

## PÔSTER DIGITAL

### *Rural Population Health and Health Services/Systems*

#### **Patient care team in a rural area versus urban area**

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**Introduction:** The Family's Health Support Centers (NASF) was created in January 24, 2008, by the Brazilian Ministry of Health, to expand the scope of services and the resolution in the Family Health Strategy (ESF), the Brazilian model of Primary Health Care. It must be made by a multidisciplinary team with professionals from different health areas, such as nutritionists, psychologists and others.

**Objective:** To Describe and compare NASF's implantation and functioning difficulties in a small town at Ceará/Brazil (Sobral).

**Methodology or experience description:** Considering NASF comprehensiveness and interdisciplinary proposal, it was held a qualitative study, to explore data using surveys from Family Health Center (PSF) managers at urban and rural areas from Sobral, Ceará. The data extracted was assessed, analyzing the NASF team presence e its composition, the possible restraints related to its implantation and action field and how these limits are encountered by local population. The questionnaire was applied November 20th and 27th 2013 to all managers of Health Centers in the macro-region of Sobral.

**Results:** 30 managers were interviewed. 25 responded, with 15 CSF representatives of Sobral city and 10 countryside representatives. Among the rural areas unities, only 2 lacked multidisciplinary team and one CSF located at urban area did not have the NASF team. All interviewed personnel said it was important the presence of NASF in its territory, assisting in planning matrix, the referral of cases requiring, in health promotion with group activities and patients monitoring. A difficulty for the proper functioning of NASF was the small labor work hour of these professionals in the territories. NASF team displacement not only to rural area, but also within urban area, was also considered.

**Conclusions or Hypothesis:** The NASF Team has an important aid purpose for Family Health Strategy, fundamental in Primary Health Care promotion. The overwork associated with giving assistance to more than one territory limits NASF Team contact with the population, making it too short, sometimes just one shift per week, not allowing community links formation. Therefore, it is imperative a number magnification of teams.

**Palavras-chave:** NASF. Patient Care Team. Rural Health.