Revista ARACÊ
ISSN: 2358-2472

PROFESSIONAL PRACTICE OF COMMUNITY HEALTH AGENTS IN THE MUNICIPALITY OF CONCEIÇÃO DO CASTELO-ES

https://doi.org/10.56238/arev7n4-094

Submitted on: 03/09/2025 **Publication date:** 04/09/2025

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ABSTRACT

Introduction: The Community Health Agent (CHA), as a member of the multiprofessional team that makes up the Family Health Strategy (FHS), has been responsible for establishing the link between patients and the health service, being prominent actors about the promotion, prevention and control of diseases. As a recent marker for the process of this professional category, the National Primary Care Policy (PNAB), published in 2017, which designated new attributions for them, stands out. **Objective:** To analyze the perception of Community Health Agents about their practice in the municipality of Conceição do Castelo, Espírito Santo. **Methodology:** This is an exploratory-descriptive study, of a qualitative nature, which had as its setting Family Health Units in the municipality of Conceição do Castelo-ES, focusing on the voices of the Community Health Agents themselves. Thus, 22 professionals participated in the study, through semi-structured interviews, which were later submitted to the Content Analysis Technique, proposed by Bardin. **Results:** The results presented demonstrate the perception of the Community Health Agents about their performance, the potentialities and difficulties present in this performance. Potentialities that concern the team, the structure of human resources, and training processes. The difficulties were linked not only to human resources, but also to material resources, to the issue of patient transportation, teamwork, and the reduced investment of the municipality in the training processes of these professionals. Final considerations: The present research allowed a broad understanding of the professional practice of Community Health Agents (CHA) in the municipality of Conceição do Castelo, evidencing the various nuances that make up their daily performance.

Keywords: Community Health Agent. Family Health Strategy. Primary Health Care.

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INTRODUCTION

The Family Health Strategy (FHS) translates the insertion of a preventive care model, oriented towards the family in its physical and social environment, as a nucleus of action, aiming at health promotion. It replaces the traditional health care model, based on the curative and hospital-centric perspective, which focuses on individual determinants, reproducing the biomedical paradigm, which considers that to be healthy is not to have any disease (Brasil, 2011; Siqueira-Batista *et al.,* 2015; Nepomuceno *et al.,* 2021).

The execution of the actions that are developed in the context of this health service, which is the gateway to the population, Primary Health Care (PHC) is the responsibility of a minimum FHS team, consisting of a doctor, nurse, nursing technician and Community Health Agents (CHA), the latter being the responsibility of a doctor, nurse, nursing technician and Community Health Agents (CHA). occupy a more prominent place, given their responsibility in establishing the link between users and this public health service (Brasil, 2012).

Each FHS team is assigned the responsibility for health monitoring of up to 4,000 patients from a given territory. In this context, each FHS must have several CHAs (12 CHAs per team are suggested) capable of offering coverage to 100% of the population covered, which must serve a maximum of 750 patients (Brasil, 2012).

It is worth highlighting that the work process of the FHS drives and guides the ACS to develop their attributions in the initial care of individuals, at their homes, taking information and reorganizing the work processes of professionals at the highest hierarchical levels, in interaction with the community (Costa *et al.,* 2013; Fracolli; Gomes; Gryschek, 2014).

Thus, given the prominent role of the ACS in the provision of health care, offered in the context of PHC, this study aimed to analyze the perception of Community Health Agents about their practice in the municipality of Conceição do Castelo-ES. As specific, to investigate the knowledge, evaluation and practice of the CHAs about the 2017 PNAB and to identify the potentialities and difficulties present in the work of the CHAs.

This research is of great relevance, in view of the recognition and importance of the ACS professional, who builds a legitimization and consolidation of this area, improving patient care with a focus on the needs of the community and putting into practice the knowledge and appreciation of the category, as stated in the PNAB.

