

## Resuming health education groups after the COVID-19 pandemic: an experience supported by multidisciplinary residency

*A retomada de grupos de educação em saúde pós-pandemia de COVID-19: uma experiência apoiada pela residência multidisciplinar*

*La reanudación de los grupos de educación sanitaria tras la pandemia de COVID-19: una experiencia apoyada por residencia multidisciplinar*

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### Abstract:

**Objective:** to describe the experience of reactivating group activities in family health units, supported by Multidisciplinary Primary Health Care Teams, as experienced by resident professionals of the Multidisciplinary Family Health Residency Program. **Methods:** experience report carried out in two neighborhoods on the third health district of Maceió, AL, Brazil. The experience was carried out between March and July of 2023, during the residents' work in the family health units of the Universidade Estadual de Ciências da Saúde de Alagoas, as part of the first year of training. It included a survey of the groups existing in the health units in the pre-pandemic period. **Results:** the resumption of group activities in the health units of the Ouro Preto and Canaã neighborhoods showed low user adherence, with the exception of the physical activity group in the Ouro Preto neighborhood. **Conclusion:** the experience highlighted the need to implement diversified strategies to increase the recruitment of participants in the communities and ensure the continuity of this process, evidencing the essential role of groups in primary care for the prevention and promotion of health.

**Keywords:** Health Centers; COVID-19; Pandemics; Health Promotion; Family Health.

### Resumo:

**Objetivo:** descrever a experiência na reativação das atividades coletivas em unidades de saúde da família, apoiadas pelas Equipes Multiprofissionais de Atenção Primária à Saúde, vivenciada por profissionais residentes do Programa de Residência Multiprofissional de Saúde da Família. **Método:** relato de experiência realizado em dois bairros pertencentes ao terceiro distrito sanitário de Maceió, Alagoas. A experiência foi vivenciada entre março e julho de 2023, durante a atuação dos residentes nas unidades de saúde da família da Universidade Estadual de Ciências da Saúde de Alagoas, como parte do primeiro ano de formação. Incluiu um levantamento dos grupos existentes nas unidades de saúde no período pré-pandemia. **Resultados:** a retomada das atividades grupais nas unidades de saúde dos bairros Ouro Preto e Canaã apresentou baixa adesão dos usuários, com exceção do grupo de atividades físicas no bairro Ouro Preto. **Conclusão:** a experiência ressaltou a necessidade de implementar estratégias diversificadas para ampliar a captação de participantes nas comunidades e garantir a continuidade desse processo, evidenciando o papel essencial dos grupos na atenção primária para a prevenção e promoção da saúde.

**Palavras-chave:** Centros de Saúde; COVID-19; Pandemias; Promoção da Saúde; Saúde da Família.

### Resumen:

**Objetivo:** describir la experiencia de reactivación de las actividades colectivas en las unidades de salud de la familia, apoyadas por los Equipos Multiprofesionales de Atención Primaria de Salud, vivida por los profesionales residentes del Programa de Residencia Multiprofesional en Salud de la Familia. **Método:** relato de experiencia realizada en dos barrios pertenecientes al tercer distrito sanitario de Maceió, AL, Brasil. La experiencia tuvo lugar entre marzo y julio de 2023, durante la estancia de los residentes en las unidades de salud familiar de la Universidade Estadual de Ciências da Saúde de Alagoas, como parte de su primer año de formación. Incluyó un relevamiento de los grupos existentes en las unidades de salud en el período prepandémico. **Resultados:** la reanudación de las actividades grupales en las unidades de salud de los barrios de Ouro Preto y Canaã mostró baja adhesión de los usuarios, con excepción del grupo de actividad física del barrio de Ouro Preto. **Conclusión:** la experiencia destacó la necesidad de implementar estrategias diversificadas para aumentar el número de participantes en las comunidades y garantizar la continuidad de este proceso, resaltando el papel esencial de los grupos en la atención primaria para la prevención y promoción de la salud.

**Palabras-clave:** Centros de Salud; COVID-19; Pandemias; Promoción de la Salud; Salud de la Familia.

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## INTRODUCTION

**P**rimary Health Care (PHC) is the gateway to Health Care Networks (HCNs), responsible for comprehensive and longitudinal monitoring based on a logic of person-centered care and through effective community participation<sup>1</sup>. Providing health care services targeted at the daily environment of families, communities and individuals provides a bond with the population, enabling the planning and development of strategies focused on the real health needs of a given area<sup>1</sup>.

