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SOCIAL DETERMINANTS, EQUITY AND DOCTOR'S OFFICE IN THE STREET

DETERMINANTES SOCIAIS, EQUIDADE E CONSULTÓRIO NA RUA

DETERMINANTES SOCIALES, EQUIDAD Y CONSULTORIO EN LA CALLE

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ABSTRACT

Objective: to present the experiences lived by a nurse in the exercise of her duties in a team of Doctor's Offices in the Street. **Method:** this is a qualitative, descriptive study, a type of experience report, about the experiences of a nurse while working in a team at the Office. **Results:** there were situations of discrimination of the population in a street situation by society, including health professionals, difficulties in accessing the Network for Health Care by street people, social injustices and gaps between existing public policies and their application in practice. **Conclusion:** it was evidenced that the nurse's role in the Street Office submerges the reflection on the social determinants of health present in the street population. It is necessary, given the weaknesses mentioned, of investments in the permanent education of professionals, the implementation of existing public policies, the empowerment of the user to exercise citizenship and investments in studies in this area of care. **Descriptors:** Primary Health Care; Health Equity; Social Determinants of Health; Social Vulnerability; Homeless Persons; Public Health Nursing.

RESUMO

Objetivo: apresentar as experiências vividas por uma enfermeira no exercício de suas funções numa equipe de Consultório na Rua. **Método:** trata-se de um estudo qualitativo, descritivo, tipo relato de experiência, acerca das vivências de uma enfermeira ao atuar em uma equipe de Consultório na Rua. **Resultados:** vivenciaram-se situações de discriminação da população em situação de rua pela sociedade, incluindo profissionais de saúde, dificuldades de acesso à Rede de Atenção à Saúde por pessoas em situações de rua, injustiças sociais e lacunas entre as políticas públicas existentes e a sua aplicação na prática. **Conclusão:** evidenciou-se que a atuação da enfermeira no Consultório na Rua submerge a reflexão sobre os determinantes sociais da saúde presentes na população em situação de rua. **Necessita-se,** face às fragilidades referidas, de investimentos em educação permanente dos profissionais, da efetivação das políticas públicas existentes, do empoderamento do usuário para o exercício da cidadania e de investimentos em estudos nesta área do cuidado. **Descritores:** Atenção Primária à Saúde; Equidade em Saúde; Determinantes Sociais da Saúde; Vulnerabilidade Social; Pessoas em Situação de Rua; Enfermagem em Saúde Pública.

RESUMEN

Objetivo: presentar las experiencias vividas por una enfermera en el ejercicio de sus funciones en un equipo de Consultorio en la calle. **Método:** se trata de un estudio cualitativo, descriptivo, tipo relato de experiencia, acerca de las vivencias de una enfermera al actuar en un equipo de Consultorio en la calle. **Resultados:** se experimentaron situaciones de discriminación de la población en situación de calle por la sociedad, incluyendo profesionales de salud, dificultades de acceso a la Red de Atención a la Salud por personas en situaciones de calle, injusticias sociales y lagunas entre las políticas públicas existentes y su aplicación en la práctica. **Conclusión:** se evidenció que la actuación de la enfermera en el Consultorio en la calle sumerge la reflexión sobre los determinantes sociales de la salud presentes en la población en situación de calle. **Se necesita,** ante las fragilidades referidas, de inversiones en educación permanente de los profesionales, de la efectividad de las políticas públicas existentes, del empoderamiento del usuario para el ejercicio de la ciudadanía y de inversiones en estudios en esta área del cuidado. **Descriptores:** Atención Primaria de Salud; Equidad en Salud; Determinantes Sociales de la Salud; Vulnerabilidad Social; Personas sin Hogar; Enfermería en Salud Pública.

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INTRODUCTION

By the advent of capitalism and its means of production, the mode of organization of society and how individuals behave in the world have been defined. In this perspective, the human being's welfare is linked to financial issues, and man is sometimes exploited without guarantees of social protection. Among the social situations ineffectively supported by government policies, there is the phenomenon of people living on the streets. It is known that the causes of this reality are multifactorial, for example: the accelerated urbanization, generating, in disorder, the great urban centers; social inequality; the poor; unemployment; absence of housing; factors of individual character, such as the breaking of family ties; mental disorders and abusive use of alcohol and other drugs.¹

