INTEGRATED PRACTICES IN COLLECTIVE HEALTH: MAKING EDUCATION AND HEALTH IN HOME VISITS

PRÁTICAS INTEGRADAS EM SAÚDE COLETIVA: FAZENDO EDUCAÇÃO E SAÚDE NAS VISITAS DOMICILIARES

Kátia Cilene Ferreira Pacheco¹, Luana Mota Anhaia², Rodrigo de Souza Balk³, Odete Messa Torres⁴, Neila Santini de Souza⁵

ABSTRACT

Objective: to describe the extensionist practice, viewing the disease prevention, promotion and rehabilitation of damages and harms to health. Method: weekly home visits were held, with an average duration of 50 minutes, working the health education with users and relatives from Pampa in Uruguaiana, Rio Grande do Sul, from March 2011 to November 2012. Results: the homes had an average of five residents, from this total, two were elderly with chronic diseases, such as hypertension and diabetes. As a result, they suffered Stroke (CVA). It was used the methodology of Popular Education and Health, allowing the individual to reflect on the reality, the search for solutions and the construction of significant knowledge. Conclusion: in the end of this experience it was possible to identify the importance of programs and practices that would transform the reality of SUS users through integrated and interdisciplinary actions. Descriptors: Domiciliary Visit; Family Health; Collective Health.

RESUMO

Objetivo: descrever a prática extensionista, visando a prevenção de doenças, promoção e reabilitação de danos e agravos à saúde. Método: realizaram-se visitas domiciliares semanais, com duração média de 50 minutos, trabalhando a educação em saúde com usuários e familiares do Pampa em Uruguaiana/RS, no período de março de 2011 a novembro de 2012. Resultados: as residências possuíam em média cinco moradores, deste total, dois eram idosos com doenças crônicas como hipertensão e diabetes, em decorrência disso, sofreram Acidente Vascular Cerebral (AVC). Foi utilizada a metodologia da Educação Popular e Saúde, possibilitando ao sujeito a reflexão sobre a realidade, a busca de soluções e a construção de conhecimento significativo. Conclusão: ao término desta experiência foi possível identificar a importância de programas e práticas que transformem a realidade de usuários do SUS por meio de ações integradas e interdisciplinares. Descriptors: Visita Domiciliar; Saúde da Família; Saúde Coletiva.

1Nurse, Federal University of Pampa/UNIPampa. Uruguaiana (RS), Brazil. E-mail: Katiacfpacheco@hotmail.com; ²Nurse, Federal University of Pampa/UNIPampa. Uruguaiana (RS), Brazil. E-mail: lu_anhaia@hotmail.com; ³Physiotherapist, Professor in Toxicological Biochemistry, Federal University of Pampa/UNIPampa. Uruguaiana (RS), Brazil. E-mail: Rodrigo.balk@gmail.com; ⁴Nurse, PhD student of the Inter-institutional Doctorate - DINTER New Frontiers-UNIFESP/UFRJ/UFSM. Professor, Federal University of Pampa/UNIPampa. Uruguaiana (RS), Brazil. Email: odetetorres@gmail.com; ⁵Nurse, PhD student, Inter-institutional Doctorate in nursing DINTER New Frontiers-UNIFESP/UFRJ/UFSM. Professor, Federal University of Pampa/UNIPampa. Uruguaiana (RS), Brazil. E-mail: neilasantini25@gmail.com
INTRODUCTION

The University extension plan aims to promote projects that provide changes in the social scenario, articulating the axes, teaching, research and extension. In this sense, together with pillars of extension, was created in the year of 2009 the project of Integrated Practices in Collective Health (PISC), from the student initiative during the nursing Discipline practices in Collective Health III, of the Nursing Course at Federal University of Pampa. In 2010, the PISC became a program, unfolding in Tutorial Education Programme of the Ministry of Education and Culture to Work (PET MEC - PISC), with the goal to expand the initial project activities, including courses of Pharmacy, physiotherapy, Nursing and Physical Education, thus maintaining the interdisciplinary character.

The objective of the PISC is to broaden the dialogue with the community through home visits, for being an important device, which helps to detect the users' demands. Through the visits, the resolution of the problems, with a view to rehabilitation of damages and harms, disease prevention, and health promotion. In this way, PISC promotes integral attention to the user, considering the family and social context where it is inserted.

The domiciliary visit was present in Brazilian history, context and more increased with the introduction of the Family Health Program (PSF), the proposals for home care and social reintegration of people with mental disorders in the field of health care in Brazil, in the last decade. When the home visit is performed by all health professionals, aims to meet the individual fully, hence the importance of working the interdisciplinary of reasoned way, Deconstructing the stereotype that the home visit is based on empiricism lacking justification.

