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NOTE PREVIEW ARTICLE

EVALUATION OF PRIMARY HEALTH CARE OF CHILDREN AND TEENS WITH HIV/AIDS

AVALIAÇÃO DA ATENÇÃO PRIMÁRIA À SAÚDE DAS CRIANÇAS E DOS ADOLESCENTES COM HIV/AIDS

EVALUACIÓN DE LA ATENCIÓN PRIMARIA DE SALUD DE LOS NIÑOS Y ADOLESCENTES CON VIH/SIDA

Cristiane Cardoso de Paula[1], Stela Maris de Mello Padoin[2], Tânia Solange Bosi de Souza Magnago[3], Leticia Nascimento[4], Clarissa Bohrer da Silva[5]

ABSTRACT

Objective: to evaluate the presence and extent of the attributes of the Primary Health Care (PHC) for children and adolescents with HIV/AIDS. ***Method:*** a quantitative approach with cross-sectional design. The study population is stratified into two groups: parents / carers of children and adolescents with HIV / AIDS enrolled in the Clinic of Infectious Diseases, University Hospital of Santa Maria, and health professionals PHC services in the municipalities of origin of these children and adolescents. The construction of data held in the period of February/2013 - February/2014 an interview with the instrument PCATool-Brazil Child version and version Professionals. Data analysis will be performed in the Program Predictive Analytics SoftWare version 18.0 for Windows. Project approved by the Ethics in Research, CAEE: 12223312.3.0000.5346. ***Expected results:*** the measurement of these attributes define how the service oriented association between APS and the attributes will verify the quality of care on the health of these populations. ***Descriptors:*** Child Health, Adolescent Health; HIV; Acquired Immunodeficiency Syndrome; Primary Health Care.

RESUMO

Objetivo: avaliar a presença e a extensão dos atributos da Atenção Primária à Saúde (APS) às crianças e adolescentes com HIV/AIDS. ***Método***: estudo de abordagem quantitativa, com delineamento transversal. A população do estudo será estratificada em dois grupos: pais/cuidadores de crianças e adolescentes com HIV/AIDS cadastradas no Ambulatório de Doenças Infecciosas do Hospital Universitário de Santa Maria; e profissionais de saúde dos serviços de APS dos municípios de procedência dessas crianças e adolescentes. A construção de dados acontecerá no período de fevereiro/2013 a fevereiro/2014 por entrevista com o instrumento PCATool-Brasil versão Criança e versão Profissionais. A análise dos dados será realizada no Programa Predictive Analytics SoftWare versão 18.0 for Windows. Projeto aprovado pelo Comitê de Ética em Pesquisa, CAEE: 12223312.3.0000.5346. ***Resultados esperados***: a mensuração destes atributos definirá o serviço como orientado para a APS e a associação entre os atributos permitirá verificar a qualidade da atenção sobre a saúde destas populações. ***Descritores***: Saúde da Criança; Saúde do Adolescente; HIV; Síndrome da Imunodeficiência Adquirida; Atenção Primária à Saúde.

RESUMEN

Objetivo: Evaluar la presencia y extensión de los atributos de la Atención Primaria de Salud (APS) para niños y adolescentes con VIH/SIDA. ***Método:*** una aproximación cuantitativa con diseño transversal. La población de estudio se estratificó en dos grupos: los padres/cuidadores de niños y adolescentes con VIH / SIDA se inscribieron en la Clínica de Enfermedades Infecciosas, Hospital Universitario de Santa Maria, y los profesionales de los servicios de Atención Primaria de salud en los municipios de origen de estos niños y adolescentes. La construcción de los datos contenidos en el período febrero/2013 - febrero/2014 una entrevista con la versión PCATool Brasil-Child instrumento y versión Profesionales. Análisis de los datos se llevará a cabo en el Programa de Software de Análisis Predictivo versión 18.0 para Windows. Proyecto aprobado por el Comité de Ética en Investigación, CAEE: 12223312.3.0000.5346. ***Resultados esperados:*** la medición de estos atributos definen cómo la asociación orientada al servicio entre APS y los atributos verificará la calidad de la atención en la salud de estas poblaciones. ***Descriptores:*** Salud Infantil, Salud de Adolescentes; VIH; Síndrome de Inmunodeficiencia Adquirida; Atención Primaria de Salud.

