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INTEGRATIVE REVIEW ARTICLE

EQUITY IN PRIMARY HEALTH CARE FOR THE BLACK POPULATION: INTEGRATIVE REVIEW EQUIDADE NA ASSISTÊNCIA PRIMÁRIA A SAÚDE DA POPULAÇÃO NEGRA: REVISÃO INTEGRATIVA EQUIDAD EN LA ATENCIÓN PRIMARIA DE SALUD DE LA POBLACIÓN NEGRA: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: analyze the scientific production on equity in health care for the black population in the context of primary care. **Method:** integrative review based on the following research question: "How is equity in health care for the black population discussed in the context of primary care?". The search was conducted in the databases MEDLINE and LILACS, with no temporal delimitation. For Content Analysis, a matrix highlighting the methodology and the knowledge produced was used. **Results:** we selected 5 publications having as their central focus the existence of barriers to the use of health services by the black population. **Conclusion:** health equity in primary care for the black population shows up as clinical practices of health professionals and health care facility managers in face of specific demands, related to barriers in the use of health services. **Descriptors:** Health Equity; Primary Health Care; Group with Ancestry in Africa.

RESUMO

Objetivo: analisar a produção científica sobre a equidade na atenção à saúde da população negra no contexto da atenção primária. **Método:** revisão integrativa com base na seguinte questão de pesquisa: "Como a equidade na atenção à saúde da população negra é debatida no contexto da atenção primária?". A busca foi realizada nas bases de dados MedLine e Lilacs, sem delimitação temporal. Para a Análise do Conteúdo foi utilizada uma matriz destacando a metodologia e o conhecimento produzido. **Resultados:** foram selecionadas 5 publicações que apresentaram como foco central a existência de barreiras para a utilização dos serviços de saúde pela população negra. **Conclusão:** a equidade em saúde na atenção básica para a população negra apresenta-se como práticas assistenciais por parte de profissionais da saúde e gestores de unidade diante de demandas pontuais, relativas a barreiras na utilização dos serviços de saúde. **Descritores:** Equidade Em Saúde; Atenção Primária à Saúde; Grupo com Ancestrais do Continente Africano.

RESUMEN

Objetivo: analizar la producción científica acerca de la equidad en la atención de salud de la población negra en el contexto de la atención primaria. **Método:** revisión integradora basada en la siguiente pregunta de investigación: "¿Cómo la equidad en la atención de salud de la población negra se debate en el contexto de la atención primaria?". La búsqueda se realizó en la bases de datos MedLine y Lilacs, sin delimitación temporal. Para el Análisis de Contenido se utilizó una matriz destacando la metodología y el conocimiento producido. **Resultados:** se seleccionaron 5 publicaciones que tuvieron como eje central la existencia de barreras a la utilización de los servicios de salud por la población negra. **Conclusión:** la equidad en salud en la atención primaria de la población negra se presenta como prácticas de cuidado por parte de profesionales de salud y gestores de unidad delante de demandas específicas relacionadas con barreras en el uso de los servicios de salud. **Descriptores:** Equidad en Salud; Atención Primaria en Salud; Grupo con Ancestros en África.

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INTRODUCTION

Brazil is a country made up of various colors/races and cultures, we do not know the characteristics of groups due to the publicized racial democracy myth. This homogenization cause damage to the individuals, since there is no evidence or proper approach to the issues relevant to each group.¹

Brazilians' color, according to the Brazilian Institute of Geography and Statistics (IBGE), is defined in the demographic census by means of five classifications: white, black, brown, Indian, and yellow, where a subject has the autonomy to self-declare her/his color. Based on this classification, white individuals are those white-skinned and looking like this, black individuals are those black-skinned, yellow individuals are Asian (Japanese, Chinese, and Korean), brown are those having a lighter skin color (children of white and black individuals, Indian and black individuals, and Indian and white individuals), and an Indian individual is descendant of Brazilian Indians. Given this definition, it is worth highlighting that this classification takes into account self-declaration and that the black population is the sum of individuals self-declared as blacks and browns. Data acquired through the census are significant, because they suggest a greater Brazilians' awareness of their ethnic/racial profile.²

