Programa de Pós-Graduação Desenvolvimento Regional mestrado e doutorado

DOI: 10.17058/redes.v27i1.17462

Public policy toward immigrants: challenges in accessing Primary Health Care (PHC) services in Lajeado/RS

Grazielle Betina Brandt
University of Santa Cruz do Sul – Santa Cruz do Sul – RS– Brazil
ORCID: https://orcid.org/0000-0001-8162-578X

Silvia Virginia Coutinho Areosa
University of Santa Cruz do Sul – Santa Cruz do Sul – RS – Brazil
ORCID: https://orcid.org/0000-0001-7308-0724

Karen Priscila Rodrigues
University of Santa Cruz do Sul – Santa Cruz do Sul – RS– Brazil
ORCID: https://orcid.org/0000-0001-5666-6512

Abstract
This article refers to some sections of a larger study in the field of Regional Development, conducted in the city of Lajeado/RS in 2021. Two of the healthcare service units that serve the largest number of immigrants in the city were selected, namely the São José Praia Family Health Strategy (ESF) and the Moinhos Basic Health Unit (UBS), and, additionally, the 16th Regional Health Coordination (CRS), which is in charge of the services in the region. Based on the selection of healthcare service units, an investigation using a qualitative approach was carried out, with semi-structured interviews with a total of 13 subjects, including 8 health professionals, 4 Haitian immigrants, and 1 manager, who was the regional coordinator of Primary Health Care Policy. The objective of this study was to contextualize the challenges in accessing services provided to immigrants in the Brazilian Universal Healthcare Program (SUS — Single Healthcare System). Based on the research results, the need for specific public policies to be created in SUS for immigrants was identified, as it was found that the planning of health actions should take into account the cultural influence of these subjects, therefore, there is a need for public policies that meet the specificities arising from cultural factors to be created. In addition, among the main results of this research, the language barrier, and religious and health rites were pointed out as challenges to be taken into account in the provision of healthcare services to immigrants in terms of PHC in Lajeado/RS. It was found that the formulation of specific public policies for this community is important to reduce inequalities in the provision of services and discrimination in relation to the cultural practices of immigrants in the health system.
Keywords: Public policy. Primary Health Care. International immigration. Health equity. Culture. Brazilian Universal Healthcare Program.

Política pública para imigrantes: os desafios no acesso aos serviços da Atenção Primária em Saúde (APS) em Lajeado/RS

Resumo

O presente artigo apresenta o recorte de uma pesquisa no campo de Desenvolvimento Regional, realizada no município de Lajeado/RS no ano de 2021. Foram selecionados dois serviços de saúde que atendem o maior número de imigrantes no município, a Estratégia de Saúde da Família (ESF) São José Praia e a Unidade Básica de Saúde (UBS) Moinhos, e, além destes, a 16ª Coordenadoria Regional de Saúde (CRS), responsável pelos serviços da região. A partir a escolha dos serviços em saúde foi realizada uma pesquisa de abordagem qualitativa, com a realização de entrevistas semiestruturadas com um total de 13 sujeitos, entre eles oito profissionais da saúde, quatro imigrantes haitianos e uma gestora, coordenadora regional da Política de Atenção Primária em Saúde. O objetivo deste estudo foi contextualizar os desafios no acesso a serviços prestados para imigrantes no Sistema Único de Saúde (SUS). A partir dos resultados da pesquisa, identificamos a necessidade de se criarem políticas públicas específicas para imigrantes no SUS, pois acreditamos que o planejamento das ações de saúde deve levar em conta a influência cultural desses sujeitos, e para isso, há a necessidade de se pensarem políticas públicas que atendam as especificidades advindas dos fatores culturais. Ainda, entre os principais resultados dessa pesquisa, apontamos como desafios nos atendimentos da APS de Lajeado/RS a barreira linguística, os ritos religiosos e de saúde como fator a serem considerados na prestação aos serviços de saúde para imigrantes. Acreditamos que a construção de políticas públicas específicas para essa comunidade, constitui-se num importante papel para diminuir as desigualdades na prestação dos serviços e a discriminação em torno das práticas culturais de imigrantes no sistema de saúde.

Palavras–chave: Política pública. Atenção Primária em Saúde. Imigração internacional. Equidade em Saúde. Cultura. Sistema Único de Saúde.

Política pública para inmigrantes: desafíos en el acceso a los servicios de Atención Primaria de Salud en Lajeado/RS

Resumen

Este artículo presenta el corte de una investigación en el campo del Desarrollo Regional, realizada en la ciudad de Lajeado/RS en el año 2021. Fueron seleccionados dos servicios de salud que atienden al mayor número de inmigrantes en la ciudad, la Estrategia Salud de la Familia (ESF) São José Praia y la Unidad Básica de Salud (UBS) Moinhos, y, además de éstas, la 16ª Coordinación Regional de Salud (CRS), responsable por los servicios en la región. A partir de la elección de los servicios de salud, se realizó un abordaje cualitativo, con entrevistas semiestructuradas con un total de 13 sujetos, entre ellos ocho profesionales de la salud, cuatro inmigrantes haitianos y un gerente, coordinador regional de la Política de Atención Primaria en Salud. El objetivo de este estudio fue contextualizar los desafíos en el acceso a los servicios prestados a los inmigrantes en el Sistema Único de Salud (SUS). Con base en los resultados de la investigación, identificamos la necesidad de crear políticas públicas específicas para los inmigrantes en el SUS, ya que creemos que la planificación de acciones de salud debe tener en cuenta la influencia cultural de estos sujetos, y para eso, es necesario pensar políticas públicas que respondan a las especificidades derivadas de los factores culturales. También, entre los principales resultados de esta investigación, señalamos la barrera del idioma, los ritos religiosos y de salud como un factor a ser considerado en la prestación de servicios de salud a los inmigrantes como desafíos en la atención de la APS en Lajeado/RS. Creemos que la construcción de políticas públicas específicas para esta comunidad constituye un papel importante para reducir las

desigualdades en la prestación de servicios y la discriminación en torno a las prácticas culturales de los inmigrantes en el sistema de salud.
Palabras clave: Política pública. Primeros auxilios. Inmigración internacional. Equidad en Salud. Cultura. Sistema Único de Salud.

