CONDITIONS OF ARCHITECTURAL ACCESSIBILITY OF BUILDINGS OF BASIC HEALTH UNITS IN LINE WITH CURRENT STANDARDS: ARE THERE ADVANCES?

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Abstract: The objective of this study was to reflect on the conditions of architectural accessibility of buildings in Basic Health Units in accordance with NBR 9050/2015. A theoretical-reflective study was conducted based on the precepts of continuing education and reflective training in health. The search was conducted in the second half of 2024 through the guiding question. Access to health services in the Family Health Strategy is considered one of the greatest difficulties regarding the assistance provided to the population. According to data from the World Health Organization, the physically disabled face great obstacles to transport themselves to the ESF, starting with the simple act of leaving home, thus finding places that are not conducive to receiving them without some difficulty. The evaluation of accessibility in the Family Health Strategy aims to observe for future discussions about the difficulties encountered by the physically disabled. It is concluded that the conditions of architectural accessibility of buildings of basic health units in accordance with the legislation were

commonly limited to the letter of the law.

Keywords:. Health Care. Access to Health Services. Unified Health System.

INTRODUCTION

Access to health services in the Family Health Strategy (FHS) is considered one of the greatest difficulties regarding the care provided to the population. According to data from the World Health Organization (WHO), people with physical disabilities encounter great obstacles to transport themselves to Basic Health Units (UBS), starting with the simple act of leaving home, thus finding places that are not conducive to receiving them without some difficulty. The population's access must occur through the entrance door, which is the first contact between the professional and the user. Thus, the gateway is considered the main means of entry into the FHS (Cipriano; Monção, 2013).

Access for people with physical disabilities must be adapted so that they feel safe and independent, aiming not only at locomotion, but also preventing risks from equipment or objects that are in improper places, respecting existing legislation and rules, ensuring equal opportunities, the construction of accessible environments and broad sociocultural inclusion (Silva et al., 2015).

For better accommodation in these environments, NBR 9050/2015 was created with the objective of improving access, aiming at height, age, adjustment of structures, the use of urban instruments and sphere in an independent and protected way (Nascimento, 2012).

Thus, among so many regulations on the accessibility of buildings, furniture, spaces and urban equipment, the International Symbol of Access - SAI was created for these locations, thus establishing accessible places for people with disabilities, with the purpose of identifying the exclusive areas for people with disabilities or reduced mobility, being visible to the population, attached to the entrances of establishments, parking areas and spaces, boarding and disembarking areas for passengers with reduced mobility or disabilities and restrooms, remembering that these environments

must be equipped according to each situation (Nascimento, 2012).

Thus, when talking about health environments, it should be highlighted that in health service locations that include patient hospitalizations, at least 10%, with at least one of the bathrooms in apartments, must be accessible. It is recommended that at least another 10% be adaptable. Doctors' offices, health centers, laboratories, diagnostic centers, among others, must have at least 10% of accessible toilets. On floors where there are toilets, at least one accessible toilet must be guaranteed. At least one of the rooms, for each type of service provided, must be accessible and be on an accessible route (Nascimento, 2012).

However, even with the new laws, the UBS and public places need to improve accessibility, as they often end up modernizing the heritage without making the necessary changes for people with physical disabilities, making it difficult to freely come and go (Nascimento, 2012). In this sense, the present study seeks to reflect on the conditions of architectural accessibility of buildings of Basic Health Units in line with NBR 9050/2015.

METHODS

A theoretical-reflective study was conducted based on the concepts of health education and health promotion, that is, it proposes to think about the different dimensions that constitute it. To this end, Therrien's (2014) proposition was adopted about the pillars that constitute an investigation phenomenon: ontology, epistemology and methodology.

The study was carried out based on the identification of the theme, guiding question and the objective of the research; establishment of subject descriptors and databases, in addition to the criteria for inclusion and exclusion; definition of the information to be extracted and evaluation of the included studies; then, interpretation of the results and presentation of the review and synthesis of knowledge.

The search was conducted in the second half of 2025 through the guiding question: What are the conditions of architectural accessibility of buildings in Basic Health Units in line with current

standards? The following descriptors were used: architectural accessibility; access to primary care and social inclusion with the help of Boolean operatives to help and refine the search for studies for analysis. The secondary databases for search were: Scientific Electronic Library Online (SCIELO), Catalog of Theses and Dissertations of the Commission for the Coordination for the Improvement of Higher Education Personnel (CAPES), as well as websites of agencies related to the object of study.

The inclusion criteria were: publications that addressed the analyzed theme, available online and with full text, in Portuguese, English or Spanish, without publication time cut. The exclusion criteria were: duplicate publications and works published only in annals of events.

After the analysis of the data from the selection and reading of the recovered publications, thematic content analysis was conducted, according to Minayo, which is carried out through three interdependent phases: pre-analysis, exploration of the material and interpretation of the results (Minayo, 2014).

DISCUSSION

The National Health Policy for people with disabilities has their thoughts focused on their inclusion in the service network of the Unified Health System (SUS), seeking to recognize the importance of having answers about the issues involving health care for people with disabilities in Brazil (BRASIL, 2015).

