



Healthy Actions in Voice Campaign: considerations for practice

Ações saudáveis na Campanha de Voz: considerações para a prática

Acciones saludables en Campaña de Voz: consideraciones para la práctica

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Abstract

The Voice campaigns are part of collective actions and speech therapists approach to the strategies and public health policies. This trajectory represents a mark in the mobilization of speech therapists that now have the theme as the object of an action that is intended to be educational. Thus, it is important that this process happens in an accessible manner to the population and that participants feel contemplated in relation to the various possibilities to exercise care, reflected in their quality of life. This communication aimed to describe concepts and possible strategies for the realization of actions in Voice campaigns in the perspective of health promotion.

Keywords: *Speech Language and Hearing Sciences; Voice; Health Promotion; Health Education.*

Resumo

As Campanhas de Voz fazem parte de ações coletivas e aproximam fonoaudiólogos às estratégias e políticas públicas de saúde. Esse percurso representa um marco na mobilização dos fonoaudiólogos, que passaram a ter o tema como objeto de uma ação que se pretende educativa. Neste sentido, é importante que este processo aconteça de forma acessível à população e que os participantes sintam-se contemplados no que se refere às diversas possibilidades de se exercer o cuidado, refletidas em sua qualidade de vida. Esta comunicação teve como objetivo descrever conceitos e possíveis estratégias para a realização de ações nas Campanhas de Voz, na perspectiva da promoção da saúde.

Palavras-chave: *Fonoaudiologia; Voz; Promoção da Saúde; Educação em Saúde.*

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Resumen

Resumen: Las campañas de voz son parte de las acciones colectivas y aproximan los fonoaudiólogos de las estrategias y políticas públicas de salud. Esa ruta representa un marco en la movilización de los fonoaudiólogos que pasaron a tener el tema como objeto de una acción educativa. En este sentido, es importante que este proceso ocurra de una forma accesible a la población y que los participantes se sientan contemplados en relación con las diversas posibilidades de ejercer el cuidado, que se refleja en su calidad de vida. Esta comunicación tuvo como objetivo describir los conceptos y las posibles estrategias para la realización de acciones en las Campañas de Voz desde la perspectiva de promoción de la salud.

Palabras clave: Fonoaudiología; Voz; Promoción de la Salud; Educación en Salud.

Introduction

Health campaigns are actions or strategies that are part of the daily life of the population. These campaigns are conducted annually, on specific dates, and there is media coverage and participation of the private and public sectors, with respect to funding and to the incentive of healthy habits¹.

Since 2002, the Sociedade Brasileira de Fonoaudiologia (SBFa), incentive the participation of speech language therapists in the organization of the World Voice Day campaign, with an award that chooses the best campaign in the current year. Those responsible for the campaign perform the actions according to the guidelines proposed by the entity and register to compete for the award. In the course of these years, among the criteria, the structural aspects of the presentation of the campaign are prioritized, such as the use of the SBFa logo and the “Be a friend of your voice” theme². The following aspects are considered for the trial: power point presentation; creativity of the actions; coverage of the population involved; content of actions; integrative and intersectoral character; and impact of the Campaign in population².

For the purpose of assisting the paradigm shift in speech language therapy and in the search for a professional career in line with the needs of the population and linked to public health policies and regulations in force, this communication was focused, in a retrospective aspect, in understanding the process of preparing the Voice Campaigns stimulated by the SBFa, and, in a prospective proposal, analyzing the reflection of health promotion and disease prevention in health in the actions. This communication aims to describe concepts and possible strategies for conducting actions in Voice Campaigns in the perspective of health promotion.

Description

Concepts required for a health promotion Campaign

In health campaigns, the population is the major target, so the entire mechanism developed and produced must necessarily contemplate their needs. In this way, so that the actions in campaigns are consistent with public policies, it is necessary to use some concepts that support the health practices conducted. Among them, we emphasize the concepts of Completeness, Care, Accountability and Communication in Health.

According to the literature, the Completeness can be observed in three different dimensions, namely: *practices*, *services* and *policies*³, and the use of these dimensions will eventually benefit the practices conducted in health campaigns.

The *practices* dimension contributes to the understanding of the need of the population, an essential factor for the contextualization of the actions in campaigns; the *services* dimension assists in the organization of the functioning of the equipment in health, which contributes to the development of collective actions in health; and the *policies* dimension generates in campaigns the need to create healthy policies on a particular topic.

The *practices* dimension is related to attitudes toward the proper professional practice, which is not limited to diseases prevention and control³. Thus, the *practices* dimension of completeness is intrinsically linked to the need of the population and not only directly to fight diseases⁴. The Completeness of *services* is placed as a horizontal way to program the health services that must be designed using epidemiology to establish the most appropriate responses to the needs of the population, involving spontaneous and scheduled demand³.

