EXPERIENCE REPORT ARTICLE

TERRITORIALIZATION AS A TOOL FOR THE PRACTICE OF RESIDENTS IN FAMILY HEALTH: AN EXPERIENCE REPORT

TERRITORIALIZACIÓN COMO FERRAMENTA PARA A PRÁTICA DE RESIDENTES EM SAÚDE DA FAMÍLIA: UM RELATO DE EXPERIÊNCIA

TERRITORIALIZACIÓN COMO HERRAMIENTA PARA LA PRÁCTICA DE LA SALUD DE LOS RESIDENTES EN FAMILIA: UN INFORME DE LA EXPERIENCI

ABSTRACT

Objective: report on the experience of residents in a Family Health Unit on the process of territorialization in Family Health Unit. Methodology: It is a descriptive study, with critical analysis of the experience in the recognition of the environment, population and social dynamics of the area enrolled to the Family Health Unit, in the city of Salvador-BA, Brazil. It was analyzed from the perspective of dialectic methodological conception for the systematization of experiences. Results: The tool of territorialization has been identified as necessary for construction of the Analysis of Health Situation; for the approaching with the local reality and for the strengthening of bonds with the Community Health Agents - Agents Comunitários de Saúde (ACS). Final Considerations: the tool of territorialization was essential for the construction of analysis, promoted approximation with the local reality and with the ACS, and furthermore its valorization; It also allowed the co-responsibility of workers and creation of bonds between the health team and the population. Descriptors: Family Health; Territorialization; Resident Population; Health Planning; Residence in Family Health.

RESUMO


RESUMEN

Objetivo: informes de la experiencia de residentes en salud de la familia en el proceso de cobertura territorial en una unidad de salud de la familia. Metodología: estudio descriptivo con análisis crítico de la experiencia en el reconocimiento de medio ambiente, la población y la dinámica social de la zona asignada a la unidad de salud de la familia en Salvador-BA, Brasil. Analizado desde la perspectiva de dialéctica diseño metodológico para la sistematización de experiencias. Resultados: la herramienta de territorialización fue identificada como necesaria para la construcción de la salud y análisis de la situación; para el acercamiento con la realidad local y a estrechar los lazos con los agentes comunitarios de salud (ACS). Últimas consideraciones: la herramienta de territorialización fue esencial para la construcción del análisis de enfoque, promovido con las realidades locales y con las ACSs, además de su valorización; También permitió las disposiciones de los trabajadores y crear el vínculo entre la salud y personal de la población. Descriptores: Salud de la Familia, Territorialización; La Población Residente; Planificación en Salud; Vivienda en la Salud de la Familia.
INTRODUCTION

The Primary Care is the level of health care that embrace a set of actions, both in the individual ambit or in the collective, including the promotion and the protection of health, prevention of harms, diagnosis, treatment, rehabilitation and maintenance of health. It is guided by the principles of universality, accessibility and coordination of care, of bond and the continuity, integrity, accountability, humanization, equity and social participation, being the preferential contact of the users with the health system.1

The Primary Care has the Family Health as prior strategy for its organization according to the precepts of the Brazilian Unified Health System - Sistema Único de Saúde (SUS). Initially, it was established as the Family Health Program - Programa de Saúde da Família (PSF), in 1994, by the policy formulation by the Brazilian Ministry of Health, which aimed to strengthen actions of health with preventive nature and for health promotion. The Family Health became to be conceived as a strategy, from the National Policy of Primary Care, in the year 2006.2

The Family Health Strategy - Estratégia de Saúde da Família (ESF), among others aspects, is based on universal and continuing access to quality health services and as well as resolute, which are characterized as the preferential ‘gateway’ of the health system, in the adscription of territory and action, by which the team must be co-responsible in the health issues; in decentralized planning and programming, and in line with the principle of equity; in integrity in all its aspects; in relations of bond and accountability between the teams and the enrolled population, ensuring the continuity of actions of health and longitudinality of care; in valorization of health professionals by means of stimuli and constant monitoring of their education and training; in systematic monitoring and evaluation of the results achieved, as part of the process of planning and programming; in stimuli to the popular participation and the social control; and in the family-centered care.1