Interdisciplinarity needs to become a natural practice of solidarity, overcoming the personal arrogance, the need to exercise power over each other and overcome the tradition of centralization of professions, focusing on the subject of the process that is the individual who suffers from illness and lack of knowledge.

In this sense, the actions carried out by PISC have interdisciplinary character, in so far as it inserts different academic courses of the health area in the community, and through domiciliary visit seeks to build an effective link, from the moment in which the team shall attend the homes, listening to the problems, concerns and aspirations of users, establishing appropriate health promotion strategies every reality by configuring a privileged space to work educational activities. Given the above, the objective of this paper is to report the experience during home visits users serviced by extension Program integrated practices in collective health.

METHOD

This is an account of experience, developed from the experiences of the scholarship academics of PISC of the Federal University of Pampa (UNIPAMPA) in a basic health Unit (BHU) in the Center of Integral Attention to Children (CAIC), in the municipality of Uruguaiana/RS.

This unit comprises an area of approximately 2.6 km², located southeast of the town, in a region called the Union of Towns, that is subdivided in Proficar, Areas Verdes, São Cristovão, Chácara do Sol, Nova Esperança II, Horta Pública and Beco do Sapó I e II. The home visits were carried out from March 2011 to November 2012, the families registered in the areas covered by the said UBS.

There were attended 12 fellows, six volunteers, five professors from the Federal University of Pampa, and a nurse and three community health agents of UBS. Among the actions of the project is to carry out home visits weekly, the users who are in the service area of that UBS, and that were affected by chronic conditions, requiring, therefore, of an interdisciplinary team.

The World Health Organization defines chronic health conditions as health problems that need permanent care. In this scenario fits a broad group of diseases, which the who describes that may or may not be transferable, and cites the functional disabilities and mental disorders. So as criteria for inclusion of users to PISC, sought out subjects with chronic health conditions, to provide some kind of physical limitation, bedridden due to the disease process and in social vulnerability situation. After this step was carried out contact with the user and his family, and through meetings, we sought to identify the present demands.

The meetings were held at the residence of selected users, date and times pre-booked depending on the availability of families. At the time were addressed topics related to the number of residents per household, economic data, physical and social activities, and chronic health conditions. Interdisciplinary team attended the Summit of the PISC and the health team of UBS.

From data obtained during the conversation, the scholars of the IPCS, along
with users, their families and the health team of UBS, discussed how best to work the needs found, and being prepared a unique care plan in order to meet the demands of each family. In the plan were health and education initiatives for the care of feeding, physical exercises, instructions on the use of medicines, specific care for bedridden users, like decubitus change techniques, healing techniques, and care with probes, among others. The care plan periodic evaluations to be suffered verified its effectiveness.

### RESULTS AND DISCUSSION

#### ♦ User profile, attended by PISC

At the end of the proposed actions, it was possible to observe that each residence had an average of five residents. And at least two of these subjects were elderly and had chronic health conditions.

The findings come from the literature, as it is currently experiencing a change in demographic and epidemiological profile of the Brazilian population, evidenced by the growth at the top of the age pyramid, with the increase in population of 65 years or more; which causes a problem in relation to aging, that is the increase in chronic non-communicable diseases (DCNT) that can cause addiction and loss of autonomy, making the elderly dependent on care, causing therefore a challenge to the Brazilian health system.6-7

In relation to socio-economic data, most of the houses was of masonry, had electricity, indoor plumbing, however had no sanitation. The average household income was of two minimum wages, complemented by the retirement of the elderly often, since in most cases it was observed a large unemployment among adults of the residences. This is explained by the fact that sometimes people leave aside his professional life to take care of ill family, which often reflects on family, keep setting a framework of social vulnerability to these individuals.