Finally, the *policies* dimension is defined as the milestone that express a set of values that relate to an ideal of a more just and inclusive society. It also should be emphasized that the Completeness represents a refusal to reduce the individuals, on which the policies apply, to decontextualized objects, broadening the scope of issues to be addressed by policies that respect the specificities of different population groups, ensuring both actions of prevention and care³.

Thus, the Completeness of health can take several directions⁵, among them the organization of services and health actions aimed at the articulation between assistance and public health practices³.

All of these senses of Completeness relate transversally with the concept of Care⁴, based on dialog and agreement with the social and cultural diversity, among others.

In this way health Care has been defined in different strategies in order to build alternatives for the organization of health care practices in Brazil⁶. Care is understood as the use of competences, tasks, techniques and strategies consistent with Public Health that may be full, correspondents and resolute to population⁷.

From this perspective, the Care in health is not just to design, but to design while becoming responsible⁶. Thus, individuals are responsible for their actions, but they are required to learn the consequences of their choices so that they can choose consciously and autonomously in this process.

Most of the health education actions that have been developed in the international context, and also in Brazil, remain focused on disease prevention and focused on individual Accountability⁸.

Communication in health is an essential tool in this process of Accountability, since only with the information available to the individuals, they will be able to intervene in the process of choosing between healthy habits or not. Communication in health is performed through elements that enable the exchange of knowledge⁹ that can be performed individually or as a group, as occurs in health campaigns.

In this way, to draw up health education strategies it is required to go beyond the curative care, that is, give priority to interventions for disease prevention and health promotion¹⁰. Thus, in this journey proposed in health education, the dialogic model comprises the proposal, as explained previously, of Completeness, Accountability, Care and

Communication, since it favors the recognition of the population as an active person, who is autonomous and has knowledge about the health-disease process and the real conditions of life¹⁰.

The formation of the speech-language therapist in the journey of health promotion

In the context of the Voice Campaign, it is possible to notice the efforts of speech-language therapists to break with historical characteristics of the profession, which are hegemonically focused on the studies and actions for the rehabilitation of communication disorders from an individual clinical practice. In the last 15 years, these efforts aim to develop actions of collective nature, focused on health promotion and disease prevention¹¹.

However, this journey has not yet been able to change the reality of the Speech-Language Therapy in the context of Public Health. Thus, this communication is justified by the need to reflect and conduct practices focused on health education with a focus on health promotion and not just the disease prevention. Studies on the voice of teachers highlight the importance of disease prevention and health promotion, but it is also necessary to recognize that a voice disorder is not determined only by one or another factor, but for many factors that will influence the process of vocal illness¹². Thus, it is essential to take ownership of the various aspects that can cause vocal disorders, in particular teachers, since teaching is a profession at risk for vocal disorders¹³ and to move forward in the process of construction and reformulation of speech-language actions from the perspective of health promotion and in building healthy public policies.

Voice Campaign is an action on health, which is recognized by professionals who organize as a preventive strategy of habits that hinder the voice production^{2,14} by avoiding the illness and possible damage caused on the individual. The high rate of laryngeal cancer justifies the initiative in which several actions on vocal health are performed, for over 16 years, directed to the general public¹⁵.

In these spaces, the so-called vocal health is opposed to harmful habits to the voice, resulting in diseases and changes that will significantly impact the quality of life of the individual. Such technique, using the binarism between good and bad, is called as "pedagogy of terror"¹⁶, since the strategies designed cause revulsion to the individuals.



There are few studies in the literature about these interventions, either description or ratings of the effectiveness of the mechanisms designed to raise awareness for the population with respect to importance of the care with the voice^{17;18;19}.

Voice Campaigns represent an approximation of speech-language therapists to concepts that temporize health actions, and thus represent a breakthrough in the practice of this professional, which since their origin has presented a formation more focused on their specialty to technicality. The strategies used in Voice Campaigns relate to educational practices in health, and thus it is necessary to take ownership of the concept of education in health and to disseminate that one of the main ideas of this movement is to know that the population is the main author of this educational process.

It should be noted that the educational actions of health, which may be dialogical or unidirectional, can be organized according to the interaction between the professional who organizes it and the population participant. The actions categorized as dialogical consider the active participation of individuals, and, in this case, the population is part of the process of building actions. On the other hand, in the unidirectional model, the professional takes on the role of knowledge and transmission on the aspect discussed in the actions. The population, in this case, is not consulted in the preparation of materials or strategies to be conducted.