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Through this study, it is intended to build information from the problems identified, thus creating subsidies for evaluation and, therefore, improvements in the work process of this category, based on the perceptions of the actors involved in this process.

This study sought to consolidate information on how the work process of the CHAs linked to the FHS of the municipality in question occurs, aiming to contribute to the development of work in the context of PHC, more specifically, with the work process of the CHA, through the systematization of the knowledge that scientific research makes possible.

METHODOLOGY

TYPE OF STUDY

This is a descriptive exploratory study of qualitative character that sought to characterize and analyze the work of Community Health Agents in Family Health teams. An exploratory research seeks to investigate a fact and clarify it, to delimit it, so that it can be better researched in the future (Gil, 2017). The qualitative approach is not limited to quantitative data, but seeks to measure subjective aspects of the object of study (Minayo, 2010).

STUDY SETTING

The Municipality of Conceição do Castelo, created on May 9, 1964, has an area of 369,778 km2. It is located in the southwestern mountainous region of the state of Espírito Santo, 120 km from the capital of Espírito Santo, Vitória. The economy is based on agriculture, mainly coffee, in addition to the production of fruit and vegetables and livestock. Data from the Brazilian Institute of Geography and Statistics (IBGE), referring to the 2022 census, show an estimated population of 11,937 inhabitants (IBGE, 2022).

The municipality has a number of 30 ACS, responsible for carrying out periodic visits to the enrolled population and filling out the e-SUS forms for individual registration and household registration with general information on the socioeconomic, housing, education and health conditions of individuals and their families.

SAMPLE

The research was developed with 22 CHAs out of thirty (30) who, at the time of data collection, were registered in the National Registry of Health Establishments (CNES).

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Inclusion criteria

CHA professionals of both sexes who are part of PHC in the municipality of Conceição do Castelo and who agreed to sign the Informed Consent Form (ICF) were included.

Exclusion criteria

Professionals who were absent from the service for any reason during the data collection period, as well as the CHAs who make up the team at the headquarters, where the researcher works as a nurse, were not considered as potential participants. This decision is based on the hypothesis that the bond with the possible interviewees could influence the data collection process.

DATA COLLECTION

22 semi-structured interviews were conducted, guided by a script that was previously prepared, having as a starting point the guidelines of the Ministry of Health for the performance of the CHA. In addition to information about the profile of the interviewees, it included guiding questions that allowed for a dialogue between researcher and participant about the attributions that this professional category develops in their work process.

The interviews were conducted and recorded by the researcher from December 2023 to January 2024, and these were recorded and later transcribed in full.

DATA ANALYSIS

The collected data were analyzed through the Content Analysis Technique proposed by Bardin (2011, p. 38), conducted through the use of

> A set of techniques for the analysis of communications to obtain, through systematic and objective procedures for describing the content of messages, indicators (quantitative or not) that allow the inference of knowledge related to the conditions of production/reception (inferred variables) of these messages.

Thus, all the material collected was analyzed through the three phases described by Bardin (2011): pre-analysis, exploration of the material, treatment of the results, inference and interpretation.

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ETHICAL ASPECTS

The research was submitted to the Ethics Committee for Research with Human Beings (CEP) of the School of Sciences of Santa Casa de Misericórdia de Vitória (EMESCAM) and approved by opinion No. 128298/2022.

RESULTS AND DISCUSSION

CHARACTERIZATION OF THE PARTICIPANTS

The 22 participants of this research, predominantly, were aged 40 years or older (20), 90% of the professionals are female, and with complete high school education.

All professionals were CLT workers, having been hired through Simplified Selection Processes. Regarding the time of work as CHA, most had more than 10 years. When asked if they had received previous training to work in the function and if they participated in training processes offered by the municipality, a majority reported having received and participated in training, with emphasis on the last edition of the Health with the Agent Program, proposed by the Ministry of Health and decentralized to the municipalities in 2020.

