16 - THE (RE)EMERGENCY DISEASES: HEALTH PROMOTION IN THE PRIMARY HEALTH CARE

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INTRODUCTION

Over the course of human development, there has always been concern about the disease process. From this came the restlessness Epidemiology, the study of the manifestation of disease in the population, the community (PEREIRA, 2007). According to the author, in the course of understanding the disease and its impact on humanity, several concepts were created, starting from the mystical conceptions, miasmatic, bacteriology to the understanding of the multiple causes. On the assumption, the Ottawa Charter (1986) recommends that health, in contemporary, should consider peace, education, housing, food, income, a stable ecosystem, resource conservation, social justice and equity.

Despite the big changes, technical advances, scientific and informational, acting on knowledge more resolute about the causes, prevention, cure and control of disease, it appears that the healthcare field is marked by significant paradoxes, since even with clear incorporation of technologies such as the use of sophisticated equipment, the outcome of investigations related to the genome project, research on drugs for cancer treatment, the Acquired Immunodeficiency Syndrome (HIV/AIDS) and other diseases, the emergence of new vaccines to control and disease eradication (SCHMIDT, 2007), still seems impossible to restrict the emergence of new diseases, as well as extinguish and prevent the recurrence of others.

Such problems, instead of being resolved, continue to increase to unprecedented rates, while others reappear even though once more in decline or not occurring in the moment is climbed by the reemergence of diseases such as tuberculosis, leprosy, cholera, haemorrhagic fevers and dengue. In the field of emerging AIDS is a good example (CARVALHO et al., 2009).

Remarkably, the (re)emergence of diseases has put health systems of developed and developing nations on alert, since these diseases represent a public health problem, as well as become a significant obstacle and with great socioeconomic impact on less developed regions, reflected differently in places like Brazil (SCHMIDT, 2007).

The situation is problematic and morally reprehensible, performing in against the proposed Health Promotion (HP) established in the Ottawa Charter (1986), which builds up the importance of the exploitation of the subject for self-care. By propositions and critical analysis of this mosaic, as well as the coping in our daily practice as the challenge of promoting health, including the relationships between individuals, their knowledge and their conditions, which no inaccuracy is a task in front of numerous abstruse mishaps, is it justified this proposed work, as we meditate on the role of sickness (re)emerging epidemiological transition, needing to be reviewed in the context of HP.

In this sense, we seek to answer the question: what actions HP built in the Primary Health Care (PHC) through the Family Health Strategy (FHS) and the (re)emergence of diseases in Cajazeiras -PB? After all, the ESF represents important step in opening a channel of discussions with the society as a whole and the reorientation of health services to overcome inequalities in care across the PHC are shown by open gaps with the appearance of emerging and reemerging diseases (SCHMIDT 2007).

The revaluation of the practices of health professionals involved in those services is necessary because the health staff of the FHS must recognize and act upon risk conditions in the community, seeking resources consistent with the reality of it (HENRIQUES, 2009) and between their priorities has been HP. Faced with the above, it was aimed to investigate the actions of HP built in PHC through the FHS as the (re)emergence of diseases in Cajazeiras -PB.

METHOD

The research was situated on the slope exploratory, descriptive, qualitative approach. The study was conducted in Cajazeiras-PB, especially in the FHS. The city holds 15 Family Health Units (FHU), three in rural and 12 in urban areas.

The research population consisted of 15 nurses working at FHU. However, 12 (80%) participated in the survey, because they fulfilled the following inclusion criteria: work as FHS urban area for at least 12 months and agree to participate in the study by signing a Consent Form and clarified. The nurses were predominantly female (83%), aged between 21 and 40 years (83%), married (67%), receiving up to 4 minimum wages (42%) and postgraduates (83%).

Data collection occurred in May 2012 after approval of the study by the Ethics Committee of the School Santa Maria, CAEE 03962712.3.0000.5180. For this purpose, a questionnaire was submitted to a pre-test with 20% of the target population. After collection, the data were analyzed qualitativamentea from the Collective Subject Discourse (DSC) in the form of Main Ideas (IC). Lefèvre et al. (2010) depict the Key Expressions (EC) statements of the researchers, thus enabling the thought in summary form enabling the interpretation of the results for development, thus seeking to understand the speech of the subject by summing speeches, generating what can be called groupthink. Where, on this technique, you can organize and analyze qualitative data of verbal nature, thereby extracting the EC or IC.

RESULTS AND DISCUSSION

Initially we sought to elucidate the knowledge of nursing professionals in that concern the emerging and reemerging diseases, abstracting the EC, IC and apprehension of elaborating the DSC.

