Territorialization: Situational diagnosis for planning health actions in a coverage area of the family health strategy

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ABSTRACT

Introduction: Health is a universal right and a responsibility of the State, especially in the organization of health services where the basic units are located. Territorialization, together with situational diagnosis, is described as an essential process to identify health priorities and direct effective actions to meet the unique demand of each community. Objective: To describe the importance of territorialization and situational diagnosis for the planning of health actions aimed at the individual and collective priorities of the community of an area enrolled in a health unit in the municipality of Porto Nacional. Methodology: Qualitative and descriptive approach, with emphasis on bibliographic research and situational diagnosis of micro-area 61 of the territory of the Mãe Eugênia Basic Health Unit, Porto Nacional - Tocantins. Result and Discussion: Based on the study carried out in the area covered by the 201 families living in the neighborhoods that make up the area in question, it was possible to identify the risks and classify these families according to their living conditions. This research provided a differentiated and attentive look of the researchers, who experienced in practice an activity developed by the Community Health Agents, who are fundamental in this process. Final considerations: Territorialization is responsible for bringing the collection of quantitative and qualitative information, population number and situational diagnosis that will provide the planning of actions, emphasizing the interaction between the community and health professionals, in addition to the crucial role of Community Health Agents in this process, for the promotion of care for the population.

Keywords: Primary Care, Situational Diagnosis, Family Health, Territorialization.

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INTRODUCTION

Health, in addition to being a universal good, is a duty of the State, which, in the same way, is responsible for the organization of health services, according to the territory where the Basic Health Unit is located. Thus, health is directly related to the territory and depends on the way in which health services, social facilities and various public institutions and establishments are designed and organized in it (FARIA, 2013).

In this way, it is understood that the territory is the place with defined limits, where people live, work, circulate and perform their functions of daily life, where the built and natural environments are part of it. Above all, it is a space for power relations, information, evolution and exchange of ideas and ideologies, health and the promotion of quality of life (BRASIL, 2021).

The National Primary Care Policy (PNAB) considers the territory as a specific, decentralized geographic region of the Unified Health System (SUS), where strategic activities aimed at health surveillance, promotion, prevention, protection, and recovery are carried out (SILVA et.al., 2021).

In this mode, according to Brasil (2020), it is understood that the work carried out day by day by the Family Health Teams has undergone constant modifications, programs to improve the quality of care for users are implemented based on a more humanized and comprehensive reception. For workers who are at the frontline, that is, face to face with the user, they need to be prepared to face all the situations brought by them.

Thus, Primary Health Care (PHC) is care for the patient, society and family in a primary context and level, and is focused on the process of preventive care, capture and active search for data and information from households with the support of essential characters of the Unified Health System (SUS), such as community health agents and endemic diseases. and professionals allocated to the region's health unit (GONDIM; MONKEN, 2019).

The fundamental purpose in the Territorialization process is to allow the identification of priorities in terms of problems in social groups, which will be reflected in the definition of the most appropriate actions, according to the nature of the problems identified, with a greater impact on the health levels and living conditions of the target population (SILVA et.al., 2021).

Understanding this context, the article aims to describe the importance of territorialization and situational diagnosis for the planning of health actions aimed at both the individualities and the collectivity of the community of an area enrolled in a health unit in the municipality of Porto Nacional.

METHODOLOGY

The present research was developed from a qualitative and descriptive approach, of a basic nature. Regarding the objective, the type of exploratory research is highlighted, and regarding the

procedures, data collection through bibliographic research. Basic research, according to Lakatos (2017), brings together studies that aim to fill a gap in knowledge used only to expand knowledge; refer to those in which there is the acquisition of "new knowledge directed to broad areas with a view to solving recognized practical problems".

According to Gil (2011), bibliographic research is a work of an exploratory nature, which provides theoretical bases to the researcher to assist in the reflective and critical exercise on the theme under study. At first, it is very useful to arouse the curiosity of the researcher and arouse concerns about the topic to be studied.

For Gil (2013), qualitative research deepens the concept studied, enabling the actions of describing, understanding, explaining, precisely the relations between the global and the local in a given phenomenon.

