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## REFLECTIVE ANALYSIS ARTICLE

### CENTER FOR FAMILY HEALTH SUPPORT AND MATRIX SUPPORT - INSTRUMENTS FOR HEALTH PROMOTION: A REFLECTIVE ANALYSIS NÚCLEO DE APOIO À SAÚDE DA FAMÍLIA E APOIO MATRICIAL - INSTRUMENTOS À PROMOÇÃO DA SAÚDE: ANÁLISE REFLEXIVA CENTRO DE SOPORTE A LA SALUD DE LA FAMILIA Y SOPORTE DE LA MATRIZ - INSTRUMENTOS PARA LA PROMOCIÓN DE LA SALUD: UN ANÁLISIS REFLEXIVO

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#### ABSTRACT

**Objective:** reflecting after identify the actions taken by the Support Center for Family Health and the Matrix Support and how such actions tend to strengthen Primary Care and the actions of health professionals. **Method:** reflection article built from survey of articles and later critical reading with the inferences of the authors. **Results:** the Support Center for Family Health and the Matrix Support as tools for health promotion contribute to the exchange of knowledge between professionals of their team and the reference team. This exchange must contemplate the efficaciousness and intersectoral approach valuing the health needs of the users. **Conclusion:** it is considered that the knowledge and discussion of this theme strengthen such services and the expansion of knowledge of health professionals and community. **Descriptors:** Primary Health Care; Health Promotion; Unified Health System/SUS.

#### RESUMO

**Objetivo:** refletir após identificar as ações realizadas pelo Núcleo de Apoio à Saúde da Família e o Apoio Matricial, e como tais ações tendem a fortalecer a Atenção Primária e as ações de profissionais da saúde. **Método:** artigo de reflexão construído a partir de levantamento de artigos e posterior leitura crítica com as inferências dos autores. **Resultados:** o Núcleo de Apoio à Saúde da Família e o Apoio Matricial como ferramentas para a promoção da saúde contribuem na troca de saberes entre os profissionais de sua equipe e a equipe de referência. Esta troca deve contemplar a resolutividade e intersectorialidade valorizando as necessidades de saúde dos usuários. **Conclusão:** considera-se que o conhecimento e discussão de tal temática fortalecem tais serviços e a ampliação de conhecimento dos profissionais de saúde e comunidade. **Descritores:** Atenção Primária à Saúde; Promoção da Saúde; Sistema Único de Saúde.

#### RESUMEN

**Objetivo:** reflexionar después de identificar las acciones realizadas por el Centro de Apoyo a la Salud de la Familia y el Apoyo de Matriz y cómo tales acciones tienden a fortalecer la Atención Primaria y las acciones de los profesionales de la salud. **Método:** artículo de reflexión construído a partir de los artículos de la encuesta y más tarde la lectura crítica con las inferencias de los autores. **Resultados:** el Centro de Apoyo a la Salud de la Familia y el Apoyo Matriz como herramientas para la promoción de la salud contribuye al intercambio de conocimientos entre los profesionales de su equipo y el equipo de referencia. Este intercambio debe incluir la eficacia y la intersectorialidad valorando las necesidades de salud de los usuarios. **Conclusión:** se considera que el conocimiento y la discusión de este tema de fortalecer este tipo de servicios y la expansión de los conocimientos de los profesionales de salud y la comunidad. **Descriptores:** Atención primaria de salud; Promoción de la Salud; Sistema de Salud.

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## INTRODUCTION

Health promotion corresponds to the process of empowering people, both to improve and control their health. It permeates the focus on individual behavior going toward environmental and social interventions.<sup>1</sup> Thus, health promotion arises in order to reducing risk and vulnerability to health of the population through the implementation of public policies and the creation of environments suitable to health.<sup>2</sup>

Thus, for the development of health promotion actions, Primary Health Care (PHC) is a privileged space within the service systems. This is due to the fact that PHC corresponds to a strategy that allows an intervention on the social determinants of the health-disease process that are inherent to public health.<sup>3</sup>

