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Tai Chi Chuan and Qigong in Primary Health Care: a qualification case

Tai Chi Chuan e Chi Kung na Atenção Primária: uma experiência formativa

Tai Chi Chuan y Chi Kung en Atención Primaria: una experiencia de formación

ABSTRACT

Objective: describe the educational initiative “Body Practices in Health Academy Centers of Minas Gerais State (Brazil): qualifying Tai Chi Chuan and Qigong trainers.” **Methods:** this is an experience report of 12 cohorts between 2023 and 2025 through a partnership among the Minas Gerais State School of Public Health, the Federal Institute of Minas Gerais – Sabará Campus, and the Minas Gerais State Department of Health. **Results:** a total of 316 professionals from 173 municipalities enrolled. Most participants were women aged 30-44 years, with undergraduate degrees in Physical Education. Challenges regarding municipal management support for professional participation and for increase body practices at the participating municipalities were observed. **Conclusions:** the Continuing Health Education paradigm supported context-based learning and facilitated the incorporation of body practices into participating municipalities.

Keywords: *Tai Chi Chuan; Qigong; Integrative and Complementary Health Practices; Unified Health System; Continuing Health Education.*

RESUMO

Objetivo: Relatar a experiência de oferta da ação educacional “Práticas Corporais nos Polos de Academia da Saúde de Minas Gerais: formação de instrutores de Tai Chi Chuan e Chi Kung”. **Método:** Relato da realização de 12 turmas da ação educacional, ofertadas entre 2023 e 2025, pela parceria entre Escola de Saúde Pública do Estado de Minas Gerais, Instituto Federal de Minas Gerais – Sabará e Secretaria de Estado de Saúde de Minas Gerais. **Resultados:** Ao todo, 316 alunos de 173 municípios matricularam-se na ação educacional; a maioria era composta por mulheres, com idade entre 30 e 44 anos e graduação em educação física. Observaram-se dificuldades de apoio da gestão para a participação dos profissionais e ampliação da oferta das práticas corporais em

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municípios contemplados. **Conclusões:** O referencial da Educação Permanente em Saúde contribuiu para que as atividades pudessem ser ancoradas na realidade e favoreceu a incorporação das práticas corporais nos municípios.

Descritores: *Tai Chi Chuan; Chi Kung; Práticas Integrativas e Complementares; Sistema Único de Saúde; Educação Permanente.*

RESUMEN

Objetivo: Informar sobre la experiencia de la iniciativa "Prácticas Corporales en Centros de la Academia de Salud de Minas Gerais: formación de instructores de Tai Chi Chuan y Chi Kung". **Método:** Informe sobre la implementación de 12 clases, entre 2023 y 2025, mediante colaboración entre la Escuela Estatal de Salud Pública de Minas Gerais, el Instituto Federal de Minas Gerais – Sabará y la Secretaría de Salud del Estado de Minas Gerais. **Resultados:** 316 estudiantes de 173 municipios se inscribieron en la iniciativa, la mayoría mujeres, de 30 a 44 años, con título en educación física. Se observaron dificultades en el apoyo de la administración a la participación de profesionales y a la ampliación de la oferta de prácticas en los municipios participantes. **Conclusiones:** El marco de la Educación Continua en Salud contribuyó a la consolidación de las actividades en la realidad y favoreció la incorporación de prácticas en los municipios.

Descriptorios: *Taichi Chuan; Qigong; Terapias Complementarias; Sistema Único de Salud; Educación Permanente.*

INTRODUCTION

In recent years, there has been a substantial expansion of Integrative and Complementary Health Practices (ICHPs) within Brazil's Unified Health System (SUS), particularly in Primary Health Care (PHC). In 2023 alone, approximately 5.7 million individual and collective ICHP activities were delivered nationwide, 95% of which occurred in PHC¹. Body-based interventions derived from Traditional Chinese Medicine (TCM), which are the focus of this article, are the most frequently ICHP offered².

Despite this expansion, the distribution of ICHPs remains uneven across the country, with a higher concentration in the Southeast region and more limited availability in the North². In Minas Gerais state, a similarly heterogeneous and low-coverage pattern is observed, especially regarding TCM body practices. In 2021, only 47 of the state's 853 municipalities (5.5%) reported collective TCM body practice activities. Although this number increased to 88 municipalities (10.3%) in 2022, coverage remained limited¹.