ORGANIZATION OF FINDINGS AND PERCEIVED EVIDENCE

Professional Practice of Community Health Agents

Work routine

In the daily work of the CHAs, their main work instrument is home visits: *"in general, the main focus would be visits. So the most important thing would be the visit to be able to take the needs of that family to the team"* (CHA17*).*

> "The home visit, which is at home. Because you have to see, looking with those clinical eyes, because you can see when you visit when something is wrong. So, I think that in the work of the CHA, the most important thing is the home visit" (CHA2).

In this regard, Law No. 13,595/2018, in Article 3, item § 2, the home visit is conceived as a 'primary activity' of the CHA. These occur in the territory where it operates, from home to home, so that patients with signs or symptoms of severe or chronic pathologies, as well as diseases or health situations of relevance to the field of public health, can be sought and referred to the reference UBS (Brasil, 2018b).

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Thus, in this research, through Chart 1, we sought to summarize the main activities that are part of the routine of professionals working in the municipality of Conceição do Castelo.

Chart 1 - Actions developed to summarize the work routine of the ACS

Categories	Actions
Contact with the enrolled population	- Registration of new patients in the territory. - Updating of registrations. - Telephone contacts.
Health surveillance	- Monitoring of children's vaccination cards. - Prenatal monitoring.
Health promotion	- Monitoring of the medication part of diabetic and hypertensive patients. - Adherence to consultations and exams. - Contribution to medication adherence.
Care activities	- Appointment scheduling.
Health education	- Work on monthly themes.
Intersectoral action	- Referral to other public policies.

Source: prepared by the author adapted from Alonso *et al.,* (2021).

As represented by the discourse of the interviewees CHA1 and CHA9, the practices that make up the work routine of the interviewed CHAs reflect the guidelines that are set out in the PNAB (Brasil, 2017).

> "My priority is to first go to the homes of the bedridden, the elderly, diabetics and hypertensives and schedule the preventive ones. Fill in the month's agenda first. Then what is left in the month's agenda, what is calm, that there is no comorbidity, then I take it with me for the rest of the month" (CHA9).

Attention is drawn to the discourse of the interviewee CHA20, which translates one of the main characteristics of this professional category: that of being health educators, aiming to promote the health of individuals and their families (Nepomuceno *et al.,* 2021).

> "Usually I make a plan for the month, but I organize myself the day before, before leaving. So, I always know where I'm going, from how many houses I can do more or less and usually during the month I **like to address a theme**. I always do something in this sense" (CHA20, emphasis added).

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Through the analysis of the interviews, it was also possible to perceive that it is common for the ACS to look not strictly at the health issues that are there in front of them, but also at social issues, as is the case of the income factor: "*Just like sometimes a child who is not included in the family allowance, we tell them to stop by the CRAS and they can do it properly (CHA11).* In this regard, Maciel *et al.* (2020) reinforce the importance of a comprehensive look at individuals and their families, so that services and information can be accessible to them, to respond to their health needs in an integrated way.

As reported by the CHA2, the visits are guided by the previous profile of the families, focusing on risk factors, and are therefore individualized.

> "When they need an appointment, I'm the one who schedules the appointments for the unit. I make an average of 10 visits a day, because it's rural so it's far away, and that's it. And the visit is always more focused on each house. If there is a child, it is aimed at the child. If there is an elderly person, more focused on the health of the elderly, according to each case. As I already know the risks of each family, I already address the topic that I think has to be addressed in each house. That's why the conversation in each house is very different. You can visit 10 families in a day, and it will never be the same conversation, each house is a different subject, I always talk about different topics because the reality of each family is different" (CHA2).

The CHA15 participant, in turn, raises that, in the routine of the CHAs, the orientations that are passed on to the patients are also of great relevance for the adherence of patients with low education to drug treatment:

> "It's relevant, because sometimes there are many people who are not guided, don't know, are not guided enough. So it ends up that we take information to them. Many can't read, who can't write, who sometimes go to the doctor in Vitória and don't know what they have to do. Then we read, make the moon and the sun, explain how to take the medicine. I advise them on the return of consultations, vaccines, these things" (CHA15).