In PHC, the Family Health Strategy (FHS) is the main path to developing a health policy that overcomes the restriction of curative care to individuals, a characteristic of biomedical positivism, which until then was hegemonic in the area<sup>2</sup>. Therefore, health promotion and disease prevention actions are implemented with greater emphasis and, to make them effective, the creation of user groups is efficient, as it allows for closer monitoring of this public outside the office, where there is a hierarchical relationship between doctor and patient.

Without this verticalization, the groups provide greater openness for users to express themselves about health problems, but also about their daily lives – which is essential to determine the evolution or regression of health problems, allowing the health professionals who accompany them to learn more, such as: where they live, work, their culture, desires, among others.

In research on the practice of groups with family health teams, it was found that the groups are thriving, from the moment they enhance “initially unintended movements, such as the transformation of the bond between those involved, the change in the ways of accessing health units, and the creation of new support and sociability networks”<sup>3</sup>.

Some groups focus on discussing the disease, while others focus on practices that foster emancipation, encouraging the social participation of their members. Health education practices that break with the traditional lecture format, in which the knowledge of professionals is considered entirely above popular knowledge, “have a more diverse face, constituting almost unique experiences<sup>3</sup>. Also, in a progressive educational modality, Popular Health Education (*Educação Popular em Saúde* - EPS) favors the understanding of the reality in the field of health and the environment, and helps the population to organize itself to change it<sup>4</sup>.

Traditionally, health education is considered a field of public health with the purpose of acting in the promotion and prevention of diseases. It constitutes an instrument for the dialogical construction of knowledge, as well as for stimulating autonomy, popular participation and the protagonism of the subjects in their own care<sup>5</sup>. With regard to popular health education, it is considered a theoretical-methodological and ethical-political instrument that guides

experiences, with an important contribution to the history of policies, actions and services of the Unified Health System, in which people with diverse knowledge, experiences and different ideas will need to work collaboratively and discuss issues raised<sup>6</sup>.

The implementation of user groups, as well as their systematic functioning, has been an interesting action, since its beginning, for working with the community that is supported, as it favors the strengthening of the bond between health professionals and users, and the co-responsibility of the latter for their treatments. In other words, the groups become bonds between professionals and users that enable greater scope of professional actions, especially when it is possible to positively affect users' families, who can become supporters. However, due to the recognition by the World Health Organization (WHO) in March of 2020 of the pandemic of COVID-19<sup>7</sup> – a disease caused by the SARS-CoV-2 agent, defined as an infectious respiratory disease, with high severity and transmissibility<sup>8</sup> –, it became necessary to suspend group activities.

In Brazil, there have been more than 37 million cases of the disease, with more than 700 thousand deaths<sup>9</sup>. Due to the spread, community transmission and worsening of the pandemic, Brazilian state governments adopted some measures to prevent the disease, the most severe of which was the lockdown<sup>8</sup>. On February 6, 2020, Law No. 13.979 was enacted, which established measures to address the public emergency of international importance resulting from COVID-19 and listed the non-pharmacological interventions (NPIs) that should be adopted in the community, among which social distancing (lockdown)<sup>10</sup> stands out, with a view to preventing the circulation and spread of the virus<sup>7</sup>.

This was the most rigorous intervention applied to communities, cities or regions, as it prohibited people from leaving their homes<sup>7</sup>. This measure, combined with the continued use of face masks, helped to reduce the tragic dimension that the pandemic took on in Brazil. However, it caused the interruption of important actions in basic health units (UBS), such as educational groups (an important work tool in PHC), which provide a space for the exchange of information and experiences, learning and reflections on the health-disease process between users and professionals<sup>11</sup>.

For PHC to offer equitable and efficient health care, it is necessary to involve the subject in this care process. This requires actions aimed at health education and the individual's responsibility as a health producer. However, the obstacles and emergencies imposed by the COVID-19 pandemic, which required the suspension of these activities, drastically affected the monitoring of users who systematically attended PHC and their relationship with professionals. After three years of the pandemic and more than a year of resuming group activities in health

services – developed in accordance with hygiene and safety standards – and after the WHO declared (on May 5, 2023) the end of COVID-19 as a Public Health Emergency of International Concern<sup>7</sup>, the post-pandemic consequences still represent a major challenge for PHC health professionals, especially when it comes to reactivating groups. Thus, this study aimed to describe the experience in reactivating group health education activities.

