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Experience report: health promotion and prevention for truck drivers in feira de Santana-BA

Relato de experiência: promoção e prevenção à saúde do homem caminhoneiro em feira de Santana-BA Informe de experiencia: promoción y prevención de la salud de los camioneros en feira de Santana-BA

RESUMO

Com o reconhecimento de que os homens, em especial os trabalhadores, tem dificuldade ou resistência de acessarem os serviços de Atenção Primária a Saúde, fazem-se necessárias estratégias de abordagem a esse público. Objetivos: Descrever a experiência da implementação da Política do Homem, com foco na distribuição do Cartão Saúde do Caminhoneiro, tendo como público: homem, trabalhador caminhoneiro que transita pelo município de Feira de Santana – Ba. Métodos: Trata-se de um estudo descritivo do tipo relato de experiência sobre a implementação da Política Nacional do Homem para a população itinerante. Resultados: Foram atendidos um total de 56 homens, destes, 42 enquadraram-se dentro dos critérios do estudo por se tratar de caminhoneiros. Verificou-se que muitos apresentam comorbidades, como Hipertensão arterial e Diabetes mellitus e estão com hiperglicemia, sobrepeso e obesidade. Conclusão: Estratégias de abordagem, acolhimento e rastreamento a Saúde dos homens, em especial caminhoneiros, merecem ser ampliadas na Atenção Primária a Saúde.

DESCRITORES: Saúde do Homem; Atenção Primária a Saúde; Saúde do Trabalhador.

ABSTRACT

With the recognition that men, especially workers, have difficulty or resistance in accessing Primary Health Care services, strategies to approach this public are necessary. Objectives: To describe the experience of implementing the Men's Policy, focusing on the distribution of the Trucker's Health Card, targeting: men, truck drivers who transit through the city of Feira de Santana – Ba. Methods: This is a descriptive study of the experience report type on the implementation of the National Human Policy for the itinerant population. Results: A total of 56 men were assisted, of which 42 met the study criteria for being truck drivers. It was found that many have comorbidities such as hypertension and diabetes mellitus and are hyperglycemic, overweight and obese. Conclusion: Strategies for approaching, welcoming and tracking the Health of men, especially truck drivers, deserve to be expanded in Primary Health Care.

DESCRIPTORS: Men's Health; Primary Health Care; Worker's health

RESUMEN

Reconociendo que los hombres, especialmente los trabajadores, tienen dificultades o resistencias para acceder a los servicios de Atención Primaria de Salud, son necesarias estrategias para acercarse a este público. Objetivos: Describir la experiencia de implementación de la Política del Hombre, con foco en la distribución de la Tarjeta de Salud del Camionero, dirigida a: hombres, camioneros que transitan por la ciudad de Feira de Santana - Ba. Métodos: Se trata de un estudio descriptivo del tipo informe de experiencia en la implementación de la Política Nacional Humana para la población itinerante. Resultados: Se atendió a un total de 56 hombres, de los cuales 42 cumplieron con los criterios del estudio para ser camioneros. Se encontró que muchos tienen comorbilidades como hipertensión y diabetes mellitus y son hiperglucémicos, con sobrepeso y obesos. Conclusión: Las estrategias de acercamiento, acogida y seguimiento de la Salud de los hombres, especialmente los camioneros, merecen ser ampliadas en Atención Primaria de Salud.

DESCRIPTORES: Salud del Hombre; Primeros auxilios; Salud del trabajador

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INTRODUCTION

he National Policy for Integral Attention to Men's Health aims to qualify the health of the male population from the perspective of lines of care that safeguard comprehensive care. The recognition that men enter the health system through specialized care results in increased morbidity due to delayed care and higher costs for the SUS. It is necessary to strengthen and qualify primary care, thus ensuring health promotion and prevention of preventable diseases. 1

The implementation of the policy should take place in an integrated manner with other existing policies, in a hierarchical health care logic, prioritizing primary care as the gateway to a universal, comprehensive and equitable health system. Therefore, there is a need to articulate with the various areas of government, with the private sector and society, creating networks of commitment and co-responsibility for the health and quality of life of the male population. 1