The Bonding of community with the Health Unit is an essential condition for the planning of actions and evaluation of health care of the institution in question, being necessary to establish the area and the population under the responsibility of each Unit and knowing its epidemiological profile.3 From such definition, the characterization of the territory and of the knowledge on the living conditions of inhabitants conforms itself as an important activity in establishing of bond and co-responsibility from the health team with the community, in addition to supporting the process of decision and action, aiming to increase response capacity to the basic health needs of the population.4

In this sense, the use of the concept of territory can contribute to the planning and decision making in daily performance of these teams.5 The territory is a space, with its singularities, which has boundaries that can be political or administrative or of action of a certain group of social actors; internally, it is relatively homogeneous, identified by the history of its construction, and, above all, it is a place of power, since, the powers of state action, social and institutions organizations, and its population are built and exercised on it.6 Thus, it should be realized the strategic importance of the territory for the social policies, regarding the consolidation of actions aimed at addressing the problems and needs presented by the citizens who inhabit it and even produce it socially.6

The space-territory can be understood as the locus where there is interaction between the population and the local services. The recognition of this territory marked by a specific population living in singular time and / or space, should be understood by professionals and managers, taking into account the problems and determinants needs of the health.7 8

The territorialization is one of the basic assumptions of the work of ESF. This task acquires at least three different and complementary ways: demarcation of boundaries of the areas of services; recognition of the environment, population and social dynamic which exist in these areas, and establishing of horizontal relationships with other adjacent and vertical services as reference centers.9

In this context, this study has like objective:
- Report the experience from residents in family health on the process of territorialization in a Family Health Unit.

METHOD

It is a descriptive study, that comes from an experience report of residents in family health, the Multiprofessional Residency Program in Health, from Universidade do Estado da Bahia (UNEB), at the Center for Family Health, which is outcome of a process of experiences and critical reflections about the territorialisation, performed as obligatory
activity of internship / work in a USF of the city of Salvador-BA, Brazil, from October 2010 to January 2011.

We used the methodological referential that supports the dialectic methodological conception for the systematization of experiences.8

The systematization is that critical interpretation of one or more experiments that, from its planning or reconstruction, discovers or explains the logic of the lived process, the factors which took part in this process, how they related to each other and why they did it that way.8,24

The dialectic methodological conception is based on the understanding of social phenomena from the inside of its dynamics, so that the subjects participating in the construction of history are fully involved in an active way in this process. Thus, more than describe the phenomena and observe their behaviors, such conception points out that the subjects should aim to perceive and understand its causes and relationships, identifying their profound contradictions, situating their practice as part of these contradictions, and get to imagine and undertake actions intended to transform it. All this, from the assumption that the theory is never definitive or absolute; it is always under construction and critical rebuilding, on duty to the transforming practice and its unprecedented challenges.6

The use of this methodology directs us to, besides to describe a lived experience, confronts it with evidence brought by the literature, and once you understand what you are doing, you put sense in what is being done to be guided. And more than that, this methodology proposes the building of a theory starting from individual learning in social processes, through what was identified as “new” in the practice experienced.8

For a report about the lived experience, materials for registration of living - field diary of residents and report of the Analysis of Health Situation - were used, they both recorded of free form - and theoretical referential on the topics covered.

- The experience: knowing the territory of the USF

The process of territorialization was begun from the necessity of the construction of the Analysis of Health Situation of the population served by USF, with the purpose of evaluating of the residents, considering the importance of these instruments for the work of health professionals from those Units. From this perspective, for the start of the internship / work of the residents, as well as for the inclusion in the teams, this activity has become indispensable.

The Analysis included the following points: history of the community, map of that area, characterization of the covering area (area of the teams, demographic and socioeconomic characterization of the population and its epidemiological profile), and characterization of the unit (identification, structure, organization and operation). The process of territorialization occurred transversely to the history of the community, map of area and characterization of the covering area.

The USF in question has three Family Health Teams of and two oral health teams, and its enrolled territory is divided into 20 micro-areas, of which six are without Community Health Agents - Agentes Comunitários de Saúde (ACS).

According to a previous scheduling, we conducted visits to these micro-areas, with 10 of the 14 ACSs in the first weeks of internship / work in the aforementioned health unit. Sometimes, we visited more than one per day. As we walked, the agents talked about the characteristics of the micro-area and its inhabitants, and pointed to the geographical subdivision of the micro-areas and health teams.

