# PERCEPTION AND KNOWLEDGE OF BASIC HEALTH UNITS PROFESSIONALS ON ACCESSIBILITY FOR PEOPLE WITH DISABILITIES

## *PERCEPÇÃO E CONHECIMENTO DE PROFISSIONAIS DE UNIDADES BÁSICAS DA SAÚDE SOBRE ACESSIBILIDADE DAS PESSOAS COM DEFICIÊNCIA*

## *PERCEPCIÓN Y CONOCIMIENTO DE PROFESIONALES DE LA UNIDADES BÁSICA DE SALUD SOBRE ACCESIBILIDAD DE PERSONAS CON DISCAPACIDAD*

Bruna Martins Grassi SEDLMAIER[1]
Denise Machado MOURÃO[2]
Cristiane Gomes FERREIRA[3]
Carla Ladeira Gomes da SILVEIRA[4]
Grasiely Faccin BORGES[5]

**ABSTRACT**: The aim of this study is to evaluate the perception and knowledge of Basic Health Units (UBS, Portuguese initials) professionals about accessibility of People with Disabilities (PwD) and their assistance in services. The research is a cross-sectional, quantitative and qualitative study. A semi-structured interview was conducted with 30 questions. Based on the interviews of 53 participants, it was identified that almost half of the participants did not know the legislation on the rights of the PwD, 44% reported having some difficulty or doubt about the care of the PwD, 45.3% stated that there was no distinction in welcoming the PwD to other users and only 37.7% stated that the PwD had priority in assistance. It was concluded, therefore, that the knowledge of UBSs professionals about accessibility and assistance of PwD in health services needs to be improved, so that care is resolute, in order to value the autonomy and independence of PwD.

**KEYWORDS**: People with disabilities. Family health strategy. Health services accessibility. Comprehensive health care.

***RESUMO**: O objetivo deste estudo é avaliar a percepção e o conhecimento dos profissionais de Unidades Básicas de Saúde (UBSs) sobre a acessibilidade das Pessoas com Deficiência (PcD) e sua assistência nos serviços. A pesquisa é um estudo transversal, quanti-qualitativo*

[1] Federal University of Southern Bahia (UFSB), Teixeira de Freitas – BA – Brazil. Medical student at the Health Sciences Formation Center. ORCID: https://orcid.org/0000-0002-4069-1075. E-mail: brunasedlmaier@live.com
[2] Federal University of Southern Bahia (UFSB), Teixeira de Freitas – BA – Brazil. Adjunct Professor at the Health Sciences Formation Center. Doctorate in Food Science and Technology (UFV). ORCID: https://orcid.org/0000-0002-7265-6899. E-mail: dmmourao@gmail.com
[3] Bahia State University (UNEB), Teixeira de Freitas – BA – Brazil. Assistant Professor in the Department of Education. Master's in Education and Contemporary (UNEB). ORCID: https://orcid.org/0000-0003-4697-6423. E-mail: crisgfe.inclusao@gmail.com
[4] Federal University of Southern Bahia (UFSB), Teixeira de Freitas – BA – Brazil. Medical student at the Health Sciences Formation Center. ORCID: https://orcid.org/0000-0002-1935-7486. E-mail: carlalgsilveira@gmail.com
[5] Federal University of Southern Bahia (UFSB), Itabuna – BA – Brazil. Adjunct Professor of Postgraduate Studies in Health, Environment and Biodiversity. Doctorate in Sport Sciences (UC) – Portugal. ORCID: https://orcid.org/0000-0002-5771-6259. E-mail: grasiely.borges@gmail.com

*em que foi realizada entrevista semiestruturada com 30 questões. Com base nas entrevistas de 53 participantes, identificou-se que quase metade alegou não conhecer a legislação sobre os direitos das PcD, 44% relataram ter alguma dificuldade ou dúvida sobre o atendimento da PcD, 45,3% afirmaram que não havia distinção no acolhimento da PcD aos demais usuários e apenas 37,7% afirmaram que a PcD tinha prioridade no acolhimento. Concluiu-se, portanto, que o conhecimento dos profissionais das UBSs sobre acessibilidade e assistência da PcD nos serviços de saúde precisa ser aprimorado, para que o cuidado seja resolutivo, de forma a valorizar a autonomia e independência das PcD.*

***PALAVRAS-CHAVE**: Pessoas com deficiência. Estratégia saúde da família. Acesso aos serviços de saúde. Assistência integral à saúde.*

