

Health education and health literacy: strategies for health promotion and quality of life**Educação em saúde e literacia para a saúde: estratégias para a promoção da saúde e qualidade de vida****Educación y alfabetización en salud: estrategias para la promoción de la salud y la calidad de vida****Received: 07/07/2020****Approved: 12/10/2020****Published: 12/11/2020****Isadora Catananti Ardenghi¹****Marta Regina Farinelli²****Rosane Aparecida de Sousa Martins³****Cláudia Helena Julião⁴****Priscila Maitara Avelino Ribeiro⁵****Luís Ângelo Saboga-Nunes⁶**

This is a report of an experience of a descriptive nature carried out from 2018 and 2019, with the aim of reporting the experience of a health education project with workers from a public university. Fifteen health and education professionals participated in the project, in monthly meetings lasting two hours, with 50 hours of activities in total. The dialogical approach, and the 10 steps of the RENASCERES @ methodology, provided a space for discussion on lifestyle and quality of life. Among the reports, the following stand out: that the activities provided an improvement in the practice of physical exercises, in food, reflections on the search for resilience in personal and professional daily life; achieving a healthier lifestyle with an influence on quality of life. The interventions carried out contributed to the promotion of health with possibilities of improving health literacy in the participating civil servants.

Descriptors: Health education; Literacy, Occupational groups; Quality of life.

Trata-se de um relato de experiência de natureza descritiva realizado de 2018 a 2019, com o objetivo de relatar a experiência de um projeto de educação em saúde com trabalhadores de uma universidade pública. Participaram do projeto 15 profissionais da saúde e educação, em encontros mensais com duas horas de duração, com 50 horas de atividades no total. A abordagem dialógica, e os 10 passos da metodologia RENASCERES@ oportunizaram espaço de discussão sobre estilo de vida e qualidade de vida. Entre os relatos destacam-se: que as atividades proporcionaram melhoria na prática de exercícios físicos, na alimentação, reflexões sobre a busca de resiliência no cotidiano pessoal e profissional; a obtenção de um estilo de vida mais saudável com influência na qualidade de vida. As intervenções realizadas contribuíram para a promoção da saúde com possibilidades de melhoria da literacia para a saúde nos servidores participantes.

Descritores: Educação em saúde; Alfabetização; Categoria de trabalhadores; Qualidade de vida.

Este es un informe de una experiencia descriptiva realizada de 2018 a 2019, con el objetivo de informar acerca de la experiencia de un proyecto de educación en salud con trabajadores de una universidad pública. Quince profesionales de la salud y la educación participaron en el proyecto, en reuniones mensuales de dos horas de duración, con 50 horas de actividades en total. El enfoque dialógico y los 10 pasos de la metodología RENASCERES@ proporcionaron un espacio para el debate sobre estilo y la calidad de vida. Entre los informes se destacan: que las actividades proporcionaron mejoras en la práctica de ejercicios físicos, nutrición, reflexiones sobre la búsqueda de resiliencia en el cotidiano personal y profesional; obtención de un estilo de vida más saludable con influencia en la calidad de vida. Las intervenciones realizadas contribuyeron a la promoción de la salud con posibilidades de mejorar la alfabetización en salud de los funcionarios participantes.

Descritores: Educación en salud, Alfabetización; Grupos profesionales; Calidad de vida.

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INTRODUCTION

Several daily challenges affect the development of a transformative practice focused on social rights and meeting the basic needs of citizens, including in the area of health. The principles of the Unified Health System (*Sistema Único de Saúde - SUS*), standardized by the Brazilian Federal Constitution of 1988, emphasize the development of health promotion and disease prevention actions, universalization and equity in meeting health needs of the population, in addition to democratization of health, access to information about health services, programs and actions¹.

The strengthening of health care models, focused on health promotion policies, as well as on their protection and recovery, which constitutes a major challenge for users, professionals and managers. In an attempt to face such challenges, issues such as promotion, information and education, and communication actions are being recognized as strategies that contribute to the exercise of users' rights and ratify the relevance of citizen participation in improving their quality of life.

The achievement of quality of life, which is the result of a healthy lifestyle, is based on the models of organization of society. The predominance of the capitalist model, the mode of production and the working conditions to which the population is exposed, are defining factors in health promotion. In this sense, the role of services and public policies, especially health policy, and social participation in addressing health determinants and conditions² are highlighted.

Access to knowledge appears as one of the alternatives in the perspective of improving quality of life, strengthening healthy lifestyles and affirming the right to health and life. From the appropriation of information and knowledge, citizens will be able to develop skills and abilities to make choices in promoting their health^{3,4}. Thus, this study aims to report the experience of a health education project with workers from a public university.