In relation to chronic health conditions, it was possible to identify that the Systemic of Arterial Hypertension (SAH), Diabetes Mellitus (DM) and stroke (CVA) were presented as predominating pathologies among users attended by PISC. IBGE data include hypertension as one of the diseases that prevailed among the elderly, followed by heart disease, Diabetes Mellitus and other diseases.6

In this panorama, among chronic diseases, SAH represents an illness of great epidemiological relevance, for its high prevalence and represent the main risk factor for cardiovascular disease. Worldwide, the prevalence of HAS varies between 3.4 to 72.5% in different countries.8 In the city of Uruguaiana, according to the Ministry of health, the estimated population of 19,252 is hypertensive individuals, 97, 34% of this percentage of which are registered in the HIPERDIA system.9 this percentage is divided into 32, 20% of the males, and 65,14% for female.9

In that same scenario, attention is drawn to the DM, which the Ministry of health as a public health problem prevalent in descent, against payment of the social and economic point of view,9 according to the Ministry of health, the DM generates great impact on morbidity and mortality-cardiac complications, cerebrovascular disease, peripheral vascular, renal, oculcar, neuropathic, taking the individual carrier often develop disabilities.9 In Uruguaiana, the indexes for this pathology are much smaller than those of Hypertension, and the estimated population of diabetics is of 2.121 individuals. Of this population, only 25,73% are registered in the HIPERDIA system, of these, 9,20% are male and 16, 53% are female.9

Following in the context of chronic health conditions, the cerebral vascular accident (CVA) had high prevalence among users, especially as a frequent neurological syndrome in adults, being one of the major causes of morbidity and mortality around the world.10 AVC is one of the neurological problems that prevail among the elderly.11 In Brazil, despite the decline in mortality rates, it is still the leading cause of death, most of the survivors has sequels, with limitation of physical and intellectual activity and high social cost.12

National statistics include the STROKE among the six causes of hospitalization, both for men and for women. In the municipality of Uruguaiana, the rate of hospitalization for STROKE in the year 2011 was 10,45%, a high rate that exceeded the State and national indicators, which were of 9,20% and 6,77%.9 While the rates of hospitalization for the disease have been high, data from the Ministry of Health indicate 32% reduction of STROKE mortality rate in people up to 70 years old, culminating with the annual reduction of 3,2% of deaths from STROKE in Brazil in the last decade.9

Observing the literature with respect to the reality experienced in the daily lives of the domiciliary visit, it is suggested that these chronic conditions added, because users serviced by PISC had the three conditions described, HAS, DM and AVC, setting up a
The chronicity of these aggravations and the great impact that represent the epidemiological profile of the population entails a challenge for SUS, making it necessary to guarantee continuous and integral assistance to their carriers, based on the development of health promotion and prevention of diseases. The Ministry of Health proposes joint actions of promotional and health education, with a view to stimulate the adoption of healthy lifestyle behavior, for patients with HAS and DM, according to their health strategies.

It is understood that actions such as these, when effective, can culminate in the improvement of the quality of life of the population, by reducing the comorbidity of these aggravations. In this context, the actions taken by PICS users education provided through health practices that include as protagonists of their recovery. Over time, the user and their families engaged in the process of care, adopting healthier lifestyle habits within its socio-economic context, as well as care and rehabilitation techniques learned.

In this way, family relationships were strengthened, peaking with the reintegration of the family both within the user community. Many of these subjects went on to attend parties and events of local churches, and again use the UBS as a reference for health care, nutritional monitoring, referrals to social worker, hospitalization when necessary and notable improvement in their quality of life. Such results have generated great satisfaction, both for the team of UBS, of users and their families, as well as the team of the WHI, which complied with the objectives proposed by the program.

- Popular education and health: a device for user empowerment in the context of the domiciliary visit.

On the basis of domiciliary visit, PISC team sought to consider factors relating to the individuality of each family. These factors relate to the biopsychosocial aspects of individuals, because I believe that they impact directly on the health and life of the user.

It is important that the health care professional should be able to identify which problems need intervention, because the subject of needs is always subjective, social and biological. Accordingly, the intervention of the PISC team, based on this logic, consider, in addition to the process of illness, the subjective, historical and cultural dimensions of users and their families, in order that their knowledge should serve as a

---

clinical and social framework very delicate to the user and his family. Through home visits might observe that the chronic conditions mentioned had higher rates among women, which is consistent with the literature.

Possibly this is due to women's concern with his health as it seeks more frequently to UBS, and ultimately receive an early diagnosis, enabling the prevention of diseases. Many individuals were sequels from the stroke, which led to physical limitations, such as difficulty to communicate, move, make meals, and even perform their personal hygiene, culminating with the restriction to the bed, making them people who need permanent care. The AVC is one of the most devastating diseases affecting the central nervous System, leaving normally sequels. When it reaches the left hemisphere can cause hemiplegia and hemiparesis trailing as well as depressed mentally and dysphagia. In relation to the right hemisphere, hemiplegia or hemiparesis may occur, causing attention, impulsive behavior and visual impairment.

