

Extension experiences in popular health education in confronting the Covid-19 pandemic in Primary Health Care

Experiências de extensão em educação popular em saúde no enfrentamento à pandemia da Covid-19 na Atenção Primária à Saúde (resumo: p. 13)

Experiencias de extensión en educación popular en salud en el enfrentamiento a la pandemia de Covid-19 en la Atención Primaria de la Salud (resumen: p. 13)

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Addressing the Popular Education in Health (PEH) as a link between the university and the health system, this paper aims to report experiences of university extension developed, in the context of Primary Health Care (PHC), to contribute to the fight against the Covid-19 pandemic. The chosen methodology was the documentary type and the critical analysis of practices undertaken by an extension program in PEH from March to December 2020. It focuses on training processes mobilized by extensionists and the production of materials to support the dissemination and strengthening of popular knowledge in health on social media. These initiatives have given visibility to the knowledge and learning of popular health practices and PEH actions in PHC. The educational spaces have enabled the sharing of experiences and deepening the training of people in the pedagogical perspective of PEH as an alternative response in this challenging context.

Keywords: Empowerment for health. Primary health care. Covid-19. Distance education. Health education.



Introduction

Popular Education (PE) is an educational concept that understands the pedagogical process through the shared construction of knowledge, seeking to mobilize in the individual a critical and reflective look on the various dimensions of social reality. It values the role of the student in the learning process, the promotion of autonomy, and the people's power to fight^{1,2}. It emerged in Latin America and began to take shape in the late 1950s, in the approach to teaching young people and adults and in popular culture movements^{3,4}. In turn, Popular Education in Health (PHE) guides practices that contribute to care with a view in opposition to the biological and prescriptive approaches^{2,5}. The PEH emphasizes the confrontation of health problems through dialogue with the popular classes and the recognition of their cultures and knowledge⁶, aiming at humanization, liberation, and emancipation⁷. According to Wallerstein⁸, it seeks to intensify popular participation in public policies, requiring empowerment as a social process of action that includes individuals, communities, and organizations in the search for the domain of comprehensive health guaranteeing equity and the quality of life.

Within the scope of the Brazilian National Health System (SUS), one of the strategic spaces for working with the PEH has been the Primary Health Care (PHC). It is characterized by being the level with the lowest technological density in the system hierarchy and is the user's gateway to access health services. It encompasses promotion, prevention, and assistance actions, considering the determinants that may interfere in the health-disease process in the territories⁹.

The current situation of the pandemic, caused by the new viral strain of the family *Coronaviridae* (SARS-CoV-2), which causes the Covid-19 disease, has been causing consequences not only in the health area but also in the social, political, cultural, environmental, and economic dimensions. Pre-existing difficulties were accentuated, such as access to food, medicines, transport, and basic sanitation. These changes directly interfere in the lives of individuals and vary according to financial, housing, gender, and education conditions. Therefore, vulnerable segments and groups need a different look¹⁰⁻¹².

Given the rapid spread and seriousness of Covid-19, some control and prevention measures, such as social isolation, are encouraged by health agencies^{13,14}. The use of Information and Communication Technologies (ICTs) has intensified, changing the way people relate and the dynamics of service provision. We can highlight some examples, such as the increase in remote processes in teaching and work, the expansion of the use of videoconferencing resources, among others.

In light of the above, this manuscript seeks to report PEH experiences lived by the University Extension Program "Práticas Integrals de Promoção da Saúde e Nutrição na Atenção Básica" [Integral Practices for the Promotion of Health and Nutrition in Primary Care] (Pinab), of the Federal University of Paraíba (UFPB), in its contribution to fighting the pandemic of Covid-19 in the context of PHC, pointing, from its relationship with a family health team and with protagonists of a territory, paths, and possibilities of educational processes guided by PEH in this challenging reality.