***RESUMEN**: Objetivo: evaluar la percepción y el conocimiento de los profesionales de la Unidades Básicas de Salud (UBSs) sobre la accesibilidad de las personas con discapacidad (PcD) y su asistencia en los servicios. Métodos: este es un estudio transversal, cuantitativo y cualitativo. Se realizó una entrevista semiestructurada con 30 preguntas. Resultados: participaron 53 encuestados, casi la mitad de los participantes afirmó no conocer la legislación sobre los derechos de las PcD, el 44% informó tener alguna dificultad o duda sobre el cuidado de las PcD, el 45,3% declaró que no había distinción en dar la bienvenida a los demás usuarios y solo el 37,7% declaró que el PcD tenía prioridad en el alojamiento. Conclusión: es necesario mejorar el conocimiento de los profesionales de UBSs sobre accesibilidad y asistencia para PcD en los servicios de salud, para que la atención sea resolutiva, a fin de valorar la autonomía e independencia de las PcD.*

***PALABRAS CLAVE**: Personas con discapacidad. Estrategia de salud familiar. Accesibilidad a los servicios de salud. Atención integral de salud.*

## Introduction

Primary Care is the preferred gateway to the Unified Health System for all users. The Family Health Strategy (FHS) favors access to health care and is essential for the consolidation of Primary Care (BRASIL, 2017). Access to the FHS, as in all architectural and urban spaces, must involve conditions for people with disabilities, in order to provide an equitable service to all citizens.

Accessibility can be conceptualized in the possibility and condition of reach, perception and understanding for safe and autonomous use of all urban spaces, including furniture, transport, communication, and services to the public, by PwD or with reduced mobility (ASSOCIAÇÃO BRASILEIRA DE NORMAS TÉCNICAS, 2015). User accessibility represents the adjustment between the characteristics of health care resources and those of the population, it is the ease of using services satisfactorily (PEDRAZA *et al.,* 2018).

In the 2011 National Plan for PwD Rights, the axes of access to education, health care, social inclusion and accessibility were established, encouraging articulated and intersectoral policies to ensure the inclusion of PwD in SUS, with a focus on integral care (BRASIL, 2011). Also, Ordinance no. 793 of 2012 established the PwD care network, with the creation, expansion and articulation of strategic points in PwD care in the Unified Health System (SUS). It is highlighted in this document the encouragement of free and spontaneous demand from these users to the units, in an autonomous and independent way (BRASIL, 2012). Subsequently, Law 13146 of 2015 - Brazilian law for the inclusion of PwD - came with the provision of priority care, with an emphasis on public health policies (BRASIL, 2015).

Although there is legislation regarding the care of PwD in Brazil, these laws and decrees need to be guaranteed in the daily lives of these people and, especially, in the area of health. Some studies have sought to investigate this theme (ALBUQUERQUE *et al.,* 2014; BEZERRA; SILVA; MAIA, 2015; CASTRO *et al.,* 2011; CRUZ *et al.,* 2019; MAIA *et al.,* 2009; MOCELIN *et al.,* 2017; RIBEIRO *et al.,* 2015; SILVA *et al.,* 2015), having a predominance in the investigation of physical accessibility in health units or in the PwD approach with other groups with impaired access, such as illiterate people and the elderly.

In addition to the architectural barriers, which compromise the citizen's right of access, due to the lack of accessibility in health services and directly interfere with their quality of life (CRUZ *et al.*, 2019; SILVA *et al.*, 2015). The perceptions and skills of professionals in assisting the PwD, aiming at integral assistance to this audience is of great importance in this process (BEZERRA; SILVA; MAIA, 2015; MAIA *et al.*, 2009).

The misconduct which hinders accessibility should be discussed among all workers of the unit and management, in order to discover the causes that have led those who work, mainly in reception, to the attitudes that exclude the user from the SUS entrance door. The study of the knowledge and perception of the workers who work in the UBSs can enable the creation and implementation of strategies that modify the work process and qualify the reception of the PwD. Therefore, this study aimed to assess the perception and knowledge of workers in Basic Health Units about accessibility of PwD and their assistance in services in a city in the extreme south of Bahia.

## Method

This is a cross-sectional study, of a quantitative and qualitative nature, carried out with the Basic Health Units in the municipality of Teixeira de Freitas, Bahia.

The study universe consisted of workers who worked in Basic Health Units, designed and built to work for this purpose, excluding all units with rented and adapted spaces. This criterion was applied in order to minimize discrepancies in the responses due to the architectural influence and the lack of adequacy of the units, since the units designed for the operation of the FHS should follow the Brazilian Standard ABNT-NBR 9050/2015 (ASSOCIAÇÃO BRASILEIRA DE NORMAS TÉCNICAS, 2015).

