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Perception of the Community Health Agent on the speech-language pathology demands in Pirpirituba-PB

Percepção do Agente Comunitário de Saúde sobre as demandas fonoaudiológicas do município de Pirpirituba-PB

Percepción del agente comunitario de salud sobre las demandas fonoaudiológicas en el municipio de Pirpirituba-PB

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Abstract

Objective: to analyze the perception of ACSs on the Speech-Language Pathology demands in the Primary Care in Pirpirituba-PB. **Methods:** The research project was submitted and approved by the Research Ethics Committee of the institution under the no. 2.194.691. This is a cross-sectional research with quantitative approach, which was conducted in the Family Health Units of the city and analyzed the existing speech-language pathology demands in the Primary Care. A questionnaire on complaints and speech-language pathology initiatives was applied to 22 Community Health Agents (ACSs). **Results:** Overall, the study showed that the main complaints of speech-language pathology in the city are related to language: Difficulty speaking (72.7%; n=16), Syndromes (63.6%; n=14), Language delay (59.1%; n=13), Attention/concentration difficulty (59.1%; n=13) and that there is information available on this

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Authors' contributions:
DTPV conducted data collection and analysis; ILBL and ECFRC conducted the article review; MEMP conducted the guidance of the development of the study.

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service at the Primary Health Units (UBS).. In addition, all ACSs agreed (100%; n=22) that there is a need for further clarification on speech-language pathology aimed at professionals working in UBSs. **Conclusion**: Further clarification on speech-language pathology should be provided to these professionals and another speech-language pathologist is required to meet the demand of the city.

Keywords: Speech, Language and Hearing Sciences; Public Health; Health care needs and demands.

Resumo

Objetivo: analisar a percepção dos ACSs sobre as demandas fonoaudiológicas existentes na Atenção Básica no município de Pirpirituba-PB. **Método:** O projeto de pesquisa foi submetido e aprovado pelo Comitê de Ética em Pesquisa da instituição, com o parecer nº 2.194.691. Esta é uma pesquisa do tipo transversal com abordagem quantitativa, realizada nas Unidades de Saúde da Família do município pesquisado. Foram analisadas as demandas fonoaudiológicas existentes na Atenção Básica. Foi aplicado um questionário sobre queixas e ações fonoaudiológicas, com 22 Agentes Comunitários De Saúde (ACSs). **Resultados:** De maneira geral, o estudo mostrou que as maiores queixas de demanda fonoaudiológica do município estão inseridas na área de linguagem: dificuldade para falar (72,7%; n=16), síndromes (63,6%; n = 14), atraso de linguagem (59,1%; n = 13), dificuldade de atenção/concentração (59,1%;n=13) e que há informações disponíveis sobre esse atendimento nas Unidades Básicas de Saúde (UBS). Todos concordaram (100%; n=22) que há necessidade de maiores esclarecimentos sobre Fonoaudiologia, direcionados aos profissionais atuantes nas UBS's. **Conclusões:** São necessários maiores esclarecimentos sobre a fonoaudiologia para estes profissionais e a contratação de mais um profissional fonoaudiólogo para o município em questão.

Palavras-chave: Fonoaudiologia; Saúde Pública; Necessidades e demandas de serviços de saúde.

Resumen

Objetivo: analizar la percepción de los CHAs sobre las demandas de la terapia del habla existentes en Atención Primaria en la ciudad de Pirpirituba-PB. **Método:** El proyecto de investigación fue presentado y aprobado por el Comité de Ética en Investigación de la institución, con el dictamen nº 2.194.691. Esta es una investigación transversal con enfoque cuantitativo, llevada a cabo en las Unidades de Salud Familiar del municipio investigado. Se analizaron las demandas de terapia del habla existentes en Atención Primaria. Aplicamos un cuestionario sobre quejas y acciones de terapia del habla, con 22 agentes de salud comunitarios (CHA). **Resultados:** En general, el estudio mostró que las principales quejas de la demanda de patología del habla y el lenguaje en el municipio se encuentran en el área lingüística, dificultad para hablar (72.7%; n=16), síndromes (63.6%; n=14). retraso en el lenguaje (59.1%; n=13), dificultad de atención / concentración (59.1%; n=13) e información sobre esta atención disponible en las Unidades Básicas de Salud (BHU). Todos estuvieron de acuerdo (100%; n=22) en que se necesitan más aclaraciones sobre la terapia del habla, dirigidas a los profesionales que trabajan en la UBS. **Conclusiones:** estos profesionales necesitan más aclaraciones sobre la terapia del habla y la contratación de otro terapeuta del habla para el municipio en cuestión.

