

# The inclusion and distribution of Occupational Therapists in the Brazilian Unified Health System in Minas Gerais between the years 2005 and 2015

## A inserção e a distribuição dos Terapeutas Ocupacionais no Sistema Único de Saúde do Estado de Minas Gerais entre os anos de 2005 e 2015

Bruno Souza Bechara Maxta<sup>1</sup>, Alessandro Rodrigo Pedroso Tomasi<sup>2</sup>,  
Melina Alves de Camargos<sup>3</sup>

<http://dx.doi.org/10.11606/issn.2238-6149.v28i2p147-155>

Bechara Maxta BS, Tomasi ARP, Camargos MA. The inclusion and distribution of Occupational Therapists in the Brazilian Unified Health System in Minas Gerais between the years 2005 and 2015. *Rev Ter Ocup Univ São Paulo*. 2017 May-Aug.;28(2):147-55.

**ABSTRACT:** *Introduction:* Studies on the occupational therapists in the Brazilian Unified Health System (SUS) do not focus on the insertion and the distribution of professionals as important knowledge for education and care planning. *Objective:* To identify the insertion and distribution of occupational therapists working in SUS in the state of Minas Gerais between 2005 and 2015. *Methodological Procedures:* Descriptive documentary research with documents from the National Registry of Health Establishments. Descriptive statistics tools were used for the data analysis considering the variables: working professionals, macro-regions of health, number of population and year. *Results:* The number of occupational therapists working in the SUS presented a variation of growth and municipal decentralization in all health macro-regions. *Conclusions:* The insertion and the professional distribution in the health equipment are important information to identify the presence and to plan the participation and the formation of the professional for the SUS.

**KEYWORDS:** Unified health system; Occupational therapy; Professional practice location; Brazil/ethnology.

Bechara Maxta BS, Tomasi ARP, Camargos MA. A inserção e a distribuição dos Terapeutas Ocupacionais no Sistema Único de Saúde do Estado de Minas Gerais entre os anos de 2005 e 2015. *Rev Ter Ocup Univ São Paulo*. 2017 maio-ago.;28(2):147-55.

**RESUMO:** *Introdução:* Estudos sobre os terapeutas ocupacionais no Sistema Único de Saúde (SUS) não abordam a inserção e a distribuição do profissional como importantes conhecimentos para a educação e planejamento assistencial. *Objetivo:* Identificar a inserção e a distribuição dos terapeutas ocupacionais atuantes no SUS do estado de Minas Gerais entre os anos de 2005 e 2015. *Procedimentos Metodológicos:* Pesquisa documental de caráter descritivo com documentos do Cadastro Nacional de Estabelecimentos de Saúde. Ferramentas da estatística descritiva foram utilizadas para a análise dos dados das variáveis, a saber: profissionais atuantes, macrorregiões de saúde, população e ano. *Resultados:* O número de terapeutas ocupacionais atuantes no SUS apresentou variação de crescimento e descentralização municipal em todas as macrorregiões de saúde. *Conclusões:* A inserção e a distribuição profissional nos equipamentos de saúde são informações necessárias para identificação da presença e planejamento da participação e formação do profissional no SUS.

**DESCRITORES:** Sistema único de saúde; Terapia ocupacional; Área de atuação profissional; Brasil/etnologia.

This study is part of *Terapeutas Ocupacionais no Sistema Único de Saúde em Minas Gerais* research project developed by the Department of Occupational Therapy of the Federal University of Minas Gerais.

1. Department of Occupational Therapy, Federal University of Minas Gerais – UFMG, Belo Horizonte, MG, Brazil. E-mail: brunobechara@ufmg.br
2. Department of Occupational Therapy, Federal University of Minas Gerais – UFMG, Belo Horizonte, MG, Brazil. E-mail: arp.tomasi@gmail.com
3. Program of Multiprofessional Residence in Public Health and Primary Health Care. Department of Preventive Medicine of FMUSP, São Paulo, SP, Brazil; melinacamargos.to@gmail.com

**Corresponding address:** Bruno Souza Bechara Maxta. School of Physical Education, Physiotherapy and Occupational Therapy, Federal University of Minas Gerais. Av. Presidente Antônio Carlos, 6627. Campus Pampulha, Belo Horizonte, MG, Brazil. CEP: 31270-901. E-mail: brunobechara@ufmg.br

## INTRODUCTION

The Brazilian Unified Health System (*Sistema Único de Saúde – SUS*) represents the set of public actions and services directed to the health needs of the Brazilian population. The planning and organization of health assistance are developed under the interfederative agreement perspective, in which the regionalization and ranking of services of different complexities are important guidelines for the Primary Healthcare Networks (*Redes de Atenção à Saúde – RAS*)<sup>1</sup>.

