of health literacy, which is defined as the awareness of people who are learning and acting in the development of their understanding abilities, as well as those of management and investment, which favor health promotion⁸. In the context of health promotion, it is the one in which the

cognitive and social competences of people give them conditions to access, understand and use information to promote and maintain good health⁹.

Therefore, this article aims at approaching health literacy in the continued training of professors, as well as the process of health education in pilot projects with students.

METHOD

The focus of this research is the formation of teachers that act in the first years of the Elementary School in Rio do Sul, SC, using different sources of evidence. It is a qualitative study, that aimed at portraying the reality in a complex and profound fashion¹⁰. As the health formation process was analyzed in the public teaching network of Rio do Sul, theoretical and methodological aspects of the Pilot Projects with students were the focus, as to configure the formation practices with teachers¹⁰.

When it comes to the analyzed context, the empiric field selected was the extra-curricular shift of a full-time school. The chosen institution was the Model School Arvino Walter Gaertner, more specifically the subjects literacy and arts. The school is in Rio do Sul, SC, and the chosen teachers were the ones who act in the first years of Elementary School.

The Education Secretariat of the Municipality and the directors of the Model School authorized the research and data collection to be carried out, and that was done in the period from 2010 and 2013. In order to ensure anonymity, the statements of the teachers have been identified only through the use of the letter "P", accompanied by a sequential number.

Two Pilot Projects were developed with the students of the School - I and II. They consisted of two didactic sequences of activities, including health actions coordinated with literacy processes and health literacy.

It should be highlighted that the Pilot Projects are practical subsidies to the continued Health Education training that is developed with the teachers. The continued education takes place in face-to-face

activities, in the dependencies of the Education Secretariat and Educational Centers of the Municipality of Rio do Sul. A professional team also visits the schools to participate in the classes and projects of the teachers, following up the training.

Thus, the subjects of this research were the 15 students from the Model School who participated in the Pilot Project I; the 18 students who participated in the Pilot Project II; and the 20 teachers from the Municipal Education Network who participated in the training.

When it comes to data collection, several evidence sources were used, since, according to Yin¹⁰, case studies allow researchers to devote themselves to a wide range of questions regarding history, behavior and attitudes.

The sources of evidence were: the records of the students, participant observation of the classes, direct observation of the training and of experience reports of teachers. The records of the students were registered in the form of drawings, stories told by the drawings, stories drawn, oral and written life stories, and text production (in the genres: diary, poetry, short stories and autobiography). Activity sequences were also registered, including the conversation between students and teachers in field journals, and photographic records.

To conduct an analysis of the units, a general analytical strategy was chosen, through which priorities as to what should be analyzed and why were established¹⁰. Three analytical techniques were used: the construction of the explanation of the development of the Pilot Projects, the analysis of temporal series in the trainings, and the synthesis of crossed data, among which are the two events.

Once in possession of the data resulting from the records adopted in this study, they were categorized, so the simultaneous linking of them would be convergent, and their conversion to the studied phenomenon, Education in Health, was carried out.

RESULTS

The units for the analysis of established evidences were:

- a) The process of Education in Health in the Pilot Projects;
- b) The continued training of teachers regarding Education in Health, in the action-

reflection-action perspective, including health literacy.

In Table 1, there is a synthesis of the evidence collection process, including both the specific analytical techniques used, and the analysis units.

Table 1. Research trajectory with students and professors, Rio do Sul/SC 2010-2013.

Specific Goals	Analysis units	Activities developed	Subjects	Data-gathering instruments	Procedures
To analyze joint pedagogical actions carried out by health professionals, professors and students from the first years of Elementary School.	The process of Education in Health in the Pilot Projects	Pilot Projects I: Health with all the Letters	15 third-year students of the Model school Arvino Walter Gaertner	Drawings, oral, and writing records by the students, and participant observation.	Diagnostic drawings, life history, stories behind the drawings, raeding, visits, and collective history.
		Pilot Project II: Health Literacy	18 fourth-year students of the Model school Arvino Walter Gaertner	Oral, written, and artistic records by the students, and participant observation.	Diary, poetry, reading, drawing, self-portrait and autobiography.
To develop a process of continued training in Health Education with teachers from the Elementary School, referring to the Pilot Projects and each educational context.	Continued training of teachers regarding Education in Health, in the action-reflection-action perspective, including health literacy.	Continued training of teachers regarding action-reflection-action.	20 teachers from the early years of the Elementary School.	Direct observation, pictures, and oral reports of the experiences of the teachers.	Readings, participatory workshops, didactic sequence construction, project construction through the theory of problematizing and socializing school practices.
To analyze the pedagogical re-significations triggered in the educational context of the teachers who participated in the training.					

