



Speech-language therapy practice in NASF of the city of Santa Rita – PB

Atuação fonoaudiológica no NASF do município de Santa Rita – PB

Atuación fonoaudiológica en la NASF del municipio de Santa Rita – PB

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Abstract

Introduction: The Family Health Support Center - NASF aims to expand health care in basic care and increase the resolubility of clinical and health problems in the territories. **Purpose:** To characterize the speech-language therapy performance by the NASF in the city of Santa Rita – PB. **Methods:** A descriptive and cross-sectional method was used, through a questionnaire containing 36 questions with open and closed answers that investigated the work process in NASF. The collection was performed with seven speech therapists, who met the following eligibility criteria: working at NASF for at least six months and signing the informed consent form. Data were tabulated and analyzed quantitatively. **Results:** Some speech-language therapists have reported to realize in satisfactory way actions such as PSE, home visit, capacity and support to the ACS, join actions with the ESF, guidelines, individual care and they also pointed the need of speech-language therapists' employment. They also reported utilizing with frequency implements such as shared with NASF professionals, the matrix assistance and the amplified clinic. On the Infrastructure, there was constancy among all the professionals that this requirement occurred on a rather unsatisfactory way. **Conclusion:** The speech-language therapists have demonstrated synchrony in the process of working and in the actions taken, and they also declared that in spite of the precarious infrastructure situation, the NASF in Santa Rita – PB, has played its roll effectively.

Keywords: Family Health; Public health; Primary Health Care; Speech-language and Hearing Sciences.

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NCS: data analysis and collection and article writing; ECFRC and MEMP: article review; ILBL: article writing and guidance of the development of the study.

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Resumo

Introdução: O Núcleo de Apoio à Saúde da Família – NASF objetiva ampliar as ações de saúde na atenção básica e aumentar a resolubilidade de problemas clínico-sanitários nos territórios. **Objetivo:** Caracterizar a atuação fonoaudiológica no NASF do município de Santa Rita – PB. **Método:** Utilizou-se método descritivo e transversal, por intermédio de um questionário contendo 36 questões com respostas abertas e fechadas que investigavam o processo de trabalho no NASF. A coleta foi realizada com sete fonoaudiólogas, que atenderam aos seguintes critérios de elegibilidade: trabalhar no NASF há no mínimo seis meses e assinar o termo de consentimento livre e esclarecido. Os dados foram tabulados e analisados quantitativamente. **Resultados:** As fonoaudiólogas relataram realizar de maneira satisfatória, ações como PSE, Visita Domiciliar, Capacitação e Suporte aos ACS, Ações conjuntas com a ESF, Orientações, Atendimento individual e também evidenciaram a necessidade de contratação de mais fonoaudiólogos. Relataram ainda utilizar com frequência ferramentas como o Atendimento compartilhado com profissionais do NASF, o Apoio Matricial e a Clínica Ampliada. Sobre a infraestrutura, houve constância entre todas as profissionais percebendo que este quesito obteve uma pontuação pouco satisfatória. **Conclusão:** As fonoaudiólogas demonstraram sincronia no processo de trabalho e nas ações realizadas, declarando ainda que mesmo em meio à problemática encontrada no quesito infraestrutura, o NASF de Santa Rita – PB tem desempenhado seu papel de maneira efetiva.

Palavras-chave: Saúde da Família; Saúde Pública; Atenção Primária à Saúde; Fonoaudiologia.

