

# Users' perception of the Community Centers for physical activity from two cities in Ceará, Brazil

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## ABSTRACT

**Introduction:** The practice of physical activity provides benefits to health and, consequently, to people's quality of life, helping to promote health and prevent disease. **Objective:** To understand the perception of users about the community center for physical activity with emphasis on the structure, operation and professional support in practices for health promotion. **Methods:** This is an exploratory qualitative study. The *loci* of the study were two community centers for physical activity from different cities, one of them participating in a health promotion program (Programa Academia da Saúde - PAS). The sample consisted of 15 participants, 10 from the center included in the PAS program and 5 from the other. Data were collected through semistructured interviews and synthesized through thematic analysis. **Results:** Disagreements were observed in relation to the statements of the participants about the two community centers. It was evidenced the absence of qualified professionals for assistance to exercise and for providing the necessary orientations regarding the practice of activities. It was also noted that the distance between the residence and the center can be a potential incentive or discouragement. The location of centers distant from homes are obstacles for the population to routinely adhere to physical activities. **Conclusion:** Prevailed among the interviewees' dissatisfaction about the organization and operation of the community centers for physical activity.

**Keywords:** motor activity; quality of life; health promotion.

## INTRODUCTION

The practice of physical activity provides benefits for health and, consequently, for the quality of life of people, helping to promote disease prevention. From the perspective of promoting health, the Community Physical Activity Poles (Polos Comunitários de Atividade Física - PCAF) appear, which aims to contribute to the promotion of the population's health, such as stimulating corporate practices, the development of leisure activities, ways of life and social interactions<sup>1</sup>.

PCAFs are physical spaces focused on promoting physical activity, to increase the level of activities of the population and expand knowledge of the benefits of their practice<sup>1,2</sup>.

As an example, the CuritibaAtiva Program, in the city of Curitiba, Paraná State, Brazil, and the Academia da Cidade Program (PAC) in Aracajú, State of Sergipe, Brazil,

How to cite this article: Lucetti *et al.*  
Users' perception of the Community Centers  
for physical activity from two cities in Ceará,  
Brazil. ABCS Health Sci. 2020;45:1266.  
<https://doi.org/10.7322/abcshs.45.2020.1266>

Received: Mar 28, 2019  
Revised: Aug 29, 2019  
Approved: Sep 24, 2019

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Declaration of interests: nothing to declare  
Funding: Programa Pesquisa para o SUS  
(PPSUS) do Ceará



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which seek to democratize, popularize and decentralize physical activities, encouraging their practice in several neighborhoods and peripheral regions through guidance and practice, which seeks to promote the health of the population, as well as healthy habits, combating physical inactivity and promoting physical, mental and social well-being<sup>2,3</sup>.

Based on these experiences in community centers, in 2011 the Ministry of Health published Ordinance No. 719, which created the Academia da Saúde Program (PAS)<sup>4,5</sup>. The PAS aims to contribute to the promotion of the health of individuals through the implantation of centers with adequate infrastructure and health professionals to encourage users to physical activity, leisure, healthy eating practices, that is, changes in habits for longer life. healthy with the support of the Primary Health Care (Atenção Primária em Saúde - APS) network<sup>6</sup>.

Thus, the PAS has a strategic focus on APS, since the program stands out as an integrating element of actions in the search for comprehensive care focusing on health promotion and interdisciplinarity<sup>7</sup>. For this reason, some of the APS objectives are considered as priorities.

However, it is worth highlighting some of the goals of APS, such as the importance of expanding the autonomy of individuals for a healthier life, increasing the level of physical activity of the population, promoting community mobilization for living and solidarity environments and contributing to the valorization of public leisure spaces, as a proposal for inclusion, coping with violence and improving the health conditions and quality of life of individuals<sup>8</sup>.

It should be noted that there are Brazilian municipalities that have the PCAF coexisting with the PAS poles, built with their initiative of local management and with funding from the Federal Government, respectively.