One of the major challenges to institutionalizing and expanding ICHPs within the SUS is the lack of publicly funded professional training opportunities¹. In response, the Minas Gerais State School of Public Health (ESP-MG) partnered with the Federal Institute of Minas Gerais – Sabará Campus (IFMG – Sabará) and the Minas Gerais State Department of Health (SES-MG) to design and implement a program for Tai Chi Chuan (Taijiquan) and Qigong instructors, aiming to strengthen and expand TCM body practices within the SUS.

METHODS

This experience report describes the implementation of 12 Tai Chi Chuan (Taijiquan) and Qigong cohorts, between 2023 and 2025. The program was coordinated by the Minas Gerais State School of Public Health in partnership with the Federal Institute of Minas Gerais – Sabará Campus and the Minas Gerais State Department of Health. The interinstitutional partnership was formalized through a Technical Cooperation Agreement executed by the three institutions. In general terms, ESP-MG was responsible for the technical and pedagogical coordination of the educational initiative, the provision of physical facilities for the classes, and the release of staff members to serve as instructors; IFMG – Sabará was responsible for releasing a staff member to teach the body practices and for academic management; and SES-MG was responsible for dissemination initiative, coordination with health managers from the participating municipalities, and the permit of staff members to serve as instructors.

This in-person educational initiative was delivered at the headquarters of ESP-MG, in Belo Horizonte, Minas Gerais, and comprised four cohorts per year, with 25 to 27 participants in each. The curriculum had three modules of 76 hours, guided by Continuing Health Education (CHE) principles³, three in-person

¹ Data extracted from the Primary Care Information System (SISAB). Collective Activity Report in Primary Care. 2025.

sessions of three days each, and six hours online. Throughout the in-person modules, both theoretical (30 hours) and practical (40 hours) content was addressed, including the practice of Tai Chi Chuan (Taijiquan) and Qigong (Chi Kung); the historical and philosophical foundations of Tai Chi Chuan (Taijiquan); medical rationalities; fundamentals of Traditional Chinese Medicine; Public health, and federal and state Integrative and Complementary Health Practices, policies; the body, health, touch, and care; and scientific evidence on Tai Chi Chuan (Taijiquan) practice. At the final in-person module, participants formed groups to design and deliver a Chinese body practice class, simulating how they would incorporate Tai Chi Chuan (Taijiquan) and Qigong (Chi Kung) into their own labor activities. Also, they underwent a movements and postures assessment conducted by an examining panel composed of Tai Chi Chuan (Taijiquan) instructors and graduates from previous cohorts.

Finishing modules, three remote monitoring sessions were offered, two hours each, aimed at clarifying questions and sharing experiences related to the incorporation of body practices in their workplace. Additional synchronous sessions were held between the second and third in-person modules to address questions, and a virtual library (articles, presentations, books, and videos) was available on an online platform.

Within this experience report, the overall profile of participating professionals is presented, along the state of Minas Gerais territorial, participants' evaluations of the training process, and program's challenges and strengths. Data were analyzed from reports prepared by the coordination of the educational initiative, from the National Registry of Health Establishments (CNES), and from Traditional Chinese Medicine body practices in the state of Minas Gerais, this last one extracted from the Primary Health Care Information System (SISAB). The data were tabulated using Microsoft Excel, consolidated, analyzed, and described using absolute descriptive statistics. The analysis also included cross-referencing municipalities data with Traditional Chinese Medicine body practices that participated in the educational initiative between 2022 and 2025.

