Special Section

RBAFS Revista Brasileira de Atividade Física & Saúde
SOCIEDADE BRASILEIRA DE ATIVIDADE FÍSICA & SAÚDE

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Life in Movement Program: the experience from Uruguaiana-Rio Grande do Sul

Programa Vida em Movimento: a Experiência de Uruguaiana-Rio Grande do Sul

AUTHORS

Lidiele Roque Bueno[1]
Alex Carvalho[2]
Nathalie Yelena Plucinski Cardoso Ribas[3]
Paulo Henrique Guerra[4]
Álvaro Luis Avila da Cunha[5]

1 Universidade Federal do Pampa, Programa de Residência Integrada Multiprofissional em Saúde Coletiva, Uruguaiana, Rio Grande do Sul, Brasil.

2 Prefeitura Municipal de Uruguaiana, Programa Vida em Movimento, Uruguaiana, Rio Grande do Sul, Brasil.

3 Universidade Federal do Pampa, Programa de Pós-Graduação em Educação em Ciências: Química da Vida e Saúde, Uruguaiana, Rio Grande do Sul, Brasil.

4 Universidade Estadual Paulista, Rio Claro, São Paulo, Brasil.

5 Universidade Federal do Pampa, Programa de Residência Integrada Multiprofissional em Saúde Coletiva, Uruguaiana, Rio Grande do Sul, Brasil.

CORRESPONDING

Lidiele Roque Bueno
lidielebueno89@gmail.com
Rua Oito, nº 202, Vila Júlia, Uruguaiana, Rio Grande do Sul, Brasil.
Zip Code: 97507-796

DOI

10.12820/rbafs.29e0354

ABSTRACT

Considering the impacts of physical activity (PA) on improving health at a population level, the objective of this work is to describe the history, objective, functioning and model of the Life in Movement Program (LMP), coordinated by the municipality of Uruguaiana- Rio Grande do Sul. This is documentary research, with descriptive purposes. Physical Education professionals conduct classes in 19 health units, covering around 700 users. The results suggest the potential of the LMP to expand the Sistema Único de Saúde with regard to promoting PA from a legal perspective, aligned with health promotion. The LMP highlights the feasibility of effectively integrating PA into public health policies.

Keywords: Health promotion; Physical activity; Exercise.

RESUMO

Considerando os impactos da prática da atividade física (AF) à melhoria da saúde em nível populacional, o objetivo deste trabalho é descrever o histórico, objetivo, funcionamento e modelo do "Programa Vida em Movimento" (PVM), coordenado pelo município de Uruguaiana-Rio Grande do Sul. Trata-se de uma pesquisa documental, com finalidade descritiva. Profissionais de Educação Física conduzem aulas em 19 unidades de saúde, abrangendo cerca de 700 usuários. Os resultados sugerem a potencialidade do PVM à expansão do Sistema Único de Saúde no que diz respeito à promoção de AF na perspectiva de direito, alinhada à promoção da saúde. O PVM destaca a viabilidade de integrar efetivamente a AF nas políticas públicas de saúde.

Palavras-chave: *Promoção de saúde; Atividade física; Exercício físico.*

Introduction

Physical activities (PA) are characterized as voluntary movements of the body, involving energy expenditure above the resting level, promoting social interactions and can occur in different domains[1]. Its regular practice is associated with human development, with contributions to health at different times in the life cycle[2].

In addition, it is effective in the treatment of chronic non-communicable diseases, such as diabetes mellitus and hypertension[1], as well as in other indicators, such as: reducing mortality, controlling body weight, improving and maintaining physical abilities, and reducing symptoms related to anxiety, depression and stress[1].

However, despite the benefits, physical inactivity is a worrying global reality. A study published in The Lancet revealed that 25.0% of the world's population does not reach the minimum levels of moderate and vigorous PA recommended by the World Health Or-

ganization[3]. Not dissimilarly, in Brazil, data from 2021 indicates that around 48.2% of the adult population living in state capitals also do not reach the minimum recommended levels of moderate and vigorous PA, with women (55.7%) and the elderly (73.0%) being some of the most vulnerable groups[4].

