



ISSN: 2230-9926

Available online at <http://www.journalijdr.com>

IJDR

International Journal of Development Research
Vol. 09, Issue, 05, pp. 27786-27792, May 2019



REVIEW ARTICLE

OPEN ACCESS

EVALUATION OF PRIMARY HEALTH CARE IN THE PERSPECTIVE OF THE FAMILY CAREGIVER: INTEGRATIVE REVIEW

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ARTICLE INFO

Article History:

Received 14th February, 2019
Received in revised form
03rd March, 2019
Accepted 15th April, 2019
Published online 30th May, 2019

Key Words:

Nursing, Primary Health Care,
Health Services Evaluation,
Child Health, Family.

ABSTRACT

Materials and Methods: Integrative literature review aiming to review in the literature the evaluation of Primary Health Care attributes with the use of the Primary Care Assessment Tool (PCA Tool) child version. The terms used were "primary care assessment tool" and "PCA Tool". The search occurred in the Lilacs, Pubmed, Scopus and Web of Science databases. Results: The corpus of analysis consisted of 28 studies. It was observed that Brazil leads the evaluation research in APS using the PCA Tool child version. 89.28% (25) of the studies developed in Brazil are distributed in a higher concentration in the south-eastern regions, 52% (13), southern region, with 28% (7), and in the northeast region 16% (4). The attribute that presented the greatest extension was the longitudinality, and the attributes less present in the PHC services were the family and community orientation. It was observed that there is a difference in the supply of child care in PHC as a function of management models, and actions may be developed in disagreement with the users' needs. Final considerations: PCA Tool allows to capture the perception of users according to their experiences of care, the proposal of the ESF requires changes in the management and work processes. The dialogue between health professionals and users is fundamental to align actions with users' needs and so that they understand the logic of care.

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Citation: GOMES, Bruna Cristiane Furtado, STRECK, Mônica Tábata Heringer, CARVALHO, Jordana Lopes, WEILLER, Teresinha Heck, 2019. "Evaluation of primary health care in the perspective of the family caregiver: integrative review", *International Journal of Development Research*, 09, (03), 27786-27792.

INTRODUCTION

Primary Health Care (PHC) is a health care strategy to respond in a regionalized, continuous and systematized manner to a majority of the health needs of a population, integrating preventive and curative actions, as well as attention to a population and communities (BRAZIL, 2012). In this perspective, structural elements of the PHC are considered four essential attributes: (1) First Contact Access; (2) Longitudinality; (3) Integrality; (4) Coordination of Attention. And, also, three attributes derived from PHC that qualify actions of PHC services, namely: (1) Family counseling (family centered attention); (2) Community Guidance; (3) Cultural Competence, considering that the higher the score of these attributes, the more oriented is the health service to provide quality assistance to users (STARFIELD *et al.*, 2001). Thus, the evaluation of health services is a management tool, and should be present in all health actions, as it is essential for directing and qualifying health care, in addition to favoring social control when results are shared with the population and

it participates in the decision-making process (LIMA, SILVA, 2011). In order to evaluate the presence and extension of APS attributes, Starfield (BRASIL, 2010) and its collaborators developed an APS assessment tool called Primary Care Assessment Tool, which allows the measurement of APS attributes from a user perspective. This instrument can be applied to users (PCATool Adult) family / e or caregivers (PCATool Version Child) and health professionals (PCATool Version professionals). In 2002, a sectional study was carried out to analyze the validity and reliability of the application of the instrument in Brazil. The validation process consisted of: translation and reverse translation, adaptation, pre-test, construct validity, internal consistency and reliability analysis, revealing adequate validity and reliability, being able to constitute a national instrument for the evaluation of primary health care (Harzheim, *et al.*, 2006). In this study, the PCATool model was used to identify the aspects of the functioning, structure, process and results of primary care services (Harzheim *et al.*, 2006).