The regionalization on health arranges itself as an organizational guideline of SUS to the decentralization of its actions between municipalities belonging to a certain health region. In this process, the ranking principle collaborates for the services and actions definition that will be prioritized by each government scope, according to the technological complexities, agreements and co-responsibilities on the composition of the RAS<sup>2</sup>.

RAS are composed of a set of health services, connected inwardly by common goals and cooperative, interdependent actions in a given health region. The planning, organization and collegiate management of the health offers aim to integrate Primary Health Care (*Atenção Primária em Saúde – APS*), Public Health Surveillance, and Ambulatory and Hospital Care services of medium and high loco-regional complexities<sup>3</sup>.

In this scenario, health professionals are highlighted as protagonists for the loco-regional RAS structure, particularly in the development/deployment of management and care technologies that may attend the territorial health and organizational needs of SUS. It is indicated to the occupational therapist its contribution for the formulation, deployment, and social control of health policies and actions in its intervention places<sup>4</sup>. In the SUS, the everyday of the health care and surveillance services in the RAS context, the field of mental health, physical rehabilitation, and disabled people health are potential fields of action of the occupational therapist<sup>5</sup>.

Studies on the insertion and involvement of the occupational therapist in SUS are little directed to the discussions on presence, distribution, assistance planning and technical education. With the challenge of initiating the understanding of the insertion, distribution, mobility and participation of the occupational therapist in SUS in the state of Minas Gerais, our present study aimed to identify the insertion and distribution of occupational therapists working in SUS between 2005 and 2015.

## METHODOLOGICAL PROCEEDINGS

This is a descriptive study, performed through documentary research. The documentary research is characterized by the study on primary and/or secondary data sources about particular subjects, from which the author, in an organized and retrospective way, brings elements that may contribute to the explanation of a particular reality<sup>6</sup>.

The documentary data used were collected from the National Database of Health Establishments (*Cadastro Nacional de Estabelecimentos de Saúde – CNES*), through the Department of Data Processing of the Unified Health System (DATASUS) website in March 2015.

CNES is a public access, weekly updated database that makes available health information of municipal, state and federal scopes, with both public and private ranges. DATASUS is responsible for managing the information and actions of data processing in SUS scope by supporting the states and municipalities to manage the health databases<sup>8</sup>.

The collected data were composed of the absolute quantitative of occupational therapists inserted in the different health establishments of the direct, indirect and private administration that attend SUS in the municipalities of the state of Minas Gerais within August 2005 and January 2015.

For the given study, the following inputs from the DATASUS website were used, in the indicated order: Health Information (TABNET); Assistance Network; CNES/Human Resources up to July 2007 – Professions listed by CBO (*Classificação Brasileira de Ocupações – Brazilian Classification of Occupations*) 1994 and CNES/Human Resources from August 2007 – Professions listed by CBO 2002. The use of the last two inputs is justified by the period selected in the study. In the order, the option Professions was selected, given the geographic comprehension (with selection by map or list), with Minas Gerais as the chosen option. The selected data matched the correlation between the Line “Municipality,” Row “Type of Establishment,” Content “Comprehended by SUS,” and Profession “Occupational Therapist” options. In this process, the empty lines displaying option was marked, in such a way that the municipalities without occupational therapists could be included in the search.

The data were organized in tables, generated by the DATASUS website, stored in sheet files and archived in individualized virtual folders. In order to read the tables, the Open Office software suit was used. The use

of this software was needful to data edition, as well as reading of the latter, by the geoprocessing app used in the processing and organization of the information. The maps were built using QuantumGIS (version 2.2). The research results were organized in maps, tables and graphs for further analysis.

The data analysis occurred descriptively from the produced material, observing the presentation and spatial distribution of occupational therapists in the municipalities of the state, and statistical descriptive analysis of the tables, using absolute frequency parameters, relative frequency, variation (considering the initial values that differs from zero and finals) and the general average of the period, considering the health regions of Minas Gerais.

## RESULTS

In the state of Minas Gerais, the SUS regionalization is organized in 13 Macroregions (MRs) that incorporates 853 municipalities in an area of 580,720.8 km<sup>2</sup> with an estimated population of 19,237,450 (2005 census) and 20,734,097 (2015 census) inhabitants<sup>9</sup>.