Palabras clave: Fonoaudiología; Salud Pública; Necesidades y Demandas de Servicios de Salud.

Introduction

Healthcare services are organized in a Healthcare Network with Primary Care organizing the care provided. AB advocates the universal access to health for the population, as well as territorialization, equity, teamwork, and longitudinality of care[1].

Thus, a care structure is needed, as well as guidelines that are capable of enabling users to meet and monitor their needs, which may include a set of individual and collective actions, addressing health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation, harm reduction and health maintenance, and should positively affect on people's health and autonomy, and health condition and determinant factors[2].

The Community Health Agent is one of the essential professionals for the operation of PHC. They represent a new element that is considered a key player in the organization of care due to their bidirectional position, as residents of the community in which they work and also members of the health team[3].

In this case, the role of the ACS is of great complexity and under pressure by both sides, since these professionals need to enter the homes and listen to complaints directly from the population, thus they are directly committed to a need to provide answers and referrals to the problems faced. At the same time, these professionals must interact with their teams and act according to the possibilities and limits of the team and the health system itself[3].

Speech-Language Pathology has been increasingly included in Public Health, showing that more and more professionals are integrating and working in multidisciplinary teams at various levels of health care for populations, corroborating to the changes of collective health guidelines in recent years, which also influenced changes in the concept of health and its organizational model[4].

The NASF-AB - Extended Family Health and Primary Care Center is one of the key points of the RAS in which the speech-language pathologist can be included. This professional should support the Family Health Team at the NASF-AB through matrix-based strategies, joint construction of therapeutic projects and other knowledge exchange activities, ensuring a shared and co-responsible work process in providing care[5].

The speech-language pathologist working in public health must have knowledge on the legislation and guidelines of SUS operation, in order to be able to organize their work and direct actions, proposals of public policies of the Ministry of Health that may impact on the public institution and the community, as the various life cycles and programmatic actions aimed at health disorders[6].

Although more frequent, speech therapy actions in SUS are still insufficient to meet the demands of the population assisted by the system, which shows the opportunity to be explored. Therefore, there is a need for studies that, through demand, prove the need for more speech-language pathologists working in the system and in health teams[7].

Thus, there was an interest in analyzing the perception of ACSs on the Speech-Language Pathology demands in the Primary Care in Pirpirituba-PB. Then, through these demands, it would be possible to define the health-related Speech-Language Pathology needs in order to address the most common problems in the population, through prevention and health protection initiatives in this city..

Methods

This is a descriptive and cross-sectional study with a quantitative approach. The research project was submitted and approved by the Research Ethics Committee of the institution under no. 2.194.691.

The research was conducted in a Brazilian city of Paraíba state located in the Pirpirituba microregion. In 2009, according to the IBGE (Brazilian Institute of Geography and Statistics), its population was estimated at 10,842 people and there are five Family Health Units and one NASF, with a team consisting of speech-language pathologist, physiotherapist, nutritionist and psychologist. The city has one speech-language pathologist who works in schools, health units and home care.

Data collection was performed in the units through the analysis of the speech-language pathology demands existing in Primary Care. 22 of the 26 ACSs in the city participated in this study; the eligibility criteria adopted were: working as ACSs for at least six months, participants of both genders and who signed the Free Prior Informed consent (FPIC).

Data were collected directly with the ACSs, confirming the signature in the FPIC. An adapted questionnaire[7] was the instrument used for data collection, which was applied during visits to the

Primary Health Units. The questionnaire consisted of eight objective questions on complaints related to speech-language pathology areas, as language, audiology, voice, orofacial motor, dysphagia, and information on the speech-language pathology work in the city (Figure 1).

The sample was chosen for convenience; the data were categorized and inserted into a digital spreadsheet. Then the variables were analyzed descriptively - frequency and percentage - and inferentially, using the Chi-squared test, in order to verify the association between the awareness on the Speech-Language Pathology, the waiting time and the type of care provided. Statistical software R, v2.11.0 was used, with a significance level of 5%.