An analysis of the data collected has shown that the students learned a concept of health that follows a large-scope approach, which suggests that health should be considered from the point of view of Health Promotion. Once health was associated to many environments of family, school, and social livelihood, the students have mentioned personal attitudes that value their lives, and confront situations of vulnerability.

Through the discourse of the teacher during the training activities, it was noted that: hygienist and preventive conceptions highlighted broader aspects of health promotion and health literacy. A dynamic result can be noted during the active moments, sometimes tending to the blaming of the subjects and responsible parties, and in other occasions reflecting the empowering of

students to go back to reality and transform themselves.

The same movement can be seen in the results of the Pilot Project I, where the children, stimulated regarding the concept of health, went through a pathway that is reminiscent to the historical pathway took by the conception of health in Brazil.

There was an attempt to overcome this paradigm during Pilot Project II, in which the aspects of health promotion and health literacy were followed. In the actions and conceptions, when it comes to the historical recovery of how the meetings took place, many different stages of understanding about health education and literacy were perceived. That can be verified in the following statements:

"our conversation went by like a movie and we remembered many moments of our training, of how it changed" (P1).

"obvious, but that need to be said again, the only way in which we can advance our continued training" (P2).

The reflections in the training presuppose a transposition from the hegemonic model to a space of social health construction, of consolidation of knowledge, so that abilities, self-knowledge and empowerment can be achieved. The teachers agree that the school is a space of social construction, as it is reiterated:

"the training in Health Education characterizes itself as a preparation for the professional educator to better understand the themes and thus transmit this information to the educational community. [...] It is easier for the well-informed professionals to create new concepts for them to interact with their environment" (P6).

When asked about the results they expect from the intersection of theories of literacy, health literacy, and health promotion, the teachers in training manifest an opinion that, these attitudes, as they are discussed in the classroom, result in changes in the students' family relationships, as well as in the natural environment. They also reiterate the lack of ties between medication and health. In addition, they perceived that their personal relationships intervene in the health of the students, and restated that the results are

linked to the services, such as user access and health support networks. The intersection of literacy theories, health literacy and health promotion, has a positive result, according to:

"The complex aspects of health are observed, according to which purely preventive measures do not revert vulnerability situations and low anxiety improve the health situation"(6).

The teachers reflected on literacy and health literacy as perspectives to be considered in health education. As related in:

"The trainings helped me to achieve greater clarity and security to work with health education in the literacy process"(P2).

The teacher is considered to be the agent of literacy and the responsible for articulating the interests of students and community, having the flexibility to act according to problem situations and the context of their school.

DISCUSSION

Health education is a participative process that allows for the development of abilities to perceive, analyze and solve problems.

The planning of these activities involves different professionals, and its starting point is the experiences, the knowledge, the attitudes, and the perceptions of those involved in the educational process, as opposed to an isolated action, planned by the health professionals alone to be applied to education.

Health education is in constant change, since the traditional methods do not lead to a meaningful learning experience. Inside the Pilot Projects, the chosen starting point was to find out what the students already knew, to recognize the contexts from which they came and establish a dialogue among what is learned at school and what is lived in the communities.

Seen as a social practice, health education has been a process for the development of reflection and of the critical conscience of people when it comes to their life and health issues. This process happens through dialogue, offering an education with people, and not for people¹¹.

It is from this perspective that this

intervention is guided by the inter-sectoral actions and initiatives that seek to integrate different areas, with common educational goals, in order for the students and teachers, trainers and already trained, to become critics aware of the health promotion principles.