After the visit, we still questioned the ACSs over the territory, in order to record the data observed in the area and to systematize the description of it for the future construction of the Analysis. The obtained data were recorded in a free form and referred to the number of families and people whose the ACSs had registered; names of streets which formed the micro-area of operation, for which, it (the agent) was the responsible; social facilities existing in micro-area (churches, schools, kindergartens, neighborhood associations); quantitative of people in specific groups (pregnant women, people with hypertension, people with diabetes); risk factors and areas existing there (garbage and / or open sewers, violence, barriers of accessibility); habits, culture and lifestyle of the population; social actors (people socially influential or representative); needs / health problems of the population, process of work as ACS, pointing out the difficulties; families who received special care.

Moreover, during the visits, we had the opportunity to talk to the users of the unit on the history of the appearance of the neighborhood, issues related to health status and lifestyle of the community.
We identified three important aspects in this experience, which will be discussed below, which made us understand the importance of territorialization for the practice of professionals who work in the ESF.

- **Territorialization as a tool of analysis of health status**

  The construction of the Analysis of Health Situation was begun with the recognition of the area. During the visits, we saw the problems related to the health conditions and habits of life, and realizing the socioeconomic and cultural context of people's lives, which allowed us to approximate the needs of the population of that territory. The conversations with ACSs and users of the health unit were essential to know the social dynamics existing in that community. Recognize the territory and its peculiarities is of fundamental importance for the characterization of the population and their health problems.⁹

  Moreover, the history of the community was raised during the walks, by means of informal conversations with ACSs, elderly and others who live in that neighborhood for years. At the same time, and as part of the construction of the Analysis of Health Situation, it was held the confection of the map, along with the ACSs, by identifying streets, social facilities, the area of covering of the health teams and their problems as the violent places of, risk of falling, open sewers and big concentrations of trash, and other characteristics deemed important by the health team. Our experience in the territory facilitated the visualization of these aspects on the map.

  It is noteworthy to emphasize the importance of the recognizing of territory, together with the survey on the history of the community and confection of the map, as part of the process of preparation of the Analysis of Health Situation. The planning of actions in health requires the surveying, both of epidemiological and socioeconomic indicators, and valorization of information gathered in the community, and the analysis of the local situation health and its determinants which are extremely relevant to subsidize the health professionals and the managers in this planning.⁵

- **Approaching with that local reality**

  Understand the local reality becomes too relevant in the view of considering health in its broadest sense. This conception is subsidized by the renewing of geographical thinking of Milton Santos, trying to overcome a vision of merely physical space, considering it as a process and product of social relationships.¹¹

  The territorialization held for the recognition of the environment, population and social dynamics existing in the area, allowed us an approximation to the reality experienced by the community and health professionals who work in that place. Listening to people talk about any street, fact or problem related to the community ceased to be something distant from us, and we began to understand what was said or know what it was treating; it was a fact that made us feel part of that environment.

  Recognize the social and political dynamics of the area covered by the Family Health Unit is essential to a change in the conception of the work practice in these kind of territories.⁷ In fact, we felt somehow involved with that community, and this was reflected positively in the way that we performed our practice inside and outside of that health unit.

  The establishment of bonds from the health team with the population indicates an expanded conception of territory. In a study conducted in the Brazilian state of São Paulo⁵, it was realized that:

  > Despite the theoretical valorization, the Family health teams analyzed fail to dialogue properly with the territory in their daily work. Do not relate to the reality efficiently and, therefore, end up losing the commitment to the result. (…) Unfortunately the PSF health teams use the concept of territory as a static source for the surveying of local resources, failing to recognize the dynamic elements present in that territory.⁵¹¹⁻³⁴

  Our trajectory through that territory turned easier the understanding of health issues and their risk factors, especially those which we could see visually, like much garbage and open sewers, and sloping areas at risk of landslides.

  During the territorialisation, we also perceived relevant aspects in relation to the life context of the community, its history and its social organization. The issue of violence and drug trafficking has great influence on the everyday life of that community, both by the early involvement of young people, or by the power that the traffickers have in the area. The knowledge on the history of the neighborhood made us understand that the strength that the African descent and Candomblé yards play in the community, setting up as strong social actors. The other social facilities available in the territory - churches, schools, kindergartens, among others - also play a strong role within the
community, according to how they relate to each other and with the population.