## METHODS

This is an experience report carried out by professionals enrolled in a Multidisciplinary Residency in Family Health at the Universidade Estadual de Ciências da Saúde de Alagoas (UNCISAL), regarding the reactivation of user groups after the COVID-19 pandemic.

The experience was carried out from March to July of 2023, during the work of the residents in the Family Health Units (USF) belonging to the third health district of Maceió, Alagoas, Brazil. This experience is part of the first year of training of the residents, in which they must work together with the Multidisciplinary Teams (eMulti) in the PHC.

In accordance with the 2022-2025 Municipal Health Plan<sup>12</sup>, the city of Maceió is divided into 8 health districts. The 3<sup>rd</sup> health district is made up of 8 neighborhoods, has a population of 76,339 inhabitants, of which more than 11,000 live in the two neighborhoods where the health units related to this work are located.

In this health district, PHC coverage reaches 66.33%, distributed as follows: four ESF units, one of which is the Unidade Docente Assistencial (UDA) – which is in partnership with the Centro Universitário CESMAC, a philanthropic educational institution, and two are UBS for spontaneous demand. The USFs where the residents worked were in the Ouro Preto, São José and Canaã neighborhoods.

The reactivation of the groups was requested by the preceptors who formed the eMulti team – who discussed the difficulties in users joining the groups in the post-pandemic period, as well as planned and developed the field tutoring.

## RESULTS

During the experience, residents surveyed the groups that existed in the health units before the pandemic, aiming to reactivate them. Within this context, four groups were identified: one for adolescents, one for pregnant women, one for people with hypertension and diabetes, and another for physical activity practices.

The adolescent group met on the last Friday of each month and addressed topics such as: children's and adolescents' rights, sexuality, and self-esteem. The group had a good number

of participants, but its participation was low after it was resumed. Only six adolescents attended the meetings, despite the publicity given in the units and the communication made by community health agents during visits to the community.

Among the explanations given by the adolescents for not attending the group is the fact that the group's activities clashed with their classes, since, after the pandemic period, many who previously attended the group changed schools or shifts in regular education.

At the health unit in the Ouro Preto neighborhood, a group of physical activity practices was held, known as “*Saúde é Ouro*” (Health is Golden), which had 54 participants, 53 female and 1 male. This group met once a week, starting its activities at 7:00 a.m. The group's proposal was to include all audiences, however, most participants on the meetings were women aged 40 years or more.

The group for pregnant women was held once a month at the São José unit, in the Canaã neighborhood, and its target audience was pregnant women who were receiving prenatal care at the unit. This group was characterized by high turnover of its audience – since the participation of its members was linked to the length of the pregnancy, with stays of around nine months. However, in this group too, participation decreased when activities resumed, when compared to the period before the pandemic.

Based on these findings, the residents, together with the professionals from the unit and the eMulti team, decided to draw up an eight-month schedule linked to the prenatal day, so that pregnant women could follow all the proposed topics or, at least, as many of them as possible. The topics worked on in this group were also reassessed and, as such, those focused on the care of mothers and babies remained: oral health, hypertension during pregnancy, contributions to a safe birth, nutrition and physical activity, mother/baby relationship, pregnant women's rights, children's rights and immunization.

There was also a need to reformulate the group for people with hypertension and diabetes that already existed at the São José unit, but which took place in the Santo Amaro neighborhood – which has the particularity of being held in a location further away from the unit so that it would be possible to accommodate this neighborhood, due to the difficulty of accessibility.

Based on the principle of comprehensiveness of the Unified Health System (SUS), residents and professionals from eMulti decided to include the group and name it “*Em busca de qualidade de vida*” (In search for quality of life), with a view to breaking with the notion that users with chronic diseases only discuss topics restricted to such problems. The change in the group's name also sought to change the limited view that people with diabetes and

hypertension had of people who were considered exclusively as sick people, unable to carry out other activities in life other than going to doctors, taking medication and restricting their diet.

The group was opened to the participation of all audiences and topics related to quality of life began to be emphasized. In this group, various topics about what health is, its scope and what can be done as social subjects to promote health began to be addressed.

