Original Article

Access to health services in the southern outskirts of the Brazilian Federal District

Acesso aos serviços de saúde nos municípios do entorno sul do Distrito Federal

Ana Cléia Margarida Tonhá[1], Paulo Roberto Borges de Souza Júnior[2],
Ana Lúcia Queiroz Bezerra[3], Thays Angélica de Pinho Santos[4], Claci Fátima Weirich Rosso[5]

[1] Nurse, Master in Nursing. Nurse at the City Health Department of Aparecida de Goiânia. Goiânia, Goiás, Brazil. E-mail: anacleiatonha@gmail.com.
[2] Statistician, Ph.D. in Public Health. Researcher at the Institute of Communication and Technological and Scientific Information of Osvaldo Cruz Foundation. Rio de Janeiro, Rio de Janeiro, Brazil. E-mail: paulo.borges@icict.fiocruz.br.
[3] Nurse, Ph.D. in Nursing. Associate Professor of the School of Nursing of the Federal University of Goiás (FEN/UFG). Goiânia, Goiás, Brazil. E-mail: analuciaqueiroz@uol.com.br.
[4] Nurse, Master in nursing. Nurse at the City Health Department of Aparecida de Goiânia. Goiânia, Goiás, Brazil. E-mail: thays_angel_8@hotmail.com.
[5] Nurse, Ph.D. in Health Sciences. Adjunct Professor of FEN/UFG. Goiânia, Goiás, Brazil. E-mail: claci.proec.ufg@gmail.com.

ABSTRACT

The aim of this study was to analyze people's perception on the access to health services in the southern outskirts of the Integrated Region for the Development of the Federal District (RIDE/DF, as per its acronym in Portuguese). A descriptive, cross-sectional, epidemiological and population-based study with a household survey design was carried out in 2010 and 2011. A semi-structured questionnaire, previously validated, was applied. A total of 605 individuals who lived in the southern outskirts of the Federal District were interviewed, of which 311 (51.4%) were female, 215 (35.8%) had incomplete primary education, 163 (40.9%) sought health services in Primary Care Units and 166 (45.5%) sought health services in another municipality. Access to health services in the region is influenced by social and economic conditions and by the place of living. These findings allow managers to better study the setting, review care services provided and meet health needs of that population.

Descriptors: Health Services Accessibility; Health Surveys; Health Services.

RESUMO

O estudo objetivou analisar a percepção de pessoas residentes sobre o acesso aos serviços de saúde, na região do Entorno Sul da Região Integrada de Desenvolvimento do Distrito Federal e Entorno – RIDE/DF. Pesquisa epidemiológica descritiva, transversal do tipo inquérito domiciliar de base populacional desenvolvida em 2010 e 2011. Utilizado questionário semiestruturado previamente validado. Foram entrevistados 605 residentes dos municípios do Entorno Sul, desses 311 (51, 4%) são do sexo feminino, 215 (35,8%) possuem ensino fundamental incompleto, 163 (40,9%) procuram por atendimento de saúde em Unidades de Saúde e 166 (45,5%) buscam por atendimento de saúde em outro município. Concluiu-se que o acesso aos serviços de saúde na região é influenciado pela condição social e econômica e pelo local onde as pessoas residem o que permite aos gestores estudarem melhor o cenário, reorientar a forma de atendimento e adequar a assistência à saúde àquela população.

Descritores: Acesso aos Serviços de Saúde; Inquérito de Saúde; Uso de Serviços de Saúde.

INTRODUCTION

Since its creation in 1988, the Unified Health System (SUS, as per its acronym in Portuguese) has to provide all citizens with free health care oriented toward promotion, protection and recovery of individual and collective health. Actions ranging from primary to complex care must be provided, thus ensuring the Brazilian population a comprehensive access to health services at any level of complexity[1].

Throughout the SUS implementation process, health is considered to be a social production, with implications determined by a series of causes and effects that include social, economic and cultural elements which are processed and synthesized in the experience of individuals, groups and society[2].

Since the implementation of the SUS, access to health services in Brazil has increased significantly. According to the National Households Sample Survey (PNAD, as per its acronym in Portuguese), carried out in 1981 before the creation of the SUS, 8% of the Brazilian population reported they used some kind of public health service, whereas this percentage was 14.2% in 2008[3].

Despite the increase in the use of public health services in Brazil, progress still must be made in order to ensure minimum quality standards of care services. In this context, the SUS has faced major problems related to the structuring of a new healthcare model, and to the access of population to these services, thus hampering its performance.

In that sense, these difficulties undermine the effectiveness of health services, since there is a regulation in the SUS consolidation proposal that operationalizes services provided. At the same time, the decentralization process at the operational level is not being completed, which indicates an inconsistency between the purposes of decentralization of healthcare actions and the way primary care services are organized[4-5].