That said, the following questions arise: how have physical activity practices been developed with users of the Unified Health System (Sistema Único de Saúde - SUS)? And, how do users perceive these spaces in terms of their structure, functioning and professional support for carrying out health practices?

Therefore, this study aimed to understand the users' perceptions about PCAF with an emphasis on structure, functioning and professional support in health promotion practices.

## METHODS

This is an exploratory research with a qualitative approach, carried out between December 2014 and May 2015. The locus of the study involved two PCAF located in squares of two different municipalities (Figure 1), one of them being built through the municipal project and the other from the Ministry of Health's PAS, both belonging to a health region (região de saúde - RS) in southern Ceará, Brazil, and are also the most populous municipalities in the region, with 271,926 thousand and 55,323 thousand inhabitants<sup>9</sup>.

The hubs serve as a reference point in the territory for comprehensive and strengthening health promotion articulated with the Family Health Strategy, the Family Health Support Center and Health Surveillance. It does not include only educational and body practices, but also integrative, complementary, artistic, health education and healthy eating.

The sample included 15 participants, 10 from one municipality and five from the other. For the selection of research participants, the following inclusion criteria were established: users who performed regular activities at community centers, at least three times a week. The choice of participants was made out of convenience, in the very centers where they performed the activity at the time of collection.

To obtain the data, we used the semi-structured interview technique conducted by a script with open questions related to the practice of physical activity, structure and functioning of the community centers, performed by one of the authors who was previously trained to perform the collection.

Some questions used were: how do you describe the organization and functioning of this pole of physical activity for the lives of people in this community? What are the main difficulties and/or facilities that you experience to attend or not this pole of activities? How do you see health care for people served in Primary



**Figure 1:** Community poles of physical activity. (A) Health Gym Program. (B) Municipal project.

Health Care and the Unified Health System in the community regarding the promotion of life and health?

The data collection process was developed respecting the free expression of users in their representations, perceptions and feelings. For recording purposes, the interviews were recorded, transcribed and archived electronically. The data were analyzed, according to the steps: data ordering, classification and final analysis, using the technique based on thematic analysis<sup>10</sup>.

The study was approved by the Research Ethics Committee of Universidade Regional do Cariri, according to Opinion No. 328,933. As for the anonymity of the participants, it was decided to assign codes to them, identifying them by the term “user” and “PAS user”, with the addition of Arabic numerals to differentiate the statements of each interviewee.

## RESULTS

Of the 15 survey participants, most were female 10 (66.6%). The age range ranged from 19 to 71 years, corresponding to an average of 45 years. Among them, there were students, professionals of different categories, retirees and housewives, with family income varying between one and three minimum wages.

From the analysis of the statements, five thematic categories related to the results.

### Category 1: Non-existent professionals X professionals present in the Community Physical Activity Centers

There was dissatisfaction with the lack of professionals in the spaces of the community pole of physical activity. Emphasizing that, without their presence, they do not know which exercises should be performed with the available equipment, but also stressed the concern with the development of possible injuries for not knowing how to handle the equipment.

*I think there should be a professional to be able to better instruct people, because they can exercise anyway and end up getting injured. (User 01)*

*I use it because I like it and do stretching, I have no instructions, they never instructed me. (User 03)*

It was noticed that the population does not have access to oriented physical activity programs. Thus, there is a need for a professional to assist them in handling equipment and performing exercises.

On the other hand, in the speeches of the participants who referred to the PAS, positive testimonies stand out concerning professional support.

*Organized, it works well, the professionals are great!*

*Well, I think the organization is great with these two angels, it's working on the right days, and the way it should be. (PAS User 02)*  
*Very good, we follow it well, the exercises vary a lot, it is very varied, the professionals are not lacking at all. (PAS User 05)*

### Category 2: Equipment maintenance and space preservation

It is also possible to verify complaints from users regarding the maintenance of equipment and the preservation of spaces at community centers. The assistance directed to this service is precarious since in most speeches terms were found directing the absence of repair, cleaning, regular monitoring and replacement of equipment when necessary.