Regarding the organization of home visits, the interviewees predominantly reported that they are planned monthly and in conjunction with the members of the FHS team.

> "I make the visits according to the schedule of the month **with the teams**, what we are going to follow in terms of consultations, exams, these things and in the other things of my routine that I already have. At the beginning of the month I visit my communities, more towards the middle the others and at the end it goes to the closing of the reports, these things (ACS7, emphasis added).

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In this regard, the 2017 PNAB provides that "the activity of the ACS should take place through the logic of planning the work process based on the needs of the territory, with priority given to the population with a higher degree of vulnerability and epidemiological risk" (Brasil, 2017).

Perceptions of professional practice

Regarding the way the ACS professional views their professional practice, it was possible to perceive the predominance of a vision of someone who is the link that connects patients to the health service *: "important, for sure, I am the channel between the team and the patient. It is through me that you learn everything. And the patient learns how it works here too (CHA6).*

The ACS22 interlocutor, in turn, drew attention to the importance of the ACS's performance for the control of patients' health situations by the health teams, through the records that are carried out and systematically updated: *"I see that my practice makes it possible to control things. With the registration you have control of everything, housing, the patient's health issue, you have everything there in hand".*

In addition, the connection of the ACS with the territory where they live and practice not only provides information to patients and their families, but also contributes to the knowledge of the FHS team not only about family health issues, but also about social issues. With this, it is possible to achieve a higher level of capillarity already at the first level of health care, through greater access to the patient, which, in turn, contributes to the constitution of bonds and the establishment of the 'bridge', link and connection (Brasil *et al.,* 2021).

The ACS16 participant raises a reflection on the importance of the ACS in the process of active search for patients, and in the provision of care for patients with comorbidities who are illiterate, since, through the practice of these professionals, these patients receive assistance and information about the health service as a whole.

> "It offers a lot of ease. It helps in active search [...]. The hypertensive, the diabetics who are illiterate, who are confused. Sometimes, they start taking the medicine right, after a while they get lost. So, I think it helps a lot, for the elderly, especially by bringing information, guiding, taking home teams" (CHA16).

The importance of the ACS in the active search for hypertensive and diabetic patients was also discussed in the study by Draeger *et al*. (2022). More than that, this

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professional category, after this stage, also plays a crucial role in monitoring these patients.

When asked about the aspects they considered to be of greatest importance in their work process, the interviewees mostly answered that it was the bond established with the patients/community: *"The bond with the community, because we have a bond, an intimacy, we get closer to people, then they report things, we can help*" (CHA1).

As a result of the bond established with the patients, the ACS are touched not only by the health demands themselves, but also by the stories and sufferings reported by them. It is a professional practice based on very close contact, the establishment of bonds and the promotion of health in its various expressions (Bianco; Salvaro, 2023).

Finally, the statement of the interviewee CHA7 summarizes how the performance of the ACS is configured: *"Although it is a work of ants, the work of the agent, of you who are always looking to see the result, is important" (CHA7).*

Source of satisfaction in professional practice

One of the objectives of this research was also to investigate the sources of satisfaction present in the professional practice of the CHA, in which it was possible to identify, among the participants, a high level of this feeling, as also identified in the study by Bianco and Salvaro (2023).

For some of the interviewees, satisfaction was linked to the patients' recognition of the CHA's professional practice, as well as identified as a source of pleasure for the professionals.

> "Seeing people's recognition, because I always say, I never work for the administration here, I always work for my families there, for the place I live, for the place I want to be well regarded, I want to be well with my population. So, when someone says that you saw it, that you helped, I say that this is the best part of the work" (CHA2).