This manuscript is an experience report based on the methodological perspective of systematization of experiences, according to Oscar Jara Holliday¹⁵. There is an experience description, which sought to be referenced in a critical and reflective perspective, and that originated in the agreement of extensionists regarding the need to explain the lessons learned from the experiences unveiled during the pandemic period.

To this end, there were a series of meetings, in which axes of systematization were planned, one of them was the “Potentials of Extension in PEH to fight the Covid-19 Pandemic in PHC”. Based on consultation and document analysis, the team promoted meetings with reflective debates on this axis in the experience, which converged to the clarification of emerging learnings. The document consultation was conducted with the participation of protagonists of this experience, especially two professors and three students. These intentionally selected the following documental sources: a) records of meetings minutes, training activities, and community actions promoted by the program, which are available in its Google Drive account; b) publications on the program electronics pages, both the Blog and the Facebook profile; c) scientific dissemination material produced by extensionists, organized by the Thematic Group of PEH of the “Associação Brasileira de Saúde Coletiva” [Brazilian Association of Collective Health] (ABRASCO) and published on the website of that Association. At the end of the process, the team sought to organize and show, systematically, and within the chosen axis, the fundamental dimensions of the learning emerging in each of the stages of the unfolding of the systematized experience, which then constituted the sections of this paper.

A brief contextualization of the Pinab extension program

Since 2007, the Pinab Extension Program carries out its actions in a shared manner with health professionals from the Family Health Units (FHU) – Vila Saúde and with protagonists from the Jardim Itabaiana, Pedra Branca, and Boa Esperança communities, in the neighborhood Cristo Redentor, in João Pessoa/PB, Brazil.

Under this light, Pinab currently operates with four different fronts of activities: a) promotion of training courses for the theoretical-methodological improvement of social actors in Freire’s pedagogy, for protagonists of different experiences and social movements in Brazil; b) publishment of texts from PE experiences linked to popular movements and practices in Paraíba; c) promotion of content and courses aimed at valuing and disseminating Integrative and Complementary Practices in Health (ICPH), opening spaces for dialogue with the Community of Cristo-JP; d) training processes for community leaders within the PHC in search of effective popular participation and social control in the SUS. The program intends to qualify and expand PE initiatives in social movements and SUS services in the State, encouraging PE as an expression of the construction of paths and new health practices.

In the current global health scenario, where distance meetings are ideal, Pinab maintained its actions using digital tools to ensure continued care, share knowledge and promote training spaces. Therefore, some of the practices carried out so far will be described below.



A teaching experience integrated with the extension program and its development during the pandemic: addressing the health care of populations in situations of exclusion

Faced with physical isolation, UFPB implemented a supplementary calendar with the aim of offering, optionally, curricular, and extracurricular components in remote teaching and learning activities. Thus, understanding the importance of these questions, the Pinab program supported, through three of its professors, the offer of one optional subject called “the Care to the Excluded Populations” for health students. The subject was created in the context of the most recent curricular reform of UFPB’s Medicine undergraduate program.

This subject counted on fifty students amongst medical and nutrition undergraduates. It occurred weekly, with a workload of 30h distributed in 10 meetings through the Google Meet platform. It also counted with the message’s application WhatsApp as complementary support in this process. The themes discussed on this subject approached the topics of exclusion and health, PE and the health care, vulnerability and the health care, public equity, politics and the care with the excluded populations, the practice of health care in excluded populations, either in homelessness, abusive use of alcohol and other drugs, persons with disabilities and the LGBTQIA+ population.

The classes valued the interactive and dialogued dynamics, besides showing videos and promoting debates. They also counted with round-table discussions with invited contributors that had collaborated with this formative process, as representatives of some social movements such as responsible for children with autism spectrum disorder, the Landless Rural Workers’ Movement (MTST), the LGBTQIA+ community, the individuals with agroecological experiences and practices, black youth, and the peasant movement.