*I think it's being very relevant for the population, the only problem is the lack of maintenance of the devices. (User 06)*

*You can see that the devices are broken, it is full of plants, the courts lack nets in basketball, football, the space is good and it exists but it is poorly preserved and the city does not take care. (User 07)*

Through these testimonies, the consistency and effectiveness of the use of devices in the practice of physical activity are questioned, showing that users are dissatisfied with this item.

Another relevant characteristic found in the statements was the divergence in relation to the results on the maintenance of equipment and the preservation of spaces. At the PAS center, the participants highlighted the importance of an appropriate space for carrying out activities, their organization and their good functioning.

*We used to go to the park, go to the roads and here at least there is comfort, a fan, it has air conditioning, it works well...! (PAS User 10)*

*This gym was really needed because we didn't have it, I used to walk only on the sidewalks. (PAS User 12)*

### Category 3: Difficulty due to the distance from the poles of physical activity

The interviews allowed to characterize similar observations made by the participants of the two centers when the subject was accessibility. They reported difficulties that inhibit attendance and permanence in these spaces. They also stated that access to the pole could be made easier if it was close to their homes or, it becomes more difficult due to location and distance.

*The facility, it is very close to my house, to walk and everything. (User 06)*

*There are days when I don't come because I think it's distant and it doesn't work, if it was closer, I would come. (PAS User 08)*

The speeches bring different reports regarding access to physical activity centers. Some users stated that they live nearby and that is why the routine of practicing the exercises exists; others said that because it is far from their homes, it makes access more complicated. Through the majority of users affirming this distance, it was realized that it would be more useful and of better attendance to carry out this practice if the physical activity spaces were decentralized, that is, they were also located in other neighborhoods so that there could be frequency and longer stay in those places.

#### Category 4: Impact of physical activity hubs on users' health perception

The interviewed users said that they find physical activity spaces as having a great impact on the health of the community that they visit.

*I think it has brought a lot of benefits to the health of people, especially for the elderly and young people too, right? (User 02)*  
*Starting with the psychological, besides stress, here we find the friends who will talk to us, it's a relief, it's an escape valve for me... if I hadn't been here today, I was on the verge of depression but here I was fine. (PAS User 09)*

It is considered relevant to emphasize that the health conditions of the population suffer interference when individual and / or group physical activities are carried out, that is, the influence and impact on health, well-being and, therefore, to improve the quality of life through this more active lifestyle.

#### Category 5: Disarticulation with Primary Health Care

Despite the interlocations in the network and the role of Primary Health Care in health education actions for the prevention and promotion of the community, it was unanimously verified the lack of connection and deficiency of professionals and policies that foster these practices.

*No, never ... they never said anything to me about these health gyms. (User 04)*  
*If the basic health unit also indicates it would also be better. (User 05)*  
*No, I don't know if there are people at UBS (Basic Health Unit) that talk about it, but the people from the college who do the work there, we always advise. (User 06)*  
*[...] no professional from the PSF (Family Health Program) guided me, I knew it from my own initiative, right? I've always lived here on the park side. (User 09)*

It is important to note that, although at the PAS center there are trained and specialized professionals for this function, no indication or articulation was found in the statements between

the professionals of the reference health units, nor of the professionals of the Family Health Support Center. It is highlighted, then, that the fragmentation of care that occurs in these loci of the study, hinders the continuity of care, and may compromise the integrality of care to users. In other words, this weakness in articulating programs and professionals from different areas ends up generating a deficit in the integration of educational and health promotion practices.

## DISCUSSION

In relation to the community pole, the absence of professionals was evidenced to assist in the practice of the exercises and to provide necessary guidance regarding the practice of the activity. The maintenance of spaces, structure and equipment was another relevant factor in the survey, as it showed dissatisfaction in most of the interviewees.

On the other hand, with the users who attended the PAS center, there was motivation from the support team and qualified assistance, in addition to mentioning the good maintenance of the equipment and the importance of the adequate space for carrying out the various activities.