The Brazilian population's right to access to all kinds of health services is directly related to the daily application of organizational and doctrinal processes of the SUS, based on co-responsibility of each sphere of the government, on the joint work of managers, on workers who provide services to the SUS, and on its users[2].

In the co-responsibility assumed by the federated entity, the decentralization and regionalization process has stood out by means of networks and connections that are formed to organize health services in all their complexity, such as Primary Health Care (PHC), especially the Family Health Strategy (FHS), whose conception brings a new care model in which the link with the concerned population is privileged. The FHS is a care model whose objective is to serve citizens, families and communities in a comprehensive manner, providing them with the right to be effectively treated by a health team.

Access to health has been the object of interest to public officials. However, the concept of access to health has become more complex. The first analyses, which date back to the 1970s, suggested a strong relationship between access and geographical (availability) and financial (affordability) aspects. More recent literature[6-7] tried to address aspects that are less tangible, such as cultural, educational and socioeconomic aspects, including acceptability in the analyses. The literature also shows that having access to information is associated with concepts of power and literacy, of both users and public health officials, with regard to decision-making[7].

Scholars[7] have associated the definition of access with four main elements, namely availability, acceptability, affordability and information, which are increasingly confused with the concept of equity in health.

According to a study[8], access to health services have been the object of analysis in international literature, with a substantial increase of barriers to users, as it is the case of waiting lines for making appointments and for assistance, and of the lack of strategies to overcome the problem. They also state that inequalities of access are one of the main problems to be faced so as the SUS can effectively work, according to the guidelines and principles proposed.

After an analysis of the international context, scholars[9] pointed to the need for conducting detailed studies in order to assess the social effects of access and quality of health services in low and medium income countries.

Generally speaking, studies regarding access and use of health services are focused on the demand of these services, on the demographic characteristics and on health issues with higher prevalence. This type of research therefore excludes people who do not seek these services and impair the actual knowledge at a population level[6]. In that sense, it is important to analyze how residents of the surrounding municipalities of the Federal District see the access to health services and the factors that prevent them from having access to these services. Hence, it will be possible to support decision-making of local and state managers so as to open the gateway to primary care users.

The aim of this study was to analyze people's perception on the access to health services in the southern outskirts of the Integrated Region for the Development of the Federal District (RIDE/DF, as per its acronym in Portuguese).

METHOD

This is a descriptive, cross-sectional, epidemiological and population-based study, which was part of a household survey carried out in the Integrated Region for the Development of the Federal District (RIDE/DF), composed of municipalities of the southern outskirts. This study is part of a project developed by the Federal University of Goiás (UFG) and the University of Brasilia (UnB), in partnership with the Osvaldo Cruz Foundation (FIOCRUZ), entitled "Support to the Regionalization of the RIDE-DF municipalities". The municipalities whose census sectors were selected for the survey were: Santo Antônio do Descoberto, Águas Lindas, Novo Gama, Valparaíso, Luziânia and Cristalina.

The study sample was composed of people aged over 18 years old, living in the households of the municipalities selected randomly. Individuals who showed evident signs of severe mental disorder were excluded, as well as those who had any condition that prevented them from answering the questionnaire, upon a medical diagnosis.

Sample size was calculated in order to detect differences of up to 3.5% in a 15% rate, with a power of 80% and a significance level of 95%. Since it had a complex sample design, a design effect of 1.3 was included as it was necessary to interview 2,400 individuals in total, with 600 individuals in each stratum-region of the RIDE/DF. Considering possible losses of about 20%, the sample size was increased in each stratum - from 600 to 720 households, totaling 2,880 households in the four strata. This sample size considered the four surrounding regions: South, North, Pirineus and Unaí. After completion of data collection, 605 interviews were carried out in the southern outskirts stratum.

Data were collected between October 2010 and April 2011, by means of an instrument adapted from the World Health Survey - Primary Health Care (WHS - PHC), which was already validated by researchers of the ICICT/FIOCRUZ[10]. The instrument was composed of two parts: a household questionnaire and an individual questionnaire. It was adjusted after a discussion with the UFG, UnB and FIOCRUZ teams. The household questionnaire contained questions about the household characteristics, socioeconomic and health conditions of residents, as well as coverage, access and use of the Family Health Strategy. The individual questionnaire was divided into ten modules from A to J, with questions related to different topics. The study used both questionnaires. From the household questionnaire, variables related to residents' health were used, as well as those related to coverage, access and use of Family Health Strategy; from the individual questionnaire, Module A was used (sociodemographic characteristics and social support), as well as Module J (Performance of the Health System and access and use of health services).

