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REFLECTIVE ANALYSIS ARTICLE

COLLECTIVE AND INDIVIDUAL NEEDS OF POPULATION HEALTH WITH CARDIOVASCULAR DISEASE

NECESSIDADES COLETIVAS E INDIVIDUAIS DE SAÚDE DE POPULAÇÃO COM DOENÇA CARDIOVASCULAR

NECESIDADES COLECTIVAS E INDIVIDUALES DE SALUD DE LA POBLACIÓN CON ENFERMEDAD CARDIOVASCULAR

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ABSTRACT

Objective: to rescue considerations about individual and collective needs of population health with cardiovascular disease, and the contributions of nursing in this panorama, relativizing them with the analysis criteria of public health priorities, highlighted by the World Health Organization. **Method:** theoretical-reflective study type that discusses the contributions of nursing in the panorama of cardiovascular disease relativizing them with the criteria of analysis of public health priorities, highlighted by the World Health Organization. **Results:** regardless of the scientific production of Brazilian Nursing is still in its infancy on relationship between cardiovascular diseases and health equity, there are shown up initiatives that drive to that direction. **Conclusion:** It is up to the nurse to identify cardiovascular risk factors and serve as an agent and educator, promoting health, well-being and quality of life. **Descriptors:** Cardiovascular Diseases; Health Policy; Public Health Nursing; Nursing; Nursing Education.

RESUMO

Objetivo: resgatar considerações acerca das necessidades coletivas e individuais de saúde da população com doença cardiovascular, e as contribuições da Enfermagem nesse panorama, relativizando-as com os critérios de análise das prioridades de saúde pública, destacadas pela Organização Mundial da Saúde. **Método:** estudo do tipo teórico-reflexivo que discute as contribuições da Enfermagem no panorama da doença cardiovascular relativizando-as com os critérios de análise das prioridades de saúde pública, destacadas pela Organização Mundial da Saúde. **Resultados:** apesar da produção científica da Enfermagem brasileira ainda ser incipiente na relação entre as doenças cardiovasculares e a equidade em saúde, evidenciam-se iniciativas que impulsionam para essa direção. **Conclusão:** Cabe ao enfermeiro identificar fatores de risco cardiovasculares e servir como agente e educador, promovendo a saúde, bem-estar e qualidade de vida das pessoas. **Descritores:** Doenças Cardiovasculares; Política de Saúde; Enfermagem em Saúde Pública; Enfermagem; Educação em Enfermagem.

RESUMEN

Objetivo: rescatar las consideraciones de las necesidades individuales y colectivas de la salud de la población con enfermedad cardiovascular, así como las contribuciones de la enfermería bajo a este panorama, relativizando con los criterios de análisis de las prioridades de salud pública, destacados por la Organización Mundial de la Salud. **Método:** estudio de tipo teórico-reflexivo que discute la contribución de la enfermería en el panorama de la enfermedad cardiovascular relativizando las con los criterios para el análisis de las prioridades de salud pública, puesto de relieve por la Organización Mundial de la Salud. **Resultados:** a pesar de la producción científica de la enfermería brasileña se encontrar todavía en su infancia con relación a las enfermedades cardiovasculares y la equidad en salud, se muestran iniciativas que impulsan en esa dirección. **Conclusión:** Corresponde a la enfermera identificar los factores de riesgo cardiovascular y servir como agente y educador, en la promoción de la salud, el bienestar y la calidad de vida. **Descriptor:** Enfermedades Cardiovasculares; Política de Salud; Enfermería de Salud Pública; Enfermería; Educación en Enfermería.

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INTRODUCTION

The World Health Organization/WHO, from the publication of the document entitled "Equity, Social Determinants and Public Health Programs", establishes some principles for the identification of health priorities for the formulation of public policies at the international level. This initiative is driven mainly by the perception of health as a result of the interaction between the various social determinants, and the effect of actions taken on these determinants to promote equity in health, considering the collective and individual sphere.¹

Moreover, the efficiency of social and health programs implemented in this framework, faces the global burden of disease, disparities among the population, the proportion of the effects of the disease among populations, the emergence or subjection to epidemics, are factors that need to be considered to identify the health needs of the population.¹

