

THE PERFORMANCE OF COMMUNITY HEALTH WORKERS IN THE FAMILY HEALTH STRATEGY IN RURAL AREAS

ATUAÇÃO DO AGENTE COMUNITÁRIO DE SAÚDE NA ESTRATÉGIA SAÚDE DA FAMÍLIA NA ZONA RURAL

Thiago Brito **Steckelberg**^{ID*}, Ana Lúcia do **Carmo**^{ID}

Faculdade Evangélica de Goianésia, GO, Brasil.

*thiagosteck@gmail.com

ABSTRACT

The Community Health Workers (CHWs) perform the initial care in households, in order to collect information and interact in a healthy way with the community. It is important to understand the role that these professionals perform in rural areas, as their duties are of fundamental importance within the Family Health Strategy (FHS). Given this, the present study seeks, through a narrative review, to find scientific evidence and information in the available literature regarding the difficulties and challenges of CHW's work in rural areas. After surveying and collecting the results, 15 articles were selected, which showed that the difficulties faced by the CHWs who work in the Family Health Strategy (FHS) in the rural area are mainly related to 1) difficulty of access to rural families, 2) overload of tasks inherent to other professionals of the ESF, 3) low qualification and 4) little recognition. Even with all these difficulties, it was proven that the role of this professional is of extreme significance in promoting health actions and improving the quality of life in the communities in which they act. This study concludes that these professionals have changed the reality of many communities; and that they can optimize their potential in promoting health in rural areas through public policies and initiatives that contribute to minimizing the difficulties related to their work standards.

Keywords: Community health worker. Family health strategy. Rural population health.

RESUMO

O Agente Comunitário de Saúde (ACS) tem por atribuição desenvolver o atendimento inicial dos indivíduos nas residências, a fim de coletar informações e interagir de forma saudável com a comunidade. É importante o conhecimento sobre a atuação do ACS no atendimento à zona rural, pois esse profissional exerce um papel fundamental na Estratégia Saúde da Família (ESF). Nesse sentido, o presente estudo busca, através de uma revisão narrativa, encontrar na literatura disponível evidências científicas e informações relativas às dificuldades e aos desafios da atuação do ACS na zona rural. Após levantamento e coleta de resultados, foram selecionados 15 artigos, que demonstraram que as dificuldades dos ACS que atuam na Estratégia Saúde da Família (ESF) na zona rural estão relacionadas sobretudo 1) à dificuldade de acesso às famílias rurais, 2) sobrecarga de atribuições inerentes a outros profissionais da ESF, 3) baixa qualificação e 4) pouco reconhecimento. Por outro lado, evidenciou-se também que, mesmo com todas as dificuldades, a atuação deste profissional é de extrema relevância na promoção de ações para a saúde e para consequente melhoria da qualidade de vida nas comunidades. Concluiu-se que esses profissionais mudaram a realidade de muitas comunidades e que eles podem otimizar seu potencial na promoção à saúde na zona rural, através de políticas públicas e de iniciativas que contribuam para minimizar as dificuldades relativas às condições de trabalho em que se inserem.

Palavras-chave: Agente comunitário de saúde. Estratégia saúde da família. Saúde da população rural.

INTRODUCTION

The Community Health Workers Program (CHWP) initially emerged in Brazil, in the 1990's, with an emergency program in two cities situated in the state of Ceará: Sobral and Quixadá, whose communities were affected by an exceptional drought. In this initial process, six thousand women capable of performing in the reduction of the children's mortality rate were selected (BARBOSA; GUEDES; SILVA, 2015; ARRUDA; MAIA; ALVES, 2018). Although the CHWP was created in January 1990, it was only regulated in February 1994, by the Ordinance n. 19232/92, which made legally possible the link between the local unities and the community.

In 1994, the Family Health Program (FHP) was also created; it then evolved to the Family Health Strategy (FHS). Its staff is composed of 1 physician, 1 nurse, 1 nursing assistant and 4 to 6 community health workers; its intention is to reorganize the primary health care in Brazil according to the guidelines offered by the Unified Health System (UHS) [*Sistema Único de Saúde - SUS*]. The FHS is considered by managers and experts as a strategy applied to a strategy to expand, qualify and consolidate the primary health care, as well as to amplify the resolutivity and the impact in the health situation of both people and collectives (BRASIL, 2021).

