

Findings: The introduction of new technologies, shared information management systems and more appropriate team-building models is needed to address the new realities. Beyond the electronic file, in order to support the desired innovation, it is necessary to adequately equip the media with a generation of systems and information tools (RUIS, 2014).

Discussion: The mobilization and complementarity of each individual's skills will reach the level of efficiency necessary to solve the complex problems of the health system, to the benefit of all the stakeholders, when patients will be partners, not only consumers.

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Community Assessment, Intervention and Empowerment Model - a constructivist based study

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Keywords: Community Health Nursing; Community Empowerment

Purpose: Develop a Community Empowerment Model that supports the decision-making for a Community Nursing centered on the community as client of Nurses.

Theory: Community Health Nursing as an advanced field of Nursing requires a community approach as the customer of Nurses, to take health gains grounded in community empowerment as a process and as a result. We used as reference Laverack's Community Empowerment Model, with a continuum of dimensions that allow a structured way to empower communities and the decision-making structure on nursing proposed by Figueiredo.

Methods: Study carried out under a constructivist paradigm, through a triangulation of methods that included focus groups (with Community and Public Health Nurses Specialists) and a Delphi Study (With the Portuguese Population of Community and Public Health Nursing Specialists).

Findings: It was possible to identify a guiding matrix of advanced clinical decision-making in Community Nursing, allowing to integrate Nursing Focus, Diagnosis and Diagnostic Criteria, Interventions and promote health gains sensitive to community nursing care, that allow Community Empowerment as a process and outcome.

Discussion: We conclude that the Community Nursing, as an advanced area of clinical decision has a specific field of clinical decision promoting the health of communities, based on community empowerment.

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Community Empowerment Assessment in a School of the North of Portugal - a qualitative study

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Keywords: Community Empowerment, School Health, Community Health Nursing

Purpose: Identify the level of community empowerment in the school community integrated into the national school health program in the north of Portugal

Theory: Community Assessment, Intervention and Empowerment Model developed by Melo, allows a Systematized decision-making in community health nursing that promotes community empowerment as a process and a result of nursing care. In order to evaluate the level of community empowerment, Laverack developed the Empowerment Assessment Rated Scale, that measures the level of empowerment in nine domains.

Methods: Qualitative study, that involved the translation to Portuguese and cultural validation of EARS and a focus group with a school community of teachers, from a professional school from the north region of Portugal, to evaluate the perception of empowerment of its community using the translated scale.

Findings: It was possible to identify the level of empowerment of this school community in the nine domains of empowerment, related to a school health project developed in an health center of North Region Health Administration.

Discussion: We conclude that the EARS is a useful instrument to evaluate community empowerment before and after the use of Community Assessment, Intervention and Empowerment Model in the context of school health.

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The models of organization of primary health care in Brazil and in Québec: strategies to promote access and equity?

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Keywords: Primary health care; Access to health services; Equity in health

Objective: The objective of the research is to glimpse the role of family health strategy and primary health care in its capacity to promote access and equity in public health systems in Brazil and Quebec.

Method: A qualitative study that combines the contextualization of primary health care in the historical trajectory of these two health systems and the examination of the official documents and publications related to the subject. Also analyzed were the responses to a questionnaire formulated for six interviewees in each of the countries, chosen among senior managers of health systems and health professionals, over the last 20 years. Discourse analysis was used according to Foucault and Pêcheux.

Results & discussion: The results were systematized according to the similarities, differences and singularities found and discussed in light of the existing literature in the two countries. **CONCLUSIONS:** the two models are able to promote access and equity, reducing inequalities in health. However, the results obtained so far are not what is expected, nor in the desired proportions, nor in a way to benefit the population in a homogeneous way."

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Evidence-Based Practice: giving voice to clients' preference in Primary Health Care

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Keywords: Primary Health Care; Evidence-Based Practice; Professionals; Patient, Clients

Objective: To identify how the patient's preference tenet is considered by Primary Health Care professionals in Evidence-Based Practice (EBP).

Theory: The EBP is considered crucial in health work, being made up of three axes: better scientific evidence, professional experience and patient's preference.

Methods: Quantitative and qualitative research was carried out with 112 professionals, including doctors, nurses and dentists in the south of Brazil. Data was collected through a focus group and two questionnaires: Evidence Based Practice Questionnaire and Clinical Effectiveness² and a Script of Secondary Questions. Data analysis was carried out through position and dispersion measurement calculations and content analysis.

Results: Findings showed that patient's preference was the most fragile tenet of EBP, with a mean of 4.33 ± 1.59 (Likert scale from 1 "never" to 7 "frequently"). In the focus group, obstacles to discuss the best behavior with the patient were found. Listening to preference only exists when the person has some information about his illness.