

BEST PRACTICES FOR PHYSICAL ACTIVITY IN PRIMARY HEALTH CARE SETTINGS: A CONCEPT ELABORATION STUDY

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ABSTRACT: To develop a concept for best practices in physical activity (PA) in primary health care (PHC) settings. The following steps were taken as part of the conceptual development: (1) concept selection, (2) objective determination, (3) identification of possible uses of the concept, and (4) attribute determination. For data collection, we used document analysis, online questionnaires, a workshop, and an expert panel. Participants included administrators, coordinators, health professionals, community members, and PHC researchers of the five Brazilian regions. To evaluate the qualitative data gathered, content analysis using NVivo software was performed. The concept for best practices in PA in PHC settings was defined as an action that promotes an increase in PA among participants through a planned, replicable, and sustainable process that guarantees and promotes participation and autonomy. This concept includes the following attributes, planning, sustainability, replication, participation, and autonomy. The concept and its attributes are essential to guide the planning, implementation, and evaluation of best practices in PA in the Brazilian PHC.

KEY WORDS: Health planning; Motor activity; Public health.

PRÁTICAS EXITOSAS EM ATIVIDADE FÍSICA NA ATENÇÃO PRIMÁRIA À SAÚDE: ELABORAÇÃO DO CONCEITO

RESUMO: Elaborar o conceito de práticas exitosas em atividade física (AF) na atenção primária à saúde (APS). Para análise conceitual empregou-se as etapas: (1) seleção do conceito; (2) determinação dos objetivos; (3) identificação dos possíveis usos do conceito e (4) determinação dos atributos. Foram utilizados análise documental, questionário online, oficina e painel de especialistas. Os participantes foram gestores, coordenadores, profissionais de saúde, usuários e pesquisadores da APS das cinco regiões do Brasil. Para análise foi utilizada a análise de conteúdo, por meio do software NVivo. O conceito de prática exitosa em AF na APS foi definido como uma ação que promove aumento da AF dos participantes por meio de um processo planejado, replicável e sustentável que garante e promove a participação e autonomia. Os atributos foram: planejamento, sustentabilidade, replicação, participação e autonomia. O conceito com seus atributos é essencial para orientar o planejamento, implementação e avaliação de uma prática exitosa em AF na APS.

PALAVRAS-CHAVE: Atividade motora; Planejamento em saúde; Saúde pública.

INTRODUCTION

In Brazil there is a unified health system (Sistema Único de Saúde [SUS]) has its organization in the city characterized by primary health care (PHC) as the level of complexity in health closest to the citizen¹. Actions and services aimed at comprehensive care, such as disease prevention, treatment, rehabilitation, and health promotion are developed in PHC with the population assigned to the territory of health teams. Health promotion actions are established by the national guideline (Política Nacional de Promoção da Saúde [PNPS]). Among the priority actions in the national context, are body practices and physical activity (PA)².

The Ministry of Health (MH) of Brazil developed a series of actions to promote PA. In 2006, in partnership with the Centers for Disease Control in Atlanta, USA, and Brazilian universities, it started *Projeto Guia*, which studied five national initiatives to promote PA³⁻⁵. In 2008, they published a multiprofessional work strategy (Núcleo de Apoio à Saúde da Família [NASF]), including the Physical Education professional⁶. In 2011, it launched an important health promotion program (Programa Academia da Saúde [PAS]) with the primary objective of contributing to the promotion of health and production beyond the care and lifestyle of the population through the implementation of centers with infrastructure and professionals.⁷ In addition, these actions were applied in basic health units coordinated by PHC professionals.

After twelve years of receiving resources for the implementation of programs to promote physical activities, the SUS has not managed to decrease the risk factor indices for the affection of chronic non-communicable diseases (NCDs)^{8,9}. A review study pointed out that PA is an important factor to save financial resources in public health and is associated with a reduction in costs of health procedures, medications use, and control of chronic diseases¹⁰. The study shows that costs were higher in groups of individuals with a lower level of physical PA¹⁰. Therefore, it emphasizes the importance of implementing PA to prevent chronic diseases in the population, and to consequently reduce costs for the health system¹¹.