1 Introduction

Based on the Annual Report of the International Migration Observatory (OBMigra, 2020), it is possible to see that there is an increase in immigrants from the Global South (Senegalese, Congolese, Angolans, Haitians, and Venezuelans, among others) in Brazil. The growth of international migration occurs rapidly and continuously in the country. Between 2011 and 2020, approximately 1.3 million immigrants were registered in Brazil (OBMigra, 2021). In the last 10 years, among the nationalities with the greatest presence, are Haitians and Venezuelans.

The Brazilian states that started to have the current influx of international migration are "Paraná, Santa Catarina, and Rio Grande do Sul, especially because of the Haitians, leading to reconfiguration of migratory flows that opened new positions for the workforce in the national territory." (OBMigra, 2021, p.128). According to Spinelli, Braga, and Scheibe (2018), Rio Grande do Sul (RS) is among the Brazilian states that have received the largest number of Haitian immigrants in recent years. Between[1] 2018 and 2020, RS had 29,357 immigrants, and Haitians[2] are 45% in the state, followed by Uruguayans, who are 12%, and Venezuelans, who account for 8%.

The labor market has been one of the main reasons for attracting immigrants to the country. According to Oliveira et al. (2019), the arrival of Haitians to the labor market is very prominent today, and they are predominantly young people, of working age. Gonçalves (2009) also says that countries will be increasingly impacted by immigration, some regions in particular, as a result of the ample job openings for this population, which results in these regions becoming quite attractive to these subjects. In Brazil, in 2011, there were 62,423 immigrant workers; in 2020, this total increases to 181,384 in the country. In 2020, 23,945 new jobs were created for immigrants in the Brazilian formal market. Among the main nationalities, Haitians and Venezuelans stood out, having benefited from more than 13 thousand vacancies available. In 2020, Haitians ranked first in the formal labor market (OBMigra, 2021).

In 2011, there were 3,612 immigrant workers in Rio Grande do Sul; in 2020, that number rose to 20,459 in the state. (OBMigra, 2021). According to data from the Annual Social Information Report (RAIS), in 2018 the meat-packing industry was among the businesses that employed more immigrants. Haitians form the vast majority of foreigners working in the meat-packing industry. According to Bosi (2019), the availability of vacancies in this area is a result of harsh activities being conducted under precarious social and health conditions.

---

[1] Information obtained on the State Government website. Retrieved from: <https://www.estado.rs.gov.br/estudo-mostra-predominio-de-homens-jovens-e-mais-escolarizados-entre-os-imigrantes-do-rs> Accessed: March 8, 2022.

[2] Information obtained on G1 RS. Retrieved from: <https://g1.globo.com/rs/rio-grande-do-sul/noticia/2021/06/25/maioria-dos-imigrantes-do-rs-vem-de-uruguai-haiti-e-venezuela-aponta-estudo.ghtml> Accessed: March 8, 2022.

Therefore, based on the data presented, it is possible to notice that the arrival of immigrants to the country has been growing significantly, and that, given this scenario, it is expected that the Brazilian healthcare model should cover the demands of this population. Due to the complexity of this phenomenon, it is necessary to include the migratory issue in the context of the Brazilian Universal Healthcare Program (SUS — Single Healthcare System).

International immigration is a topic that requires interdisciplinary interpretation. This is based on the fact that migrations "express particularities of class, gender, ethnicity, and religion, and are present in changes in world geopolitics." (CFESS, 2017, p. 8). Thus, the current characteristics of the international migratory flow provide new challenges both for public health policies and for SUS services and employees.

Healthcare service units that serve immigrants have faced several obstacles, such as: lack of information by health professionals regarding cultural diversity, as well as lack of information by immigrants about how SUS operates; difficulties in quality access due to the language barrier; different perceptions regarding health and self-care; little or no professional qualification to meet cultural demands, among others. The challenges experienced by SUS employees and immigrant users are, in most cases, intrinsic to issues of cultural manifestation. According to Faqueti, Grisotti, and Risson (2020), the issue involving immigration and health is complex and is directly related to social factors, prejudice, discrimination, inequities in access to healthcare services, work, housing, education, and cultural manifestations.

Faced with the movement of populations from different origins to Brazil, it is important to discuss how these people are seen by SUS, since relating to other cultural identities may create important challenges both for immigrants and for the health professionals who serve them.

Thus, this article refers to some sections of a larger study carried out in the context of research for a Master's degree in the field of Regional Development on the access of immigrants to the Primary Health Care services network in the city of Lajeado, located in Vale do Taquari, in the State of Rio Grande do Sul. This article aims at contextualizing the challenges of international immigration regarding SUS. Taking into account factors linked to cultural issues, the National Policy for the Promotion of Health Equity (PNPES) has the potential to adequately provide healthcare services to these subjects.

In addition, this research scrutinizes the importance of formulating specific public policies for immigrants in the context of SUS, considering that they face difficulties in undergoing health treatments due to their cultural particularities. Therefore, it is believed that the planning of healthcare actions within SUS should consider the influence of culture expressed in the health demands of these users, since adopting the same treatments, the same way of rendering services, without acknowledging equity as a right for a population culturally different implies, above all, the violation of human rights.

2 Methodology

The research was qualitative and was structured on the historical and dialectical materialism approach based on three central categories of analysis: historicity, contradiction, and totality. Data collection consisted of a semi-structured interview model in three healthcare service units in the city of Lajeado/RS, namely the São José Praia Family Health Strategy (ESF), the Moinhos Basic Health Unit (UBS), and the 16th Regional Health Coordination (CRS). These service units were selected due to the fact that among the 16 ESFs and 3 UBSs in the city, São José Praia Family Health Strategy and Moinhos Basic Health Unit are the two healthcare service units that serve the largest number of immigrants in the region. Thus, 13 people were subjects of this study: 2 head nurses, 2 nursing technicians, 2 doctors, 2 receptionists, 4 Haitian immigrants, and 1 nurse from the 16th CRS.

The interviews were conducted based on a separate semi-structured script for each group of research subjects, and were audio-recorded and fully transcribed for later analysis. Data collection took place in November 2021 and was carried out in the healthcare units upon prior appointment. After transcription, the data were submitted to content analysis through systematized readings and interpretation for the formulation of categories, and discussed with the literature. The anonymity of the participants was ensured, and they were identified by fictitious names chosen by the authors.

