



ORIGINAL ARTICLE

MOTIVATIONS, IMPORTANCE, CHALLENGES AND PERSPECTIVES OF SOCIAL CONTROL IN HEALTH

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ABSTRACT

Purpose: To understand the motivations, importance, challenges and perspectives for acting as local health counselors in the Unified Health System.

Method: A qualitative and descriptive study of the exploratory type conducted with 15 local health counselors, from a southern Brazilian capital, from January to March 2017, through semi-structured interviews based on the Collective Subject Discourse method.

Results: The motivations were linked to the possibility of social contribution to the community; the importance of identifying the local health council as a collective and supervisory space; the challenges (poor attendance at meetings and influence of party politics; perspectives) focused on the need for greater participation, community interest and more efficient health management.

Conclusion: Knowledge, awareness and empowerment are fundamental to increase the performance and participation for a better exercise of social control in health.

DESCRIPTORS: Social participation; Public health policies; Health councils; Unified Health System; Formal Social Control.

HOW TO REFERENCE THIS ARTICLE:

Junglos C, Amadigi FR, Machado RR, Sorato J. Motivations, importance, challenges and perspectives of social control in health. Cogitare enferm. [Internet]. 2019 [access "insert day, month and year"]; 24. Available at: <http://dx.doi.org/10.5380/ce.v24i0.66874>.



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ARTIGO ORIGINAL / ARTÍCULO ORIGINAL

MOTIVAÇÕES, IMPORTÂNCIA, DESAFIOS E PERSPECTIVAS DO CONTROLE SOCIAL EM SAÚDE**RESUMO**

Objetivo: compreender as motivações, importância, desafios e perspectivas para atuação como conselheiros locais de saúde no Sistema Único de Saúde.

Método: estudo qualitativo-descritivo, do tipo exploratório, realizado com 15 conselheiros locais de saúde, de uma capital do sul do Brasil, de janeiro a março de 2017, por meio de entrevistas semiestruturadas sustentadas no método do Discurso do Sujeito Coletivo.

Resultados: as motivações se vincularam à possibilidade de contribuição social para a comunidade; à importância, a identificação do conselho local de saúde como espaço coletivo e fiscalizador; aos desafios - pouca participação das reuniões e influência da política partidária; às perspectivas - centraram-se na necessidade de uma maior participação, interesse comunitário e gestão em saúde mais eficiente.

Conclusão: o conhecimento, a conscientização e o empoderamento são fundamentais para que se consiga ampliar a atuação e a participação para um melhor exercício do controle social em saúde.

DESCRIPTORES: Participação Social; Políticas Públicas de Saúde; Conselhos de Saúde; Sistema Único de Saúde; Controle Social Formal.

MOTIVACIONES, IMPORTANCIA, DESAFÍOS Y PERSPECTIVAS DEL CONTROL SOCIAL EN SALUD**RESUMEN**

Objetivo: comprender las motivaciones, la importancia, los desafíos y las perspectivas para desempeñarse como consejeros locales en el Sistema Único de Salud.

Método: estudio cualitativo-descriptivo, del tipo exploratorio, realizado con 15 consejeros locales de salud de una capital del sur de Brasil, de enero a marzo de 2017, por medio de entrevistas semiestruturadas sustentadas en el método del Discurso del Sujeto Colectivo.

Resultados: las motivaciones se vincularon con la posibilidad de aporte social para la comunidad; con la importancia y la identificación del consejo local de salud como un espacio colectivo y fiscalizador; con los desafíos (escasa participación en las reuniones y la influencia de la política partidaria; con las perspectivas: se centraron en la necesidad de mayor participación, interés comunitario y gestión más eficiente en materia de salud.

Conclusión: el conocimiento, la concientización y el empoderamiento son fundamentales para que se logre ampliar el desempeño y la participación a fin de mejorar la ejecución del control social en materia de salud.

DESCRIPTORES: Participación Social; Políticas Públicas de Salud; Consejos de Salud; Sistema Único de Salud; Control Social Formal.

INTRODUCTION

In 1988, the Brazilian social participation in health was introduced to the constitutional text. Thus, community participation for the implementation of the Unified Health System (SUS) becomes an axis that stimulates the praxis of citizenship, from the perspective of social control, in which the individual must be an actor of their own health and health of the community in which it operates.