However, there is still no consensus in the literature or in the regulatory frameworks of the MS on

what are “successful practices for PA promotion in PHC.” Some initiatives, such as *IdeiasSUS*¹² and *Projeto Guia*,¹³ seek ways to classify health promotion and PA practices. However, only those that improved the quality of life of the population were considered successful. They did not propose evaluating or impacting these practices in the SUS. Also, the documents that evaluate and reward “successful experiences,” “best practices,” and “successful initiatives” within the scope of SUS do not present clear tests for the evaluation of indicators^{11, 14-16}.

Therefore, it is necessary to create a concept that determines what the best practices are and identify what are the requirements for a practice to be considered successful. In addition, it can be used to show basic strategies and plans that aim to promote the PA among the SUS patient population. Thus, this study aimed to develop a concept for best practices in PA in primary health care settings.

METHOD

This study is part of the research entitled “Recommendations for PA for health based on successful practices developed in the Unified Health System” and the slogan “Research to recommend,” approved by the Ethics Committee of Federal University of Santa Catarina, register number 2.572.260 on March 30, 2018.

THEORETICAL BASIS FOR CONCEPT CONSTRUCTION

The conceptual analysis method proposed by Walker and Avant¹⁷ was used to develop the concept of best practices in PA in PHC. These authors were pioneers in the field of nursing through the theoretical analysis of concepts¹⁸. Their strategies are frequently used in health research¹⁹⁻²¹. The conceptual analysis allowed clarifying the commonly arbitrary use of terms in the literature, so they can be applicable and understandable in the research²¹.

METHODOLOGICAL PROCEDURES

Walker and Avant¹⁷ propose eight steps for conceptual analysis using different data collection

techniques, depending on each step's specificity. For the present study, four of these steps were considered sufficient to elaborate on the concept. Figure 1 shows the steps used, together with their descriptions and the data collection technique adopted.

CONCEPT SELECTION

The investigated concept features successful PA practices in PHC (Figure 1).

DETERMINATION OF THE OBJECTIVES FOR CONCEPTUAL ANALYSIS

The definition of best practices in PA emerged from the need to develop and share a common concept to be used in PHC settings as a way to guide effective public health actions in Brazil (Figure 1).

IDENTIFICATION OF POSSIBLE USES OF THE CONCEPT

This first step consisted of a literature review to verify the use of the concept in the context of PHC and to identify its characteristics (Figure 1). Selected documents, editors, contests, and events were consulted on websites of support agencies and funding for research and health initiatives in Brazil, such as the MS, Oswaldo Cruz Foundation (<https://portal.fiocruz.br/>), and the national research incentive institution (CNPq) (<http://www.cnpq.br/>). The review was carried out between March and July 2018. The terms "successful experiences", "best practices", and "successful initiatives" were considered within the scope of the SUS, with no limit on the date of publication or research area.

In the second step, five collaborating researchers from the five regions of Brazil (two in the north and one in the south, southeast, midwest, and northeast) were invited. The researchers, in turn, invited health care professionals from the Health Centers (HC) in their municipalities to answer an online questionnaire. From each municipality participated the PHC manager, the HC administrator, a physical education professional, a PHC user, and a public health researcher, totaling 25 participants. After an explanation, everyone agreed to participate in the research and signed the Informed Consent Form (ICF). The ICF was made available to each

participant through email, while the questionnaires were sent to them through Google Forms. The questionnaire included the central question of the study: "In your opinion, when can we say that a PA action was successful? The data collection period was from March to June 2018.

As the last strategy for the collection of related information at this stage, a workshop was held in July 2018.²² The workshop aimed to identify possible uses for the concept of best PA activities in PHC settings through the sharing of knowledge among participants. The meeting was mediated by a researcher specialized in the data collection procedure. It was held at the physical facilities of the Federal University of Santa Catarina and lasted four hours. Three PHC managers, three physical education professionals who worked in health in different municipalities in Santa Catarina, and three researchers, all with remarkable experience in the area participated in this meeting.

