



HEALTH PROMOTION PROGRAMS: AN ANALYSIS IN THE FEDERAL PUBLIC SERVICE

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**ABSTRACT**

The objective of this study was to identify the health promotion programs that have as target audience federal public servants in Brazil, characterizing them by region. For that, a statistical survey was carried out in the Integrated System of Human Resources Administration – (Health Module). The method was documentary and with descriptive analysis and comparison of the data. The results obtained showed that there is a contrast between the states. Through the records of health action activities, it can be seen that the South and Southeast regions are those that concentrate the highest rates of health promotion program, and the northern region is the one that least registers or develops these practices. About 40% of the programs in the Northeast region are classified as occupational health actions. As a possible cause, it is suggested that this contrast is related to the lack of registration in the system promotion module SIAPE-SAÚDE, for lack of knowledge of procedures, or difficulties with human resources to compose the teams, in addition to the support of the management.

**KEYWORDS** : Health Promotion; Public Service; Worker Health.

**INTRODUCTION**

Health promotion programs are actions that promote the expansion of knowledge and the improvement of living conditions and individual and collective well-being. This promotion program designed as prevention and follow-up of health aims to intervene in the process of illness of the server, both in the individual aspect and in the collective relations in the work environment (BRASIL, 2009).

Federal public servants in Brazil have the right to participate in health promotion activities, according to the Health Care Policy of Federal Public Server – PASS, embodied in the normative decree nº 03, of March 25, 2013, which directs federal agencies to offer these promotion actions aimed at improving the health and quality of life of the servers in the work environment.

One of the major problems faced is that some servers and managers of federal agencies are unaware of methods of using the Integrated Server Health Care System - SIASS, which is a strategy designed to articulate existing resources and propose measures for the implementation of the PASS. In the portal, the programs that exist in each region are presented, allowing the servers to visualize the promotion programs and, thus, to request the registration of where it is, and the coordinator of the program to effect its request. Due to the lack of knowledge or misuse of the SIASS portal, it is observed that there are still few records of health promotion actions carried out in some regions, because much is done in the daily routine of federal agencies, but has not been disclosed to all. According to Malta et al. (2016) there is a hegemony in different states of Brazil, a factor that compromises health promotion.

The study also focused on demonstrating the need to disclose SIASS to federal agencies in order to show that the health of the server is not limited to medical expertise, but it is possible to perform server

health promotion actions with partnerships, making these services available to all servers.

**METHOD**

The research had exploratory method with descriptive analysis and comparison of the results. The methodology was developed in three stages, Bibliographic Survey, Data Collection and Results Stratification.

The bibliographical survey was carried out by means of searches on websites of newspapers and magazines specialized in the area, such as: Scielo, Google Scholar, Web for Science. The data collection was carried out in the Portal of health Siape of the Federal Government, with authorized access and carried out by the heads of a multiprofessional team of SIASS. The research was carried out in the period of 2017, contemplating all the States of Brazil. The treatment of the data was done based on the descriptive statistics, tabulating the information through graphs of the type Pizza.

**RESULTS**

**FIGURE 1** demonstrates the PASS reality in the Northeast region of Brazil:

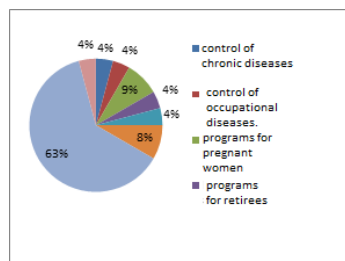


Figure 1: Northeast - Promotion Programs as provided for PASS. Sources: the authors

Figure 1 shows that 40% of the programs carried out in the Northeast Region are framed as occupational health actions, which reflects the health concern of the server in the workspace, responding to what is established in normative ordinance No. 03 of March 25, 2013, which highlights eight health promotion actions that should be prioritized, being occupational health the eighth quoted in art. 10 of said Ordinance. According to Reis and Kitamura (2016), society is increasingly demanding minimal control over health actions, with emphasis on ensuring workers' occupational health.

**FIGURE 2** demonstrates the PASS reality in the Southeast region of Brazil:

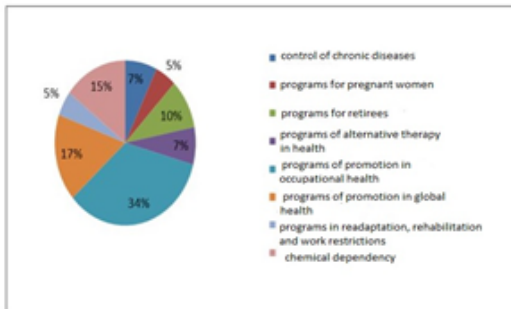


Figure 2: Southeast - Promotion Programs as provided by PASS. Sources: the authors

In figure 2, we identified that 34% of the promotion programs in the Southeast region are also about occupational health, losing to the northeast in this area by 6%, demonstrating that they are focused on what is established in normative ordinance no. 3, dated March 25, 2013. According to Martins et al. (2017), affirm that one of the principles of worker's health, integrality, requires actions that go beyond promotion actions, prevention and care, as it refers to the effectiveness of the worker's citizenship, through actions involving interdisciplinary and intersectoral approaches involving all spheres of society.