The integration between the Extension Program subject through the Pinab was a significant point in developing an articulated formative process with the social reality and the pertinent demands to the dynamics of the services in the PHC. The experience of the subject organizers, and the consequent coexistence with diligent communitarian leaderships and health workers, assisted in the survey of topics that, amongst those connected to the syllabus, came as necessities of learning for the improvement of the performance in the PHC. Moreover, the Extension Program inspired the methodological choice to include classes in the subject with reports of experiences, struggles and works developed by protagonists of social movements and practices in the defense and affirmation of social and human rights and coping with social exclusion. Some students of this and other Extension Programs of the institution participated on the subject and made this a formation moment for students in action at the PHC.

As an activity integrated into the pedagogical process, the evaluation strategy occurred procedurally and continuously through a portfolio in which students – provoked from educational moments – constructed a critical and reflective text with learning, doubts, concerns, and curiosities.

At the end of the course, there were possible opportunities for stimulating and mobilizing skills that allowed achieving the proposed objective of enabling the understanding of aspects related to health care of populations socially excluded from social goods, services, and rights, in addition to their implications for ensuring comprehensive, quality and universal health care.



Production of the series of videos “Caminhos do Saber: entre Práticas de Saúde Popular”

The audiovisual series called “Caminhos do Saber: entre Práticas de Saúde Popular” [Paths to knowledge: between practices of popular health] which consisted of three seasons, was conceived in the perspective of potentiating the use of virtual resources that gained more emphasis during this period of social isolation experienced in the pandemic, with a view to the publicization and dissemination of ideas and knowledge in PEH and ICPH. The aim was to share, through social media, videos with perspectives, experiences, and to knowledge, with the participation of guests talking about inclusion topics in each approached theme, trying to connect to some of the principles present on the National Politics of Popular Education in Health in the SUS (PNPEH-SUS), in the dialogue and the shared construction of the knowledge¹⁶.

In the first season, the themes of PE and ICPH were interspersed weekly. Each of these topics was chosen on Mondays by the followers of the Pinab Instagram (@pinab.ufpb), that they voted in one of two options suggested for the extensionists. After this poll vote on Instagram’s *stories*, the winning topic was the chosen one of the week. Each guest was contacted to approach the topic through a video produced by them and later edited on Adobe After Effects and Adobe Premiere for one of the extensionists. This person was also responsible to insert the series vignette and subtitles. Finally, on Fridays, the weekly video was shared on the Instagram *feed*. It had a duration between four and ten minutes. It was also made available permanently on this space and the Program’s YouTube channel. There were six videos with the following topics: What is PE; What are the ICPH, PNPEH-SUS; National Policy on Integrative and Complementary Practices (PNPIC-SUS) and their implementation in the SUS; The PHC and the PEH in the confrontation of the Covid-19 pandemic; and the Integrative and Complementary Practices on the Health in the combat of the Covid-19 pandemic.

The second season, named “Caminhos do Saber: dialogando sobre o desenvolvimento de lideranças comunitárias no SUS” [Paths to knowledge: dialoguing on the development of community leaderships at SUS], approached themes such as social control, popular participation, participative management in the SUS, rights, and duties of the user of the health, and the protagonism of the communitarian leaderships in the PHC. The extensionists developed this season and used explanatory short videos produced by them and edited in the edition program *Movavi*, in the form of animations with puppets. These themes were intended to foment the debate and the knowledge of the population regarding the force of the participative action of each citizen in the fight for their rights. Besides aiming to contribute to magnifying the knowledge of part of the population concerning the social movements of the health area. Furthermore, this second season looked for reaffirming that the popular participation does not restrict only the health advice and conferences, bringing visibility to other spaces on the society, as groups of the community, neighborhood associations, and audiences.