In 2005, 566 occupational therapists working in SUS were identified, distributed through the 13 MRs

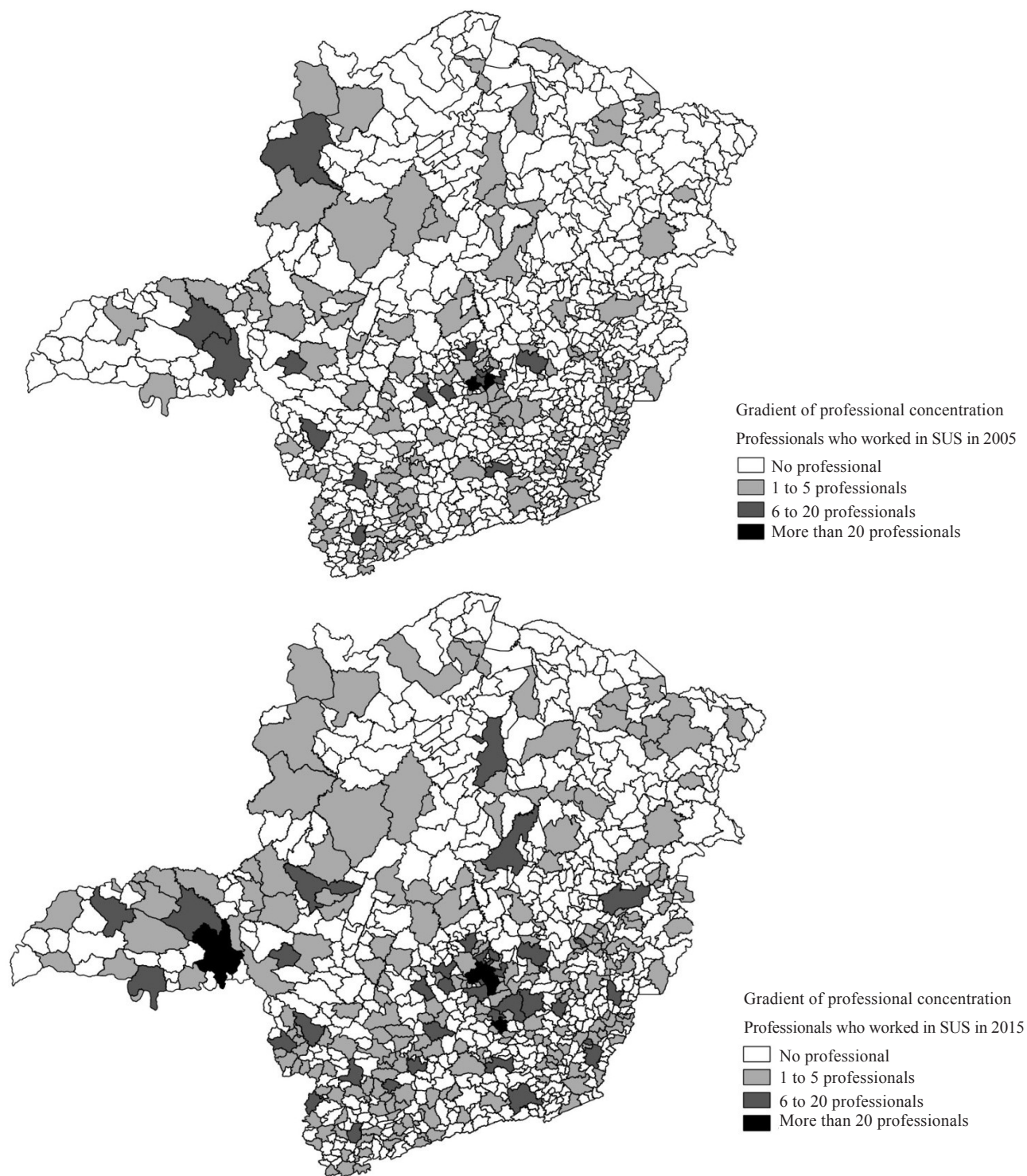
of the state, regardless of their administrative nature, the service they joined and/or contract types of their jobs in the health area. In 2015, this quantitative was 1,269 (variation of 124%). In this set, all the MRs presented growth variations of the absolute number of occupational therapists. The highest proportional growths were identified in the following MRs: Jequitinhonha (1700%), Northeast (280%), East (253%) and Mid-South (245%). The Downtown (X=474, where X is the number of occupational therapists in the MRs) and Jequitinhonha (X=8) MRs presented the highest and lowest professional averages, respectively. This information is presented in Table 1 and illustrated in the Map (Figure 1).

In 2005, 140 municipalities registered the presence of occupational therapists in its RAS. From these, 87.14% presented from one to five professionals in its staff. In 2015, the number of municipalities that integrated occupational therapists increased 16.64%. In that year, 69.51% of the municipalities did not present the occupational therapist working in SUS in its assistance networks; 25.32% of the municipalities were listed in the 1-5 gradient of professionals; another 4.33% presented the 6-20 gradient, and 0.82% presented the 20+ gradient (Graph 1).