Participants were selected for convenience, being residents close to the proponent institution or capable to travel for face-to-face voluntary participation in the workshop. First, a mediator presented the research study and then asked participants to report examples, based on their experiences of a successful and unsuccessful PA practice. Then, three questions were asked: 1) What is a successful PA practice? 2) What is necessary for a successful practice? 3) What are the consequences of a successful practice? Each participant recorded, in writing, a word that represented each question he then posted on the board.

DETERMINATION OF CRITICAL OR ESSENTIAL ATTRIBUTES

To determine a concept was crucial to identify the essential attributes for its applicability.²³ The definition of the attributes of the concept of "successful PA practices" was outlined by a panel of experts (Figure 1).²²

Participating in this stage were a research coordinator, four national researchers specializing in the field of PA and public health, an international researcher specialized in the evaluation of health promotion programs, and a representative of the MS. Led by the research coordinator, start with an explanation of the information included in the previous steps. Finally, a concept that included all attributes was elaborated.

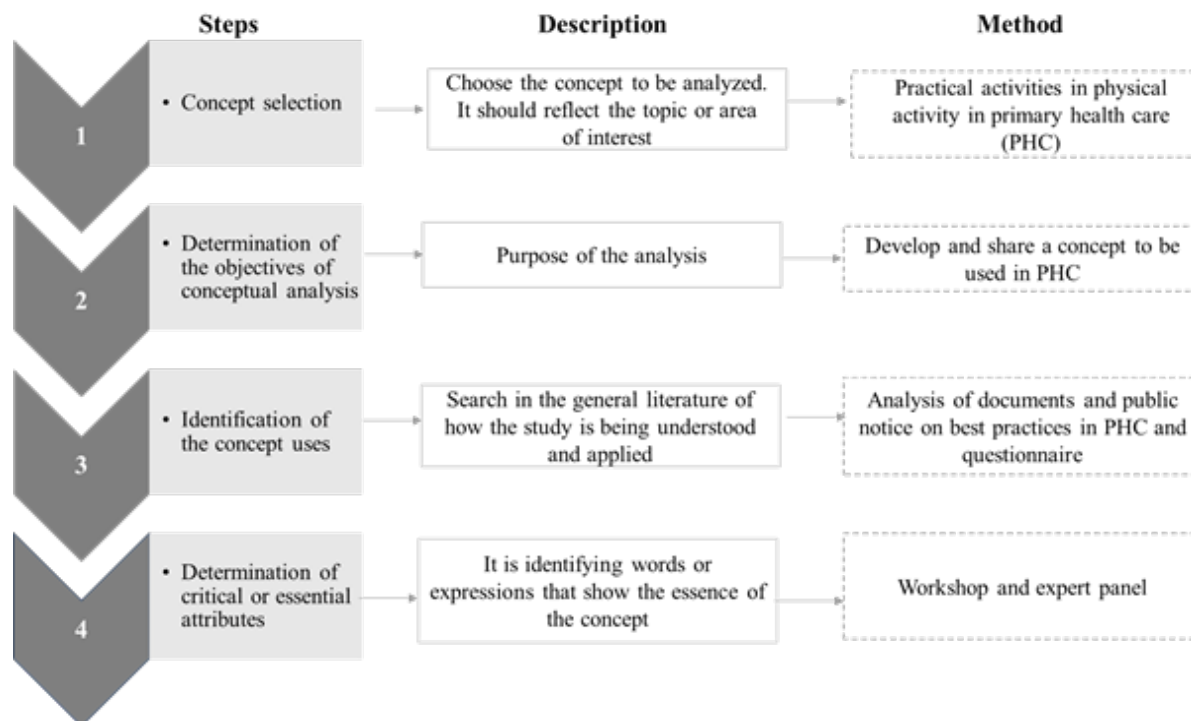


Figure 1. Flowchart of the steps and methods used to create the concept for best practices in PA in primary health care settings, 2018.

DATA ANALYSIS

Documentary analysis of the materials (notices, competitions, and events) selected to identify the evaluative items and markers that defined a successful PA practice in PHC settings was adopted. The information was organized in tables according to indicators, sources of consultation, and definitions. The analysis of the online questionnaire and the information provided by the participants were grouped by regions in different documents. The information collected at the workshop was recorded using simultaneous annotation, photographs of the activities, audio, and video recordings.

