

Information concerning the user evaluation about the nutritional care offered in three Family Health Strategies in the city of Lajeado-RS, Brazil

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Abstract

This descriptive-exploratory study aimed to analyze some details of the user evaluation about nutritional care offered in an area assisted by the Family Health Strategies. The population of the study were nine users belonging to three Family Health Strategies in the city of Lajeado, Rio Grande do Sul, Brazil. A qualitative study was conducted through interviews with open questions, in the following categories: the access to nutritional services, the user experience when using the nutritional services and the user expectations regarding the nutritional care provided in area. The results showed that the user evaluation in relation to nutritional care permeates the recurrent idea that nutrition is associated with health and quality of life. However, there was little understanding about the potential of nutritional service offerings, making it necessary to insert important and contextualized strategies in daily services offered by encouraging knowledge and spontaneous request for care aimed at preventive health.

Key words: User. Nutritionist. Family Health Strategies. Interview. Nutritional Surveillance.

Introduction

Primary Care is a set of health initiatives at individual and collective level, which include the promotion and protection of health, in addition to disease prevention, diagnosis, treatment, rehabilitation, harm reduction and health maintenance. The goal is to develop comprehensive care, which impacts the health status and autonomy of people as well as the health determinants and conditions of communities. The National Primary Care Policy^a states in their Family Health Strategy (FHS^b) a strategic priority for expansion and consolidation of Primary Care.¹

Family Health is defined as a strategy for reorienting the care model, being operationalized through the implementation of multidisciplinary teams in primary healthcare units. The strategy emphasizes the link with the community, a shared responsibility and participation, while always acting towards maintaining the health of a particular community through promotion, prevention and recovery of health and rehabilitation from diseases and more frequent illnesses. Teams are responsible for monitoring a set number of families, located in a defined geographical area. The responsibility of the teams requires the need to go beyond the classically defined limits for primary care. The composition of the FHS doesn't provide for the presence of a professional nutritionist, but they can be incorporated in the teams or when forming support teams.^{2,3}

According to the National Policy on Food and Nutrition (NPFN^c), food and nutrition are basic requirements for the promotion and protection of health. The integration of food and nutrition initiatives in the list of activities that are already carried out by the Family Health Teams, putting into practice the guidelines already drawn up, is critical because the space seems to be a privileged space to qualify health care through the strengthening of nutritional care for users of the Unified Health System (UHS^d). This has major effects on the communities served, expanding its boundaries of actions aimed at greater resolvability of care.^{4,5}

After editing and approving the NPFN in 1999, the Ministry of Health in 2006 also approved the National Policy for Primary Health Care and the Pact for Life; legal instruments that demonstrate the commitment of administrators to the health of

a Política Nacional de Atenção Básica

b Estratégia de Saúde da Família (ESF)

c Política Nacional de Alimentação e nutrição (PNAN)

d Sistema Único de Saúde (SUS)

the population. However, there are no explicit determinations and objectives in these documents for the effective incorporation of food and nutrition programs and primary care health actions. This gap was filled, in part, in 2008, by the creation of the Support Centers for Family Health (SCFH^e), whose teams include a professional nutritionist.⁶

The food and nutrition programs undertaken by the Family Health Teams with the support of the SCFH should be structured based on the following strategic areas: promoting healthy eating practices, at individual and collective level for all stages of life; building strategies to respond to major health care demands related to nutritional deficiencies; development of therapeutic projects as prevalent pathologies; performing food and nutritional diagnosis of the risk population, by always observing habits; promoting food and nutrition security ensuring the human right to adequate food.⁷

Due to the increase of the pathologies associated to food, there is a growing demand for nutritional care, for treating diseases like obesity, as well as attacking the determined patterns of social beauty. For a nutritional care that considers the strategic priorities governing the nutritionist's role in the UHS, the link between subjectivity and nutritional care becomes inseparable. This enables the disclosure of the particular situation of the food history of each person, combining the biological and symbolic dimensions of food, as a key point for dialogue between the real and the ideal nutrition, which aims to jointly construct meaning for the promotion of healthy food.^{8,9} In this context, this study aimed to analyze some elements regarding the users evaluation about nutritional care offered in an area supported by the Family Health Strategies.