Administrative documents, medical records and disease notification forms, primary data sources of the Brazilian National Health System (SUS), usually do not inform race/color of users in the health services. Such information gaps make it more difficult to calculate crucial statistics regarding the Brazilian population in all of its diversity and they affect the production of quantitative analyses that provide some support for proposing public policies, as well as preventive and curative actions and those taking into account the black population's health demands.³

The Brazilian National Health Council (CNS), in November 2006, approved the Brazilian National Policy of Comprehensive Health for the Black Population (PNSIPN), which defines the public management's principles, objectives, and responsibilities regarding the improvement of health conditions among this population. This includes "actions of care, assistance, health promotion, and disease prevention, as well as participatory management, popular participation, and social control".⁴

Using the term *equity* is a relatively recent development in the vocabulary of the

Brazilian Health reform. It was incorporated after the promulgation of the 1988 Constitution and refers to the right of everyone and the duty of the State to ensure "universal and equal access to actions and services" concerning *health*. In Law 8,080/90, which provides for the conditions to health promotion, protection, and recovery, the organization and functioning of corresponding services, and other measures, "the equal health care, without any kind of prejudice or privilege" represents one of the governing principles of SUS.⁵

Therefore, there is a need to think through health equity as a process, permanent, under transformation, which changes its scope and coverage to the extent that certain results are achieved. Equity in access and use of health services is approached in terms of equity as "equal use of health services among social groups for equal health needs." It may be claimed that the rules governing SUS incorporate the definition of horizontal equity, i.e. equal access, use, and treatment for equal needs.⁶

In the Brazilian National Primary Care Policy, the equity principle emerges as the proposal to reduce inequity (unfairness) from a perspective of access and right to health as a service user and citizen and, thus, tackle the social determinants and conditions of the health-illness process.

♦ Health care for the black population

The PNSIPN is a response from the Ministry of Health (MoH) to social inequalities that affect this population. The main purpose of this policy is ensuring greater equity concerning the deployment of the human right to health, in terms of promotion, prevention, assistance, treatment and recovery from conditions and communicable and non-communicable diseases, including those with their higher prevalence among the black population.

In Brazil, there is a consensus among many scholars about the prevalent diseases and conditions among the black population, especially those that may be grouped into the following categories: a) genetically determined - such as sickle cell anemia, glucose-6-phosphate dehydrogenase deficiency, folliculitis; b) acquired under unfavorable conditions - malnutrition, iron deficiency anemia, occupational diseases, STD/HIV/AIDS, violent death, high infant mortality, septic abortions, psychic suffering, stress, depression, tuberculosis, mental disorders (derived from alcohol abuse and other drugs); and c) aggravated evolution or difficult treatment - hypertension, diabetes

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mellitus, coronary artery diseases, chronic renal failure, cancer, and myomatoses. These diseases and conditions require a specific approach, in order to avoid preventing the promotion of health equity in the country.⁴

The policy proposes the implementation of actions to ensure and expand access of the black population living in urban areas, in rural areas, and in forest areas to health actions and services; including the ethnic/racial theme in the education and continuing education process of health workers and in the social control practice; identify, fight, and prevent situations of abuse, exploitation, and violence; ensure the use of the skin color subject in the production of epidemiological information for defining priorities and making decisions; and identify health needs among the black population and use them as criteria for planning and defining priorities and deploying affirmative action to achieve equity in health and promote racial equality.

Considering the PNSIPN Operation Plan, which establishes the development of studies and research on the health status of this population and the inclusion of the theme black population health in the continuing education contents of workers at the Family Health teams, this article shows up as relevant because it reflects on the way how the issue has been addressed in scientific papers and discusses how health professionals at primary care are included in this process.

OBJECTIVE

- Analyze the scientific literature on equity in health care for the black population in the context of primary care.

METHOD

This is an integrative review, a method that aims to gather and synthesize results of studies on a defined theme, in a systematic and orderly manner, contributing to deepen knowledge on the theme under investigation, besides identifying knowledge gaps that need

to be bridged by carrying out further research.⁷

Considering the review methodology of this study, first, the following question was prepared: “How is equity in health care for the black population discussed in the context of primary care?”.

Access to papers took place in the databases International Literature on Health Sciences (MEDLINE) and Latin American and Caribbean Health Sciences Literature (LILACS). The descriptors “group with ancestry in Africa” and its synonym “black population” were used along with the descriptor “health equity” after referring to the Descriptors in Health Sciences (DeCS).