This scenario brings with it different consequences which, in addition to those observed in the individual and collective domains, also lead to significant costs for the health system, with estimates indicating that at least 15% of hospitalizations in Brazil can be attributed to physical inactivity[4]. With this in mind, the Brazilian Ministry of Health has made the promotion of PA one of its priorities in Primary Health Care (PHC), highlighting the National Health Promotion Policy[5].

Law nº. 12,864/2013 can also be mentioned, which modified the caput of art. 3 of Law 8,080/90, incorporating PA as a determinant and conditioner of health in the country, recognizing it as a social right. This legal milestone prompted municipalities across the country to start implementing local programs, promoting free and universal participation of the population in PA within the scope of the Brazilian Health System (SUS – from the Portuguese: *Sistema Único de Saúde*)[6].

In line with Federal Ordinance nº. 1,172, of June 15, 2004, which regulates the Basic Operational Standard of SUS 01/96, and defines the financing system, the Municipal Law nº. 3,955, dated April 23, 2010, was enacted in Uruguaiana (city of Rio Grande do Sul state – RS)[7]. This law authorizes the temporary hiring of professionals to work on specific projects, such as the Centers for the Application and Monitoring of Injectable Medicines the Non-Communicable Diseases (NCD) Care Project and the Specialized Care Service.

As a result of Law nº. 3,955/2010, the Municipal Health Department, through Epidemiological Surveillance, launched a community PA program in Uruguaiana, the main purpose of which is to encourage the regular practice of PA among users of the municipal health system, strengthening local public policies for health promotion and disease prevention[7].

The program seeks to expand access to PA in various neighborhoods, including urban and rural areas, with professionals from the Family Health Strategies and Basic Health Units. The classes, covering various age groups and social strata, promote the active participation of SUS users, prioritizing well-being[8]. From this perspective, with a view to promoting health and an active lifestyle through the practice of PA, this paper aims to present the Life in Movement Program (LMP), which is developed by the Epidemiological Surveillance of Uruguaiana, in terms of its history, objectives, functioning and logic model.

Characterization of the context and location of the study

The municipality of Uruguaiana, located in the far west of Rio Grande do Sul state, is a key link between Porto Alegre and the Mercosur countries, with an extensive area of 5,702.098 km^2[10]. With an estimated population of 117,210 inhabitants, predominantly urban (93.6%), the city is gender-equal, with a significant proportion of the population aged between 40 and 60 and 10.9% of the inhabitants aged 60 or over[9]. There is a marked ethnic-racial diversity, with 75.2% self-declared white, 20.0% brown, 4.5% black, 0.3% yellow and 0.1% indigenous[10].

Uruguaiana allocates 17.2% of its revenue to investments in health, and has a robust infrastructure with 97.0% adequate sewage disposal and 100.0% access to treated water. However, the absence of a landfill is notable, with waste temporarily deposited by the concessionaire until it is transported to another city for final disposal[11].

As for public spaces for PA, Dom Pedro II Park (popularly known as "Parcão") offers several options, but the lack of a more extensive cycling infrastructure is evident, with only a cycle path of approximately 2 km. Additional investments are needed to optimize the use of these places, especially in the peripheral areas compared to the more central regions.

Family Health Program in Uruguaiana

The Family Health Strategies is a key element in the expansion and consolidation of PHC-SUS, promoting a significant reorientation of the work process. The Family Health Strategies approach increases resolution and impact on individual and collective health, through the collaborative work of multi-professional teams[9]. The legislation, Ordinance No. 2,436/2017, emphasizes that multi-professional teams work in specific geographical areas, developing comprehensive actions such as health promotion and recovery from diseases[10].

Uruguaiana's Municipal Health Plan[11] reveals that the estimated population coverage by Primary Care teams is 87.7%. With 18 urban and one rural Family Health Strategies unit, as well as 4 Basic Health Units teams, the municipality has a significant coverage. Also noteworthy is the itinerant work of the "A saúde vai ao

campo" (Health Goes to the Countryside) unit, which extends its reach to places that are difficult to access, consolidating inclusive coverage for the part of the population that lives in rural areas.