They were listed in 2005 at the First National Meeting on Population in Street Situation, actions for the formulation of public policies directed to this population, among them, the accomplishment of studies capable of quantifying and allowing its socioeconomic characterization. In this sense, 31,922 people in a street situation in 71 Brazilian municipalities were identified by the National Survey on the Population in Street Situation. Among those interviewed, only 82% of the men were male, 53% were between 25 and 44 years of age, 39% declared themselves to be brown, and the level of schooling was low and income. Among the results, it was pointed out that, despite the innumerable needs in relation to access to health, food and due to the suffering of discriminatory processes, 96% of this population did not participate in any social movement and 62% did not exercise the right to citizenship by means of the vote in elections of the three spheres of power.²

It was possible, by the research, to identify some particularities and social determinants involved in the phenomenon of the street population, contributing to the creation of the National Policy for Population in Street Situation, established through Decree num. 7.053, of December 23 of 2009, which aims to ensure the access of this population to services and programs that integrate public policies, including health and social assistance, safeguard human rights, empower citizens and enable professionals to assist people on the streets guided by the guiding principles of the Unified Health System (UHS), among them, equity.³

European countries are also present today with the phenomenon of the population in a

street situation and, in this sense, they implement governmental social policies to reduce homelessness and promote actions and programs that offer support and care to these people. In the city of Olsztyn, Poland, for example, a census of the street population was carried out in 2013, which showed that the majority of the individuals (93%) were male, had a mean age of 54 years, were dependent alcohol (79%), smoker (85%), low education, and almost one-third (33%) stated that they occasionally starved, and the main source of food was meals offered by social services (90%).⁴

It is recognized internationally that public policies must take into account the social determinants of health, taking into account all the social factors that may be involved in the process of sickness of the individual and of the population. In this context, the concept of health is understood beyond a biological perspective and one must consider the individual's experience in society and access to the socioeconomic and essential services networks, since the social context and individual life history and the community will influence this process.⁵

In order to address the social determinants of health and the principles governing the National Policy for the Population in Street Situations, in 2012, when it comes to access to health care, of the National Primary Care Policy (NPCP),⁶ being reinforced in 2017.⁷ The eCR of basic health care teams, composed of health professionals responsible for articulating and paying full attention to the health of people on the street or with similar characteristics, are able to carry out their activities in the streets, specific facilities, mobile unit and Basic Units of Health (BHUs) and articulating with other services to provide the longitudinality and integrality of care.⁶⁻⁷

Diverse demands must be made for the assistance provided by eCR, considering health as complex, depending on a series of factors linked to health promotion and disease prevention, taking into account the main risks to which this population is exposed, considering that access to education, leisure, housing, work, safety and social assistance will have a positive impact on the individual's quality of life. In this context, the health professional is required to have the knowledge, skills and attitudes capable of, besides offering access to health, to develop actions that strengthen the citizenship of street people. Therefore, it is essential to provide effective care, skills to manage situations in different settings and attitudes that include speech, qualified listening,

welcoming, interpersonal relationship, empathy, among other ties, trust and satisfaction on the part of those receiving. It is questioned, in front of the presented scenario: "What the experiences lived by the nurse in the Street Doctor Team and its interface with the social determinants of health and equity?"

OBJECTIVE

- To present the experiences lived by a nurse in the exercise of its functions in a team of Offices in the Street.

MÉTHOD

This is a qualitative, descriptive, experience-type study that presents the experiences of a nurse working in the eCR in a municipality in the South of Brazil, in the year 2017. It is reported that eCR has been operating for six years in one municipality, with approximately 340 thousand people, has 253 registered street persons since its implementation, of which 195 (77%) are men and 58 (23%) are women, aged 25-30. own city, for the most part.

The multidisciplinary team is composed by a nurse, a psychologist, a social worker and three community health agents. The eCR is linked to the Family Health Strategy, which covers the central area of the municipality and operates in the daytime period, alternating between morning and afternoon according to the users' needs. The route of the home visiting transport reserved by the FHS team by the professionals is organized, when there is no transport available specifically for the eCR, in order to cover, in a systematic way, the different areas for care. In addition to the strong relationship with the Harm Reduction team, the eCR support network is composed of seven Psychosocial Support Centers II (CAPS II), a CAPS Alcohol and Drugs (CAPS AD), a Basic Unit for Immediate Care (UBAI), a Emergency Care Unit (ECU) and the Mobile Emergency Care Service (SAMU).

