CENTRO DE CIÊNCIAS DA SAÚDE
PROGRAMA DE PÓS-GRADUAÇÃO EM EDUCAÇÃO FÍSICA (PPGEF-UFPE)
CURSO DE MESTRADO ACADÊMICO
EDITAL COMPLEMENTAR DE SELEÇÃO DISCENTE 2021.1

PROVA ESCRITA

CPF:
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Horário final: 12:00
Horário de envio: até 12:05
Endereço para envio da prova: ppgef@ufpe.br

QUESTÃO 1. O resumo a seguir foi retirado de um artigo científico do campo da Atividade Física e Saúde. Leia o texto e elabore um título adequado para o manuscrito. (1,0 pt)

Abstract

The Brazilian Minister for Health created in 2011 the Programa Academia da Saúde (Health Gym Program - HGP) as a strategy to promote health and healthy lifestyles. However, the official standards do not seem to be clear enough to support the implementation program in the towns. The aim of this study was to analyse the degree of implementation of HGP in a Brazilian midsize town (Vitória de Santo Antão) in 2018. It is an evaluative study, with a normative approach, considering the dimensions of structure and process related to work system. The research is divided in two steps: 1) elaboration of the theoretical model of evaluation, through the validation of the logical model; 2) verification of the level of implementation, through an interview with workers and managers. The cut-off scores for classification of implementation levels were: (1) Incipient: > 0 e < 33.3%; (2) Intermediate: > 33.3 e < 66.6%; (3) Advanced: > 66.6%. The level of implementation was considered Intermediate (37.54%). The score of the structure was higher (54.76%) than the process (26.06%). The low level of implementation of the HGP, especially related to the multi-professional articulation and the difficult connection with other sectors or actors of the society, shows the necessity of reorganization of the actions.

<u>QUESTÃO 2</u>. Leia a introdução a seguir e descreva os problemas de pesquisa que o estudo pretende responder. (1,0 pt)

INTRODUCTION

The organization of the Brazilian Health System has been outstanding in the search for the articulation between epidemiological, political and administrative specialties, and the social context at the local degree, to the planning of actions and services in a network of health care, coordinated by the Family Health Strategy (FHS) 1.

These networks of health care presupposes a panoramic view of the necessities from health users, in order to meet their demands by a holistic vision, considering the complexity of the health problems, that demand to access in different actions and services, needs for the political integration, intersectoral actions, in order to act more effectively on conditioning factors and determinants of the health-disease process 2.

Demographic and epidemiological transition processes and changes in the population's lifestyle have reinforced the importance of comprehensive care and PHC's role as the organizer of care networks, especially in view of the advance of chronic non-communicable diseases, which although they are responsible for a large number of deaths, hospital admissions and the increase in the costs of public health systems 3, have modifiable risk factors, whose exposure by the population can be reduced through policies and programs aimed at promoting health and risk behavior prevention 4.

Among the actions that have driven the elaboration of guidelines aimed at health promotion and prevention of risk behaviors in the Brazilian Health System, it was highlighted the innovation to investigate and follow-up the exposure of the population to risk factors for the chronic diseases 5 and the incentive to adopt an active lifestyle as a tool for health promotion and disease prevention, and its inclusion in the National Plan to Combat Chronic Non-communicable Diseases and in National Primary Care policies 6.

The health promotion was officially incorporated into the Brazilian health agenda in 2006, through the public policy published specifically for this purpose 7. In In this scenario, highlights the creation of the Programa Academia da Saúde (Health Gym Program - HGP) in 2011, which aimed to contribute to health promotion through the construction of public spaces with infrastructure and qualified professionals for the orientation of physical activity, recreation and healthy lifestyles 5,8.

The HGP was redefined in 2013, when the concept of care-production was incorporated and the physical activities were removed from the general objective, expanding the specific

goals 6. Nowadays, the HGP aims to contribute to health promotion through the creation of public spaces with suitable infrastructure and professionals qualified to develop the activities planned 9, however, there is evidence showing that the objectives are big, the goals unattainable, and the guidelines are not clear enough to support the implementation process in the cities 6.

The implementation assessment of an intervention shows how operationally adequate it is to its guidelines and norms 10. This type of evaluation (also called normative evaluation) takes as a reference the triad proposed by Donabedian 11, 12 which is composed by: structure, process and outcomes. The structure includes human resources, equipment and other relatively stable elements that are intended to offer the service. The process is directly linked to the performance of the care activities developed in the context of the intervention, while the outcomes are related to the products of the activities and the changes in the health status of individuals and the population 11, 12.

This type of evaluation is supported by the premise that there is a strong relationship between respect for the criteria and norms chosen and the real effects of the program or intervention13 and it is adequate to evaluate complex interventions such as the Health Gym Program 14.

In this sense, the evaluation of the implementation of the HGP makes it possible to know the interventions regarding the validity of its content and the nuances that can provide mismatch between its normative framework, the planning, and execution of the actions 10.

Conducting studies evaluating about the degree of implementation of the HGP will contribute to increase the field of knowledge about the evaluation of programs and policies aimed at Health Promotion and Physical Activity for the following reasons: a) The HGP have strategic importance in the scope of health policies in Brazil; b) This program requires a great amount of public health resources for its execution; c) To clarify the weaknesses of the implementation process of this type of program, contributing to the (re)orientation of the actions.