With the publication of Laws 8,080/90 and 8,142/90, the philosophical framework of the SUS establishes the participation and social control in health, which are among the greatest results of the health reform project. Consequently, there is the organization of social control, which was structured in informal forums and later in formal spaces for organized civil society participation, such as health conferences and health councils. In this scenario, the legal organization in the country establishes health councils as decision-making and supervisory bodies for the public resources allocated to the SUS. Thus, the health councils have strengthened as spaces of power, negotiation and conflict.⁽¹⁾

However, there are still difficulties in community participation in the health councils due to various reasons such as lack of recognition; the still fragile model to fulfill its attributions; the crisis of representative democracy and the risk of imprisonment of popular movements; users' ability to intervene, even with legally guaranteed parity; and the appropriation of councils by the executive branch.^(2,3)

The study is justified by the need to understand the organizational and institutional context of the local health councils, a space that is heterogeneous in the various scenarios, with internal disputes of local power. In this perspective, this study aims to understand the motivations, importance, challenges and perspectives for acting as local health counselors in SUS.

METHOD

This is a qualitative research type exploratory descriptive and, based on the theoretical framework of social control in health, carried out in a capital of the South region of Brazil, because it is rated much above the average by the Program for Improving Access and Quality in Primary Care of the Ministry of Health.

The sample consisted of 15 participants, one from each Local Health Council (CLS), using the snowball technique. The inclusion criteria of the participants were the following: being a counselor; participating regularly and actively in meetings and decision-making; not holding any political office; not being a worker of the Family Health Strategy (FHS) of the community they represents, and not having relatives who work in the neighborhood's FHS. The key informant of the study was a member of the Municipal Health Council (CMS), who indicated the active CLSs that made up the research corpus according to the established criteria.

Data collection was performed from January to March 2017, through semi-structured interviews, with closed questions related to the participants' profile and open questions linked to the object of investigation of the study, question which were recorded in audio and later transcribed. For data analysis, the Collective Subject Discourse (CSD) method was adopted, which is a mode of presentation of results, expressing the thought of a collective group, as if it were the broadcaster of a speech.⁽⁴⁾

The CSD is based on the identification of key expressions, grouped according to core ideas. The key expressions of the same meaning underlie the formulation of the collective discourse. To assist in this step, the QualiQuantiSoft® program was used. Each speech received the CSD code followed by sequential numbering.

The ethical principles established by Resolution No. 466/2012 of the National Health Council were observed. The research was approved by the Ethics Committee under opinion number 2,008,573.

RESULTS

Of the 15 participants, 14 local health counselors are over 50 (93.33%), nine (60%) are male, 12 (80%) are retired and 10 (66.66%) have already attended counselor training. Regarding the acting time, two (13.33%) counselors have been in business for over 10 years, and six (40%) have been in office for less than two years.

The speeches revealed different aspects regarding the performance of the counselors and were organized into four thematic categories: motivations for acting in the local health council; importance and performance of the CLS for SUS; challenges of participation in the CLS; perspectives for CLS action and strengthening.

Motivations for acting in the Local Health Council

Concerning the reasons that led them to participate in the CLS, the fact that they find in the council an important space to improve the community and have a history of social participation was mentioned as central (CSDs 1 and 2).

I saw it as a possibility to complement my work with the community, an important space to fight for the needs of my community, to fight for what is best for others and for the Health Center. It was a way of giving my contribution as a citizen, monitoring actions, needs, helping wherever possible, supervising, participating... building what is best for the community. (CSD 1)

I participate in social movements since I was very young. I have always been involved in movements with the community. One day I was at the health center, they invited me, and I came in, I became to like it... it was the enthusiasm that led me to participate. (CSD 2)

Also highlighted were personal indignation, the right and duty to participate and the possibility to help by having a favorable relationship network (CSDs 5 and 6).

I understand that as citizens we have the right and the obligation to participate in building what society needs. I realized that (the council) was a "failed" council. So when I had the election, I made myself available to be part. We have taken the reins and we are today, but with many difficulties. (CSD 5)

I have a little bit of influence; I know people and I know I can help. So what led me to be a counselor was the capacity to be able to help. (CSD 6)

Importance and performance of the local health council for the SUS

The participants mentioned the fact that the CLS is a space where you have information about the community health situation and is also a space that can be propositional (CSD 8).