It should be noted that only the reports from the health professionals were used in this article, as the interviews with PHC workers brought important elements about the local reality, through which more relevant information was obtained for the preparation of this survey. In addition to those from the Primary Health Care team, the reports from the nurse who is the Regional Coordinator of Primary Health Care Policy of the 16th CRS were used in this study — she contributed to the debate on the formulation of specific public policies for immigrants at the state level.

3 Labor immigration and Primary Health Care (PHC) services in Lajeado/RS

The city of Lajeado/RS was chosen as the territory of analysis for its local reality, based on the expressive manifestation of the international migratory phenomenon in the city. Of the 36 municipalities that make up the Vale do Taquari region, 4 account for 85% of recent international immigrants: Lajeado, Encantado, Estrela, and Arroio do Meio (CAZAROTTO, et al. 2019). Lajeado is also the eighth[3] municipality that received the largest number of immigrants in recent years.

According to Spinelli, Braga e Scheibe (2018), Lajeado became a destination for Haitian immigrants in Rio Grande do Sul due to the job openings in the meat-packing industry, since the arrival of immigrants is facilitated due to the interest in labor in this sector. Thus, it is understood that factors related to work "were one of the triggers for the arrival of labor from other regions of the country, as well as

[3] Information obtained on Vale do Taquari "Agora no Vale" online newspaper. Accessed: June 25, 2021. Retrieved from: <https://agoranovale.com.br/noticias/lajeado-e-o-80-municipio-do-rs-que-mais-recebeu-imigrantes-nos-ultimos-anos/>.

individuals from other countries, mainly from the Haitian, Senegalese and Indian migrations." (DIEHL, 2017, p. 112).

Among the 59 different[4] nationalities in the city, there are people from Haiti, Senegal, Nigeria, India, and Bangladesh. With 85,033 inhabitants (IBGE CIDADES, 2020), the city has a contingent of 2,133 international immigrants, the majority being Haitians, who account for 1,161 in Lajeado.

Lajeado[5]/RS has entrepreneurial characteristics, with large companies, being a commercial and industrial hub with excellent infrastructure. The city has great economic importance for the development of the State of Rio Grande do Sul, with five cities in Vale do Taquari making up the ranking of the 100 largest economies in the state. Lajeado/RS ranks 17th, ahead of cities like Alvorada, Bagé, Sapucaia do Sul, Uruguaiana, and Viamão.

The municipality's GDP[6] is around BRL 4.2 billion, with 62.5% coming from industry services (25.7%) and the government (11.4%), while agriculture (0.4%) has the smallest share in the city's economy. The municipality has 38,600 formal jobs — the predominant occupation of these workers is office assistants (2,288), slaughterers (1,960), and butchers (1,836). The three activities that employ the most are: poultry slaughter (5,070), government jobs in general (2,106), and construction (1,534).

The poultry slaughtering sector stands out, a service that has provided employment and income opportunities for many Haitians in Lajeado/RS. Cazarotto and Sindelar (2020) state that, due to lack of opportunities, immigrants fill vacancies in meat-packing plants, for example, that locals reject due to the precarious working conditions in this sector.

The conditions in meat-packing facilities are extremely precarious, and the working hours are exhausting; in addition, there is exposure to sharp instruments and repetitive movements, conditions that may cause serious pathologies and great psychological pressure on workers in this sector. In Brazil, food factories "have poor working conditions, and workers who have no alternative but to accept inhumane conditions of employment and wages that allow their survival subject themselves to them." (GRANADA, et al. 2021, p. 214).

Considering these factors, it is possible to see that international immigration involves economic, political, social, labor and health issues. In Lajeado/RS, Haitians have the possibility of accessing the formal labor market and public policies, such as health and social assistance. Human mobility is very significant in the region, as the city has important data and employment and income opportunities for the migrant population. Consequently, it is inferred how important is the planning of actions that facilitate the access of immigrants to the labor market, public policies, and healthcare without any type of discrimination or prejudice, as well as the recognition of these people as subjects of rights in all these sectors.

---

[4] Data provided by the Federal Police of Santa Cruz do Sul/RS by e-mail.

[5] Information obtained on the website of daily newspaper of Grupo A Hora, from 17 December 2020. Retrieved from: <https://grupoahora.net.br/conteudos/2020/12/17/vale-do-taquari-tem-cinco-municipios-entre-as-100-maiores-economias-do-rs/> Access: January 3, 2022.

[6] Information obtained on Caravela Dados e Estatísticas (2021). Retrieved from: <https://webcache.googleusercontent.com/search?q=cache:7jnj9AaJWCoJ:https://www.caravela.info/regional/lajeado---rs+&cd=14&hl=pt-BR&ct=clnk&gl=br>.

With the creation of the Brazilian Universal Healthcare Program (SUS), the entire Brazilian population, including foreigners, undocumented or not, now had universal access to public healthcare services. The new Migration Law (Law No. 13,445/2017) considers access by immigrants to public healthcare services as a right to be guaranteed without discrimination on grounds of nationality or migratory status as one of the principles of Brazilian migration policy.

Thus, it is understood that for each and every human being to enjoy a better quality of life, it is essential that there is access to health - not only physical access to SUS units, but also to knowledge about their own needs and perceptions of care. The accessibility of immigrants to healthcare services implies the ability to provide services that can meet their health needs. Therefore, accessibility "refers to the characteristics of healthcare services and resources that facilitate or limit their use by potential users." (SANCHEZ; CICONELLI, 2012, p. 191).

The current SUS model is arranged in a regionalized and hierarchical manner: services are organized in a delimited area, which facilitates access to the population, and there is a division of services by levels, with care being provided according to the complexity of healthcare needs of users. Healthcare in Brazil is divided into three different levels: primary care, secondary care, and tertiary care, with each level referring to demands of low, medium and high complexity.

Mendes (2011) understands that the need for change regarding healthcare systems is due to the interest of SUS in responding effectively, efficiently and safely to the population's health-related situations. For this, Primary Health Care (PHC), which is made up of Family Health Strategies (ESF) and Basic Health Units (UBS), meets demands of low complexity, having as main objectives the prevention of diseases and the promotion of health. people's health. PHC is the level of healthcare that meets curative and preventive demands — in addition, these services provide accessible care based on the reality of the region covered.

Through the Primary Health Care network, referrals are made to specialized services. The UBSs and ESFs provide clinical indication based on the health demands of each user; thus, users who do not have medium or high complexity demands, that is, those who do not have a clinical need for specialized care, are treated in the PHC.