Life in Movement Program: how it all began

The LMP in Uruguaiana was originated by Federal Ordinance nº. 1,172 of June 15, 2004 and Resolution nº. 215/08 - CIB-RS, which outlines health promotion and prevention actions, focusing on Epidemiological Surveillance initiatives to combat chronic non-communicable diseases such as hypertension, diabetes, obesity and sedentary lifestyles[11]. Faced with the clear need to meet these challenges, the Municipal Law nº. 3,920/2009 was enacted, authorizing the hiring of a Physical Education Professional (PEP) to make up the team in the aforementioned sector[12]. This professional played a crucial role in coordinating the pilot program, consolidating the foundations for its expansion at municipal level.

The actions began in May 2009 and were initially implemented in three Basic Health Units (Tarragô; Tabajara Brites and Cohab I) on an experimental basis, with the support of two PEP volunteers. After the success of the pilot program, the Municipal Law nº. 3,955, of April 23, 2010, was approved, authorizing the temporary hiring of ten new PEP for two years, marking the beginning of the NCD Project[7]. At the request of the nursing professionals who worked in the Basic Health Units not initially covered, the project was extended to the other health units.

The project, linked to Epidemiological Surveillance, stands out for its essential role in tackling chronic diseases; both communicable and non-communicable. Since its implementation, the users have had access to a variety of activities, including physical assessment, measurement of blood pressure and glycemic index, diversified physical exercises, walking, stretching, dancing, general gymnastics, recreation, cooperative games, breathing exercises, muscle strengthening and resistance. In addition, the project was integrated into the actions of the Health at School Program, promoted by the Brazilian Ministry of Health, and provided support assistance to patients with post-COVID-19 syndrome during the pandemic.

As the project expanded and demand increased, fifteen PEP, a psychologist and three nutritionists were hired in 2014 through a simplified selection process. PA sessions were expanded to three times a week in distinct health units (e.g., Basic Health Units, Polyclinic center, Centers for the Application and Monitoring of Injectable Medicines, Psychosocial Care Centers). With the inclusion of nutrition and psychology professionals, a weight loss and food re-education program was also implemented, with 12 weekly group sessions, providing psychological support through cognitive-behavioral therapy. The strategy of incorporating these professionals contributed to the improvement of various aspects related to health promotion and the prevention of chronic non-communicable diseases and their psychological impacts[13].

Hiring was repeated every 24 months, keeping 14 PEP in each cycle, distributed in different locations. Over time, the nutrition and psychology professionals were not retained in the NCD project, as they were linked to the health units.

Funding

At the moment, the municipality is making the program possible through federal funds from the Physical Activity Incentive for PHC, launched in 2022 by the Brazilian Ministry of Health[4]. PHC is used to hire PEP, adapt spaces and purchase materials. In addition, the municipality itself allocates internal resources to maintain the professionals. Currently, five health units are accredited under Modality II, with professionals working 20 hours a week, while the others are awaiting accreditation. In order to access Physical Activity Incentive for PHC resources, it is necessary to meet monthly targets for PA actions recorded in the Primary Care Health Information System[4].

Current outlook and prospects

Considering the population's adherence to the proposal and the activities carried out over the years, the municipal administration took the initiative to transform the NCD Project into a program through Bill No. 71/2022, which was approved on May 31, 2022, becoming recognized as the "Life in Movement Program", with Law nº. 5,404/2022 as legal support.

At the state level, the inclusion of PEP in health is notable in the implementation of the Health Academy Program and the Family Health Support Center, public policies that are not part of the municipality's scenario because they do not meet the necessary criteria for their agreement. Similar to the proposal put forward by the city of Uruguaiana-Rio Grande do Sul, São Caetano do Sul (São Paulo state) offers the community a

municipal PA program for Family Health Strategies users, and is one of the pioneers in the state to include permanent PEP on its staff. A previous study on the program[14] reported that it served approximately 350 users, aged 30 and over, of both sex, 70.0% of whom were elderly and 90.0% of whom were women.