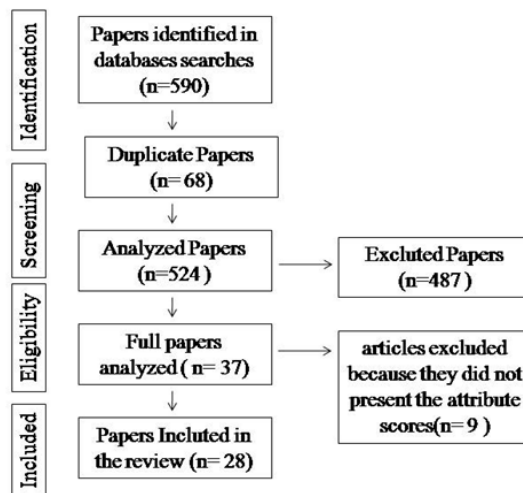
It should be emphasized that results from the evaluation of PHC services should support the development of innovative proposals that could contribute to the qualification of these services. In this sense, PCATool is the evaluation tool that is closest to the proposal of the Family Health Strategy (ESF), according to the proposals of the National Basic Attention Policy (PNAB) (Fracoli, *et al.* 2014). In Brazil, the Ministry of Health has been investing in public policies focused on child health, with reduced mortality rates in the last decades. However, social and social inequalities persist, while at the same time they refer to an expressive number of deaths due to preventable causes related to prenatal care, childbirth and the newborn (BRAZIL, 2012). In the context of strengthening PHC and increasing investment in public policies for the quality of children's health in PHC, it is necessary to know the evaluation of the family member and / or caregiver about the care provided to the children. This study aims to review in the literature the evaluation of Primary Health Care attributes from the perspective of the family and / or caregiver with the use of the Primary Care Assessment Tool PCATool - child version.

MATERIALS AND METHODS

In order to achieve the objective of this study, we chose to carry out an integrative review, based on studies that used the PCATool version of the child version applied to the family member and / or caregiver to evaluate the perception regarding PHC. This type of review allows us to gather and synthesize research results on a given topic, to point out gaps in knowledge and to synthesize multiple published studies. In this way, integrative reviews of the literature can directly contribute to the state of knowledge, implementation of interventions and identification of gaps that guide the development of other studies (MENDES *et al.*, 2008). During the preparation of this study, the following steps were taken: (1) establishment of the research question; (2) selection of descriptors; (3) choice of databases; (4) definition of inclusion criteria and exclusion of studies; (5) categorization of studies; (6) analysis of the studies and interpretation of results and synthesis of knowledge (MENDES *et al.*, 2008). To formulate the guiding question, the PICOS strategy (Participants, Interventions, Comparisons, Outcomes, Studies) was used (O'Connor *et al.*, 2011). From this, it was asked: What scientific evidence from the studies that used the PCATool Child version?

The databases consulted were Latin American Literature in Health Sciences (LILACS), US National Library of Medicine National Institutes of Health (PubMed), and Sci Verse Scopus Top Cited (SCOPUS) and Web of Science. The keywords used were "Primary Care Assessment Tool" and "PCATool", with the use of the Boolean operator OR. The inclusion criteria were complete articles and available in full, and free access. We excluded articles that did not use the PCATool child version and studies that did not present the scores of the evaluated attributes. The methodological course of this review was from June to August 2018, and articles published until December 2017 were included. In order to minimize possible biases, the research, evaluation and selection of the studies was done by two qualified researchers, independently, and the divergent results were evaluated by a specialist reviewer on the subject. The collection resulted in the identification of 590 studies that used the PCATool instrument, and of these, 66 were excluded by duplicity, composing at the end, 524 articles for title analysis and summary.

During this stage, 37 studies using PCATool children version were selected. In in-depth reading we searched for the studies that brought the scores of the evaluated attributes, totalizing a sample of 28 studies to compose the corpus of the analysis, as shown in figure 1. The articles were categorized according to year of publication, authors, region of collection, APS model, study design and PCATool scores.