[1]Nurse, Professor of Nursing, Department of Nursing/Graduate Program in Nursing, Federal University of Santa Maria DEnf/PPGEnf/UFSM. Santa Maria (RS), Brazil. E-mail: cris_depaula1@hotmail.com; [2]Nurse, PhD, Professor in Nursing, Nursing Department/Coordinator/Graduate Program in Nursing, Federal University of Santa Maria DEnf/PPGEnf/UFSM. Santa Maria (RS), Brazil. E-mail: stelamaris_padoin@hotmail.com; [3]Nurse, Professor of Nursing, Department of Nursing/Graduate Program in Nursing, Federal University of Santa Maria denf/PPGEnf/UFSM. Santa Maria (RS), Brazil. E-mail: tmagnago@terra.com.br; [4]Nurse, MS in Nursing, Nursing Department/Graduate Program in Nursing, Federal University of Santa Maria DEnf/PPGEnf/UFSM. Santa Maria (RS), Brazil. E-mail: let.nasci@yahoo.com.br; [5]Nurse, MS in Nursing, Nursing Department/Graduate Program in Nursing, Federal University of Santa Maria DEnf/PPGEnf/UFSM. Santa Maria (RS), Brazil. E-mail: clabohrer@gmail.com

INTRODUCTION

Children and teens with the Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) require health monitoring demands beyond the usual; due to the specifics of their HIV status.[1] These features characterize a particular need for health, the result of a chronic and so far incurable.

In this sense, children and adolescents with HIV / AIDS need to maintain ongoing monitoring health services, aiming at the prevention of illness plus the recovery and / or maintenance of health. This happens in everyday care, mostly, in a reference to the care of people with HIV / AIDS, justified by the service organization and the experience of practitioners.[2]

It is recommended that these services reference count on the services of primary health care (PHC) the importance of integration between specialized structures and mechanisms for decentralized assistance.[3] However, the lack of access to PHC services results in the pursuit of solving the health problems of low and medium complexity in hospitals, especially in emergency services. This creates a bias in the system, giving the service reference to the same gateway.[4]

The APS is defined as the primary level of the health system, characterized mainly by longitudinality and comprehensiveness of care and coordination of care within the health system itself, the attention focused on the family, the community orientation of the actions and cultural competence of professionals.[5]

Based on these attributes, you can determine whether health systems are not geared to the APS, ie, the presence and extent of these attributes promote better health indicators, higher customer satisfaction, lower costs and greater equity.[6] Since the thorough assessment of these attributes is essential to the definition of public and private policies relating to the practice of APS.[7]

Given the above, the objective is to assess the presence and extent of APS attributes of children and adolescents with HIV / AIDS, according to the instrument PCATool-Brazil. This questionnaire assesses how health services are geared towards defining attributes of APS. Thus, the measurement of the presence and extent of these attributes are fundamental to define a service-oriented as the APS and the association between these attributes and the results for verifying the quality of care on the health of these populations.[5]

METHOD

This study is part of a research project matrix linked to the Graduate Program in Nursing, Federal University of Santa Maria (UFSM). Cross-sectional study with a quantitative approach in which the population assessed is stratified into 2 groups.

Group 1: parents or caregivers (grandparents, uncles or legal caregivers), identifying who is most responsible for the health care of children and adolescents with HIV / AIDS. The population of parents or caregivers is related to children / adolescents enrolled in the infectious diseases from the pediatric clinic of HUSM, totaling 80 in companion[-10]. Inclusion criteria will be: parents or caregivers of children and adolescents with HIV / AIDS monitoring in the outpatient pediatric HUSM and from the municipalities of Santa Maria / RS and other localities in the central region. Exclusion criteria will be: parents or caregivers who submit limitation that impairs verbal expression; parents or caregivers will be accessed in the outpatient pediatric HUSM when accompany the child on the day scheduled consultation service, which takes place on Tuesdays and Thursdays Friday.