METHOD

This is an experience report of a descriptive nature made between 2018 and 2019 by the Department of Social Service and approved in the Information and Project Management System under number 307682.1708.67945.25052018.

The "*Projeto Bem Me Quero: literacia para a saúde como estratégia para a promoção de saúde e qualidade de vida*", had the following propositions: promote a space for discussion on strategies to achieve greater capacity and competence in the area of health promotion and quality of life workers at a public university in the state of Minas Gerais; spread information, so that participants can understand health and become active subjects of lifestyle change, through health education activities; promote construction of health literacy, by improving ability to understand, manage and invest in their health, with a view to changing their lifestyle.

This project was structured in monthly meetings held at the premises of the Center for Health Care of the Server (*Núcleo de Atenção à Saúde do Servidor - NASS*) of the Universidade Federal do Triângulo Mineiro (UFTM).

The following activities were offered: health education, popular health education and health communication. We used the Paulo Freire⁵ dialogic method and the RENASCERES[®] model, built to structure health literacy in 10 steps (resilience, exercise and fresh air, nutrition, water, sun, confidence, balance, rest, empowerment and sense of coherence, which, thus creating the acronym RENASCERES), with the rescue of the autonomy of the participating subjects⁶ being its main challenge.

The instruments of the meetings were dialogued explanations of the themes chosen by the participants, related to the referred acrostic RENASCERES[®] and with guests who had expertise on the subject; and, the use of: group dynamics, screening of films followed by discussions about healthy lifestyle.

The project team, interdisciplinary and intersectoral, was composed of professors, administrative technicians and undergraduate and graduate students from the aforementioned public university and met every 15 days to study and organize meetings for public servants.

RESULTS

15 civil servants from different areas of the university participated in the study, most of which were administrative technicians (80%) and female (85%).

During the realization of the project, through assessment at each meeting, the relevance of the applicability of the knowledge acquired at the meetings was reported. Highlighting: food and water intake, physical activity, sleep hygiene (for a more satisfactory rest), improvement in living with family members and at work leading to the practice of resilience and conscious exposure to the sun.

Reflections on health as a routine provide those involved with increasing the level of health literacy.

The activities took place during working hours, which prevented a greater number of employees in the activities. 12 meetings were held with a total of 50 hours of activities.

DISCUSSION

The lived experience showed the importance of multiprofessional work, approached in a communicative perspective in which dialogue is a reality intrinsic to collective work^{7,8}.

The development of the project contributed to expand people's autonomy and emancipation, with regard to assuming their condition as creative subjects, capable of transforming their reality and from this transforming other realities^{5,8}

In this perspective, the activities carried out with the RENASCERES^{@6} method contributed to clarify this citizens' ability to appropriate knowledge autonomously, transforming it into subsidies to guarantee a more active role in health promotion.

The strategy used as a foundation was health education as a process oriented to the contribution of people to adapt or modify attitudes that allow health improvement. However, it is necessary to decode the level of health literacy in order to promote health in people and communities⁹.

There were few participants due to the number of invited workers, but the meetings were not reduced to just practical activities for the transmission of knowledge/information about health. The actions took place in a continuous learning process, in order to develop skills so that they could reach their goals, and develop their potentials and knowledge, in order to be able to participate fully in society¹⁰.

The team meetings also provided reflections on health education, in addition to health literacy as important strategies for health promotion and quality of life.

Health literacy can be conceptualized as the awareness of learning and active person in the development of their comprehension, management and investment capacities favorable to health promotion, and so the actions developed were organized, reflected upon and carried out for more healthy lifestyles and how they could manage and invest in their daily lives (health as a routine), which could be favorable to health promotion¹¹⁻¹³.

The expansion of access to information, the capacity for analysis and interpretation of citizens can lead to the participants' critical reflection about their needs, as subjects of health services, as well as in the appropriation of knowledge about the right to health and access to care integral to health, expanding the level of literacy for the health of the population¹³.

The opportune discussions focused on the new health paradigms, understanding that it is in a social context, which contemplated determinations and determinants of a person in their entirety, without losing sight of their particularities^{2,13-15}.

The 10 steps of RENASCERES[®] follow the assumptions of the salutogenic paradigm. This methodology was made available as an online portal at [www. parar.net](http://www.parar.net), used in smoking cessation to strengthen capacities of understanding, management and investment⁶, used in the experience to reinforce with the sense of coherence, the origins of health and to contribute to the improvement of health literacy of the participants⁶.