The study focused on ethical precepts in the description of professional experience in the context in question. Thus, it was dispensed with, due to the lack of associated research, the need to submit the project to a Research Ethics Committee with Humans.

RESULTS

It was identified at certain times in the BHU that the eCR of the nurse of this study was implanted, the presence of prejudices on the part of health professionals due to the

appearance of the person in street situation that sometimes dressed in clothes torn and dirty as well as by the user himself, who was afraid and / or afraid of not being accepted into the institution. On occasions, situations where the street person remained in front of BHU and when questioned about why they did not enter the unit, he answered that he was ashamed. It should be emphasized that the printed referrals made by eCR to other services were evaluated satisfactorily by the user, since they facilitated access. It should be noted that the person in a street situation, when faced with a situation of need for health care, frequently sought the ECU.

The eCR was required to overcome access barriers with the support of social assistance in order to provide the users' documents, which in this process made the necessary referrals to the second copy of the Birth Certificate, RG, CPF and Work Portfolio. It was also agreed between the nurse working in eCR and the person in charge of the clothing sector of the UHS Card that street users would be referred to this service with some document that would identify them, but without proof of residence.

It is reported that eCR where the nurse in this study was responsible for providing assistance to a central city. It was thus the region with strong commerce, churches, schools, non-governmental organizations (NGOs) and an association of residents who, later, had its headquarters transformed into a soccer field. It is inferred, however, that the people in a street situation did not use this space, since they were expelled by traffickers who acted in the region. In addition, there were still neighborhoods with violence associated with drug trafficking and controlled by different factions, but even in this context, eCR had no difficulty in entering the region and providing care to the population in situation street, no matter how much fear and fear permeated the professionals'.

They are generated through ineffective public policies and social programs that accompany the individual from birth and have repercussions on their development, injustices and lack of access to the most varied social equipment that, over time, generate exclusion processes increasingly intense. The nurse was sought, for this reason, when acting in the eCR in question, to transit through different spaces in order to know the population served and to visualize partners in the care of this population. The POP center, an institution that is also linked to the municipal government, is characterized as a place for the reception of people in a street

situation where they were offered meals, preparation of documents and some leisure / recreation activities. It should be noted that, in this space, it was possible for the nurse to establish a link with the user and to act in an interdisciplinary way with the professionals of the POP center to better attend to the needs of the subject.

With regard to food, in addition to the POP center, a popular restaurant was identified in which the price of the meal was a real one. Some restaurants, after 2 pm, were offered food in small pots for street people, which indicates their involvement with social causes. It is reported that, regarding the leisure, in the municipality of eCR did not have a variety of public spaces for this purpose and, consequently, the people in situation of street ended up not having option for the recreation. It is also added that, in relation to work, it was common practice of street people in the recycling of garbage, but without employment relationship.

During the daily professional life in the community, solidarity was observed, in which people seemed to be dazzled by the activity carried out by eCR, many of whom talked with the team in order to know and understand the work process. On the other hand, there were verbal assaults in which individuals claimed that instead of being on the street caring for "these people", they should be in hospitals. Attention is drawn in this process to the fact that the person in a street situation, lying on the floor, often invisible in society, when accompanied by a health professional, was noticed by other members of society.

In this scenario, eCR has the potential to produce means to break with the processes of social exclusion of these individuals, and it is up to health professionals to provide access to health services, to meet free demand, to overcome existing barriers and to strengthen the citizenship of street people, sensitizing them to participation in social movements, such as in local and municipal health councils and the search for better living conditions.

There are people in street situations whose speeches, on a number of occasions, are permeated by stories of violence suffered in different contexts, during the street situation or in the family, which led to the search of the street as a shelter, besides hunger, precocious work, violence committed, among other situations. It is also reported the desire to leave the streets and, thus, the health professional routinely perceives how the social determinants condition the life of individuals.

There is also street prostitution and, at this juncture, it is very common to have

transmissible diseases among this population, such as HIV. It focuses the approach of the nurse, facing this reality, in general, in the disease, and, amid this complex circumstance that is outlined in the universe of these people, the performance of eCR becomes a great challenge that can be overcome through multidisciplinary action.

Violence and crime are other factors that are very present in the lives of people living in the streets, who sometimes report very quietly the thefts they commit, highlighting the violence used to do so. The question is, in the face of this, how can one speak of something so immoral in such a natural way, sometimes justified by commonplace motives, and at the same time show affection for other people or their animals?