Data collection was carried out in 13 FHSs, all located in the urban area of the municipality of Teixeira de Freitas and in the five regions covered by Primary Care. A questionnaire was used to verify information about the professionals' knowledge and perceptions, through a semi-structured interview with 30 questions, two of which were closed and the other questions were written. In some questions, examples and justifications were requested to confirm the answers.

The interview was conducted with at least four workers from each unit, who were in constant contact with the community, spent more time in the unit and participated in the reception, being invited to participate, primarily: receptionists, community health agents, nursing technicians or nurses from the units visited. The inclusion criteria for participating in the interview were: exercising the function for at least three months and having attended at least one PwD at the basic health unit by the time of data collection. The exclusion criteria were: workers absent for any reason at the time of the survey or not agreeing to sign the ICF.

The questions addressed in the interview were grouped according to the theme of each of the questions, featuring: the profile of the interviewees (sex, age group, education and position), knowledge of the interviewees about legislation related to PwD, service, care and communication, perception of accessibility and inclusion in the FHS, perception of respondents about PwD.

At the time of the interview, the responses of the participants were manually recorded and a paper questionnaire was subsequently tabulated in an Excel spreadsheet. Qualitative variables were interpreted by analyzing the discourse of the interviews, and a categorization was performed according to the keywords used by the professionals. The data were represented by percentages and presented in the form of tables. The study followed the Regulatory Norms and Guidelines for Research involving Human Beings - Resolution CNS 466/2012 and 510/2016, being approved by the Research Ethics Committee of the State University of Santa Cruz on 22 September 2017, no. CAAE 72192317.0.0000.5526.

## Results

53 participants answered the questionnaire, among them 27 community health agents, 10 nurses, 11 receptionists and five (5) nursing technicians from the basic health units studied. Of these, most (81.2%) were female, between 35 and 39 years old (28.3%) and had completed high school (41.5%) (Table 1).

**Table 1** – Profile of study respondents (n = 53). Teixeira de Freitas, BA, Brazil, 2017

| Variables | n | % |
|---|---|---|
| **Sex** | | |
| Feminine | 43 | 81,2 |
| Masculine | 10 | 18,8 |
| **Age group** | | |
| 20-24 | 1 | 1,9 |
| 25-29 | 7 | 13,2 |
| 30-34 | 8 | 15,1 |
| 35-39 | 15 | 28,3 |
| 40-44 | 7 | 13,2 |
| 45-49 | 10 | 18,8 |
| 50-54 | 3 | 5,7 |
| 55-59 | 1 | 1,9 |
| 60-64 | 0 | 0,0 |
| 65-69 | 1 | 1,9 |
| **Education** | | |
| Complete primary education | 2 | 3,8 |
| Complete High School | 22 | 41,5 |
| Complete Technical Level | 11 | 20,7 |
| Complete Higher Education | 12 | 22,7 |
| Complete Specialization | 6 | 11,3 |

Source: Devised by the authors

The average time of work in the profession of the interviewees was 10 years, obtaining minimum and maximum values of 7 months and 20 years, respectively. The participating workers had the average time of work in the units, in which they were working, for five years and two months, with the minimum and maximum values being three months and 18 years, respectively.

Participants reported knowing the legislation (53%) (Table 2). Of those who claimed to know the legislation, only two respondents were unable to cite examples consistent with the laws. Of those who claimed to know, the most cited were: priority foreseen for this

population; right to health; retirement; accessibility in transport and physical environments; in addition to the quotas reserved for work in companies.

The participants informed that the PwD would have priority in attending the FHS (77.4%) (Table 2). However, on the question of priority in the care of PwD in the FHS, three types of categories of distinct responses can be observed: (1) 'traditional' priority care, (2) first-order service, and (3) priority by risk level.

The research participants stated that the reception of PwD in the FHS had no distinction in relation to the other users (45.3%), that there was no difference in the relationship/attendance of the PwD, by the type of disability (49.1%), they used strategy(s), such as gestures or mimics, writing, lip reading and paused speech to communicate with the PwD at the time of care, and that deaf or intellectual PwD need to attend the FHS with a companion (68%) (Table 2).

