

PEOPLE WITH DISABILITIES IN BRAZIL AND PUBLIC HEALTH POLICIES**PESSOAS COM DEFICIÊNCIA E AS POLÍTICAS PÚBLICAS DE SAÚDE NO BRASIL**

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RESUMO

Com este estudo objetivou-se realizar uma análise reflexiva sobre a assistência em saúde às pessoas com deficiência. Trata-se de um estudo reflexivo com aporte teórico das políticas públicas de saúde brasileiras direcionadas a essa população e das publicações recentes sobre o assunto. A discussão se desenvolveu em dois eixos temáticos: rede de cuidados em saúde da pessoa com deficiência e acessibilidade nas políticas públicas de saúde. A situação da assistência à pessoa com deficiência ainda apresenta um perfil de fragilidade, desarticulação e descontinuidade de ações nas esferas pública e privada. Uma rede que garanta a integralidade do cuidado às pessoas com deficiência precisa dispor de ações e serviços articulados entre si que favoreçam as parcerias entre os diversos serviços e atores da rede, o financiamento adequado, além do comprometimento de profissionais e gestores de saúde para lidar com as particularidades da assistência em saúde para pessoas com deficiência.

Palavras-chave: Políticas Públicas de Saúde; Pessoas com Deficiência; Legislação; Serviços de Saúde; Acesso aos Serviços de Saúde.

ABSTRACT

This study aimed to carry out a reflective analysis of health care for people with disabilities. This is a reflective study with theoretical support of Brazilian public health policies aimed at this population and recent publications on the subject. The discussion was developed along two thematic axes: health care network for people with disabilities and accessibility in public health policies. The situation of assistance to people with disabilities still presents a profile of fragility, disarticulation and discontinuity of actions in the public and private spheres. A network that guarantees comprehensive care for people with disabilities needs to have articulated actions and services that favor partnerships between the various services and actors in the network, adequate funding, in addition to the commitment of health professionals and managers to deal with the particularities of health care for people with disabilities.

Keywords: Public Health Policy; Disabled Persons; Legislation; Health Services; Health Services Accessibility.

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INTRODUCTION

Public policies must be created to contribute to the enforcement of laws, instituting interventions in different sectors of society, being essential for the achievement of health. Ensuring the right of everyone to access health care, including people with disabilities, is still a challenge.

These people have greater exposure to risk factors, low socioeconomic conditions, little access to education and health services, in addition to lack of information. Thus, they become more vulnerable to the development of diseases, requiring differentiated health care due to the peculiarities of their disability.(1)

In Brazil, 23.91% of the population has a disability, with a higher concentration among women, in rural areas, in the north and northeast regions of Brazil. Being in first place the visual impairment (18.6%); followed by motor impairment (7.0%), hearing impairment (5.10%) and mental or intellectual disability (1.40%). As for the age group, 59% of people with disabilities belong to the age group between 15 and 64 years old. More than 23.7 million people with disabilities of working age are unemployed; more than half of people with disabilities (61.1%) have no education or have incomplete primary education.(4)

Most initiatives in the field of health care aimed at this audience have still been isolated and at odds with the principles of integrality, equity and qualified and universal access to health, resulting in fragmented and poorly inclusive care.(2)

The perspective of comprehensiveness and equity in health care in the SUS defines that health care for individuals occurs according to their needs (particularities) and articulated at all levels of complexity of the system.(2,6) Therefore, they are Specific and effective public health policies are necessary so that this group can have qualified health care.

Historically, the issue of disability in the public sphere was initially understood as “social action” and is now treated from the perspective of citizenship and human rights. Legal instruments have been established since then, regulating the constitutional dictates related to this population segment, including in the area of health.

Throughout the historical trajectory, it is clear that advances have been made in relation to public policies for people with disabilities in Brazil, however, the challenge of implementing a public health policy capable of responding to the health needs of this population still exists. Given this context, the question is: What challenges need to be faced to provide health care for people with disabilities?

Therefore, the study aimed to carry out a reflective analysis on health care for people with disabilities.

As this is a reflective study, with theoretical support from Brazilian public health policies aimed at this population and from recent publications on the subject, the present work was structured in two reflective axes that proposed to discuss: The Network of Health Care for the Person with disabilities and The issue of accessibility in public health policies.