The services of the PHC network in Lajeado/RS follow this same type of hierarchy and territorialization, which facilitates a health diagnosis of the population covered by the ESFs and UBSs in the city. The division of the territory into political/administrative areas aims to help Primary Care (PC) services to understand the reality of the territories, monitoring how life in that place happens and how everyday social processes are carried out.

There are 19 health units in the city, which make up the Primary Health Care network in the territory, with 16 ESFs and 3 UBSs. Among these establishments, two of them are the service units that most serve immigrants, and this is due to the location of these units. Two important meat-packing plants in Lajeado/RS — Minuano and BRF Brasil Foods — are located in the neighborhoods of the two healthcare establishments surveyed. São José Praia ESF is located in the city center, where BRF Brasil Foods is based. Minuano is located in the Moinhos neighborhood, where Moinhos UBS is.

Additionally, these two neighborhoods are also the neighborhoods with the highest concentration of immigrants in Lajeado/RS, due to the proximity of the meat-packing factories. In the city center, there are 629 foreigners; in the Moinhos neighborhood, there are 415. It is worth noting that with regard to Minuano, according to the information[7] obtained, there are 467 foreign workers in the poultry sector, 438 of which are Haitians. Braun (2020) states that Haitian immigrants are mainly concentrated in cities where there are meat-packing facilities because in these spaces this population has the possibility of accessing the formal labor market. People of this nationality represent the majority of immigrants working in this field.

Thus, due to the number of Haitians in the region, the government of Lajeado/RS hired a Haitian translator for São José Praia ESF and Moinhos UBS, who is responsible for the mediation between Haitian immigrants using the SUS facilities and the PHC healthcare teams. This hiring is as an important action to promote health equity for Haitian migrants in the city.

4 The importance of the National Policy for the Promotion of Health Equity (PNPES) for the immigrants

Over its 31 years, the Brazilian Universal Healthcare Program (SUS) has undergone important historical and social advances, as a result of an important achievement by Brazilian society. Since then, SUS has sought to ensure access to healthcare for the entire population, promoting a better quality of life for its users. However, before the Federal Constitution of 1988, the public healthcare system provided assistance only to workers in connection with the Social Security, while millions of people suffered without access to healthcare. Those with no money depended on charity and philanthropy.

Before the creation of SUS, access to curative medical services was not a right for the entire population — only workers with a social-security card and formal contracts used public healthcare services. After years of struggle, in October 1988, with the enactment of the new Federal Constitution, healthcare became a citizen's right, giving rise to the process of creating a public, universal and decentralized healthcare system.

Universality, integrality, and equity are the doctrinal principles of the Brazilian Universal Healthcare Program, being entirely interconnected with human rights and the guarantee of access to all people in the national territory. However, even though SUS is responsible for implementing these principles in all its services, certain factors still make it difficult for immigrants to access public healthcare services, such as health professionals who are not prepared to deal with frequent intercultural care in the context of the new international migratory flows in Brazil.

[7] The information was provided by Minuano's Human Resources department by phone. BRF Brasil Foods has not yet provided information about their foreign employees due to pending authorization from the company's supervisors.

Universality as one of the fundamental principles of SUS determines that all citizens in the national territory have the right to access all public healthcare services. This principle represents a great democratic achievement, which has made health a right for all and a duty of the State. In this sense, universality "encompasses coverage, access, and care in SUS services and expresses the idea that the State has a duty to provide this care to the entire Brazilian population" (PONTES, et al. 2009, p. 501), including immigrants living in the country.

Taking this principle into account, the difficulties in accessing healthcare services related to the phenomenon of immigration may interfere with the health of the immigrant person, since "the dynamics of healthcare added to the insufficiencies of health teams make more difficult to provide care to immigrants, and the actions in public healthcare policies do not show effective preparation to meet the intercultural demand" (SANTOS; MEDEIROS, 2017, p. 9). Therefore, when cultural issues within the scope of SUS are not seen as a right, the principle of universality is put into conflict and, consequently, human rights are affected.

The principle of integrality intends to guarantee healthcare that goes beyond the curative practice for the individual, serving the user at all levels of care and seeing him/her inserted in his/her social, family and cultural context. Daily life, knowledge, culture, and the entire experience of life encourage the development of people's conscience and behavior. Within the context of SUS, by means of the Social Health Determinants (DSS), the integrality of the user is understood based on social, economic, cultural, ethnic/racial, psychological and behavioral factors, which influence the incidence of health problems in the population.

According to Pontes et al. (2009), the principle of equity aims at reducing inequalities; however, this does not mean that equity is synonymous with equality. Although everyone is entitled to public healthcare services, people are not all the same, so they have different needs. As a principle of social justice, equity treats unequals unequally, it evidences the service to individuals based on the needs of each one, investing more where the need is greater.

Thus, in accordance with Brasil (2018), as it is the main point of access to SUS, it is up to Primary Health Care to be a space for fostering the implementation of intersectoral policies and actions to promote health equity, meeting and articulating the demands of groups in a situation of inequity.

The National Policy for the Promotion of Health Equity (PNPES) is made up of a set of governmental healthcare programs and actions, designed to promote respect for the needs, diversity, and specificities of each citizen or social group and guarantee comprehensive care for populations in situations of vulnerability and social inequality. The principle of equity includes the acknowledgement of social determinants, such as different living conditions, which involve housing, work, income, access to education, leisure, among others that directly impact the health of subjects (BRASIL, 2018).

Currently, in Brazil, immigrants are not effectively included in the PNPES. Given this context, it is important to examine the relevance of equity when care is provided to immigrants in public health policies. It is necessary to verify what strategies and policies organizations adopt in relation to this multicultural reality, because if there are cultural factors involved, such as language and perceptions of

care, it is important to reflect on how these identities have been observed in the context of SUS.

The effective inclusion of immigrants in the National Policy for the Promotion of Health Equity helps PHC teams to take into consideration the specificities of the immigrants' reality, in the commitment to develop strategies to improve access to healthcare services, reducing access inequality.

5 Public policy toward immigrants and the challenges in accessing healthcare

Immigrants find themselves in different situations of vulnerability and inequality in relation to native citizens. The life history of these subjects and the precarious working conditions greatly influence their health situation. According to Delamuta et al. (2020), more than learning about the culture of patients, it is necessary to learn about their life history and its context.