Resumen

Introducción: El Núcleo de Apoyo a la Salud de la Familia - NASF tiene como objetivo ampliar las acciones de salud en la atención básica y aumentar la resolución de problemas clínico-sanitarios en los territorios. **Objetivo:** Caracterizar la actuación fonoaudiológica en el NASF del municipio de Santa Rita – PB. **Métodos:** Se utilizó método descriptivo y transversal, a través de un cuestionario que contenía 36 preguntas con respuestas abiertas y cerradas que investigaban el proceso de trabajo en el NASF. La recolección fue realizada con siete fonoaudiólogas, que atendieron a los siguientes criterios de elegibilidad: trabajar en el NASF por lo menos seis meses y firmar el término de consentimiento libre y esclarecido. Los datos fueron tabulados y analizados cuantitativamente. **Resultados:** Las fonoaudiólogas relataron realizar de manera satisfactoria, acciones como PSE, Visita Domiciliaria, Capacitación y Apoyo a los ACS, Acciones conjuntas con la ESF, Directrices, Atención individual y también evidenciaron la necesidad de contratación de más fonoaudiólogos. Señalaron utilizar con frecuencia herramientas como el Servicio compartido con profesionales de la NASF, el Apoyo Matricial y la Clínica Ampliada. Sobre la infraestructura, hubo constancia entre todas las profesionales al darse cuenta de que este punto ha obtenido una puntuación poco satisfactoria. **Conclusión:** Las fonoaudiólogas demostraron una sincronía en el proceso de trabajo y en las acciones realizadas, declarando que incluso en medio de la problemática encontrada en el ámbito de la infraestructura, el NASF de Santa Rita – PB ha desempeñado su papel de manera efectiva.

Palabras claves: Salud de la Familia; La Salud Pública; Atención primaria de la Salud; Fonoaudiología.



Introduction

In the scope of Public Health, Speech-Language Therapy is focused on health planning and management strategies, in order to intervene in public policies and act in health care, in the promotion, prevention, education and intervention areas, from individual and group diagnoses¹.

Thus, the speech-language pathologist can act at different levels of health care, from primary to tertiary care. Primary Health Care (APS) includes a number of strategies and practices aimed specially to health promotion and disease prevention, as well as their relationship with social determinants of health. Such strategies were developed in 1991 with the Community Agents Program (CAP), which ensured a greater integration between the community and the professionals involved in Primary Health Units (UBS). In 1994, this community-health care services articulation was supported by the Family Health Strategy (ESF)².

Given the growing demand for health care, often depending on the multidisciplinary initiatives of areas not included in the ESF, as well as the clinical-sanitary problems in the communities and the need for continuing education of PHC professionals, it was necessary to implement the Support Center for Family Health (NASF), which represents a significant initiative to improve access and integration in health²⁻³.

NASF was established in 2008 by the Ministry of Health as an innovative strategy, in order to expand the scope and resolution of Primary Care (AB) initiatives. It is also worth noting the work of these teams in several sectors of the health care network: UBSs, schools, health clubs, the Center for Psychosocial Care, among others²⁻³.

The work of speech-language pathologists involves the clinical and social field, fulfilling an important role in the health care network. Through interdisciplinary teams and the creation of therapeutic devices that articulate individual and collective actions, offering a matrix support, with technical and pedagogical support and, in specific cases, performing specific activities to supplement the care practice⁴⁻⁵.

Due to its recent implementation, the initiatives performed by NASFs face conflicts between the materials prescribed by the Ministry of Health, the proposals recommended by the managers and the needs of the territories and assisted services.

Conventionally trained and active for specialties, speech-language pathologists usually work in rehabilitation with specific techniques for individualized treatments, which makes it difficult to see and act as a support team.

Therefore, this study aimed to characterize the speech-language therapy practice in the NASF in Santa Rita-PB in order to identify the health practices conducted by professionals, their clinical and territorial demands, as well as the technological tools used in their working process.

Method

This is a descriptive and cross-sectional study of quantitative research, which was assessed and approved by the Research Ethics Committee with Human Beings of the institution, under the no. 2.259.004.

Seven female speech-language pathologists who worked in the NASF of Santa Rita-PB participated in this study. The following selection criteria were used to select the participants: Speech-language pathologists working at the NASF for at least six months who agreed to participate in the study and signed the Free Prior Informed Consent (FPIC).