A triangulation of collected information was performed using NVivo software version 12.0 through data storage in word documents. For that, we adopted a content analysis in three stages: reading and rereading the information collected; identification and grouping of the most common and similar indicators for the definition of attributes; and, finally, the elaboration of the concept wording based on similar information collected and the creation of analysis categories that culminated in the proposed indicators for the concept and its definitions.

The triangulation of the information was sent for analysis by an expert panel.

RESULTS

From the research carried out on documents related to notices, contests, and events, to identify the possible uses of the concept, four notices were found: 1) 4th Edition of the Mapping of Existing Public Management Experiences in the Development and Health Area of the Elderly Person - 2016;¹⁴ 2) Laboratory of Innovation in Health Education with Emphasis on Permanent Education / 1st edition - 2017;¹⁵ 3) Edition of Mapping Experiences of Good Practices in Public Management in the Area of Development and Health of the Elderly, 2018;¹⁶ 4) Notice n. 05, of April 26, 2018. INOVASUS 2018 - Selection in health work management of innovative experiences in work management within the single health system's scope¹².

In the notices, the selection of successful experiences or best practices was determined based on six indicators: innovation, reproducibility in other contexts, sustainability (incorporation of action in the workplace), permanent education (including the use of the Permanent Education

Policy in Health in management and interprofessional practices), effectiveness in results, and teaching-service-community integration.

In addition to the indicators present in the notices, through consultations with researchers, managers, professionals, and users of PHC, five items were obtained. These were divided into sub-items, as shown in Chart 1.

Chart 1. Items and sub-items of essential indicators pointed out by researchers, managers, professionals, and users of PHC for PA actions in PHC, 2018

Items	Sub-items
Action planning	- Action as a model for other municipalities - Technical experience of professionals - Proof of effectiveness - Support network between managers and professionals
Health Benefits	- Improvement of day-to-day settings - Prevention of diseases - Improvement of quality of life - Improvement in health indicators
Behavior change	- User starts to perform PA - Change of habits
User participation	- Adherence - Attendance
Sociability	- User encourages his pairs to participate - Provides social interaction

Subsequently, PHC managers and professionals present a workshop based on the three main issues discussed. These were essential for a successful practice of PA in PHC, as approved in Chart 2.

Chart 2. Categories of responses from professionals and managers to questions discussed in the workshop, 2018

Questions		
What is a successful practice? It is the one that ...	What does it take to be a successful practice?	What does it take to be a successful practice?
Has user participation Achieves the goal Is institutionalized Is built together Measures impact Consider the local context Is replicable Is sustainable Has disclosure Covers different audiences	Resources Integration of sectors Resource planning Scenario recognition Joint construction Evaluation Bond Overcoming barriers Professional organization	Improved health Improved quality of life Behavior change Bond Resolubility for the system Satisfaction Multiplication Community autonomy

From the results obtained in the previous steps, the triangulation process was used to create the concept and determine its essential attributes (Figure 2).