Immigrants require assistance influenced by their original culture, as the ways of life and concepts about illness are specific to this community. According to Hall (2003), with multiculturalism, there is need for acknowledgment of cultural differences.

To deal with this problem, it is necessary to formulate specific public policies for this population, since the vulnerability of the social condition of immigrants causes them to be disproportionately affected in comparison to native citizens. Therefore, it is understood that there is a need for a public health policy that meets the specificities of these people.

According to the "Protocol for Assistance to Vulnerable Migrants" (2018), the vulnerability of this population is intensified by the fact that immigrants are often less assisted and benefited by protection services. Therefore, it is possible to understand the importance of the State's participation in the implementation of social protection policies and services for these people who live in extreme vulnerability.

In order for immigrants to have efficient access to SUS services, public policies should be integrated and their healthcare teams should be properly trained and equipped to assist these people. Many professionals have practically no information about the culture of this population. The great challenge of these workers is to provide assistance to immigrants in a context of cultural diversity expressed through different customs. The issues in this meeting of cultures between health professionals and immigrants "are narrowing at ever deeper levels, especially when it comes to understanding the origin of diseases, their multicausality and the non-fragmented view of these peoples." (SILVA; ALVARENGA; OLIVEIRA, 2013, p. 8).

When one thinks about different cultures, each with its own wisdom and knowledge, it is possible to measure the intensity of the challenges of international immigration for public health, since "communicating, interpreting the different codes – of the health/disease process and its multicausality – is the scenario where these professionals work." (SILVA; ALVARENGA; OLIVEIRA, 2013, p.27).

The challenges of international migratory flows in Brazil for SUS are related to the precariousness of the quality of assistance provided by healthcare services, the lack of qualification of SUS's workers who serve these people, and the need to provide assistance that is not limited to medical care, and includes taking into account the particular needs of the subject. For this, "it is necessary to constantly seek new

ways of working, creating actions, strategies, and policies that provide equality and non-discrimination, and that reinforce the human right to health." (GUERRA; VENTURA, 2017, p. 128).

SUS and its workers have many difficulties and limitations in relation to the international migratory phenomenon. Lack of information and understanding of this reality explains the challenge of social inclusion and providing quality services by public healthcare units for this population, since it is understood that the more accustomed to culture, habits, and language from abroad the workers are, the more positive the services they provide in the context of SUS will be.

The social and cultural identity of immigrants in Brazil has been seen by healthcare teams as a challenge in reason of the distant dialogue with foreigners, whether due to language barriers or lack of perception regarding cultural differences. Primary Health Care should be guided by the principles of accessibility, bonding, and continuity. Current regulations converge to their fundamental role as the main gateway, facilitating the population's access to other public healthcare services.

Therefore, planning related to culture in healthcare becomes increasingly necessary to facilitate the access and inclusion of immigrants in SUS. Thus, the importance of formulating specific public policies for these people should be reinforced, as there are many challenges faced by health professionals and immigrants in PHC services. The presence of people who are unprepared and unable to meet intercultural demands, the lack of humanization in care, the lack of training and specialization of health professionals, the language barrier, and different cultural conceptions about health and illness are factors that influence the quality of services offered by SUS.

6 Immigration challenges in SUS: Reports from PHC professionals in Lajeado/RS

The growth of the international migratory flow brings to light the debate of immigrants' access to public healthcare services. It can be said that among the barriers that immigrants may encounter to access the services of the Primary Health Care network is the fact that many do not speak Portuguese. In addition, there is a lack of quality in the care they receive, as it is not compatible with their culture and health conditions in their country of origin.

The Public Healthcare System in Haiti is considered deficient. Motisuki et al. (2019) state that the Haitian population has indicators of malnutrition in relation to children, high infant mortality rates, and the highest rate of tuberculosis in the American continent. According to the aforementioned authors, this complex health situation is associated with the fact that approximately half of the population does not have access to healthcare.

The complexity in carrying out the work is evident in Maria's report (São José Praia ESF), when she says that she does not know the health history of her patients. In addition, immigrants often do not know how to express their healthcare needs, which makes it difficult to provide quality access.

> One thing we notice is how they get here looking like they've never received adequate healthcare there; they come without knowing anything about diseases and past exams, so sometimes we face many problems

> because they have not had adequate care beforehand; it's challenging because of that. (Maria APS/ESF São José Praia).

In addition to this issue, among the 13 interviewees, 9 of whom are health professionals and 4 are immigrants, language was considered an element that hinders access. For three of the four Haitians interviewed, it was said that there were no difficulties in accessing healthcare, not even with regard to language, as, according to two of them, they do not experience difficulties in speaking. Both had the help of a family member who lives in Brazil and who already mastered the Portuguese language.

> The difficulty we have has to do with communication, because we don't understand them very well, and then you end up getting a little nervous, because you want to help, but you can't understand what they are saying. Then it has to be by gesture or just trying to realize what is said. Sometimes there is a translator, but not always; most of the time, there is no translator, so we have to do what we can. I think it's been difficult, but we're getting used to it little by little, we're adapting, you know? (Rosa APS/São José Praia ESF).

It is possible to see that the language issues are more common among health professionals than among the immigrants interviewed. For Granada et al. (2017), problems related to immigration, quality of life, and access to healthcare increase with communication, language, and adaptation difficulties in the host country, precarious working and housing conditions, acculturation processes, among others. These are factors that make this population more vulnerable than the local population.

Through the reports of health professionals from Lajeado/RS, a growing picture of pathologies associated with the precarious living and working conditions of Haitian immigrants was observed. In the case of this population, the vast majority work in meat-packing plants under precarious conditions, something that contributes to the illness of this population, as stated by João, from Moinhos UBS.

> Health issues, especially chronic pain, sometimes have to do with work. The jobs they usually get here in Brazil involve low-skilled physical labor, so they often show up here with chronic pain, lots of unplanned pregnancies, usually that. And unresolved chronic problems. (João APS/Moinhos UBS).

Religiosity is also observed in the medical appointments, something that is intrinsic to the healthcare model of Haiti, which also relies on the presence of traditional healers. According to Plancher (2018, p. 38), "this sector occupies an important place within the Haitian health system, because it is most frequently the population's first resource, regardless of their social affiliation and their degree of wealth or level of education."). According to this author, the services offered by the healers are the ones that guarantee greater geographic and cultural accessibility in the country.