Then, the researchers attended the local Municipal Health Department to present the research proposal and request authorization for its accomplishment. Upon receipt of authorization from the Secretary of Health, with the signing of the letter of consent, all professionals at local NASF were personally invited to participate in the study and a day and time of availability of speech-language pathologists were agreed for the research collection.

Data collection was conducted from September to October 2017, in a place available in the health units in which the participants worked at an agreed time with the professional, in order to not affect their activities. First, the researchers explained the objectives and procedures of the research, verbally and in writing, to the speech-language pathologists. All of them agreed to participate in the study, read and signed the FPIC, thus agreeing with the research procedures, being aware of its risks, benefits and rights, and authorizing the use of data anonymously.

Participants were then given an adapted questionnaire⁶ consisting of 36 questions, with open and closed responses. The questions included topics



such as professional data, demand for care, technological tools, as well as questions about the work process, structures provided and actions performed by the professional within the NASF team. Closed questions should be filled with “yes”, “no” and “other” as possible answers with a score of 0 to 10.

After the collection, the open questions were categorized and translated into numerical data. Finally, these answers and the scores of closed questions were tabulated in a digital spreadsheet and descriptive statistical analyzes were performed.

Results

Regarding the speech-language pathologists participants, they had a mean age of 34.71 years (with a minimum age of 32 and a maximum age of 41 years). The mean training time of the participants was 12.57 (with a minimum of 11 and a maximum of 17 years), while the mean time of public health work was 7.57 years, and the mean time of work in the Santa Rita-PB NASF was 4.71 years.

85.71% of the Speech-Language Pathologists completed postgraduate courses, with Family Health being the most frequent specialty among them.

With respect to the scores obtained in the questionnaire, the answers were distributed through a score of 0 to 10, with questions concerning some topics related to the work process. In this way, it can be noticed that the Infrastructure topic had a negative evaluation in which the speech-language pathologists provided some justifications, such as inadequate locations, lack of equipment, old buildings, unhygienic bathrooms, lack of vehicle for home visits, reporting that they had to use their cars, in addition to the lack of materials and inputs (Table 1).

A satisfactory score was obtained in the Home Visit question, but some difficulties were listed, such as: some demands that are not referred by professionals from other areas to speech-language pathologists, and the lack of transportation to enable the speech-language pathologists to conduct the visits (Table 1).

Table 1. Scores considered by speech-language pathologists according to the subject addressed

VARIABLES	SPEECH-LANGUAGE PATHOLOGISTS							MEAN
	SLP1	SLP2	SLP3	SLP4	SLP5	SLP6	SLP7	
Infrastructure	5	0	2	4	2	3	3	2.71
Referrals	3	5	3	7	0	10	5	4.71
Joint actions with the ESF	7	9	5	8	6	7	7	7.00
Home visits	7	8	9	9	8	10	8	8.43
Training and Support for ACS	5	5	8	7	8	3	8	6.29
Effectiveness of NASF	5	9	8	9	9	7	8	7.86

Legend: ACS = Community Health Agents; ESF = Family Health Strategy; NASF = Support Center for Family Health; SLP = Speech-language pathologists. Source: Direto da Pesquisa, 2017.

The speech-language pathologists were asked on the preparation of informational materials, importance of the insertion and work of the speech-language pathologist in the NASF, the need to hire more speech-language pathologists and the care provided in the NASF (Table 2).

Regarding demand, professionals reported an average of 63.43 consultations per month, (with a minimum of 24 and a maximum of 100); with the highest number of individual consultations and home visits in the age groups of children, adults and elderly and for male patients (57.14%) (Table 3).

Table 2. Statements attributed by speech-language pathologists to the subject addressed

VARIABLES	ANSWERS			
	YES		NO	
	N	%	N	%
Development of informational materials	7	100	0	0.00
Collective consultation for patients in rehabilitation care	5	71.43	2	28.57
Speech-Language Pathology consultation to users of other health care level	6	85.71	1	14.29
Indication and grant of PSAP	4	57.14	3	42.86
Dissemination of the speech-language pathology activities	6	85.71	1	14.29
Importance of insertion and work of the speech-language pathologist in the NASF	7	100	0	0.00
Consultation at NASF	7	100	0	0.00
Sporadic consultations	1	14.29	6	85.71
Need to hire more speech-language pathologists	7	100	0	0.00

Legend: PSAP = Personal Sound Amplification Product; NASF = Support Center for Family Health.