Table 1 - Understanding on emerging diseases and the conditioning factors for the emergence

Understanding of emerging diseases	
IC1	**DSC1**
Incident disease	[...] incidents diseases over time. [...] discovered recently projected increase in the future in humans.
Factors affecting the emergence emerging diseases	
IC2	**DSC2**
Multicausal disease	[...] disease resulting from unrestricted use of antimicrobials [...] demographic, environmental, economic, social and political [...] Infrastructure inadequate [...] injecting drug use [...] animals contaminated water contaminated [...].

As the understanding of emerging diseases and the factors that contribute to its emergence, greater emphasis was given to the design of disease incidents and conditioning factors as the organic, environmental and demographic.

On the level of understanding, it is noted that professionals have some understanding. The Health Ministry (BRASIL, 2010) describes as the ills that arise and are not yet on the cataloging of the bodies responsible for the control of the same, as well as the factors that can contribute to this rise are diverse. Corroborates Schmidt (2007) state that the situations are totally new, it is not the knowledge of the population and that require immediate interventions, differentiated and urgent.

On conditioning factors, certain that some of the demographic issues and the unrestricted use of products such as drugs, self-medication. Nevertheless, the urban infrastructure has been a great ally to the emergence of pathologies, determined by lack of sanitation and the direct contact of man with some species of animals that can carry diseases.

Specifically in association with demographic, Morse (1995) mentions five others which are associated with emergencies and outbreaks of disease, citing: population growth, rural-urban migration, urban decay, sexual and reproductive practices, and use of facilities with high population density.

Table 2 - Understanding reemerging diseases and the factors that influence the emergence of these

Understanding reemerging diseases	
IC1	**DSC1**
Resurface	[...] resurface after a long time [...] or increase the number of patients.
IC2	**DSC2**
Known Deseases	[...] already known and have been controlled, but showed again threatens human health [...] either already been eradicated and are reappearing [...].
Fatores condicionantes do surgimento doenças reemergentes	
IC1	**DSC1**
Behavioral / Handling	[...] social, economic, health and self -medication [...] changes and adaptations of organisms and their manipulation. [...] Lack of awareness of the population regarding the care [...] use of pesticides on crops and overuse of products with high levels of the hormone.

Regarding the conception of which are reemerging diseases and conditioning factors are listed two points. The former refers to such diseases are those that reappear, reappear, after a while, and second, those that are already known and have been controlled, but showed again threatens human health. Both views are correct, and their conditioning factors. In this regard the Health Ministry characterizes reemerging diseases as diseases that seemed to have already been controlled, but returned a few factors to affect the population (BRASIL, 2010).

Continuing concerns about (re)emergence of diseases, we sought to identificas those present in Cajazeiras-PB. Soon, highlighted tuberculosis (75%) and dengue (66.7%) also mentioned leprosy (16.7%), diphtheria and leishmaniasis with 8.3% each. Although it was observed that, as the study participants exposed, the aforementioned reemerging diseases in the city are similar those identified by scholars (FERREIRA; SOUSA, 2008).

In the fourth question asked participants the same spoke about emerging diseases which are present in the municipality, obtaining, in accordance with the subjects that these diseases are influenza (8.3%), Hepatitis B (16.7%), tuberculosis (33.3%), Dengue (50%), AIDS (16.7%), pneumonia (8.3%), leprosy (16.7%), Leishmaniasis (8.3%) and avian Influenza (H1N1) (8.3%).

There was great confusion among nurses, as cited examples of emerging and reemerging, because as Barreto et al. (2008), are the first new diseases emerged and unknown and the second are those that reappeared. Examples of emerging diseases: H1N1, AIDS, hepatitis, ebola, among others. As the reemerging, we can mention: malaria, cholera and dengue, leprosy, tuberculosis, visceral leishmaniasis and others (PEDROSO, 2009).

Another aspect considered referred to the actions taken by the health staff of FHS, specifically, in order to avoid, reduce or extinguish diseases (re)emerging. So, how to act in public health without this understanding? Health Promoting as well includes the speeches of some of the guys on the ignorance of which would be the emerging diseases.

Table 3 - What the health team to FHS has done effectively and specifically to prevent, reduce or extinguish diseases (re)emerging

Actions to prevent, reduce or extinguish the reemerging diseases	
IC1	**DSC1**
Educational Activities	[...] Advice about diseases and transmission mode and especially how to prevent . [...] Steer care food and water storage and proper destination of waste [...] . Guidelines on the disease, which is how it is transmitted, treatment [...] Lectures.
IC2	**DSC2**
Campanhas de saúde	[...] Reduce excessive self -medication [...] delivering pamphlets [...] Attendance in schools, in the public jail [...] Educate the population about the import ance of a healthy lifestyle [...].
Actions to prevent, reduce or extinguish the emerging diseases	
IC1	**DSC1**
Educational Activities	[...] Educational activity, with groups formed in the unit, such as pregnant women, hypertensive, mainly educational activity with ACS [...]. Guidelines on the population health promotion and prevention [...] . Educational lectures for the population [...] Care of personal hygiene and the environment [...].