The CLS is the one who checks with the community on the health-related needs. The people who need services can contribute by pointing out the problems in their neighborhood, so it is possible to set goals and strategies and to develop actions that can solve or minimize these problems. (CSD 8)

The participants also highlighted the council's role as supervisory body of the health services (CSDs 9 and 10).

The CLS has a supervisory role. Regarding the needs of the community, it is through the results achieved by the health center that the SUS will have a parameter of how this community is doing. The resources made available by the governments are also monitored. It is a social control over the services provided by the state. (CSD 9)

The CLS is there, day by day, what happens in the Health Council is to be alert as to the needs and difficulties of the community. The advice is not just to see if a medication or a doctor are missing. And beyond that! It is to check people's quality of life, food, sanitation, if the water is treated... From the moment you can manage to have the CLS articulated with the CMS reporting situations that may be harming the SUS, the necessary changes will occur. (CSD 10)

Challenges of the participation in the Local Health Council

Regarding social participation, the counselors mentioned some challenges and alternatives found to increase community participation in the meetings and activities of the local council, as alternatives to addressing lack of participation, awareness raising having been an option (CSD 11).

We make the "mosquitoes", the community health workers deliver a couple of days before the meeting. We try to raise awareness about this important moment. (CSD 11)

Regarding the challenges, they mention individualism, the influence of party politics, the lack of knowledge of the population (CSDs 12, 13, 14).

For the council to work, the user must feel part of it. And to achieve that, we would need to change the individualism of the community. Here each one thinks only of himself, does not think of the collective and this is what is making our work difficult. (CSD 12)

I think politics is the most important thing that can exist in the world. But partisan political involvement within the council should not happen. (CSD 13)

To keep the council, it would be necessary to have more active and committed people, the population is not aware of the importance of participating, so they do not come to the meetings... Today, for most of the population everything seems to be fine. They will only realize how bad things are when they need something. What we get out of community problems many times only comes to the council because we went after it. We seek to talk closely with the community, the Health Center staff encourages the users to attend meetings, but I understand that our biggest challenge is for awareness to occur and for more people to participate in discussions. (CSD 14)

Perspectives for action and strengthening of the Local Health Council

Regarding what they expect about their role and contributions as a counselor, the speeches described their willingness to help the community (CSD 15), to have more people participating (CSD 16), and efficient management of the SUS (CSD 17, 18).

To be able to help the community, meet their needs, always be ahead of them. Increasingly improve the situation in our neighborhood, from a better structure for the professionals to serve the community, to the piped and treated sewage that is still running down some streets of our neighborhood. Because just thinking about the whole, the community will really be healthy. (CSD 15)

I would like the population to be more participative, be it users, employees or residents. To incorporate new people who might participate more often to give strength to the CLS. And that we had a greater partnership with the local representative bodies such as the community council so that together we could achieve the objectives. (CSD 16)

My wish is that the resources are well applied. Because if there were no deviations in public health, everything would be much better. Many resources are being diverted, within the SUS itself, we have had several scandals involving health managers, so I think it is part of making the community aware of all this, so that it also takes care of what is theirs. Because the resource is the population and not the "excellence" present in the management. (CSD 17)

We seek to improve the infrastructure of the Health Center so that it does not stop working. And we want a better administration for our Health Center to grow. (CSD 18)

DISCUSSION

For every personal movement for social participation, there is an initial motivation. In the quest for better conditions for their communities, CSD 2 reveals the enthusiasm for council participation by converging with research in which grassroots social movements play an important role in the struggle for health improvements. Their practices contribute to the strengthening of social control and popular participation in health.^(3,5)

By recognizing in the CLS a space for discussions on community needs and to strive for improvements (CSD 1), the importance of legal backing for consolidating popular participation by integrating health management is reaffirmed. After so many struggles and achievements, the citizen has acquired the right to participate in the health management decisions, aiming at improving the individual and collective quality of life, once the CLS has become the space to promote co-responsibility between manager-community for the realization of public projects and programs that meet community needs. The individuals who decided to become local health counselors realized over time that they were entitled to participate in decision-making in their communities.⁽⁶⁾