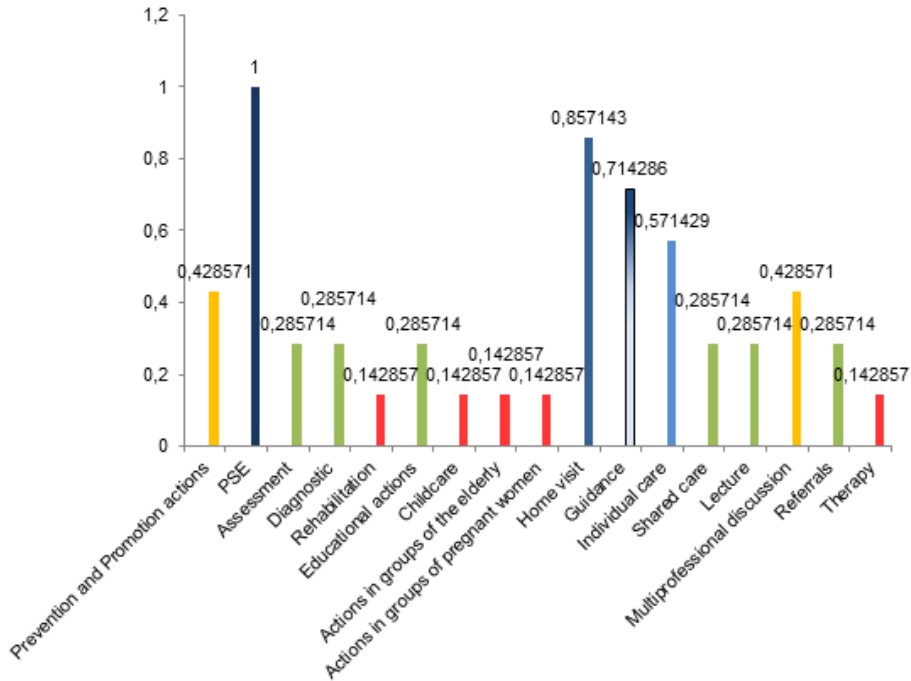
Table 3. Age group and type of care provided

VARIABLES	ANSWERS			
	YES		NO	
	N	%	N	%
Population served				
Neonates	5	71.43	2	28.5
Children	7	100	0	0
Adolescents	5	71.43	2	28.5
Adults	7	100	0	0
Elderly	7	100	0	0
Waiting list	2	28.57	5	71.43
Type of care provided				
Individual	7	100	0	0
Group	5	71.43	2	28.57
Home visit	7	100	0	0

Legend: N = Number of speech-language pathologists

Among the practices reported by speech-language pathologists provided in the NASF, the following actions were highlighted: School Health Program, Home Visit, Individual Care and Guidance (Figure 1).