QUESTIONNAIRE APPLIED TO COMMUNITY HEALTH AGENTS

Age:_____ Gender: ( ) Male ( ) Female
Current profession: _____ Length of professional experience in the management: _____
Undergraduate Degree: _____ Graduate Degree: _____

1. -Please check the complaints from users that are common in your work:
COMPLAINTS
Memory changes -( ) YES ( ) NO
Language delay - ( ) YES ( ) NO
Grinding teeth - ( ) YES ( ) NO
Lack of facial movement - ( ) YES ( ) NO
Fatigue when speaking - ( ) YES ( ) NO
Attention/concentration difficulty - ( ) YES ( ) NO
Difficulty swallowing - ( ) YES ( ) NO
Difficulty speaking - ( ) YES ( ) NO
Difficulty chewing - ( ) YES ( ) NO
Difficulty hearing -( ) YES ( ) NO
Mandibular joint pain - ( ) YES ( ) NO
Stuttering - ( ) YES ( ) NO
Flaccid facial muscles - ( ) YES ( ) NO
Mouth breathing - ( ) YES ( ) NO
Stiff facial muscles - ( ) YES ( ) NO
Hoarseness - ( ) YES ( ) NO
Dizziness or labyrinth disorders - ( ) YES ( ) NO
Users with syndromes - ( ) YES ( ) NO
Tinnitus - ( ) YES ( ) NO

2. Is the population aware that there is a speech-language pathology care provided by SUS?
( ) Yes ( ) No

3. Is there information available in the Primary Health Units regarding speech-language pathology and related areas?
( ) Yes ( ) No

4. Would a lecture or further clarification on speech-language pathology and related areas be required for the members of the Primary Health Units?
( ) Yes ( ) No

5. Did people who have already asked for speech-language pathology care through SUS get an appointment?
( ) Yes ( ) No

6. If no to the above question; what reason prevented the appointment:
( ) waiting time for care
( ) difficult to travel to a distant neighborhood

7. Has anyone in your neighborhood ever paid for any speech-language pathology care?
( ) Yes ( ) No

8. The waiting time for a speech-language pathology care as reported by the population of your neighborhood takes:
( ) Less than 1 month ( ) Between 2 and 5 months ( ) More than 6 months

Figure 1. Questionnaire applied to community health agents.

Results and discussion

Most ACSs from Pirpirituba who answered the questionnaire in the survey were female (63.6%; n=14). As shown in Table 1, they scored the most frequent complaints in the city, and the most common complaints in the population were as follows: Dizziness (81.1%, n=18), Difficulty speaking (72.7%; n=16), Syndromes (63.6%; n=14), Language delay (59.1%; n=13), Attention/concentration difficulty (59.1%;n=13) and Hoarseness (59.1%; n=13), totaling 138 complaints.

Table 1. Frequency of complaints related to Speech-Language Pathology in Pirpirituba-PB

Variables	Complaint			
	Yes		No	
	N	%	N	%
Memory Changes	12	54.5	10	45.5
Language Delay	13	59.1	9	40.9
Grinding Teeth	7	31.8	15	68.2
Lack of facial movement	4	18.2	18	81.8
Fatigue when speaking	11	50.0	11	50.0
Attention/concentration difficulty	13	59.9	9	40.9
Difficulty swallowing	2	9.1	20	90.9
Difficulty speaking	16	72.7	6	27.3
Difficulty chewing	4	18.2	18	81.8
Difficulty hearing	12	54.5	10	45.5
Mandibular joint pain	6	27.3	16	72.7
Stuttering	8	36.4	14	63.3
Flaccid facial muscles	4	18.2	18	81.8
Mouth breathing	11	50.0	11	50.0
Stiff facial muscles	2	9.1	20	90.9
Hoarseness	13	59.1	9	40.9
Dizziness	18	81.1	4	18.2
Syndromes	14	63.6	8	36.4
Tinnitus	12	54.5	10	45.5
Total	182	43.54	236	56.46

Source: Pirpirituba-PB, 2017

It is noteworthy that the participants could indicate more than one complaint, in order to represent the realities observed in their territories.

Table 2 shows data referring to the population's awareness on the speech-language pathology and related areas. It was observed that the population is aware of the existence of Speech-Language Pathology public care in the city (90.0%; n=20). Most ACSs (77.3%; n=17) stated that there is information available on this service in the Primary Health Units (UBS); however, all agreed that there is a need for further clarification through lectures on Speech-Language Pathology aimed at professionals working in UBSs.

Table 2. Awareness and access of the population and health professionals on speech-language pathology services and areas.

