74 - EVALUATION OF PRIMARY HEALTH CARE: THE HEALTH CARE AND THE CONSTRUCTION OF SOLIDARITY TIES

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INTRODUCTION

The health care is gaining more prominence as regards the modalities of care to users of the public according to the level of complexity of the municipal health system. In this situation the cast is primary, secondary and tertiary, which arise in order to ensure the provision of quality care and, in turn, implement the principles of the Unified Health System (UHS) understood in equity, universality and comprehensiveness. This discussion is to set the scene to take care of the implementation and expansion of Primary Health Care as a qualified community-based model, with respect to socio-economic-cultural user, considered less costly and model that meets the user with integrity.

The term Primary Health Care (PHC) of the discussion topic that involves different interpretations, as noted by the author identifies two prevailing views: on one side outpatient services as a gateway and as a strategy for reorganizing the health care model or selectively enlarged. However, the concepts of primary care imply theoretical, ideological and practical consequences with very distinct differences in the policy implemented and to guarantee the universal right to health, distinguishing three main interpretations. The first part of a range of outpatient services for the patient's first contact with health care, unskilled, including broad spectrum of clinical services and, at times, public health actions, aiming at the resolution of most problems health of a population as a selective and targeted program with a restricted service, which directs a different model of care. This reorganization brings with it a set of programs with limited rosters to meet specific needs of population groups in extreme poverty, with low-density technological resources and no possibility of access to secondary and tertiary levels, corresponding to a strict translation of the objectives recommended in line to Alma Ata in 1978 (GIOVANELLI, 2008).

In Brazil, the Unified Health System (UHS), has revealed significant progress since its creation by the 1988 constitution. In the meantime can be said to increase the number of family health teams, with increasing coverage of the population and improved care managers and their mechanisms. The APS is a set of health actions performed by the Family Health Strategy is a service that requires a broad set of interventions in tandem, so you can get a positive effect on the health and quality of life, which is demonstrated by evidence in several countries worldwide. Thus, it is important to use knowledge from different sources for the APS can be more effective and resolute, both specific knowledge of health and other fields of knowledge such as culture, social work, management, sports, leisure and so on. , comprising a permanent exercise of interdisciplinarity and intersectionality (BRAZIL, 2010).

The APS is understood as the first level of the system of health services and is considered the gateway of choice, with actions on resolving health problems, linking up with other levels of complexity, forming an integrated network of services (STARFIELD, 2004).

OBJECTIVE

Knowing the attributes of primary care to provide quality care from the viewpoint of users.

METHODOLOGY

It is a cross-sectional study evaluation of Primary Health Care which was held in the city of João Pessoa, Paraiba, Brazil.

The population was formed by the users enrolled in a Family Health Unit of the city of João Pessoa / PB, and the sample took place in around 80 users, adopting a level of confidence 95% and 80% power.

The data collection instrument used in this study, entitled Primary Care Assessment Tool - PCATool-Brazil, with respect to a construct validated by the Ministry of Health on Primary Health Care The interviews were performed by interviewers of the undergraduate nursing course previously trained. Soon after contact was made with the Municipal Health Department of João Pessoa / PB and the Family Health Units. The gathering took place in an environment reserved individually, by appointment and explaining the objectives of the study by the researchers themselves, as well as reading and signing the consent on the part of respondents. After the data collection, the results were tabulated in a database using the software Statistical Package for Social Sciences (SPSS) 17.0 for Windows. The analysis is made by checking for errors and inconsistency of a questionnaire and typing as well as the absolute and relative frequency analysis, adopting a confidence interval (CI) of 95%. The study was assessed by the Research Ethics Committee (REC) and obtaining assent for execution.

RESULTS AND DISCUSSION

The sample was made around 80 (100%) subjects, 63 (78.8%) women and 17 (21.2%) males and marital status 51 (63.8%) are married, 24 (30 , 0%). The results revealed that 83.7% of respondents said they seek the services of community-based health more than your house, when they get sick or need health advice.