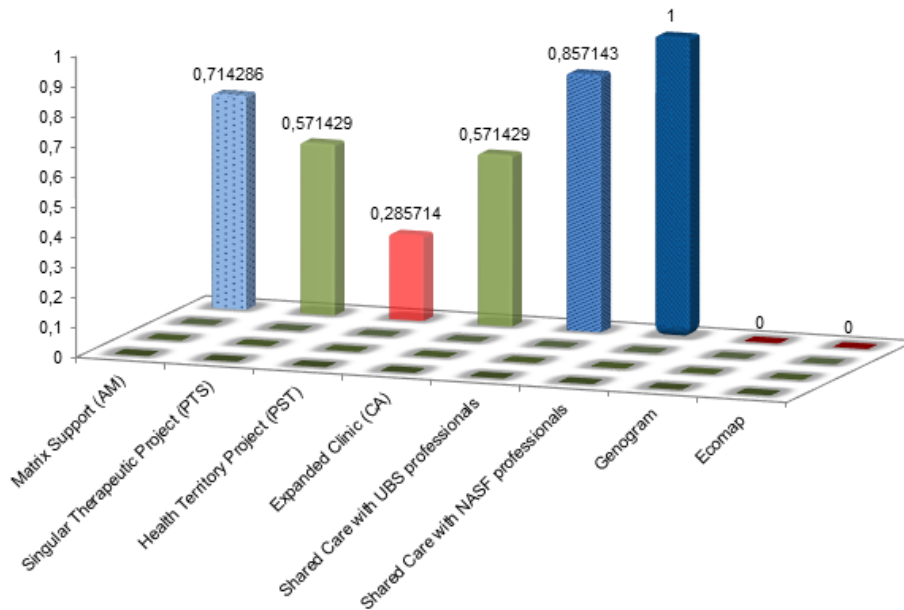
With respect to the technological tools used by the professionals in the NASF of Santa Rita-PB, the shared care with NASF professionals was reported as the most frequent, while the least used was the Health Territory Project (PST). On the other hand, the Ecomap and Genogram were never used (Figure 2).



Legend: PSE = School Health Program

Figure 1. Initiatives developed by speech-language pathologists

TECHNOLOGICAL TOOLS EMPLOYED BY SPEECH-LANGUAGE PATHOLOGISTS WORKING AT THE NASF OF SANTA RITA - PB



Legend: AM = Matrix Support; PTS = Singular Therapeutic Project; PST = Health Territory Project ; CA = Expanded Clinic; UBS = Primary Health Unit; NASF = Support Center for Family Health.

Figure 2. Technological tools employed by participants



Discussion

As to the characterization of the sample according to the profile of the professionals in the NASF, it was analyzed that all participants were female, which represents the gender prevalent in the profession in Brazil and the strong demand of Speech-Language Therapy for female students⁷. Concerning the mean training time of 12.57 years, and despite being a new science, since it was approved only in 1981 by Law no. 69658, it is believed that the professional experience presented by the staff of speech-language pathologists within the NASF of the municipality was not so short, representing about 33.33% of the total time from the regulation of the profession of Speech-Language Therapy in Brazil, that is, 37 years.

Regarding the completion of postgraduate courses, it is worth mentioning that 85.71% of the participants reported having performed some specialization in different areas of Speech-Language Therapy, and the most frequent specialization was Family Health, which proves the search for insertion in Primary Care since the implementation of the SUS, in which Speech-Language Therapy has deepened the discussion on the possibilities of acting at this level of the system⁹.

With respect to the scores obtained in the questionnaire concerning the work process of speech-language pathologists, an unsatisfactory score was noticed in the Infrastructure topic, while other topics, as Home visits, effectiveness of NASF and joint actions with the ESF, obtained satisfactory scores.

Regarding infrastructure (Table 1), speech-language pathologists reported inadequate locations, lack of equipment, old buildings, unhygienic bathrooms, lack of vehicle for home visits, reporting that they had to use their cars, in addition to the lack of materials and inputs. These findings should not be found, as they are contrary to the Ordinance number 341 of 2013, which defines the UBS Rehabilitation Program, aimed at promoting adequate infrastructure for the Primary Care Teams to the performance of their initiatives through the financing of the UBS located in the country¹⁰.

It was also reported that the Home Visit (Table 1) practice has been conducted in a diligent and effective manner, suggesting that it should be part of the Speech-Language Therapy routine, since it provides the professional a contact with the family and social environment, knowing the daily life,

culture, beliefs, and it allows the identification of demands and priorities, both for interventions at the time of the visit and for planning future actions¹¹.