This group was resumed in April of 2023 and, as planned, it began to take place on the second Tuesday of each month. The first meeting was attended by 10 service users. However, despite having previously scheduled and advertised the meeting, no user attended the second meeting. At the third meeting, 9 users attended, and at the following meeting, only 5. Observing a progressive decrease in the number of participants, the community health agent was asked to advertise and intensify the invitation to users' homes.

As a result of this and in order to increase the adhesion of users of the unit to the group, strategies were implemented that included active search, carried out by community health agents during home visits, since they have a greater persuasion capacity due to their daily contact with users and families and the bond created. Other strategies to be highlighted were the advertising and invitation carried out by nurses and residents in the waiting room.

Some groups were still being planned for later or implementation, however, it was realized that more elements would still be needed to understand the difficulties related to the return of users to participate in collective activities in the post-pandemic period, even considering the dissemination carried out, the planning of meetings, and even the preparation of educational material and dynamics, evaluated as consistent with the proposals.

The group of adolescents, developed by psychologists, with users already accompanied by these professionals, or who seek such monitoring, has had low adherence.

## DISCUSSION

Even after the end of the pandemic, there is still a low level of adherence to groups and health education activities by the community of Ouro Preto and Canaã. Only the group "*Saúde é Ouro*" stood out, gaining community adherence and being well-evaluated by participants, who reported improvements in their mental health and physical fitness as a result of the group's activities. It was also observed that the participants of this group created bonds with each other and with professionals, going beyond the limits of the health unit, as they hold social gatherings on commemorative dates even outside the group's original activities.

During the lockdown period, many activities began to be carried out remotely. It is possible that many people have become accustomed to the remote model adopted during the

pandemic and that this situation has influenced the low adherence to in-person activities, such as the UBS groups. However, it is important to consider the statement that there is “restriction of many residents to the means of communication essential for carrying out remote services”<sup>13</sup>.

It is understood that, given the reality of the families served by the UBS in the neighborhoods of Ouro Preto and Canaã, the internet and technological equipment necessary for this form of communication are not accessible. In addition, there is a considerable number of users who are not accustomed to using virtual platforms, and others who are illiterate, which suggests that this population faces significant difficulties and barriers to accessing technology<sup>14</sup>.

The low adherence to in-person activities can also be related to the fear, still present, of being exposed to the coronavirus in events with many people gathered<sup>15</sup>. Furthermore, people have started to practice less physical activity, remaining sedentary for longer due to the imposed social restrictions, causing a worsening of health and quality of life<sup>16</sup>. According to the 2017 Primary Care Policy (*Política de Atenção Básica - PNAB*), it is essential that the UBS offer practices, both individual and collective, so that there is a greater ability to resolve the demands that arise in the territory. In this sense, collective activities seek to address demands relevant to individuals and groups of people who present some vulnerability, whether related to computerization, health education, social sphere and/or health condition<sup>17</sup>.

According to the National Health Promotion Policy, in order to operate promotion, it is necessary to consolidate practices aimed at individuals and groups, with multidisciplinary, integrated and networked work<sup>18</sup>. In this way, health education actions have been an important resource in: preventing injuries; creating bonds between participants themselves and users with health professionals<sup>19</sup>, and can reduce the social, mental and, in some cases, physical impacts (such as the “*Saúde é Ouro*” group that encourages the practice of physical activity) of the pandemic. In the current post-pandemic context, there are social, mental and physical impacts on people's lives.

Specifically, in Maceió, the resumption of the groups makes it possible to expand health education actions, since the municipality has a PHC coverage of 52.7% and a Family Health coverage of 26%, as explained in the 2022-2025 Municipal Health Plan<sup>13</sup>. Health education is an important space for political articulation, exchange of experiences and formulation of alternatives for the functioning of health services<sup>20</sup>.

Health education groups seek to improve the quality of life of the user, providing a space for dialogue and discussions that enable health information and the empowerment of this

individual as a social subject of his/her own life, bringing him/her into the health process as an active subject, making it pertinent to invest in strategies that strengthen these practices.

Therefore, it is understood that there is an expansion of the clinic, which, in turn, concerns the commitment of the health service to the subject and to his/her capacity to produce his/her own life<sup>21</sup>. Thus, there is recognition of: the complexity of the subjects; weight of universal and particular determinants; limits of knowledge and therapies, precisely because it recognizes itself in a singular space of production, of creation<sup>21</sup>. By going beyond the biomedical paradigm, it is possible to recognize the user as a responsible, active and autonomous subject, also in their health care treatment.