In CSD 5, the participants decided to engage with the CLS to seek improvements in community issues. This issue has already been observed in studies that present the role of local counselors as observing community difficulties and the opportunity to verbalize the community interests with the managers.^(3,7)

Political influence, in a way commented on in CSD 6, was also seen as a motivation for board participation since, in the view of the counselors, this resource facilitates the resolution of the identified problems, bringing to it a prominent place with the community. In a society where inequality marks and determines the relationship between state and society, local councils are spaces of resistance and protagonism that allow citizens to experience the struggle for social rights, especially health. Be it in its stricto sensu aspects linked to the health facility structure, lack of inputs and staff, or lato sensu, when the struggle turns to the conditioning and determinants.⁽⁸⁾

The Health Council at the local and municipal levels should be valued as a privileged locus for the possibility of promoting a high capillarity social participation network. There is a need to invest in the renewal and creation of more flexible and effective instances to the complex social demands, where the community can become aware of its role as a protagonist of the daily struggle for guaranteeing the universal rights. The conception of participatory management in the councils has been disseminated with a view to broadening society's participation in management aiming at greater efficiency and effectiveness of the public policies.^(9,3)

With community partnership and managers, the councils become an important means of linking with other instances, such as neighborhood associations, municipal health council and, especially, municipal management. This space assumes a relevant role regarding the democratization of the opinions expressed there by all who participate. As with CSD 8, it is on the council that the community will report to their managers for their needs. Without this link, the local health councils become limited in their role as a mediator between

community and municipal management.⁽³⁾

In addition to be the link between the organizations, in CSD 9 it is explicit that the CLS plays a fundamental role within the community, that it acts as a supervisory body of the actions developed by managers and that it runs behind the claims of the community. For the participants of CSD 10, it is not enough to limit themselves to management problems, but also to be at the forefront of the community by checking the health needs, articulated with the municipal council, so that these needs reach managers' knowledge. Although there is an understanding that the local health counselor is the one who oversees the actions of the managers, most counselors representing segments of the health users cannot have a good grasp of issues such as the health budget and, thus, any proposal submitted by the management segment is generally accepted without question.⁽¹⁰⁾

In contrast to this issue, there is also an indication that the counselor acts in the elaboration of health policy proposals in his community, makes suggestions to higher instances, such as the Municipal Health Council, and establishes a relationship between the council and the population, this being a way to increase mobilization by not moving representatives away from their base.⁽³⁾

It is noteworthy that, according to Law No. 8,142/90, the Health Councils act in the formulation and proposition of strategies and in the control of the execution of the health policies, including their economic and financial aspects. In the same sense, in its first guideline Resolution No. 333/2003 defines the Health Council as a collegiate, deliberative and permanent body of the Unified Health System in each sphere of the government, which embodies the participation of the organized society in health administration, as a Social Security subsystem, providing its social control.^(11,12)

It was observed that the counselors try to exercise what is proposed by law, seeking solutions to common problems in the community, and oversee the resources applied by the managers. In this sense, the formation of an active council becomes an important tool for society, since it will collaborate in the defense of the interests in relation to the health policy, building a new political culture, more democratic and capable of generating changes in the health levels and in the ways of life of the community.⁽¹³⁾

Despite the recognition that supervision is the role of the CLS, there is still confusion regarding the activities inherent to the counselor. This fact is certainly influenced by the previous experiences and involvement in other social movements, such as community councils, and therefore brings attributions that are pertinent to other entities for those of the local health counselors.

The results also showed that the counselors who remain active in their communities make no effort to ensure that their councils do not end up, articulate themselves with the community through pamphlets with the support of community health agents to publicize the meetings. Despite the efforts, there is little community participation in the meetings, either due to lack of interest, knowledge and even the low visibility of the CLS and its functions. This issue is pointed out as one of the difficulties of the council consolidation process as a space for the exercise of democracy and implementation of the SUS principles.

A study indicates that just over 5% of the Family Health Strategy users were aware of the existence of the Local Health Councils.⁽¹⁰⁾ Along the same lines, the visibility of the Councils is a decisive point and should be marked by the transparency of the actions and the creation of direct channels of communication with the population. Thus, knowledge places the user at the center of the process, in a co-responsible relationship, making participatory management possible.⁽¹⁴⁾

Analyzing this scenario critically, until the population appropriates the channels of participation legally established in the SUS, such as the councils, social control becomes limited, with fragile capacity for articulation with other popular and social segments and for influencing the public health policies.