The inclusion criteria for study selection were: articles available electronically and in full text and addressing the black population health in the Brazilian reality. Repeated articles and those that did not address health issues of the black population specifically related to primary care were excluded.

During the search process, 25 papers were identified, all of them in LILACS. After reading the abstracts and conducting a careful review, we found out that 15 did not correspond to the primary care context and 10 papers met the inclusion criteria.

When reading the full text of these papers, 5 were identified as government documents and 5 as scientific articles, and the latter were the object of analysis in this integrative review. This process is displayed in Figure 1.

For organizing the contents of selected articles and their subsequent analysis⁸, an analysis matrix was drawn up, which enabled visualization concerning the scientific methodology applied to conduct the studies and produce knowledge. This process is displayed in Figure 2.

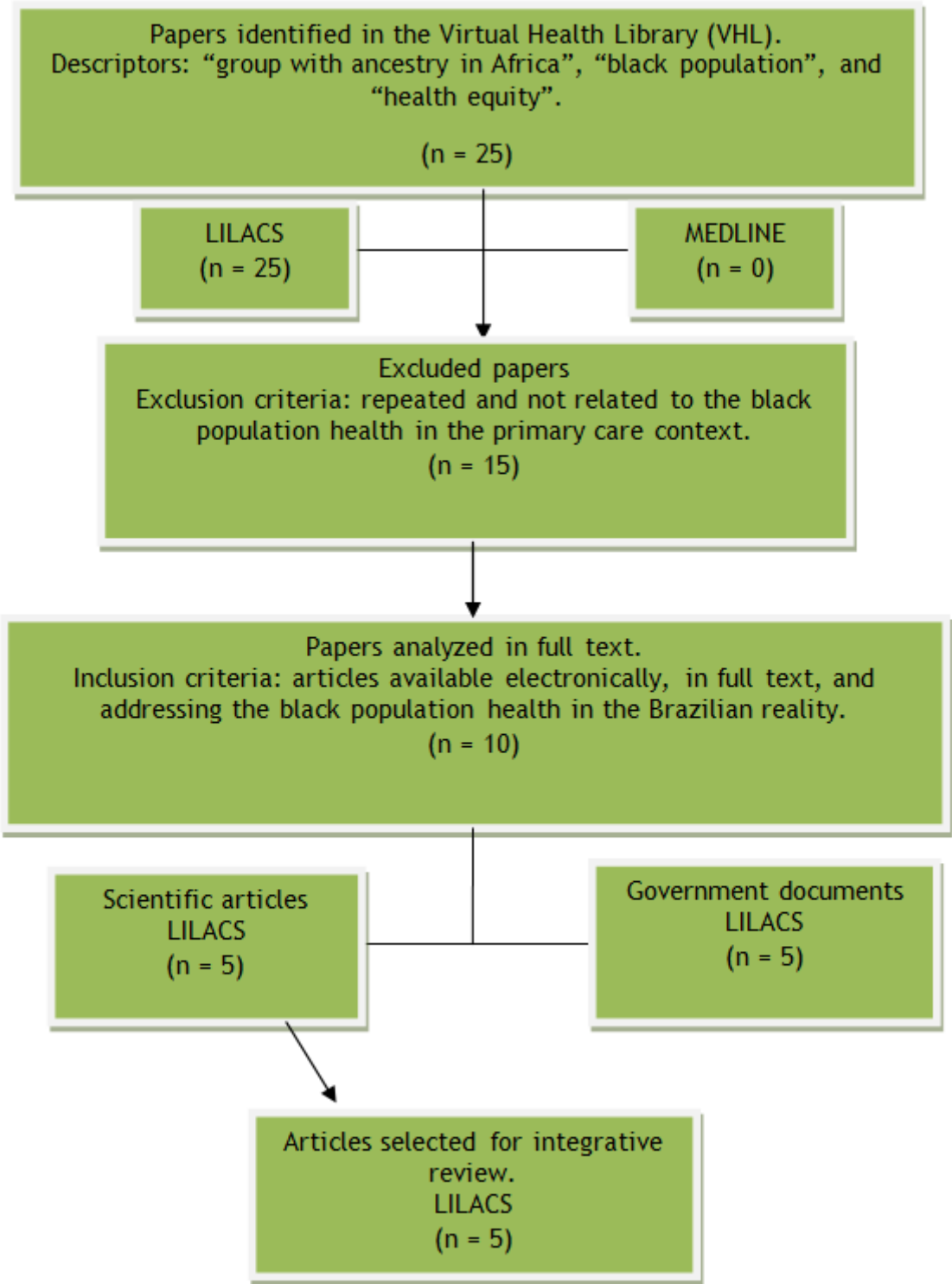


Figure 1. Representative scheme of the article search process. 2011.