According to Kedinger (2018), exploratory research aims to facilitate the researcher's familiarity with the problem object of the research, to allow the construction of hypotheses or to make the question clearer. The most well-known examples of exploratory research are bibliographic searches and case studies in which they are used for: bibliographic surveys/studies; analysis of examples that help the understanding of the problem; surveys and interviews with people involved with the problem object of the research and case study.

The present work consists of a descriptive study through the experience report of the students of the 10th period of the nursing course through the curricular internship discipline of Nursing Care in Primary Health Care II, from February to March 2024, under the supervision of the professor and nurse coordinator of the health unit.

To carry out the situational diagnosis of the territory, the coverage area was recognized in partnership with the community health agents, who through the on-site visit were able to recognize the territory and carry out records of strategic points and household and territorial records. For the population data collection, data from the e-SUS report were used through the individual registration forms and the household and territorial registration of the population registered in the area assigned to a micro-area of the basic health unit.

After this stage, the Coelho and Savassi scale was used to classify family risk as a way to plan health action strategies. After analysis of the territory and observations of the e-SUS indicators, the information and consolidation of the information obtained were tabulated in a Microsoft Excel 2010 spreadsheet for statistical treatment and we elaborated the situational diagnosis, exposing the results.

RESULTS

The beginning of the activities took place through the collection of information and recognition of micro-area 61 belonging to the territory of the Basic Health Unit (UBS) Mãe Eugênia

in the Jardim Brasília sector. To this end, the e-SUS (Primary Care Information System) database was used through the individual registration forms of the citizen and the household and territorial registry, which enabled the survey of information on the territory.

The data collection process took place during a field visit with the preceptor and the Community Health Agent of micro-area 61 of the assigned area. The nursing students carried out the geographical recognition of the territory, identification of the population through household and territorial registries, and records of the existing points in the area for population evaluation.

It is interesting to note that the objective of the territorial survey goes beyond home visits, as it is customary to think; It also covers checking vacant lots, landmarks such as churches, associations, supermarkets, etc.; the registration of the territory, the houses, the families and the person responsible for them, the problems of that sector, among other attributions that are inherent to the work of the CHA.

After this analysis, it was experienced, in practice, how the territorial registrations of vacant lots and strategic points are carried out, as well as the household and individual registration of families in the territory, achieving, as a result, the situational diagnosis of the area.

The recognition of the territory made it possible to survey the population data of the micro-area 61, revealing the number of existing people and the most relevant health conditions. After consolidating and tabulating the data, the table below represents the total population and the families registered in the micro-area according to their specificities.

Chart 1: Distribution of people according to: population and families in the micro-area, children aged 0 to 4 years, pregnant women, hypertensive patients, diabetics, women aged 25 to 64, PCCU and the elderly.

Variables	Values
Total population of the micro-area	544
Total number of families in the micro-area	201
Children from 0 to 4 years old	34
Pregnant	2
Hypertensive	86
Diabéticos Mellitus	33
Women aged 25 to 64 (Pap smear)	158
Elderly	91
Leprosy	4
Tuberculosis	0

Source: Prepared by the authors, 2024.

In possession of these essential elements, the Coelho-Savassi scale was used, which evaluates the stratification of familial risk through a standardized instrument with risk sentinels. For this purpose, numerical scores and colors are used: Green, Yellow and Red, representing, respectively, Low Risk (score 5 - 6), Moderate Risk (7 - 8) and High Risk (9 - +), as shown in Chart 2.

