

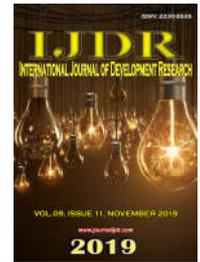


ISSN: 2230-9926

Available online at <http://www.journalijdr.com>

IJDR

International Journal of Development Research
Vol. 09, Issue, 11, pp. 31554-31559, November, 2019



RESEARCH ARTICLE

OPEN ACCESS

HEALTH EDUCATION IN TERRITORY: SYSTEMIC ARTERIAL HYPERTENSION

¹Sabrina Suellem Soares Barbosa, ¹Rodrigo Costa Carvalho, ¹Adriana Batista Freitas Alves,
¹Luana Maria Liborio Da Mota, ¹Dalvio Freitas De Matos, ¹Marcus Gabriel Oliveira Guedes,
¹Rubens Costa Cardoso, ¹Sandra Lima Santos and ²Rosângela Souza Lessa

¹Students of the Medicine Course of Faculdades Santo Agostinho

²Teacher of the Medicine Course of Faculdades Santo Agostinho

ARTICLE INFO

Article History:

Received 06th August, 2019
Received in revised form
23rd September, 2019
Accepted 11th October, 2019
Published online 30th November, 2019

Key Words:

Family Health Strategy.
Hypertension. Public Awareness.

*Corresponding author: Rosângela Lessa

ABSTRACT

Introduction: Due to the modifications of the health-disease context of a population and to the complexity in the process of the health professional's work, it is evidenced the importance of the Local Planning and Programming in Health (PPLS), which appears with strategic-situational focus to act in a planned way about certain reality. In this context, the present study has the purpose of explaining the actions of a PPLS accomplished in the linked territory of ESF Recanto das Águas, whose theme was Systemic Arterial Hypertension (SAH). **Objective:** To sensitize the population of the area of inclusion of ESF Recanto das Águas to prevent and control steps of the SAH in the 1st semester of 2018. **Methodology:** It is a report of an experience involving eight academics of the medicine course, a mentor, health professionals of ESF Recanto das Águas and the referred community's members. The objectives planned for the accomplishment of the actions in the community were lifted starting from the construction of a PPLS in the 2nd semester of 2017. **Results and Discussion:** There were an amount of four educational workshops, whose themes were, based in specific objectives: Healthy Eating; Appropriate Use of Medicines; Smoking and Alcoholism; and Physical Exercise and Relaxation, applied in that order. The first one counted with the presence of a nutritionist that explained the importance of a balanced diet and the harms of some daily foods. The second one, which had as main target audience the bearers of SAH, broached, with the ESF doctor's help, the relevance of the correct use of medicines and promoted the delivery of medication organizers. The third one embraced the consequences of the tobacco and alcohol use in the blood pressure and in the whole organism with a psychologist's help and the accomplishment of a theater play. The last one looked for, in a dynamic way, touching the population regarding the benefits of the physical exercise and of the practices of relaxation in the maintenance of the well-being and it had the presence of a physical education professional and of a physiotherapist. The satisfaction and the acquired knowledge of the population were noticed at the end of each workshop by means of pre and post-tests. **Conclusion:** In face of the presented context, the experience allowed the academics to touch the population and to act in their health context with a change of habits. Besides, it made possible thinking of the importance of PPLS as an objective, organized and practice tool of problems resolution and in prevention of injuries.

Copyright © 2019, Sabrina Suellem Soares Barbosa et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Sabrina Suellem Soares Barbosa, Rodrigo Costa Carvalho et al. 2019. "Health education in territory: systemic arterial hypertension", *International Journal of Development Research*, 09, (11), 31554-31559.

