

Urban Violence and Community Health Agent Work Process

Poster number

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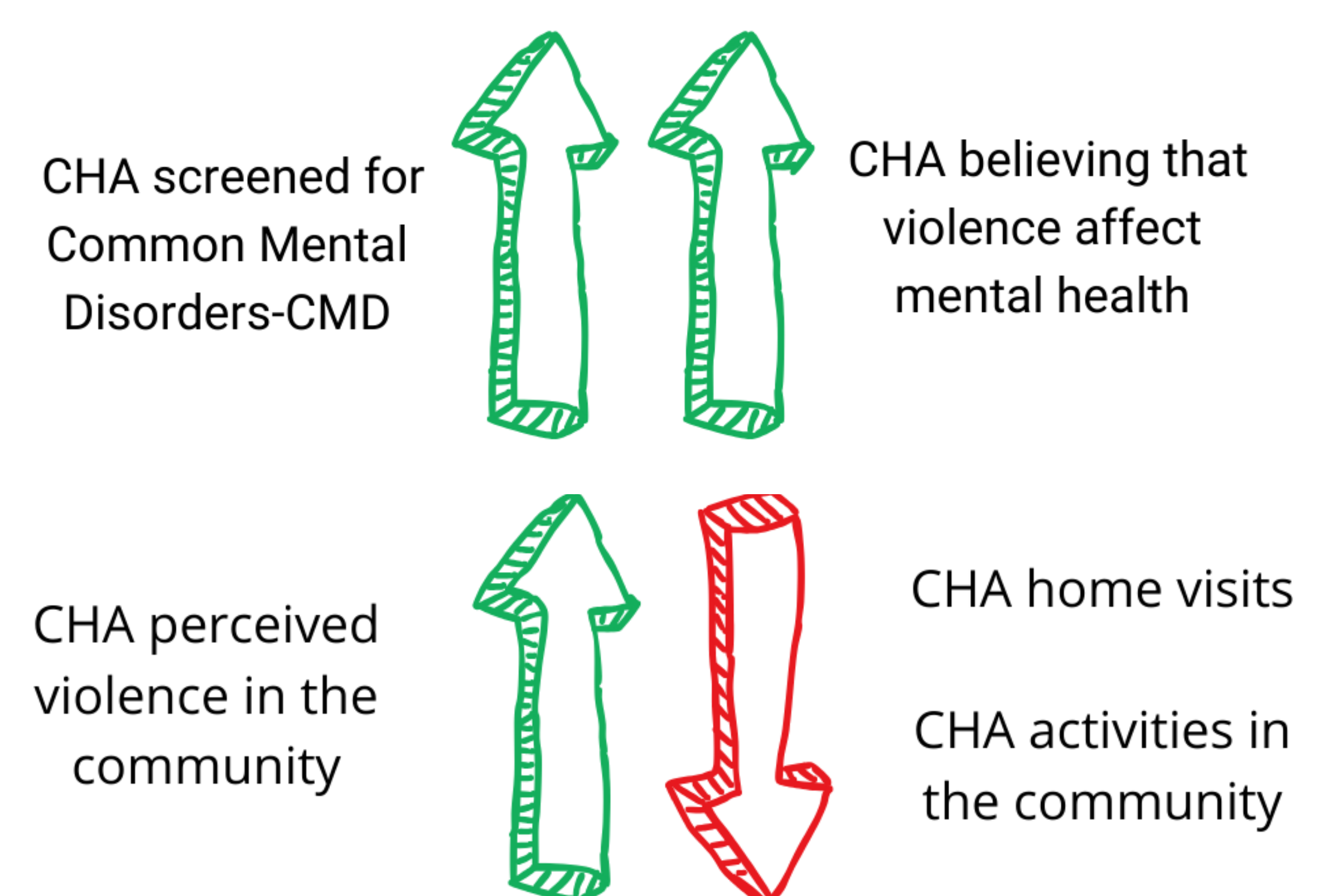
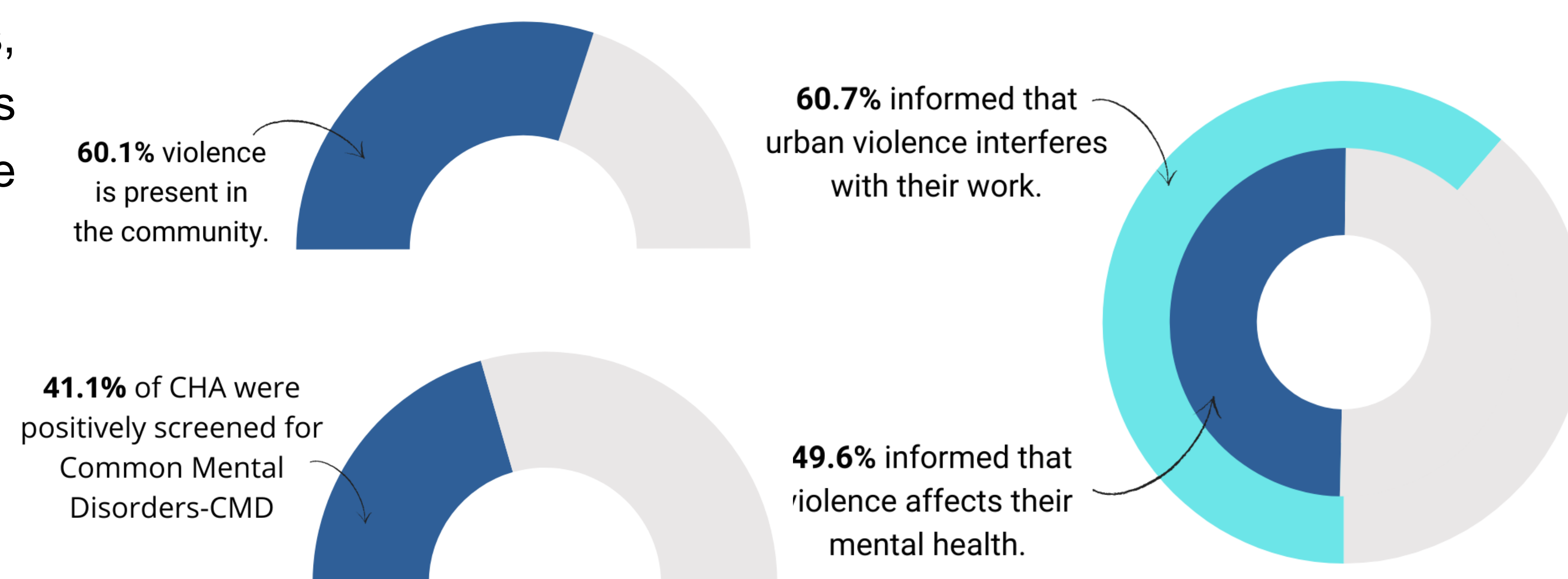
High prevalence of perceived violence in the community and Common Mental Disorders among CHA was observed. Moreover, urban violence is limiting CHA activities in the most vulnerable region (most violent) enhancing the inequalities in health.