Due to Law's 10.507/2002 revocation, the Law 11.350/2006 started to regulate the CHW's laboural activities. According to the current legislation, these professionals are obliged to develop individuals' initial care in their residencies, in order to collect info and to interact with the community, detecting the main health issues and therefore setting the needed bonds. This way, the CHW has a fundamental role in preventing and promoting health amongst FHS's teams; and, in the community context, this professional also shares daily experiences regarding work and life in the communities. In doing so, he strengthens the bonds between families and local health units through domicile visits. This means that the CHA connects communities to the FHS's professionals, consequently establishing both scientific and popular knowledge (RIQUINHO *et al.*, 2018).

In 2006, there was an expansion of FHS's teams and an optimization of people's access to the health services. However, even with this, there still remains a large number of areas that do not receive care from these professionals (PINTO; GIOVANELLA, 2018). Trying to overcome this unsatisfying scenario, the Health Ministry (HM), in 2011, started to offer training courses to CHWs, aiming to professionalize these workers in accordance with the Social Determinants of Health (SDH). These qualifications prioritize the CHWs because they are the first to be in touch with the people in need of care. Thus, the pedagogic contents emphasize diseases, prevention, promotion and rehabilitation (MOROSINI; FONSECA; LIMA, 2015).

By means of the Opinion n.º 01/201/COFEN, it is understood that the CHWs must finish a nursing technical course, given that these professionals perform domicile visits and, to do so, they need to be capacitated with specific knowledge in order to orient and inform people. For this, it is mandatory that they reside in the community, fulfill 40 hours a week and also be hired through public selection (BRASIL, 2018).

Many communities are situated in rural zones, a circumstance that hinders the assistance and the very presence of FHS's teams. This happens not only because families are dispersed and there is a shortage of public transport and general infrastructure, but also due to the deficit in communication means. However, the health services try to demonstrate subjectivity: by bringing relevant information despite the difficulties, the FHS reorients and systematizes an informal apprenticeship towards leiges, in a way that makes it possible to accumulate experience in the dealings between CHWs and patients.

In the context shown, this research's primary objective is to comprehend CHWs performances in Rural Zones. As secondary objectives, this work intends to present which activities these professionals perform in the rural areas; identify how the visiting happens in the local rural residencies; acknowledge the difficulties found by the CHWs. Thus, this study was elaborated searching for answers to the following questions: how do CHWs act in Rural Zone's teams? How does the professional organize his household visits? Which are the difficulties found by the CHWs

during their work. Therefore, these questions are guidelines to the research: they are the criteria upon which this work based the selection of studies from the proposed bibliographical survey.

MATERIAL AND METHODS

This work consists of a narrative review that aims to search, in the available literature, materials which may contain results regarding the topic investigated, in order to gather information and evidence both relevant to scientific knowledge concerning the performance of CHWs in the rural areas. To guide the search proposed and to define the central problematic of the research, the following question was then conveyed: What is the importance of the CHWs in promoting health and which are the challenges and performance potentialities that these professionals face when dealing with family health issues in Rural Zones?

Primarily, a few articles were selected from both Virtual Health Library (VHL) [*Biblioteca Virtual em Saúde - BVSM*] and Google Scholar archives. These articles contain studies capable of answering the question mentioned above and, consequently, achieving the objectives targeted. To the search, this work used the following terminology: Community Health Worker (CHW); Family Health Strategy (FHS); and Rural Population Health (RPH). By combining these keywords, 3 texts were found in the VHL and 526 in Google Scholar's archives. From these total, 15 articles that appropriately answered the objectives were selected.

As inclusion criteria, this research fully used articles published between 2016 and 2020, in Portuguese language, that matched the proposed topic. As exclusion criteria, there were established thesis and dissertations, book chapters and studies that didn't match the guide-question. Following the articles selection process, the info was categorized alphabetically (and numerated) in a table according to 1) author(s); 2) year; 3) title; 4) objective and 5) results. Based on this, this work entailed the discussions on the found results, accomplishing an original approach on CHWs performances in rural areas.

RESULTS AND DISCUSSION

Table 1 presents the 15 chosen articles.