INTRODUCTION

The work of the multidisciplinary teams and health professionals on the Family Health Strategy (Estratégia de Saúde da Família – ESF) has been facing some changes in the health-disease context of the attached inhabitants. In front of the greater complexity of the health area work process and the rising need of dealing with the changes that are happening in

the life and health conditions of the population, emerge the interest for action planning with the execution of sanitary campaigns and, subsequently, the elaboration of disease control programs. Every planning has, as a starting point, the diagnosis, which consists in identifying the problems already set up or likely to happen, as well as the related people. Therefore, interventions that contribute to the changes of the clinical condition are established (1). The medical education is

going through criticisms and changes in relation to teaching methods and contents, passing by a process specified on the curriculum reforms in several medical schools in order to ensure a greater effectiveness of the formation and spawn professionals capable of dealing with the problems of the modern Brazilian society (2). Tracing an historic overview, the evolution of medical education is portrayed in three phases: the first one, from 1950 to 1970, of planning by objectives, directed to the management; the second one, from 1970 to 1990, marked by the search of pertinence, in other words, of a doctor in accordance with the local health needs, quantitatively and qualitatively; and the third one, since 1990, that searches for the medical education impact on the population health (3). The National Curricular Guidelines aim to train professionals that go beyond the competence approach. The goal is to build profiles connected to an integral care, with a broad vision of health and disease and a knowledge of the reality in which they work, and that consider the non-fragmented people, as well as their context. The doctor must be prepared to promote health, prevent and treat diseases and rehabilitate disabled people, in an ethical and loving way, within their area of competence. It is not about only a sum of disciplines, but a transdisciplinary formation, which will give them the conditions to work in multidisciplinary and multiprofessional teams, in studies and in solutions for health problems (4). In this context, the use of Problem-Based Learning (PBL) stands out in the medical graduation for being an option for the implementation of the Brazilian guidelines about medical education and a way of applying active methodologies. However, the effectiveness of courses anchored in PBL does not depend only of efficient actions related to curricular planning and management, but also of the links between curriculum and professional reality, so there will be reorientation of knowledge and practice not only in academic places, but also out of them, including the health system area, in search of the intended changes.

Accordingly, there is a strategical and methodological proposal of planning applied to the local level of Unified Health System (Sistema Único de Saúde – SUS), emphasizing the execution of health education actions in relation to the main problems prioritized by the community and health promotion. This proposition, called Local Planning and Programming in Health (Planejamento e Programação Local em Saúde – PPLS), involves the political-management dimension of health vigilance. With a strategical-situational focus, the planned acting on a specific reality allows a wide vision over a particular situation, as well as the analysis of possible interventions on the problems (5). This method is configured as an important tool, especially of the ESF, since the Basic Care has as some of its pillars the promotion and prevention through health education. In this context, considering diseases with great prevalence and occurrence at the Basic Care, the Systemic Arterial Hypertension (SAH), a multifactorial clinic condition characterized by high and sustained blood pressure levels – BP ($BP \geq 140 \times 90\text{mmHg}$), stands out. The SAH is a serious public health problem in Brazil and in the world. Its prevalence in Brazil ranges between 22% and 44% for adults (32% on average), reaching more than 50% for people in the 60-69 age group and 75% for the people with 70 years or more of age (6). In Brazil, the challenges of controlling and preventing SAH and its complications are mainly of the Basic Care teams. The teams are multiprofessional and their job requires a bond with the community and the attached customers, considering racial, cultural and religious diversity

and the social factors involved. In this situation, the Ministry of Health advocate for lifestyle changes, which are fundamental in the therapeutic process and prevention of hypertension. A proper alimentation, especially when it comes to salt intake and weight control, the practice of physical activities, the smoking cessation and the reduction of excessive alcohol use are factors that need to be properly addressed and controlled. Without it, the intended blood pressure levels cannot be achieved, even with progressive medicine doses (7). Given this scenario, this work has the goal of describing the experience of fourth semester medicine students in developing and applying a PPLS on a territory attached to a Health Unit. The theme of this PPLS, Systemic Arterial Hypertension, was chosen through consultation of the community and local epidemiological analysis. Therefore, since it is a prevailing disease at the whole Brazilian territory, it justifies the making of this article.