Another source of satisfaction lies in the fact of achieving resolution in the demands presented by patients: *"When I can help, give a word of attention, of affection, when I can solve a problem"* (CHA6).

ACS9, on the other hand, brings a perception of a source of pleasure that extends patient satisfaction not only to their service, but also to the work developed by the entire team.

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> "When I manage to do it, I see that the person is satisfied. He also praises the work of the team, as has happened now the last few times, thank God, everyone has praised it, saying that they are very satisfied with the team, the visits. [...] So, it's something that we are happy to solve, to see the area progressing" (CHA9).

In this direction, in harmony with the results above, the research by Lima *et al.* (2021) also verified, in its sample, the significant presence of CHAs who recognized the indispensability of their practice for the community and the service offered in the UBS, and such recognition generated personal satisfaction and motivation.

Evaluation of professional practice

As for the way in which the participants self-evaluated their professional practice, in general, this evaluation was positive, in the sense that they evidenced the understanding that they are doing a good job within the conditions granted to them.

> "I like my job and we always have room for improvement, because I'm not 100%, but about 80%. We keep trying and I believe that if the population doesn't have complaints or if they do, I don't know, but I'm doing my best" (CHA1).

However, the CHA9 participant drew attention to the fact that, although she feels fulfilled in her professional practice, the large number of families to be monitored means that the time spent on care is not greater:

> "I love it, I like it, I do it because I like it. I wish I had more time. And one of the difficulties that is hindering me now is the large number of families, because as the interior tends to have a smaller number of families and in the larger headquarters, I do both. I have 211 families and I have almost 600 people. So, I go after the priorities" (CHA9).

About the above report, the PNAB provides that "in areas of great territorial dispersion, areas of risk and social vulnerability, it is recommended to cover 100% of the population with a maximum number of 750 people per CHA" (Brasil, 2017). Despite this, the work overload felt by these professionals is exacerbated, especially due to the difficulty they experience in demarcating the boundaries between professional practice and private life, generating several demands, even during off-hours, as discussed by Leme *et al.* (2023).

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Potentialities for the development of professional practice

Strengthened articulation with the team

Another scope of this study was to describe the aspects that the CHA professionals saw as facilitators for the development of their professional performance, with the participants pointing out the strengthened articulation with the health team as one of these elements.

> "I like what I do, I work with love and every day, I do it with will. What I want is to be with the patient, together with him. Acting well in what I do, because when the team is closing, it helps us there too. It brings more encouragement, courage, when the team is united, it is satisfaction" (CHA10).

The aspect discussed above was also highlighted in the research by Nepomuceno et al. (2021) as an element that drives the development of the CHA's work. Thus, increasingly, in view of the varied health demands of the participants, it is necessary to integrate the ACS and these with the other professionals who make up the FHS team, thus enabling a shared practice.

Presence of the full team

Another potential evidenced by the ACS is the issue of the health team being complete, so that, in this way, the patient's demand can be solved. Because when this does not occur, there is room for the emergence of aversive feelings.

> "Satisfaction and having the complete team, right? Nurses, having a dentist to offer and the population being well accompanied, solving the patient's problem. Well, it's very bad if you get to a patient who needs that and you don't have anything to offer, you can't help. It's very complicated, but that's what it is all about" (CHA1).

Regarding the gap above, the study by Loch (2019) also found that the absence of professionals in the UBS is one of the challenges that permeate the work process of the teams working in the ESF. In this regard, the author clarifies that, in order to replace or replace a professional, considerable time is required. Therefore, it is common to carry out articulations aimed at professionals, aiming at the adoption of mechanisms to fill this gap, as is the case of the negotiation of time off.

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Training by the Health with Agent Program

The training offered in the context of the Health with Agent Program was also evidenced as a potential in the work process of the CHA:

> "There was a little talk about the technical course and what was said added to the home visits, the visit as an endemic agent, which has to be in partnership and all the ways of how to act. He talked about the approach, when we should call the other agencies, for example, social workers, when this happens. It was very good, very beneficial" (ACS1).

