ABSTRACT

Objective: reporting the health of primary preventive care performed by Family Health Team Venice V with the implementation of the Residential Jardim Veneza. Method: a qualitative study aimed at the understanding of the experience lived by members of the project “My House, My Life”, through case report of activities carried out at the Residential for Basic Health Unit Veneza V. Results: the first months of implementation were marked by the presentation of health services of the Family Health Team Veneza, population registration, educational activities with themes about personal and environmental hygiene, nutrition and oral health. Home visits were systematized with prior appointment, giving priority to home care to bedridden and accident victims. Conclusion: the effectuation of a primary health care that addresses the principles and guidelines of the Unified Health System must be based through specific population knowledge.

Descriptors: Health of the Family; Primary Health Care; Prevention & Control.

RESUMEN

Objetivo: presentar la atención de prevención primaria de la salud realizada por el Equipo de Salud de la Familia Veneza V con la implementación del Residencial Jardim Veneza. Método: un estudio cualitativo dirigido a la comprensión experimentada por los miembros de la "Mi Casa, Mi Vida" a través de informe de caso de las actividades llevadas a cabo en el Residencial por la Unidad Básica de Salud Veneza V. Resultados: los primeros meses de implementación fueron marcados por la presentación de servicios de salud del Equipo de Salud de la Familia Veneza, registro de población, actividades educativas con temas de higiene personal y ambiental, la nutrición y la salud oral. Las visitas domiciliarias se sistematizaron con cita previa, priorizando a las personas postradas en cama y a las víctimas de accidentes. Conclusión: la ejecución de una atención primaria a la salud que se ocupe de los principios y directrices del Sistema Único de Salud deberá ser basada por el conocimiento de la población específica. Descriptores: Salud de la Familia; Atención Primaria a la Salud; Prevención & Controle.
INTRODUCTION

The Unified Health System (SUS), based on the Federal Constitution of 1988, through guidelines, such as universality and equality, establishes a concrete search for a new social organization in health in Brazil. The basic integral joint, or primary, of action of these foundations is the consolidation of the Family Health Strategy (FHS) which considers the provision of services to vulnerable populations as priority.

The structuring of a Family Health Unit (FHU) should be supported, according to the Ministry of Health, a team of at least a doctor, a nurse, a nursing assistant and community health workers with no more than 4.500 registered users, seeking to develop preventive, curative and rehabilitation activities. It is classified as FHS’s commitment to assist the population in its functionality in Unity and in homes with an indication of risk factors and, especially, humanization.

Although it is known that the principle of universality is not a maximum reached in the SUS and low-income communities are receiving the most effective of operation and user, the impact of their totalitarian actions is substantial: it has the largest number of establishment health of the country covers ¾ (three quarters) of the population and carries out large-scale procedures of public health, and medication supply. The primary care at its maximum expectation of solving could provide the entire Health System a much more effective action, avoiding hospital congestion, reducing the aggravation of pathological conditions of patients and generating greater interaction with the territory.

The responsibility of the State and expanding access for all individuals should have an emphasis on health before its concept globally accepted, as a general state of well-being and not merely the absence of disease. In line with this prerogative, the Project “My House, My Life” (MCMV) of the Federal Government, proposes the construction of population groups with establishment of the right to housing as an integral part of well-being, guaranteed by law by the own government.

The program, initiated in 2009, has funded more than 01 (one) million homes, and expected to reach two (02) million by the end of 2014. Aimed primarily for families with income of up to R$1.600,00 and with minimum installments monthly of R$ 50,00, the program has partnered with states, municipalities, businesses and nonprofits, must pass houses with complete infrastructure: flooring, water networks, sewage, drainage, electricity and availability of access to child care, schools, Health Unit and public transportation.

Realized through population groups in areas already mapped and ascribed the MCMV condos can present a heterogeneous social and economic profile of the implanted area, which depicts the debt restructuring in the labor model and performance of primary care professionals, whose teams Family Health should welcome this new population of users in order to analyze its peculiarities and insert it in the daily lives of the services offered.

Most of these settlements reflects impending social fragility distinct need for primary prevention in health that can be offered by the Family Health teams, in order to reduce the local morbidity and mortality.