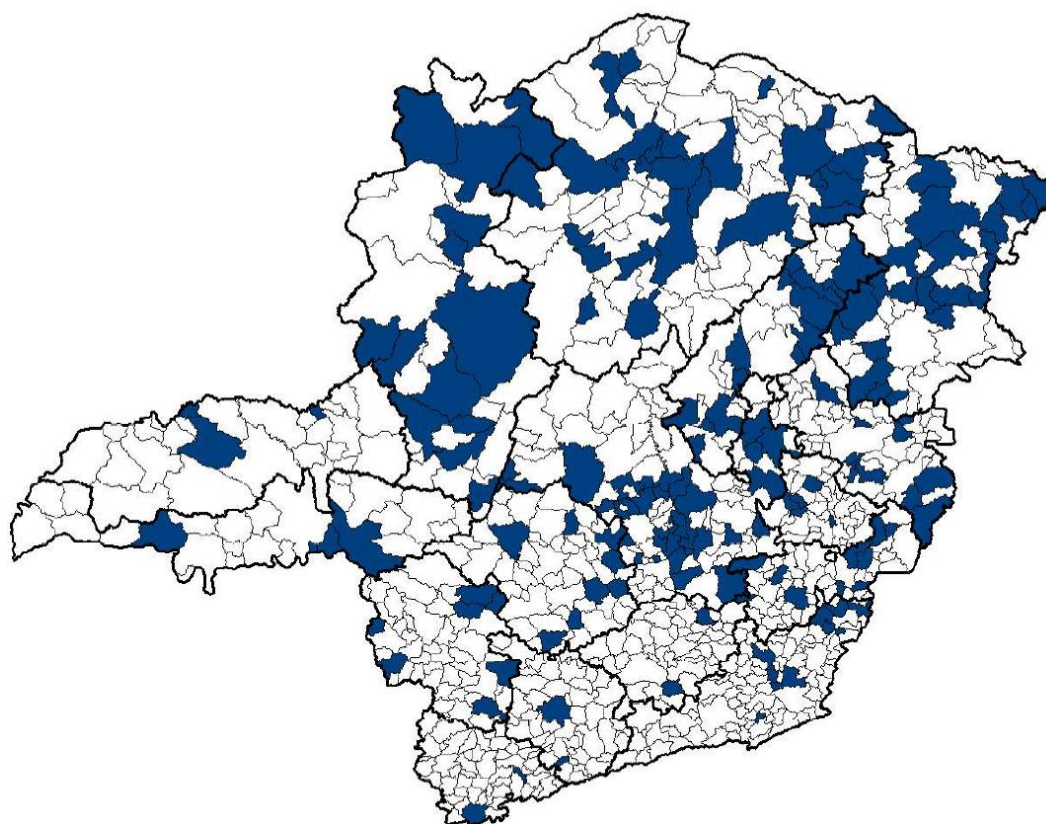
RESULTS

Across 12 cohorts, a total of 316 participants enrolled in the educational initiative, whom 217 (68.6%) were women, 98 (31.0%) men, and one (0.4%) identified as non-binary. Regarding age, 198 (63%) professionals were 30–44 years, 73 (23%) older than 45 years, and 45 (14%) were younger than 30 years. In terms of educational background, 149 participants (47.1%) held a *lato sensu* postgraduate degree, 143 (45.2%) an undergraduate degree, 19 (6.1%) a *stricto sensu* postgraduate degree, and five (1.6%) had completed secondary education. The predominant professional categories were Physical Education (57.5%) and Physiotherapy (21.0%) summing 248 professionals (78.5%), followed by Psychology with 18 (5.7%), and Nursing with 14 (4.4%). Regarding where they

work, 258 professionals (81.6%) are at Health Academy Program centers, 32 (10.0%) in Primary Health Care Unit teams, 13 (4.0%) from partner institutions involved in this educational initiative, and the remaining participants (4.4%) worked in other services, such as psychosocial care network facilities, physical rehabilitation centers, hospitals, and correctional facilities.

Participants in the educational initiative came from 173 of Minas Gerais' municipalities, as shown in the territorial distribution of Figure 1, predominating small-sized municipalities (85%), defined as one with populations up to 50,000 inhabitants.

Figure 1 – Minas Gerais' Municipalities with participants at Tai Chi Chuan (Taijiquan) and Qigong (Chi Kung) cohorts.



Source: authors, 2025.