**Table 2** – Frequency of responses of knowledge and perceptions of workers in Basic Health Units about the care of People with Disabilities (n = 53). Teixeira de Freitas, BA, Brazil, 2017

| Question | n | % |
|---|---|---|
| **Do you know the legislation on the rights of Persons with Disabilities?** | | |
| Yes | 28 | 53,0 |
| No | 25 | 47,0 |
| **Priority of care in Family Health Strategies** | | |
| Person with Disabilities has priority | 41 | 77,4 |
| Person with Disabilities has no priority | 12 | 22,6 |
| **Reception of People with Disabilities in Family Health Strategies** | | |
| There is no distinction in relation to other users | 24 | 45,3 |
| With priority | 20 | 37,7 |
| Decontextualized responses | 9 | 17,0 |
| **Difference in the relationship/attendance of the Person with Disabilities, by type of disability** | | |
| There is no difference | 26 | 49,1 |
| There is difference | 22 | 41,5 |
| Decontextualized responses | 5 | 9,4 |
| **Communication with People with Disabilities at the time of service** | | |
| Use strategies, such as gestures or mimics, writing, lip reading and paused speech | 30 | 56,6 |
| Need help from the companion or to talk directly with the family member, in the case of deaf, 'mute' or people with intellectual disabilities | 15 | 28,3 |
| They try to do it in a 'normal' way or similar to the dialogue of other users | 5 | 9,4 |
| They have no difficulties | 3 | 5,7 |
| **Situations of need for the Person with Disabilities to appear in the Family Health Strategy with a companion** | | |

| | | |
|---|---|---|
| Deaf people or people with intellectual disabilities have this need | 36 | 68,0 |
| Minors under 18 years old, elderly or dependent on third parties for the use of medications | 12 | 22,6 |
| Every Person with Disabilities should seek the service with a companion | 5 | 9,4 |

Source: Devised by the authors

Most of the interviewees claimed to have never witnessed any attitude/situation of disrespect to PwD in the FHS (77.3%) and that there were never situations of impossibility to meet PwD in the FHS (81.1%) (Table 3). Of those who reported impossibility, the reasons were cited: unavailability or lack of a doctor or nurse in the team, absence of vacant hours for care, need for home care and demands not related to the FHS.

Respondents reported that the interpersonal relationship between the team and the PwD was positive (86.8%), as well as between the team and the PwD family (92.4%). Most workers denied having any difficulties or doubts about PwD care (66%), stated that the mobility of PwD until the FHS was bad or very bad (92%), that the unit does not have barriers in accessibility, in the area internal or external (68%) (Table 3). The workers cited items that could be improved, such as: support bars in the corridors, handrails on the external ramps, height of the drinking fountains, tactile floor, among others.

The participants reported that the FHS had a physical structure that provided autonomy to the PwD (81.1%) and that the service stimulated the independence of this population (73.6%) (Table 3).

**Table 3** – Frequency of responses regarding the perceptions of workers in Basic Health Units about everyday situations of care for People with Disabilities (n = 53). Teixeira de Freitas, BA, Brazil, 2017

| **Question** | **n** | **%** |
|---|---|---|
| **Have you witnessed any attitude/situation of disrespect to People with Disabilities in the Family Health Strategy?** | | |
| No | 41 | 77,3 |
| Yes | 12 | 22,7 |
| **Situations of impossibility to attend to the Person with Disabilities in the Family Health Strategy** | | |
| Never occurred | 43 | 81,1 |
| It has already occurred | 10 | 18,9 |
| **Interpersonal relationship between the team and the Person with Disabilities** | | |
| Positive | 46 | 86,8 |
| Could be better | 6 | 11,3 |
| There is no relationship | 1 | 1,9 |
| **Interpersonal relationship between the team and the family of the Person with Disabilities** | | |
| Positive | 49 | 92,4 |

| | | |
|---|---|---|
| Negative | 4 | 7,6 |
| **Do you have any difficulties or doubts about the care of the Person with Disabilities** | | |
| No | 35 | 66,0 |
| Yes | 18 | 44,0 |
| **Mobility of People with Disabilities up to the Family Health Strategy** | | |
| Bad or terrible | 49 | 92,0 |
| Good or reasonable | 4 | 8,0 |
| **The unit presents barriers in accessibility, in the internal or external area** | | |
| No | 36 | 68,0 |
| Yes | 17 | 32,0 |
| **The Family Health Strategy has a physical structure that provides autonomy to people with disabilities** | | |
| Yes | 43 | 81,1 |
| No | 10 | 18,9 |
| **The service encourages the independence of this population** | | |
| Yes | 39 | 73,6 |
| No | 14 | 36,4 |

Source: Devised by the author

In addition to these questions, other questions were addressed for a better understanding of the care provided to PwD in the FHS and the perception of workers about this audience. Of the total respondents, 56.6% answered that there is no strategy to include PwD in the unit's services; and of those who claimed to have (43.4%), the strategies they thought were not specifically related to PwD, consisting of the actions and programs already offered to all users of the FHS.