In the table, the participants make references Educational Activities and Health Campaigns highlighting the health teams to FHS seek to develop educational campaigns, guidance, optimization of health promotion tying these actions is an important factor that draw community to be part of these actions, this control diseases.

The actions and health strategies for confronting emerging diseases as well as reemerging through health education by the team of professionals engaged in the FHS must have a solid foundation for the well being of the individual and the community, having intended to teach people how to live life as healthy as possible. HP can already be considered as activities that assist individuals in developing resources that maintain or stimulate the well- being and improve the quality of life fitting to the individual to decide if you make changes that will promote their health.

This bulge is of paramount importance that the bodies responsible for health promotion practice to adopt control measures and surveillance, seeking to reduce, terminate or prevent the onset of disease (re)emerging. Given this, should offer

better conditions for population health, coming thus to achieve a better quality of life, thereby promoting risk prevention (SILVA, 2008). Schmidt (2007), however, stands out as HP strategies in cases of emerging diseases: focus on environmental issues, adopting an interdisciplinary practice, reorient health services to overcome inequalities, inequities, to partner with private institutions to assist in guiding the community, or act in an inter-sector, among others.

Considering the recommendations, we sought to determine the effect of health promotion adopted by the team of FHS.

Table 4 - Actions taken by the health promotion team at FHS

IC1	DSC1
Health education	[...] Clarify the population how to avoid getting sick and how you can have a better quality of life. [...] Educational lectures for the population [...] Health education. [...] Stocks in the community to dengue combat.
IC2	**DSC2**
Intersectoral actions	[...] Has been working in conjunction with schools. [...] Water treatment and sanitation.
IC3	**DSC3**
Active search	[...] Search new cases [...] Active search for suspected cases of Tuberculosis and Leprosy [...].
IC4	**DSC4**
Vaccination	To promote vaccination [...], in some cases making vaccination.

It is noticed that the actions implemented include lecture, guidance, clarification about the disease and how it prevents the active search, immunization, care for the treatment of water and sanitation. Thus, refer to the health education and work through intersectionality.

The purpose of the educational activity is to "develop the individual and the group the ability to critically analyze their reality, to decide joint actions to solve problems and situations change; organize and perform the action" (BRASIL, 1981, p. 20).

One aspect to consider in this regard is the indication of vaccination as an action for HP, as well as active case finding reinforces that both actions are distinct, yet complementary, after all, is to emphasize the health promoting behavior change of the population, enabling care of themselves, since prevention is to prevent the disease from happening. And in the case of active search, the disease is already installed, making up just attempting to early diagnosis and cure.

Preventive actions are defined as targeted interventions to prevent the onset of specific diseases, reducing its incidence and prevalence in populations (CZERESNIA; FREITAS, 2003). HP is defined traditionally so much broader than prevention, it refers to measures that "are not directed to a particular disease or disorder, but serve to enhance the health and general well -being" (LEAVELL; CLARK, 1976, p. 19).

Thus, it is essential that the FHS through staff can actually develop educational and intersectoral that provide guidance, knowledge of the population in relation to diseases and their predisposing factors, since only thus will be able to fight many diseases pre-existing or which may arise that, taking due care, could be avoided.

CONCLUSION

This study emphasized the main actions of nurses FHS and their knowledge about the disease (re)emerging as well as the actions of HP implemented by them. In this sense, within the positions listed by the nurses, it was possible to understand that they have some understanding before the significance of such diseases, but the name which would make confusion. Despite this, it has developed specific actions HP mainly educational activities and cross.

Therefore, it is necessary to continually promote health education activities as legitimate space for information, demystification, awareness and encouraging changes in attitude/lifestyle habits, favoring assistance so prosperous and reciprocal. However, it is clear that change will only happen when these health measures, in addition to considering the entire context in which individuals are embedded, are capable of intervening effectively in reality so intersectoral. If such practices are not widespread, it will perpetuate a practice without much glorification.

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THE (RE)EMERGENCY DISEASES: HEALTH PROMOTION IN THE PRIMARY HEALTH CARE

ABSTRACT

Objective: To investigate the actions of Health Promotion (HP) built on Primary Health Care through the Family Health Strategy (FHS) regarding the (re)emergence of diseases in Cajazeiras-PB. Method: It was an exploratory, descriptive and qualitative approach, performed with 12 (80%) nurses working in ESF, whose data were collected from the use of previously validated questionnaire and analyzed according to the technique of the Collective Subject Discourse. Results: Within the positions listed by the study participants, it was possible to understand that they have some understanding of the meaning of illness before (re)emerging, but what would cite these disorders are confused, citing reemerging as emerging. Nevertheless, HP has developed specific actions in cases of these diseases, especially educational activities and cross. Conclusion: (Re)emerging diseases has been of fundamental importance to the studies, at the time, was seeking the determinants by which these pathologies has been taking certain proportions in the social context, requiring interventions in the field of HP.