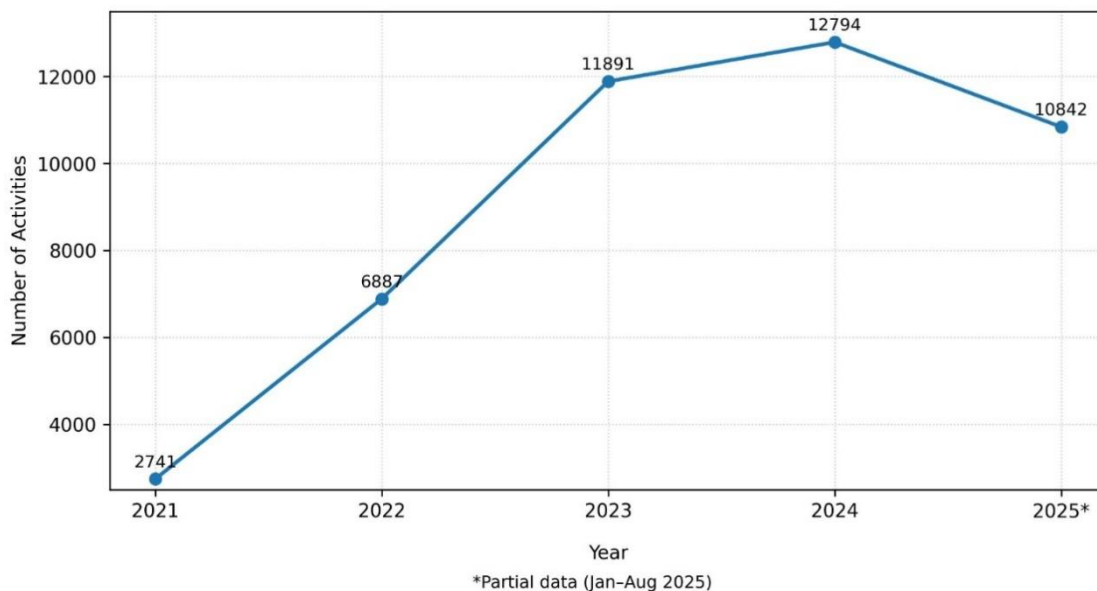
Regarding certification, approximately 90% of enrolled professionals successfully completed the program and were certified. Although the substantial proportion of graduates, it is important to note that certain specific characteristics of this educational initiative posed challenges to its implementation. These included the complexity of Traditional Chinese Medicine (TCM) body practices, which requires extensive instructional time, in-person classes, and diverse pedagogical strategies; the centralization of the training in Belo Horizonte, which represented limitations and difficulties for professionals from municipalities in the countryside, particularly given the large territorial extent of Minas Gerais State, which required substantial support from municipal

management; and the reaching a large number of municipalities goal, which demanded significant political articulation and engagement from local health managers.

Throughout the implementation, it was observed that there were professionals indicated by municipal managers to participate who either did not complete enrollment or did not finish the training due to insufficient support from their municipal management. In 2024, for example, greater challenges for cohorts were faced, once it was a municipal elections year, typically marked by less institutional authorization and support to cover their expenses, considering the risk of management change. During electoral periods, dismissals of professionals with precarious employment contracts are also common.

Despite these challenges, numerous positive outcomes were observed, such as incorporation of body practices at the municipal routine. Many participants began incorporating Tai Chi Chuan (Taijiquan) and Qigong (Chi Kung) into their professional practice before completing the training. This was evident from the experiences shared by professionals during in-person sessions and remote monitoring meetings and, indirectly, from data extracted from SISAB using code 01.01.05.001-1 (TCM Body Practices). Although these increases cannot be attributed exclusively to the training program, the data indicate a substantial rise of Traditional Chinese Medicine body practices records in Primary Health Care in the state of Minas Gerais from 2021 through August 2025 (Graph 1).

Graph 1 – Number of collective Traditional Chinese Medicine body practice activities in Primary Health Care in Minas Gerais state, 2021-2025.



Source: authors, based on SISAB data from September 2025.

Regarding to the municipalities from the Tai Chi Chuan (Taijiquan) and Qigong (Chi Kung) instructors, a substantial expansion of Traditional Chinese

Medicine (TCM) body practices can also be observed. In 2022, prior year, 88 Minas Gerais' municipalities reported TCM body practices, which 25 (28.4%) of them were subsequently included in this educational initiative. In 2023, the first year of the program, 155 municipalities reported offering TCM body practices, which 59 (38.0%) had professionals participating in this educational initiative. In 2024, among the 197 municipalities that reported TCM body practices, 81 (41.1%) were program covered. In 2025 (until August), there was an increase in municipalities offering TCM body practices that were included in the educational initiative, reaching 77 (48.0%) of the 160 municipalities that reported these practices².

Regarding the evaluation forms, it addressed the supporting materials, infrastructure, the theoretical and practical classes workload, and how the program improved their professional practice. Overall, the initiative received positive evaluations across all dimensions, with an average proportion of responses rated as “excellent” or “good” across cohorts ranging from 93.5% to 99.3% (Table 1).

Table 1 – Average percentage of “excellent” and “good” ratings for different aspects of the Tai Chi Chuan (Taijiqian) and Qigong (Chi Kung) instructors program.

Aspect evaluated	Average percentage of “excellent” and “good” ratings
Supporting materials	99.3%
Classroom infrastructure	98.3%
Workload of theoretical classes	95.3%
Workload of practical classes	93.5%
Contribution of the educational initiative to the improvement of professional practice	99.3%

Source: authors, 2025.