Variables	Awareness of speech-language pathology			
	Yes		No	
	N	%	N	%
Public awareness on the existence of care	20	90.9	2	9.1
Information for UBS Users	17	77.3	5	22.7
Information need for UBS's professionals	22	100	0.0	0.0

Legend: Pirpirituba-PB, 2017

The city included in the study has a speech-language pathology care that is provided by one professional in schools, health units and home care. When investigating facts related to the care provided in this specialty, it was observed that 95.5% (n=21) of the ACSs reported that users who sought care in the Unified Health System (SUS) were able to receive it, while 31.8% (n=7) reported that the population in their area had to pay for a speech-language pathology care in another location (Table 3). When asked on the reasons for this private care demand, they answered that it is due to the waiting time in the public care provided.

Table 3. Access of the population and health professionals on speech-language pathology services and areas, in Pirpirituba-PB

Variables	Awareness of speech-language pathology			
	Yes		No	
	N	%	N	%
Care provided by SUS	21	95.5	1	5.5
Care provided by private institution	7	31.8	15	68.2

Legend: SUS – Unified Health System (Sistema Único de Saúde); Source: Pirpirituba-PB, 2017

Regarding the waiting time for speech-language pathology care in Pirpirituba, most ACSs reported that it ranges from 2 to 5 months (55.5%; n=12) (Table 4).

Table 5 shows data on the association between the waiting time and the type of care provided: public care, by SUS; and private care. It was found that only 10% (n=1) of the ACS reported that the users in their area had already sought private care when the waiting time was less than 1 month, but when the waiting time was between 2 and 5 months, 50% (n=6) of the ACS reported that users had to pay to for private care in the field. Therefore, it can be said that the waiting time is associated with the demand for the private care (p=0.045), as indicated by the ACSs.

Table 4. Waiting time for speech-language pathology care in Pirpirituba-PB

Variables	Waiting time for speech-language pathology care			
	>1 month		2-5 months	
	N	%	N	%
Waiting time for speech-language pathology care provided by SUS	10	45.5	12	55.5

Legend: SUS – Unified Health System (Sistema Único de Saúde); Source: Pirpirituba-PB, 2017

Table 5. Association between waiting time and demand for private care in Pirpirituba-PB

Variables		Care provided by private institution				p-value
		Yes		No		
		N	%	N	%	
Waiting time for speech-language pathology care	>1 month	1	14.3	9	60.0	0.045*
	2-5 months	6	85.7	6	40.0	

Legend: SUS – Unified Health System (Sistema Único de Saúde); Chi-Squared Test: *p<0.05; Source: Pirpirituba-PB, 2017

The analysis of responses obtained with the data collection allowed a greater understanding on the knowledge of the main speech-language pathology demands in face of related complaints presented by the ACSs. This study found that there is a great demand for speech-language pathology care in Pirpirituba-PB, as shown by the 138 complaints reported according to the responses of the ACSs.

According to the ACSs in this study, language is the area of speech-language pathology with most complaints, followed by voice. Regarding the complaints in the voice area, the number of complaints reported may be related to the fact that some voice professionals do not have specific vocal health information, which also indicates that the demand of the city makes it impossible for the only speech-language pathologist to provide health promotion initiatives with these professionals. A study conducted in the public system of Florianópolis/SC found language, audiology and voice as the areas with most complaints, according to the ACSs, which corroborates with this research and other studies in this area[7-8].

According to some studies[7-8], language has a higher demand due to referrals with specific oral language complaints, since parents and teachers have many expectations regarding the child's oral language.

Regarding dizziness complaints, which were reported by 18 ACSs, it is believed that this high frequency may be due to the number of elderly and people with chronic diseases in the territories. The study of vestibular dysfunction is important because the aging is directly proportional to the presence of multiple associated otoneurological symptoms, such as vertigo, dizziness and imbalance, especially when aging is associated with chronic diseases and with the use of medications that may compromise the balance and functional level[9].

This study found a predominance of females among the ACSs and these findings corroborate with other results obtained with other researches that are mostly composed by female ACSs[10-12]. This prevalence is associated with the historically known predisposition of women to play a role in family care in the society[10].

With regard to the ACS's awareness on Speech-Language Pathology and its field, specific information on communicative aspects must be provided, since this topic is not addressed in the training of these professionals. Since ESF health professionals, especially ACSs, may provide guidance to families on the prevention, identification of speech-language pathology disorders and support families to join the rehabilitation process. Thus, it is essential that these professionals are trained regarding the causes and communication impairments, as well as on its development and impacts on the child's biopsychosocial development, in addition to the possibilities of identification, diagnosis and intervention[13].