Source: Research data bases (2019)

Figure 1. Flowchart of data collection and selection of the studies that compose the sample. Santa Maria, 2019

RESULTS

Table 1 presents the distribution of 28 national and international studies, of which 85.71% (24) were of a cross-sectional design. It is observed that Brazil leads the evaluation research in APS using the PCATool child version. It is worth noting that 25 (89.28%) of the studies developed in Brazil are distributed in a higher concentration in the southeast region 13 (52%), followed by the southern region 7 (28%), the northeast region 4 (16%) and finally the central-west region with 1 (4%). In relation to the international studies involving the child version, three studies were identified, of which two were developed in Catalonia, Spain and one in Córdoba, Argentina. In Brazil, the evaluation of PHC in children's health had as main focus the identification and presence of PSA attributes in FHU in 12 (48%) of the studies, 3 (12%) of the studies analyzed only UBS, whereas 7 (28%) studies focused on comparing the performance of UF with UBS, and 3 (12%) compared the quality of care provided to children with chronic diseases by specialized services compared to services of APS. In the international scenario, the focus of evaluation were the primary health care centers. Of the 28 studies selected, 04 (14%) expanded their research since 01 (3%) used the PCATool child version concurrent with the adult version and 02 (7%) studies used the child, adult and professional versions simultaneously.

DISCUSSION

This review evidenced that 25 (89%) of the studies were developed in Brazil. This, according to the Ministry of Health (MS), reinforces the strategies to encourage the evaluation and self-evaluation of health teams by the National Program for Improvement of Quality of Basic Care (PMAQ-AB), which has been carrying out PHC (MALTA *et al.*, 2016).

Table 1. Analytical corpus of the integrative review Santa Maria, RS, Brazil, 2019