Table 1: Distribution of Attributes of Primary Health. Joao Pessoa / PB, 2011

ATTRIBUTES OF PRIMARY HEALTH CARE	Surely not	Probably not	Provavelmente, sim	Definitely yes	TOTAL
When you need a follow up consultation (routine, check-up), go to your doctor / service / nurse, before going to another service?	16,3%	7,5%	8,8%	**67,4%**	100%
When you have a new health problem, go to your doctor / service name / nurse before going to another health service?	21,3%	8,8%	6,3%	**63,6%**	100%
It is difficult for you to get medical care in the health service / name of the doctor / nurse when you think you need?	**51,3%**	7,5%	11,3%	29,9%	100%
When your service / doctor / nurse is open and you get sick you meet someone there on the same day?	28,8%	6,3%	25,0%	**39,9%**	100%
It's easy to make an appointment for a consultation review (routine, check -up) this service / name of the doctor / nurse?	36,8%	3,8%	15,0%	**44,9%**	100%
You have to wait long, or talk to ma ny people to make an appointment at your service / name of the doctor / nurse?	**42,6%**	7,5%	15,0%	34,9%	100%
Your doctor / nurse know you more as a person than as someone with only a health problem?	**68,8%**	5,0%	13,8%	12,4%	100%
Your doctor / nurse know whic h issues are most important to you?	**48,8%**	10,0%	11,3%	29,9%	100%
When you go to the service / name of the doctor / nurse takes some of the health records service or newsletter you received in the past?	43,8%	1,3%	0	**54,9%**	100%
You could read (see) your me dical record / file you wanted in the health service / name of the doctor / nurse?	**47,6%**	10,0%	17,5%	24,9%	100%

Table 1 shows the results for the search of primary care services, which reveals the type of care that is provided by doctors and nurses, caregivers in the APS; confidence in community-based services that is sought when the population is ill or has a new health problems, access to services provided at the Family Health Units as queries, charts, among others.

Discuss APS in developing countries becomes of paramount importance, because in international context this distinct form of primary care, was implemented in a selective way on the initiative and funding from international agencies, composing a set of interventions for prevention and control of diseases prevalent. The proposition of Alma-Ata, then goes to predominate, anchored in the rationalization of practices and selection of some activities cost-effective, to acknowledge the effectiveness of these interventions, the guarantee of the basket of services for the universal right to health (GIOVANELLI, 2008).

The formation of bonds in the community is beginning to be present, and the human need to search and warm moments of community services, and users in the health team are co-responsible for the continuity of living and live in this community there .

Boff (1999) mentions that care means care, requiring diligence, zeal, care and treatment. It can also be said about a fundamental activity of a way of being by which a person leaves you, focusing on the other with care and concern. The great challenge for humans is to combine work with care, given that they are not opposed, but are composed. Limit each other and at the same time, complement each other. Together they constitute the entirety and on the other hand, the spirituality, the mistake is in one dimension to another object and do not see how the mode of being of one and the same human being. Thus, the rescue does not care at the expense of labor and, yes, by a different way to understand and carry out careful and find out how to be careful.

The movement of the Primary Health Care should be conducted by the Ministry of Health in partnership with state and municipal health and could involve, among other strategies, with the help of the health councils, professional associations, universities, Municipal Mayors, Municipal Secretaries health, Council Chambers etc., as well as dissemination through various media (media, internet, press releases, etc.), information and best practices relating to family health program. The assessment tool aims to integrate the list of participating countries in order to unite the participating countries the opportunity to deepen their knowledge of models and integration experiences of Primary Health Care (PHC) network in the service network, so that they can enrich the current debates about health sector reform in Latin America and strengthen the elements of PHC renewal and its constitution as a guiding principle of health systems. Thus, it is expected to strengthen PHC strategies integral that are already underway in some countries, and thus allow advance integrated health systems that promotes equity and social inclusion (PAHO, 2009).

The construction of the link also runs through the accountability of professionals from the health of users, both collectively and individually, as it considers Fields (2007). This process, according to the author, is not simple because it depends not only on the provision of professional, but knowledge about the interrelationship between people needing help with resources and staff to carry out interventions.

There is, then, the importance of establishing and growing relationship service-user, since it is through him that the team can meet the needs of users, making them feel supported in their problems. It is therefore important from a starting point is to realize that the limitations found in public health.