It was also noted that the distance can be a potential incentive or discouraging factor since the location of the poles away from the homes makes it difficult for the population to routinely adhere to physical activities. Respondents reported recognizing the relationship between health and quality of life when carrying out activities in these centers, and also reported notoriety regarding the disarticulation of professionals who are part of APS.

To involve the population in health promotion practices, there is a need for support and, consequently, the articulation between the APS services, to provide theoretical and practical support for the various actions that enhance the quality of life. This articulation would be a way to provide the empowerment of users in their health-disease process, through continuous monitoring by health professionals to form a care network that allows comprehensive care.

Among the priority actions of the National Health Promotion Policy (Política Nacional de Promoção da Saúde - PNPS), promotion and physical activity/body practices stand out, reflecting the importance given to an active way of living as a health protection factor. This importance is due to the epidemiological relevance of the sedentarism theme, appearing in several age groups, which has been influencing the increasing appearance of Chronic Non-Communicable Diseases (NCDs)<sup>11</sup>.

The PAS contributes to the control of NCDs to the extent that there are positive effects on the quality of life of the population that practices the activities, as pointed out in other studies<sup>12</sup>. Thus, it is constituted as a strategy of the Strategic Actions Plan to face NCDs in Brazil<sup>12</sup>.

That is why programs to encourage physical activity need to be stimulated by public policies to provide society with the right to remain active. This, in fact, would reflect in the economic sector when the costs of individual and collective health start to fall because the incidence of diseases would probably decrease, as well as the aggravations.

Strategies for organizing health management and practices were brought by the PNPS: comprehensive care and the construction of public policies favorable to life, through intersectoral articulation, as an attempt to change the profile of care centered on the disease. PNPS represents a tool used to promote transversal, integrated and intersectoral actions aiming at the articulation between the various organs of society to compose committed networks with co-responsibility for quality of life<sup>13</sup>.

Assistance, when provided in its entirety, strengthens the patient - professional relationship and, consequently, reduces damage to health<sup>1</sup>. However, in the results found, some statements express the absence or inefficiency of this monitoring by professionals, generating insecurity in users during the performance of activities.

Thus, when there is no monitoring by a qualified professional, the appearance of injuries to the musculoskeletal systems is possible. In other studies, it is emphasized that the main intrinsic factors responsible for injuries are the execution of the incorrect sports technique, inadequate nutrition and factors related to behavior<sup>14</sup>. Therefore, people must be guided on how to carry out such activities, with tranquility and effectiveness to prevent them. And, from that, be informed about the importance of muscle strengthening to improve physical conditioning, stretching and nutritional monitoring<sup>14</sup>.

Physical exercises, when guided by qualified professionals, reduce health problems and help prevent coronary and degenerative diseases<sup>15</sup>. Some exercises may be more suitable for the elderly population, such as water aerobics, dance and flexibility<sup>15</sup>.

Despite the difficulties encountered to properly execute and handle the equipment, users' adherence to physical activity practices was not interfered. In other words, no matter how much concern there is, it does not become a decisive factor in limiting and fulfilling the community in carrying out its activities in these spaces.

Among the interviewees, dissatisfaction prevails over the organization and functioning of these environments, in order to enhance them as places of physical activity. To this end, there should be support from the public administration, since it could establish instruments and urban incentives that aim to protect, promote and recover these spaces. Conserving equipment and the environment, ensuring users' safety in areas of collective use and inspection, everything requires an investment that would be necessary for the best environment and, therefore, greater adherence of the population to the practice<sup>15-16</sup>.

There is a need to decentralize urban activities, since they are usually concentrated in shopping centers, making access to the

experiences of this practice of the population living in peripheral neighborhoods difficult. Spaces must be distributed in such a way that everyone has access to them<sup>17</sup>. Thus, the decentralization of these centers in different parts of the city could allow greater participation of subjects in activities related to health promotion from this new community space.