According to LMP management, in the neighborhoods covered by the program PA is offered on a daily basis, similar to what used to take place before, and among the units we can see the adoption of a pattern with the inclusion of specific groups, such as guided walking and general gymnastics. They last an average of 60 minutes each. The general objectives of the activities are to develop aerobic power, increase and maintain muscle strength, balance and flexibility. In addition, participants are encouraged to adopt behavioral change strategies to reduce sedentary behavior[9].

The program currently has 19 temporary PEP, hired through a simplified selection process, who work 20 hours a week. Each professional is instructed to carry out thirty collective activities a month, including one compulsory one aimed at weight loss (1x a week) and twelve (3x a week) of general gymnastics. This respects the regulations laid down in Ordinance GM/MS no. 1,105 of May 2022, thus guaranteeing the federal financial transfer. The professionals have the autonomy to plan and offer the activities according to the profile of the community they serve.

As for the physical spaces used to carry out the activities, they use multi-sports courts, squares, community centers, churches, Gaucho Traditions Centers and/or schools that are close to the Family Health Strategies; few units have ample and adequate space. As for materials, most Family Health Strategies have mats, hula hoops, agility ladders, poles, cones, dumbbells, but not enough to serve the community, and adaptations are needed, such as building dumbbells out of pet bottles and sand/water for strength exercises, for example.

It's important to note that the Health at School Program actions have been implemented throughout the school year, covering various topics such as chronic diseases, mental health, promoting a culture of peace, human rights, hygiene habits and preventing the use of psychoactive substances. The PEP participates by developing specific actions in schools on these themes.

During the COVID-19 pandemic, the project provided physical activity sessions three times a week for SUS users. The activities included localized gymnastics, aerobic exercises, walking and running, with an emphasis on improving motor coordination, balance and lower limb strength. The classes were publicized on digital platforms, allowing access via cell phone and television. However, there was little adherence and the professionals were directed to meet other demands, such as actively searching for affected patients, typing up notifications, providing support during vaccination campaigns, among others.

The data provided by the management indicates that, in 2021, several evaluations were carried out with the participating public after the COVID-19 pandemic period. These assessments, conducted by the PEP of each health unit, cover sociodemographic, socioeconomic, behavioral, health/disease and physical fitness variables.

In general, it was observed that the population served is predominantly female and over the age of 18. Observing that women make up the majority in these spaces, a study conducted by Carvalho & Madruga[15] on PA and sex suggests some reasons for the low adherence of men in community groups. These reasons include the lack of motivation to practice in closed spaces, the inadequacy of the activities offered to men and the perception of intensity levels considered low for men.

Currently, the LMP covers a population of more than 700 users, whose ages start at 18, encompassing both sexes and distributed in various health units. Fig-

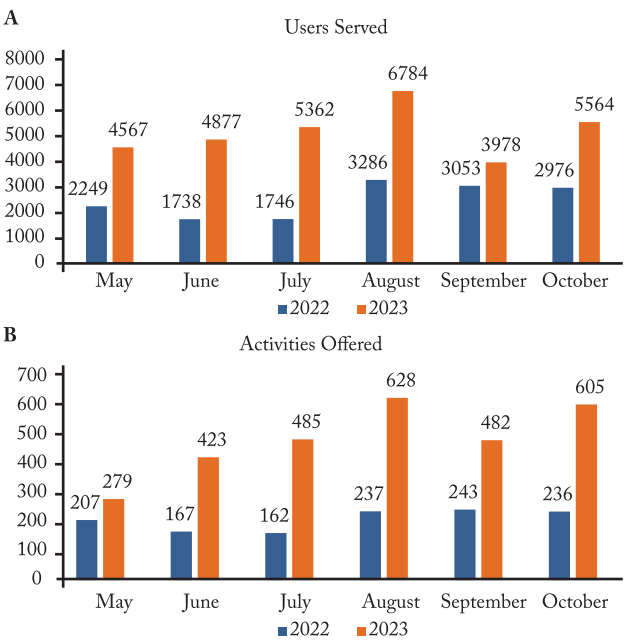

Figure 1 – Number of users served (A) and activities offered (B) in 2022 and 2023.
Source: Department of Epidemiological Surveillance of Uruguaiana-Rio Grande do Sul

ure 1(A) shows the number of users seen before and after the program was implemented, showing a significant increase in the number of people seen. This increase can be explained by the appointment of a PEP with exclusive dedication to each health unit, resulting in an expanded range of activities and the consolidation of ties with the community served. This strengthens the program and makes it a reference in the territory covered by the Family Health Strategies, exemplifying a positive impact on health promotion at the local level.