The line of care must be built on the health needs of users, with focus on building a large network of solidarity that should be present in the community. The theme of a network, in fact, is the production of a mesh that achieves comprehensive health care services and the set of actions that are necessary. In order to achieve comprehensive health care for the health route between all the services and actions, one can not think of a route-based routing, but a path which gradually moving from a regionalization, hierarchy, integrated that would result from a mesh of uninterrupted care, organized not by increasing complexity, but for progressive care (BRAZIL, 2005).

From the discussion of care, APS has been considered essential to the effectiveness of health systems and ensuring improvements in population health. Several studies show lower rates of illness and hospitalization, lower rates of premature mortality from preventable causes, lower costs and greater equity in service provision in countries with organized systems from t h e

APS (MACINKO, STARFIELD, 2003).

In this conception the municipalities should seek to reorganize the health care, respecting the perceived needs of each reality. This perception leads to deployment of new services that aim to promote health actions based on operational guidelines proposed by the Ministry of Health with the entities that federal, state and municipal governments to strengthen equity, university and completeness in accordance with the recommendations in the Pact for life.

THOUGHTS FINISH

From the data discussed in this study, it can be seen that the Primary Health Care brings the proposal to offer services in the community with a focus on disease prevention and health promotion through community-based services. As users realize how this takes care understood in access, quality of service, citizenship and respect, can assist in resetting the preparation of strategic planning. This leads to promote greater discussion within the Unified Health System (SUS) between managers, professionals, and community users to rescue aspects inherent quality stocks.

Thus, it is important to know the results that may better address the quality of care in the network of the Unified Health System as a gateway with the APS, because as PHC services are offered to the community of good quality, there reduction of morbidity and mortality indicators, better rates of quality of life and survival.

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EVALUATION OF PRIMARY HEALTH CARE: THE HEALTH CARE AND THE CONSTRUCTION OF SOLIDARITY TIES

Abstract: It is known that health care is gaining more prominence as regards the modalities of care to users of the public according to the level of complexity of the municipal health system. In this discussion deserves to be mentioned the work of Primary Health Care. The objective of the study is to know the attributes of primary care to provide quality care from the viewpoint of users. It is a cross-sectional study with a sample of 80 subjects treated in Primary Health Care in the city of João Pessoa / PB, in the year 2011. The results revealed that most respondents said they definitely seek a health service when it is disease and are treated in the same day. On the other hand, some weaknesses were perceived as difficult to get an appointment days in the month; delay in being seen at the clinic, see the user as a disease and not a human being, and not knowing what health problems are important for the user. Thus, one can conclude that there is need for review of community-based services in order to approximate the kind of careful, comprehensive, fair population in the provision of quality services, focusing on the points of weakness. It should also turn to the awareness of health professionals of the APS in order to attend to the proposed model of care and quality of health care.

KEYWORDS: Primary Health Care. Health Care System. Nursing.

EVALUATION DES SOINS DE SANTE PRIMAIRES: LES SOINS DE SANTÉ ET LA CONSTRUCTION DE LIENS DE SOLIDARITÉ

Résumé: On sait que le soin en matière de santé a reçu de plus en plus d'attention en ce qui concerne les modalités d'accueil des utilisateurs du réseau public, en fonction du niveau de complexité du système municipal de santé. Dans cette discussion, on doit mentionner l'action de l'Attention Primaire à la Santé. Ainsi, l'objectif de l'étude est de connaître les attributs de l'Attention Primaire à la Santé pour la prestation d'une assistance de qualité dans la perspective de ses utilisateurs. Il s'agit d'une étude transversale, réalisée sur un échantillon de 80 personnes, soignées au sein de l'Attention Primaire à la santé dans la ville de João Pessoa/PB, en 2011. Les résultats ont montré que la majorité des personnes interviewées a affirmé qu'elles recherchent sans aucun doute un service de santé quand elles sont malades et qu'elles sont reçues le même jour. D'un autre côté, quelques points négatifs ont été perçus, tel que la difficulté d'obtenir une consultation le même jour, l'attente avant d'être soigné, le fait d'être perçu comme une maladie et non comme un être humain, ainsi que le fait de ne pas savoir que les problèmes de santé sont importants pour le patient. Ainsi peut-on conclure qu'il y a une nécessité de révision des services de base communautaire, afin de rapprocher la modalité de soin, intégrale et équitable, de la population dans l'offre de services de qualité, en étant attentif aux points de fragilité. On doit également être attentif à la sensibilisation des professionnels de santé de l'APS en vue de répondre à la proposition du modèle d'attention et de qualité de l'attention à la santé.