> And there's also another problem, they follow a religion, I don't know which one, and many of them go to church and believe that God will heal them. A few days ago, an HIV-seropositive patient died — the person refused treatment because it had to be according to God's will. We have

> this problem too, they don't accept using contraceptives because it's God's will, it's complicated. (Amanda APS/Moinhos UBS).

It is believed that the qualification of SUS professionals is one of the solutions to address these cultural issues and help these immigrant workers with regard to their different healthcare demands. Investing in the qualification of SUS professionals is a way to improve their potential, so that those who work with PHC will have knowledge and favorable conditions to meet the population's real healthcare needs.

However, it is possible to notice weaknesses in the support provided by the municipal government to the PHC teams of Lajeado/RS. In a context of cultural diversity, considering that beliefs and customs influence the subject's healthcare, it is essential that the Municipal Health Department provide training for these workers, as these professionals who serve populations from other countries have an important role, as a transforming source of social subjects.

> We haven't had anything like that before. It would be interesting, especially because of these problems, which I think are largely due to a cultural issue; I think there has to be a different approach to this, you know? They should understand that baby nutrition is important, that baby care is important, that rapid testing is important, that using condoms is important, but they do not come with this culture, so, of course, we, health professionals, we have this role of educating them too; however, there has to be actions not only in the area of health, but also in the area of education, in the area of social assistance, so that there is education regarding their community, to have this understanding, because when we tell them about, for example, feeding children, they don't listen to you, because that's not part of their culture, they think giving flour mixed with water is enough, that's what they've learned. (Maria APS/São José Praia ESF).

Based on this, it is possible to say that the main cause of problems in accessing healthcare services is the lack of training of public servants to deal with these subjects, since different groups of people have very particular demands. To solve this problem, greater engagement of the government is necessary for the creation of training policies for these professionals.

In view of these issues, it is clear that understanding the consequences of the international migratory flow for health requires understanding the political, economic, social and cultural processes that are manifested. Thus, it is necessary to prioritize the creation of alternatives to overcome these factors. For this, it is necessary to formulate specific public policies for immigrants.

Given these factors, health equity proposes respect for the needs, diversity and specificities of each social group, enabling the planning of intervention strategies related to the particular needs of these subjects. For the nurse of the 16th CRS, the inclusion of these people in the Policy for the Promotion of Health Equity prevents the violation of the rights of this population, as it is understood that the formulation of public policies for immigrants promotes respect for cultural diversity, thus enforcing their rights.

> This inclusion is of fundamental importance, as the actions must be implemented at the national level. It is necessary to go further in the

> discussions of policies that aim at serving, guiding, and guaranteeing the rights of this population. (Nurse at the 16th CRS/PHC Department).
> The discussion at the coordination level specifically on this topic is quite recent, since this policy is still being structured in the State. I think that from now on we will have more support to implement actions in the municipalities, analyzing proposals that involve training PHC professionals and managers. (Nurse at the 16th CRS/PHC Department).

Although the healthcare system in Brazil for immigrants is considered outdated and far from ideal, there are some important advances regarding SUS at the state level. Recently, there have been important actions by the State Health Department, such as Ordinance SES No. 512/2020, which enacts the new State Policy for the Promotion of Health Equity, according to which migrants, refugees, and stateless persons are considered as a specific population of this health policy. In addition, Ordinance 635/2021 defines the qualification criteria and the way of distributing the financial resources of the State Program of Incentives for Primary Health Care (PIAPS), according to which resources are distributed based on the population of international migrants.

Given this reality, it is understood that several issues can be connected with the particularities of the condition of migrants and the challenges faced by this population in accessing health. Thus, the importance of formulating specific public policies for immigrants should be reinforced, so that these people can integrate the community. Policies that help them to be part of the society, reducing inequalities of access, exploitation, and discrimination against this population, which is so rich in terms of culture.

7 Final thoughts

Through this research, it is possible to conclude that, with the significant increase in the international migratory flow to Brazil, to the states and cities that receive these subjects, discussions about this reality need to be increasingly connected to the context of the Brazilian Universal Healthcare Program (SUS), so that public healthcare policies are reformulated, and that their actions adapt to this new cultural sphere, with more equitable, inclusive and accessible services to all people.

The lack of public policies that address the specificities of immigrants makes it difficult to formulate intervention strategies for issues that involve the process of integrating immigrants to healthcare services. Regarding these conflicts, the National Policy for the Promotion of Health Equity, as a doctrinal principle of SUS and as a policy of social justice, contributes to more efficient healthcare for the particularities of immigrants, for without specific public policies, immigrants depend on people's solidarity — however, this population, like any other, also has rights, so these people deserve to live not only depending on charity, but as protagonists of their lives.

This study also concluded that the challenges of immigration to SUS are mainly related to cultural aspects of immigrants, some of which influence the health conditions of these subjects. It was also concluded that the relationship between culture and health constitutes a broad and complex field, which requires the participation not only of healthcare teams to effectively conduct this phenomenon in

the context of SUS, but should also involve the municipal government with regard to the servers that work to promote the health of these people.

It is also inferred that the training of health professionals is undoubtedly considered a very important element to acknowledge the reality and the various healthcare demands of immigrants, so that the services provided take into account the cultural and social particularities of these subjects.

REFERENCES

BOSI, Antonio de Padua. Trabalho e imigração: Os haitianos empregados nos frigoríficos do Oeste do Paraná. **Revista de História Regional**, v. 24 n. 2, 2019. Doi: Doi: 10.5212/Rev.Hist.Reg.v.24i2.0001. Disponível em: <https://revistas.uepg.br/index.php/rhr/article/view/14445 > Acesso em: 12 nov.2021.

BRASIL. Ministério da Saúde. **Unidade Básica de Saúde**. Brasília -DF: Ministério da Saúde, 2018. Disponível em: <http://www.pac.gov.br/infraestrutura-social-eurbana/ubs-unidade-basica-de-saude>. Acesso em: 16 jul. 2020.

BRAUN, Fabiana. **O desafio da integração socioespacial de haitianos em Lajeado/RS (2010-2020).** 2020. 218f. Dissertação (Programa de Pós-Graduação em Planejamento Urbano e Regional) – Universidade Federal do Rio Grande do Sul, Porto Alegre, 2020.

