

Television of the Community Health Agent in Disease Prevention and Health Promotion: Systematic Review

Televisita do Agente Comunitário de Saúde na Prevenção de Doença e Promoção a Saúde: Revisão Sistemática
Televisión del Agente de Salud Comunitario en la Prevención de Enfermedades y Promoción de la Salud: Revisión Sistemática

RESUMO

Objetivo: Analisar a viabilidade da televisita como ferramenta complementar no trabalho dos agentes comunitários de saúde na atenção primária. **Método:** Revisão sistemática com busca em bases de dados em saúde, utilizando descritores padronizados. A seleção dos estudos foi realizada por dois revisores independentes, e a qualidade metodológica foi avaliada por instrumento validado. **Resultados:** Foram incluídos 16 estudos. Identificaram-se dificuldades na realização de visitas domiciliares, como ausência dos usuários e sobrecarga de trabalho. Estratégias digitais demonstraram potencial para ampliar o acesso, favorecer a continuidade do cuidado e melhorar a resolutividade das ações em saúde. **Conclusão:** A televisita mostra-se uma estratégia viável como complemento às visitas domiciliares, desde que realizada com supervisão profissional e respaldo técnico, ético e legal.

DESCRIPTORES: Agentes Comunitários de Saúde; Visita Domiciliar; Atenção Primária à Saúde; Telessaúde; Saúde Digital.

ABSTRACT

Objective: To analyze the feasibility of televisitation as a complementary tool in the work of community health agents in primary health care. **Method:** Systematic review conducted through searches in health databases using standardized descriptors. Study selection was performed by two independent reviewers, and methodological quality was assessed using a validated instrument. **Results:** Sixteen studies were included. Difficulties in conducting home visits were identified, such as user absence and work overload. Digital strategies showed potential to expand access, improve continuity of care, and enhance the effectiveness of health actions. **Conclusion:** Televisitation is a viable complementary strategy to home visits, provided it is carried out with professional supervision and supported by technical, ethical, and legal standards.

DESCRIPTORS: Community Health Workers; Home Visit; Primary Health Care; Telehealth; Digital Health.

RESUMEN

Objetivo: Analizar la viabilidad de la televisita como herramienta complementaria en el trabajo de los agentes comunitarios de salud en la atención primaria. **Método:** Revisión sistemática realizada mediante búsquedas en bases de datos en salud, utilizando descriptores estandarizados. La selección de los estudios fue realizada por dos revisores independientes y la calidad metodológica fue evaluada mediante instrumento validado. **Resultados:** Se incluyeron 16 estudios. Se identificaron dificultades en la realización de visitas domiciliarias, como la ausencia de los usuarios y la sobrecarga de trabajo. Las estrategias digitales mostraron potencial para ampliar el acceso, mejorar la continuidad de la atención y la efectividad de las acciones en salud. **Conclusión:** La televisita se presenta como una estrategia viable como complemento a las visitas domiciliarias, siempre que se realice con supervisión profesional y respaldo técnico, ético y legal.

DESCRIPTORES: Agentes Comunitarios de Salud; Visita Domiciliaria; Atención Primaria de Salud; Telesalud; Salud Digital.

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INTRODUCTION

The Community Health Agent (CHA) plays a fundamental role in promoting access and comprehensive care in Primary Health Care, especially among vulnerable populations⁽¹⁻³⁾. Their role as a link between the community and health services enables the early identification of health conditions and the strengthening of the bond with users.

Home visits constitute one of their main responsibilities, allowing for longitudinal monitoring and an understanding of the population's social, environmental, and health conditions^(2,4). However, factors such as user absence, geographical limitations, and work overload interfere with the effectiveness of these actions⁽⁵⁾.

In this context, advances in digital technologies and experience with telehealth during the COVID-19 pandemic have highlighted new possibilities for remote care⁽⁶⁻⁸⁾. Telemedicine emerges as a complementary alternative to in-person visits, although it still lacks specific regulations for direct practice by CHWs.

Given these gaps, this study aims to analyze the feasibility of telemedicine as a complementary tool in the work of CHWs in Primary Care.

METHOD

A systematic review conducted according to PRISMA 2020 Table 1⁽⁹⁾. Searches were performed in the Virtual Health Library and PubMed databases, using DeCS/MeSH descriptors combined with the Boolean

operator AND.