All this is possible when users are offered quality and horizontal information, in which the team and users build together the responsibility for care, thus overcoming the biomedical model, and developing actions in which health is taken in its positivity<sup>19</sup>. According to the Brazilian National Humanization Policy<sup>22</sup>:

Users may feel more open in a group to expose and share with others their experiences in managing the disease, bringing up doubts and curiosities that only sharing could provide. Group practice allows us to bring together several people who are from the same community, with similar thoughts and habits, life stories and values. The exchange of experiences provides the possibility of strengthening social networks and support for everyday life, for the world beyond the group. This is because this process of resonances and affections brings to the group something essential to its constitution: the feeling of groupness and the internal representation of this space. The group only operates with continuity when each person recognizes themselves in those people and feels that they belong to that space. The freedom and relevance of being with those people at that moment, the creation of meaning in myself and in each person. Groupness happens more easily when a good bond is formed.<sup>22</sup>

With the low adherence of groups in the Ouro Preto and Canaã units, some of the health promotion and disease prevention activities are compromised, resulting in more people having less access to health-related issues and, consequently, becoming ill and seeking health care only during the pathogenic period, when the disease is already present.

Health care becomes more effective when it directly addresses the determinants and conditions that influence the health of individuals<sup>23</sup>. The model of social determinants of health are significant predictors of health status and aim to identify and understand the factors that contribute to the population's illness. These determinants result from a complex combination of factors, such as income, housing, education, personal relationships, lifestyle, environmental and genetic factors, among others<sup>24</sup>.



## CONCLUSION

It was possible to observe that group activities, which had been interrupted due to the global COVID-19 pandemic in the health units of Ouro Preto and São José (Canaã), are having low user adherence when resumed. According to reports from users and health professionals at the units, there is a direct relationship with the global pandemic and the social restrictions imposed at the time. Among the user groups, only the "*Saúde é Ouro*" group in the Ouro Preto neighborhood stands out positively in terms of the number of participants and the maintenance of meetings, while the others continue to have few users.

It is considered essential to increase the number of users in the communities and make this an ongoing process; to strategically seek the support of community health agents; to systematically disseminate information in health units; to hold discussions to align the presentation of topics that are in fact closer to the reality experienced by the target audience of each group; to encourage the participants themselves to get involved and help by inviting more people to the activities.

The implementation of programs for the training and development of health professionals (especially in the residency modality) can support and expand health education activities, with emphasis on: elaboration, planning, coordination, dissemination, among others, aimed at bringing users closer together by resuming the groups.

The limitations include the experience currently underway in two health units in a short period of implementation. The relationship and influence of COVID-19 on health actions needs to be further investigated, especially those related to health education.

The evaluation of health education groups is important, because if well-conducted, in an interactive and dialogic manner, they can offer socialization and the creation of bonds and affections, which have an impact on mental and physical health.

## REFERENCES

1. Organização Pan-Americana de Saúde. Atenção Primária à Saúde [Internet]. Washington, D.C.: OPAS; 2023 [cited in 20 May 2023]. Available from: <https://www.paho.org/pt/topicos/atencao-primaria-saude>
2. Ministério da Saúde (Brasil). Portaria nº 2.436 de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS) [Internet]. Brasília, DF: Ministério da Saúde; 2017 [cited in 20 June 2023]. Available from: [https://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436\\_22\\_09\\_2017.html](https://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436_22_09_2017.html)