Table* 1 - Synthesis of the searched articles.

n.	Title / Author(s) e year	Objective	Results
1	Inequality in health access between urban and rural areas in Brazil: a factor decomposition from 1998 to 2008. Arruda, Maia e Alves (2018)	To analyze the determinant factors of health access and inequalities of health access between urban and rural areas from 1998 to 2008.	The study discusses the equity proposed by the Unified Health System [<i>Sistema Único de Saúde - SUS</i>]; and attests the difficult reality of health access in rural zones.
2	Daily difficulties faced by community health workers. Almeida <i>et al.</i> (2016)	Investigate the main difficulties and limitations faced by CHWs in their activities.	The study was done with 17 (out of 92) CHAs from Divinópolis that reported function overload, professional devaluation, lack of capacitation and interaction on the team.
3	Complexity and potentiality of CHWs' roles in contemporary Brazil. Barreto <i>et al.</i> (2018)	To analyze CHWs practices related to both social and health situations in Ceará, as well as to limiting factors of these practices.	The study shows CHWs actions in promoting and monitoring health, with special attention to prenatal, immunization, hypertension, diabetes and elder care. It also indicates the limiting factors of these practices, emphasizing technical training deficit, reduced labour support and violence.
4	Access and coverage of Primary Care in rural and urban populations in the northern region of Brazil. Garnelo <i>et al.</i> (2018)	Aims to discuss access and coverage of Primary Health offered to rural and urban populations in the seven states of the North of Brazil, using socioeconomic and sanitary indicators, as well as data from the second evaluation of the National Program of Access and Primary Care Quality Improvement [<i>Programa Nacional de Melhoria do Acesso e da Qualidade da Atenção Básica - PMAQ-AB</i>].	The study indicates the difficulties to access the health system faced by rural zone inhabitants. Many live far and can't schedule an appointment and be assisted on the same day. The primary care is well evaluated by the users, but there are blanks that can be filled with service organizing measures.

To be continued...

Cont. Table 1

5	Family Health Strategy's (FHS) coverage in Brazil, according to the National Health Survey (NHS), 2013. Malta <i>et al.</i> (2016).	Evaluate the FHS's coverage estimated by the NHS, through comparing administrative data and previous coverages regarding the National Household Sample Survey (NHSS) [<i>Pesquisa Nacional por Amostra de Domicílios-PNAD</i>].	The study indicated that more than half of Brazil's population is registered in family health units; the rural zone percentage (almost ⅔) is bigger than the urban's.
6	Primary Care community health workers in Brazil: inventory of achievements and challenges. Morosini e Fonseca (2018)	To analyze CHWs' professional profile according to discussions about labour disputes in their work.	The analysis of health policy documents regarding CHWs' training and attributions allowed better understanding of 1) rationality and discussion of the arguments that sustain political induced alterations; and of 2) possible practice results.
7	Household visiting in Brazil: characteristics of CHWs' basic activities. Nunes <i>et al.</i> (2018)	To describe the profile of Brazil's CHWs regarding socioeconomic and demographic aspects, as well as to analyze the household visiting practices according to the region and location of the health units in the country, in light of the National Primary Care Survey, published in 2011 and valid until September 2017.	The research was done with 1.526 workers interviewed in 100 municipalities, with national representativity to form CHWs profile, practices and general performance. It also identified CHWs' seasonal visiting and priority service to risk groups, as well as the need to shape actions and to provide the services to everyone.
8	Nurses' daily life in rural areas in the family health strategy. Oliveira <i>et al.</i> (2019)	To analyze daily life aspects regarding the general work of Family Health Strategy teams and their performance in rural zones.	The study revealed that rural zone labour faces many existing organizational barriers that can be remedied by the correct strategies. The scenario of the study was composed of 10 rural health units with FHS from a large municipality.
9	The challenges of teamwork within the family health strategy. Peruzzo <i>et al.</i> (2018)	To dialogue about daily teamwork within the FHS in a medium-size municipality situated in the south of Brazil, according to the professionals' experiences and perceptions.	The study emphasizes the importance of teamwork in the current pattern of primary care, highlighting aspects such as communication, active listening and respect towards each profession's singularities in the process of maintaining harmony and implementing collective practices.
10	How to assure the right to health to rural, forest and water populations in Brazil? Pessoa, Almeida e Carneiro (2018)	To discuss the challenges and the strategies adopted to ensure the right to health to rural, forest and riverside populations in Brazil.	The study shows that rural, forest and riverside populations' access to health services require constant planning, articulation and evaluation; besides training the teams that act close to the population.
11	From Program to Family Health Strategy: expansion of access and reduction of internations due to sensitive conditions regarding primary care (ISCPC). Pinto e Giovanella (2018)	To take stock of results concerning the implementation of the Family Health Strategy in the last two decades in Brazil.	The results indicate the reduction of ISCPC as a consequence of FHS's coverage advancement in Brazil, with emphasis on the improvement of 1) chronic condition monitoring, 2) diagnosis and 3) access to medication.
12	Health Public Policies in rural zones: a geographical approach. Silva e Silva (2019)	To analyze the health public policies in rural space from a geographical standpoint.	The study indicates that, for families inhabiting rural zones, public policies are of major significance - specially the health-related ones. Furthermore, the study noted that implementing actions can modify a local reality.
13	Health work: portrait of community health workers in the northeast of Brazil. Simas e Pinto (2017)	To describe in various aspects the management of community health worker's performance in the northeast region of Brazil.	The study shows the direct administration as the main way of hiring CHWs, but also noted that new modalities of hiring, as through public and private foundations, can cause weaknesses originated from the flexibilization of work relations
14	Health Workers' performance in rural and isolated areas. Torres, Santos e Gabe (2020)	Aims to 1) comprehend the difficulties and obstacles faced by CHWs in rural isolated areas; 2) to understand the significance of CHWs' performances in promoting health to the populations who inhabit these areas.	The study demonstrates 1) the difficulties related to household access in rural isolated areas; 2) the adversities and dangers faced by CHWs when dislocating themselves in duty; 3) the necessity of better means to perform the required functions, given that CHWs role is of great relevance to the improvement of rural isolated populations' health standards.
15	The FHS in rural areas of Rio de Janeiro state: report of an experience. Viana (2016)	To analyze better forms of organizing FHS's work process in Rural Zones according to the Unified Health System's (UHS) [<i>SUS</i>] principles and guidelines.	The study indicates the importance of constantly alert posture regarding both FHS's work and continued evaluation of its professionals, in order to provide healthcare suitable to UHS's principles and guidelines in rural zones.