It was possible to observe that these individuals had developed pressure ulcers, complications from physical limitations, restriction to the bed and nutritional impairment. Such ulcers are lesions on the skin, caused by prolonged tissue ischemia, due to keep the patient for a long time in the same position, causing lesions mainly in tissues that overlap the bony prominence, due to little presence of subcutaneous tissue in these regions.

As a way to prevent these skin lesions, the patient needs to be stimulated to change position every 2 hours; the mattress needs to be pyramidal or eggshell type, which helps in the prevention of ulcers by decreasing the pressure on bony prominences; the skin needs to be moisturized and evaluated on a daily basis, which, in addition to provide hydration, stimulates circulation. To identify the users' knowledge deficit and their families on the topic, was a care plan with respect to the prevention of pressure ulcers, which sought to educate users and careers so that they had enough knowledge to properly take care of injuries.

This plan included referrals to the doctor and nutritionist, for an assessment of the nutritional status of the patient, as well as the intervention with drugs when needed. Due to the limitations and constraints generated by the process of illness, users were not any kind of exercise, but also participated in social activities within their communities, often in depression and social isolation, due to his chronic health condition.
basis for all actions to be developed. In this sense, the PISC acts positively, breaking with the curativist logic that is focused on the disease.

The actions are directed to seek possible alternatives identified weaknesses in the daily fight of the health service and in reality. In this way, we use the methodology of Popular education and health, which allows the subject learning reflect on his reality, find solutions and in the process build a significant knowledge.\(^{18}\) This methodology, supported a dialogic perspective, where the user and their families actively participated in the elaboration of the plan of care, in order to provide them with their integration in the process of construction of knowledge. Thus, by promoting their autonomy, they were able to exhibit their knowledge of the illness, their doubts, fears, and suggestions as to how they wanted to be worked the educational process.

The actions of the health care team should consider the active participation of the user in the development of treatment for their mental, social and physical well-being, bearing in mind the positive and comprehensive health perspective described by the World Health Organization.\(^{16}\) Accordingly, through home visits was made possible the construction of a link between health professionals, students and users, where they adopted a reflective practice, expanding the space for discussion among the subjects involved. Freire proposes adult education as a practice of freedom, in that teaching through questioning is based on dialogue between who educates and who is educated.\(^{19}\)

In this way, it is believed that the problematical education provides the construction of knowledge through the exchange of perceptions and experiences significant for the growth of the subject and the group in which it is inserted, thus ensuring the autonomy in the process of building a new knowledge. Popular education is concerned with the reflection of the real contexts his universe of symbols, languages and instruments geared to an action aimed at effective troubleshooting.\(^{18}\) So, learning takes place in the relationship between the subjects, which maintain a mutual interaction, so that they can address the weaknesses.\(^{16}\)

This statement responds to the objectives of the actions of PISC through home visits was the construction of a critical and reflective space of exchange of knowledge, aiming at rehabilitation of damages and harms, disease prevention, and health promotion, but above all the construction of citizenship. The boundaries between teaching and citizenship overlap, and all teaching aims at the construction of a power that puts the individual or collectivity in act of citizenship, and citizenship Act sets up an entire power to know.\(^{20}\)

**FINAL REMARKS**

At the end of this experience it was possible to identify the importance of programs and practices that transform the reality of SUS users through integrated and interdisciplinary actions, because each science has its share of contribution to effect the change that we want.

In this way, the home visit is a convivial space for students, health professionals, and users. Without doubt, experiences like these, involving professionals, students and users, allows the construction of a knowledge based on practice that is all, involves everyone, and should be shared in a common purpose, integrality and collectivity. Interdisciplinary experiences, which propitiate to scholars since its formation the contact with other sciences and their area of expertise, the experience of the reality of the population by the Unified Health System (SUS), and the weaknesses in this context to be due enrich the construction of knowledge in training.

The University contributes scientific knowledge already constructed and legitimized, but is in practice of everyday life, in meetings between the subjects, into people's homes in scattered towns that UBS teaching awareness of user and professional inclusion as protagonists in the production of health and citizenship. Thereby, PICS, with its interdisciplinary character, has helped to make a difference in the lives of the people involved in the program, because in reality of health services of the municipality of Uruguaiana, dialoguing with health teams, building knowledge that will add up in the search for life improvement for users and their families, acting as an instrument of resocialization for individuals who in some way, for their health conditions are no longer relate, whether with the family or community.

In the context of public health, the interdisciplinary team becomes a fundamental part of the process of building a new scenario of health practices in the everyday life of the SUS, contributing to the affirmation of the universality of assistance, and of SUS as public policy.
REFERENCES