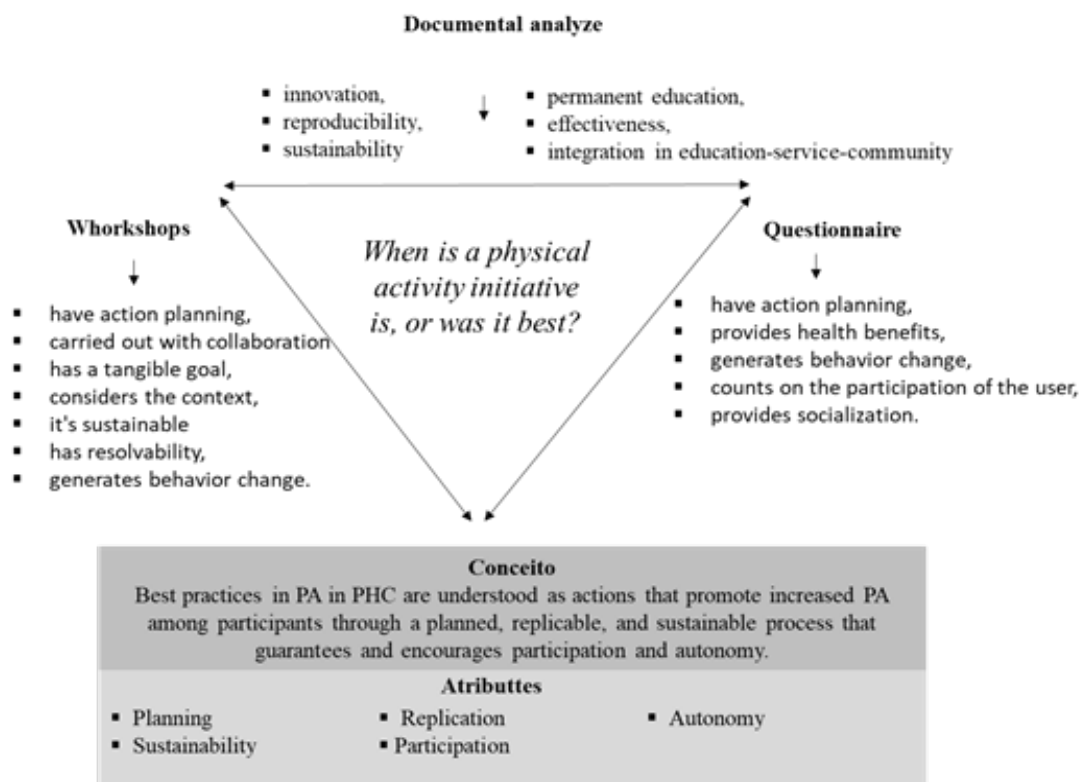


Figure 2. Triangulation of the analysis categories to create the concept of best practices in PA in PHC settings, 2018.

Based on the concept created, the attributes were elaborated using the following definitions:

- **Planning:** action planned in a collaborative way (between users, health professionals, and management) according to localized circumstances (such as culture and technical capacity, demands for territory and services, as well as financial, human, and material resources). It is specific for the intended group. In addition, it has tangible objective and measurable goals that can be continuously assessed;
- **Sustainability:** action maintained and continued with the potential to be institutionalized and capable of increasing the participants' PA sustainably;
- **Replication:** action clearly described and applicable in other places, respecting each context;
- **Participation:** action that promotes the engagement and bonding of users with the service, through participation and attendance;
- **Autonomy:** action that promotes the participants' autonomy for engaging in decisions and the knowledge that it can contribute to self-care and individual health.

DISCUSSION

In Brazil, promoting PA to meet SUS demands effectively remains a challenge. Despite the encouragement and growth of successful actions in the last decade, there is no consensus regarding a proposal that meets the expectations of everyone involved in the process (user, service, and management). When a practice is successful, it must be replicable, even with local adaptations, for the whole country, as pointed out in one of the attributes²⁴⁻²⁶.

Silva et al.²⁴ aimed to understand the concept of a challenge for the performance of practices in health promotion, since it must be adopted by everyone involved in its development. The need to adopt a unified concept can also be perceived when evaluating PA programs. Brazil has already evaluated several actions to promote physical activities in the community. It should be noted that, in their majority, these estimates assumed a participatory assessment perspective, that is, participant-centered. Besides the participatory character,

can assume a multidisciplinary and intersectional with of health impact²⁷.

Indications of effectiveness were found in the analyses performed. In a review study in which 24 studies were selected, the results indicated that the higher the level of PA is, the lower the use and costs of medications, clinical consultations, and hospitalizations are. Bueno et al.¹⁰ point out the difficulty in comparing these studies, as the instruments and cutoff points are differentiated. Likewise, Maciel et al.²⁵ criticize the evaluations when they are performed in some programs that cannot be compared with each other, mainly because they do not present the same methodological strategy¹⁰.

At this point, it should be noted that a determining factor is the lack of consensus on a concept that can guide the programs. Also, a fundamental aspect of the planning, promotion and implementation of activities, is the definition of a conceptual basis that determines a successful practice for SUS.

The concept developed for best practices in PA in PHC settings appropriately corroborated the objectives of the PNPS Body Practices/PA axis.²⁶ The methodology used to develop the concept, used a collaborative construction of the actors of the process (users-service-management), normative documents and considerations of the researchers in the field. This allowed the identification of attributes to characterize best practices, in the most comprehensive way.