Table 2 – Coelho-Savassi Familial Risk Scale

Dados da ficha A SIAB (sentinelas de risco)	Definições das sentinelas de risco	Escore de risco
Acamado	Toda pessoa restrita ao seu domicílio, por falta de habilidade e/ou incapacidade de locomoção por si só a qualquer unidade de saúde.	3
Deficiência física	Defeito ou condição física de longa duração ou permanente, que dificulta ou impede a realização de determinadas atividades cotidianas, escolares, de trabalho ou de lazer.	3
Deficiência mental	Defeito ou condição mental de longa duração ou permanente, que dificulta ou impede a realização de determinadas atividades cotidianas, escolares, de trabalho ou de lazer.	3
Baixas condições de saneamento	Saneamento implica no controle dos fatores do meio físico do homem, que podem exercer efeitos prejudiciais à sua saúde.	3
Desnutrição grave	Percentil menor que 0,1 e peso muito baixo para a idade.	3
Drogadição	Utilização compulsiva de drogas lícitas ou ilícitas, que apresentem potencial para causar dependência química (álcool, tabaco, benzodiazepínicos, barbitúricos e drogas ilícitas).	2
Desemprego	Situação na qual a pessoa não esteja exercendo nenhuma ocupação (não incluir na avaliação férias, licenças ou afastamentos temporários). A realização de tarefas domésticas é considerada ocupação (trabalho doméstico), mesmo que não seja remunerado.	2
Analfabetismo	Pessoa que, a partir da idade escolar, não sabe ler nem escrever no mínimo um bilhete, e/ou que sabe apenas assinar o nome.	1
Menor de 6 meses	Lactente com idade até 5 meses e 29 dias.	1
Maior 70 anos	Toda pessoa com mais de 70 anos completos.	1
Hipertensão arterial sistêmica	Pressão arterial sistólica maior ou igual a 140mmHg e pressão arterial diastólica maior ou igual a 90mmHg, em indivíduos que não usam medicação anti-hipertensiva.	1
Diabetes *Mellitus*	Grupo de doenças metabólicas caracterizadas por hiperglicemia e associadas a complicações, disfunções e insuficiência de vários órgãos.	1
Relação morador/cômodo	Número de moradores no domicílio dividido pelo número de cômodos na residência. São considerados cômodos todos os compartimentos integrantes do domicílio, inclusive banheiro e cozinha, separados por paredes, e os existentes na parte externa do prédio, desde que constituam parte integrante do domicílio, com exceção de corredores, alpendres, varandas abertas, garagens, depósitos.	>1: 3 pontos Igual a 1: 2 pontos <1: 0 ponto

Cálculo do risco familiar

Escore total	Risco familiar
5 ou 6	R1 – Risco menor
7 ou 8	R2 – Risco médio
Acima de 9	R3 – Risco máximo

Source: BRAZIL. Ministry of Health. Coelho-Savassi Familial Risk Scale. PlanificaSUS.

Thus, it was possible to obtain a comprehensive view of the socioeconomic and health conditions present, revealing that the community consists of 201 families, housing a total of 544 individuals.

When classifying them according to the above-mentioned standardized scale, a heterogeneous distribution was observed: 190 families were categorized as "green", equivalent to 94.5% of the population, suggesting a comfortable financial condition, but with possible areas of improvement in health and well-being; 9 families were classified as "yellow", accounting for 4.5%, pointing to a situation of socioeconomic vulnerability and the need for care to prevent health problems; Finally, 2 families were categorized as "red", representing only 1% of the total number of citizens in the micro-area, indicating a condition of extreme socioeconomic vulnerability and serious health impairment.

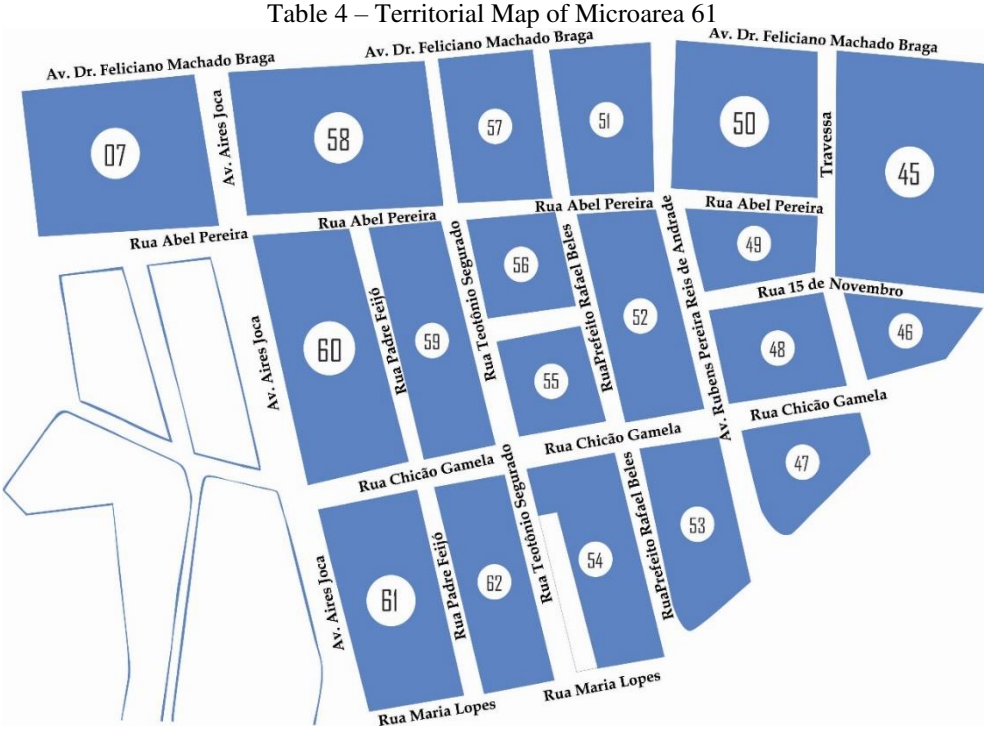
Table 3 - Risk Classification of Microarea 61