Note: * The translations in this table are all free translations [T.N.]

Source: The authors.

To know CHW's performance, the primary step was to investigate rural zone populations' access to health services. Arruda, Maia and Alves (2018) analyzed microdata from the National Household Sample Survey (NHSS) [*Pesquisa Nacional por Amostra de Domicílios - PNAD*] regarding the period between 1998 and 2008, with adults over 20 years of age. The study verified that

only 13% of rural zone populations sought health services; most frequently, people over 60 years old with chronic diseases, despite difficulties of access due to not only socioeconomic and financial situations but also to lack of knowledge.

Another contribution is given by Almeida *et al.* (2016). They interviewed 17 CHWs that work in Divinópolis-MG, a city of 213.016 inhabitants. Seeking to apprehend the difficulties faced by these professionals in their work, the study observed that CHWs encounter obstacles such as service de-characterization and overload, demotivation, lack of interaction within the team and lack of training. Furthermore, it was noted that, in that area, the CHWs are developing activities that aren't of their competence, therefore performing intense work and accumulating services, for their attributions are not properly acknowledged. This way, these professionals lack motivation because the work isn't done as planned, the reason why there are conflicts between the teams and no satisfying interaction to develop the functions effectively. Perhaps, the capacitation of all professionals could be an ideal tool to solve the problems mentioned.

Barreto *et al.* (2018) also presented important observations. Through a cross-sectional clipping with 160 CHWs situated in municipalities such as Fortaleza (76), Tauá (48), Eusébio, (19) e Cruz (18), the study noted as workers' attributions: (97%) priority group household visiting; (69,4%) registering households and people in the Health Information System [*Sistemas de Informação em Saúde*]; (38,8%) vaccines; (35,0%) disease prevention; (27,5%) health education; (13,1%) Therapeutic Groups.

According to these data, it's possible to infer that providing care to priority groups is of high importance, because the CHWs go to each household, offers prenatal coverage and immunization; proposes prevention of gynecological cancer and control of diabetes and hypertension; and even performs special care towards elder and chronic diseased patients. Furthermore, it is also the CHWs who actualize the data systems, facilitating the access to information. Last but not least, the CHWs develop prevention and maintenance of people's health, especially rural areas inhabitants, who have a greater difficulty to access health services.