**FIGURE 3** demonstrates the reality of PASS in the southern region of Brazil:

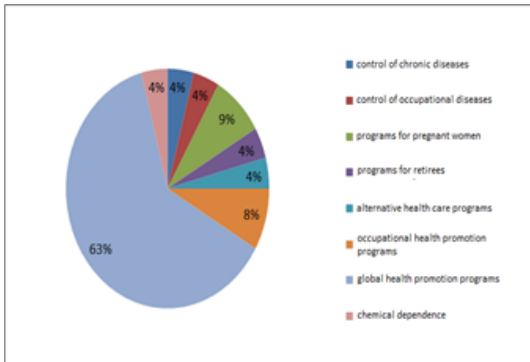


Figure 3: South - Promotion Programs as provided for PASS. Sources: the authors

In Figure 3, we can see that the supply of programs in global health is notorious, 63%, configured to actions that go beyond individual activities, because global health involves several demands of that server, such as gathering a group of people to study and discuss work issues, where the server can have voice and seek together with others the resolve of issues that seemed to be so lonely. In addition to promoting changes in the way of living in the world, because in global health activities new habits are also assimilated, as well as the work environment can become more enjoyable and soon more productive.

We identified the quantitative of SIASS Units in Brazil versus the number of registered health promotion programs and the number of federal agencies implementing such programs by region: North

Region - 33 units SIASS – 03 programs – 03 organs; Northeast Region - 64 units SIASS – 25 programs – 09 organs; Central - West Region - 32 units SIASS – 03 organs; Southeast Region - 52 units SIASS – 10 organs; Southern Region - 31 units SIASS – 05 organs. Totalling 212 SIASS units, being 101 Programs and 30 organs. It was observed that 14 agencies that registered promotion programs in the SIAPESAÚDE system, are educational institutions. According with Paiva and Grott (2016), some SIASS units, especially those linked to federal universities, for incorporating the health departments of the organs that formed it, may be in a more advanced stage, performing, in addition to medical expertise, other activities.

**DISCUSSION**

Promoting health in the work environment includes policies that help the workers. Healthy environments can determine some risk factors in your physical environment. The literature justifies the lack of health promotion programs because many managers fail to recognize the interaction relationship between work environment, health and development in such a way that, a good program can be understood by promoting the worker's quality of life through activities managed according to demand characteristics of the worker, the company and the community (Martins,1972).

From the analysis of the figures and the discussion about the theme, it is concluded that the registration of health promotion programs is low when we observe the number of SIASS units in Brazil. This fact may be related to health expertise that has a manual of procedures ( Federal Public Server Official Health Expertise Manual, 2014) which unifies the activity of expertise developed in any and every SIASS Unit of the Federal Public Administration (APF), in the other normative devices are presented only general guidelines that guide the planning and execution of the actions of promotion and prevention, with each organ and each SIASS unit being responsible for defining its priorities, that is, there are free elaboration of each organ (FERREIRA, 2014).

The lack of records of promotional programs may be related to the lack of incentive to strengthen multidisciplinary teams. Because Units with at least the psychosocial team are rare.

Another factor that can act as a complication may be the lack of resources and incentives from the management that subsidizes the SIASS Unit. The pillars known as occupational safety and health promotion have not been implemented as stated by Zanin, Perna, Kunzle & Muntsch (2015), in a study that analyzed the Health Policy of the public servant adopted by the Federal Government. In the study, it is suggested that the maintenance of the Health Expertise found a workforce control logic. Understanding that the adopted actions began to be centralized in the disease, leaving aside the surveillance and health promotion.

Thus, the Health Care Policy of the Server has been little worked by the federal agencies and when there is the effort to implement it does not present great reflection in all institutional spaces.

**CONCLUSION**

One of the three pillars of PASS, which is also one of SIASS's objectives, is to promote the health of the server. To try to map such actions of health promotion, institutions can count on the SIAPESAÚDE Portal. Through the data subtracted from these, few records of actions aimed at health promotion were identified, especially in some regions. It is believed that there may be a greater number of actions carried out in the daily routine of federal agencies, but has not been registered due to the lack of knowledge of the system, not actually expressing actions developed, which may justify the SIASS units being recognized only as units of expertise.

Thus, in the light of these results, the research refers to an analysis of greater data depth, mainly in regions that were identified with less quantitative of programs.

As recommendations for future work it is suggested that other studies be developed in order to know the lack of registration of health promotion programs of the server in the system SIAPESAÚDE because the institutions do not register their activities, and

what difficulties are encountered to implement health actions, since it is fundamental to propose actions that contribute to the implementation of the Health Care Policy of Server.

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