Data Synthesis

This article is an experience report developed through the building of a Local Planning and Programming in Health (PPLS) involving a group of eight medicine students, a preceptor, health team professionals and community members and executed by means of operative worksheets and with the main goals of identifying factors, key problems and vulnerabilities and its consequences for the attached people, and tracing strategies to face them, having in mind the available resources. Initially, a community workshop was done with the intent of collectively choosing priorities and establishing a set of criteria that would guide the future interventions. The workshop was held in the Health Unit waiting room and was attended by twenty people on average, with a wide turnover, which was an obstacle for a reliable counting. The participants exposed the leading problems of the population health condition faced in the community and subsequently elected the three main ones, which were: the high frequency of Systemic Arterial Hypertension, the high rate of teenage pregnancy and the high rate of alcoholism between young people and adults. Then, the moment proceeded with the prioritization of these problems, following the magnitude and valorization criteria. Thus, the present customers voted by means of colored signs which indicated different impact levels for the problems (high, medium and low). Right after, the students fulfilled the remaining criteria (available technology and cost) and the data accounting, concluding that the high rate of Systemic Arterial Hypertension would be the problem to be prioritized on the PPLS. Soon after, the “Problem Tree” was made with the intent of understanding better the prioritized problem, listing its determinant factors, conditioning factors and consequences. Also, the “Objectives Tree” was produced, consisting of a general objective that aims the whole problem and specific objectives dedicated to affect the determinant factors elected before.

Subsequently, the “Viability Analysis” was confectioned to analyze the actions, which matched the specific objectives, what makes them easier and what makes them harder, proposing strategies to get around the obstacles and take the most advantage of the facilities. Then, the “Operative Schedule” was made to specifically set how the PPLS actions would happen, listing their constituent activities, their deadline and the people in charge for each one of them, allowing an accurate planning of the project. And lastly the “Health Indicators” were traced to explain how the results would be

evaluated and how they would be disclosed to the community. In the next semester, the group of students developed a scheme of intervening activities that could be done as workshops with the community. For all those actions, there was a script with the following order: Pre-test, Presentation/Discussion, Post-test, Verifying Source, Gift Giveaway/Raffle and Collective Snack. Initially, five sequenced actions were planned, however two of them were united and the whole order was changed due to schedule problems, the viability of professionals and proper time for a higher adherence of the community. The theme of each one of the actions was thought and guided by the need to develop activities related to the main problem chosen on the community workshop to enable the implementation of the Operative Schedule in an interesting and ludic way.

Educational Workshop: Healthy Eating: The first workshop was held at 9 a.m. on March 7th, 2018 with the presence of, on average, 40 customers of both sexes, from which 20 were hypertensive ones, in the Health Unit "Recanto das Águas". The action started with the presentation of the Local Planning and Programming in Health, which was built together with the community during the previous semester, and of the purposes of the workshop. Following that, the pre-test was done, and it correlated eating habits of the customers and SAH, highlighting that the users had the knowledge of which food should be consumed and that their customs involved excessive sodium intake, although they knew it was prejudicial. Besides that, it was possible to see the different eating habits between young people, adults and elders because of the heterogeneity of attendees. Then, there was a general approach of the SAH by a nutritionist, that was an integral member of the group, showing the appropriate amount of salt to be daily consumed by a single person, the risks and consequences of high salt intake on the body and presenting some sweet food that also have sodium. Also, there was a poster exhibiting the sodium fraction of some processed food that was present on the population diet, like industrialized seasoning, instant noodles, sodas and juice boxes that surprised the customers. With the intent of reducing the sodium amount on the population meals, the group suggested the replacement of regular salt for an herbal salt and taught the preparation method of it. This way, part of the regular salt would be substituted for dried herbs for a better adherence and ensuring the accessibility of the product. The dietotherapy for hypertensive people has the goal of offering a diet that reduces the blood pressure levels, cut off or reduce the medicine amount and that can control the patients' weight, avoiding the obesity and improving their life conditions (8). So, ten lessons for a healthy eating were presented to help the users on their lifestyle changes. Then, the post-test was done with an interactive approach between two groups, which should put the presented pictures in two posters: "healthy food" and "non-healthy food". Both groups were able to identify all the food and the right place where they should be. Thus, it was possible to make them express the acquired knowledge from the workshop. The whole workshop was marked by an effective participation of the community, showing some knowledge of the theme and interest in learning more, especially by the amount of questions they made. Those were all answered by the nutritionist at the end.

Educational workshop: Appropriate medicine use

The second of the educational workshops listed on the PPLS was held at 8:30 a.m. on March 28th, 2018 in the Health Unit "Recanto das Águas". At first, the pre-test was done with the 7

present people in an oral and individual way to ensure the good comprehension of the questions and, consequently, a more accurate result. The test had five alternatives that described the way people used their medicines for the selection of the one that applied the most. The questions were: A) Do you use the drugs for SAH correctly and at the right time by yourself? B) Do you forget to take medicine occasionally or frequently? C) Do you usually mistake some medicine with others? D) Do you need help from family/friends for the right use of your medicine? E) Do you usually use the drugs at varied times and without regularity?