Methodology

The city of Lajeado, in Rio Grande do Sul, is located in the Taquari Valley and is a predominantly urban municipality with a restricted rural area. In the period of the survey, conducted in 2011, the estimated population was 71,445 inhabitants,¹⁰ and health care had six Family Health Strategy teams.¹¹

This study, set up as an exploratory and descriptive qualitative approach, was submitted for assessment by the Ethics Committee for Research (ECR^f) of the UNIVATES University Center with protocol number 044/11, approved on the 12th of July 2011.

e Núcleos de Apoio a Saúde da Família (NASF)

f Comitê de Ética em Pesquisa (COEP)

The Health Department of the city of Lajeado granted prior approval to conduct the survey in three Family Health Strategies, and all ethical precepts were obeyed, according to Resolution 466 / 2012.¹² The people interviewed were nine users, who had used the nutritional services for at least three months. They were aged between 20 and 39 and represented the predominant profiles of the area.¹³ The population sample had the following inclusion criteria; individuals had signed a Free and Informed Consent Form, having been informed and having earlier agreed with the information initially provided about the objectives and progress of the research.

Open interviews were conducted seeking to identify factors relating to the services offered in the food and nutritional field by certain FHSs. The participants were interviewed in previously scheduled home visits, during which only the researcher (first author of the study) and the interviewee were present. The conversations were recorded and transcribed and records allowed the identification of three categories: access to nutritional services, the user experience during the use of the nutritional service and the expectations of nutritional care provided at the FHS under review.

Results and discussion

Access to nutritional services

With regard to access to nutritional services, patients were asked whether they knew about the nutritional service in their health facilities. All users said to know about the service, noting that many made it clear they knew about the service from the moment they needed to use it.

I know the service, yes [...] I always consult with a nutritionist, [...] but I had never been to meetings like that, and that's how I know about the service. (User 1).

I know, I participate, I do consultations with you, so [...] I've already been in consultations, right?! (User 6).

Although the statements show that the recurrent impression about health care is equivalent to individual care, some users differentiate their placements by claiming they knew or participated in some of the other activities in the area of nutrition at the FSHs: care groups and home visits. This finding is in agreement with the Brazilian proposal: among the programs for food and nutrition to be developed by the teams, are the promotion of healthy eating habits and also prevention.⁷

According to Dias, Silveira and Witt,¹⁴ the work of primary care groups are areas that favor the improvement of everyone involved, not only in the personal aspect but also in the professional aspect, through the enhancement of diverse knowledge and the possibility of intervening creatively in the health-disease process. In view of this, the importance of the provision of the service becoming known is observed and sought after by the people before the onset of health problems. A study conducted by Alencar et al.¹⁵ reveals a lack of knowledge about and community involvement in activities carried out by FHSs.

These observations make us realize that, in addition to knowledge about the offered service, strategies should be sought to increase the demand in order to prevent possible pathologies related to food, because the idea of prevention may not be present in the daily lives of users.

When asked how they came to know about the nutrition service, seven of the participating users reported that they knew about the nutritional service from being referred by any of the team members, mostly doctors and community health workers, as evidenced by the following statements:

I heard about it through the neighborhood agent [...], she told me there was a nutritional re-education program at the post, which had a nutritionist; she explained the benefits that the post offered ... (User 3).

[...] I was at the doctor and she said I had to lose weight and suggested me to start going to the groups ... (User 5).

As users have stated, it is clear that staff engagement in the pursuit of improving the health of users, encouraging knowledge and the search for other professionals are important. Currently, each team of the Family Health Strategy is composed of at least a family doctor, a nurse, a nursing assistant and six community health workers. When expanded, it also includes a dentist, a dental assistant and a dental hygienist. Other professionals such as social workers, psychologists and nutritionists can be incorporated to form teams or support teams.^{16,3} The Base Care Notebook of SCFH guidelines reinforces the idea of interdisciplinary services as an essential component for the operation of the food and nutritional programs in Primary Care, which requires the interaction of knowledge and experiences between professionals of a team that perform tasks together.⁷

Due to the organization, the FHS focuses on teamwork, making it very important not only to “refer” among professionals, but also to have the subsequent dialog, that should seek shared decisions and actions, taking into account the context of the individual.

Also with regard to access to services, only one of the users, male, knew about and sought the service on their own accord:

I went to the health center and asked if there was a nutritionist in the neighborhood, because I wanted to do a treatment ... (User 9).

And a user who got an indication from a friend:

One day I was at the health post, and I was there talking to a friend, sitting waiting for the doctor, and she said, Oh, why don't you go here? They have a nutritionist for free ... then I asked her (the doctor) to refer me (User 2).