The planning of the activities proposed by the PA promotion programs was a fundamental attribute to analyze the actions. Through it, we have a broader observation of how the program works, in addition to the possibility of reevaluating this process. Several evaluation studies of these programs in Brazil point to the presence of a logical model, but they do not seem to contemplate the necessary complexity, which planning health actions requires²⁴⁻²⁶. Therefore, checking whether it is necessary to have information about the planning could be more enlightening²⁴⁻²⁶. Thus, through planning, work processes display more clear objective, with the potential for the performance of activities, especially those that aim at integrality in health promotion²⁸.

“Replication” is an attribute that depends closely on the clarity and objectivity of the elaborated

planning. The proposed activities must be well described for other health services so it can be adapted and reproduced in other locations²⁹.

“Sustainability” is an attribute of successful practices in PA that depends the of financial resources initial for the development. However, other factors can also directly affect sustainability, such as: the linkage of professionals involved, partnerships for the physical space, necessary material resources, and support for higher education institutions^{30,31}. In this sense, it is worth mentioning that the sustainability surpasses the development of the physical activities and impact the of changes in behavior and the institutional policy in the society³². Therefore, it is important to keep stakeholders, consolidate partnerships to ensure organizational support, and favor the maintenance of user participation³³.

The “participation” attribute has an interdependence with the attribute of sustainability that does not refer to the involvement of users in activities. It is expanded when users are put in contact with local health services, the appreciation of spaces where activities take place, and the development of a sense of belonging. This attribute is in line with the proposal of the RE-AIM tool.²⁹ The reach of the community and its maintenance make a difference in the effectiveness of the program. The users’ participation must be considered not only of social control of health. But, his role as a citizen in of decision-making³⁴.

“Autonomy,” considered one of the fundamental principles of health promotion and the attribute of a successful practice, refers to the ability to instrumentalize the community exposed to actions. Knowledge makes it possible for individuals to better care for their health. In addition, their participation and involvement in decision-making determines health in their community³⁵⁻³⁶. This attribute shows the appreciation of the users’ experiences and their social, cultural, and biological context to improve the relations of a link between the participants favor the development of the interest activities of the community³⁷.

The concept of best practices in PA is geared to the needs of the public³⁸. Furthermore, the elaboration of the concept based on attributes is an essential means for health professionals who work in PHC to qualify their

practices. Therefore, they can reframe their actions to promote PA through a situational analysis of their practices based on attribute assessments. The newly proposed best practice concept allows actions to be improved in their planning, thereby allowing sustainability, replication, participation, and autonomy of the participants.

This study has some limitations. There are not met all steps used as a reference in the survey for conceptual elaboration¹⁷. An example of this, it does not determine the cases of models, that will know a priori of the Brazilian context for the following investigations. From the attributes created in the concept, all cases can reach the successful practices model.

The use of the concept for best practices in PA by PHC managers and professionals will bring new directives for actions in Brazil, especially if the established attributes are met. A next stage of the research will be the testing of attributes in loco the testing of the attributes in loco. After a recommendation, it will be proposed in order to guide how the practice of physical activity can be planned to be considered best practices. This will contribute to the work process of health professionals, in order to qualify their actions and make them tangible with the local reality.

CONCLUSIONS

Best practices in PA in PHC settings are understood as actions that promote increased PA among participants through a planned, replicable, and sustainable process that guarantees and encourages participation and autonomy. The attributes were planning, sustainability, replication, participation, and autonomy.

The proposed concept was developed based on a collective, participatory construction with health care professionals, researchers, and SUS patients, in line with its principles. The essential attributes that make up the concept and crucial guidelines for planning, implementing, and evaluating a successful practice in PA in PHC. Thus, the elaboration of the concept for best practices in PA is a strong point for the evaluation of actions offered in SUS settings to obtain requests for activities used in the Brazilian scenario.

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AUTHOR'S CONTRIBUTION

Tania R. Bertoldo Benedetti coordinated the research project of which the study is part. She developed the design of the methodology and data collection, and writing of the manuscript, together with the other authors.

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