HEALTH CARE NETWORK FOR PEOPLE WITH DISABILITIES

This thematic axis raises some reflective questions: Is health care for people with disabilities restricted to the area of rehabilitation? How is the health care network of this clientele organized? What are the barriers to its implementation? To follow the paths that lead to answering these questions, the following discussions on the subject are presented.

The Statute of Persons with Disabilities, also known as the Brazilian Law of Inclusion, ensures comprehensive health care for people with disabilities at all levels of complexity, through the SUS, guaranteeing universal and equal access.(5)

For universal and quality care, it is necessary to consider the particularities inherent to people with disabilities. The latter has the right to be met by the SUS in their

basic and specific health needs, through promotion, prevention and rehabilitation actions, including the acquisition of optical resources, orthotics, prostheses and auxiliary means of mobility.(4)

The National Health Policy for Persons with Disabilities, instituted in 2002, highlights that a person with a disability, in addition to the need for health care specific to their own condition, can also be affected by diseases and injuries common to other people, thus requiring , from other types of services besides those strictly related to their disability.(2,6)

In this sense, another aspect to emphasize is the importance of training professionals who assist this population. There are frequent debates about the professional skills necessary for people with disabilities to have their rights to access these services with quality guaranteed, especially with regard to the interdisciplinary interface.

The National Health Policy for Persons with Disabilities mentions the training of human resources to better target health actions. It reinforces that all professionals in the family health teams should receive training that enables them to develop actions for prevention, early detection, specific intervention and adequate referral of this public.(6) This should be considered, as the care for people with disability must be carried out in health care

networks according to the needs of this population.

In this context, the Care Network for People with Disabilities was established within the scope of the SUS. It is challenging what is pointed out in item III of Article 3 of Ordinance 793/2012, which defines the general objectives of the network, providing guarantees of articulation and integration of the points of care of the health networks in the territory, qualifying care by expanding access. (7)

Studies show that there is a lack of articulation between primary health care teams and the care network for people with disabilities, in addition to barriers within the hospital network, generating consequences in the discontinuity of care for people with disabilities. Among the network's potential, the most cited is the existence of reference rehabilitation services, on the other hand, the difficulty of accessing these services and the precarious training of health professionals and managers to deal with the particularities of this public are referred to as the main limitations of the network.(4)

The integrated articulation of the healthcare network care points in the context of the SUS often does not happen, as each care point acts exclusively in its own space, as limited and isolated from the others, generating discontinuity of care.(3)

Another point that deserves reflection is the one contained in items I and II, of Art.

11, of Ordinance No. 793/12, providing for the organization of the Care Network for People with Disabilities within the scope of Primary Care, Specialized Care in Rehabilitation and of Hospital and Urgency and Emergency Care.(7)

Previously, health care for people with disabilities was restricted to rehabilitation equipment and services, which is insufficient for the health demands of this clientele. This new network established by Ordinance No. 793/12 understands that rehabilitation centers are necessary as points of attention for specific actions in the health care of people with disabilities, but they are also conceived as spaces for articulation with other points of care of the SUS.

People with disabilities need differentiated and continuous care, which implies the existence of a care network with more interaction between the different levels and preparation of professionals, especially those in primary care, to welcome and meet the demands of daily care and, when necessary, make referrals. (8)

The perception of people with disabilities that they are not adequately treated regarding their health specificities is another worrying component.(9) Despite the advances achieved by the SUS in recent years, the difficulty in overcoming the intense fragmentation of actions and services is still evident. of health. The Care Network for People with Disabilities is a healthcare

network under construction, where there is a gradual process of incorporation of its guidelines in the care of people with disabilities.

Despite the guarantees defined in these public policies, there are still inequalities that can aggravate the vulnerable situation of this population segment. A more effective presence of the State is necessary to guarantee this policy, as well as changes in the behavior of society, in addition to the training of health professionals for an interdisciplinary action.

THE QUESTION OF ACCESSIBILITY IN PUBLIC HEALTH POLICIES

Pervading aspects related to health is the issue of accessibility. In this sense, two questions arise: Are the human and physical resources of the health services prepared to assist people with disabilities? What are the main barriers faced by this public in accessing health services?

To answer these questions, it is important to understand that accessibility to health services is directly related to the consolidation of SUS principles. Because it concerns the resoluteness of services so that the offer is sufficient to meet the needs of the population at the time of demand for care.