ID	Authors/ year of publication	Objective	Results	Level of Evidence
E1	Moraes, Nogueira (2017)	Identify the follow-up of the principle of primary care First-contact access, in FHS, in health care for children from zero to nine years.	Insufficient actions to guarantee the presence and extension of the First Contact Access attribute.	IV
E2	Wolkers <i>et al.</i> , (2017)	To evaluate and compare the quality of primary care offered to children with type 1 diabetes mellitus among the types of public health care services in the experience of their main caregivers.	Users have a greater link with the specialized service.	VI
E3	Pinto <i>et al.</i> , (2017)	o assess the extent of APS attributes, from the experience of users, both adults and caregivers of children, comparing the area served by the health units of the neighborhood of Rocinha with the other areas of the health district 2.1, in the city of Rio de Janeiro.	The attributes "access" and "completeness - available services" presented worse performances.	VI
E4	Santos <i>et al.</i> , (2016)	To evaluate the attributes family orientation and community orientation according to three models of Attention Primary Health Care for the Child.	UBS, FHS and Mixed Units presented an unsatisfactory score for the evaluated attributes.	VI
E5	Silva <i>et al.</i> , (2016)	To compare the quality of health care of children and adolescents with HIV among the types of services, in the family / caregivers' experience.	There were no significant differences between the FHS and UBS scores; There is a need to improve the structure, work processes and performance of PHC.	VI
E6	Silva, Fracoli, (2016)	To evaluate the assistance to the child under two years of age provided in the Family Health Strategy.	There is an imbalance between the supply of care and the needs of the users; The care offered by the professionals is in disagreement with the needs of the users.	VI
E7	Reichert <i>et al.</i> , (2016)	Identify the principle of family and community orientation in the Family Health Units, related to the health care of children under ten years of age.	Absence of Family and Community orientation in SF units.	VI
E8	Diniz <i>et al.</i> , (2016)	Identify the principle of family and community orientation regarding the health care of children under ten years of age	Fragile family and community orientation in PHC; Need for an integral look at the child and its family context.	VI
E9	Harzheim <i>et al.</i> , (2016)	To have an overview, through the actual experience of the users, of the degree of extension of the essential attributes and derivatives of PHC to all Planning Areas of the Municipal Health Department.	The scores of the attributes "access - first contact / accessibility", "Integrity - services provided", "community orientation" and "orientation family "still need to be improved. On the other hand, "care coordination" and "longitudinality" are in a quality trajectory.	VI
E10	Vaz <i>et al.</i> , (2015)	To evaluate the longitudinality attribute in child care in the Family Health Strategy	There is presence of longitudinality in the services, but still requires improvement.	VI
E11	Quaresma, Stein (2015)	Assess the attributes of primary health care for access; longitudinality; integrality; coordination; family orientation and community orientation in the Family Health Strategy, triangulating and comparing the point of view of social actors involved in the care process.	The care provided to the child and adolescent population is of low quality.	VI
E12	Daschevi <i>et al.</i> , (2015)	To evaluate the principles of family and community orientation of primary health care for children in the basic health units of Londrina, Paraná	Absence of Family and Community Orientation in PHC services.	VI
E13	Frank <i>et al.</i> , (2015)	To evaluate the effectiveness of primary health care for children, through the attribute longitudinality.	Longitudinality presented greater extension in the UBS compared to the FHS; Need for change in the work process of eSF.	VI
E14	Oliveira, Verissimo (2015)	Avaliar a orientação dos serviços primários de saúde sob o foco da longitudinalidade, na atenção à criança.	Longitudinality remains a challenge in both care models.	VI
E15	Oliveira, Verissimo (2015)	To compare the UBS care model with the FHS units regarding the presence and extension of the attributes of Primary Health Care in the care of children.	Need to review child care actions in both models of care (UBSxFHS).	VI
E16	Silva <i>et al.</i> , (2015)	Assess the attributes of primary health care for access; longitudinality; integrality; coordination; family orientation and community orientation in the FHS, triangulating and comparing the point of view of social actors involved in the care process.	Actions developed inadequately or insufficiently to be captured by users' experience.	VI
E17	Fracoli <i>et al.</i> , (2015)	To evaluate the presence and extent of attributes of Primary Health Care (PHC) in the ESF in the municipality of Quatá-Sp	Services need to be better operationalized, need to think about the work process so that it meets the users' needs.	VI
E18	Berra <i>et al.</i> , (2014)	To evaluate experiences with primary health care for children and adolescents, considering health levels, sociodemographic characteristics and the use of health services.	An organized and resilient APS could reduce the use of urgency and iniquity services.	VI
E19	Araujo <i>et al.</i> , (2014)	Identify the extent of attributes of family orientation and community orientation in child health care in primary care settings.	Difficulty of services in integrating the family and the community in the care process; Healing and person-centered assistance.	VI
E20	Filho <i>et al.</i> , (2014)	To assess the attributes of primary health care (PHC) for children and to know associated factors.	Only the longitudinality attribute was present among the APS attributes.	VI
E21	Marques <i>et al.</i> , (2014)	To evaluate the attributes of primary care, focusing on children's health, according to the perception of a quilombola community in the North of Minas Gerais.	Only two attributes of primary care reached the scores (access use and coordination-information system). The worst scores were for the attributes of Family Guidance and Accessibility.	VI
E22	Ferrer <i>et al.</i> , (2014)	To evaluate the longitudinality of care and to correlate this principle of primary care with the pattern of care utilization among patients hospitalized for avoidable conditions, comparing the two care models currently offered in Brazil.	It showed that 65.2% of the actions could have been resolved in the APS; patients assessed longitudinality as regular	IV
E23	Rivera <i>et al.</i> , (2013)	To know the continuity experience of schoolchildren according to their caregivers and to analyze the association according to the type of primary health care provider (PHC) and its financing (public vs. health or private)	Interpersonal continuity is greater when they identify a physician rather than a health service.	VI
E24	Furtado <i>et al.</i> , (2013)	To analyze the presence and extent of attributes of primary care and the degree of affiliation of children under one year of age in the Family Health Unit	It is observed efforts of the health team to meet the needs of users.	VI
E25	Leão <i>et al.</i> , (2011)	to assess the attributes of primary health care (PHC) in the health care offered by Family Health Strategy (FHS) teams compared to other health services in the city of Montes Claros.	The APS attributes were better observed in the USF teams; but there are aspects that need to be improved.	VI
E26	Leão, Caldeira (2011)	to verify the association between the attributes of primary health care (PHC) and the professional qualification of physicians and nurses	Professional qualification influences the APS assessment.	VI
E27	Berra <i>et al.</i> , (2011)	Investigate the validity and reliability of a selection of items from the short edition of the PCAT child.	Evidence of validity and reliability of the PCATool instrument for judgments about experiences with primary care in general.	VI
E28	Stralen <i>et al.</i> , (2008)	To evaluate the performance perception of basic health units with and without Family Health in cities with more than 100 thousand inhabitants in Goiás and Mato Grosso do Sul.	Professionals evaluate their practices with high scores regarding user assessment. USF revealed better scores than UBS.	VI