The impact of implementing the LMP suggests a positive response in the number of activities made available to the community, as can be seen in Figure 1(B). It should be noted that in certain months there are variations in this number, influenced in part by weather conditions. In September, for example, there is a recurring pattern of rainy periods in the region, making it difficult for users to access the units where the services are provided. This climatic influence was repeated in 2022 and 2023.

The program's management emphasizes the continuous improvement of the actions carried out by the PEP, including training initiatives through continuing education. In 2023, it is noteworthy that the LMP served as a space for evaluating a preliminary version of the Guiding Document on the Prescription of Physical Exercises in PHC for people with Diabetes, COPD, Hypertension and Obesity, developed by the Brazilian Health Ministry as well as disseminating the program to Community Health Workers, with the aim of promoting it in the territory covered by the health units.

The program stands out for allocating an exclusive PEP to each health unit, facilitating the promotion of PA and offering advice to individuals, by means of prior scheduling or before and after the offer of collective activities at the unit, for example. The PEP is a strategic actor in proposing health promotion and disease prevention actions in different life cycles, contributing not only to PA, but also to matrix support processes, home visits, listening, welcoming and health education activities, becoming a reference professional and facilitator for treatment adherence.

However, some weaknesses are worth highlighting, such as the lack of sufficient material resources to serve both users and PEP. The lack of training to use the information system adopted by the municipality is recurrent, along with the lack of standardization in collecting data from users, especially in anthropometric assessments. These shortcomings highlight the need for ongoing continuing education for PEP, with the aim of improving the quality of the services provided.

Climatic conditions have a direct impact on adherence to activities, since the units lack spacious, air-conditioned spaces. Another notable aspect is the partial absorption of the elderly population in the activities of the LMP, with a lack of specific groups aimed at the needs of this life cycle, pointing to the need for adjustments to cater for this section of the community.

Logical model of the Life in Movement Program (LMP)

The logical model presented is understood as a graphical representation of the structure, process and expected results of the LMP in Uruguaiana (Table 1). This model provides a general description of the program, with elements from left to right, explaining its main objective, inputs (human, physical and financial resources), activities developed, products and results in the short and long term. The document was described in partnership with the authors of this article and the program manager, as there is no document that brings together all the information listed.

Final considerations

In view of the above, the relevance of the LMP in the local context is highlighted, underlining its pioneering character in relation to other municipalities in Rio Grande do Sul state. Over the years, the LMP has become an essential public policy, currently with the support of the municipal administration, thus implementing the proposal for health care through PA.

The data collected revealed that the program has significant scope, constituting a remarkable example of how the SUS can expand its role in health promotion, providing regular provision of physical activity to users. Furthermore, the experience of the LMP in Uruguaiana-Rio Grande do Sul suggests the need to encourage the creation of public policies that ensure the implementation of preventive actions within the scope of PHC, aiming to increase the number of participants. Furthermore, this proactive approach reinforces the importance of integrating effective strategies for health promotion in the community, in line with the fundamental principles of the SUS.

Conflict of interest

The authors declare no conflict of interest.