In these territories, there is occurrence of diseases that are directly linked to community socio-economic profile: anemia, diarrheal diseases, linked to poor eating habits, lack of sanitation and the consumption of contaminated water, which reach most children inhabitants of the poorest regions and the country with the lowest rate among individuals of class A and B. Another indicator is the welfare policy of the members of the Public Health System, reaching more than 90% of the population of the Brazilian states with lower income who seek care only in public network.

Social inequality generates specific illnesses, which determine poverty itself, so essential to break that cycle through the intervention of primary health care sectors, also in residential projects, inclusive of the “My House, My Life”.

Thus, the promotion of health, through the evaluation of anthropometric measures, immunization, supervised tooth brushing and circle of specific conversations, combined with other forms of care, constitute effective field link between Family Health Team and the residents of these housing projects many need so much preventive and interventionist actions.

Immunization is an integrated and daily action of primary health care of low complexity and high relevance in the conditions of child health, and actual performance in the accelerated decline in morbidity and mortality from vaccine-preventable diseases. Monitoring growth, height and weight also makes up the central axis of this care, articulate preventive activities. So, if expressed in periodic
assessments of child development, with early prevention of malnutrition, obesity and irregular growth.12

The theme related to the high blood pressure, such as prevention of various cardiovascular diseases, public policies determine the periodic monitoring through medical consultations, medication use and control/preservation of blood pressure, to be accomplished through multiple and multidisciplinary actions.13

Availability plays an important factor for the population to come to the services, use them and improve the system in its entirety. The reconstruction practices makes breaking immobilized structures, giving movement in view of a model of care more dynamic and effective, whether in scenarios, subjects and own languages.14

The work carried out by the services and health teams must transform every day, all forms and rules of life of users. The knowledge and set of information through dialogue arise naturally act as a deliverer machinery of the individual who initially receive instructions and to put them into practice, expressing their wish, becoming a promoter of good health habits.11

Thus, such policies should stimulate change the look of health professionals from disease object to another, where subjects arouse their power of creation of life itself, valuing the autonomy during the process of health care.11

The humanized welcoming approach is, first, an action of social inclusion, fundamental work in focus.15 By adopting practices focused on users, health teams develop skill as a host, enabling to seek autonomy and encourage choices before their problems of life.16

The present work aims to promoting an analysis of the process of fixing houses a high quantity of inhabitants of the Residential Jardim Veneza, low-income community in the city of João Pessoa - Paraíba. We focused about the process of relationship between them and the daily life of a family health team already active in the town, before the construction of the same. Thus, it intended to demonstrate the impact of their initiatives at the increasing and sudden demand of users with urgent needs for registration, health promotion and assistance in that "territory in territory". It is estimated that the applicability of the reporting work experience may contribute to effective policy planning of the territory and serve allowance to Health Family Teams of other condos that are opening nationwide. Thus, it is assumed that the socio-cultural plurality and divergence in the daily health units do not become impairment to effectiveness of health security in critical collective means.

Therefore, the present study reports the care of primary prevention of health, conducted by the Family Health Team Veneza V, with the implementation of Residential Jardim Veneza.

**METHOD**

This is a qualitative study aimed at understanding the reality experienced by the subjects through a case report. It sought the applicability of a broad and detailed analysis about the fact described, to the detriment of any universalized and general view about the subject.17

Performed by observing the activities carried out on the premises of Residential Veneza and the daily life of the Basic Health Unit Veneza V, member of the Sanitary District I, located in the city of João Pessoa - Paraíba. The total study population consisted of primary prevention activities carried out by the multidisciplinary team throughout their territory covered.

The sample included reports relating to educational activities and integration of the families of the Residential Jardim Veneza during the month of February to August 2013, covering since its opening, the planning and implementation of preventive health actions, especially the guidance and encouragement of self-care of the population. The sample inclusion criteria were observed, through the experiences described, considering the free observation by time sampling.

It was considered initially, the inclusion of approximately 576 families in the residential, to proceed to registration, identifying the profile and main needs of new users of the service; health promotion with adopting preventive measures with a view to encouraging self-care; monitoring the health status of living children; and the health team interaction with the intersectionality, as safety and sanitation, through meetings organized by the municipality's Department of Infrastructure.