When it comes to training workshops, we are looking for an action-reflection-action space, that is, a space where theory and practice can dialogue through an approach of health promotion, health literacy, and literacy concepts. This multiprofessional partnership is an advance in the health field, as it re-signifies the practices in the classroom.

The teachers reflect on the functions of school in the health field and demonstrate a constant compromise to daily school actions. Reflective thinking allows for decisions to be made and for pedagogical action to be resized¹². This refers to the Ottawa Charter, when the need for popular participation, together with health-related information, become the focus⁵.

The reflective practice provides the teacher with the foundations for their pedagogical work. In this sense, it guarantees more security to justify and apply their choices regarding the studied theme. The teachers are responsible, in their reflections, to build strategies that assure the functioning of educational actions when it comes to health promotion¹². Considering the aforementioned reflections, it is relevant to understand the pedagogical practice as an element of knowledge production in space/time, that is set up as a reflection for action which considers indissociable the relationship between theory and practice.

In the last stage of the project, in every school year, the practices are socialized. In this context, re-signifying the health practices in the schools is a result of critical and reflective actions that can permeate the teaching work, considering one's conception regarding the being that they seek to inform, and theoretical-practical issues regarding health, health literacy and literacy for health, all targeted towards a meaningful learning experience.

The importance of socializing the

practices is in accordance with a statement made by Nóvoa¹³:

"[...] the exchange of experiences and the sharing of knowledge consolidate spaces of mutual training, in which each teacher is asked to play, simultaneously, the roles of instructor and instructed" (p.26).

The socialization of the practices together with the teacher is important, because the process of decision making is thus participatory. As regards teacher training, this process tends to favor the building of a meaningful learning experience.

Equity is not achieved merely with changes in the system through the use of external politics that promote its implementation, but also through an investment in the capabilities of subjects to transform when empowered, when offered quality education in a movement that leads them to make the best possible choices for their lives.

Considering the concepts of "education that empowers", teachers, as well as health professionals, should not be simple transmitters of knowledge and experience, and in the same fashion, students and users of health services should not be just passive receptors of the information transmitted to them¹⁴. The perspectives that arise from literacy and health literacy follow this logic accordingly.

CONCLUSION

In this article, health education training processes were discussed with teachers, with the objective of generating actions in the schools. Through pilot projects, there was an attempt to bring health training into the teacher's training, and not into that of health professionals.

When Pilot Projects are conducted with health education as an objective, in a perspective of health literacy and literacy, instructors have learned how the students understand the theme "health" and what are the knowledge they have regarding the theme, as well as reflected on the action, that is, on the pedagogical practices organized as didactic sequences, to develop health literacy.

It was understood that literacy was a means for learning the written language with a social objective, and when allied to the concepts of literacy for health and health promotion, allowed for the analysis of common interests for the educational health work, that could be observed in the pedagogical practices that were socialized in the continued training.

In the themes of training actions and pilot projects, the broader aspects of health promotion could be observed, such as environment and nourishment, and aspects of prevention from health issues. Both, however, used literacy as a practical resolution in the social and school lives.

These analyses suggest that, when it comes to health promotion, one of the main principles must be the active participation, considering the empowering process as its center, even if, stemming from school life, gaps arise that need to be covered by public policies that allow for healthy choices to be the easier choices. Equally, they suggest that health promotion must be guaranteed by other sectors of society.

This research is expected to contribute with reflections regarding continued health education training, pointing the way for actions on the intersection of health and education that are based on the professional development of the teacher, reflection, and above all else, on the continuous learning of the interlocutors.

To advance the discussion and get to know the current state of health education in ProEsaSul, it is necessary to evaluate health literacy involving teachers, students and professionals who participate in the continued training process in the city, using the HLS-BR instrument, adapted from the European HLS-EU model.