Individualism was also perceived as a challenge. Situations are explicit in which the claims and suggestions were only motivated by self-interest, without any reflection for the community. Other research also found the issue of individualism to be detrimental, as people were only interested in engaging in the CLS on issues that would guarantee them direct and immediate personal benefits. Involvement in the CLS only in matters that guarantee personal benefits goes against the design of these councils, which should be engaged in collective struggles.^(13,15)

The challenges of the councils are understood to be permanent and are related to community participation and to the engagement of the counselors who have volunteered to participate but who eventually leave their roles during the term of office. In addition, there is the community that still does not know the strength of their participation with the council. That said, it is worth reflecting that the SUS will only consolidate when social control is present, efficient, effective, enlightened, supervisory, defining and focused on the collective, not the individual.^(14,16)

From this perspective, therefore, in order to strengthen the local health councils, greater community participation must occur. The desire for change and improvement must somehow be embodied in people; with that, the claims will appear and also the search for solutions. The greater the articulation and support, the more legitimated the social representation will be, thus accumulating more political force with the managers (CSD 16). The participatory culture still moves with timid steps, which is one of the biggest obstacles to overcome so as to enable effective popular participation.⁽⁷⁾

According to the participants, that is the reason for the existence of the Local Health Councils: to bring together people struggling for change and improvement, to give their opinion and suggest suggestions for solving common problems for everyone in the community. This will only happen when the counselors take charge of the situation and think about health more broadly. A 'good counselor' is one who is active, a community leader, participatory in health unit and territory activities, involved, interested and, above all, a political subject aware of his rights and determined to fight for them.⁽³⁾

Finally, community empowerment can also be seen as a way to strengthen the CLS, since in the collective scope, actions become more effective, and the visibility and strength of the community is augmented. Empowerment becomes indispensable in the process of social control exercised by the community in search of improvements. Thus, strengthening community autonomy can serve as a means of building citizenship and co-responsibility for community improvements and popular participation with the CLS.⁽⁶⁾

Regarding the limitations of this study, the possibility of applicability of its results only in the analyzed scenario is considered, not allowing generalizations. However, the challenges of the participatory process as a local health counselor may be like those found in this research, given the organization of the social movement in health. Thus, this study can contribute to the understanding of the motivations that lead citizens to participate as health counselors, and thus to strengthen social control in the SUS.

FINAL CONSIDERATIONS

Participation in the CLS is generally positive as it projects the council as a potential space to contribute to the community. The findings indicated that participation in the council is a gap to be faced by society. The acting councilors need to seek strategies to arouse the desire and willingness to fight for the communities and the constitutional rights together with the CLS. Coupled with this factor, there is also the difficulty of social participation for the economically active population, since the meetings take place in work hours or at night.

This study reveals that, in addition to the right earned, society needs to advance

in the appropriation of social values that positively impact people's lives. In this sense, knowledge, awareness and empowerment are fundamental for transcending from the individual to the collective.