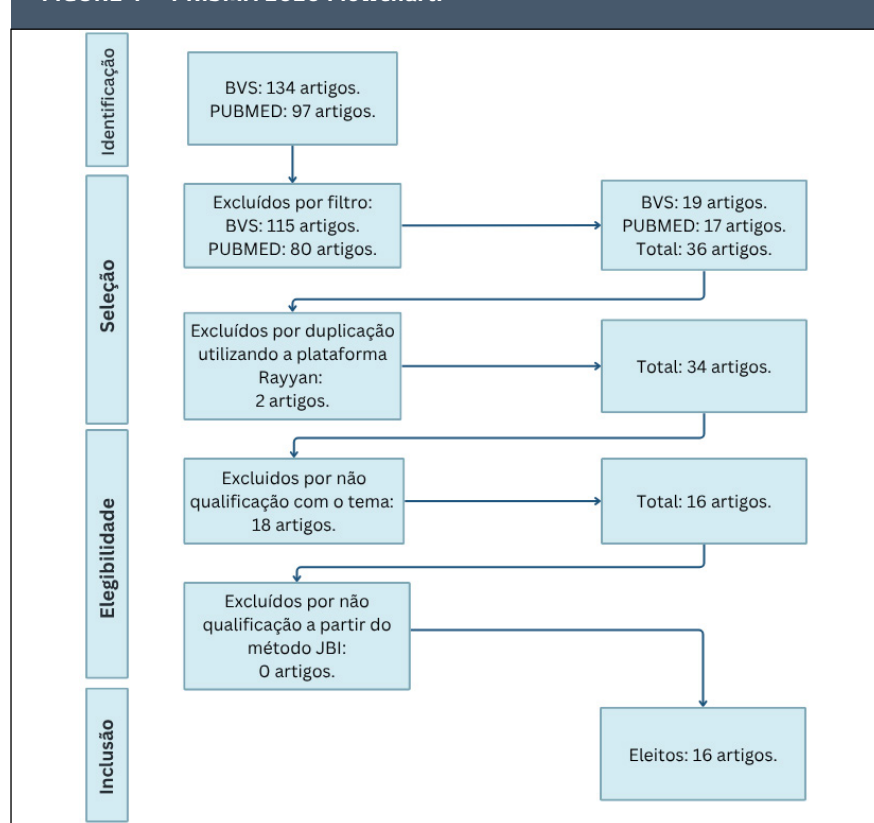
Studies published between 2020 and 2025, in Portuguese and English, involving CHWs or Community Health Workers in a Primary Care context and the use of digital technologies were included. The selection was performed using the Rayyan platform⁽¹⁰⁾.

Methodological quality was assessed using the Joanna Briggs Institute tool (11) (Table 2).

The final sample for this study consisted of 16 articles. The data related to each of them are present-

ed in Tables 2, 3, and 4 according to the PICO framework—an acronym where P = patient, I = intervention, C = control, and O = outcome—and in accordance with each of the study objectives.

The entire systematic search process is described in the four-step PRISMA (Principles for Systematic Reviews and Meta-Analyses) flowchart, which aims to standardize and improve the quality of reporting in systematic reviews and meta-analyses, FIGURE 1. (PAGE, et al. (2021, p. 1).

FIGURE 1 - PRISMA 2020 Flowchart.

RESULTS

The final sample consisted of 16 studies. The results show that the role of the Community Health Agent is essential for the effectiveness of primary care interventions, especially in monitoring vulnerable populations. However, significant challenges were identified in conducting home visits, notably the absence of patients at the time of the visit, territorial limitations, and the professionals' heavy workload. The analyzed studies also demonstrated that the incorporation of digital strategies, such as telemedicine,

mobile apps, and electronic record systems, contributes to expanding access to health services, improving continuity of care, and better organizing care information. Furthermore, interventions that combine digital technologies with the work of community health workers have shown a positive impact on adherence to care, monitoring of health conditions, and early identification of risks. The data summarized in the tables presented highlight both the challenges faced by community health workers and the potential of digital tools as strategies complementary to

traditional practices. **Results of the qualitative approach:** Sixteen studies were included. The results show that the role of community health workers is essential in primary care, but limited by factors such as patient absenteeism and work overload ^(5,12). Digital strategies, such as telemedicine, mobile apps, and electronic records, have demonstrated potential to expand access, ensure continuity of care, and improve the effectiveness of interventions ^(6,13–17).

Table 2 - Criteria for assessing methodological quality: Joanna Briggs Institute (JBI), São Paulo, 2025.			
Evaluation and quality criteria recommended by the JBI			
Q1 - Is the question clear and explicitly stated?			
Q2 - Were the inclusion criteria appropriate for the review question?			
Q3 - Was the search strategy appropriate?			
Q4 - Were the sources and resources used to search for studies appropriate?			
Q5 - Were the study assessment criteria appropriate?			
Q6 - Was the critical appraisal conducted independently by two or more reviewers?			
Q7 - Was a method used to minimize errors in data extraction?			
Q8 - Were the methods used to combine studies appropriate?			
Q9 - Was the likelihood of publication bias assessed?			
Q10 - Were the policy and/or practice recommendations supported by the reported data?			
Q11 - Were the specific guidelines for further research appropriate?			
Legend			
Yes - 1 point	No - 0 points	Uncertain - 0.5 points	Not applicable - 0 points
			

Source: Joanna Briggs Institute (2025).

Table 3 - Main challenges faced by community health workers (CHWs) during home visits, by author and year, person, intervention, control, outcome, and JBI classification, São Paulo, 2025.