In turn, the third season of the series emphasized PEH experiences in the context of the pandemic developed in the state of the Paraíba and other regions of the country. The videos were edited with subtitles and the opening, keeping a standard of six minutes for each video. In this season, the shared experiences were: Projeto Fundo Casa e the action of herbal medicine on the Covid-19 combat in the countryside



and the city with traditional peoples; Actions and experiences of the Unified Black Movement in Pernambuco; Agroecological Experiences and Food and Nutrition Sovereignty at the Borborema-PB Center; Experiences of the University Community In Action Project (COMUNA) - CE; Experiences of the WG of Popular Education and Health of ABRASCO in the Covid-19 pandemic; Integrative Community Therapy (ICT) in the pandemic context of Covid-19; and Popular Education in health, social control, and sustainable territory.

This initiative demonstrated to be an alternative of adequacy to the need to use the ICTs. It facilitated spaces to share knowledge and practical boardings in social PEH in the pandemic reality, translating a moment of the opportune overcoming of some of the limits of social isolation. With the series, the Pinab also contributed to keeping open the debate on the construction of the PEH in the national social nets, evidencing its challenges, potentialities, and promotional experiences in the health field.

Extension Course “Participação, Educação Popular e Promoção da Saúde: saberes, ideias e práticas”

Between May and July of 2020, it was developed by Pinab an extension course directed to the formation of social protagonists in PEH, named “Participação, Educação Popular e Promoção da Saúde: Saberes, Ideias e Práticas” [Participation, popular education and health promotion: knowledge, ideas and practices], that occurred in the virtual modality. Its promotion aimed to subsidize the creation of boardings, experiences, and projects of a critical and participative matrix for different actors (citizens of social movements, practical communitarian, academic sectors, health services, education, and social protection) in the territories of the PHC.

The course counted on 325 enrolled individuals. Of this total, 113 participants attended at least one of the lessons, and 96 concluded the course and were entitled to receive the certificate. These enrolled ones were originated from the states of: Alagoas, Amapá, Amazonas, Bahia, Ceará, the Federal District, Espírito Santo, Goiás, Maranhão, Mato Grosso, Minas Gerais, Pará, Paraíba, Paraná, Pernambuco, Piauí, Rio De Janeiro, Rio Grande do Norte, Rio Grande Do Sul, Santa Catarina, São Paulo, Sergipe, Tocantins, and also a participant from Portugal. Amongst them, it had varied professional insertions: communitarian agents of health, social assistants, popular educators, nurses, students of various majors and graduate programs, physiotherapists, phonoaudiologists, odontologists, educators, teachers, psychologists, occupational therapists, and also communitarian protagonists and of social movements, such as Levante Popular da Juventude, an integrant of the Fórum Turiense de Mulheres, Movimento das Trabalhadoras e Trabalhadores por Direitos, Movimento Negro Unificado, Rede Ubuntu de Cursinhos Populares, Instituto Consciência Planetária, Comunidade Tradicional Pesqueira Ilha de Deus, Liderança do Território Quilombola Águas do Velho Chico, Ativistas Negras e Quilombo Rosa, Articulação Nacional de Movimentos e Práticas de Educação Popular e Saúde, Coletivo de Mulheres Hydras do Terra

Considering the high number of participants, the classes alternated between moments of concentration of the whole group and group debate in virtual rooms with fewer participants, aiming to establish the guarantee of spontaneity and circulation of



the word by the methodology of three hours of distance meetings. In addition, to maintain the active participation of the students, we sought to keep them in constant movement between rooms, requiring the continuity of attention between the debates and the need to locate themselves in time and virtual space every time a new room change was requested. Thus, we aimed to promote dialogue and deepen discussions through an approach guided by the methodology of culture circles, approached by Brandão¹⁷, striving to favor the continuous and horizontal exchange of roles, and emphasizing the importance of individual participation for the legitimation of the collective¹⁸.

Each room with a small group of students counted on the support of a monitor (extensionist) and a coordinator (professional of health egress of the Program) to mediate the dialogues. In this boarding, the period of one hour was private, in which some moments were made available to each participant to bring their knowledge and experiences and build a dialogue among them. An average time of speech was agreed upon previously and aimed to provide that more people could speak, within the total time for the activity. The dynamics in small groups had the objective of letting the participants more comfortable to discuss the topics. Moreover, the coexistence in groups with a smaller number of people favored the bond construction and the maintenance of commitment and encouragement to stay in the course. It can be proven by the fact that more than 84% of the participants who started the course remained until the end.