REFERENCES

1. Shimizu HE, Moura LM de. As representações sociais do controle social em saúde: os avanços e entraves da participação social institucionalizada. *Saude Soc.* [Internet]. 2015 [access 26 nov 2018]; 24(4). Available at: <http://dx.doi.org/10.1590/S0104-12902015136180>.
2. Alessio MAG, Bordin R. Conselhos de saúde: a percepção dos membros do Conselho Estadual de Saúde do Rio Grande do Sul (CES/RS) quanto a este modelo de controle social. [dissertação]. Porto Alegre (RS): Universidade Federal do Rio Grande do Sul; 2016. Available at: <https://lume.ufrgs.br/handle/10183/159142>.
3. Lisboa EA, Sodré F, Araújo MD, Quintanilha BC, Luiz SG. Conselhos locais de saúde: caminhos e (des) caminhos da participação social. *Trab. educ. saúde* [Internet]. 2016 [access 26 nov 2018]; 14(3). Available at: <http://dx.doi.org/10.1590/1981-7746-sol00013>.
4. Lefevre F, Lefevre AMC. Discurso do sujeito coletivo: representações sociais e intervenções comunicativas. *Texto contexto- enferm* [Internet]. 2014 [access 26 nov 2018]; 23(2). Available at: <https://dx.doi.org/10.1590/0104-07072014000000014>.
5. Chaves L, Alves A da C, Souza J, Barros L, Araújo PD de, Silva TPC. Curso "Participação popular, movimentos sociais e direito à saúde": uma experiência de educação popular em Saúde na Bahia a partir do MobilizaSUS. *Interface (Botucatu)* [Internet]. 2014 [access 26 nov 2018]; 18(Supl.2). Available at: <http://dx.doi.org/10.1590/1807-57622013.0360>.
6. Busana J de A, Heidemann ITSB, Wendhausen ÁLP. Participação popular em um conselho local de saúde: limites e potencialidades. *Texto contexto - enferm.* [Internet]. 2015 [access 26 nov 2018]; 24(2). Available at: <http://dx.doi.org/10.1590/0104-07072015000702014>.
7. Ventura CAA, Miwa MJ, Serapioni M, Jorge MS. Cultura participativa: um processo de construção de cidadania no Brasil. *Interface (Botucatu)* [Internet]. 2017 [access 26 nov 2018]; 21(63). Available at: <http://dx.doi.org/10.1590/1807-57622015.0941>.
8. Escorel S, Arouca LE. Democracia e participação: para além das dicotomias. *Saúde debate* [Internet]. 2016 [access 26 nov 2018]; 40. Available at: <http://dx.doi.org/10.1590/0103-11042016s04>.
9. Ministério da Saúde (BR). Secretaria de Gestão Estratégica e Participativa. Política Nacional de Gestão Estratégica e Participativa no SUS – ParticipaSUS. 2 ed. Brasília: Editora do Ministério da Saúde; 2009. 44 p.
10. Martins PC, Cotta RMM, Mendes FF, Priore SE, Franceschini S do CC, Cazal M de M, et al. De quem é o SUS? Sobre as representações sociais dos usuários do Programa Saúde da Família. *Cienc. saude colet.* [Internet]. 2011 [access 26 nov 2018]; 16(3). Available at: <http://dx.doi.org/10.1590/S1413-81232011000300027>.
11. Brasil. Lei n. 8.142, de 28 de dezembro de 1990. Dispõe sobre a participação da Comunidade na Gestão do Sistema Único de Saúde (SUS) e sobre as Transferências Intergovernamentais de Recursos Financeiros na Área da Saúde e dá Outras Providências. *Diário Oficial da União*, Brasília, 28 dez. 1990. Seção 1.
12. Ministério da Saúde (BR). Resolução nº 333, de 4 de novembro de 2003. Aprova as diretrizes para criação, reformulação, estruturação e funcionamento dos conselhos de saúde. *Diário Oficial da União*, 2003, Brasília, 4 nov. 2003. Seção 1.
13. Bispo Júnior JP, Martins PC. Envolvimento comunitário na Estratégia de Saúde da Família: dilemas

entre institucionalização e efetiva participação. Physis [Internet]. 2012 [access 26 nov 2018]; 22(4). Available at: <http://dx.doi.org/10.1590/S0103-73312012000400004>.

14. Cotta RMM, Cazal M de M, Rodrigues JF de C, Gomes K de O, Junqueira T da S. Controle social no Sistema Único de Saúde: subsídios para construção de competências dos conselheiros de saúde. Physis [Internet]. 2010 [access 26 nov 2018]; 20(3) Available at: <http://dx.doi.org/10.1590/S0103-73312010000300009>.

15. Cruz PJSC, Vieira SCR, Massa NM, Araújo TAM de, Vasconcelos ACCP de. Desafios para a participação popular em saúde: reflexões a partir da educação popular na construção de conselho local de saúde em comunidades de João Pessoa, PB. Saude soc. [Internet]. 2012 [access 26 nov 2018]; 21(4). Available at: <http://dx.doi.org/10.1590/S0104-12902012000400025>.

16. Gonçalves CCM, Bogus CM. Participação social, planejamento urbano e promoção da saúde em Campo Grande (MS). Trab. educ. saúde [Internet]. 2017 [access 26 nov 2018]; 15(2). Available at: <http://dx.doi.org/10.1590/1981-7746-sol00057>.

Received: 15/05/2019

Finalized: 09/10/2019

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Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - CJ