Most respondents (85%) stated that they had never received any formation or qualification in this area. However, 9.4% reported that some formation had already been offered to assist PwD, in previous moments, by the municipal management. About 5.6% did not know how to answer this question.

The workers reported that there is no additional resource to meet a certain need in the service of PwD (84.9%). However, 15.1% responded positively, citing resources such as: care for social workers and physiotherapists from the Family Health Support Center, offer of diaper kits, dressings, medications, and availability of a wheelchair in the unit.

The majority of respondents (75.5%) reported that there is no specific equipment in their sector for the care of PwD and 24.5% stated that there is only one wheelchair in their unit. Similarly, 96.2% of workers claimed that there is no measure to be implemented in the

units to improve accessibility and inclusion of PwD in the service, but that measures should be established, with a view to improving service to this public.

The workers stated that the PwD has returned to the unit whenever a new service is needed (86.8%). However, 13.2% stated that, sometimes, this is not possible and when this happens, home visits are carried out.

In assessing their own service to PwDs, 49% of respondents responded that they considered it to be 'good', 35.9% 'excellent' and 15.1% 'neither good nor bad'. Regarding the view on PwD, 39.6% answered that they are 'people with priorities', or 'with the right to accessibility' or 'who demand special needs and attention'; 18.9% answered ‘normal or equal to other people’; another 18.9% had responses related to social exclusion; 13.2% answered ‘people who have difficulties’; 7.5% had out-of-context responses and 1.9% stated that “even with the ‘disease’ PwD can be useful”.

Most respondents (71.7%) reported that there were no cases of attendance to PwD that lives outside the FHS coverage area; however, 28.3% reported this type of service. In addition, 30.2% reported that there are PwD who live in the FHS coverage area but do not use the unit's services. According to them, the reasons would be due to PwD having health plans and/or prefer services from the private network.

At the end of the interview, when asked about an issue that had not yet been addressed or some information to be added, the participants cited: there is a need for more actions and strategies in the units, such as lectures on the theme; more care centered on the PwD family, due to the stress faced; implementation of a specific day to assist the PwD; conduct training to assist the PwD; partnerships between networks; in addition to improvement in the entrance ramps of the units.

## Discussion

Almost half of the participants claimed not to know the legislation on the rights of PwD. Thus, it appears that knowledge about this legislation needs to be more widespread, especially in spaces focused on health. In addition, more specific examples could have been cited by professionals, such as: Law 13146/2015, which institutes the Brazilian law for the inclusion of people with disabilities (Statute for Persons with Disabilities) (BRASIL, 2015) and Decree 5626/2005 , which provides for the Brazilian Sign Language - Libras (BRASIL, 2005).

Most respondents were aware of the priority of PwD in services, yet some workers did not respond adequately to this question. However, the priority for this public and the risk assessment in health care, according to Art. 9, § 20 of law 13,146/2015, in public and private emergency services, is conditioned to the medical care protocols (BRASIL, 2015). The different situations found in the practice of health units can sometimes generate doubts as to the legitimacy of priorities and clarify this relativization, according to a stratification of risks, it is important in this context, both for professionals and users of the health service.

Most of the interviewees stated that the reception of PwD in the FHS was carried out in an equal way to the other users, that is, it did not provide an equitable service. However, the reception of PwD in health services must be specialized and individualized, considering the particularities of each one (GOTADO; ALMEIDA, 2016). The present result corroborates with that evidenced in another study, where the PwD interviewed claimed that they did not feel welcomed by the professionals, thus not having their condition recognized and valued, which suggests a reality in which some health professionals do not have this understanding in their practice (RESENDE; NÓBREGA; MOREIRA, 2014). Furthermore, reception must be understood as a mechanism to facilitate access, this tool needs to be implemented in Primary Care (ALBUQUERQUE *et al*., 2014), as well as the implementation of the principle of equity in SUS is necessary (CASTRO *et al.*, 2011).

Similarly, it was found that there was no difference in the relationship/attendance of PwD, by the type of disability. However, care for PwD in SUS, based on equity, treats differences and specificities in a unique way (CAMPOS; SOUZA; MENDES, 2015). Thus, for the equitable health service, it is essential to recognize the differences in the collective and face the prejudices and stigmas that still affect this population.