Assuming that the actions developed by the human policy must be articulated with other policies and that some professional categories are mostly made up of men, such as truck drivers, who are conductors of cargo transport in general and, for boosting the economy, are primarily responsible for the country's transport sector. Her work consists of long hours, irregular shifts, which cause repercussions on physical, emotional and psychological health. 2

These professionals appear as a diffe-

The recognition that men enter the health system through specialized care results in increased morbidity due to delayed care and higher costs for the SUS.

rentiated clientele in the Unified Health System (SUS), since this public fits into a category of itinerant worker, with this having difficulty accessing the Primary Care Units, due to the recommended operating model of these units. These are considered 'gateway' to the SUS, being the place responsible for organizing the health care of the population. However, attention to the population follows a logic of territorial organization, providing assistance to residents of the area concerned, operating during business hours, from Monday to Friday, which makes these workers' access to services unfeasible. 3,4

Based on this assumption, the Ministry of Health developed the truck driver's health card, with the objective of subsidizing the implementation and development of timely strategic actions to promote health and prevent diseases and injuries for Cargo Transport Professionals. 3

The truck driver's health card will be distributed to professional road freight transport drivers so that, when they access the PHC Units, they can have better monitoring of their health condition. This is a public document that will remain in the worker's possession and will be used to collect data on care provided at any primary health care facility in the country, regardless of their home address. 3

In this sense, the aim of this article is to describe the experience of implementing the Human Policy, having as audience: man, worker, truck driver who transits through the city of Feira de Santana - BA.

METHOD

This is a descriptive, cross-sectional study of the experience report type on the implementation of the National Human Policy for the itinerant population of the city of Feira de Santana-BA, in partnership with the Social Service of Transport and the National Service of Transport Learning - SEST/SENAT.

As this is an experience report, in which we describe the development of the men's health action that culminated in the distribution of the truck driver's card, there was no intervention that poses risks to the participants, nor were there any data that identify the subject, thus dispensing with CEP/CONEP evaluation as per sole paragraph, item VII of resolution 510/16.5

Male truck drivers who were transiting Feira de Santana on the day of the event or who were at the PPD (posto de parada e descanso) stop and rest station were included as study subjects. Men who do not fall into the category of truck drivers are excluded.

The implementation of the truck driver's card in Feira de Santana took place through technical visits to the PPD by Nurses of Primary Health Care to assess the appropriate physical structure for the event, material and human resources needed, culminating in the elaboration of the project and approval of the event by SMS.

The event took place on June 30th, 2021, at one of the PPDs, located at Posto São Goncalo 4, on BR 324, in the city of Feira de Santana. The city is the second largest city in the state of Bahia and stands out as the largest road junction in the North/ Northeast, receiving thousands of visitors on its highways. According to the National Secretariat of Land Transport (SNTT - ecretaria Nacional de Transporte Terrestre), there are 03 (three) PPD in operation in the city, places along the roads, which allow the safe stop of the vehicle and allow the necessary rest for the professional, being essential for the effective compliance with the Laws No. 12.619, of April 30th, 2012, and No. 13.103 of March 2nd, 2015, popularly known as the "Truckers' Law".

Initially, the reception of the truck drivers, distribution and filling of the truck driver card by the SEST/SENAT team was carried out. The team was responsible for this assignment as it is a reference service for workers in the transport sector and this body has partnered with the Ministry of Health to enable the implementation of the card in the national territory.

After the reception, the care of these workers began by professionals from various bodies linked to the Municipal Health Department - SMS (Secretaria Municipal de Saúde): Primary Care, Nursing Division, Diabetic and Hypertensive Reference Center - CADH (Centro de Referência ao Diabético e Hipertenso), Occupational Health Reference Center - CEREST (Centro de Referência em Saúde do Trabalhador), HIV/AIDS Reference Center, Professionals from the Expanded Family Health Nucleus – NASF (Núcleo ampliado de Saúde da Família) and Epidemiological Surveillance.

After the reception, the truck drivers were directed to care by a multidisciplinary team formed by Nurses, Nursing Technicians, Nutritionist, Physical Educator, Occupational Safety Technician and administrative team for the triage service, blood pressure measurement, capillary blood glucose measurement, weight, height, waist circumference, Body Mass Index (BMI) assessment and vaccination card update.