Most of the individuals said that they used the drugs correctly, in regular time and by themselves. Only one of the present people said that he forgot to take the medicine occasionally or frequently. To the other questions, all the attendees answered "no".

The action started with the help of the Health Unit doctor, who, in a dialogue circle with the community, reinforced the importance of the binary action of medication and lifestyle change in the SAH treatment; of not only using the drugs, but also following the medical recommendation of dose, time and frequency; of always asking questions to the health professionals, not only during the consultation, but also later as new doubts appear; and of creating strategies for a better medicine use. Also, he answered questions of some of the customers and was ratified by the group. In this moment, not only the first seven people evaluated by the pre-test attended but also some other individuals that were late to the workshop or were in the Health Unit for other purposes and ended up participating, reaching 25 attendees. Subsequently, the students sat down with the ones who had brought their medicine as well as the prescription, as requested previously in the workshop promotion, to instruct them on the appropriate use and to answer their questions. As a strategy for adequate medication, there was a giveaway of compartmentalized boxes and bags that the students made with the intent of helping the users in handling the drugs. They had each a section for "morning", "afternoon" and "night", as well as pictures illustrating those parts of the day for a better recognition from the individuals. Their function as an organizer was individually explained so they could be correctly used as a tool for the adequate medicine use. At the end of the workshop, the post-test was done to evaluate the satisfaction level of the attendees with the activities (since the impact on the medicine use could only be seen later). Therefore, through a testimony collection, the users said that "they felt grateful for the action"; that "they realized now the importance of the medication for the disease control", especially of SAH, that was the main focus of the discussion; that "the box and the bag would be really important for themselves and their families in the medicine management", at times mentioning a relative that usually forget to take the medicine or mistake with others; and that "they were very thankful for the workshop".

Educational Workshop: Smoking and Alcoholism: At 8:30 a.m. on April 25th, 2018 in the Health Unit "Recanto das Águas", the third educational workshop was held, addressing smoking and alcoholism as factors that have a big influence on predisposition to SAH. In the pre-test, carried out with the 20 Health Unit users present at the time, the goal was to collect information of their previous knowledge about the possible consequences of tobacco and alcohol use, when it comes to comorbidities. Examples like respiratory problems, high

cholesterol, diabetes, SAH, cancer and Encephalic Vascular Accident (EVA) were considered. The results were that, when it comes to alcohol, 85% of the users said they thought it could result in diabetes and EVA. SAH also had great ratings with 75% of the people pointing out it as a consequence. Something to highlight is that 50% of the individuals said that there was no relation between alcohol and cancer, which is not true. When it comes to the data collected about smoking, there was a great consensus between the interviewed users on the appearance of respiratory problems and cancer as result of tobacco use, since 95% and 85%, respectively, answered affirmatively to those examples. SAH was pointed out as a consequence for 80% of the people, which is valuable, since they already realized this association. The charts below show the answers obtained from the customers, in percentage, in relation to smoking and alcoholism.

Table 1. Obtained results in relation to alcoholism in the pre-test of the third Workshop

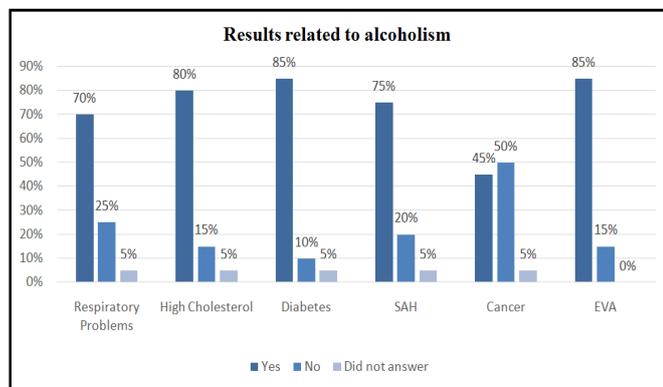
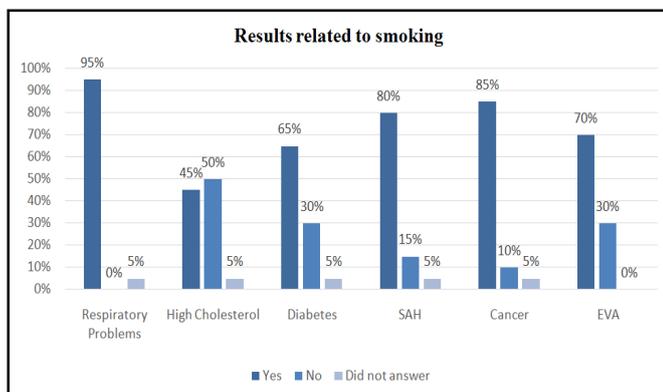


