The street clinic team and coping with social inequities

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1 Abstract / Introduction

Among the principles of the Brazilian Nation Health System, Equity is related to recognizing the differences in living and health conditions, and accordingly, directing greater care to those who need it the most. It is emphasized that people living on the street have almost 70 times more chances of becoming ill from tuberculosis (TB) when compared to the general population. In order to expand access to the health services for this population, in 2011 the Ministry of Health implemented the Street Clinic (Consultório na Rua) Teams, aiming to provide integrative, mobile health care (Ministério da Saúde, 2019).

2 Objective

To identify strategies, human resources, materials and health services used by the street clinic teams in a large city in the state of São Paulo, to promote access of people with TB living on the streets.

3 Method

This was a descriptive, exploratory study of a qualitative nature, using the theoretical-methodological basis of French Discourse Analysis (Orlandi, 2003). This aims to identify how a symbolic object produces meanings, understanding that history is manifested in the language by means of words. The discourse is not closed, it is an ongoing process, in movement with simultaneous relationships between emitter and receiver that are based on three pillars of knowledge, Linguistics, Marxism and Psychoanalysis. Interviews were carried out with professionals that compose the Street Clinic teams in the city of São Paulo. Transcripts were organized using the ATLAS ti 7 software.

4 Result

Four discursive blocks emerged: characterization of the care; structure of services for care to the person with TB; incentives: cure x disease maintenance; and organization of the work. It was identified that the strengthening of the bond between patients and health care providers allows the expansion of access to the service for early detection, treatment, monitoring and cure of the person with TB, together with the performance of intersectoral actions. It was verified that the provision of consumables as an incentive to treatment does not constitute an effective strategy, since the person in a street situation does not have a place to cook the food from the basic food hamper that is provided, nor have use for the transport ticket, since this population usually travels great distances.
on foot. Furthermore the daily snack, a consumable that actually did fulfill its real need, stopped being supplied. It was observed that the practices that organize the work of the teams act in a distinct way, looking at the individual in a street situation through the formation of a bond and differentiated acceptance. Teamwork was highlighted as fundamental, with the basis of planning and continuity of actions being in the case discussions and networking.

5 Conclusion:

The care model carried out by the street clinic teams contributes to reducing social and health inequities, guaranteeing rights, promoting access and helping to cure tuberculosis, even considering the intensely vulnerable realities.

References
