151 - EMBRACEMENT STRATEGY ON THE ELDERLY ATTENTION IN FAMILY HEALTH UNITS

KARÍNTHEA KERLLA GONÇALVES PEREIRA LUNA[1];
KRISTHEA KARYNE GONÇALVES PEREIRA[1];
MARIA ADELAIDE SILVA P. MOREIRA[2];
OLÍVIA GALVÃO LUCENA FERREIRA[1];
ANTONIA OLIVEIRA SILVA[1].
1 - UFPB. João Pessoa. Paraiba. Brasil
2 - UESB. Jequié. Bahia. Brasil
karintheakerlla@hotmail.com

INTRODUCTION

The increase in average life expectancy also sharply increased in the country, so that this increase in the number of years of life, however, needs rational policies to deal with the social, economic and health consequences of an aging population (KALACHE et al, 1987), since it's not only living more today, the great challenge of gerontology is to invest in efforts that can provide better quality of life for the elderly.

The elderly have more health problems than the general population. In 1999, the 86.5 million people who said they had consulted a doctor in the past 12 months, 73.2% were older than 65 years (IBGE, 2001), requiring, therefore, special and consistent attention with its biopsychosical conditions, which tend to worsen gradually.

The increasing longevity is a new challenge to societies, researchers, the managers of health and the very population that age around the world. Living is more important since it will add quality and meaning to the additional years of life (LIMA-COSTA & VERAS, 2003).

In our society, old age tends to be seen as a time of loss, disability and decrepitude. Allied to this social image, has been the objective data of insufficient retirement, opportunities denied, technological disqualification and social exclusion. All these factors hinder or render a dignified life in old age (PASCHOAL, 2000), so that it becomes imperative to invest in the implementation of public policies to provide healthy living and quality conditions for population of elderly people, that progressive grows.

The National Policy of Elderly, promulgated in 1994 (Act 8842) and regulated in 1996, is creating standards for social rights of the elderly, ensuring independence, integration and effective participation as an instrument of citizenship, reaffirming the right to health at different levels of care in the Unified Health System - UHS (Law No. 8.142/94 and Decree No. 1.948/96) and directing individual and collective measures of health. However, such legislation has not been effectively implemented, due to several factors, ranging from contradictions of their own texts to the ignorance of its contents.

The Unified Health System (USH) brings a radical change: the law of health for everyone, to be guaranteed by the principles of Universality, Embracement, Equity, Decentralization and Social Participation. Among the humanized guidelines of UHS, the Embracement emerges as a strategy for improving access and development of integrated practices (PINHEIRO, 2002).

Accordingly, this study aims to characterize the embracement as a strategy to reorganize the work process in the Family Health Units (FHUs).

METHODOLOGY

This is a qualitative and quantitative exploratory research that favored the proposed goals. The scenario of the study was the city of João Pessoa - Paraiba, Brazil.

Were part of that study, professional directors and supporters technicians who work in the five Health Districts and professional of the Family Health Program (doctors, nurses, dentists and community health agents) of the municipality of João Pessoa - PB.

There were contacts with the City Health Department and Health Districts managers of the FHUs in order to gain access to units and information necessary for the development of research. In FHUs, there were free observation of the embracement conducted by the teams and survey of relevant information for the elderly.

PRESENTATION AND COMMENTARY ON RESULTS

It was noted from the survey carried out in FHUs who perform embracement:

1) Health District I:
Number of Units that perform Embracement: 4 teams (Nova Conquista) - Neighborhood: Alto do Mateus
Number of employees involved: 40
Implementation of Time: 2 months
Embracement to Elderly: there is no different practice in this process

2) Health District II:
Number of Units that perform Embracement: 9 (Neighborhoods: Cristo, João Paulo II, Jaguaribe, Grotão, Rangel).
Number of employees involved: 100
Implementation of Time: 6 months
Embracement to Elderly: there is no different practice in this process

3) Health District III:
Number of Units that perform Embracement: 11 (Neighborhood: Mangabeira).
Number of employees involved: 110
Implementation of Time: 11 months
Embracement to Elderly: there is no different practice in this process

4) Health District IV:
Number of Units that perform Embracement: 11 (Neighborhoods: Roger, Alto de Céu, Treze de Maio, Padre Zé).