Table 2. Obtained results in relation to smoking in the pre-test of the third Workshop

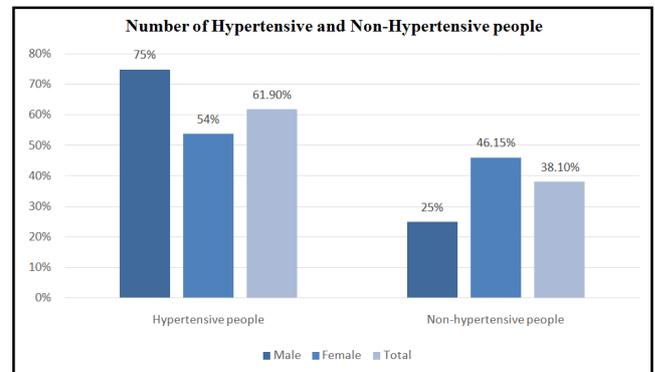


The pre-test also consisted of a second questionnaire, with the attendance of 21 people, that aimed to investigate the alcohol and tobacco consumption and, if it happens, to identify the pattern of this use. The survey included name, sex and age of the user and if they were hypertensive patients or not. The tables below show the profile of the interviewed individuals. The evaluation of the obtained answers showed that, in relation to the use of alcohol beverages, two people said they did it and both were women, who claimed drinking moderately (at weekends and two times a year), in a usage period of 1 and 9 years and at the age of 15 and 23 years old respectively. Other four individuals said that they used to consume alcohol for some time but did not do it anymore. Those had ages between 55 and 87 years old and a usage period between 36 and 69 years.

Table 3. Profile of the hypertensive people identified in the pre-test of the third workshop

Sex	Number	Average Age
Male	8	63,75
Female	13	46

Table 4. Amount of hypertensive and non-hypertensive people amongst the attendees of the third workshop



Also, other 15 interviewed people said that they never consumed alcoholic beverages. The questions about tobacco use showed that three people smoked, and they all were men. The usage period is between 28 and 69 years and their ages are between 47 and 87 years old. From those, 66.7% use straw cigarettes and 33,3% use regular cigarettes. The average of cigarettes per day varied from 2 to 20. From the other interviewed individuals, 2 reported not using it anymore and 16 said they never used tobacco in their lives. Data obtained from the National Health Survey of 2013 about abusive consumption of alcohol in Brazil revealed that, for both sexes, there was a decrease of use as the age increases. A higher prevalence was seen amongst young adults (18 to 29 years old) compared with those with a high age (9). This research matches the result obtained at the third workshop, showing a strong relation between age and abusive consumption of alcohol. When it comes to tobacco, most smokers are in the age group of 40-59 years old (10), and that is also shown in the results of the workshop. Data from Brazilian Institute of Geography and Statistics (Instituto Brasileiro de Geografia e Estatística - IBGE) of 2008 reflect, as well, the reality found in the community of this study, since the majority of smokers is male.

Following the pre-test, the workshop had a theater play showing a simulation of a medical consultation as a way of promoting health education aiming to display the variety of factors that influence SAH. It also reinforced that it is not enough to just control some factors while others are not changed and could still aggravate the clinical case. At the presentation, the patient had changed their eating habits, had started practicing exercises regularly and had been doing the appropriate medicine use, but had not stopped drinking and smoking. Behavioral studies have already shown that the manifestation of desire, the support from health professionals and the use of a multidisciplinary team are very important for smoking cessation and those resources should be used whenever it is possible (11). This consideration demonstrate that health education has a great relevance in helping to prevent and rehabilitate smokers, because information can increase rehabilitation chances, since it puts the patient in the disease context as an agent that knows the potential of their illness and shows the treatment ways.