The findings in relation to the study sites are convergent with a study by Amaral *et al.*, (2018) who, when analyzing the demographic distribution of the APS evaluation surveys, observed that in the Southeast region the highest production is concentrated on the followed by the south, and northeast. The Department of Basic Attention (DAB) indicates a history of ESF coverage in the Brazilian macro-regions of 54.29% in the Southeast region, 67.19% in the South, 80.94% in the Northeast Region, 63.83% in the Northern Region, and 62.04% % in mid-west regions, in January 2018 (BRAZIL, 2018). In this sense, it is understood that the implementation of the FHS in the country experienced a significant expansion of the coverage in the last decade, with different rates between the regions, as well as in relation to the population size of the municipalities (BRAZIL, 2015). However, there are differences in coverage, access and supply of care in USF and UBS in the municipalities, due to management mechanisms and social inequalities in the country, with repercussions on the access and use of health services (Malta *et al.*, 2016). In the study models, the USFs are closer to the principles of PHC, but there is a need to review the actions of child care in both models of care (FILHO *et al.*, 2004; RIVERA *et al.*, 2008, LEÃO *et al.*, 2011). Family health was inserted into the PHC scenario without actually rearranging the traditional care model, making services sometimes complementary and sometimes opposing (BERRA *et al.*, 2014). APS services are lacking in physical structure, and in most regions the USF's were inserted in the same space of basic units or polyclinics, configuring themselves in two different attention models dividing the same space, and their dysfunctions (BERRA *et al.* (2001). Moreover, family health goes beyond health policies, involves the commitment of professionals to the work process and the change of dominant conceptions about health / disease (STRALEN *et al.*, 2008). When comparing specialized services that treat children with chronic diseases with PHC services, the studies reveal that the users have a higher affiliation with the specialized service (Davis *et al.*, 2015, OLIVEIRA, VERISSÍMO, 2015, FERRER *et al.*, 2014). These services are evaluated in a positive way due to the greater contact of the family member and / or caregiver with the professionals, as well as the greater involvement of the specialized service with the child. However, these services are centered on the disease, following the traditional health model, with little articulation with other services and, consequently, it has presented weaknesses in relation to the access (DAVESCHI *et al.*, 2015; OLIVEIRA, VERÍSSIMO 2015). For the quality of care and continuity of care, communication between specialized services and PHC services is essential.

The APS will only be configured in a strategy to access health services if it fulfills three essential roles: the resilience represented by cognitive and technological capacity, to meet 90% of the demand for PHC, coordination consolidated by the capacity of communication and conditions to order the flows and counter-flows of users, information, and accountability for the exercise of population-based management and economic and sanitary accountability in relation to the population ascribed (BRAZIL, 2015). With regard to the attribute Coordination integration of Care, it was observed the difficulty of establishing reference system and counter-reference. APS health professionals believe that there is a lack of counter-advocacy that favors continuity of care, and users report lack of interest from the PHC practitioner about the outcomes of care provided elsewhere in the network (SILVA *et al.*, 2015).