We counted on eight meetings that had included various themes. The meanings and perceptions about social participation, PE, and health promotion in the current context of coping with the Covid-19 pandemic were addressed. Ideas and proposals were arisen to act with the PE. Also, strategies of PE insertion in the scope of university spaces, searching to look at, to reflect, and to act on the importance of the formation of humanized professionals and chemical preparations to deal and to understand the diverse social realities. There were many examples of practices in this context of combating the Covid 19, like the Frente Aroeira, which rescues the ancestral and popular knowledge, as well as the Communitarian Therapies in distance.

The dimension of popular participation in PEH was based, especially with the experiences of two popular educators who work together with Pinab, and which highlighted the most striking points of their trajectory, reporting the origin of interest in medicinal plants and phytotherapy and highlighting the approximation with experiences of the popular extension, such as Pinab, and its importance in an emancipatory and autonomy perspective in various processes of its life. It was focused, still, on the insertion of community gardens in the territories of action of the Pinab and the shared construction in these processes. In other moments of the course, the theoretical and conceptual deepening was prioritized, as in the class on the PE conception and its contributions to human emancipation in the formative processes, to face the challenges of the current Brazilian context.

Since the first meetings, spaces have been made available to welcome the participants and their perceptions. During the process, we sought, through a partial evaluation, to dialogue with the participants about their criticisms and perceptions about the course, and, finally, an evaluation was carried out with all those involved, aiming to qualify the initiatives to come. These evaluation processes have brought the understanding



of distance learning as a resource with advantages and disadvantages, because, while it does not allow face-to-face contact and is not accessible to all people who would like to participate, it can expand and diversify the protagonists, including subjects from different locations in Brazil and even other countries.

Because it is a virtual environment and does not allow the *in loco* it ran away from our active responsibility the active participating of some of the students, who did not turn on their cameras and did not manifest themselves in other ways. It is fair to consider that many people did not have more reserved spaces available inside their homes to be able to open their cameras, or even to speak openly and fluidly. There were also cases of connection stability problems, making it difficult for some people to participate more proactively. In this sense, the organizing team needed to learn to respect these limits, suggesting that the cameras be connected by those who felt comfortable, or who could, but also providing other means of expression, such as only by audio or only via text in the chat room. To contemplate the people with connection problems at the synchronous moments, the recorded lessons and uploaded to the Pinab Youtube channel. It made it possible for those people to follow the debates in the asynchronous form.

Employing the positive evaluation of this initiative, the Pinab team understands to have contributed to the mobilization of actors to carry out the creation, the empowerment, and the perfection of social and communitarian spaces, with the optics of the PEH, in the scope of the territories and the services of the PHC.

Learning unveiled by experiences

In our assessment, the activities developed by Pinab in the context of the pandemic corroborated with the potentization of PEH as a strategy for the constitution of spaces, environments, and experiences of comprehensive care in the PHC, particularly initiatives where opportunities for a dialogued sanitary action between the scientific and popular knowledge. Whether in the curricular subject offered, in extension courses, or the series of videos published on social networks, it was emphasized the feasibility of building participatory processes in the health context that democratize care and promote solidarity and collaborative action among community residents, workers in the area – both as potential protagonists in important health promotion processes. As Stotz¹⁹ says, PEH involves a social and struggle movement between professionals in the area, and community protagonists to establish a collective construction of scientific and popular knowledge, which arises from political work and opens paths for the conquest of autonomy of rights. Thus, when thinking about PE, we understand the importance of its construction under a horizontal and dialogical relationship between educators and students, as well as the establishment of permanent training processes for the protagonists of PEH practices and experiences.