Another health educational activity was done by a psychologist from the Family Health Support Team (Núcleo de Apoio à Saúde da Família – NASF), who ministered a lecture about the consequences of alcoholism and smoking, like SAH, liver cirrhosis, respiratory problems, cancer, psychological problems and relationship problems. Furthermore, she showed the service points of SUS involved in rehabilitating alcoholic and smokers, pointing out their importance in this process. Subsequently, the post-test was done aiming to evaluate the level of knowledge acquired by the present people and open a communication path, in which they could express their level of satisfaction. It consisted in oral questions that allowed the users to expose their perception about the workshop and the result was a high satisfaction and motivation of the attendees after seeing the importance of the theme. There was also a testimony collection that ratified the “pleasure to meet the students” who were always offering knowledge.

Educational workshop: Physical exercises and relaxation:

In the last decades, the physical inactivity has led to an increase of the sedentary lifestyle and its harms to an individual's health and well-being (12). Considering the need of information of the population about this, the fourth educational workshop was held at 9 a.m. on May 9th, 2018 in the linked territory of the Health Unit “Recanto das Águas” for 20 users of both sexes, showing the importance of physical exercise and relaxation techniques in controlling and preventing SAH. The activities started with the blood pressure measurement in 12 users carried out by the physiotherapist and the nutritionist of the group. The age range of the attendees was from 30 to 40 years old and there was a female predominance. Thereafter, an oral pre-test was applied collectively, and the result is in the table below.

Table 5. Results of the fourth workshop' pre-test

QUESTIONS	YES	NO
Are you a hypertensive person?	6	6
Do you practice physical exercises regularly? (5 days a week for 30 minutes)	7	5
Do you practice outdoor exercises like walking?	7	5
Do you practice physical or mental relaxation exercises at home?	2	13
Do you think the practice of exercises can help controlling high blood pressure?	14	0

For the answers, red and green signs were used for each question, the former meaning “no” and the latter “yes”. There was a discrepancy in the amount of replies due to some omissions and the arrival of new attendees while the pre-test was being applied. Subsequently, there was an introduction to the importance of physical exercise in controlling HAS and a little presentation of the theme by the Physical Education Professional from the NASF invited by the group. He also led the physical activities that consisted in a warm-up and a collective walking of around 20 minutes. Thereafter, relaxation techniques were applied and there was a moment to teach them to the attendees, so they could use them daily. To attest the learning of the target audience, a post-test was applied consisting in popping balloons, which contained each a question inside related to all four workshops executed during the semester. The result was very satisfying with almost 100% of right answers and it is exposed on the table below. In the same day at the end of the action, there was a moment for the users to speak and they complimented the activities and thanked for the acquired knowledge demonstrating the need of these kinds of projects in the community.

Table 6. Results of the fourth workshop' post-test

QUESTIONS	YES	NO
Can an excessive salt intake cause disease?	18	0
Do industrialized juice and soda contain salt?	17	1
Do you think stress can raise the blood pressure?	18	0
Does eating less industrialized food prevent diseases?	18	0
Do you have to take medicine for hypertension every day?	18	0
Do you have to take medicine for diabetes every day?	18	0
Does consuming alcohol more than 3 times a week cause diseases?	18	0
Does smoking a cigarette per day cause diseases?	18	0
Do you think physical activities contribute to a healthy life?	18	0
Do you want to have a healthier life?	18	0

Conclusion

Based on this planning, the students sensitized the population and acted on their health context, instigating a lifestyle change. These experiences enabled a reflection about the importance of PPLS as an objective, organized and practical tool in problem solving and disease prevention. The workshops accomplished by the group about the problem of high frequency of SAH in adults of the community, brought up several points already discussed by experts in Public Health. Among them, the highlight was the previous knowledge that the people had about the discussed issues, evaluated by the pre-tests, and the idea that building an intervention project is more successful when all the individuals involved become active agents of the change process. Therefore, the work done achieved the goal of sensitizing not only the target audience about several social, cultural and environmental factors that intertwine with SAH, but also the students as of satisfaction, gratitude and optimism transmitted by the community as a response. In this sense, the PPLS allowed the medicine students to comprehend, in the practical field, a little bit of the reality of the Basic Care acting that, in some points, distinguished from the theory when it comes to organization and operation. From this knowledge, the appeal of the medicine schools based on active methodologies to build humanistic professionals connected with the population is highlighted, in order to create a resolute Public Health integrated with other social sectors.