It is evident that a small part of the users came to the nutritionist spontaneously, either for prevention or treatment. Nevertheless, according to Gomes and Salles,⁸ the demand for nutritional care is remarkable and growing, which can be explained by the increase of diseases associated with food, the high incidence of obesity and the determinations in the pattern of social beauty.

Experience during the use of nutritional services

Regarding the experience with the service, the users were asked what they thought of the idea of having a nutritional service at the facility. There was consensus among users with positive responses:

Oh, I think it's wonderful, you know, I think it's wonderful because I lived in another city and there was nothing like that, right, and here in the neighborhood where I live, I like it because, you know, the nutritionist, and in other places you didn't have that (User 3).

Oh, so I think it's as important as a doctor [...]. The idea is great because there are a lot of children who need care, right, not only adults and children, also old people too, you know, everyone needs (User 6).

The change in lifestyle and eating habits of the population has started favoring the development of chronic diseases such as obesity. These facts have led to a change in the epidemiological situation in Brazil.¹⁷ Given this situation, the need for prevention of nutritional deficiencies has become urgent, with a need for greater integration of professional nutritionists in family health strategy teams, a fact that has made nutritional science increasingly known, valued and in the minds of users.

Corroborating the idea above, many of the users associate nutritional health with the following:

[...] I'm learning what is right for my health, and what is good, you know, and what I can eat, what I can't, which I didn't know before, so this is something very good (User 2).

For me it has been good because I managed to lose weight, I'm eating better, I don't feel so weak as I felt and ...I'm doing well (User 7).

Such statements show again how much the idea that nutrition and health are related and essential to life, are present in the user evaluation. The body's relationship with self-esteem was also mentioned during the conversation:

[...] I think it's important that it's there and it is very good ... For me it (treatment) was very good, because in the beginning I started to lose a lot of weight, you know, I lost some weight and stuff and this helped me both emotionally [...], but also health wise because I had a hypertension problem and thing (User 9).

In my opinion, like this, he (nutritionist) helps, in the mind as well, because sometimes you go there discouraged, you get there and he tells you like this: No, this month you gained 500 grams, half a kilo, but let's see next month you come here and you lose 1 kilo and a half, right ?! (User 4).

According to Mattos and Luz,¹⁸ a thin, lean body seems to be the only type of body that is valued and recognized in society today, causing suffering and illness for individuals who do not fit this hegemonic standards of beauty. The overvaluation of thinness transforms fat into a stigma, a symbol of moral bankruptcy and the fat carries a social and moral undesirable mark.

In this context, the complexity of health care requires professional engagement, listening skills, ethical commitment and a comprehensive view of the subject of care;¹⁹ therefore, nutritional care has the objective to promote healthy eating, seeing the body free from stigma within the health standards and considering the individual's well-being. Throughout the conversations, other interesting experiences were reported:

[...] Because if someone is accompanying you, you feel the commitment, and before when I started something by myself I did not have that commitment, oh, if I lost, I lost, right?! Not now ... For me it has been very good because I got results, right, so for me it was very good (User 2).

For me it has been good because I managed to lose weight, I could eat better, I didn't feel so weak as I felt and ...it's going well. (User 7).

Such statements show the position of the users and the positive results presented. More importantly, the participation of users in their treatment was understood by one of them as an assumed “commitment”.

In a study on adherence about a nutritional counseling programs for adults with excess weight and comorbidities conducted by Guimarães, Dutra, Ito and Carvalho,²⁰ the dropout rate was bigger than 50%, and among the causes were the following: eating meals outside the house and a difficulty in applying the knowledge in practice, especially at social events.

The nutritionist should be prepared to capture the emotional state of the client, declared verbally or through gestures, posture, body movements, facial expressions, voice quality and silence. The professional must, above all, listen to and learn to accept, creating a favorable environment for building strategies that promote the development of initiatives by the client,²¹ encouraging the individual to continue the nutritional treatment, independent from monitoring provided by the professional or despite any undesired results, which are common in longer treatments.

In addition to the commitment, the presence of a feeling of responsibility for the treatment was observed:

I think it's very good, that it's not only very close, you go there and do it, and you only have to follow, you have to force yourself, if you don't, it won't help.... Me, myself, I'm weak, but when I do it right, I lose weight and it helps (User 5).