RESULTS

Among the scientific articles selected for the integrative review, the years of publication were: 2002 (1), 2004 (1), 2007 (2), and 2010 (1). These data demonstrate the poor scientific production devoted to the theme health care equity of the black population between the years 2002 and 2010.

The 8th Brazilian National Health Conference, in 1986, was the starting point of the construction of the PNSIPN, in the struggle for decent health conditions for the black population; black movements actively participated in the Brazilian Movement for

Health Reform and the PNSIPN was approved by the CNS in 2006.

As for the studies' research methods, 2 are experience reports, 2 literature reviews, and 1 exploratory study. Finding experience report as the method of choice for conducting 2 studies points out the fact that there is an incipient look at the health care practice aimed at the black population. The other 3 study types also contribute to the theme, since it is worth socializing the experiences of health professionals and demonstrating how the various practices proposed by the policy are observed in knowledge production.

Methodology	Production
Literature review	Outline of the health conditions and access to health care services in selected countries, such as Brazil and the Dominican Republic, where the range is from 46 to 84% of the total Afro-descendant population and the recent changes that have occurred in the legislation of these countries regarding this population group. ¹⁰
Literature review	It was found that institutional discrimination has to be evidenced and fought through various affirmative actions in relation to black women must be implemented or strengthened to promote health equity. ¹¹
Experience report	It was found that the process of discussion and ethnic/racial thematic reflection makes deploying the color/race issue easier. The campaign material provides clarification for professionals and users, facilitating the implementation of this issue. Investing in professional training for the reception of users is important to deploy this issue in the health services. ²
Experience report	It enabled to “open an analyzing look” on equity and comprehensiveness of health actions for the black population linked to religions with an Afro-Brazilian matrix. ¹²
Exploratory study	It was found that health services, by means of their professionals, increase the vulnerability population groups, increasing barriers to access, reducing the possibility of dialogue and causing removal of users. ¹³

Figure 2. Description of the articles included in the integrative review. 2011.

The study “Descendientes de africanos en la región de las Américas y equidad en materia de salud” was conducted in the Latin American region and it highlights that, in Brazil, the political and social field in favor of groups of African descent exists and that several bills have been brought to Congress in order to reduce inequities suffered by this population group. Among them, it cites the bill establishing that it is mandatory to identify the color/race in public and private health services, something which contributes to foster the development of actions towards the promotion of health equity.¹⁰

The article “Sexualidade, a saúde reprodutiva e a violência contra a mulher negra: aspectos de interesse para assistência de enfermagem” reveals that health professionals work according to subjective references and they end up violating fundamental human rights, contrary to the code of ethics of health professionals. It also emphasizes that lack of information on the black women’s demand or need in relation to the institutions and health professionals, especially female nurses, is a problem in the context of primary health care. It suggests the implementation of affirmative interventions aimed at equity and the client’s empowerment, as well as the development of negotiation and decision strategies.¹¹

Considering the significance of the implementation of the color/race issue in the service of care for STD/AIDS, the study “A implantação do quesito cor/raça nos serviços de DST/aids no estado de São Paulo” points out that, in Brazil, everyone is equal before the law, we cannot distinguish an individual by creed, color, race, or any other distinction; so, why not knowing the color/race of an individual in health services if everyone is equal? The professionals were sensitized as for the issue that gathering information on color/race in the service might be a way to

comply with equity in health services concerning all segments of the population, particularly the black and indigenous population. The study shows that the discussion and reflection in a shared and participatory manner on the ethnic/racial theme is a methodology that contributed to the construction of professional knowledge and it facilitates the implementation of this issue.²