3. Ferreira Neto JL, Kind L. Práticas grupais como dispositivo na promoção da saúde. *Physis* (Rio de Janeiro): Revista de Saúde Coletiva [Internet]. 2010 [cited in 02 Sep 2024]; 20(4):1119-42. Available from: <https://www.scielo.br/j/physis/a/SPJKpMgdDTs6fQDV8CfzkNr/?format=pdf&lang=pt>
4. Flisch TMP, Alves RH, Almeida TAC, Torres HC, Schall VT, Reis DC. Como os profissionais da atenção primária percebem e desenvolvem a Educação Popular em Saúde? *Interface: Comunicação, Saúde, Educação* [Internet]. 2014 [cited in 02 Sep 2024]; 18(2):1255-68. Available from: <https://www.scielo.br/j/icse/a/zkb4dn5RRtrRnDJZ84mPngG/?format=pdf&lang=pt>
5. Fittipaldi ALM, O'Dwyer G, Henriques P. Educação em saúde na atenção primária: as abordagens e estratégias contempladas nas políticas públicas de saúde. *Interface: Comunicação, Saúde, Educação* [Internet]. 2021 [cited in 01 Sep 2024]; 25:e200806. Available from: <https://www.scielo.br/j/icse/a/t5MyrjCKp93sxZhmKTKDsbd/?format=pdf&lang=pt>
6. Cruz PJSC, Silva JC, Danielski K, Brito PNA. Educação popular em saúde: princípios, desafios e perspectivas na reconstrução crítica do país. *Interface: Comunicação, Saúde, Educação* [Internet]. 2024 [cited in 02 Sep 2024]; 28:e230550. Available from: <https://www.scielo.br/j/icse/a/VKTJmjvH6nMtxx6KZHBkdRp/?format=pdf&lang=pt>
7. World Health Organization. Coronavirus disease (COVID-19) pandemic [Internet]. Geneva: WHO; 2023 [cited in 15 May 2023]. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
8. Ministério da Saúde (Brasil). O que é a Covid-19? [Internet]. Brasília, DF: Ministério da Saúde; 2021 [cited in 15 May 2023]. Available from: <https://www.gov.br/saude/pt-br/coronavirus/o-que-e-o-coronavirus>
9. Ministério da Saúde (Brasil). Coronavírus Brasil. COVID-19. Painel Coronavírus. [Internet]. Brasília, DF: Ministério da Saúde; 2023 [cited in 15 May 2023]. Available from: <https://covid.saude.gov.br/>
10. Presidência da República (Brasil). Lei nº 13.979, de 6 de fevereiro de 2020. Dispõe sobre as medidas para enfrentamento da emergência de saúde pública de importância internacional decorrente do coronavírus responsável pelo surto de 2019 [Internet]. D.O.U. Brasília, DF, 6 fev 2020 [cited in 15 May 2023]; Seção 1, 27:1. Available from: <https://www.in.gov.br/en/web/dou/-/lei-n-13.979-de-6-de-fevereiro-de-2020-242078735>
11. Prefeitura Municipal de Ribeirão Preto. Guia prático de grupo de atenção primária à saúde [Internet]. Ribeirão Preto, SP: Secretaria Municipal de Saúde; 2021 [cited in 16 May 2023]. 28

p. Available from: [http://apsgestao.fmrp.usp.br/wp-content/uploads/2021/12/Guia-Pr%C3%A1tico-de-Grupos-na-APS-SMSRP\\_compressed.pdf](http://apsgestao.fmrp.usp.br/wp-content/uploads/2021/12/Guia-Pr%C3%A1tico-de-Grupos-na-APS-SMSRP_compressed.pdf)

12. Secretaria Municipal de Saúde (Maceió, AL). Plano Municipal de Saúde 2022-2025 [Internet]. Maceió: Secretaria Municipal de Saúde; 2021 [cited in 16 May 2023]. 159 p. Available from: <https://maceio.al.gov.br/uploads/documentos/PLANO-MUNICIPAL-ATUALIZADO-EM-18-09-20181.pdf>

13. Fonseca TGN, Passos TR, Franco AG, Carvalho GAP, Dias SC, Martins CM, et al. A Unidade Básica de Saúde (UBS) frente a pandemia do novo Coronavírus: a conduta do usuário na visão dos profissionais da saúde. *InterAm J Med Health* [Internet]. 2020 [cited in 03 Sep 2024]; 3:e202003054. Available from: <https://www.iajmh.com/iajmh/article/view/125/267>

14. Tureck F, Chioro A, Tofani LFN, Lima CL, Vieira ACS, Andreazza R. Inovações produzidas na Atenção Primária à Saúde durante a pandemia do COVID-19: uma revisão integrativa da literatura. *Ciênc Saúde Colet.* [Internet]. 2024 [cited in 03 Sep 2024]; 29(6):e07022023. Available from:

<https://www.scielo.br/j/csc/a/MtwBxjhLFSnZcKY7QNhTc3R/?format=pdf&lang=pt>

15. Souza TS, Cruz JS, Santos VCC, Carvalho RR, Monteiro NMAT. Programa Hiperdia em tempos de pandemia pela Covid-19. *Revista Extensão & Sociedade* [Internet]. 2021 [cited in 03 Sep 2024]; 12(2):58-70. Available from:

<https://periodicos.ufrn.br/extensaoesociedade/article/view/26246/15238>

16. Runacres A, Mackintosh KA, Knight RL, Sheeran L, Thatcher R, Shelley J, et al. Impact of the COVID-19 Pandemic on sedentary time and behaviour in children and adults: a systematic review and meta-analysis. *Int J Environ Res Public Health* [Internet]. 2021 [cited in 03 Sep 2024]; 18(21):11286. Available from: <https://www.mdpi.com/1660-4601/18/21/11286/pdf?version=1635414682>

17. Torres HC, Hortale VA, Schall V. A experiência de jogos em grupos operativos na educação em saúde para diabéticos. *Cad Saúde Pública* [Internet]. 2003 [cited in 02 Sep 2024]; 19(4):1039-47. Available from:

<https://www.scielo.br/j/csp/a/x3RZ3BKQCVpkcTvFwW9JJkx/?format=pdf&lang=pt>

18. Ministério da Saúde (Brasil). Secretaria de Vigilância em Saúde. Secretaria de Atenção à Saúde. Política Nacional de Promoção da Saúde: anexo I da Portaria de Consolidação nº 2, de 28 de setembro de 2017, que consolida as normas sobre as políticas nacionais de saúde do SUS [Internet]. Brasília, DF: Ministério da Saúde, 2018 [cited in 03 Sep 2024]. 40 p. Available from: [https://bvsms.saude.gov.br/bvs/publicacoes/politica\\_nacional\\_promocao\\_saude.pdf](https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_promocao_saude.pdf)

19. Santos LM, Ros MA, Crepaldi MA, Ramos LR. Grupos de promoção à saúde no desenvolvimento da autonomia, condições de vida e saúde. *Rev Saúde Pública* [Internet]. 2006 [cited in 02 Sep 2024]; 40(2):346-52. Available from: <https://www.scielo.br/j/rsp/a/twkHGQQNdtBc9YL8FRwFtNk/?format=pdf&lang=pt>
20. Vieira MSN, Matias KK, Queiroz MG. Educação em saúde na rede municipal de saúde: práticas de nutricionistas. *Ciênc Saúde Colet*. [Internet]. 2021 [cited in 4 Sep2024]; 26(2):455-64. Available from: <https://www.scielo.br/j/csc/a/LWZ93HtD4bnSRZgp9PrMccw/?format=pdf&lang=pt>
21. Alves LM, Marques FC, Souza CA, Soares IS, Proence VS, Lourenço MLS. Clínica ampliada, do conceito à ação. *Revista Eletrônica do Programa de Educação Tutorial - Três Lagoas/MS* [Internet]. 2021 [cited in 4 Sep 2024]; 3(3):235-51. Available from: <https://periodicos.ufms.br/index.php/REPET-TL/article/view/12864/9873>
22. Ministério da Saúde (Brasil). Secretaria de Atenção à Saúde. Política Nacional de Humanização [Internet]. Brasília, DF: Ministério da Saúde, 2010 [cited in 03 June 2023]. 256 p. (Série B. Textos Básicos de Saúde) (Cadernos HumanizaSUS; v. 2). Available from: [https://bvsms.saude.gov.br/bvs/publicacoes/cadernos\\_humanizaus\\_atencao\\_basica.pdf](https://bvsms.saude.gov.br/bvs/publicacoes/cadernos_humanizaus_atencao_basica.pdf)
23. Machado HMB, Silva NS, Silva NS, Souza CBV, Wandemberg LCL, Souza LRVJ, et al. Determinantes sociais em saúde e suas implicações no processo em saúde e doença da população. *Rev Contemp*. [Internet]. 2023 [cited in 3 Sep 2024]; 3(6):6086-102. Available from: <https://ojs.revistacontemporanea.com/ojs/index.php/home/article/view/982/624>
24. Ribeiro KG, Andrade LOM, Barreto ICHC, Raquel SP, Munoz TL, Santos C. Determinantes Sociais da Saúde dentro e fora de casa: captura de uma nova abordagem. *Saúde Debate* [Internet]. 2024 [cited in 3 Sep 2024]; 48(140):e8590. Available from: <https://www.scielo.br/j/sdeb/a/7MCjqcwSph55JYXQppXmHFD/?format=pdf&lang=pt>

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