Aside from that, other collective and individual characteristics should also be taken into account. In the collective sphere, position and social context influence on the type and magnitude of the distribution of health and disease, on the control of resources and political power, economic and social, and the social and physical environment that influence the factors risk for development of disease. At the individual level factors are found as the distribution of income, discrimination (based on gender, class, ethnicity, disability or sexual orientation) housing and psychosocial, behavioral and biological factors.²⁻¹¹

Under the international scientific scope, there are encouraging studies that address the health needs of the population, in this light. In Brazil, there was published in 2008, the National Agenda of Priorities in Health Research, in order to encourage studies on the public health priorities.³ In addition, the Ministry of Health has released to promote research lines that are attuned to the needs of health in Brazil, encouraging research groups to develop studies turned to public health priorities of the country.⁴

The prevention, treatment and rehabilitation, aimed at individuals affected by cardiovascular disease, are prioritized in some policies and programs implemented by the Ministry of Health, such as the National Policy for the Promotion of Health, launched in 2006.⁵ The prioritization and attention aimed at this area is supported by the data presented by WHO¹, showing that

approximately 30,0% of the international and national deaths are related to cardiovascular diseases.

The present study aims to rescue considerations about the individual and collective needs of population health with cardiovascular disease, and the contributions of nursing in this panorama, relativizing them with the analysis criteria of public health priorities, highlighted by WHO.¹

METHOD

Study of theoretical-reflective type, which discusses the contributions of nursing in the panorama of cardiovascular disease relativizing them with the analysis criteria of public health priorities, highlighted by the World Health Organization; for its development literature was consulted and analyzed. At the end, there were presented in two analytical categories:

- ♦ Cardiovascular disease: perspectives individual and collective
- ♦ Attention to individuals with cardiovascular disease: contributions of nursing

DEVELOPMENT

♦ Cardiovascular disease: individual and collective perspectives

According to WHO¹ the context and the social position of the population are aspects that need to be considered for defining the strategic priorities of health care. For example, individuals with coronary heart disease, with the best conditions in general have access to specialized services, drug services and secondary prevention.

The occupational status and income are also social determinants that influence directly in mortality indexes related to cardiovascular disease, given the impact on the risk factors related to lifestyle of the population.¹ This relationship was observed in some studies⁴⁻⁶, we found that the majority of patients with cardiovascular disease had family income between 1 and 2 minimum wages.

The previous findings are consistent with the authors' findings ⁵, showing that approximately 30% of patients in the unit specific treatment for cardiovascular disease do not play remunerated activities. Individuals with unfavorable socioeconomic conditions, which interpreted the symptoms incorrectly,

arrived later to the emergency and had worse in-hospital outcomes.

The social environment and the physical environment determine the extent of exposure of individuals to disease. WHO emphasizes that the lack of available infrastructure for sports activities and social interaction, the consequences of globalization and urbanization, scarcity and lack of access to healthy foods, increase the exposure of the individual to cardiovascular diseases.¹ More than 60,0% ⁷ of the patients postoperative myocardial vascularization surgery, reports do not join groups and social activities. This lack of access to healthy environments is indicated by WHO¹ as the main factor which impacts negatively on the habits of life, affecting the lifestyle, stress and obesity.

The WHO¹, beyond exposure to an environment that fosters the development of cardiovascular diseases, the vulnerability of the individual, likewise, must be considered; such as low socioeconomic status in childhood is touted as one of the major factors of cardiovascular diseases by impacting mainly the process of embedding literacy and habits harmful to health of the individual. The main risk factors for cardiovascular disease are sedentary, caffeine intake, fat intake, overweight, obesity and alcohol consumption, which in general are associated with low purchasing power of the population.¹⁰

The ethnicity and gender are also triggers of cardiovascular diseases. The complex interaction between genetic, intrauterine environment, biological risk factors and social determinants of health, to the development of cardiovascular disease, should also be highly considered as vulnerability factors.¹

Low educational levels among patients with cardiovascular disease also presents as a vulnerability factor to this disease situation. The lower the level of schooling, the greater the difficulty of understanding and of adhesion of individuals to prevention, treatment and rehabilitation.⁵⁻⁷ The prevalence of behavioral risk factors for cardiovascular disease is lower among individuals have higher income and education.^{8,9} The age group of 50-59 men is shown as the most vulnerable, with approximately 70% of these individuals already have a history of cardiovascular disease in the family.⁵⁻⁷

The results of care and health actions implemented in this area also need to be evaluated. The WHO emphasizes the importance of considering the cost and effectiveness of health services for health promotion, disease prevention, treatment and

rehabilitation. Thus, the extent assumed by chronic diseases, especially cardiovascular disease, is linked to a lack of investment in primary health care, requiring increased spending level interventions specialist diagnoses and remedies.