The report observed in “Projeto: Ylê ayié yaya ilera (saúde plena na casa desta existência): equidade e integralidade em saúde para a comunidade religiosa afro-brasileira” is characterized by pointing the implementation of actions in a primary health care service based on equity. The study report derived from the fact that the population provided with care consists in members of the black population, something which does not justify creating a specific service to this population group. The focus lies on the idea of producing health based on the biomedical care model. The relationship established between the black population group, belonging to an Afro-Brazilian religion, and health professionals did enable the process of collective construction and organization of the health service to ensure the provision of care. The study highlights that we cannot change reality only through projects and laws, it is needed that managers and professionals are committed to meet the population’s demand.¹²

The study “Racismo institucional: um desafio para a equidade no SUS?” shows that the black population has been discriminated against in health care facilities, as users and as professionals. It points out a tendency of professionals to minimize the black population’s complaints, thus creating barriers to equal access and care for individuals from the black population group in health services.¹³

DISCUSSION

It was observed that, among the 5 articles found, the theme black population health has been addressed with a central focus on the use barriers in health services for this population, highlighting the lack of preparation (or lack of training) of health professionals who, by means of prejudice and racist attitudes, end up just increasing the gap between health services and users.

The integrated analysis of these articles enabled us to notice that the provision of health services to the black population group does not start from the operational strategies, actions, and goals proposed by the operating plan established in the PNSIPN. The existence of a clinical practice with health equity for the black population has emerged as a timely consequence of health professionals and health care facility managers in face of the demands presented by users of this population group. Thus, the health care demand for the black population regarding its specificity is an element that contributes to the organization of a service from the perspective of equity either in access or consumption.

It is noteworthy that primary care is the gateway to health services and it is characterized by performing actions aimed to promote and protect health through illness prevention, diagnosis of diseases, their treatment and rehabilitation, besides health maintenance focused on the individual and the collectivity.

In parallel, a feature of primary care is the responsibility of the municipal manager, she/he is in charge of organizing and deploying these actions according to the main needs of the local population and in accordance with the principles of care universality, accessibility, and coordination, the bond and continuity, comprehensiveness, accountability, humanization, equity, and social participation.⁴

We must ensure access for all to make sure that health professionals and managers are providing equal conditions for all; guaranteeing unique conditions to some individuals, from the priority viewpoint, is something beyond what health equity aims at. The health network organization also hampers everyone's access to all programs and services for the Afro-Brazilian black population, and we cannot change reality only through projects and laws. Some managers and professionals do not feel responsible for inequality and poverty, thus they are not committed/supportive in relation to this population group.¹²

The black population health requires an active work by health professionals, especially nurses, not only looking at the individual characteristics, but to the family and the community where this subject is included. Investing in continued professional training from reception to procedures is significant for embracement and an effective implementation of actions in health services aimed at the black population.²

Ideally, all health professionals must be committed to the prevention of conditions derived from diseases prevailing among the black population and to the promotion of health among this group, showing up as capable to provide appropriate information, as well as tackling issues related to the black population health. There is a need that bonds and accountability are established between health services and the population to ensure equity and comprehensiveness.¹²

The absence of discussion on the impact of racism on health and on training equipment, including on the courses offered by the permanent education centers for medical professionals, nurses, and dentists, reinforce racism in health.¹³ Considering the aspects pointed out by the articles selected for the study, it can be inferred that there is a need to pay attention to training that encourages empowerment and instrumentation among these professionals to work more effectively with this population group, stimulate discussions on the theme, and conduct studies that can contribute to understanding how discriminations act on the health of the black population.

CONCLUSION

Although the PNSIPN exists, challenges are still faced in its implementation. The Secretariat of Strategic and Participatory Management of the MoH has prepared the Operating Plan defining supportive and participatory management strategies, setting goals and actions for the enforcement of policy in the states, Federal District, and municipalities. The study conducted allows us to claim that this strategic management does not happen and, as a consequence, its absence has some effects on the actions taken by health professionals.

This study explains the scarcity of information regarding the actions based on the PNSIPN that can be developed for the black population group and constitute resources for health managers and professionals in order to create intervention strategies aimed at providing this group with health equity.

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As for the relevance of increasing the publication of studies on the theme as a strategy to achieve health equity among this population group and support the development of health actions focused on the Brazilian black population.

Given this perspective, we emphasize the relevance that nursing professionals increase and seek new knowledge to guide their professional activities and meet the health needs of this population group. There is a need to establish new bases for nursing to analyze the process of dealing with the needs expressed by individual and collective subjects, besides appreciating them in health institutions.

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