The PHC has progressed, mainly due to the implementation of the Unified Health System (SUS) in 1990, which broke a paradigm before facing rehabilitation, passing then to be a single, public system with control and social participation incorporating the principles of equity, universality and comprehensiveness. And one of the landmarks that SUS brought to primary care was the beginning of the Family Health Strategy (FHS) in 1994.<sup>4</sup>

The FHS is considered a priority gateway in health systems based on the right to health and equity in addition to being a hierarchical and regionalized system, consisting of an important movement of reorientation of the health care model.<sup>5</sup> In view of this, the Ministry of Health created the Centers of Support for Family Health (NASF) to support the FHS in the service network, increase the resolution, regionalization, and territorial scope, to expand the actions of the PHC.<sup>6</sup>

The NASF works from the matrix support perspective with a group of professionals from different areas of knowledge. These professionals with their specialties, exchange of experiences and skills, complement the reference staff understood as a multidisciplinary team of family health and promote intervention strategies and sharing of responsibility for the clientele. This interdisciplinary favors the creative capacity of the professionals involved in the construction of the PHC mechanisms.<sup>5</sup>

The professionals who make up the NASF interact with the family health teams sharing knowledge and health practices in the daily life of each territory services, namely practitioners, social workers, physical educators, pharmacists, physiotherapists, speech therapists, homeopaths, doctors,

nutritionists, psychologists, occupational therapists, among others. These are selected from the socio-economic vulnerabilities of the health needs and the epidemiological profile of the territories where health services are located.<sup>7</sup> And, according to the constitution of the team, it will be characterized as NASF 1 or 2.

As a result, the Matrix Support in turn aims to provide specialized background, custom and integrative way, professionals and the entire team responsible for providing solving the problems and health needs, ie it offers care support and pedagogical technical teams of reference. Addresses a methodology of work complementary to the in hierarchical systems in which there are reference and counter reference, control centers and protocols.<sup>8</sup>

This article originates from the theoretical reflection about the practical use of NASF and Matrix Support as tools for health promotion. The proposal came from a survey of articles about this theme in reduced amount considering the implementation of such health promotion tools since 2008.

Research on this theme alludes to the need for knowledge about health promotion tools by health professionals and the community to strengthen these health services. Thus, in view of the above, the study aims to:

- ♦ Reflecting after identifying the actions taken by the Support Center for Family Health and Support Matrix and how such actions tend to strengthen primary health care and the actions of health professionals.

## METHOD

Study of reflection in which there has adopted as a base the assumptions of Ordinance of the Ministry of Health (Decree No.154 of January 24<sup>th</sup>, 2008), and other ministerial documents (Notebooks of Basic Attention) and articles. As a first procedure for search and selection of articles there was the identification by means of the descriptors: Support Center for Family Health; Matrix Support and have also used the descriptors: Primary Health Care; Health Promotion; Health Care. The articles indexed in Virtual Health Library and filtered in full articles, made available in full, in Portuguese, with publication from year 2008 to August 2013, and subsequent critical reading of selected articles according to the relevance of the theme and the reflections of the authors.

## RESULTS

In SUS consolidation, the FHS has become a strategy for reversing the healing and hospital care model, focusing on disease prevention, control of diseases and promotion of health actions to be carried out in the territory with a multidisciplinary and participatory activities.<sup>9</sup>

This change allowed the development of actions and health promotion programs and prevention of diseases and disorders which helped enhancing the quality of life, since most diseases affecting the population are preventable. This is valid, since it favors the reduction of health care costs after the established disease. However, for this, is needed an integrated and intersectoral policy for the participation of both managers and professionals and the entire community for effective change.

The NASF professionals must commit to improving the care and practices developed by the FHS, in order to articulate the interdisciplinary and intersectoral action. Thus, each professional, with its expertise, can contribute to solving the health problems with the exchange of knowledge and practices with other specialists, so that they show no increase in the number of professionals for assistance, but support and device management to improve the care provided in the FHS.<sup>10</sup>

The NASF professionals should, together with the FHS, recognize the service territory in order to contributing to the organization of services in the planning of actions and promotion of cooperation with the company to ensure better resolution of the health problems of that particular area. Thus, the NASF staff should be guided in order to meet the demands and customers' needs and feedback the FHS to complement the comprehensive care of service users.

