



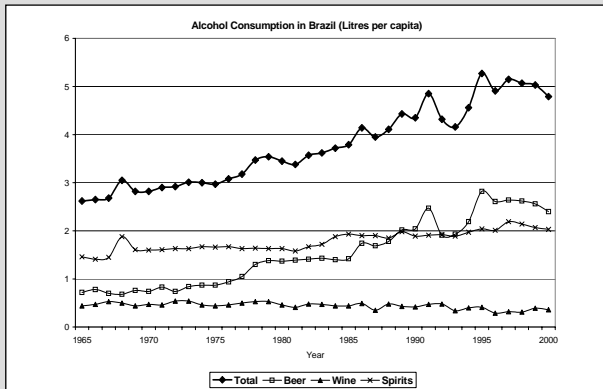
Brazil PAI-PAD/WHO Project – Implementation of Brief Interventions in the Family Health Program Who benefits mostly from training ? - Preliminary Results



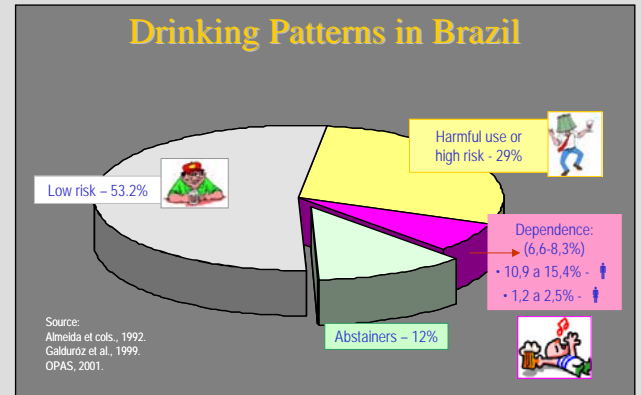
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PAI-PAD Program of Integrated Actions for Prevention and Attention on Alcohol and Drugs Use in the Community
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Introduction



According with WHO recent reports, there is an increase of the per capita amount of alcohol consumption in Brazil. Despite Brazilian per capita alcohol consumption is not “at the top”, the proportion of hazardous use and alcohol related problems, as car traffic injuries for instance, is a matter of concern for the public health planing. In a recent study Carlini et al. (2002) reported a 5.3% prevalence of alcohol related risk of accidents among 18 to 24 years old young people.



Since 1994 the Federal Ministry of Health has promoted and initiated an ambitious nationwide Program of Family Health. Each municipality in the country receives funds in order to provide a number of family health teams (physician, nurse, two nurse helpers and four to six health community agents)

The PAI-PAD/WHO Project is devoted to disseminate the SBI – Screening and Brief Interventions Strategies – in the State of Sao Paulo, Brazil, offering training, supervision and evaluation for public and private health maintenance organizations, focusing chiefly the primary health care of the public sector.

Objectives

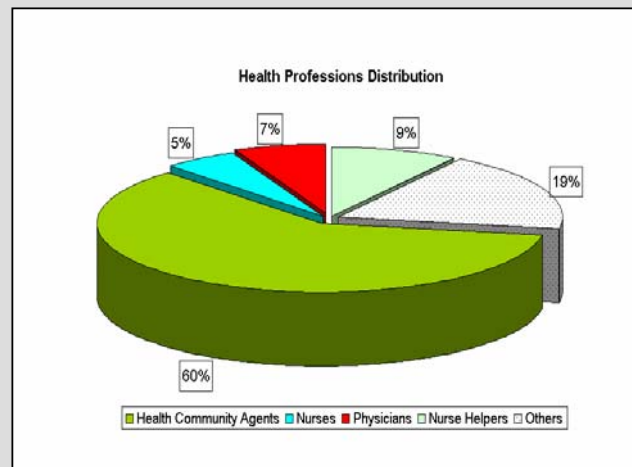
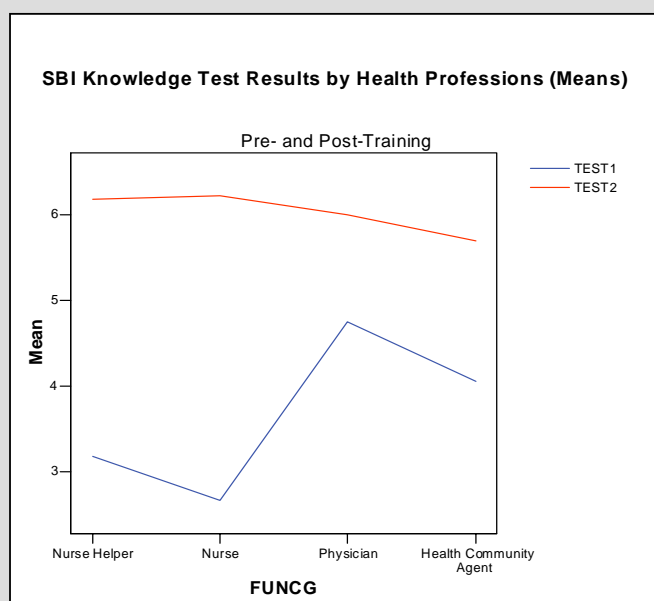
To report preliminary results about differences among health profession groups from a pre-post evaluation study about characteristics, knowledge, attitudes, beliefs and motivation of primary health care teams and professionals working in the Family Health Program (FH), who have been exposed to a 16h SBI training.

Methods & Results

This report brings data originated from selfadministered questionnaires of 227 PHC professionals enrolled in SBI trainings given for small groups with one to two FH teams with no more than 20 professionals per occasion. The study was submitted and received the approval of the Human Ethics Committee of the School of Medicine of Ribeirao Preto. From all research participants an informed consent was obtained.

The FH-teams were recruited through a laborious process of contact with the health administrators and all efforts have been made to ensure that each team could participate as a whole in the training.

The profession group which showed the highest improvement after the training was the group of nurses, followed by the group of nurse helpers, health agents and physicians. Curiously, the group of health agents showed a better performance in comparison with nurses and nurse helpers at the pre-test (Test1).



The sample was composed mostly by female, with 86% (195) of the participants. The most represented health professional group was of the health community agents with 60% (137). In this sample we found 9% (21) nurse helpers, 7% (15) physicians and 5% (12) nurses.



The group of nurse helpers seems to be the mostly benefited with the training, in comparison with all other profession groups. Before training this group showed the lowest rate of screenings. Both results, pre-training screening (F=3.7; p<0.05) and estimates of AUDIT applications (F=10.5; p<0.005) were statistically significant.

Conclusions

Despite of a general assumption made in different occasions and publications about the central role of the community health agents and family health physicians working in the Brazilian Family Health Program, we found that the forgotten group of nurse helpers is the group mostly benefited with our SBI training program.

The implications of these results are not clear at this moment but they suggest that, at least under the typical practice conditions at the community health services found in our sample, the nurse helpers should be the focus of our attention instead of the current strong orientation in favor of community agents. Nurse helpers have a longer and better technical education in comparison with the community agents (most of them without any former experience in the field of community health care). An important question remains about the role of “team-as-a-whole” training for the motivation of this group.