As an example, a successful experiment can be cited: The HGP implemented from the success in the City Academy Program15, which was initially implemented in Recife, Pernambuco, Brazil in 2002 and showed effectiveness to improve the quality of life related to health 16 and increased the population degrees of physical activity in this city 17.

On the other hand, although these two programs aim to broaden the scope of health promotion actions, especially in primary care, they have different structures and work processes, which can impact on the achievement of the expected results. In addition, the degree

of compliance with the guidelines established for the new program, the availability of resources and the organization of activities to meet the goal of contributing to health promotion, especially at the local degree, have not yet been verified.

In this context, the purpose of this study is to assess the degree of implementation of the Health Gym Program (HGP) in a Brazilian midsize town.

<u>QUESTÃO 3</u>. Avalie a situação apresentada a seguir:

Um pesquisador resolve investigar se o nível de atividade física dos usuários de Unidades Básicas de saúde interfere no gasto público com consultas, exames e medicamentos. Para isso, acompanha dois grupos de 50 pessoas (cada) de ambos os sexos, ao longo de três anos. O primeiro grupo era composto por homens e mulheres fisicamente ativos, e o segundo grupo era formado por adultos com a mesma faixa etária que não atingiam a quantidade mínima de atividade física recomendada pela Organização Mundial da Saúde e Ministério da Saúde Brasileiros (insuficientemente ativos). Ao término do estudo verificou-se o seguinte:

a) Entre fisicamente ativos, o gasto médio anual com ações e serviços de saúde foi de R$ 125,00;
b) Entre os insuficientemente ativos o gasto médio anual foi de R$ 485,00;

- Qual a hipótese do estudo em questão e quais são as variáveis dependente e independente do exemplo abaixo? (1,0 pt)

<u>QUESTÃO 4</u>. A Figura 1 do artigo se caracteriza por qual tipo de estudo? Descreva os pontos fortes e fracos desse tipo estudo (1,0 pt)

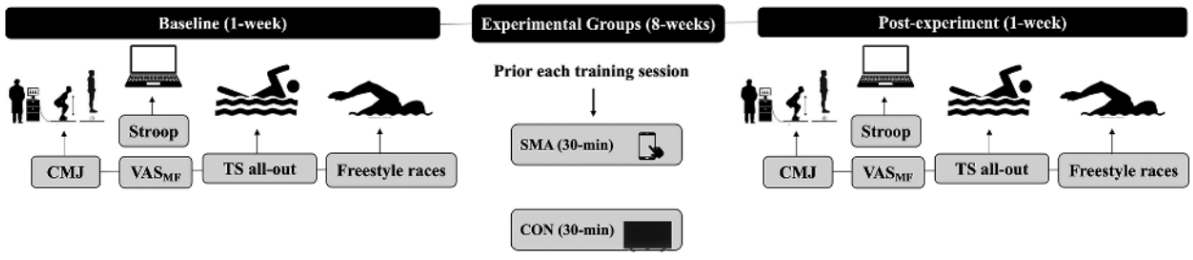

Figure 1. Experimental design of study. CMJ = countermovement jump; VASMF = Subjective Mental Fatigue (Visual Analogue Scale); TS all-out = Tethered swimming 3-min all-out test; Freestyle races = 50-m, 100-m, and 400-m freestyle performance; SMA = smartphone group; CON = control group

<u>QUESTÃO 5</u>. Qual a importância do grupo controle em estudo experimental? (1,0 pt)

QUESTÃO 6. Com base na Figura 1 (Questão 4), sugira um objetivo para o estudo e descreva um plano de análise que permita responder ao objetivo. (1,0 pt)

Com base no título, e nos resultados exibidos da Tabela abaixo, responda as seguintes questões:

QUESTÃO 7. Qual o tipo de estudo?

QUESTÃO 8. Cite a principal limitação desse tipo estudo.

QUESTÃO 9. Quais as variáveis dependentes do estudo?

QUESTÃO 10. A partir dos resultados apresentados, elabore uma conclusão.

TÍTULO: IMPACT OF SOCIAL ISOLATION CAUSED BY COVID-19 PANDEMIC ON FUNCTIONAL CAPACITY AND CONCERNS ABOUT FALLING IN OLDER ADULTS

Table 2. Median (interquartile range)/mean (standard deviation), significance of p-value (p) and effect size (d) of the comparison between the measurements of the variables in the pre- and post-isolation moments.

	Pre	Post	Δ%	p	d
Functional Component					
Muscle Strength (repetitions)	14 (13 – 15)	12 (11 – 13.5)	-14%	0.001	0.80
Muscle Power (watts)	459.2 (123.6)	428 (121.4)	-7%	0.001	0.25
Functional Mobility (seconds)	9.48 (1.09)	10.55 (1.22)	11%	0.001	0.92
Functional Muscle Fitness (score)	5 (4 – 6.75)	4 (3 – 6.5)	-20%	0.001	0.50
Flexibility MMSS (centimeters)	-5 (-12 – 1.75)	-8 (-16 – 0)	-60%	0.001	0.49
Flexibility MMII (centimeters)	3 (1 – 5)	2 (0.5 – 4)	-33%	0.003	0.43
Dynamic Balance (score)	54 (52 – 55)	53 (52 – 55)	-2%	0.782	0.04
Concern about Falling (score)	23 (20 – 32.5)	27 (20.5 – 34)	17%	0.261	0.16

Measures of muscle power and functional mobility are expressed as mean and standard deviation, the other measures as median and interquartile range; Δ%: percentage difference between the measurements of the variables in the pre- and post-isolation moments; *statistically significant values.