The effectiveness of the NASF in Santa Rita-PB, according to the speech-language pathologists (Table 1), had a reasonable mean score of 7.86, showing the great relevance of this variable, since if we understand that the NASF is a reference for the UBS, professionals should not be limited only to individual care, but work together with health teams, as there is an interdependence between them, in which the patient, who is referred to the NASF, will be required to return to the health unit or, in most cases, will be monitored by both services at the same time¹².

All speech-language pathologists reported to efficiently perform the development of informative materials, the importance of the insertion and work of the speech-language pathologist in the NASF and the conduction of consultations (Table 2).

The development of informational materials is important because some people are not aware of the science and its benefits. In this way, it is essential to understand the health and disease process in order to guide quality practices that are consistent with the social reality in which the professional is inserted. For this reason, it is necessary to describe and disseminate concepts, such as health prevention, promotion and education, in order to enable a more effective care¹³.

The importance of the insertion and work of the speech-language pathologist in the NASF (Table 2) had a positive score in the evaluation of speech-language pathologists, knowing that such professional may contribute from the birth until old age, as their field of action involves since the breastfeeding process, breathing, swallowing, voice, and hearing to oral and written language; as the high occurrence of several pathologies related to communication in the population means that the insertion of the speech-language pathologist in the teams is essential to promote, prevent, rehabilitate and improve human communication¹⁴.

The need to hire more speech-language pathologists in the NASF team (Table 2) was very relevant according to the professionals evaluated, as according to the last census (2010), the population of Santa Rita had 120,310 people, being the 223rd most populous municipality in the state of Paraíba, with 52 health facilities by SUS, and a team of only seven speech-language pathologists in total,



which are divided and inserted in the NASF; leading to a potential average of one speech-language pathologist for each 17,184.14 visits per month¹⁵. Therefore, generating inequalities in people's access to health services and showing the need and demand for more speech-language pathologists.

Still on the demand topic, the speech-language pathologists reported to have an average of 63.43 patients per month, divided between individual care, as the most common, followed by home visits and group visits, occurring in all life cycles. 71.43% of speech-language pathologists reported that there is no waiting list for their practices, and although they confirm this, it also may be noted on the IBGE website that this number contradicts the hypothetical number of consultations of speech-language pathologists in relation to the total population, reinforcing once again the need for hires, even if it is to enable a care in a setting that is not focused only on the NASF, such as in polyclinics or other health facilities¹⁵.

Regarding the actions conducted (Figure 1), the speech-language pathologists indicated actions such as the School Health Program, Home Visit and Individual Care.

The PSE is an important strategy for the insertion and strengthening of Speech-Language Therapy. Thus, the speech-language pathologist is able to develop health prevention and promotion practices in the PSE, expanding the range of possibilities, increasing the demand of public and spaces that may act and favor health care related to Speech-Language Therapy in the school environment¹⁶.

As for the technological tools (Figure 2), the professionals highlighted the shared care with NASF professionals followed by shared care with UBS professionals. Therefore, it can be evidenced that if the professionals of the teams are well integrated and articulated between the UBS and NASF, it will assist in the reduction of unnecessary referrals, as well as in the increase of resolubility, which in turn will provide a greater satisfaction both for the users and health professionals who are involved¹⁷.

The work of the speech-language pathologist in the NASF proved to be essential for the achievements of the health teams, and this work is conducted through different tools, such as the matrix support, which scored in the third place, followed by the Singular Therapeutic Project and

the Expanded Clinic being one of the main strategies of NASF guidelines. To this end, organization and commitment are essential from the municipal management to the professionals involved.

Final considerations

Concerning the actions, it was noticed that the speech-language pathologist is able to produce health prevention and promotion practices in different ways, as shown in the PSE, which was the most used by these professionals, increasing the range of possibilities and the demand for public and spaces in which this professional can work and assist in the health care related to human communication in all environments, such as the school environment in this case.

The shared care, with professionals of the UBS and NASF, and the matrix support were the most used work tools in the daily life of the participants of this study, given that the NASF of Santa Rita-PB has been a great strategic facility for improving the quality of Primary Care.

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