

The role of Community Health Workers (CHW) in supporting older people in deprived neighbourhoods in Fortaleza

University of East Anglia(UEA)/Universidade Federal do Ceara/British General Medical Council (GMC)

Dr Adriano Maluf
Professor Peter Lloyd-Sherlock
Dr Joao Bastos Freire Neto

HOSPITAL PROVISION IN BRAZIL:



- ✦ In 2013 Brazil's public health system or 'Sistema Unico de Saude' (SUS) spent US\$275 million on inpatient care for people aged 60+

	Beds/1000 people 2014
Mexico	1.6
Brazil	2.1
UK	2.7
Germany	8.1
Japan	13.2

(ECLAC, 2018; OECD, 2018)

PRIMARY CARE PROVISION IN BRAZIL/FORTALEZA:



- ✦ In 2019 Brazil Public Health System dedicated around 16.3% of its health expenditure to Primary Health Care.
- ✦ Regional imbalances/lack of provision for certain conditions.

(OECD, Primary Care in Brazil – 2021)

OVERVIEW OF HOW CHWs ARE ORGANISED AND SUPPORT THE POPULATION :



- ✦ There are 12 UPAs ('Unidade de Pronto Atendimento' - public health clinics for immediate and basic health care) in Fortaleza;
- ✦ Each UPA covers a specific region in Fortaleza;
- ✦ Community Health Workers (CHW) are based in UPAs and serve the population living in specific areas within their UPA.

RESEARCH AIMS & SAMPLING STRATEGY:

- ✦ To investigate / explore the causes for unnecessary hospitalisations of older people due to lack of effective primary care;
- ✦ Sample population comprised older people age 65+ living in Fortaleza, who required care/assistance for living, and had been hospitalised in the past two years – 20 interviews;
- ✦ The interviews involved the participation of the older person's next of kin or main carer.

STRATEGIES FOR THE DATA COLLECTION:

- ✦ The period of data collection – Sept/Dec 2021 – when lockdown restrictions were relaxed;
- ✦ Having someone on the ground;
- ✦ Approaching UPAs / Recruiting CHWs;
- ✦ Collecting data via video conferencing;
- ✦ Dataset comprised 14 interviews;

ENGAGING CHWs WITH THE RESEARCH:

- ✦ CHWs enabled the interviews;
 - practical challenges;
 - ethical challenges in conducting interviews;
 - advantages in having their presence during the interviews.



ENGAGING CHWs WITH THE RESEARCH:

As P1_carer1 had difficult to speak because she was wearing a mask, I asked CHW_1 to leave the room during the interview. CHW_1 agreed with my suggestion, and we resumed the interview.

Researcher - *How did the UPA_a look after the needs of your husband?*

P1_carer1 - *Everything we need from UPA_a is provided by CHW_1. I am not going to say he is a saint, (brief pause) but he helps us with anything that my husband needs... (she looked away from the camera and I heard someone laughing in the background. I then realised CHW_1 had not left the the room).*



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- ✦ First point of contact/access to seek medical care for patients;
- ✦ They organise and attend medical appointments with the 'health team';
- ✦ However, they don't have any nurse/medical training.



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- ✦ CHWs could not see or talk directly to older patients who were bedbound.
- ✦ Family members/next of kin had to queue at the UPA building if they wanted to arrange medical appointments.



IN COVID TIMES ...

- ✦ Older patients with chronic conditions had their care disrupted;
- ✦ Hospitals were the only support in case of health crises;
- ✦ UPAs didn't use phone calls or video conferencing for consultations;
- ✦ Some CHWs used their personal mobiles if to provide a closer assistance for their patients.



IN COVID TIMES ...

P3 developed a cough and began to feel weak in end of May 2020.

For three days P3's relatives tried to get medical help for P3 by contacting UPA_a via phone or personally going to the facility.

The health centre refused to provide medical care because of COVID-19 social distancing rules enforced in Fortaleza.

On the fourth day, P3 had to be hospitalised because of an episode of pneumonia. (P3, Pos. 8).



CONCLUDING REMARKS:



- ✦ It is necessary for health authorities to be more responsive in future adverse events;
- ✦ Investing and adopting remote technologies are essential to increase the efficiency of the health care, while protecting CHWs and patients;
- ✦ Basic nursing training for CHWs would help the health professionals at UPAs while providing better care for patients;

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9 November 2021

<https://corona-older.com/2021/11/09/covid-19-and-community-health-services-for-dependent-older-people-in-fortaleza-brazil>

REFERENCES:

COVID-19 and community health services for dependent older people in Fortaleza, Brazil | Golbal Platform (corona-older.com) <https://corona-older.com/2021/11/09/covid-19-and-community-health-services-for-dependent-older-people-in-fortaleza-brazil>

Economic Commission for Latin America and the Caribbean. Statistical Yearbook for Latin America and the Caribbean 2018. Santiago; 2019.

OECD.Stat. 2018. <https://stats.oecd.org/index.aspx?queryid=30183>

OECD Reviews of Health Systems - Primary Health Care in Brazil. 2021; [120e170e-en.pdf \(oecd-ilibrary.org\)](#)

Souza DK de, Peixoto SV. Estudo descritivo da evolução dos gastos com internações hospitalares por condições sensíveis à atenção primária no Brasil, 2000-2013. Epidemiol e Serviços Saúde. 2017;26(2):285-94.

Thank you for listening!