Group 2: PHC practitioners. In Santa Maria, the public APS consists of different types of services: Basic Health Unit (BHU), Health Strategy (FHS) and Strategies of Community Health Workers (EACS), all under the responsibility of the Secretary Municipal (HSE-MS). It comprises 25 units of APS, these 18 UBS (13 urban and 5 district), ESF 13, with 16 teams are composed of 34 nurses, 41 medical general practitioner, 12 pediatricians, 10 gynecologists and 20 dentists, a total of 117 health professionals that will be accessed within the services. The population of professionals in other municipalities will be set after the first stage of the field held in Santa Maria. Inclusion criteria: medical professionals, nurses and dentists acting in APS in the municipality of Santa Maria / RS and / or other municipalities of origin of the children / adolescents with HIV / AIDS treated at referral service. Exclusion criteria: professionals are on vacation, health certificate or absence from work during the period of data collection.

Data collection will be conducted from February 2013 to February 2014, for research assistant's certificates. Will use an instrument divided into two parts, respecting the ethical forth in Resolution no. 196/96:

Part 1 - Quiz characterization of the study

population, which integrates the demographic, economic, social and clinical.

Part 2 - "Primary Care Assessment Tool (PCATool)" validated in Brazil as an Instrument for Assessment of Primary Care (PCATool-Brazil) version Children and Professional version.

For the insertion of data will be conducted using Epi-info®, version 7.0, double entered independently, to ensure data accuracy. After checking for errors and inconsistencies in data analysis will be performed using the Predictive Analytics SoftWare (PASW) version 18.0 for Windows. Will be used descriptive statistics, and categorical variables are expressed as absolute and relative frequency, and quantitative variables are expressed as mean and standard deviation or median, minimum, maximum and interquartile range, respectively, according to the symmetry or not data .

The internal consistency of the components of PCATool-Brazil Child and Professional version will be assessed by Cronbach's alpha. The Kolmogorov-Smirnov test is used to assess the normality of the data.

Data analysis is performed by calculating scores, according to the guidance manual Instrument PCATool-Brazil5. Components PCATool-Brazil Child and Professional versions will be evaluated individually by means of descriptive statistics and compared between the two versions. To find the difference between the scores of the two versions will be used statistical tests according to the normality (student t test, ANOVA) or not (Mann Whitney U test, Kruskal-Wallis). It will also be used test correlation (Pearson or Spermann) between the scores on the two versions. The significance level for all tests is 5%.

The project was approved by the Research Ethics UFSM under CAAE: 12223312.3.0000.5346. All participants agree to participate in the research will sign the Instrument of Consent.

EXPECTED RESULTS

It is understood that this study may contribute to the triad of teaching, research and service. For research, the novelty of the application of this instrument to assess the APS focuses on this population. Converged with the National Agenda of Priorities in Health Research and with respect to the period of adolescence: risks associated with HIV infection. Besides showing convergence with the tendency of studies on the topic of HIV and AIDS which, in the course of the epidemic, have been developed and disseminated by various areas of knowledge, including the nursing.

For teaching, with the expansion of discussions about the health care of children and adolescents with HIV / AIDS, specifically nursing care, with the possibility of directing the activities of the students in the APS practices covering them and their family.

For assistance, we hope to contribute to the actions taken in monitoring the growth and development of children and adolescents and the specific monitoring of HIV status, in the sense, from that situational diagnosis of APS in Santa Maria show the possibilities of articulation between the points of health care.

It is expected to contribute to the discussion of municipal public policy in order to identify aspects of structure and process of the services that require restatement or reformulation in pursuit of higher quality in the planning and execution of actions. The Brazil-PCATool can guide the management and local governance in order to provide primary care services to high qualidade.6 Thus, one has the intention of (re) think the actions taken and the reorganization of the flow of children and adolescents with HIV / AIDS health services in order to promote closer ties between the professional referral service and APS to facilitate access to treatment and MEMBERSHIP.

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Corresponding Address

Cristiane Cardoso de Paula.
Universidade Federal de Santa Maria
Av. Roraima, 1000
Cidade Universitária, Prédio 26 / Centro de Ciências da Saúde, Sala 1336
Bairro Camobi
CEP: 97105-900 – Santa Maria (RS), Brazil