CAVALCANTI, L; OLIVEIRA, T.; MACEDO, M. **Imigração e Refúgio no Brasil**. Relatório Anual 2020. Série Migrações. Observatório das Migrações Internacionais; Ministério da Justiça e Segurança Pública/ Conselho Nacional de Imigração e Coordenação Geral de Imigração Laboral. Brasília, DF: OBMigra, 2020. Disponível em: Disponível em: <https://portaldeimigracao.mj.gov.br/pt/dados/relatorios-a> Acesso em: 21 jul. 2021.

CAVALCANTI, L; OLIVEIRA, T.; SILVA, B. G. **Relatório Anual 2021 – 2011-2020:** Uma década de desafios para a imigração e o refúgio no Brasil. Série Migrações. Observatório das Migrações Internacionais; Ministério da Justiça e Segurança Pública/ Conselho Nacional de Imigração e Coordenação Geral de Imigração Laboral. Brasília, DF: OBMigra, 2021. Disponível em: <https://portaldeimigracao.mj.gov.br/pt/dados/relatorios-a> Acesso em: 15 jan.2022.

CAZAROTTO, Rosmari Teresinha. et al**.** Região do Vale do Taquari - RS: Perfil dos fluxos migratórios internacionais recentes. In: SEMINÁRIO INTERNACIONAL SOBRE DESENVOLVIMENTO REGIONAL, 9., 2019, Santa Cruz do Sul. **Anais [...].** Santa Cruz do Sul: EDUNISC, 2019. Disponível em: <https://online.unisc.br/acadnet/anais/index.php/sidr/article/view/19062> Acesso em: 07 jan. 2022.

CAZAROTTO, Rosmari Terezinha; SINDELAR, Fernanda Cristina Wiebusch**.** A dinâmica da imigração laboral internacional contemporânea: o caso do Vale do Taquari/RS no período de 2010-2018. **Geosul**, Florianópolis, v. 35, n. 75, p. 257-279, mai./ago. 2020. Disponível em: <http://doi.org/10.5007/1982-5153.2020v35n75p257> Acesso em: 04 jan. 2022.

CONSELHO FEDERAL DE SERVIÇO SOCIAL – CFESS. **Xenofobia**. Série: Assistente social no combate ao preconceito. 2017. Disponível em: <http://www.cfess.org.br/arquivos/CFESS-Caderno05-Xenofobia-Site.pdf> Acesso em: 02 jun. 2021.

DELAMUTA, Karly Garcia. et al. Experiências de atendimento à saúde de imigrantes bengaleses entre trabalhadores da atenção primária à saúde no Pará, Brasil. **Cad. Saúde Pública**, V.36, n. 8: e00087019, 2020. Disponível em: <https://www.scielo.br/j/csp/a/V33PNVdwyvKB9Tk6PNKdzZh/?format=pdf&lang=pt > Acesso em: 26 out. 2021.

DIEHL, Fernando. O processo de formação do estereótipo dos imigrantes haitianos em Lajeado, Rio Grande do Sul. **PERIPLOS**, v. 1, n.1. p. 111-117, 2017. Disponível em: <https://periodicos.unb.br/index.php/obmigra_periplos/article/view/6555> Acesso em: 04 jan. 2021.

FAQUETI, Amanda; GRISOTTI, Marcia; RISSON, Ana Paula. Saúde de imigrantes haitianos: revisão de estudos empíricos qualitativos. **Interface** (Botucatu), 24: e190311, 2020. Disponível em: <https://www.scielo.br/j/icse/a/NcZtKQ6436cP7YzXDNstD8D/?format=pdf&lang=pt> Acesso em: 15 jan. 2022.

GONÇALVES, Marla Ortellinda Barros. **Migrações e Desenvolvimento**. Porto: Ed. Fronteiras do Caos, Colecção os Portugueses no Mundo, 2009.

GRANADA, Daniel. et al. Saúde e migrações: a pandemia de Covid-19 e os trabalhadores imigrantes nos frigoríficos do Sul do Brasil. **Rev: Scielo Horiz. Antropol**. Porto Alegre, ano 27, n. 59, p. 207-226, jan. /abr. 2021. Disponível em: <docs.google.com/document/d/1I2lc8KBcyaNU942QxamgVlk-plumtDfv/edit> Acesso em: 31 maio.2021.

GUERRA, Katia; VENTURA, Miriam. Bioética, imigração e assistência à saúde: Tensões e convergências sobre o direito humano à saúde no Brasil na integração regional dos países. **Cad. Saúde Colet.**, Rio de Janeiro, v. 25, n. 1, 123-129, 2017. Disponível em: <https://www.scielo.br/j/cadsc/a/Bjx3pCWycxxjHDSZ5yMn7yg/?format=pdf&lang=pt Acesso> em: 07 out. 2021.

HALL, Stuart. **Da diáspora**: identidades e mediações culturais. Belo Horizonte: Editora UFMG, 2003.
INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATISTICA – IBGE. CIDADES (2020) **Censo Demográfico**, 2020.

MENDES, Eugênio Vilaça. **As redes de atenção à saúde**. Brasília -DF: Organização Pan-Americana da Saúde - Representação Brasil, 2011. Disponível em: <https://bvsms.saude.gov.br/bvs/publicacoes/redes_de_atencao_saude.pdf>Acesso em: 21 Jan. 2022.

MOTIZUKI, Katia Regina Nunes et al. Atenção à saúde aos imigrantes haitianos na visão de trabalhadores e gestores em Cuiabá, Mato Grosso. **Connectionline,** n.20, 2019. Disponível em: <https://www.periodicos.univag.com.br/index.php/CONNECTIONLINE/article/view/1225> Acesso em: 14 Jan. 2020.

OLIVEIRA, Wagner et al. Inserção de imigrantes no mercado de trabalho: Integração de dados e análise dos novos fluxos. In: 19° CONGRESSO BRASILEIRO DE SOCIOLOGIA, 19., 2019, Florianópolis. **Anais [...].** Florianópolis: FGV Repositório Digital, 2019. Disponível em: <https://bibliotecadigital.fgv.br/dspace/handle/10438/29135> Acesso em: 09 Fev. 2022.