Thus, strategies for the control of cardiovascular disease will only be effective from the intersectoral collaboration, ie the social determinants approach across all sectors that drive cardiovascular disease, putting health equity as the center of all policies.

The WHO¹ notes, likewise, the prolonged treatment and rehabilitation associated with the high cost of specialized services for cardiovascular diseases. These aspects associated with lost productivity and income of the individual cause, as the main result, the impact on the economy and developing countries. Although the significance of these aspects were not found approaches about the consequences of cardiovascular disease in the scientific and nursing care.

♦ Attention to individuals with cardiovascular disease: contributions of nursing

It is demonstrated an intense scientific approach to nursing geared to risk factors for cardiovascular disease, for prevention and control of cardiovascular disease, and the promotion of population health.^{5,6,10} The nursing care activities, such as the assessment of the cardiovascular system, the investigation of risk factors and lifestyle habits, guidelines on the disease, treatment and lifestyle habits, influence the quality of health care.⁵

Nursing care, through the perspective of cardiovascular diseases, must be present at all levels of health care. It is important to carry out rescue guidelines in waiting rooms and social groups and home visits, and aims, as well as health promotion and cardiovascular disease prevention, the promotion of adherence to treatment, currently considered the main factor that interferes with the results of health care.

The nurse can contribute positively to quality of care dedicated to the population affected by cardiovascular disease, pay attention to the socioeconomic and cultural conditions, living with risk factors, and the findings of positives and possible difficulties in the resolution of health problems.⁶

The main contribution of the nurse in the care of cardiovascular disease can from the appreciation of the participation and involvement of individuals in care decisions/choices healthy.^{1,10} In addition, the

nurse can help in the preparation of other health workers in order to broaden the understanding of the concept of health, in which social equity is one of the main features.

Under the scientific scope of nursing are rare the analysis, evaluations or endorsements about programs for cardiovascular disease, implemented nationally. Generally, Nursing professionals absorb all the guidelines, principles and manuals accompanying programs and policies implemented by Health Ministry in their care practices, without analyzing and assess whether they meet the individual and collective needs of the population.

The WHO¹ recommends that some aspects are considered in relation to public policy, including the applicability (the intervention can be implemented in different contexts and circumstances?); Sustainability (It is necessary human, technical and financial, so that interventions can be maintained long enough to achieve the desired effects?), scalability (the same interventions can be extended to other contexts?); political feasibility (can the intervention be implemented in different political circumstances?); economic viability (Which investments are needed?), and technical feasibility (the tools needed to make the intervention will be available or can be made available?).

Despite the scientific production of Brazilian Nursing being still incipient in the relationship between cardiovascular diseases and health equity, it is shown up initiatives that drive in that direction. The appreciation of this area of knowledge could be promoted from the political involvement of nurses in the discussions focused on the development and implementation of public policies, not only focusing on health interventions, but also in identifying the individual and collective needs in favoring the accessibility of products and goods, and ensuring equity and social justice.

FINAL REMARKS

It is understood that act on the determinants to generate more inclusive populations, improve health and develop them more broadly can be difficult . However, it is possible to promote actions, in any context, thereby improving their operation and reducing inequalities health. The high prevalence of multiple risk factors for cardiovascular disease underscores the importance of the applicability of public policies.

Efforts should be made to the rehabilitation of cardiovascular morbidity and

mortality, arising mainly investments in primary prevention and health promotion. The accessibility of the population to health services should allow the appropriation of knowledge fundamental to the control and prevention basing the necessary changes in lifestyle. It is up to the nurse to identify cardiovascular risk factors and serve as an agent and educator, promoting health, well-being and quality of life.

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