This dichotomy reflects on the importance of communication between users and health professionals in relation to the organization of services, as well as weaknesses and potentialities, stimulating social control and participation of users in SUS management processes. The coordination attribute of the information system, in turn, was present in 11 (84.61%) of the studies. This may be related to the MS's investment to qualify PHC services, since the Health Information System for Primary Care (SISAB) was established in 2013 and currently the e-SUS AB system developed to attend the work processes of Primary Care for the management of health care (ASSIS, JESUS, 2012). According to Fincker *et al.* (2014), access refers to the capacity of health services to respond to the health needs of users. Access, is one of the essential prerequisites for quality health care soon, has a direct relationship with geographical, cultural, organizational aspects of services in addition to social and economic aspects. The organization of access is one of the main difficulties of the ESF, and the studies indicate that the greater the spontaneous demand, the more negative the evaluation of the other attributes of the PHS (Silva, Fracoli, 2016; Fracoli *et al.*, 2015 OLIVEIRA, Page 2 On the other hand, studies indicate that the more users use the Health Unit, the better it evaluates the service (VAZ *et al.*, 2015, LEÃO *et al.*, 2011).

In this case, elevated scores may be related to the users' ability to know and understand the service routine. This study revealed that the Integrality attribute, which is subdivided into available services and services, is still not produced in its entirety when it refers to children's health care, actions remain centered on the curative hegemonic model, focusing on the disease, weakening the actions that the development, growth, safety at home, and behavioral aspects of the child, as well as in the prevention of domestic accidents, for example (Diniz *et al.*, 2016, Franck *et al.*, 2015, Oliveira, Veríssimo, 2015, Filho *et al.*, 2014). Studies involving the evaluation of PHC in children's health point to the fragmentation of care, in a context of changing the care model that did not include the incorporation of PHC / ESF principles into professional practices, lack of qualification in the work process and high turnover of professionals is related to a lack of orientation towards completeness (Frank *et al.*, 2006; Marques *et al.*, 2014, Stralen *et al.*, 2008). For Finckler (2014), if care is uncoordinated, actions are fragmented and with low resolution to the real needs of the child, as well as their families, making it difficult to consolidate the attribute of completeness. Regarding the longitudinality attribute, it was observed that although there are barriers to access and coordination of care, the user who accesses the health service constitutes relations of belonging, bond and trust (WOLKERS *et al.*, 2017; SILVA *et al.*, 2016; HARZHEIN *et al.*, 2016; FRACOLI *et al.*, 2015). Professionals in general have answered users' doubts with easy-to-understand language, however, among the health professionals working in the PHC scenario, nurses were identified as those who most form a link with users contributing to the presence of the attribute of the longitudinality in APS (VAZ *et al.*, 2015). The regions where longitudinality was not present were related to the lack of knowledge of some health professionals (doctors and nurses) about the family's difficulty in acquiring prescription drugs, lack of space to talk about doubts about the child's health, and indifference to the social conditions of the community (VAZ *et al.*, 2015; OLIVEIRA *et al.*, 2015). Care directed at the family and community is the differential element in the FHU, in such a way that professionals must plan care actions,

considering the physical, social and community context. However, the findings of this study identified that of the 22 locations evaluated, only one presented the family and community orientation present in their practices. However, localities with 90% coverage in the family health family and community orientation are not yet present in professional practices, persisting the dichotomy between daily practice and the assumptions of PHC, in addition to the existence of a fragile family orientation reflecting in an attention to poor health (REICHERT *et al.*, 2016; ARAUJO *et al.*, 2014). In order to reduce the dichotomy between health policies and professional practices, it is fundamental to invest in permanent education with the teams offering spaces for discussion of the work process and still offer structural conditions for the work to develop. Low scores attributed to family and community orientation are related to the fact that professionals do not consider the opinion of the family member and / or caregiver regarding the child's treatment and the opinion of the community to organize access to the local health service (REICHERT *et al.*, 2016; VAZ *et al.*, 2015; ARAUJO *et al.*, 2014). Similar to studies with other outbreaks, including tuberculosis, professionals do not consider families when planning care (FURLAN *et al.*, 2015). Another relevant issue was the self-perception of health professionals in relation to their practices, so that the quality of self-reported performance by the professionals is not perceived by the users, suggesting that actions and services may be being insufficiently developed or disarticulated community health need (SILVA^b, FRACOLLI, 2016; FRACOLLI *et al.*, 2015).