BACKGROUND

Violence is recognized as a multifaceted, complex phenomenon, which is a significant public health problem that compromises health and impacts health professionals, access and demand for health services, affecting their ability to provide care for the community. According to the Mexican Citizen Council for Public Security and Criminal Justice, Fortaleza was the 9th most violent city in the world in 2022. Brazil's Public Primary Health Care system is organized through Family Health Teams, which comprise a doctor, a nurse, a dentist, nurse auxiliaries and Community Health Agents (CHAs). CHAs are individuals from the community trained to provide a range of services in the territories, including home visits, health promotion activities, and serve as liaisons between health units and communities. We aimed to investigate the CHA exposure to urban violence and its relation to their work process.

RESULTS (continue)

When evaluating the relationship of the perceived violence in the community and CHA work activities, a negative relationship was observed between violence and performing home visits ($X^2; p < 0.001$) and activities in the community ($X^2; p = 0.015$). A positive relation was observed between violence and bureaucratic activities in the health unit, and no relationship between violence and Health Promotion activities ($X^2; p = 0.311$), Health Activities in School ($X^2; p = 0.398$), Activities with the community in the health unit ($X^2; p = 0.596$).



METHODS

A questionnaire was applied to CHA working in Fortaleza. The instrument covered sociodemographic and professional variables and questions on the extent to which the CHWs perceived violence in the territory and its impact on their work process. In addition, CHA risk for Common Mental Disorders (CMD) was evaluated by the SRQ-20.

RESULTS

A total of 333 CHA was investigated in 2023. 83% were female, 77.2% work and live in the same neighborhood, 49.6% believe their neighborhood to be violent/very violent, and 60.1% that violence is present/very present in the community. 60.7% informed that urban violence interferes with their work, and 49.6% informed that violence affects their mental health. 41.1% of CHA were positively screened for Common Mental Disorders-CMD (SRQ-20), and a relationship between CMD and believing that violence affect mental health was found ($X^2; p < 0.001$).

CONCLUSIONS

In conclusion, a high prevalence of perceived violence in the community and CMD among CHA was observed, as well as a relationship between perceived urban violence and CHA work process outside health unit, evidencing that the violence is limiting CHA activities in the most vulnerable region (most violent) enhancing the inequalities in health.

ADDITIONAL KEY INFORMATION

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