Households were selected by field supervisors by means of maps of the municipalities, with the respective

demarcations of census sectors, which are sets of households defined by the Brazilian Institute of Geography and Statistics (IBGE, as per its acronym in Portuguese) for collecting data at the 2010 Census[11]. Together with the maps, Sector Identification Sheets (SIS) were provided, with the demarcations of census sectors, as well as the "gap" value - a sampling interval which is the number of households found between two selected households. This "gap" value varies according to the size of the census sector, in such a way as to include selected households within the whole sector area.

The objectives of the study were explained to residents, and they were asked to sign a Free and Informed Consent Form.

Data were entered into an electronic form on the Internet, accessible only with a personal password. The electronic form was developed by the ICICT - FIOCRUZ.

The statistical analysis was performed using the Statistical Package for the Social Sciences, version 20.0. Variables were presented in the form of ratios and proportions.

The research proposal was submitted for approval to the Research Ethics Committee of the School of Health of the University of Brasilia (FR 342534) and had the support of the Collegiate Body of Health Management of RIDE-DF. It complied with the recommendations of the Health Council of Brazil and the Brazilian law on the conduct of human research projects.

RESULTS

A total of 605 residents of the urban and rural areas of the southern outskirts of the Federal District were randomly and systematically selected, following the methodological criteria of this study. The results related to the characterization of residents and access to health services are presented below.

Sociodemographic and economic characterization of residents of the southern outskirts of RIDE-DF

Of the 605 individuals surveyed, 311 (51.4%) were female and 255 (42.2%) were aged between 25 and 39 years, thus making a relatively young group. As for their level of education, 141 (23.5%) completed primary school; 405 (67.3%) were married or lived with a partner, 309 (51.1%) of residents reported being of brown color, 368 (60.9%) were employed at the time of the interview, 255 (42.1%) had an income between one and three minimum wages, and 144 (23.8%) had a monthly income below the minimum wage, as shown in Table 1.

Access to health services

As for the access to health services of residents of the southern outskirts, only the answers given by residents who used some kind of health service in the last 12 months were analyzed. The results are presented in Tables 2 and 3.

Table 1: Sociodemographic profile of residents of the southern outskirts of the RIDE-DF Federal District, Brazil, 2012.

Variables	Frequency (n=605)	%
Gender		
Female	311	51.4
Male	294	48.6
Age group (years)		
18 to 24	111	18.4
25 to 39	255	42.2
40 to 59	191	31.5
60 and over	48	7.9
Level of education		
Less than a year	59	9.9
Incomplete primary education	215	35.8
Complete primary education	141	23.5
Complete secondary education	186	30.8
Marital status		
Single	135	22.4
Married or living with partner	405	67.3
Divorced	39	6.4
Widowed	23	3.8
Did not answer	5	0.8
Skin color (self-reported)		
White	174	28.8
Black	80	13.2
Brown	309	51.1
Others	42	6.9
Work situation		
Currently working	368	60.9
Not working	237	39.1
Income		
No income	91	15.0
Up to 1 minimum wage	144	23.8
2 to 3 minimum wages	255	42.1
More than 3 minimum wages	78	12.9
Refused to answer	37	6.2

Table 2: Types of health facilities most sought after by residents of the southern outskirts of the RIDE-DF Federal District, Brazil, 2012.

Facilities	Frequency (n=399)	%
Public health unit	163	40.9
Emergency units (UPA)	7	1.8
Other type of emergency	13	3.3
First-aid or emergency unit of a public hospital	73	18.3
Outpatient department of a public hospital	55	13.8
Private practice	70	17.5
First-aid or emergency unit of a private hospital	17	4.3
Other	1	0.3

Table 3: Location of the service, journey time, means of transport, procedures carried out to be assisted and care provided by the SUS to residents of the southern outskirts. Federal District, Brazil, 2012.

Variables	Frequency (n=365)	%
Location of the health service		
In the same municipality where they live	196	53.7
In another municipality	166	45.5
Journey time		
0 – 1 hour	337	92.3
2 hours and more	28	7.7
Means of transport		
Public transport	131	35.9
Car or motorcycle	142	38.9
Ambulance	5	1.4
On foot	74	20.3
Bicycle	11	3.0
Procedures carried out to be assisted		
Went straight to the health service, without an appointment	206	56.4
Booked an appointment previously	149	40.8
Care provided or not by the SUS		
Care provided by the SUS	255	69.9
Care not provided by the SUS	109	29.9

As for the type of health service facility sought after by residents, 163 (40.9%) searched for service in public health units, 73 (18.3%) in first-aid posts or emergency units of a public hospital, and 70 (17.5%) in a private practice.

Table 3 shows that 166 (45.5%) traveled to another municipality to be provided with care services, public transport being the most used means of transport by 131 (35.9%) residents.

Of residents who searched for health services, 206 (56.4%) went straight to the health service without an appointment.