So the speech-language therapist produce health actions in Voice Campaign, it is necessary to be informed about the precepts that permeate the practices that they will propose. Regardless of your choice, dialogic or unidirectional, it is important that this option is clear and consistent with the actions that will be performed and that, once more, the population is the main beneficiary.

Most voice campaigns propose to raise awareness of the individuals for the early identification of voice disorders, as well as the care needed to have or to maintain a healthy vocal quality, which can be understood as adapted to the needs of the individual in social and psychic aspects, as well as in work aspects. In this way, Voice Campaigns seem to be aimed to raise awareness of the population by transforming the fear of acquiring certain disease in behavior change. The speech-language therapist takes ownership of the performance of the Campaigns, but it is important that the SBFA provides the guidelines necessary to conduct the

Campaigns that meet the public policies in force, taking care not to be restricted to a standard that will differ from that proposed by public policies.

The guidelines should not be restricted to the organizational structure of the campaigns, but should also cover aspects that can support the actions proposed by speech-language therapists.

For this reason, the speech-language therapists must increasingly understand and act in public services and get the theoretical basis required to perform the actions directed to the population, thus assisting the change of a historic profile of the professional who refers to make clinical, toward a professional responsible for the change in the perspective of health promotion policies.

Education in Health and Strategies on Voice Campaigns

The dialogic model of education in health establishes some parameters that can assist in the construction of the actions in the Campaign. Among them it is worth mentioning:

Health Information systems should be used, as well as the processes for Communication in Health. Information systems, such as databases on the health of the population, support health strategies and assist in specifics that must be worked with the population. The processes of Communication in health allow the construction of health education materials consistent to the population profile that should be reached. So, these processes enable the population to have access to Health Information. Information and Communication on Health deserve attention when preparing the actions of the Campaign;

The definition of a dialogic relationship, in which the professional can draw up the proposed actions with the aid of the population is necessary, so that the education in health can be consistent with the reality of those involved;

For the dissemination of the actions conducted during the Voice Campaign, the speech-language therapists are invited to attend interviews in television and radio networks to speak about the care with the voice and the activities scheduled for the population. In this space, configured as an access of society to information, the speech-language therapists should be aware of the content transmitted, so that it can be able to change healthy habits and that the person can be a multiplier of this message. It is understood that the space available in the



media is of utmost importance so that the work of the speech-language therapist, with respect to the voice, can be accessed by the population. Even if there is a direction established by journalistic guidelines according to the demand of the media which, in general, does not necessarily correspond to the theoretical processes that support the public policies, the speech-language therapist should be aware when participating in such space;

The SBFa can collaborate in the construction of the precepts of the Voice Campaigns, not from the perspective to dictate rules, but to listen to the diverse experiences of these 16 years of actions and link them to the benefits provided to the population and the contribution it can make in the drafting of public policies;

Even though, in most cases, the actions are related to the disease prevention, being compatible with other campaigns presented to the population from the perspective of current public policies, there must be changes so that the Voice Campaigns can be enhancers for the individual, helping them to become an active and autonomous individual in their care process in health in line with the accountability;

The planning of the campaign by SBFa, or by others interested in developing actions related to voice, must take into account the education in health and the aspects that comprises the health guidelines that make up the current health system and that favors the population in general.

Currently, there is a trend in which all areas of speech-language therapist conduct Campaigns in Health and, thus, it is important that the professionals invest in studies that can support the practices proposed to the population. The Brazilian Congress of Speech-Language Pathology promoted by SBFa is an example of space that can contribute to the construction of Campaigns in Health consistent to health promotion. It is important to remember that the Collective Health Department presents the structure necessary to propose discussions related to the topic, and thus the interdepartmental spaces may promote the construction of educational practices and actions from this perspective.

It is worth noting that, despite the operation in Departments of the SBFa, the discussion on the health model should not be fragmented, but collectively conducted with all stakeholders involved in the development of campaigns, regardless of their area of expertise. This discussion permeates the

activities of the speech-language therapist and contributes not only from the perspective of collective actions, but also in contextualized action, for the better functioning of health services.

As well as for SBFa, the system of Federal and Regional Councils and other entities representing the professionals can contribute on the actions of the Campaigns in speech-language therapy, broadening the focus beyond the coverage estimate, including the development of strategies and actions appropriate to the current health model, assisting the speech-language therapists to take ownership of the topic aiming the understanding of the aspects that are part of the action that purports to be collective.

Final Considerations

Voice Campaigns were created due to a need to inform the population. For this reason, it is important that this process happens in an accessible way and that the participants feel included with respect to the several possibilities to exercise care with the voice, or at least minimally accepted in their vocals demands, reflected in their quality of life. The dialogic model of education in health provides the subsidies required for the health care professional to build strategies on health in the context of the needs of those who need such spaces.

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