The professionals reported the use of strategies, such as gestures or mimics, writing, lip reading and paused speech to communicate with the PwD at the time of service. However, communication strategies (writing, lip reading and the presence of the companion) with deaf users used by health professionals can be inefficient, in addition to not encouraging the active participation of patients. In addition, for deaf patients, the care provided by professionals who know Libras or in places that offer an interpreter maintains their privacy and independence (OLIVEIRA; CELINO; COSTA, 2015). Accordingly, a survey on difficulties in caring for the deaf by health professionals in the FHS highlighted that the difficulty of communication constitutes a barrier to health promotion (GIL DE FRANÇA *et al.*, 2016).

Although a smaller percentage of respondents reported having witnessed situations of disrespect to PwD, such situations need to be eradicated from society. Since the barriers that

prevent the inclusion of PwD in the various services are not only architectural, but behavioral, such problems cause the violation of the rights of these people (PEREIRA; MEDEIROS, 2016).

Most professionals reported a good relationship with the PwD and their family members. However, contrary results were verified in another study, which questioned family members, since most of the interviewees reported that they rarely felt respected in the services of the health units (GOTADO; ALMEIDA, 2016). Therefore, it is relevant to value the satisfaction of the PwD and/or his family, through listening to users, with a view to strengthening bonds with the team and resolving health services.

Most professionals reported a good relationship with the PwD and their family members. However, contrary results were verified in another study, which questioned family members, since most of the interviewees reported that they rarely felt respected in the services of the health units (GOTADO; ALMEIDA, 2016). Therefore, it is relevant to value the satisfaction of the PwD and/or his family, through listening to users, with a view to strengthening bonds with the team and resolving health services.

The participants stated that the units did not present barriers to accessibility, with physical structures that provided autonomy to the PwD. However, the high percentages found on physical accessibility were already expected, since the units studied were planned and built for universal access. With the exception of the support bars in the corridors, the other items mentioned by the interviewees that could be improved in the FHS - handrails on the external ramps, height of the drinking fountains, tactile floor, among others, are foreseen in ABNT-NBR 9050/2015. This reveals a good notion of the professionals about the norms of the environment to provide accessibility to PwD, as well as suggests a possibility to analyze the norms of the support bars in the corridors, both in the service spaces of the FHS and in other urban spaces. Nevertheless, other studies have found that accessibility to health services in Brazil is still impaired (ALBUQUERQUE *et al.,* 2014; CAASTRO *et al.,* 2011; CRUZ *et al.,* 2019; RIBEIRO *et al.,* 2015; SILVA *et al.,* 2015). However, with the implementation of the National Program for the Improvement of Access and Quality of Primary Care, health professionals noticed improvements in access for PwD to the FHS (MOCELIN *et al.*, 2017).

Although most professionals reported a view of PwD as people with priorities, the right to accessibility or special needs, a considerable part presented responses of equality to other people or related to social exclusion. Many stigmas related to this population still perpetuate today (MAGALHÃES; CARDOSO, 2010), which generates prejudice and social

denial, as they treat disability as a "missing, lack or impossibility", concepts present in society throughout the history of humanity (COSTA, 2009).

Relating to the mistakes observed about the identification of the types of disabilities, which led to mistakes regarding patients with psychiatric problems, bedridden, domiciled, with Alzheimer's and users affected by Stroke. This lack of clarification about the particularities that differentiate a patient with and without a disability causes loss in the assistance offered by health professionals (COSTA, 2011).

Almost half of the professionals said they had some difficulty or doubt about attendance of PwD and only a third rated their own attendance for PwD as excellent. These findings indicate the need for continued and specific professional qualification on the topic in question, in addition to corroborating the participants' suggestions at the end of the interview. Financial and professional resources need to be devoted to improving service to PwD, such as, for example, qualification for professionals, interpreter of Libras, braille devices in services, tactile floor, among others. Emphasis is placed on the importance of training and qualification of workers to serve this public (BEZERRA; SILVA; MAIA, 2015; BOWONIUK WIEGAND; LEAL DE MEIRELLES, 2019; MAIA *et al.,* 2009).

## Final considerations

The perception and knowledge of UBS professionals about accessibility and PwD assistance in health services still need to be improved, considering that half of the professionals did not know the legislation. Some professionals stated that the reception was carried out in an equal way to the other users - not providing equity, as well as others reported doubts related to the care of this population.

For this, favorable conditions must be offered to the team, in view of the difficulties to be faced in order to obtain resolutive care, in order to value the autonomy and independence of PwD, facilitated access, efficient communication with professionals and the quality service.