As discussed by Faria and Paiva (2020), the professional category of CHAs still presents difficulties in understanding their role in the FHS, and this gap may be associated with the issue of professional training. Therefore, training processes, such as the one offered through the Health with Agent Program, are powerful for overcoming this panorama.

Difficulties in the development of professional practice

Access to Patient Transport

In the scope of the elements that hinder the development of the practice of the ACS is the limitation regarding transportation to enable patients' access to the health service: *"The issue, for example, of putting the patient in the car, which sometimes cannot or the patient has to come back another day" (CHA1).* This fragility was also found in the study by Ceccon *et al.* (2021) as an aspect that weakens the provision of care, whether for those who are in home monitoring, or for those who live far from health services and depend on transportation from the UBS to access them.

Gaps in teamwork

An aspect that was presented by some as a potential of the CHA's work, and by others as a difficulty, concerns teamwork: *"And also the issue of team communication [...]" (CHW1).*

This fragility was also the subject of discussion in the investigation by Faria and Paiva (2020), who found, in their sample, that, between the ACS and the other members of the team, a fragile interaction has been common. Given this, the authors argue that "the predisposition to communication and teamwork has to be part of any program that intends to qualify the ACS or even other health professionals" (Faria; Paiva, 2020, p. 13).

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Absence or difficulties in consulting with professionals in the Units

For the CHAs, another difficulty refers to the absence of professionals to care for the patient, who reports needing that specialty/professional:

> "The issue of the dentist that I find more complicated. Because routine can't do it, only urgency, but then it's a demand from the municipality that is more attached (CHA1)
> "Just like this month, I have a patient in need of an appointment and I am not able to provide it, for example due to the absence of professionals. This month I had a lot of patients with injuries and then the doctor was missing" (CHA5).

Regarding the weaknesses presented in this category, it is necessary to take a close look on the part of the Municipal Health Department of the city studied, aiming at its problem-solving, from a perspective of comprehensive care.

Lack of training

A gap present in the work process of the ACS, in the municipality surveyed, is the lack of training to support professional practice, given that most of the participants reported not participating in training processes about their performance as CHAs. The interviewees showed that it is common to offer training on vaccine campaigns: *"About vaccines, spotted fever and what the technical course of the city hall has now had" (CHA1). "We do training on diseases, not on the agent himself" (CHA6).*

Finally, the statement of the CHA5 represents the concern expressed by the majority of the participants in this study: "*What I think is that we should have more training. The municipality should do more for us, more training, because this is productive for us" (CHA15).*

About this bottleneck, it is important to remember that Law No. 13,595/2018, in its Article 5, mentions the need for investment, at the national, state and municipal levels, in the training of CHA professionals, based on the references of Popular Health Education. In this article, it is stated as follows: "§ 2 The Community Health Agent and the Endemic Disease Control Agent must attend biennial continuing education and improvement courses" (Brasil, 2018).

Even with this legal provision, Nepomuceno *et al*. (2021) point out that the subsidies that the CHAs receive are still insufficient to guide their performance based on an expanded conception of the health and disease process. Despite this gap in terms of

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training, this professional category shows effective results through professional performance.

Other difficulties

Another aspect denounced by the participants as hindering the work process concerns the distance at which they live from the families, with roads that, at times, are difficult to access:

> "From a distance, I have families who live very far away" (CHA13).

> "Look at my area is the access, because it is an extensive area, with bad roads that are sometimes interdicted, because it is a hill. Then there are the gates, the trunks and you have to deal with all this, every month, climbing hills, things like that (ACS8).

Regarding the above, Bianco and Salvaro (2023) found, in their study, similar statements, which describe a scenario that generates a high level of physical fatigue. Thus, the practice of many CHAs is permeated by physical exhaustion, generated by the need to develop actions that, to be effective, make it necessary for the CHAs to travel long distances, in many cases, in precarious situations, because they are in rural areas.