Number of employees involved: 110
Implementation of Time: 6 months
Embracement to Elderly: there is no different practice in this process

5) Health District V:
Number of Units that perform Embracement: 14 (Neighborhoods):
Number of employees involved: 140
Implementation of Time: 6 months
Embracement to Elderly: The elderly are preferable in relation to qualified listen, but if emergency arise, there is preferably in attendance.
Total No. of FHUs with embracement: 49
Total No. of employees: 500
These data are distributed in the table below:

SERVICES BY DISTRICTS	DISTRICTS WITH EMBRACEMENT	EMPLOYEES INVOLVED IN EACH DISTRICT	IMPLEMENTATION TIME	KIND OF EMBRACEMENT TO ELDERLY
DISTRICT I	04	40	02 MONTHS	NOT DIFFERENCED
DISTRICT II	09	100	06 MONTHS	NOT DIFFERENCED
DISTRICT III	11	110	11 MONTHS	NOT DIFFERENCED
DISTRICT IV	11	110	06 MONTHS	NOT DIFFERENCED
DISTRICT V	14	140	06 MONTHS	DIFFERENCED

Table 01 Characterization of Embracement by Districts. João Pessoa, 2008.

Based on the results, we have seen that 27% of FHUs of the city of João Pessoa established embracement and is, therefore, a need for greater adherence of this strategy defender of universal access and integrality to the user, especially the elderly, because it should have its biopsychosocial condition respected and upheld. Furthermore, we observed the preferential care of the elderly in relation to qualified listen by the embracement team and the medical and nursing care in some units.

Some teams have reported the existence of groups of elderly, where there is the development of activities such as physical and recreational, tourist excursions, check blood pressure, glucose testing, supply of medicines, lectures on major diseases that affect the elderly, Statute of the Elderly, healthy eating, risks and accidents, rational use of medicines, oral health, projects such as Community Therapy. Please note that embracement is a recently established policy in the current management, also approved as proposed in the Municipal Health Conference as a policy priority in all levels of assistance, and that its full implementation is often difficult as there are resistance by some health professionals, which slow down the contentious struggle between the old and new. Many movements in favor of this deployment are being held in João Pessoa, as awareness workshops related to the reception, care and bond, construction of descriptor and analyzer flowcharts in order to better understand the process of working, frequent reflections and reformulations on health care practices with the technical support of the Health Districts of the city.

Regarding the fact that some units do not show differential attendance with elderly, it is up to us to have a discussion about compliance with the Statute of the Elderly (Law 10.741/03), which presents as obligations of health services: the guarantee of assistance in various levels of the Unified Health System, through programs and prophylactic measures, in addition to priority in care, the supply of medicines, orthoses and prostheses needed for recovery and rehabilitation of the health of the elderly; stimulating the participation of the elderly in various instances of social control of UHS; development of prevention policy, so that the population ages maintain a healthy state; stimulation of the permanence of the elderly in the community, along with family, playing active social role, with the autonomy and independence as you own.

FINAL CONSIDERATIONS

This research is an important situational tool of Embracement policy to realize the care to the elderly during this practice, so that the information obtained lead us to the need of broaden the discussion on strategies for the implementation of embrace practices and full attendance the elderly, respecting their rights guaranteed by the National Policy and Statute of the Elderly.

We sought to highlight the host as a strategy to reorganize the work process in the Family Health Units in which we noted the existence of a significant gap between law and reality, on the health of the elderly in Brazil. For this situation to change, it is important that it continues to be debated and claimed in all possible areas, because only the permanent mobilization of society is able to set a new look on the aging process of Brazilian citizens.

REFERENCES

INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA. **Censos demográficos**, IBGE. Brasília; 2001. Disponível em http://www.ibge.gov.br

LIMA-COSTA, M. F; VERAS, R. Saúde pública e envelhecimento. **Cad. Saúde Pública,** Rio de Janeiro, 2003. v. 19, n. 3, p. 700-701.

KALACHE A. et al. O envelhecimento da população mundial: um desafio novo. **Rev Saúde Pública**; 1987,21(3):200-6.

PASCHOAL, S. M. P**. Qualidade de vida do idoso**: elaboração de um instrumento que privilegia sua opinião. São Paulo. (Dissertação de Mestrado) - Faculdade de Medicina, Universidade de São Paulo, 2000. 255 p.

PINHEIRO, R. Práticas de saúde e integralidade: as experiências inovadoras na incorporação e desenvolvimento de novas tecnologias assistenciais de atenção aos usuários no SUS. In: BRASIL. Ministério da Saúde. **Experiências Inovadoras no SUS***:* relatos de experiências. Brasília, 2002. p.15.

R. Ambrosina Soares dos Santos, 78 Aptº 202
E-mail: karintheakerlla@hotmail.com

EMBRACEMENT STRATEGY ON THE ELDERLY ATTENTION IN FAMILY HEALTH UNITS

ABSTRACT

The process of aging is inherent in every human being characterized by changes arising from the very process of life. One of the concerns of the National Health Policy on Elderly is the promotion of a full and quality service. As public health policy, embracement is an attempt to promote an important link between the health team and user. The study aims to characterize embracement as a strategy to reorganize the work process in the Family Health Units (FHUs). This is an exploratory study conducted among the units of Family Health in the town of João Pessoa, Paraiba, Brazil. For data collection, a survey was held among the services beyond the assystematic observation. The collected data were prepared in the form of a table and later analyzed, in a reflexive way. It appeared that embracement is in the process of implementation and development, with a few units using the strategy of reception. It was found that in most searched units the care to the elderly is not seen so differently at home, as stipulated by the Statute of the Elderly, so that it is necessary its fulfillment.