This issue of democratizing access means making it accessible to everyone, including children, adolescents, adults, the elderly and people with disabilities, in addition to encouraging people to stay in sports<sup>18</sup>. Thus, with regard to accessibility, it is possible to highlight the importance of planning the location, construction process, adaptation and recovery of equipment, it is necessary to observe the architectural barriers, availability of urban transport and proximity to health services, to enhance the displacement of people and, mainly, adherence to the practice of physical activities and/or leisure activities<sup>18</sup>.

Community involvement with the activities offered provides an improvement in functional capacity, active performance for carrying out activities of daily living, improves sleep quality, allows for moments of friendship and exchange of knowledge, in addition to encouraging the adoption of healthy habits<sup>19</sup>.

The statements corroborate with other studies that present the practice of regular physical activity and greater physical fitness related to lower morbidity and better quality of life in the elderly population. They also highlight that a sedentary lifestyle during life is responsible for reductions in quality of life as a result of the more intense and faster suffering of the deleterious effects of aging<sup>20</sup>.

The practice of this practice promotes an increase in life expectancy, self-confidence, improves self-esteem, promotes autonomy and independence, relieves depression, allows group experiences, which helps in emotional and behavioral development, and declines in NCDs<sup>21</sup>.

Thus, studies have been presenting data that demonstrate the relationship between exercise, fitness and physical activity with the prevention, with the rehabilitation of diseases and with the improvement of quality of life, since the active and growing participation of people in different forms of activities associated with social interaction positively influences the general health status, vitality, social aspects and mental health<sup>22</sup>.

Therefore, the perception of the concept of health is when the individual feels good about himself and all of his organs are in good working order, without any interference that would hinder his self-esteem or his insertion in society, thus generating quality of life<sup>23</sup>. Currently, it can be observed that there is greater participation of society in the practice of physical activities, which demonstrates a conceptual maturation on health promotion.

Multiprofessional and intersectoral work is an alternative for improving care practices, as it favors all the subjects involved, through the valorization of the various knowledge centers and the possibility of completely intervening in the health-disease

process. The participation of these professionals is essential in the process of community training and fundamental for building autonomy, strengthening the bond and forming a social care network that aims to improve the quality of life<sup>20</sup>.

The effective performance of health professionals in the formation of groups that practice physical activity is of paramount importance in the intervention of the health/disease process since it has a great potential to promote actions with the community, in the search for disease prevention strategies and improvement of subjects' quality of life<sup>24</sup>.

To work within the APS, professionals who work directly in health would need to have a closer relationship with the Public Health area during graduation. Like the physical educator, studies show that universities, even in an unbalanced way, have already advanced in order to meet society's expectations for the promotion of healthy lifestyles<sup>25</sup>.

Given the above, it can be said that the training of these professionals, for the most part, is not yet in line with the postures demanded by SUS. For, in addition to theoretical knowledge, they should act more in the practical scenario to also acquire popular knowledge, and seek to act with a broad stance, being critical and more reflective in the face of life's adversities. The importance of articulating the praxis of teaching gyms to the social reality allows the formation of a new profile of students and professionals with a focus on health promotion and education,

in the development of group activities through humanized and integral attitudes.

In conclusion, the users interviewed highlight the need for professionals in the PCAF, as well as the maintenance of equipment and better structures for operation. On the other hand, the PAS community centers stand out with the presence of professionals to guide the activities, as well as the good physical structure for functioning. In both equipments, there is no articulation with the APS for better functioning and integrality of the actions developed.

There is a need to develop integrated, multi-professional and intersectoral action through partnerships between public authorities, to improve the living and health conditions of the population, with improvements in the adequacy of public spaces for the practice of physical activity.

As much as physical activity related to health has been gaining prominence in recent years, programs to encourage this practice for the population studied are still scarce. It is expected that greater attention will be paid by managers to invest in health education programs, as well as the encouragement of professionals to advance in risk promotion and prevention techniques to optimize the service to new care possibilities.

It is recommended to carry out new research that points out experiences on the professional articulation as an enhancer of comprehensive care, to understand the relationship between improved care and the practice of physical activity as a strategy for improving clinical health conditions and quality of life.

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