ORGANIZAÇÃO INTERNACIONAL PARA AS MIGRAÇÕES - OIM. **Protocolo de Assistência a Migrantes em Situação de Vulnerabilidade.** Organização Internacional para as Migrações – Brasil Casa da ONU – SEN 802, Conjunto C, Lote 17 Brasília-DF, Brasil / 70800-400. Disponível em: <https://www.unodc.org/documents/human-trafficking/GLO-ACT/OIM_Protocolo_1.pdf> Acesso em: 28 Set. 2021.

PLANCHER, Indy**. Análise comparativa dos Sistemas de Saúde do Haiti e do Brasil enquanto ao modelo de gestão, modelo de atenção, modelo de financiamento e recursos humanos**. 2018. 66f. Trabalho de conclusão de curso (Graduação em Saúde Coletiva) – Universidade Federal da Integração Latinoamericana, Foz do Iguaçu, 2018. Disponível em: <https://dspace.unila.edu.br/bitstream/handle/123456789/4283/TCC%20para%20UNILA.pdf?sequence=1&isAllowed=y> Acesso em: 08 Jan. 2022.

PONTES, Ana Paula Munhen et al. O princípio da universalidade de acesso aos serviços de saúde: O que pensam os usuários? **Esc Anna Nery Rev Enferm,** v. 13, n.3, 500-507, jul-set, 2009. Disponível em: <https://www.scielo.br/j/ean/a/FGxx6mRxgRTDNVByFycsMpQ/?format=pdf&lang=pt#:~:text=O%20SUS%20foi%20criado%20pela,e%20%C3%A0s%20diretrizes%20do%20SUS.> Acesso em: 01 mar.2022

RELAÇÃO Anual de Informações Sociais - RAIS. 2018. Disponível em: <http://www.rais.gov.br/sitio/sobre.jsf> Acesso em: 09 nov.2021.

SANCHEZ, Raquel Maia; CICONELLI, Rozana Mesquita. Conceitos de acesso à saúde. **Rev Panam Salud Publica**, v.31, n. 3, 2012. Disponível em: <https://scielosp.org/pdf/rpsp/2012.v31n3/260-268/pt> Acesso em: 15 Jan.2022.

SANTOS, Heloisa Souza dos; MEDEIROS, André Aparecido. **Migração e acesso aos serviços de saúde**: A necessidade da pauta intercultural para o cumprimento dos direitos humanos**.** UNESP - FMB. 2017. Disponível em: <http://www.inscricoes.fmb.unesp.br/upload/trabalhos/20177311134.pdf> Acesso em: 01Mar. 2022.

SILVA, Tharsila Martins Rios da; ALVARENGA, Márcia Regina Martins. OLIVEIRA; Maria Amélia de Campos. Como identificar as necessidades em saúde no contexto da saúde da família? In: An CONGRESSO BRASILEIRO MEDICINA DE FAMÍLIA E COMUNIDADE, 19., 2013, Belém. **Anais [...].** Belém, 2013. Disponível em: <https://www.cmfc.org.br/brasileiro/article/view/673> Acesso em: 28 Set. 2021.

SPINELLI, Fabiana Braun; BRAGA, Andrea da Costa; SCHEIBE, Aline Cristiane. Integração Socioespacial de imigrantes haitianos na cidade de Lajeado, Brazil: Um estudo configuracional-Análise da centralidade. **Revista Brasileira de Gestão e Desenvolvimento Regional,** v. 14, n. 2, p. 371-397, jan/2018 (ed. especial). Disponível em: <https://www.rbgdr.net/revista/index.php/rbgdr/article/view/3598/672> Acesso em: 07 Jan.2022.

Grazielle Betina Brandt. Bacharel em Relações Públicas. Doutora em Desenvolvimento Regional pela Université du Quebéc à Rimouski (UQAR) Canadá. Pós-doutora em Planejamento Ubano e Regional (UFRGS). Docente e Pesquisadora do Departamento de Gestão em Negócios e Comunicação e do Programa de Pós-Graduação em Desenvolvimento Regional da UNISC. Av. Independência, 2293 – Universitário, Santa Cruz do Sul – RS, CEP 96815-900. E-mail: grazielle@unisc.br

Silvia Virginia Coutinho Areosa. Psicóloga. Doutora com Pós-Doutorado em Serviço Social pela PUC/RS. Universidade de Santa Cruz do Sul (UNISC). Docente do Programa de Pós-Graduação em Desenvolvimento Regional e Docente e Coordenadora do Mestrado Profissional em Psicologia da UNISC. Av. Independência, 2293 – Universitário, Santa Cruz do Sul – RS, CEP 96815-900. E-mail: sareosa@unisc.br

Karen Priscila Rodrigues. Assistente Social e Mestra em Desenvolvimento Regional pela UNISC com bolsa CAPES. Universidade de Santa Cruz do Sul (UNISC). Av. Independência, 2293 – Universitário, Santa Cruz do Sul – RS, CEP 96815-900. E-mail: karenr@mx2.unisc.br

Submitted on: 14/03/2022 Approved on: 11/07/2022

CONTRIBUTION OF EACH AUTHOR

Conceptualization: Karen Priscila Rodrigues – Grazielle Betina Brandt – Silvia Virginia Coutinho Areosa
Data curation: Karen Priscila Rodrigues – Grazielle Betina Brandt – Silvia Virginia Coutinho Areosa
Formal analysis: Karen Priscila Rodrigues – Grazielle Betina Brandt – Silvia Virginia Coutinho Areosa
Funding acquisition: Karen Priscila Rodrigues
Investigation: Karen Priscila Rodrigues
Methodology: Karen Priscila Rodrigues
Project administration: Karen Priscila Rodrigues – Grazielle Betina Brandt – Silvia Virginia Coutinho Areosa
Resources: Karen Priscila Rodrigues
Software
Supervision: Grazielle Betina Brandt – Silvia Virginia Coutinho Areosa
Validation
Visualization: Karen Priscila Rodrigues – Grazielle Betina Brandt – Silvia Virginia Coutinho Areosa
Writing – original draft: Karen Priscila Rodrigues
Writing – review & editing: Karen Priscila Rodrigues – Grazielle Betina Brandt – Silvia Virginia Coutinho Areosa

Financing sources: This article was done within the scope of the Graduate Program in Regional Development of University of Santa Cruz do Sul (PPGDR/UNISC), and refers to some sections of a larger study carried out in the context of research for a Master's degree. This study was carried out with support from the Coordination for the Improvement of Higher Education Personnel (CAPES), financing code – 001.