REFERENCES

- Alberto, C. L. S. *et al.* Planejamento e Programação Local em Saúde (PPLS): Uma proposta para desenvolvimento de ações na atenção primária à saúde. Rev. Saúde Col. UEFS, Feira de Santana, set 2012 [acesso em: 21 de Dezembro de 2018]; 7(2), [pag 8-12] Disponível em: <http://periodicos.uefs.br/index.php/saudecoletiva>
- Coca Al *et al.* Consumo alimentar e sua influência no controle da hipertensão arterial de adultos e idosos de ambos os sexos em uma unidade básica de saúde em Dourados – MS. RBCEH, Passo Fundo, maio/ago 2010 [acesso em 1 de jul 2018]; v. 7 (n. 2): [p. 244-257]. Disponível em: <http://seer.upf.br/index.php/rbceh/article/viewFile/937/pdf>
- Franco, Camila AmentGiulian dos Santos Franco; Cubas, Marcia Regina; Franco, Renato Soleiman. Currículo de Medicina e as Competências Propostas pelas Diretrizes Curriculares. Revista Brasileira de Educação Médica, Paraná, 2014, [acesso em: 23 de Maio de 2018]; 38(2). P. 221-230. Disponível em:

- Garcia, Leila Posenato; Freitas, Lúcia Rolim Santana de. Consumo abusivo de álcool no Brasil: resultados da Pesquisa Nacional de Saúde 2013. *Epidemiol. Serv. Saúde*, Brasília, Junho, 2015. [acesso em: 19 de Maio 2018]; 24(2), p. 227-237. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S223796222015000200227&lng=en&nrm=iso.
- Grupo Hospitalar Conceição. Serviço de Saúde Comunitária. Apoio Técnico em Monitoramento e Avaliação em Ações de Saúde. Doenças e agravos não transmissíveis. Ação programática para reorganização da atenção a pessoas com hipertensão, diabetes mellitus e outros fatores de risco para doenças cardiovasculares no SSC-GHC. Porto Alegre: [s.n.], 2009. Disponível em. Acesso em: 05/07/2019
- Lampert, Jadete Barbosa. Tendências de Mudanças na Formação Médica no Brasil. *Tipologia das Escolas*. 2. ed. São Paulo: HUCITEC, 2009
- Malta, Deborah Carvalho *et al.* Uso e exposição à fumaça do tabaco no Brasil: resultados da Pesquisa Nacional de Saúde 2013. *Epidemiol. Serv. Saúde*, Brasília, Junho, 2015. [acesso em: 17 de Maio de 2018]; 24(2), p. 239-248. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S2237-96222015000200239&lng=en&nrm=iso.
- Planejamento na atenção básica [Recurso eletrônico] / Universidade Federal de Santa Catarina. Organizadores: Josimari Telino de Lacerda; Lúcio José Botelho; Cláudia Flemming Colussi. – Florianópolis, Universidade Federal de Santa Catarina, 2016.
- Samulski, D. M.; Noce, F. A importância da atividade física para a saúde e qualidade de vida: Um estudo entre professores, alunos e funcionários UFMG. *Rev. Bras. Atividade Física e Saúde*, 2000. [acesso em: 23 de Maio de 2018] 5(1): 5-21. Disponível em: <<http://rbafs.org.br/RBAFS/article/view/992>>
- Siqueira, Batista R. Os anéis da serpente: a aprendizagem baseada em problemas e as sociedades de controle. *Ciênc. Saúde Coletiva*. 2009; [acesso em: 12 de Junho de 2018]; 14(4). Disponível em: <http://www.scielo.br/pdf/csc/v14n4/a19v14n4.pdf>
- Soares, Blenda Avelino. Tabagismo: educação em saúde e estratégias de intervenção sobre um problema de saúde pública. *Acervo de Recursos Educacionais em Saúde UNA-SUS*, 2014. [acesso em: 20 de dezembro de 2018]. p. 38-5. Disponível em: <https://ares.unasus.gov.br/acervo/handle/ARES/3545>.
- Sociedade Brasileira de Cardiologia. VI Diretrizes Brasileiras de Hipertensão. *Arquivos Brasileiros de Cardiologia*, São Paulo, v. 95, n. 1, p. 1-51, 2010. Suplemento 1.