It may select the NASF 1 and 2 the following professionals: acupuncturist doctor, pediatrician, gynecologist/obstetrician, homeopath, psychiatrist, veterinarian, geriatrician, internist (medical clinic), work; social worker; professional/physical education teacher; pharmacist; physiotherapist; speech therapist; nutritionist; psychologist; occupational therapist; professional with a background in art and education (art teacher) and sanitary health care professional. It is valid to point out that the NASF 3 was suppressed by Decree No. 2.488, of October 21<sup>st</sup>, 2011, the Ministry of Health, and this automatically made NASF 2<sup>9</sup>. It can be seen that the NASF should be made up of teams

with professionals from different areas of knowledge in order to act jointly with the FHS professionals. Thus, the ongoing dialogue between professionals of NASF and the FHS is essential, as it promotes the exchange of knowledge and practice, fosters discussion of cases, articulates meetings and requires guidance and care in specific cases where the reference staff does not have enough knowledge to provide the assistance.

The work to be performed by health professionals requires responsibility and creativity considering the variety of problems and health needs. Thus, the current challenge for healthcare professionals is to achieve the type of work to value the perception of the multidimensionality of the human being and the need for increasingly complex interventions in the context of health work. Thus, an interdisciplinary approach is needed, as a professional alone only with his specific expertise cannot cope in a comprehensive manner to all dimensions of human care.<sup>11</sup>

During the years of NASF it perceives changes in ministerial orders so that such reorganizational in standards are adapted to the demands of primary health care. This is in order to meet the different Brazilian realities, besides highlighting the innovative character of NASF aiming actions and decisions sharing, supporting the FHS.<sup>10</sup>

Matrix support as a working tool shows expansion in Brazil in most of the PHC network services, mainly due to the creation and implementation of NASFs. These initiatives result from recent policies having favored the entry of new professionals in the composition and strengthening of PHC teams.<sup>12</sup>

As a tool in health services, the matrix support features like support dimensions: pedagogical and technical assistance, and in the care dimension is no direct clinical action with users; and technical and pedagogical action for action with educational support and for the team. Thus, these dimensions can and should be integrated into the daily life of health actions.<sup>13</sup>

In health actions rests with the daily challenge professional care through natural therapeutic projects valuing the individual as well as the medium in which it is inserted, its demands and not focusing only on the disease.<sup>14</sup>

It is identified that the actions taken by NASF and the matrix support its bottom line, however, significantly depends on the set of interventions of the participants, referring to the service users and health professionals. Also, they present themselves as challenges

the expectation of immediate results and the cultural aspect of the health of understanding, that is, in the longer term, a major barrier to be overcome. And that goes for both health professionals and for the population itself.

Notice to the misunderstandings that still surround the NASF as the formation of groups of people to the services provided by the FHS. This perceived as a way to meet quantitative majority of individuals in a short time. Thus, in NASF the methodology groups for meetings can be used, but the focus is on quality of care. In this sense, we can understand as a factor that may be contributing to the principles of NASF and matrix support does not take effect.

From the time that health professionals and users do not show sensitivity to give the value of such tools as the unique and comprehensive care. This sometimes neglected by the need to achieve goals and quantitative required by management. Thus, individuals end up being met in relation to the disease presented rather than having the discussion of their case by a team that adds different knowledge and humanization in order to offer better treatment options and education measures to health promotion.

## CONCLUSION

The Support Center for Family Health and the Matrix Support represent instruments for assistance with integrity and resolution in order to avoid referrals from users and the lack of reference and responsibility on the part of health teams. Thus, it sought to bring theoretical elements that can provoke discussion about this theme and emphasize the need to promote coordination between them in the process of training of health professionals, as well as continuing education for health professionals who are in the field.

We do not intend with this article exhaust the debate regarding this topic, but contribute to the importance of ideas and the production of studies that deal with the approach of the Support Center for Family Health and the Matrix Support to health professionals and users. In addition, we also hope that this text, with its reflections, is a tool for the construction and publication of further studies related to the concepts, objectives and working methods. So that such instruments can be aggregated in the reorganization of assistance to be offered to users, and support to health professionals who can work in teams with different views on each user and support from other teams.

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