As a guiding reference for these initiatives, the PEH stimulated the mobilization, in extensionists, of a critical look at themselves and the world. With this, students undergoing training in the health area were also able to create training opportunities and access - free and digital - of people to knowledge arising from experiences, where health promotion was combined with the prevention of diseases, having as a guiding



principle, the proactive involvement of the community and its leading role in unveiling processes for the constitution of spaces and environments consistent with a broad and dignified quality of life. Such objectives and principles are not restricted, in their application, to Pinab students, but also apply to the training processes performed by Pinab, with the role of these students, in the sense of collaborating with the training of professionals from various contexts in the country. All of this has been possible through extension courses promoted by Pinab in the remote mode.

The National Curriculum Guidelines (NCGs) referring to health courses advocate a remodeling of the technical, fragmented, and decontextualized training process for a humanistic and comprehensive training²⁰. They also emphasize the importance of tools that can help the construction of the critical, reflective, and active member in the construction of their knowledge, allowing a broad view of the reality of the territory, the citizen, and the numerous social, cultural, and historical determinants involved in the health-disease process^{20,21}.

Although the concept of vulnerability may vary, enabling different perspectives on the topic, the presence of the individual, social and programmatic component is common in its definition, as they intertwine the multidimensional conditions faced by the individual. In PEH, the idea of vulnerability, in its social perspective, is part of the critical perception of contexts in which the population faces situations of oppression and the daily struggle for the achievement of freedom and autonomy^{22,23}. The act of caring refers to an interaction between two or more individuals, aiming at alleviating suffering or achieving well-being. The care in health practices articulates theoretical and practical principles, seeking to break the fragmented care and offer humanized care, highlighting the individual's responsibility and identity²⁴. In a context of government perspective and public agenda marked by austerity, the reduction or exclusion of social rights, and little or no public investment in social policies and actions²⁵, Pinab's initiatives are fruitful in the direction of supporting popular protagonism, in the sense of unveiling social and community care practices.

In the current reality, these practices become not only essential but, in many situations, they are unique conditions for the survival of people in this period of crisis and instability^{25,26}. To this end, Pinab has used PE to foster the popular leading role and continuing education of professionals towards the integral health promotion of in communities, to broadly socialize technologies, methodologies, ideas, knowledge, tips, strategies, and promoting experiences health and healthy and sustainable environments.

As pointed out by Lima *et al.*²⁶, PE understands that health professionals have a privileged ability to look at social reality critically and adopt a creative posture that creates resistance and confronts people with complex health situations. It is this "doing with" that leads to the constitution of a health care process that is not only integral because it looks at the other and the other as a whole and with its complexities, but is participatory, inclusive because it mobilizes the protagonism of people in building their health and mobilizing attitudes, procedures and experiences aimed at weaving healthy and sustainable environments and contexts.



Final considerations

Amidst the pandemic and the evidence of the expansion of social inequalities, it is highlighted the importance of health education from the perspective of defending and improving the SUS, as well as the right to health. PEH enabled new creativity in educational and social processes during the pandemic period, so that Pinab and the territorial community action where we operate did not remain stuck during this period. Much was done to take advantage of the possibilities presented by the ICT tools for PEH, to build meaningful social work. Thus, although with limitations (especially from the pedagogical point of view and access for some people), the use of ICTs blossoms as a strategic opportunity because of the training needs during this period.

Among the difficulties experienced, it is worth mentioning the difficulty in maintaining virtual meeting spaces with the active participation of most people, such as, for example, the lack of visual interaction due to some cameras being turned off. Furthermore, the absence of face-to-face actions weakened the daily density of human relationships and their affections, affectations, and emotions, which are essential elements in the practice of PE.

Despite these limitations, the PE processes developed by the extension during this period, were successful in creating bonds, in the production of collective hope and spaces of creation and criticality, valuing respect for diversities and individualities, and comprehensive health care. Such initiatives cleared the knowledge and learning from popular health practices and PEH actions in PHC. The educational spaces made it possible to share experiences, as well as to deepen the training of people in the pedagogical perspective of PEH as an alternative response in this challenging context.