Thus, the National Health Policy for Persons with Disabilities is the result of several movements and long mobilization, national and international, of many social and institutional actors. The main guidelines to be implemented according to this policy are: the promotion of quality of life, the prevention of disabilities, comprehensive health care, the improvement of information equipment, the qualification of human resources, and the organization and functioning of services (BRASIL, 2015).

From article 27 of the Statute of Persons with Disabilities, the right to health of persons with

disabilities will be ensured through health actions, programs and services based on the principles, guidelines and norms provided for in the Constitution of the Federative Republic of Brazil and other applicable legislation.

There are two relevant points to be observed in view of the accessibility of people with physical disabilities in the UBS, they are: the socio-organizational proportion and locomotion. Not even the new Basic Care Units (UBS) have developed the necessary modifications in view of the difficulties of people with disabilities, such as ramps, bathrooms with supports, non-slip floors, handrails, cars for locomotion, among others (Silva et al., 2015).

Disability enhances limitations, depending on each type, which interfere with the execution of daily practices considered common. With regard to people with physical disabilities (PwD), there are problems that interfere with their locomotion if there is no adaptation of public and private spaces. Such limitations can be increased when added to architectural barriers, making it necessary to make spaces, buildings, furniture and equipment considered accessible to be effective, in order to reduce mobility difficulties to the physical space, allowing accessibility to physical PwD and their social inclusion in an equitable and integral way (Cruz et al., 2015).

Accessibility is defined as the possibility and condition of reach, perception and understanding of the individual, for the safe and autonomous use of buildings, spaces, furniture, urban equipment and elements, according to NBR 9050, prepared by the Brazilian Association of Technical Standards (ABNT) (BRASIL, 2004). Accessibility enables the development of an inclusive and egalitarian country, as it is related to people's universal access to goods and services, considering their particularities (BRAZIL, 2015; Silva; Reichrt; Badalotti, 2018).

The difficulty in accessing the FHS is linked to transportation, the inadequate location of the FHS, the barriers found within the FHS, among other variables. In view of these difficulties, it is expected that the professional will have a more active posture with these users (SILVA et al., 2014). Therefore, the units do not meet a minimum percentage of 70% of the accessibility prerequisites of the UBS, which corroborates the Brazilian study carried out throughout the state of Pernambuco

(Albuquerque et al., 2014) that evaluated the main obstacles to access for people with disabilities, and observed that the units did not meet many access requirements, such as adapted toilets, handrails, ramps, etc. Finally, it is noticeable that the social importance of the peculiarities of disability encompasses not only the health sphere, but also the whole society, as the way in which one interacts and performs activities is different and happens according to one's own resourcefulness. In this aspect, adaptation happens as a form of compensation (Martins et al., 2016). Inadequate buildings create significant barriers for physical people with disabilities, and knowledge of such barriers allows policies to be formulated, improving the quality of life and social integration of people with disabilities (Silva et al., 2014; Meneghel; Martignago; Kock, 2017).

In this sense, in Brazil, although there are laws and technical standards that govern accessibility in public spaces, many UBS still face significant challenges to adapt to these requirements. The lack of adequate infrastructure, limited resources, and the lack of specific training of health professionals are barriers that compromise the effectiveness of meeting the needs of people with physical disabilities, the elderly, and other vulnerable groups. This scenario points to the urgency of structural revisions and a more assertive policy that promotes true inclusion within the health system (Alvarenga; Castro; Souza, 2024).

Accessibility in health services is an essential aspect to ensure inclusion and equity in care for all, regardless of physical limitations, gender identities or cultural origins. Within the scope of the UBS, which act as a gateway to the Unified Health System (SUS) in Brazil, the importance of accessibility is accentuated, since these units are responsible for providing primary care and preventive actions to the population. Access to health services, as addressed by Bonello15, is a multifaceted concept, involving a complex interaction between health needs, demand, and supply and use of services. According to Martins et al. (2012), despite the implementation of policies aimed at guaranteeing this right, considerable obstacles still persist, especially in the context of health.

According to Santos et al.(2024), the UBS lack an infrastructure to ensure accessibility to people with disabilities, since they often have inadequacies in the public road and lack of access to the

entrances to the facilities. This lack of accessibility creates obstacles that keep individuals who need care away from health facilities, compromising the health and well-being of these people. Although access is intended for all, barriers persist that hinder its effectiveness (Sousa, 2016). And according to Sousa (2024), the lack of structural adjustments and the presence of architectural barriers are factors that limit the effectiveness of health policies, making it difficult for people with disabilities to access essential services.

CONCLUSION

The conditions of architectural accessibility of buildings of basic health units in accordance with the legislation were commonly shown to be limited to the letter of the law, as the units are largely adapted from other non-specific constructions, such as domestic residences, commercial facilities or ceded places, which invariably impairs the access of people with disabilities, significantly limiting access to primary health care services and may lead to higher burden of morbidity and mortality. In this sense, it is important that the facilities of the basic health units are consistent with current legislation, based on new adaptations or constructions.

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