It can be deduced from the foregoing that, in spite of knowing the concepts of right and wrong present in society, among the individuals of this population, other values are prioritized for the sake of their own safety and / or satisfaction, to the detriment of the moral accepted by the society from which they were marginalized.

There is another substantial challenge in the nurse's role in eCR the use and abuse of alcohol and other drugs. It should be pointed out that many users, faced with the intervention of the team, do not present any type of withdrawal symptoms, referring to drugs as a bad thing and, in these cases, the drug is, for the street user, a subterfuge for the difficulties of that reality, appearing as a survival.

It was realized that care should be based on the elementary, covering basic human needs, such as body hygiene and feeding, provision for health promotion and disease prevention, and some Nursing procedures (dressings, rapid tests, among others) as well as in skills that allow qualifying listening and, consequently, the identification of demands that allow careful attention to biopsychosocial well-being.

There is often frustration in the nurse's role in eCR, with feelings of powerlessness frequenting people who wish to change their situation, but who, without efficient and effective incentive policies, are not able alone. In this regard, it is necessary to implement public policies aimed at correcting the inequalities generated by the social determinants that were present in the life of these individuals, with a view to promoting integral and equitable health.

DISCUSSION

The experiences of the nurse in her work in the eCR are marked by reflections on social justice and how public policies are concretized (or not) in practice. It is also observed that, even within the health services, there is the process of exclusion of the street person due to the stigmas created by the social imaginary that permeate the activities of health professionals and that can make effective care impossible, which evidences the need for higher qualification, since graduation, to work in this context.⁸

It is referred to by the ECR, to questions that cause distress to all professionals who share this proposal of care,⁹ since the professional activity involves traveling through dangerous regions, exposing themselves to factors such as strong light from the sun, wind, cold, heat, rain, dirt and bad smells, to provide integral attention equanimous to the population, without having adequate physical space for the attendance.¹⁰

Other difficulties in the day-to-day life of eCRs related to street access to health services are also shown: social stigmas that end up determining a precarious reception; bureaucratization of access due to the need to schedule consultations and the inflexibilization of service hours, as well as the requirement of identity document, proof of address and UHS Card and the absence of a support network for adherence to treatment and recovery.¹¹

Prostitution and the use of drugs in this context are also observed. In a study of street women, it has been demonstrated that they have the desire to get rid of chemical addiction, to have a place to live and to return to family life, but these desires have as barriers the various factors that contribute for street maintenance, such as drug trafficking, which creates a complex vicious circle in which they resort to prostitution to survive. It was reported, despite the guilty feeling and disgust of the body itself described as recurrent, that this practice was the way found to survive.¹² It makes the individual even more vulnerable by being a homeless and prostitute, since, for some social groups, prostitution is seen as a problem that must be solved through repression.¹³

The meaning of drug use and abuse is given singularly to each one, sometimes as a way of filling basic emotional needs and sometimes a chemical solution to soften the social insanity that acts in the exclusion of this population.¹⁴

In a study carried out with street-based office users, it was demonstrated that these

people identify the reception and the bond as potentialities of the service because the professionals provide assistance in a singular way. It was verified as another potentiality the care performed in the place where the person is, with actions that go beyond the health-disease issues, seeking to meet the diverse needs demanded by the people served, with intersectoral actions when necessary. Concerning the challenges, questions were raised regarding the organizational structure of the Doctor's Office and the articulation with the Health Care Network (HCN), mainly due to the difficulties of access when the user is not accompanied by an eCR member.¹⁵ It is noted the need to train all health professionals, in the different points of HCN, for the assistance to the people in situations of street.

In reflecting on these social determinants of health, one can see the importance of going beyond care centered on biological aspects. Despite the fact that the Brazilian Federal Constitution guarantees social rights, such as education, health, work, housing, leisure and security, there is, in fact, limited and even non-existent access to these rights. It is explained that in the absence of access to work, for example, in the capitalist scenario, the person consequently does not have money, does not consume, is placed on the margins of society and ends up losing his status as a citizen. One can thus reflect that a person in a street situation becomes invisible to the rest of society and suffer a series of prejudices. It becomes, in the social imaginary, a dirty person, a drug user, who commits crimes and violent acts in order to be able to eat and sustain his addiction (a term also stigmatizing and commonly used by the population).¹⁵

It was identified, in a bibliometric study that sought to describe the relationships between social determinants and health conditions, that the variables commonly considered in the articles analyzed involved income, schooling and basic sanitation conditions, indicating the difficulty in distinguishing between health determinants of individuals and populations.¹⁶ It becomes substantial, although the level of education of a population is directly related to the state of health of individuals, the analysis of the factors that individually affect the citizens to give subsidies to health policies for the promotion of equity.^{17;18} In this sense, the Street Doctor's initiative is set up as a component of Primary Health Care (PHC), as an important landmark in the implementation of policies to promote equity.