Authors' contribution

All authors actively participated in all stages of preparing the manuscript.

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Conflict of interest

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References

1. Brandão CR. Educação popular. São Paulo: Brasiliense; 1982. (Coleção primeiros passos).
2. Sthal HC, Leal CRAA. Educação popular como política de saúde: interfaces com a formação profissional em saúde. *Cad Pesqui.* 2017; 24(2):125-38.
3. Wiggins N, Hughes A, Rios-Campos T, Rodriguez A, Potter C. La palabra es salud (The Word is Health): combining mixed methods and CBPR to understand the comparative effectiveness of popular and conventional education. *J Mix Methods Res.* 2014; 8(3):278-98.
4. Mota Neto JC, Streck DR. Fontes da educação popular na América Latina: contribuições para uma genealogia de um pensar pedagógico decolonial. *Educ Rev.* 2019; 35(78):207-23.
5. Costa ACP, Aragão TAP, Pereira CS, Nogueira FJS, Rodrigues MG, Callou Filho CR, et al. Educação e saúde: a extensão universitária como espaço para tencionar e pensar a educação em saúde. *Braz J Develop.* 2020; 6(4):21616-30.
6. Amaral MCS, Pontes AGV, Silva JV. O ensino de Educação Popular em Saúde para o SUS: experiência de articulação entre graduandos de enfermagem e Agentes Comunitários de Saúde. *Interface (Botucatu).* 2014; 18(2):1547-58.
7. Brasil. Ministério da Educação. Caderno de educação popular e saúde. Brasília: Ministério da Saúde; 2007.
8. Wallerstein N. Empowerment to reduce health disparities. *Scand J Public Health.* 2002; 30(59):72-7.
9. Lavras C. Atenção Primária à Saúde e a Organização de Redes Regionais de Atenção à Saúde no Brasil. *Saude Soc.* 2011; 20(4):867-74.
10. Mendonça MH, Silva JA, Cunha CL, Latgé P. A pandemia Covid-19 no Brasil: ecos e reflexos nas comunidades periféricas. *APS Rev.* 2020; 2(2):162-8.
11. Bezerra ACV, Silva CEM, Soares FRG, Silva JAM. Fatores associados ao comportamento da população durante o isolamento social na pandemia de Covid-19. *Cienc Saude Colet.* 2020; 25(1):2411-21.