Accessibility to health services has been reported in research as one of the main problems related to care for people with

disabilities. Several barriers limit the care provided to these health users, including professional attitudes and failures in communication, even physical access to health services.(10-11)

Architectural barriers on public roads and buildings, which impede or hinder accessibility to the health service, are some of the difficulties experienced by people with disabilities. Access difficulties are also part of the patient-health professional interaction, as sensory deficiencies contribute to attitudinal barriers in the context of this interaction.(9)

As primary care is theoretically the gateway to the public health system, this is possibly the first instance where people with disabilities will receive care. However, there is a difficulty in obtaining this access.

Researches that aimed to assess the physical accessibility of primary health care units in municipalities in the Northeast region showed that the access of people with physical disabilities or with reduced mobility to these services is a challenge, since there are still physical, architectural and furniture barriers. Results show that access to the interior of the health unit building is via stairs, ramps and inaccessible floors. Partially accessible doors in relation to width and absence of physical obstacles, countertop furniture, seats, drinking fountains and inaccessible public telephones. (10-11)

The concept of access to health services is considered as the freedom to

choose services and their availability when seeking care. It can also be understood as the association between some elements called availability, acceptability and information and is increasingly confused with the concept of equity in health.(11) Access and accessibility to health actions and services have similar meanings and relate to ability to obtain health care when needed, easily and conveniently.

In turn, the Convention on the Rights of Persons with Disabilities refers to accessibility as a tool for people with disabilities to achieve their autonomy in all aspects of life. It is noteworthy that accessibility must be guaranteed not only to the physical environment, but also to the means of information and communication. Since, the absence of adaptations that promote accessibility came to be considered as an act of discrimination due to disability.(12)

Access with equity should be a constant concern in health care, as a principle of justice based on the premise that it is necessary to treat each person according to their need.(11)

It is worth noting that the Brazilian Association of Technical Standards (ABNT NBR 9050), based on the principles of universal design, establishes accessibility standards that must be followed and adopted in buildings, spaces, urban furniture and equipment and means of transport. Thus, it aims to provide as many people as possible, regardless of age, height or mobility

limitation, the safe use of the environment or equipment.(13-14)

However, even with the current legislation, the process of adhering to the norms of accessibility to public places still keeps a slow pace. The most recent constructions designed to house public agencies, such as basic health units, are still the target of complaints from users with disabilities for presenting unsatisfactory conditions that do not guarantee free access to all people.(10) The lack inclusion in health services implies a reduction in care, contributing to the reduction of educational activities for the promotion, prevention and maintenance of health for this population segment.

The issue of accessibility is also addressed in the Statute of Persons with Disabilities when mentioning the right to assistive technology, as a form of accessibility to information, autonomy and inclusion.(5)

Among the Assistive Technology resources, the materials and products that favor autonomous performance in routine activities stand out; alternative communication devices; computer accessibility features; mobility aids; orthotics and prostheses; resources that favor the practice of sports and participation in leisure activities; accessories that enable mobility in vehicles; in addition to aids to expand the visual and auditory function.(15)

Also on this subject, the National Plan for the Rights of Persons with Disabilities – Living Without Limits Plan has among its guidelines the promotion of access, development and innovation in assistive technology, with the objective of expanding the development of such products and investment in research in the area.(16)

Knowing that assistive technology can be related to the quality of life of people with disabilities, insofar as it facilitates activities, it is important that its use be incorporated into health care and education practices.

FINAL CONSIDERATIONS

Ensuring quality of life, accessibility and rights for people with disabilities requires beyond projects and research. Effective legislation and public policies aimed at those with limitations, whether physical, mental, auditory, visual and/or multiple, are essential.

The situation of health care for people with disabilities in Brazil still presents a poorly inclusive profile, with disarticulation and discontinuity of actions. The Unified Health System, for over twenty years, has been emphasizing the concept of comprehensiveness and equity in care delivery to the population, but still with limitations in the organization and operation of health care for people with disabilities.

From the reflections raised, it is observed that Brazil has experienced many years of struggle for the incorporation of the

rights of people with disabilities, obtaining various forms of benefits such as rights to education, accessibility and information, having an expressive value in combating inequalities . However, there is still a contradiction, because even with legislation that contemplates the rights of people with disabilities, there is still a gap between the legal discourse and practical life, as people with disabilities do not fully enjoy the rights of citizenship achieved.

A network that guarantees comprehensive health care for people with disabilities needs to have articulated actions and services that favor partnerships between the various services and actors in the network, adequate funding, in addition to the commitment and training of professionals and managers of health.

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