DESCRIPTORES: Attention Primaire à la Santé. Système Unique de Santé. Soin des Malades.

EVALUACIÓN DE LA ATENCIÓN PRIMARIA DE SALUD: EL CUIDADO DE LA SALUD Y LA CONSTRUCCIÓN LAZOS DE SOLIDARIDAD

Resumen: Se sabe que la salud preventivaestáen augeen lo que se refiere a las modalidades de atención a los usuarios de la red pública según el nivel de complejidad del sistema municipal de salud. En esa discusión podemos destacar la actuación de la Atención Primaria a la Salud. El objetivo del estudio es conocer los atributos de la Atención Primaria a la Salud para poder prestar una asistencia de calidad bajo la óptica de los usuarios. Se trata de un estudio transversal, realizado con una muestra de 80 sujetos, atendidos en los centros de Atención Primaria a la Salud en la ciudad de João Persona/PB, durante el año de 2011. Los resultados revelan que la mayoría de los entrevistados afirma que acuden a un servicio de salud cuando se encuentranenfermos y son atendidos el mismo día. Por otro lado, se perciben algunos puntos negativos como la dificultad para conseguir consulta el mismo día; la demora en ser atendidos en el consultorio, la percepcióndel usuario como una enfermedad y no como un ser humano, así como el desconocimiento dequé problemas de salud son importantes para el usuario. En conclusión,es necesario revisar los servicios de base comunitaria, a fin de aproximarnos a la modalidad de cuidado integral y equitativo, ofertando servicios de calidad yreforzando los puntos de fragilidad. Se debe también sensibilizar a los profesionales de la salud de la APS con el objetivo deacercarlos a la propuesta de modelo de atención y calidad de la salud.

DESCCRITORES: Atención Primaria a la Salud. Sistema Único de Salud. Enfermería.

VALIAÇÃO DA ATENÇÃO PRIMÁRIA À SAÚDE: O CUIDAR EM SAÚDE E A CONSTRUÇÃO DE VÍNCULOS SOLIDÁRIOSA

Resumo: Sabe-se que o cuidar em saúde vem ganhando cada vez mais destaque no que se refere às modalidades de atendimentos aos usuários da rede pública segundo o nível de complexidade do sistema municipal de saúde. Nessa discussão merece ser mencionada a atuação da Atenção Primária à Saúde. Assim, o objetivo do estudo é conhecer os atributos da Atenção Primária à Saúde para a prestação de uma assistência de qualidade na ótica dos usuários. Trata-se de um estudo transversal, realizado com uma amostra de 80 sujeitos, atendidos na Atenção Primária à Saúde na cidade de João Pessoa/PB, no ano de 2011. Os resultados revelaram que a maioria dos entrevistados afirmou que com certeza procuram um serviço de saúde quando se encontra doença e são atendidos no mesmo dia. Por outro lado, alguns pontos negativos foram percebidos como dificuldade para conseguir consulta no mês dia; demora em ser atendido no consultório, perceber o usuário como uma doença e não um ser humano, bem como por não saber que problemas de saúde são importantes para o usuário. Assim, pode-se concluir que há necessidade de revisão dos serviços de base comunitária, a fim de aproximar a modalidade de cuidado, integral, equitativo da população na oferta de serviços de qualidade, atentando para os pontos de fragilidade. Deve-se também se voltar para a sensibilização dos profissionais de saúde da APS com vistas a atentar para a proposta do modelo de atenção e qualidade da atenção à saúde.

DESCRITORES: Atenção Primária à Saúde. Sistema Único de Saúde. Enfermagem.