**ACKNOWLEDGMENTS**: To the Institutional Scholarship Program for Initiation to Research, Creation and Innovation, from the Federal University of Southern Bahia (PIBIC-UFSB).

## REFERENCES

ALBUQUERQUE, M. S. V. *et al*. Acessibilidade aos serviços de saúde: uma análise a partir da Atenção Básica em Pernambuco. **Saúde em debate**, v. 38, n. esp., p. 182-194, out. 2014.

ASSOCIAÇÃO BRASILEIRA DE NORMAS TÉCNICAS. **ABNT NBR 9050**: acessibilidade a edificações, mobiliário, espaços e equipamentos urbanos. 3. ed. Rio de Janeiro: Associação Brasileira de Normas Técnicas, 2015.

BEZERRA, T. V.; SILVA, M. A.; MAIA, E. R. Acesso da pessoa com deficiência à atenção primária no Brasil: limites e possibilidades. **Cadernos de Cultura e Ciência**, v. 2, n. 14, p. 65-74, dez. 2015.

BOWONIUK WIEGAND, B.; LEAL DE MEIRELLES, J. M. Saúde das pessoas com deficiência no Brasil: uma revisão integrativa na perspectiva bioética. **Revista Latinoamericana de Bioética**, v. 19, n. 2, p. 29-44, dez. 2019.

BRASIL. Casa Civil. Lei n. 13.146, de 6 de julho de 2015. Institui a Lei Brasileira de Inclusão da Pessoa com Deficiência (Estatuto da Pessoa com Deficiência). **Diário Oficial da União**: Seção 1, Brasília, DF, p. 2, 07 jul. 2015. PL 7699/2006

BRASIL. **Decreto n. 5.626, de 22 de dezembro de 2005**. Regulamenta a Lei n. 10.436, de 24 de abril de 2002, que dispõe sobre a Língua Brasileira de Sinais – Libras, e o art. 18 da Lei n. 10.098, de 19 de dezembro de 2000. Brasília, DF, 23 dez. 2005.

BRASIL. **Decreto n. 7.612, de 17 de novembro de 2011**. Institui o Plano Nacional dos Direitos da Pessoa com Deficiência - Plano Viver sem Limite. Brasília, DF, 18 nov. 2011. Available: http://www.planalto.gov.br/ccivil_03/_ato2011-2014/2011/decreto/d7612.htm. Access: 09 Aug. 2020.

BRASIL. Ministério da Saúde. **Portaria n. 793, de 24 de abril de 2012**. Institui a Rede de Cuidados à Pessoa com Deficiência no âmbito do Sistema Único de Saúde. Brasília, DF: Ministério da Saúde, 25 abr. 2012. Available: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2012/prt0793_24_04_2012.html. Access: 09 Aug. 2020.

BRASIL. Ministério da Saúde. Portaria nº 2.436, de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica. **Diário Oficial da União**: Seção 1, Brasília, DF, p. 68, 22 set. 2017. Available: https://www.in.gov.br/materia/-/asset_publisher/Kujrw0TZC2Mb/content/id/19308123/do1-2017-09-22-portaria-n-2-436-de-21-de-setembro-de-2017-19308031. Access: 09 Aug. 2020.

CAMPOS, M. F.; SOUZA, L. A. P.; MENDES, V. L. F. A rede de cuidados do Sistema Único de Saúde à saúde das pessoas com deficiência. **Interface**, Botucatu, v. 19, n. 52, p. 207-210, jan./mar. 2015.

CASTRO, S. S. *et al*. Acessibilidade aos serviços de saúde por pessoas com deficiência. **Revista de Saúde Pública**, v. 45, n. 1, p. 99-105, fev. 2011.

COSTA, K. N. F. M. **Modelo de comunicação verbal com o cego**: desenvolvimento e validação em consulta de enfermagem. 2009. 131 f. Tese (Doutorado em Enfermagem) – Faculdade de Farmácia, Odontologia e Enfermagem, Universidade Federal do Ceará, Fortaleza, 2009.

COSTA, L. S. M. Educação médica e atenção integral à saúde da pessoa com deficiência. **Revista Brasileira de Educação Médica**, v. 35, n. 3, p. 301-302, jul./set. 2011.

CRUZ, R. *et al*. Acessibilidade para pessoas com deficiência na atenção básica de saúde em Três Rios, Centro Sul Fluminense. **Enfermagem Brasil**, v. 18, n. 1, p. 95-104, 2019.

