

Street Clinic as good practice in Collective Health

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"Freely translated as "How can I face this world? Life is ungrateful itself; but it brings hope even from the midst of the bitterness of despair"⁽¹⁾.

Life on the streets has presented itself as a reality for an increasing number of people, especially in the big cities of Brazil and the world. This harsh social reality blends in with the dynamics of the functioning of the urban space, presents conflicts and precarious living conditions. It is also growing the diversity of people that make up this population group: migrants and refugees, transsexual people, users of psychoactive substances, pregnant women, the elderly, children, young people... Real lives, in unhealthy conditions, facing complex situations that directly impact your health, your way of relating to the world and to yourself. To recognize the specificities in the care processes of this population and to interact with the limits imposed by the territory (geographic and symbolic) on the Primary Care teams, a routine that challenges and invites the professionals for new practices in Collective Health.

People living on the streets constitute a heterogeneous group that share the extreme social vulnerability. They are daily exposed to various forms of violence, deprived of fundamental human rights, without privacy, discriminated against; have poor conditions of sleep, rest, food and hygiene; low self-esteem, hopelessness, limits to self-care, broken or fragile social links and greater difficulty in accessing health services and following possible therapeutic projects. In addition, it is necessary to consider that the consumption of psychoactive substances is part of the environment of the streets (as a socializing element, source of pleasure, self-medication or means of obtaining some income) contributing to the aggravation of several physical and mental problems. The social determination of the health-disease process, a consolidated concept in Collective Health, can help health professionals understand their sickness and create effective care processes with them.

In Brazil, up to the 1980s, the State was not responsible for creating strategies for welcoming, caring and other possibilities of life for people living on the streets. They depended on the work of social and religious institutions. The precarious conditions of life and the tragic assassinations of street people gave strength to the social movements, among them the National Movement of the Street Population. After a lot of struggle, the Policies for the Adult Population Living on the Street was established in 2009, which, in general, regulates the assistance in the interface of social and health policies. While ensuring a range of access rights to intersectoral assistance⁽²⁾, the National Policy has not yet promoted powerful strategies to people leave the streets.

As a public health strategy, the 2011 version of the National Policy on Primary Care establishes the teams of Street Clinics. It is envisaged the possibility of some team configurations with the following professionals: nurse, physician, psychologist, social worker, occupational therapist, social agent, nursing technician or auxiliary, oral health technician, dental surgeon, physical education professional with training in arts and education⁽³⁾. The Street Clinic has been providing new configurations of care networks and revealing new challenges to the implementation of the Unified Health System (SUS). It has promoted the displacement of the professionals and the assistance structure outside the health services and the strategies of home care, creating estrangements while new care practices are shaped to the needs, demands and processes of sickness of the people living on the streets.

The success of the Street Clinics is due to the competence and insistence of the professionals in building ways of care, often transposing the institutional barriers of the own health system and the absence of sector articulation between the public policies. A field of resistance and politicization, the practice of the care of the Street Clinics Teams recognizes the social determinants and the transformative potential of the links when they occur in the dimension of the ingenuity and art of caring.

Although there are institutional, human and technical challenges to be overcome, the Street Clinics represents progress in the health care of street people. The perspectives of human rights, intersectoriality and integral health care must be strengthened as a State policy and without the recurring discontinuities of each management change. In the current Brazilian political scenario, there is still a need to fight back against national policies on Primary Health Care, Mental Health and the Unified Health System itself. Programs such as the Street Clinics are bulwarks in this struggle.

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