Well, my experience the first time was pretty good, from now I'm no longer feeling the difference so much, but in the beginning it helped a lot ... It's that I'm not taking care of myself any more, not that the work wasn't helping, I didn't do what was to be done properly (User 8).

From the statements, it is clear that users assume the role of co-participants in the course of the treatment, feeling empowered by that role. It is important to highlight that there is an expectation that if they do not do their part, the treatment doesn't evolve as expected, giving them a clear idea of self-care.

Self-care is a device that has been used as a way to “blame” the failures in health care. What was once the “fault” of the system, the lack of professionals and services available, may become “guilt” of the user themselves, to have access, not to assume self-care following the treatment indicated. This logic should be problematized, especially from the perspective of integral and humanized health care. One must take into account the complexity of the local reality and the popular daily

life that makes the therapeutic practices something more complex than the simple adherence to a prescribed treatment, because the health care is ultimately a social practice, and involves a variety of aspects - the art that deals with creativity and aesthetic health, the ethical dimension that involves respect and understanding between the actors involved and the condition of science that deals with the knowledge and necessary research for health interventions.²²

According to Dias, Silveira and Witt,¹⁴ good results in promotional activities for health and prevention of diseases in the community, provide the user with greater satisfaction with care, as well as their participation in the process with the health team.

Expectations about nutritional care provided in the area

As it is of fundamental importance to share the commitments, and the appreciation of the users, the users were asked what a nutritional service, that they would like to use, would look like, and the expectations of the nutritional care provided in the territory were recorded.

Faced with this question there was a lot of hesitation, as evidenced by the following statements:

Well ... No, I think for me okay like this, right?! I'm feeling good, I managed to achieve something, not everything yet, because the treatment isn't finished yet, but I managed, I'm managing to get where I want to get, so I think for me it's okay (User 2).

Look, for me okay like this ... What's being offered, it's ok, the work, everything ok?! For me it's all good as well. I would not change anything (User 7).

And now ... From my point of view I think it's already perfect. There's nothing that has to change, because ... Only people should participate more, I sometimes can't attend everything. There was a time we didn't have this. It is very good for now right?! Perhaps with time, with so much they are inventing today, crap food, maybe in a few days we will need more, something more, but now when I think it's good like this (User 8).

Looking at the answers, it can be noticed that users don't have any suggestions for improving the nutritional service that is being offered; all participants seem to have been taken by surprise by the question.

Considering that the appropriate service should promote the empowerment of both parties - providers and users,²³ it becomes essential that the user gets to know the service better in order to give their opinion, expressing their impressions and ideas. A study by Alencar *et al.*¹⁵ raised the discussion on incipient user participation in the democratic

processes of FHSs. According to the National Strategic and Participative Management Policy in the UHS,²⁴ the valuation of different mechanisms of popular and social control participation in the UHS management process aims to build a shared understanding of health, preserving the subjectivity and uniqueness in the relationship of each individual and of the community, with the dynamics of life.

The only different note relates to the frequency of the presence of a nutritionist at the health center:

The ideal? What can I tell you? I think you come here to the post once a month or every two weeks. Once a week? For me it could be every day, right?! For me it's all good, I have nothing to complain about, right?! For me it's all good (User 4).

Because the users aren't part of the core team of the FHS, the inclusion of a professional nutritionist becomes optional. Studies consider that the number of inserted nutritionists in public health is still very limited,²⁵ while the social worker is part of 9.3% of the teams, the nutritionist was recorded as a team member in 4.5% of cases.²⁶

For the promotion of health and the prevention of complications, an intervention through inter-professional interaction is very important in order to favor the change of habits and lifestyles related to food and nutrition.²⁷

Due to the increase in diseases related to food, the nutritionist's job becomes essential in order to assist in the prevention and management.

This study presents as a possible limiting factor, due to the fact that the interviews were conducted by the professional responsible for the nutritional care in the FHS.

Conclusion

User evaluations about the nutritional care revealed the recurring presence of the idea of nutrition being associated with health and quality of life, recognizing that the professional nutritionist has a fundamental role as an educator for health.

Exploring the imaginary, it was also possible to perceive the presence of self-care, as a key to successful nutritional care. However, there was little clarity about the potential of the nutritional service offerings, making it difficult even to draw up proposals to improve this space. You must enter important and contextualized strategies in the daily service offered by encouraging knowledge and spontaneous request for care aimed at preventing health.

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Received: April 15, 2015

Reviewed: October 09, 2015

Accepted: October 27, 2015