REFERENCES

1. Ministério da Saúde (Br). Saúde na escola. Textos de apoio. Brasília, DF: Ministério da Saúde; 2002b.
2. Ministério da Saúde (Br). Curso de formação de facilitadores de educação permanente em saúde: unidade de aprendizagem – análise do contexto da gestão e das práticas de saúde. Rio de Janeiro: Fiocruz; 2005. 160p.
3. Mendes EV. A construção social da atenção primária à saúde [Internet]. Brasília: CONASS; 2015 [cited in 20 aug 2016]. Available in: <http://www.resbr.net.br/wp-content/uploads/2015/11/A-CONSTR-SOC-ATEN-PRIM-SAUDE.pdf>.
4. Dias S, Gama A. Promoção da saúde: evolução de um paradigma e desafios contemporâneos. *Rev Salud Pública* [Internet]. 2014 [cited in 23 aug 2016]; 16(2):307-17. Available in: <https://dx.doi.org/10.15446/rsap.v16n2.36932>.
5. Ministério da Saúde (Br). As cartas da promoção da saúde [Internet]. Brasília: Ministério da Saúde, 2002 cited in 20 aug 2016]. 56p. Available in: http://bvsms.saude.gov.br/bvs/publicacoes/cartas_promocao.pdf.
6. World Health Organization. Bangkok charter for health promotion in a globalized world [Internet]. Geneve: WHO; 2005 [cited in: 22 aug 2016]. Available in: <http://www.worldhealthorganization/html>.
7. Queensland Government, Queensland Health. Queensland Stay On Your Feet Toolkit - Nairobi Declaration/Call to Action. Brisbane: Queensland Government; 2012[cited in: 22 aug 2016]. Available in: <https://www.health.qld.gov.au/stayonyourfeet/toolkits/phase2/nairobi>.
8. Saboga-Nunes L. Literacia para a saúde e a conscientização da cidadania positiva. *Referência*. 2014; 11(III Série – Supl.):95-9.
9. Nubeam D. The evolving concept of health literacy. *Soc Sci Med*. 2008; 67(12):2072-8.
10. Yin RK. Estudo de caso: planejamento e métodos. 4. ed. Porto Alegre: Bookman; 2010.
11. Alves GG, Aerts D. As práticas educativas em saúde e a Estratégia Saúde da Família. *Ciênc Saúde Coletiva* [Internet]. 2011 [cited in: 22 aug 2016]; 16(1):319-25. Available in: <https://dx.doi.org/10.1590/S1413-81232011000100034>
12. Schimit MÁ. Ação-reflexão-ação: a prática reflexiva como elemento transformador do cotidiano educativo. *Protestantismo Rev*. [Internet]. 2011 [cited in 18 sept 2016]; 25:59-65. Available in:

<http://periodicos.est.edu.br/index.php/nepp/article/view/157/194>.

13. Nóvoa A. O passado e o presente dos professores. In: Nóvoa A, Hameline D, Sacristán JG, Esteve JM, Woods P, Cavaco MH, organizadores. Profissão professor. 2ed. Lisboa: Porto; 1995. p.13-34.

14. Freire P. Pedagogia da autonomia: saberes necessários à prática educativa. São Paulo: Paz e Terra; 1997.

CONTRIBUTIONS

Roselita Sebold contributed to data analysis, writing and in the final review of the article. **Darclé Cardoso** conducted the data collection, data analysis, the writing and final review of the article. **Daniela Lemos Carcereri** took part in the methodological outline and final review of the article. **Rita Buzzi Rausch** took part in the methodological outline and final review of the article.

How to cite this article (Vancouver)

Sebold R, Cardoso D, Carcereri DL, Rausch RB. Continuing teacher training: action-reflection-action health literacy space. REFACS [Internet]. 2017 [cited in: *insert day, month and year of access*]; 5 (Supl. 2): 274-281. Available in: *access link and DOI*.

How to cite this article (ABNT)

SEBOLD, R. et al. Continuing teacher training: action-reflection-action health literacy space. REFACS, Uberaba, v. 5, p. 274-281, 2017. Supl. 2. Available in: *<access link>*. Access in: *insert day, month and year of access*. DOI:

How to cite this article (APA)

Sebold, R., Cardoso, D., Carcereri, D.L. & Rausch, R.B. (2017). Continuing teacher training: action-reflection-action health literacy space. REFACS, 5(Supl 2), 274-281. Recovered in: *insert day, month and year of access from Insert access link and DOI*.