In the Brazilian context, the family health units have, in their role of activities, the supply of programmed actions that begin during prenatal care and develop from the first week of the child's life (BRASIL, 2012). However, the literature indicates that the family member and / or caregiver is not affiliated with health promotion actions. Therefore, the demand for care of the children's public occurs in acute conditions, since the family member and / or caregiver is not in the habit of attending health services to carry out routine follow-up of the child (OLIVEIRA, VERISSÍMO, 2015). In relation to the monitoring of the child in PHC, the one recommended by the Ministry of Health is 08 (eight) visits per year. However, the average of consultation is 03 (three) per year (OLIVEIRA, VERISSÍMO, 2015), that is, the logic of prevention is not yet present in the users, which conditions the child care to the demand for complaint and conduct, reinforcing the curativist practices. It is necessary to promote the change of position of the users in relation to the health services and to reinforce the importance of the accompaniment of the child. In this perspective, when a PHC service is restricted to providing individual and curative care over preventive care, they lead to the loss of affiliation, the establishment of links, integration of care and longitudinality (Oliveira, Veríssimo, 2015).

A study carried out by Pinto (2017) in a region of Rio de Janeiro pointed out that the localities in which the children's health care was oriented to PHC, made present the investment of the management in the actions of permanent education and strengthening of the teams, and the existence of indicators of payments by goals and quality of the PHC teams. Thus, it is considered that the valorization of the team is important for the quality of PHC. Faced with this integrative literature review, it was observed that of the 28 studies evaluated, only one clearly showed the factors that possibly contribute to the presence and extension of PSA attributes, representing a gap in terms of

studies. Assessing the quality of health services is important, but there is also a need to elucidate successful ways to achieve such quality.

Final considerations

This review presented a review of the attributes of Primary Health Care from the perspective of the family member and / or caregiver with the use of PCATool child version. The scientific evidence indicates that the services are oriented to longitudinality, in contrast, there is no family and community orientation, a fact that demonstrates the non-recognition of the relative in the production of child care. Children's access to health services occurs through acute conditions, and the family member and / or caregiver does not adhere to preventive and health promotion actions. This demand for care in acute conditions is related to the negative evaluation of access, integrality and coordination of care. There is a need to strengthen the dialogue between health professionals and users to stimulate health promotion by transforming the demand culture for PHC into disease-centered care. In this scenario, the dialogue is fundamental for the user to recognize the contribution that the health service can play in the health of their child / family. Addressing during prenatal consultations, important aspects in child care in relation to health promotion and the benefits of childcare can be adopted as a strategy to strengthen child health care. The studies also show that the ESF proposal requires changes in the team management and work process, since it is still necessary to invest in physical structures, qualification and professional valorization, corroborating to the strengthening of this level of attention. The PCATool instrument allows to capture the self perception, and in general, the perception of the user is subjective varying according to the experience of each subject. In addition, people experience different care experiences, and may constitute limitations of the studies analyzed. Finally, the supply of care and services occurs unevenly and significant regional differences prevail. The comparison of studies that used the PCATool instrument to evaluate the perception of users and professionals is positive as it allows to observe different perspectives of the same reality, and to compare results in different locations in Brazil and the world. Finally, knowing the possibilities of APS evaluation, knowing how to interpret and use them to improve the quality of health services is opportune for APS professionals, especially for nursing, since this professional has been outstanding in the management of health services and management positions.

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