Source: Prepared by the authors, 2024.

The last activity to be elaborated was the creation of a visual model of the map of the micro-area, as shown in the figure below. The geographic space of a territory is not only a graphic representation of a micro-area, but a powerful tool for understanding and planning health actions, it defines the diversity of situations encountered and favors information such as physical, social, economic and cultural characteristics of a population.

Table 4 – Territorial Map of Microarea 61



Source: Prepared by the authors, 2024

DISCUSSION

This experience report provides a detailed and enriching look at the activities carried out during the Internship. The engagement of the group, under the supervision of the preceptor in charge, shows a serious commitment to learning and assimilating public health practices.

The comprehensive approach to the proposed tasks, from the comprehension of the structure of the UBS, according to the National Primary Care Policy, to the practical execution of territorial and household registries, demonstrates a complete immersion in the context of primary health care, providing a view of the administrative and care practice of nurses. In addition, the emphasis on the importance of CHWs as an initial link between the community and health services highlights the relevance of the work of these professionals in identifying risk situations and formulating preventive strategies. (CARVALHO, 2020).

The analysis of the territory goes beyond home visits, encompassing aspects such as the identification of vacant lots and strategic points, which reflects a comprehensive perception of the peculiarities of the community served by the UBS. The use of the standardized Coelho-Savassi scale to classify the vulnerability and care needs of families demonstrates a commitment to systematic and objective evaluation, facilitating the prioritization of interventions and the targeting of available resources (MENEZES, 2012).

In view of this, situational diagnosis plays a fundamental role in the planning of health actions, providing a vast and detailed understanding of the demands, resources and challenges faced by a specific community or population. It allows you to identify gaps and priorities, guiding the efficient allocation of resources and the formulation of appropriate strategies. In addition to promoting the active participation and engagement of the community in the planning and implementation of health actions, increasing their relevance, acceptance, and impact (CARVALHO, 2020).

In short, this experience report illustrates not only the development of technical skills, but also the understanding of the importance of comprehensiveness in health care and the fundamental role of nursing professionals in promoting well-being and preventing diseases within the community.

FINAL THOUGHTS

Knowing the territory through situational diagnosis is necessary for the planning of health actions in primary care, as it favors the reorganization of the work process of the ESF (Family Health Strategy), adding programmatic actions to adequately meet the demands of the territory, establishing needs and care for families with greater vulnerability. Through the experience lived in the field of practice, it was possible to understand the importance of the Situational Diagnosis together with the

stratification of family risk through the Savassi Rabbit scale as a way to determine the social and health risk of each family nucleus.

Such devices allowed us to identify and understand the real urgencies, in addition to classifying the vulnerability of Microarea 61 of the territory of the Mãe Eugênia Basic Health Unit. In this way, it was possible to identify the specific problems of the community and, with that, collaborate with the planning of health actions programmed to meet the requirements of the micro-area adscribed. In addition, it was found that this tool can contribute to greater interaction between the community and health professionals.

In addition, with territorial recognition, it was possible to perceive the importance of the performance of community health agents in this process, as they are responsible for the link between the community and the health team. Through the home visit, this professional understands the individuality of the family and, thus, contributes to the planning of care and follow-up at the family risk.

Finally, the results of this study enable health professionals to better understand the vulnerabilities of the families served, thus allowing them to understand the importance of the population survey process with situational diagnosis as a useful tool for the adequate planning and direction of actions, providing the necessary interventions for the promotion and prevention of diseases.

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