As for the health plan, 255 (69.9%) were cared for by the SUS and 109 (29.9%) by other health plans.

DISCUSSION

The profile of this region is composed mainly of female individuals, which results in a greater demand for health services for women and children. When asked about the reason for being unemployed, the answer was because they were "housewives", which confirms that profile characterization and the role played by women as caretakers, that is, of the household, the family and themselves[12].

Broadly speaking, the region's population is composed of young adults, with a diverse level of education, but mostly incomplete primary education, and 59 residents (9.9%) had less than one year of study.

One of the most striking features of precarious areas is the population's low level of education, and this is also the case for participants of this study. Such situation possibly depicts the fragile state of these residents and their lack of autonomy to change local reality. Consequently, it makes these municipalities more vulnerable to local conditions, since they cannot develop their potential, making it more difficult for less qualified people to enter the labor market and to rise socially[13].

Still regarding the level of education, the literature shows that it can be related to health services[8]. A possible interpretation is that having access to information is the basis of access to health services, and this notion is associated with concepts of power of users with regard to decision-making in the treatment process.

As for the self-report of the color of the skin, 309 (51.1%) reported being of brown color. These results

reflect the country's reality according to the IBGE survey on the ethnic-social characteristics of the population, carried out in 2011. In that survey, interviewees mentioned some situations in which the color of the skin has an influence on people's lives in Brazil, such as in the workplace, in the relationship with the police/justice, in social coexistence, in addition to the influence at school and in public services[14].

A possible interpretation is that Brazil has been going through an intense process of race-mixing for years. Likewise, the municipalities of the southern outskirts, in their inception process next to the federal capital, host countless migrants from different parts of Brazil, who came to the new capital in the search for work opportunities and better living conditions[15]. That situation, besides reflecting a mixing condition that is typical in Brazil, also highlights the large stream of commuting, especially around the federal capital.

Despite the fact that most residents have a paid employment, at the time of the interview, a portion of them was economically inactive, that is, they were unemployed or doing unpaid work. The lack of jobs and infrastructure in the cities that are part of the southern outskirts of the Federal District increases the number of commuters to the federal capital.

This unattended population search for jobs, hospital services and education in the Brazilian capital, which highlights the condition of "bedroom towns", as residents work out of town during the day and come back in the evening. The lack of urban infrastructure also includes the precariousness of health services. Some municipalities of the southern outskirts are considered as the metropolitan region of Brasilia, and for that reason, they have strong commercial ties and a heavy dependence on the federal capital[15].

A large part of participants had an income below the minimum wage, which can certainly make it more difficult for them to access health services, schools, professional qualification and jobs. These factors are associated with high rates of urban violence and crime, which are particular to that region.

Data from the National Households Sample Survey (PNAD)[16] show that income has a greater influence on access to services than the level of education. More particularly, income has proved to be an important factor for access of children to health services. Despite the presence of social inequalities in regard to access to health services, there has been a downward trend in the country as a whole[17].

Additionally, according to the results of the PNAD analyzed by some authors[16-17], this study reinforces another pattern: the access to health services in the region is clearly influenced by people's social condition and their place of living. Inequalities in the access are not always seen in other countries and the absence or presence of such inequalities shows the specificities of the health system in each region.

Residents reported spending up to one hour to get to health services. We also see among this part of the population that the most frequently mentioned means of transport was "car or motorcycle", followed by "public transport". Adding up this time to the working day hours, individuals are supposedly out of time to include in their routine some activities that contribute to a healthier life, for their family and themselves, such as physical activities and leisure.

To better address the issue, it would be necessary to know the location of the health service that people look for when they need health care.

This information would allow us to understand the logic of the demand, to identify care services problems and to survey migratory movements, which would be useful for using health services or for checking with local authorities the existence of an effective public transport to access these services[18-19].

In relation to health, it is possible to see that residents of this region sometimes feel unattended, as health services are often unable to provide proper health care.

Although these municipalities belong to the state of Goiás, they are far from Goiânia, the state capital, and its metropolitan region. That is why they search for health services in the Federal District, increasing its demand. As these municipalities are also considered as "bedroom towns", people remain in their workplace in the capital territory and when they return home in the evening, most health services are closed, so there are not many options available.

CONCLUSIONS

Access to health services in the studied region is clearly influenced by people's social condition and their place of living.

Despite having made great progress in terms of public health policies, the Unified Health System has not yet been able to deal with the inequalities of the access to health services, especially in regions with local singularities.

Understanding the barriers and increasing the service offer with an adequate profile for those who work there is essential to try and reduce the inequalities observed. On the other hand, promoting integration into the labor market and ensuring social rights may contribute to the improvement of public health. Thus, the improvement of access and use of health services depend on other factors, mainly on the application of comprehensive and effective public policies.

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