The demand for private care is associated with the fact that there is only one speech-language pathologist in the area covered and five Primary Health Units are assigned to this professional, thus generating a great demand. Therefore, the professional makes fewer visits to health units due to the demand of the municipality. One study indicates that the access to specialized health services is difficult and that the waiting time for a public care usually results in user withdrawal, since the number of appointments in specialized care is insufficient for the needs of users[14].

It is also important to develop actions aimed at prevention and health promotion in the Primary Health Units and Schools/Nurseries in their areas of coverage. In addition, it is extremely important that there are more educational activities conducted by the speech-language pathologist to clarify their

areas of expertise and how they can contribute to all teams of the RAS.

This research emphasized the need for more speech-language pathologists in the Primary Care network of the city, in order to expand the Health Care actions and to implement matrix-based strategies and educational practices, providing the expansion of knowledge of the ACS and other professionals on Speech-Language Pathology, besides contributing in the demand for speech-language pathology care as shown by respondents.

Conclusion

The Community Health Agents notice that there is a great demand for speech-language pathology care in the population, with language, voice and dizziness disorders as the most frequent complaints. In addition, the ACSs reported that the population is aware of and have access to speech-language pathology initiatives, but they highlighted the need for greater dissemination in the area.

References

1. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Núcleo de Apoio à Saúde da Família / Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Atenção Básica. – Brasília: Ministério da Saúde; 2014.

2. Fedosse E, Shiavo LP, Miolo SB. Atuação fonoaudiológica em Atenção Básica: Relato de vivência em um programa de residência multiprofissional. XXIII Congresso Brasileiro e XI Congresso Internacional de Fonoaudiologia; 2015; Salvador Bahia- Brasil.

3. Peres CRFB, Caldas Júnior AL, Silva RF, Marin MJS. O Agente Comunitário de Saúde frente ao processo de trabalho em equipe: facilidades e dificuldades. Rev Esc Enferm USP. 2011; 45(4): 905-11

4. Ferreira CL, Silva FR, Martins-Reis VO, Friche AAL, Santos JM. Distribuição dos Fonoaudiólogos na Atenção à Saúde no Estado de Minas Gerais entre 2005 e 2010. Rev CEFAC. 2013 Mai-Jun; 15(3): 672-80.

5. Sistema de Conselhos Federal e Regionais de Fonoaudiologia. Contribuição da Fonoaudiologia para o Avanço do SUS. Brasília; 2015.

6. Moreira MD, Mota HB. Os caminhos da fonoaudiologia no Sistema Único de Saude-SUS. Rev CEFAC. 2009 Jul-Set; 11(3): 516-21

7. Funk E. Percepção das demandas fonoaudiológicas do Sistema Único de Saúde na cidade de Florianópolis/SC. Florianópolis/SC. Repositório Institucional; 2016. [acesso em 2017 Nov 23]. Disponível:https://repositorio.ufsc.br/xmlui/handle/123456789/169674?show=full

8. Diniz RD, Bordin R. Demanda em Fonoaudiologia em um serviço público municipal da região Sul do Brasil. Rev Soc Bras Fonoaudiol. 2011; 16(2): 126-31.

9. Gazzola JM, Ganança, FF, Perracine MR, Aratani MC Dorugueto RS, Gomes CMC. O envelhecimento e o sistema vestibular. Fisio.em Mov. 2005; 18(3): 39-48.

10. Knochenhauer CCLS, Vianna KMP. Percepção dos Agentes Comunitários de Saúde quanto aos agravos fonoaudiológicos. CoDAS. 2016;28(6):697-703. DOI: 10.1590/2317-1782/20162015192

11. Bezerra AFB, Santo ACGE, Batista Filho M. Concepções e práticas do agente comunitário de saúde à saúde do idoso.Rev Saúde Pública 2005;39(05):809-15.

12. Santos JN, Rodrigues ALV, Silva AFG, Matos EF, Jerônimo NS, Teixeira LC. Percepção de agentes comunitários de saúde sobre os riscos à saúde fonoaudiológica. Rev Soc Bras Fonoaudiol. 2012; 17(3): 333-9.

13. Costa HO, Chagas MIO, Correia FBF, Dias MSA, Souza FL, Queiroz AHA. Conhecimentos e práticas dos agentes comunitários de saúde frente aos problemas fonoaudiológicos da população na atenção básica. Sanare. 2012; 11(2): 32-43.

14. Barros PML, Oliveira PN. Perfil dos pacientes atendidos no setor de fonoaudiologia de um serviço público de Recife – PE. Rev Cefac. 2010 Jan-Fev; 12(1): 128-33.