Another difficulty denounced by the participants refers to the slowness in the transmission of information by the administrative sector of the UBS, which, in turn, has a detrimental impact on the patient's access to information and, therefore, to the service.

> "And also, in the administrative part, because sometimes the information takes a long time to arrive, it arrives at the last minute, then we have the difficulty of disseminating to offer that service, in short, I think that's it" (CHA8).

Another difficulty verbalized by some participants corresponds to the opening hours of the Municipal Health Department, which is half-time a day, and which partially hinders the access of the ACS to the service:

> "For me, my biggest difficulty is when I need to go to the secretariat, because it only works part-time and I only have more availability in the afternoon" (CHA9).

Another issue that hurts the development of the CHA's work concerns the lack of materials: *"I like what I do and what is lacking sometimes is material for us to work with,*

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because sometimes we could do something better for that patient and we can't [...]" (ACS17).

Thus, the potentialities and weaknesses presented above need to be analyzed by the manager of the Municipal Health Department, so that the aspects that strengthen the work can be increasingly stimulated and those considered harmful to the effectiveness of the work process can be increasingly weakened.

FINAL CONSIDERATIONS

The present research allowed a broad understanding of the professional practice of Community Health Agents (CHA) in the researched municipality, evidencing the various nuances that make up their daily performance. Through the analysis of the interviews and the reports of the professionals, it was possible to perceive the crucial importance that these agents play in health promotion, health education and in the strengthening of the links between the community and the health services.

The results indicate that the CHAs interviewed are aware of their responsibilities and demonstrate a clear understanding of their daily practices and showed a high degree of satisfaction with their daily work. However, they experience some dissatisfactions and difficulties that arise in the execution of their functions, which can impact the effectiveness of health promotion and disease prevention actions.

The ACS pointed out as potential for the full development of their practice, the integration with the other members of the FHS team; the presence of the complete team, so that it is possible to meet the population's health demands more appropriately; and, finally, the training that took place in the municipality through the Health with Agent Program, which proved to be responsible for enabling knowledge about the new PNAB to the CHAs.

The difficulties reported, which need to be revisited by the manager of the Municipal Health Department of the municipality surveyed, concern: the fragility regarding the transportation available in the units, which, in turn, has had a negative impact on patients' access to health services; teamwork that needs to be further strengthened; the lack or difficulty for patients to have access to some health specialties in the Health Units; the absence of training, which may possibly be contributing to the difficulties regarding greater integration of the teams; the vast territorial dimension, which implies greater wear and tear in relation to the patient's commute to the patient's home; the reduced hours of the

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Municipal Health Department of the municipality; and, finally, the limitation regarding the materials necessary for the development of the effective work of the CHA, which is a reported difficulty for the non-performance of the new attributions assigned to the ACS through the new PNAB.

Thus, the results grouped in this research reaffirm the importance of this professional category for effective work in PHC. Therefore, the weaknesses reported by them need to be analyzed by the local manager, so that they can be remedied, aiming at a higher level of effectiveness with this practice. Furthermore, the aspects considered positive for the execution of this work need to be increasingly encouraged and disseminated among the teams, with emphasis on the training processes, since, through this, professionals receive subsidies to rethink and transform their work process, in the light of the prerogatives of the SUS, through an expanded health logic, that considers all aspects that permeate the health-disease process.

It is worth noting that, about the continuing education of these actors, this has been occurring more in a perception of offering subsidies for these professionals to act in the prevention of specific diseases and immunization campaigns, as is the case of training on yellow fever, reported on a large scale by the participants.

Finally, as a suggestion for further research, it is suggested that studies be conducted that can focus on the voices of patients who receive this care by the CHAs, aiming to apprehend how they perceive its offer, the weaknesses and also potentialities that are part of it.

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