Subsequently, a questionnaire with objective questions was applied by nurses, in order to know the profile of the truck driver who transits Feira de Santana-BA.

RESULTS AND DISCUSSION

A total of 56 men were assisted, of which 42 met the study criteria because they were truck drivers. Regarding the interviewees' report, residents from different regions of Brazil were found, including: Camaçari, Santa Catarina, São Paulo, Salvador, Alagoinhas, Cândido Sales, Jardinópolis, Governador Valadares, Simões Filho. Among the people served, 100% were male. This local profile is confirmed by data from the

Table 1- Characterization and health condition of the itinerant truck driver population. Feira de Santana (BA), 2021.	
HEALTH CONDITION OR CHARACTERISTICS	VALUES FOUND (%)
Diabetes Mellitus (DM)	14 %
Systemic Arterial Hypertension (SAH)	24%
Association between DM and SAH	14%
Hyperglycemia	12%
High blood pressure	38%
Overweight	28%
Obesity	42%
Source: Authors' data.	

2019 CNT Profile of Truck Drivers Survey, where 99% of truck drivers in Brazil are men. 6

Of the participants, 38% reported pre-existing chronic pathologies, these being 14% Diabetes Mellitus (DM) and 24% Systemic Arterial Hypertension (SAH). 14% had an association of the two pathologies. Even at the time of action, 12% of truck drivers had hyperglycemia and 38% had high blood pressure. Similar data were found by Lago and Coser. 6,7,8

When evaluating the BMI, 28% of the participants were overweight and 42% were already considered obese. Other studies also highlighted this issue: Franco et al reported that 35% of the participants in the Viva bem truck driver extension project were overweight; Rocha et al. (2015) in a survey conducted with truck drivers who traveled through the Araguaia region identified that 35% were overweight and 38% considered obese. 9,10

These data confirm the studies by Alessi and Alves (2015), that in the population of truck drivers, overweight and hypertension appear as significant problems. These professionals eat at roadside restaurants, exposed to a greater offer of high-calorie, low-nutrient and high-calorie foods. Add to this the high exposure to alcoholic be-

verages and sedentary lifestyle, which can aggravate pre-existing diseases, such as Chronic Non-Communicable Diseases (CNCD), and accelerate the occurrence of diseases such as acute myocardial infarction and stroke, being that some of these chronic diseases tend to be more prevalent in the male population. 11

The World Health Organization highlights that inadequate eating habits are the main risk factor for the development of SAH, Martins et al. (2021) emphasizes that educational interventions help the population to better control the disease, such as the use of different technologies, with educational materials, folders and group dynamics, encouraging behavioral changes. 12

When asked about the frequency with which they seek the Primary Health Care service, 50% of truck drivers only seek this service 1 (once) a year and 19% never seek it. 31% reported seeking health care only in emergency situations. Similar data were found in the Survey of the Profile of Truckers, where less than half (42%) seek medical care with a focus on prevention. Ano-

ther 38% seek health services only when symptoms of illness appear or when the signs worsen. And 13% do not even seek health professionals. 6

As shown in the study by Narciso and Melo 2017, truck drivers have a limited view of the concept of health, understanding health only as the absence of diseases, thus, educational actions and extra health units for this professional category that are so important for the country's economy. 12, 13

This event allowed a significant approach with the male and economically active population, serving as a pilot intervention project for a public that rarely attends the PHC unit, strengthening the ties between health professionals and implementing the PNAISH, which has as one of the main objectives to promote health actions that significantly contribute to the understanding of the unique male reality in its various sociocultural, political and economic contexts. 1,14

Thus, the use of strategies for approaching, welcoming and tracking men, espe-

cially truck drivers, deserves to be expanded in PHC so that it is possible to avoid or even reduce the number of hospitalizations resulting from damage caused by injuries, which could be avoided in Primary Care.

CONCLUSION

The event dealt with in this report aims to enable the expansion of access to health services by the economically active male population. In this sense, the Trucker's Card supports the implementation and development of timely strategic actions to promote health, prevent diseases and injuries, expanding access and ensuring continued care. It is hoped that this disclosure of this report will serve as an example for the implementation of actions aimed at the health of truck drivers in other cities.

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