Garnelo *et al.* (2018) indicate that rural area inhabitants represent roughly 16% of Brazil's population and are majorly dependent on health public services, whose care networks are most frequently precarious in these areas. The study noted that these people endure not only geographical and economic difficulties to access health services but also a shortage of healthcare professionals to work in rural zones. In a similar perspective, Malta *et al.* (2016) also emphasize rural life. According to the National Household Sample Survey (NHSS), they explain that most of the Brazilian population is registered in Family Health Units, two thirds being from rural zones, and that the majority of this percentage belongs to the Northeast, where poor care standards are noticed.

Morosini and Fonseca (2018) affirm that until August 2018 there were 263.756 CHWs distributed in 98% of Brazilian municipalities registered in the FHS. Assigned by the Community Health Workers Program (CHWP), 70,97% of these workers had completed highschool; 12,71%, superior education (nursing, social service and psychology); 55,53% are statutory and 26,33% are public employees under the Work Laws Consolidation regime [*Consolidação das Leis do Trabalho - CLT*], both with 40 hours/week; the majority is female and have household visiting as the main attribution.

Nunes *et al.* (2018) explain that CHWs visits must occur at least once a month on each household - but this frequency may change if a household is categorized as a priority group. The study also revealed that CHWs main effort is to promote healthcare in a broader perspective, beyond the monitoring of diseases and health complications. In this way, the visiting can contain teams of physicians, dentists and other health related professionals), in conformity with each singular concrete situation.

A study done in Vitoria da Conquista, in the state of Bahia, in 2016, demonstrated that nurses consider CHWs performance to be essential for setting ties and trust relations between community and healthcare professionals. Nonetheless, the study also stated that it is indispensable to invest in these professionals' training so that they can develop actions of integral care and also have the

technical knowledge needed to perform their functions effectively (COELHO; VASCONCELLOS; DIAS, 2018).

Indeed, there is no doubt that the CHWs are fundamental in the healthcare context, especially - as this study tried to make clear - towards rural populations, whose access to health services is often hindered by geographical issues as well as by lack of knowledge and instruction. It is safe to say that the CHWs perform a closer model of relation in the communities, meeting people who need healthcare assistance. In this sense, it's plausible to affirm that this type of work contributes to assure greater life quality and better health standards to vulnerable populations.

Nevertheless, according to the expert literature on this matter, the CHWs are still little known. Besides the locomotion issues - there aren't official transports for household visiting - they encounter difficulties in having their functions properly acknowledged and are, therefore, overloaded with activities that should not be delegated to them. Because of this, for CHWs to be able to perform an effective work, there must be improvements in management, training and fiscalization of services, so that their functions won't be mixed with the ones of the multiprofessional team. Thus, this study emphasizes that, in order to meet the demand, it is important to improve not only the healthcare services in rural zones but also the qualification of these workers.

CONCLUSION

The results obtained in this bibliographical study allowed the discussion and demonstration of CHWs essential role in providing healthcare to rural populations. However, it was also noted that actions and policies must be implemented in order to optimize the services performed by these workers in rural areas. In this sense, it is important to emphasize that CHWs can perform assistential care, promoting a bond between FHS and community, therefore revealing various situations. In a more significant way, these professionals' performances help to prevent endemic and non-endemic diseases, as well as outbreaks, given the frequency of household visiting.

It is also crucial to state that, amongst the challenges and limitations faced by CHWs, it is possible to note the low value and recognition of these professionals, whose attributions are frequently mixed with other workers' functions within the FHS. This mixing of duties overloads CHWs work and does not correspond appropriately neither to the financial feedback nor the prestige that should be given to them.

Regarding the training of these professionals, it must be mentioned that, although their qualification occurs throughout the hiring process, some improvements ought to be implemented, as the expert literature quoted in this study demonstrated. To solve this problem, a broader and continued education project may be effective, because the uneven socioeconomic conditions in Brazil, especially associated with the duality urban-rural, demands a different approach to qualification of healthcare workers, so that they can meet the needs of the communities in which they perform assistential care. From this perspective, it is a State's role to promote these improvements towards this professional category and, therefore, towards the health of society in general - and, more specifically, with focus on rural communities.

Thus, it is safe to conclude that these professionals change the realities of many communities and that they can provide even more advancements related to health assistance in rural areas, whose demands and structural difficulties in the field of healthcare require more attention. For these developments to occur, there must be more investments in training and capacitating CHWs, as well as in valuing this professional category.

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