KEYWORDS: Primary Health Care. Emerging and Reemerging Diseases. Health Promotion.

(RÉ)ÉMERGENCE DE MALADIES: PROMOTION DE LA SANTÉ DANS I'SOINS DE SANTE PRIMAIRES

RÉSUMÉ

Objectif: Étudier les actions de Promotion de la Santé (PS) construits sur les soins de santé primaires à travers la Stratégie de Santé de la Famille (SSF) en ce qui concerne la (ré)émergence de maladies dans Cajazeiras-PB. Méthode: C'était une démarche exploratoire, descriptive qualitative, réalisée avec 12 (80%) des infirmières travaillant en soins de santé primaires, et les données ont été recueillies à l'aide de questionnaire préalablement validé et analysé selon la technique de la réserve discours collectif. Résultats: Dans les positions répertoriées par les participants à l'étude, il a été possible de comprendre qu'ils ont une certaine compréhension de la signification de la maladie avant de (re)naissant, mais ce serait citer ces troubles sont confus, citant réémergentes comme émergents. Néanmoins, PS a développé des actions spécifiques dans les cas de ces maladies, en particulier les activités d'enseignement et transversales. Conclusion: Les maladies (ré)émergentes a été d'une importance fondamentale pour les études, à l'époque, était à la recherche sur les déterminants de ces pathologies qui a pris certaines proportions dans le contexte social, nécessitant des interventions dans le domaine de la PS.

MOTS CLÉS: Soins de Santé Primaires. Maladies Émergentes et Réémergentes. Promotion de la Santé.

LA ENFERMEDADES DE (RE)EMERGENCIA: PROMOCIÓN DE LA SALUD EN LA ATENCIÓN PRIMARIA DE SALUD

RESUMEN

Objetivo: Investigar la actuación de Promoción de la Salud (PS) construidos en Atención Primaria a través de la Estrategia Salud de la Familia (ESF) en relación con la (re) surgimiento de enfermedades en Cajazeiras-PB. Método: Fue un enfoque cualitativo, exploratorio, descriptivo, realizado con 12 (80%) enfermeras que trabajan en ESF, y los datos se recogieron mediante cuestionarios previamente validados y analizados según la técnica del Discurso del Sujeto Colectivo. Resultados: En las posiciones indicadas por los participantes en el estudio, fue posible comprender que tienen una cierta comprensión del significado de la enfermedad antes de la (re)emergentes, pero lo citaría estos trastornos se confunden, citando reemergentes como emergente. Sin embargo, la PS ha desarrollado acciones específicas en los casos de estas enfermedades, en especial las actividades educativas y la cruz. Conclusión: Las enfermedades (re)emergentes ha sido de fundamental importancia para los estudios, en su momento, fue la búsqueda de los determinantes por los que estas patologías ha tomado ciertas proporciones en el contexto social, que requieren intervenciones en el campo de la PS.

PALABRAS CLAVE: Atención Primaria de Salud. Enfermidades Emergentes y Reemergentes. Promoción de la Salud.

A (RE)EMERGÊNCIA DE DOENÇAS: PROMOÇÃO DA SAÚDE NA ATENÇÃO PRIMÁRIA

RESUMO

Objetivo: Averiguar as ações de Promoção da Saúde (PS) edificadas na Atenção Primária Saúde (APS) por meio da Estratégia Saúde da Família quanto à (re)emergência de doenças em Cajazeiras-PB. Método: Foi uma pesquisa exploratória, descritiva com abordagem qualitativa, realizada com 12 (80%) enfermeiros atuantes na ESF, cujos dados foram coletados a partir do uso de questionário previamente validado e analisados conforme a técnica do Discurso do Sujeito Coletivo. Resultados: conforme os posicionamentos dos participantes do estudo, foi possível compreender que os mesmos apresentam certa compreensão ante ao significado de doenças (re)emergentes, mas ao citar quais seriam estas enfermidades fazem confusão, citando reemergentes como emergentes. Apesar disto, tem desenvolvido ações específicas PS em casos destas patologias, principalmente atividades educativas e intersetoriais. Conclusão: As doenças (re)emergentes tem sido de fundamental importância para os estudos, no momento em que, se buscam os determinantes pelos quais estas patologias vem tomando certas proporções no contexto social, necessitando de intervenções no campo da PS.

PALAVRAS-CHAVE: Atenção Primária à Saúde. Doenças Emergentes e Reemergentes. Promoção da Saúde.