Based on participants' evaluations and analyses conducted by institutions' observers, several changes were implemented to improve the training. With regard to infrastructure and considering the first cohort evaluations, an alternative space at ESP-MG was set for practical classes; this space was larger, air-conditioned, offering better conditions for body practices. In addition, one session was outdoors, at the Municipal Park, to provide an experience of body practices integrated with nature. Adjustments were also made to the curriculum, including the sequence of content (starting with Cohort 2, the philosophical foundations of Tai Chi Chuan was moved to the first module to foster discussion of alternative worldviews that enlightens new care practices); reductions or expansions in the workload of specific topics (for example, in the initial cohorts, the practical classes workload was increased); and new content (from Cohort 3

² Data extracted from the Primary Care Information System (SISAB). Collective Activity Report in Primary Care. 2025.

onward, reflections about the body and health were included, and from Cohort 6 onward, health equity was addressed).

DISCUSSION

The professional profile of participants is consistent with findings from the Health Academy Program (2019 cycle), in which Physical Education and Physiotherapy were identified as the most frequent professional categories at program centers, respectively⁴. Findings related to sex, age group, and the proportion of professionals with postgraduate degrees are also like reported in studies conducted with professionals of these centers, presenting a predominance of younger professionals and women⁵.

Regarding the main challenge faced in Tai Chi Chuan (Taijiquan) and Qigong (Chi Kung) instructor program implementation, municipal management support, this issue is present in other contexts as well. Internal difficulties in granting leave for professionals, combined with limited institutional support from local managers, directly affect workers' opportunities for professional development such as this. Integrating managers into Continuing Health Education (CHE) processes is essential to enhance recognition of training initiatives as strategies for improving health services⁶.

Despite these challenges, this educational initiative demonstrated clear potential of Tai Chi Chuan (Taijiquan) and Qigong (Chi Kung) initiative to spread across Minas Gerais state, particularly in small-sized municipalities, which often face difficulties in structuring and expanding actions within the Health Academy Program⁷. The need for professional training to strengthen Integrative and Complementary Health Practices (IChP) and to address the specificities of the Unified Health System (SUS) is reaffirmed⁸. This is especially relevant given that training in IChP is generally concentrated in private educational institutions, which tend to reproduce training models that frequently fail to meet the needs of the SUS and, in particular, of Primary Health Care (PHC). This situation represents one of the major challenges to expanding IChP in SUS⁹.

Within the context of SUS professional trainings, the strategic role played by Schools of Public Health – such as the Minas Gerais State School of Public Health (ESP-MG) – in workforce qualification is noteworthy, particularly through the provision of training processes grounded in Continuing Health Education (CHE)¹⁰, as exemplified by this program in Chinese body practices. At this experience, CHE principles, combined with interinstitutional partnership, contributed to the professionals' development aligned to the educational needs and to the dynamic and collective management of this educational initiative. This approach enabled ongoing discussion and curricular adjustments based on feedback provided, resulting not only in positive evaluations but, most importantly, a substantial incorporation of Tai Chi Chuan (Taijiquan) and Qigong (Chi Kung) practices across diverse Primary Health Care in Minas Gerais state.

CONCLUSIONS

The training of Tai Chi Chuan (Taijiquan) and Qigong (Chi Kung) instructors was only made possible – and achieved the positive outcomes identified – through collaborative action among the partner institutions. The Continuing Health Education (CHE) as the theoretical and methodological framework for the educational initiative contributed to grounding learning activities in professionals' real-world contexts and facilitated the incorporation of body practices into Primary Health Care (PHC) in Minas Gerais, thereby promoting the expansion of service provision, particularly in small-sized municipalities.

Limitations in municipal management support for professionals' participation represented the main challenge of the training process and constrained its potential to reach an even greater number of municipalities in Minas Gerais, despite the existence of state-level funding for Integrative and Complementary Health Practices (IHP) and recommendations to allocate incentives to Continuing Health Education. As a limitation of this article, the findings cannot be generalized, given the contextual and singular nature of the experience lived by the actors involved.

At present, a project is being developed to ensure the continuity of training for program graduates, as a strategy to further enhance professional practice and strengthen integration among instructors of body practices. Additionally, as part of a strategy led by the Brazilian Ministry of Health to strengthen the institutionalization of Integrative and Complementary Health Practices nationwide, a national training program in Traditional Chinese Medicine body and meditative practices is currently under development, inspired by experiences in several states, including Minas Gerais, and with the participation of the Minas Gerais State School of Public Health (ESP-MG).

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