In that acrostic the letter R is for resilience. The participants demanded some meetings on this theme with the proposal of facilitating the choices articulated with a deeper knowledge of the state of health in the context of healthier lifestyles. The team worked on resilience centered on family relationships and work and on the proposal of wanting to change the mental models instituted in relation to healthy options for each person to consider their values, culture, habits and daily procedures⁶.

The letter E refers to exercise and fresh air. Various activities were developed as a way to contribute to being in the work environment, such as yoga, pilates, Tai Chi Chuan, nature contemplation exercises¹⁶. The practice of physical activity is one of the behaviors that can contribute to the quality of life of people and/or collectivities, as well as promoting their health, when carried out individually or through programs supported by national policies agreed at different levels of government¹⁷.

As a third step N of Nutrition favors the search for a healthy lifestyle and quality of life. Participants worked on the value of food, different choices, cultural recovery of the pleasure of eating and social relationships. Balanced nutrition, in addition to all other nutrients, includes water as an essential nutrient⁶.

Water is the fourth step towards health promotion. Participants were interested in reflections on this essential nutrient for life, because no other nutrient has as many functions in the body as water¹⁸. There were several discussions about the relevance of water, but the management capacity of the process of regulating self-hydration encounters several obstacles in daily life, which may imply its weak (in)management. Water is effective in all activities of the organism, especially if it is associated with the correct exposure to the sun⁶.

The Sun is the fifth step in the discussions: it plays a stabilizing role in health and in preventing disease. Professionals with expertise were invited to address this issue and emphasize the benefits and harms of sun exposure. As the project proposal is related to health promotion, the Sun was discussed as a potent promoter of mental health and the assimilation of vitamin D6. It was emphasized in the meetings that this active principle of health promotion is very little explored today. Building health literacy, through which the use of the sun is understood and managed in a healthy way, brings significant gains to health⁶.

The sixth step refers to Trust. Participants showed resistance towards this theme by relating it to the country's socio-political moment. They bring debates and their influence on everyday reality to a macro reality. Confidence in the success of consolidating the decision to develop a healthy lifestyle was also discussed, thus focusing the health promotion process on the mental dimension⁶.

Balance was the next step to be developed. It was debated how balance is essential for emotional, physical and mental health and several examples were given using the previous steps, as a way to rescue the debates and strengthen learning. As for example, there should be a balance in food, in choosing what one should eat and the correct doses. The construction of health literacy in the field of balance contributes to the search for understanding and further investment in health-promoting actions⁶.

It was noticed at each step that those involved established interconnections between the various actions for a healthy lifestyle, and improvements in the ability to understand, manage and invest in their health, as well as learning related to the non-implementation of the health promotion policy Brazilian.

Afterwards, there was a debate about Rest. Difficulties at work, the unsafe environment arising from the socio-political reality experienced in the country, among other factors such as

stress, anguish, depression, difficulty in being resilient, poor diet, lack of exposure to the sun due to daily routine, all of which may compromise sleep. It is true that rest and sleep can be achieved with the aid of medications, but rest obtained naturally is paramount. Hence the role of health literacy to enable the understanding of regular and restful rest⁶.

The team addressed Empowerment as the relevance of each person's autonomy for conscious choices of a lifestyle that is healthy for each one in guaranteeing the quality of life⁶.

The Sense of Coherence was the last step towards the promotion of health literacy, which is defended by WHO, as the health resource that allows to make life an understandable experience, under control, with meaning and worthy of investment⁶.

CONCLUSION

Interdisciplinary discussions are relevant to changes in lifestyle, with emphasis on people's autonomy and health promotion. Health Education and Health Literacy contribute to the expansion of knowledge and provide reflections on subjects' emancipation, with improvements in quality and lifestyle.

Strategies are needed with transformative actions that strengthen social participation, the capacity for conscious choices and decision-making to take care of yourself, family and community.

As a limitation, there was a low number of participants, but from a qualitative point of view the commitment in the debates was observed and, therefore, researches of those involved in health education activities, linked to workers, are suggested.

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CONTRIBUTIONS

Isadora Catananti Ardenghi worked on data collection and writing. **Marta Regina Farinelli**, **Rosane Aparecida de Sousa Martins** and **Cláudia Helena Julião** contributed with design, data interpretation and analysis, writing and revision. **Priscila Maitara Avelino Ribeiro** and **Luís Ângelo Saboga-Nunes** participated on data interpretation, writing and revision.

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