Table 1 – Life in Movement Program in Uruguaiana-Rio Grande do Sul logical model

LOGICAL MODEL OF THE LIFE IN MOVEMENT PROGRAM				
Objective: to stimulate the practice and increase the level of physical activity of users of the municipal health system				
Inputs/Resources	Activities	Main Results	Initial Results	Long-Term Results
19 Physical Education Professionals; 92 Community Health Workers; Physical structure: sidewalk, squares, multi-sports courts, schools, community centers, churches and health units (Family Health Strategies and Psychosocial Care Centers); Equipment for physical assessment: scales, anthropometric tape, stopwatch, stadiometer; Equipment for physical activities: sticks, hoops, mats, shin guards, dumbbells, balls and adapted materials (plastic bottles and broom handles); Material for promotion; Financial resources: Municipal (R$ 31,360.00 to cover human resources) and Federal (R$ 5,000.00; R$ 500.00 per Health Unit + R$ 500.00 – Modality I).	Prescription, guidance and monitoring of physical activity: walking groups, weight loss, muscle strengthening, gymnastics, pilates, stretching, recreation, cooperative games, breathing and relaxation exercises, functional training and dance; Physical assessment: body composition, flexibility, muscular strength/endurance, cardiorespiratory endurance; Guiding users on healthy habits; Encouraging changes in sedentary behaviors; Publicizing the program for the community; Developing educational material to encourage physical activity; Developing actions aimed at worker health; Organizing sociocultural, sports and recreational events.	Approximately 700 individuals engaged in the physical activity program; Training of 60 Community Health Agents and nurses to promote physical activity; Digital media for online support of participants in the physical activity program during the pandemic (COVID-19); 1st Western Border Health Symposium: Physical Activity in Public Health; Training of Physical Education professionals on the Guiding Document for the practice of physical activity.	Reduce the amount of time spent in sedentary behavior; Increase the level of community participation in the program; Provide services and develop actions aimed at meeting the basic needs of users; Ensure health care at the various levels of SUS care; Promote social gatherings, reducing social isolation; Control blood pressure and blood sugar levels at desirable levels;	Reduce the use of medications; * Lower blood pressure and blood sugar levels;* Improve physical fitness levels;* Increase the level of physical activity; * Improve functional capacity levels; * Promote symposiums, seminars and specific meetings; Plan, coordinate, supervise studies, surveys, research and publications on the subject in the Municipality; Prevent, promote, protect and restore the health of the user; Conduct studies to detect the epidemiological nature of certain diseases in the elderly, with a view to prevention, treatment and rehabilitation; Create alternative health services for the elderly; Prevent Chronic Non-Communicable Diseases; Reduce the likelihood of developing depression.
Influencing Factors Government changes, funding, political issues, employment relationship, outreach, partnerships with other institutions and community involvement.				

Legends: *Results suggested by the authors; US – from the Portuguese: *Sistema Único de Saúde* - Brazilian Health System. Source: Uruguaiana (2021) and LMP team coordinator

Author's contributions

Bueno LR: Conceptualization; Methodology; Software; Formal analysis; Investigation; Resources; Data curation; Supervision; Project administration; Visualization; Funding acquisition; Writing – original draft; Writing – review & editing; Approval of the final version. Carvalho A: Formal analysis; Investigation; Resources; Data curation; Supervision; Project administration; Visualization; Writing – original draft; Approval of the final version. Ribas NYPC: Conceptualization; Methodology; Formal analysis; Investigation; Data curation; Visualization; Writing – original draft; Writing – review & editing; Approval of the final version. Guerra PH: Conceptualization; Methodology; Formal analysis; Data curation; Supervision; Writing – review & editing; Approval of the final version. Cunha ALA: Conceptualization; Methodology; Data curation; Supervision; Writing – original draft; Approval of the final version.

Declaration regarding the use of artificial intelligence tools in the article writing process

The manuscript did not use artificial intelligence tools for its preparation.

Availability of research data and other materials

The contents underlying the research text are contained in the manuscript.

Acknowledgements

The authors would like to thank the Municipal Health Department of Uruguaiana and the Department of Epidemiological Surveillance for providing information on the municipal physical activity program.

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Received: 03/24/2024
Approved: 07/25/2024

Associate editor
Mathias Roberto Loch
Universidade Estadual de Londrina, Londrina, Paraná, Brasil.

Cite this article as:
Bueno LR, Carvalho A, Ribas NYPC, Guerra PH, Cunha ALA. Life in Movement Program: the experience from Uruguaiana-Rio Grande do Sul. Rev. Bras. Ativ. Fis. Saúde. 2024;29:e0354. doi: 10.12820/rbafs.29e0354