Still, it was remarkable to share changes in daily work within the Family Health Unit Veneza V, given the socioeconomic and cultural profiles of these users, maintained in meetings at FHUs and in daily work; and the restructuring of the activities offered to suit
the population demand increasingly growing in search of health services.

RESULTS

The Residential Veneza is located at Rua José Dantas de Almeida, Set José Viera Diniz, João Pessoa - PB. It consists of 576 housing units arranged in 36 blocks subdivided into three condominiums: Jardim Veneza I, II and III. Each condominium consists of 192 apartments, of which 16 per block with a supply network, sanitary sewer, paving and energy / street lighting.

The first month of deployment and operation of Residential was marked by the presentation of health services available, location of residents and workers of the Family Health Team Veneza V in addition to the collaboration of the Department of João Pessoa city's housing stock.

At that moment, there was a widespread need for information on this new territory and through visits and registration of shares of the families by the Sheet A, you can get the following perspective: the population amounted to 1,571 people, including 476 families registered to the month of August / 2013. Of these, 883 showed age equal to or older than 18, and 406 women between 25 and 64 years old.

Before the inauguration of residential, FHS Veneza V comprised a population of about 1,900 people, and after passed for 3,471 registered users and service dependent to only a health team, excluded many families who were still in the registration process. Over the months, two doctors have joined the staff, before there was none, and another nurse, making this unit finally by two doctors, one of the "More Doctors Program", two nurses, a surgeon-dentist, an auxiliary oral health, nursing technique, a receptionist, twelve community health agents, two general services assistants and two municipal guards.

Educational activities were prioritized in the process of interaction with this community, specifically in the proper halls of the Condominium. Topics discussed included personal and environmental hygiene, nutrition and oral health, mainly through videos, circles of conversations, recreational actions, recreational animators (clowns) and supervised tooth brushing/fluoride therapy with delivery kits for resident children.

During the subsequent months there were carried out collective preventive activities such as immunization against Hepatitis B, Triple Bacterial (DTP), Tetanus and Diptheria (Td), MMR, Polio, Influenza, Pneumococcal and Meningococcal. At other times, there were also offered services related to the “Bolsa Familia” (a family kind of pension), focusing on anthropometric dimensions, supported in calculating the Body Mass Index (BMI) of children users (zero to two years old, represented by 88 individuals of the totalitarian absolute percentage registered). Besides the evaluation of the child's card, it was considered informing the vaccine framework and childcare consultation.

Through initiatives undertaken in the collective structure of the building, one can make an inventory of the quantity of hypertensive and diabetic by measuring the blood pressure and blood glucose of these individuals. The absolute full pointed 107 hypertensive patients and 21 diabetic patients referred to treatment and multidisciplinary monitoring.

Home visits were systematized weekly in community with previous appointment, always by the doctor, nurse and health worker responsible for the micro area and, where necessary, made up mind the nursing technician. It was prioritized home care for bedridden patients and accident victims in the Residential.

DISCUSSION

Structured in theoretical and ideological foundations of the Project “My House, My Life”, the Residential Veneza was characterized as a landmark of private housing in Singapore, with financial prerogatives through the Federal Government. Access to the achievement of several apartments built was prioritized for the most economically needy population, arising often invaded buildings and/or areas of intense poverty. This, however, structured as a work of quality, respecting the basic infrastructure conditions, recommended by the housing sector and financing of the Federal Savings Bank.

Mutual cooperation occurred between the primary health sector planning, ie, the Family Health Team Veneza V, and members of the Municipal Housing Secretariat. Thus, it was of great value in planning learning process, which facilitated the acceptance of new users and the effectiveness of health care in the neighborhood every day. During the inauguration was presented a number of services provided by the health team, with availability of schedules and forms of assistance, which was agreed with the population and served as contribution for the working process of the unit.
Dias JI, Almeida ML.

Initial weaknesses were found in the system of services to the community, peculiar to a new organization of a large group of people. The first months were marked by intense changes in the community's daily life, before an area with the best socio-economic indices of the neighborhood, including isolated violence and moderate demand for health services events.