Keywords: Elderly, Embracement, Humanization; Nursing.

STRATEGIE DE D'ACCUEIL DE L'ATTENTION DE LA SANTE DES PERSONNES AGEES DE SANTE AU SEIN DE LA FAMILLE

ABSTRACT

Le processus de vieillissement est inhérent à tout être humain, la entraîné de changements découlant de la très processus de la vie. Une des préoccupations de la politique nationale sur le vieillissement de la promotion de la santé est un service complet et de qualité. Comme la politique de santé publique est d'accueil dans une tentative de promouvoir un lien important entre l'équipe de santé et l'utilisateur. L'étude vise à caractériser la maison comme une stratégie visant à réorganiser les processus de travail dans les unités de santé familiale (USF). Il s'agit d'une étude exploratoire menée auprès des unités de santé de la famille dans la ville de Joao Pessoa, Paraiba, Brésil. Dans recueille des données provenant d'une enquête a eu lieu entre les services au-delà de l'observation assistemática dans les services. Les données recueillies ont été préparés sous la forme d'une table et analysés plus tard reflexiva. Il semble que la maison est dans le processus de mise en œuvre et le développement, avec un petit nombre d'unités à l'aide de la stratégie de réception. Il a été constaté que la plupart des unités de soins de la recherchées pour les personnes âgées n'est pas considérée de manière différente à la maison, tel que stipulé par le statut des personnes âgées, de sorte qu'il est nécessaire de remplir la même.

Mots clés: personnes âgées, d'accueil, l'humanisation; soins infirmiers.

ESTRATEGIA EN ANFITRIÓN EN ATENCIÓN DE SALUD LAS PERSONAS DE EDAD AVANZADA EN LAS UNIDADES DE SALUD EN LA FAMILIA

RESUMEN

El proceso de envejecimiento es inherente a todo ser humano el implica de los cambios derivados del proceso mismo de la vida. Una de las preocupaciones de la Política Nacional sobre el Envejecimiento de Salud es la promoción de un servicio completo y de calidad. Como la política de salud pública es el anfitrión en un intento de promover un vínculo importante entre el equipo de salud y el usuario. El estudio de investigación tiene como objetivo caracterizar el hogar como una estrategia para reorganizar el proceso de trabajo en la Unidades de Salud de la Familia (USF). Este es un estudio exploratorio llevado a cabo entre las unidades de Salud de la Familia en la ciudad de Joao Pessoa, Paraíba, Brasil. En recoge datos de una encuesta celebrada entre los servicios más allá de la observación assistemática de servicios. Los datos recogidos fueron preparados en forma de una mesa y más tarde analizadas reflexiva. Parece que la casa está en el proceso de aplicación y el desarrollo, con unas pocas unidades utilizando la estrategia de recepción. Se constató que la mayoría de las unidades búsquedas en el cuidado de las personas de edad avanzada no es visto de manera diferente en el hogar, según lo estipulado por el Estatuto de las Personas de Edad, por lo que es necesario para cumplir con el mismo.

Palabras clave: Ancianos, anfitrión, Humanización; Enfermería.

ESTRATÉGIA DE ACOLHIMENTO NA ATENÇÃO À SAÚDE DO IDOSO NAS UNIDADES DE SAÚDE DA FAMÍLIA

RESUMO

O processo de envelhecimento é inerente a todo ser humano carreado de mudanças decorrentes do próprio processo de vida. Uma das preocupações da Política Nacional de Saúde do Idoso é promover um atendimento integral e de qualidade. Como política pública de saúde o acolhimento consiste em uma tentativa de promover um importante vínculo entre equipe de saúde e usuário. A pesquisa estudo tem o objetivo de caracterizar o Acolhimento como estratégia de reorganização do processo de trabalho nas Unidades de Saúde da Família (USF). Trata-se de um estudo exploratório realizado junto as Unidades de Saúde da Família, no município de João Pessoa, Paraíba, Brasil. Para coleta de dados realizou-se um levantamento junto aos serviços além da observação assistemática. Os dados coletados foram dispostos sob forma de tabela e posteriormente analisados reflexivamente. Constatou-se que o Acolhimento está em processo de implementação e desenvolvimento, com poucas unidades utilizando a estratégia de acolhimento. Verificou-se que na maioria das unidades pesquisadas o atendimento ao idoso ainda não é visto de modo diferenciado no Acolhimento, como é preconizado pelo Estatuto do Idoso, de forma que se faz necessário o cumprimento do mesmo.

Palavras-chave: Idoso, Acolhimento, Humanização; Enfermagem.