Field observation, information gathering and group discussion are significant in order to offer an integral and humanized care, in which the sense of belonging that emanates from the group phenomenon is clearly highlighted through a practice that understands that each has a differentiated look and plural knowledges.¹⁹ It is known that discrimination (intentional or not) is detrimental to the promotion of equity in health,²⁰ however, one can see how much society still wants to segregate, hide and isolate these people from the rest of society and, despite if there is a movement of public policies in the direction of supporting this group, it still lives, on the part of the society, a declared discrimination. It is also added that many health professionals, who work unprepared, may exhibit some types of discriminatory behavior.⁸

It is investigated, according to the literature, that these populations may present disorder behavior and barriers in communication²¹ and, in light of these reflections, it should be emphasized that the concept of morality comprises the rules agreed upon in a given society.²²

Equity efforts are directed towards the elimination of health inequalities.²⁰ In the United States, for example, despite being a developed country, there are more than 600 thousand people in a street situation, and 8% of the population, at some point, already lived the experience of living in the street. It is known that the government has devoted substantial resources to assisting this portion of the population and, in fact, policies designed to benefit the homeless are substantially more popular than policies designed to benefit other vulnerable social groups. However, in some cities and states of the country, more and more policies are against the help of homeless people, and among these policies are the prohibition of sleeping in public, wandering around the city, lying in places public, residing in vehicles or begging for help. In some places, it is even observed that street feeding is prohibited, and this attitude further harms street dwellers, making them increasingly marginalized.¹³

Equity, in the UHS context, is defined as one of its main pillars and a reorienting principle of the system¹⁶, which motivates efforts to reduce conditioning factors and determinants of health among groups. It is understood that differences such as race/ethnicity/skin color, religion, sexual orientation, gender identity, socioeconomic position, education, stigmatized health

conditions and situations of marginalization in society, besides influencing the life and health situation, potentiate other factors that determine the health of individuals or groups. They end up demanding, through these distancing, greater efforts of those who are in the most unfavorable contexts to reach the same level of health of those in adequate conditions.²⁰

It is interpreted that, in this trajectory in search of health equity, the understanding of these necessary efforts must go beyond the initiative of the individual, being necessary the intervention of the State in the attempt to equalize these distances, since the iniquities in health are strengthened by the allocation of financial resources, which justifies the consideration of these factors in the formulation of public policies.²⁰

CONCLUSION

In this study, a report on the experience of a nurse working in eCR and its interface with the social determinants of health and equity was presented. The reflection on the current Brazilian situation and the nurse's action against this reality were submerged.

It is revealed that the stigmas have been evident in society, even among the professionals of the health teams that work in the care / assistance to the population in the street situation. The professionals and institutions are shown weaknesses in dealing with this public. It should be complemented by the assistance, in the form of a Street Office, that is idealized by public policies, implementing them through practices based on technical and scientific knowledge that facilitate the user's access to HCN, as well as skills such as empathy and good communication, in order to allow a greater link between the professional team and the user, and thus provide care that addresses the biopsychosocial well-being of the people living on the street. It is hoped that care based on the principle of equity contributes to the exercise of citizenship of this population.

It is understood that the gaps in Brazilian public policies concerning street populations are capable of generating injustices by themselves by creating a vicious cycle of inequity. Actions and goals should be established to overcome barriers by teams, such as the difficulties of access and integration between the HCN devices, which undermine the health and social assistance of street people, based on solid work and continuous strengthening of the citizenship of these subjects as well as permanent health education with professionals who work from

the management to the direct assistance to the user. Street Offices are shown as a challenging and potentially transformative equipment for the Brazilian reality.

Finally, it should be emphasized that more investments are needed in policies, legislation and protocols for the care of street people, as well as the promotion of studies that will subsidize and support assertive care for this population. It is hoped that this study contributes to the awareness of health professionals to the theme both regarding the reflections of their practice in the daily care, and to instigate the development of studies with other qualitative and quantitative research methodologies.

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