The demand for health services almost doubled in days and it can be said that the team did not have the experience to deal with this new reality. This combined with various events of violence in the area and fear of professionals that these acts came to the unit, due to the initial difficulty of access.

The matrix supporters, the Sanitary District I representatives, collaborated with coping weaknesses and action planning, favorably to the new work process, facing the reality of a population as disparate native and essentially more dependent on primary health care. After a few months, when other professionals such as doctors and a nurse were added to the team, allowed him to become much more structured. The process of Continuing Education in Health also enabled a comprehensive care and greater access for all individuals.

Now, the total number of families registered users and it is still unstable, since the action work within the condominiums and measurement/knowledge of residents in the apartments has not yet reached its final and full extent, also due to constant migration. Informal data show that the population hit about 4500 inhabitants in May/2014, considering the residents set José Vieira Diniz and Hostels Veneza, the territory of the FHS Veneza V.

Thus, the Municipal Health Department has been studying the possibility of implementing another Family Health Team, making an integrated core of FHS; because, according to the Ministry of Health, it is the maximum of users advised to be watched by a team.

Sharing with the registered data, 883 (56,20%) people living in the apartments are adults above or equal to 18 years old and 688 (43,8%) are children and seniors. These data refer to the condition of the high quantity of children and elderly residents, and this worthy population of a specific line of care, as updated immunization, control of food and encouraging physical activity, especially for the elderly. Regarding the Elderly Statute, in chapter IV, prevention and maintenance of health of the elderly take effect for the

registration of this population territorial base, as well as for geriatric care. 18

As discussed above, the high rate of seniors in the area required special care with cardiovascular diseases such as high blood pressure; linked to the immune system, and chronic degenerative diseases like diabetes mellitus. Thus, this pertinent issue for the elderly needs treatment and educational care, like physical activity.

In residential, through the Municipal Housing Bureau, has weekly lessons with a physical educator facing physical activities of resident users, which denotes a collaboration in the treatment process affected by these diseases, as well as the preventive aspect. 19

It was observed with the same Housing Secretariat that, besides the registration to execute the form A, there has become an urgent need for education and encouragement of primary prevention care, such as personal hygiene and common residential environment. Thus, actions have been implemented, with a view to self-care in order to prevent pathologies and involve the responsibility of each individual on the individual and collective health.

It was found that several children had their late vaccination card, or even lack of it. Thus, it was intensified immunization work of these users, for the most dependent of “Bolsa Família”, needed to improve preventive conditions (vaccinations and hygiene) and food (malnutrition and overweight) children. The main vaccines were made available on specific actions in the Residential, as well as verification of the Body Mass Index (BMI) and guidance on diet and health food, watching the socioeconomic conditions.

Another form of assistance to individuals of the Residential was the home visit. The constant training that professionals have received makes the work process consistent with the principles of SUS, which are favorable and even pickups users who need health worker displacement in the Unit for the residence of the patient. Despite the systematization, the population itself is still undergoing an ideological construction process regarding the acceptance of the absence of the professional unit, but is a step forward focusing on comprehensive health care.

CONCLUSION

Several are the settlements being built in neighborhoods already structured with FHU, and sharing of these reports can be of great value to others who are/will go through similar processes of implementation of health
services. Experience of working in conditions and disparate collective profile, witnessing all the initial registration process and inclusion of community in the daily life of the Family Health Strategy, or vice versa, is of great value in understanding the process of construction of public health in the country.

The effectiveness of a primary care in health that respects and includes the principles and guidelines of the Unified Health System could only be carried out with the knowledge domain of the territory of an area, including the socioeconomic and cultural characteristics of their specific population. Thus, the primary care can be characterized by the types of services it offers in the interests of obtaining the completeness.

**REFERÊNCIAS**


15. Tintori JA, Helmo FR, Simões ACA, Rodrigues LR, Chaves LDP, Goulart BF. O significado e a prática do acolhimento para os trabalhadores da estratégia saúde da família. J Nurs UFPE on line [Internet]. 2014 [cited...
Primary health prevention in residential of the project...

Dias IJ, Almeida ML.