12. Silva CLF, Silva MS, Santos DS, Braga TGM, Freitas TPM. Impactos socioambientais da pandemia de SARS-CoV-2 (Covid-19) no Brasil: como superá-los? *Rev Bras Educ Ambiental*. 2020; 15(4):220-36.
13. Sohrabi C, Alsafi Z, O'Neill N, Khan M, Kerwan A, Al-Jabir A, et al. World Health Organization declares global emergency: a review of the 2019 novel coronavirus (Covid-19). *Int J Surg*. 2020; 76:71-6.
14. Harapan H, Itoh N, Yufika A, Winardi W, Keam S, Te H, et al. Coronavirus disease 2019 (Covid-19): a literature review. *J Infect Public Health*. 2020; 13(5):667-73.
15. Holliday OJ. *Para sistematizar experiências*. 2a ed. Brasília: Ministério do Meio Ambiente; 2006.
16. Brasil. Ministério da Saúde. Comitê Nacional De Educação Popular Em Saúde. Portaria nº 2.761, de 19 Novembro de 2013. Institui a Política Nacional de Educação Popular em Saúde no âmbito do Sistema Único de Saúde (PNEPS-SUS). Brasília: Ministério da Saúde; 2012.
17. Brandão CR. *O que é o Método Paulo Freire*. São Paulo: Brasiliense; 2013.
18. Lima LO, Pekelman R. O diálogo como estratégia formativa. *Rev Educ Pop*. 2020; (esp):290-7.
19. Stotz E. *Enfoques sobre a educação popular e saúde*. Brasília: Ministério da Saúde; 2007. (Caderno de educação popular e saúde).
20. Costa DAS, Silva RF, Lima VV, Ribeiro ECO. Diretrizes curriculares nacionais das profissões da Saúde 2001-2004: análise à luz das teorias de desenvolvimento curricular. *Interface (Botucatu)*. 2018; 22(67):1183-95.
21. Rios DRS, Caputo MC. Para além da formação tradicional em saúde: experiência de educação popular em saúde na formação médica. *Rev Bras Educ Med*. 2019; 43(3):184-95.
22. Silva CC, Cruz MM, Vargas EP. Práticas de cuidado e população em situação de rua: o caso do consultório na rua. *Saude Debate*. 2015; 39:246-56.
23. Sevalho GO. Conceito de vulnerabilidade e a educação em saúde fundamentada em Paulo Freire. *Interface (Botucatu)*. 2018; 22(64):177-88.
24. Ayres JRJM. O cuidado, os modos de ser (do) humano e as práticas de saúde. *Saude Soc*. 2004; 13(3):16-29.
25. David HMSL, Nespoli G, Lemões MAM. Incertezas em tempos de pandemia. *Rev Educ Pop*. 2020; (esp):259-67.
26. Lima LO, Silva MRF, Cruz PJSC, Pekelman R, Pulga VL, Dantas VLA. Perspectivas da Educação Popular em Saúde e de seu Grupo Temático na Associação Brasileira de Saúde Coletiva (ABRASCO). *Cienc Saude Colet*. 2020; 25(7):2737-42. Doi: <https://doi.org/10.1590/1413-81232020257.26122020>.



Empenhando-se em abordar a Educação Popular em Saúde (EPS) como ponte universidade-sistema de saúde, este artigo objetiva relatar experiências de extensão universitária realizadas no contexto da Atenção Primária à Saúde (APS) para a contribuição no enfrentamento à pandemia do Covid-19. Teve como caminho metodológico a análise documental e crítica das práticas realizadas por um programa de extensão em EPS de março a dezembro de 2020. Enfocam-se processos formativos mobilizados pelos extensionistas, bem como produção de materiais de apoio à divulgação e ao fortalecimento dos saberes populares em saúde nas mídias sociais. Tais iniciativas deram visibilidade aos saberes e aprendizados oriundos de práticas populares em saúde e ações de EPS na APS. Os espaços educativos possibilitaram o compartilhamento de experiências, bem como o adensamento da formação das pessoas na perspectiva pedagógica da EPS como alternativa de resposta nesse desafiador contexto.

Palavras-chave: Empoderamento para a saúde. Atenção Primária à Saúde. Covid-19. Educação a distância. Educação em Saúde.

Con el empeño de abordar la Educación Popular en Salud (EPS) como puente de la universidad–sistema de salud, este artículo tiene el objetivo de relatar experiencias de extensión universitaria realizadas en el contexto de la Atención Primaria de la Salud (APS) para la contribución en el enfrentamiento de la pandemia de covid-19. Tuvo como camino metodológico el análisis documental y crítico de las prácticas realizadas por un programa de extensión en EPS de marzo a diciembre de 2020. Se enfocan en los procesos formativos movilizados por los extensionistas, así como la producción de materiales de apoyo a la divulgación y al fortalecimiento de los saberes populares en salud de las redes sociales. Tales iniciativas dieron visibilidad a los saberes y aprendizajes provenientes de prácticas populares en salud y acciones de EPS en la APS. Los espacios educativos hicieron posible compartir experiencias, así como adensar en la formación de las personas bajo la perspectiva pedagógica de la EPS como alternativa de respuesta en ese contexto desafiador.

Palabras clave: Empoderamiento para la salud. Atención primaria de la salud. Covid-19. Educación a distancia. Educación en salud.