Author and year	Subject	Intervention	Control	Outcome	JBI
Kessler et al. 2022	SUS users	Home visits by CHWs in PHC	None	Factors associated with failure to conduct or receive home visits.	● (9,5)
Oliveira et al., 2022	Families monitored by the PSF	Family Health Strategy and home visits	None	Barriers to access and difficulties faced by CHWs during home visits	● (10)
Roveri et al., 2022	Mothers and newborns	Home visits with digital support	None	Challenges in implementing technologies during home visits	● (10)
Baratieri et al., 2022	Postpartum women	Postpartum consultation and follow-up with a community health worker.	None	Factors that hindered continuity of care and adherence to appointments	● (10,5)
Kessler et al. 2024	SUS users served by CHWs in primary care	Assessment of the quality of home visits	None	Proportion of home visits considered to be of good quality and factors associated with quality	● (5)
(region, municipality size, coverage)	Agentes Comunitários de Saúde.	Prática cotidiana de visitas domiciliares	Nenhum	Dificuldades enfrentadas: falta de resolutividade, sobrecarga do enfermeiro e rejeição pelos usuários.	● (10,5)
Baralhas & Pereira 2013	Community Health Workers.	Daily practice of home visits	None	Challenges faced: lack of effectiveness, nurse overload, and rejection by patients.	● (10,5)
Kayentao et al., 2023	Pregnant women aged 15 to 49 living in low-income rural areas of Mali.	Proactive home visits conducted by Community Health Workers	care provided only at fixed community health clinics	Increased coverage of antenatal care (≥4 visits, early initiation, ≥8 contacts) and institutional delivery	●
Liu et al., 2024	Rural communities / children <5 years / families served by CHWs (women aged 15–49 provided data via birth history).	Proactive home visits by CHWs (target: visit each household ≥ 2x per month; additional training for visits).	CHW care at a fixed site (passive flow).	Primary outcome = mortality <5 years (all-cause). Secondary outcomes relevant to your thesis: service utilization (access and timeliness), ANC uptake, prevalence of acute illnesses (diarrhea/ARI), adherence to protocol.	● (8)
Apter et al., 2022	Low-income adults with uncontrolled asthma living in urban areas (Philadelphia – USA).	Clinical navigation associated with home visits conducted by community health workers (HAP3).	Clinical intervention only (without home visits) or partial combination (feedback to the clinician).	Improved asthma control, quality of life, reduction in hospitalizations and emergency room visits.	

Source: (AUTHORS, 2025).

Table 4 - Digital strategies applied in the context of PHC and their results, by author and year, person, intervention, control, outcome, and JBI classification, São Paulo, 2025.

Author and year	Person	Intervention	Control	Outcome	JBI
Cimini, 2022	Patients treated in primary care during the COVID-19 pandemic	Teleconsultation and telehealth, including remote guidance and monitoring.	Traditional in-person follow-up	Continuity of care, early detection of complications, reduction in hospital demand, user engagement.	● (10)
Roveri et al. 2022	Mothers and newborns served by Community Health Workers	Mobile app to support visit recording and follow-up.	Home visits without digital support	Improved organization of care, complete records of information, assistance in identifying neonatal risks.	● (10)
Barros et al., 2024	All Brazilian municipalities with primary health care coverage between 2007 and 2019, considering activities recorded by nurses, community health workers, and physicians.	National implementation of SISAB (e-SUS AB).	Historical SIAB records (pre-2016 period)	51% reduction in nursing care visits. 15% reduction in home visits by community health agents and 25% reduction in medical care visits.	● (3,5)
Adam M. et al., 2021	Pregnant women and new mothers supported by "mentor mothers" (community health workers) in the Khayelitsha community, South Africa.	Community intervention using educational videos on breastfeeding, delivered via a mobile app (Digital Medic App).	Standard counseling provided by "mentor mothers" without the use of videos.	Improvement in exclusive breastfeeding rates (at 1 and 5 months) and increased maternal knowledge about breastfeeding.	● (7,5)

Source: (AUTHORS, 2025)

Table 5 - In-person community models of primary health care and evaluation of proactive home-based interventions by community health workers.

Author and year	Person	Intervention	Control	Outcome	JBI
Whidden, C. et al., 2024	Rural communities in the Bankass district, Mali (women, children, community workers, and primary health care centers).	Proactive Community Case Management (ProCCM): proactive home visits by Community Health Workers, removal of fees, and strengthening of local clinics.	Clusters with fixed-point care (no proactive home visits).	Faster access to care, increased utilization of maternal and child health services, and reduced child mortality (<5 years).	● (7,5)

Source: (AUTHORS, 2025)

DISCUSSION

The incorporation of digital technologies into Primary Care has established itself as a relevant strategy, especially following the COVID-19 pandemic ⁽⁶⁾.

The findings of this review indicate that telemedicine visits can improve

access to and continuity of care, particularly in situations where in-person visits are not possible ⁽¹³⁻¹⁶⁾. However, in-person home visits remain irreplaceable for environmental assessment and the identification of social vulnerabilities ^(2,5).

Among the limitations, the heterogeneity of the studies and the temporal limitation of the search stand out ⁽⁹⁾.

CONCLUSION

Televisits constitute a viable strategy to complement in-person home visits conducted by Community Health Agents (CHAs) in Primary Care. Their implementation must occur under professional supervision, with technical support, and in compliance with ethical and legal principles.

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