Symposium
The Role of Physicians and National Medical Associations in Addressing the Social Determinants of Health and Increasing Health Equity

What Physicians and Other Health Care Professionals Can Do:

Clinical Interventions in the Brazilian Context: The Family Health Strategy

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The Brazilian Context

- Rapid process of urbanization.
- Economically active population shifting from agriculture to services.
- GDP *per capita* grew 5.5 times in the last 50 years but the income distribution is still a problem (2013 Gini Coefficient = 0.547) as well as human development (2013 HDI = 0.744).
- Illiteracy is decreasing over years but with significant regional differences (7.6% in the South region and 22.1% in the Northeast region*).

(*2006)

The Brazilian Context

- Child mortality rate is decreasing (14/1000) and life expectancy is increasing (74.9 years), with regional differences dropping but still significant. There is an inverse relationship between the mother's education and child mortality: the higher years of schooling the mother has, the lower the mortality rate for children under 5 years of age. Child mortality is always higher for the most underprivileged.
- 81% of the population have access to sanitation and 98% to water supply but regional differences are still very important.
- 51.5% of the population are Internet users but there are enormous differences depending on educational level, income and dwelling place.

(numbers from 2013)

The Brazilian Context

- Nutrition and weight: transition from standards based on cereal, grains, roots and tubers, to fats and sugar. For each 1% drop in the individual's income, there was a 0.2% decrease in the participation of fruits and vegetables in the diet. Considering Brazilians 20 years of age or older, official data for 2009 showed 2.7% suffering from deficit in weight, 49% from weight excess, and 14.8% were obese.
- Marked social inequalities in mother and child health: the poor always showed a less favorable situation in terms of prenatal care, birth weight, exclusive breastfeeding, immunizations, preventive medical care, morbidity, malnutrition, micronutrients deficiencies, cognitive development and, consequently, mortality. The few indicators that are worse among richer mothers and child health, include higher caesarian birth rates, overweight/obesity rates and the use of oral re-hydration therapy for diarrhea.

(CNDSS, 2008; IBGE site)

The Brazilian Context

- Alcohol: Study supported by the Brazilian Government showed that 50% of the population (62% of men; 39% of women) used alcoholic beverages in 2012; 16% of the population had harmful use and 6.8% were considered alcohol dependents (10.5% of men; 3.6% of women). The number of people who drinks at least once a week was 54% (and grew 20% from 2006 to 2012), ranging from 36% to 60% in different regions.
- Tobacco: In 2013, 11.3% of the Brazilian population were regular smokers with a significant reduction in the last decades but the lower the income, the lower the reduction. Women with up to 4 years of study showed prevalence levels twice as large for tobacco consumption than those with 9-10 years of education.

(INPAD site; CNDSS, 2008)

The Brazilian Context
Access to Health Services

- Despite the progress observed since the implementation, around 25 years ago, of SUS (the Brazilian Unified Health System), official data from 2003 showed that individuals with higher incomes have almost 60% more chances of using health services than those with lower incomes.
- Individuals with 9 or more years of school have a 21% greater chance of using health services than those with less education.

(CNDSS, 2008)

The Brazilian Context
Access to Health Services

- Remote areas of the country and the outskirts of cities concentrate the poorest populations and also the worst public health infrastructure and usually less or no physicians.
- The population age distribution, housing conditions, water supply, sewerage system, etc. are not used to plan for health actions or sometimes not well known.
- Insufficient funds and corruption in their use are factors to worsen provision of care and the health condition of the Brazilian population.

The Brazilian Context
Inequalities on Access to Health Services

Examples:

- The percentage of women 25 years old or over

  - that have already had a mammogram ranges from 24.5% for those with no or up to 1 year of schooling to 68.1% for those with at least 15 years of study.

  - that have cervical cancer screening exams ranges from 55.8% for those with no more than 1 year of education to 93.1% for those with 15 or more years of study.

- 20% of women with at least 12 years of schooling give birth after having had 7 or more doctors visits, whereas this percentage drop to 1.2% among those with no instruction.

(CNDSS, 2008)

Programa de Saúde da Família/PSF (Family Health Program)

- Now called the Family Health Strategy/ESF, was created in 1994 and is based in Health Basic Units/UBSs (≈ PCC)
- ESF team: 1 physician, 1 nurse, 2 nursing auxiliaries and 6 health community agents for 1,000 families (about 3,000 – 4,000 people).
- ESF's physicians role (≈ GPs): clinical consultations, simple surgeries, home visits and community activities (when necessary), care of spontaneous demand, refer patients to other outpatient services and hospitals (when necessary) but keeping responsibility for following them, participate in the team permanent educational activities and in the management of the service basic supplies.

Estratégia de Saúde da Família/ESF (Family Health Strategy)

- The FHS is a wonderful proposal for clinical interventions dealing with social determinants of health.
- Main positive aspects: team work allows a larger and integrated view of the patient condition and a multidisciplinary intervention plan, personal and professional gratification for working in a “holistic” perspective, allow more knowledge on the individual health-disease process and a greater intimacy for the establishment of the doctor-patient bound.

Estratégia de Saúde da Família/ESF (Family Health Strategy) - Problems

- area too large to be covered
- too much people to see (resulting in consultation time too short for a person centered care of quality)
- too much immediate care demands
- pressure for specialized medical consultations in contrast to other types of activities (mainly focused on health promotion)
- lack of a reference-counter reference network of services
- lack of specialized support/supervision (from psychologists, social workers, OTs, physiotherapists, dentists, speech therapists)

Estratégia de Saúde da Família/ESF (Family Health Strategy) - Problems

- lack of specific training
- lack of people in the teams and team conflicts
- high professional rotation (jeopardizing the establishment of bounds and increasing the demand for eventual immediate care)
- patients resistance to be assisted by non physicians
- difficulties to operate in a non traditional logic of care
- disappointment with the health service infrastructure and with the socio-sanitary situation of the area covered
- low salaries and professional recognition

ESF Physician Report

- “Flawed aspects in the PSF constitute obstacles to activities related to prevention and health education: the lack of time to prepare such matters for the community, coupled with the lack of teaching materials, impedes these activities; the lack of free hours to coordinate groups, combined with the excessive demand for them; the little valoration of the work of the doctor – the salary is incompatible with the high degree of responsibility, commitment and dedication of the professional; which explains, in part, why few competent and prepared professionals are interested in working in the PSF; excessive demand and professional wear ...”

(Gonçalves et al., 2009)

A Patch Job: The “Mais Médicos”(More Physicians) Program

- 11,429 Cuban physicians were imported by the Brazilian Government up to December 2014 to provide health care where there is no or few physicians.
- Considering all municipalities involved in the program, there was 25% less medical consultations after its implementation and 127 municipalities where those physicians were placed actually has decreased the number of primary care teams after the start of the program.
- To not say many other problems involved in this initiative such as exempting them of revalidate their medical license in Brazil, paying 70% less than for other physicians participating in the program, retaining their passports and not allowing them to bring their families to live with them.

(TCU site; press)

Data Source

- CNDSS – Comissão Nacional sobre Determinantes Sociais da Saúde. *As Causas Sociais das Iniquidades em Saúde no Brasil*. Rio de Janeiro: Editora FIOCRUZ; 2008, 200p.

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