GIL DE FRANÇA, E. *et al*. Dificuldades de profissionais na atenção à saúde da pessoa com surdez severa. **Ciencia y enfermeira**, v. 22, n. 3, p. 107-116, set. 2016. Available: https://scielo.conicyt.cl/pdf/cienf/v22n3/0717-9553-cienf-22-03-00107.pdf. Access: 09 Aug. 2020.

GOTADO, R. G.; ALMEIDA, M. A. P. T. O Acolhimento oferecido pelos Serviços de Saúde às pessoas com Necessidades Especiais. **Id on Line Revista Multidisciplinar e de Psicologia**, v. 10, n. 32, p. 126-137, nov./dez. 2016. Available: https://idonline.emnuvens.com.br/id/article/view/568/789. Access: 09 Aug. 2020.

http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2005/decreto/d5626.htm. Access: 09 ago. 2020.

MAGALHAES, R. C. B. P.; CARDOSO, A. P. L. B. A pessoa com deficiência e a crise das identidades na contemporaneidade. **Cadernos de Pesquisa**, v. 40, n. 139, p. 45-61, jan./abr. 2010.

MAIA, E. R. *et al*. Assistência à pessoa com deficiência: competências do agente comunitário de saúde. **Revista de Enfermagem UFPE on-line**, v. 3, n. 4, p. 937-944, out./dez. 2009. Available: https://pdfs.semanticscholar.org/9bcc/3bb3555385bad6afeaf43ba92fc92b2dfaaf.pdf. Access: 09 Aug. 2020.

MOCELIN, G. *et al*. Melhoria do acesso e da qualidade na atenção básica em saúde: inserção da pessoa com deficiência. **Cinergis**, v. 18, p. 353-357, dez. 2017. DOI: https://online.unisc.br/seer/index.php/cinergis/article/view/11165/7149

OLIVEIRA, Y. C. A; CELINO, S. D. M.; COSTA, G. M. C. Comunicação como ferramenta essencial para assistência à saúde dos surdos. **Physis: Revista de Saúde Coletiva**, v. 25, n. 1, p. 307-320, jan./mar. 2015.

PAGLIUCA, L. M. F. *et al*. Acesso de idosos às unidades de Atenção Primária à Saúde. **REME - Revista Mineira de Enfermagem**, v. 21, n. e1021, p. 1-5, set. 2017.

PEDRAZA, D. F. *et al*. Acessibilidade às unidades básicas de saúde da família na perspectiva de idosos. **Ciência & Saúde Coletiva**, v. 23, p. 923-933, 2018.

PEREIRA, N. T. B.; MEDEIROS, R. A. A Realidade das Agências Bancárias de João Pessoa-PB: Entraves à acessibilidade para Pessoas com Deficiência. **Revista de Direito Sociais e Políticas Públicas**, v. 2, n. 2, p. 37-51, jul./dez. 2016.

RESENDE, A. C.; NÓBREGA, S.; MOREIRA, T. Experiência das Pessoas com Deficiência nos Serviços de Saúde: Contribuição para a Formação Profissional. *In*: CONGRESSO INTERNACIONAL DE HUMANIDADES & HUMANIZAÇÃO EM SAÚDE, São Paulo, 2014. **Anais** [...]. São Paulo, SP: Blucher, 2014. p. 61.

RIBEIRO, J. P. *et al*. Acessibilidade aos serviços de saúde na Atenção Básica do Estado de Goiás. **Revista Eletrônica de Enfermagem**, v. 17, n. 3, p. 1-11, jul./set. 2015. Available: https://www.fen.ufg.br/fen_revista/v17/n3/pdf/v17n3a04.pdf. Access: 09 Aug. 2020.

SILVA, D. C. N. *et al*. Acessibilidade de portadores de deficiência física ou mobilidade reduzida na Unidade Básica de Saúde Jonas Manoel Dias em São Luís de Montes Belos – GO. **Revista Faculdade Montes Belos (FMB)**, v. 8, n. 3, p. 36-60, nov. 2015.

**How to reference this article**

SEDLMAIER, B. M. G.; MOURÃO, D. M.; FERREIRA, C. G.; SILVEIRA, C. L. G.; BORGES, G. F. Perception and knowledge of basic health units professionals on accessibility for people with disabilities. **Temas em Educ. e Saúde**, Araraquara, v. 17, n. 00, p. e021003, 2021. e-ISSN 2526-3471. DOI: https://doi.org/10.26673/tes.v17i00.14251

**Submitted**: 30/09/2020
**Required revisions**: 28/11/2020
**Accepted**: 23/03/2021
**Published**: 20/04/2021