Given what was mentioned earlier, we find that there are other forces acting on the territory, in addition to the health services. In this scenario, the implementation of partnerships between institutions and social actors are able to modify the epidemiological and social context of that local. It depends upon how occurs the relationship between the health team and the community, community leaders, Non-governmental Organizations (NGOs), social movements, and other institutions that can intervene in the local level.9

Moments of meetings with teams for discussion of cases also suffered reflection of territorialization. Sometimes, even without knowing the user to whom they referred, the fact of knowing the context and living conditions helped us to think about the actions and critically assess them according to that reality. In this perspective to plan locally, one must know the needs of the population, and those who are planning should be immersed in the reality upon which they plan the actions.7 The solutions to the health problems depend on the degree of interaction of the health team and the community, and this comes from the knowledge of the peculiarities of the territory and of the local population.

In this sense, the territorialization provides the approaching from the health workers with the reality of the territory, which implies the accountability in the health-disease process of this community and favoring the creation of bond between the health team and the population, allowing doing a local planning in accordance with the context.

- **Strengthening bonds with the community health agents**

  In the enrolled area to a USF, a privileged space for its activities, the community health agents strengthen the bond between the health team and the community, making that the information travel outside of the unity for the population and vice versa.12-13

  By monitoring the work process of the ACSs, we could see some challenges that each one of them faces in the daily routine. The walks in the territory allowed our approaching to these actors of Family Health that, not always, are receptive to the presence of students / trainees. Despite this, our insertion in their micro-areas and our interest in their work processes became us great partners in the conduction and progression of the work of those health teams.

Unfortunately, due to the lack of time or even our unwillingness or of the ACSs, we were unable to know four micro-areas. As a result, later, we had a harder approaching with the health community agents, which confirms that the territorialization was essential for the building and Strengthening of bonds with the ACSs from the micro-areas that we knew.

These findings indicate that the devaluation of health community agents brings up damage to the dialogue between the health teams and their respective territories, interferes to understanding of particular aspects of reality and can lessen the proper commitment to the final result of the actions.5

The ACSs felt themselves valorized when they realized that the guidelines that they transmit are accepted and deemed necessary by the families. We realize that another way of valuing them was our quest to know the territory. The ACSs realized our interest in knowing their micro-area of working, the people who live in it and interrelationships that grow there, and in acting to try to change those realities gradually.

At any event, we did not express judgments or value judges about behaviors adopted by them, of their territories or people who live there. We went to the streets of the neighborhood without prejudice or intolerance. Along with the agents, we felt free to scroll through them, even knowing they are area considered, by them and by other workers of the unit, like high risk places with regard to the violence.

The ACSs are the professionals working under greater pressure in the health team, because they share the needs of the population for being part of it, and, at the same time, they need to establish a boundary between those needs and their work, so that their performance is neutral, ethical and clear.5 Furthermore, they are strategic people for a suitable analysis of the territory, so should participate in strategic planning of the team together with local management.

In conversations with agents and during visits to the micro-areas, we confirmed a thought that we had and that agrees with the following guesswork: Community Health Agent is the base of health system, and without them, very little would be done at the Family Health Strategy.5

In some cases, the conception of territory from the ACS is different from that one adopted by the managers and by the team as a whole and, in this context of power, within
the health teams, the vision about the agent is usually won by the prevalence of other technical professionals.9

The Community Health Agent should be valorized as a member of the Family Health Team, assuming responsibilities in the attendance of the population of its respective territory.

**FINAL CONSIDERATIONS**

We realized that the territorialisation is, indeed, an indispensable tool for Analysis of Health Situation, since it allows the surveying of information that can only be obtained in the process of knowledge of the territory. It also contributes to an approximation to the reality, allows a co-responsibility of workers, as well as the creation of a bond between the health team and the population, and the local planning based on the needs of the community. This experience allowed catching what the literature indicates regarding the process of territorialisation, redefining it in our professional practice. This experience was shocking and caused concerns and desire for change.

We consider the process of territorialisation of great importance for the construction and conduction of activities of the residences in the area of Family Health. We recommend this experience to the workers and students of the area of Family Health, so that they start to appreciate the territorialisation as a tool of their work process in the Family Health Strategy.

**REFERENCES**


11. Faria RM, Bortolozzi A. Espaço, Território e saúde: contribuições de Milton Santos para o tema da geografia da saúde no Brasil [Internet]. R RA’E GA: Espaço geográfico em...
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