**Table 1** – Absolute frequency, relative frequency, variation, and average of occupational therapists working in SUS in in Minas Gerais between 2005 and 2015

Health Macroregions	2005		2006		2007		2008		2009		2010		2011		2012		2013		2014		2015		Variação %	Média X
	fi	fp	fi	fp	fi	fp	fi	fp	fi	fp	fi	fp	fi	fp	fi	fp	fi	fp	fi	fp	fi	fp		
Downtown	290	51	299	51	309	48	399	51	496	52	522	51	528	48	550	49	563	48	614	49	646	51	123%	474
Mid-South	20	4	18	3	30	5	42	5	53	6	71	7	74	7	65	6	70	6	73	6	69	5	245%	53
Jequitinhonha	1	0	1	0	1	0	3	0	6	1	7	1	7	1	11	1	11	1	17	1	18	1	1700%	8
East	15	3	18	3	18	3	20	3	31	3	27	3	32	3	43	4	44	4	49	4	53	4	253%	32
South East	10	2	9	2	11	2	16	2	15	2	18	2	24	2	22	2	25	2	27	2	26	2	160%	18
Northeast	5	1	6	1	8	1	9	1	9	1	13	1	13	1	12	1	15	1	17	1	19	1	280%	11
Northwest	20	4	18	3	18	3	20	3	22	2	19	2	23	2	24	2	26	2	28	2	26	2	30%	22
North	20	4	19	3	17	3	20	3	28	3	31	3	32	3	31	3	29	2	29	2	29	2	45%	26
West	34	6	33	6	39	6	38	5	48	5	50	5	51	5	53	5	51	4	51	4	55	4	62%	46
Southeast	22	4	29	5	33	5	36	5	45	5	47	5	64	6	65	6	66	6	62	5	64	5	191%	48
South	75	13	79	13	92	14	100	13	119	12	133	13	149	14	155	14	165	14	172	14	156	12	108%	127
Triângulo do Norte	26	5	26	4	30	5	35	5	37	4	40	4	41	4	41	4	44	4	47	4	44	3	69%	37
Triângulo do Sul	28	5	31	5	39	6	40	5	46	5	51	5	52	5	56	5	62	5	61	5	64	5	129%	48
<b>Total</b>	<b>566</b>	<b>100</b>	<b>586</b>	<b>100</b>	<b>645</b>	<b>100</b>	<b>778</b>	<b>100</b>	<b>955</b>	<b>100</b>	<b>1029</b>	<b>100</b>	<b>1090</b>	<b>100</b>	<b>1128</b>	<b>100</b>	<b>1171</b>	<b>100</b>	<b>1247</b>	<b>100</b>	<b>1269</b>	<b>100</b>	<b>124%</b>	<b>951</b>

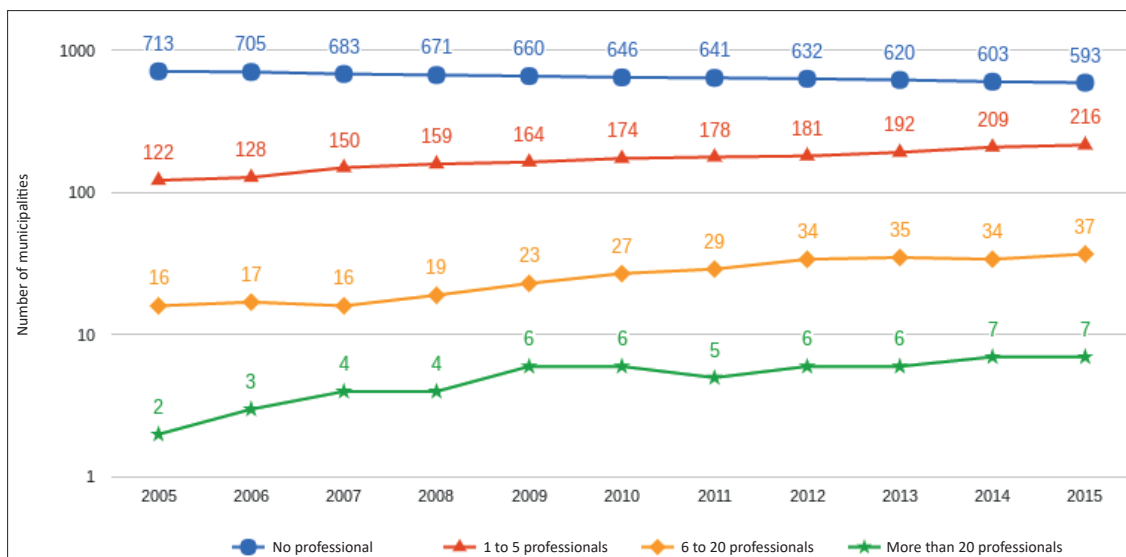
Source: Elaborated by the authors.



Source: Elaborated by the authors.

**Figure 1** – Map, quantitative representation of occupational therapists working in SUS in the municipalities of the state of Minas Gerais between 2005 and 2015.

**Graph 1** – Relation between the number of municipalities and the number of occupational therapists working in SUS in the state of Minas Gerais between 2005 and 2015

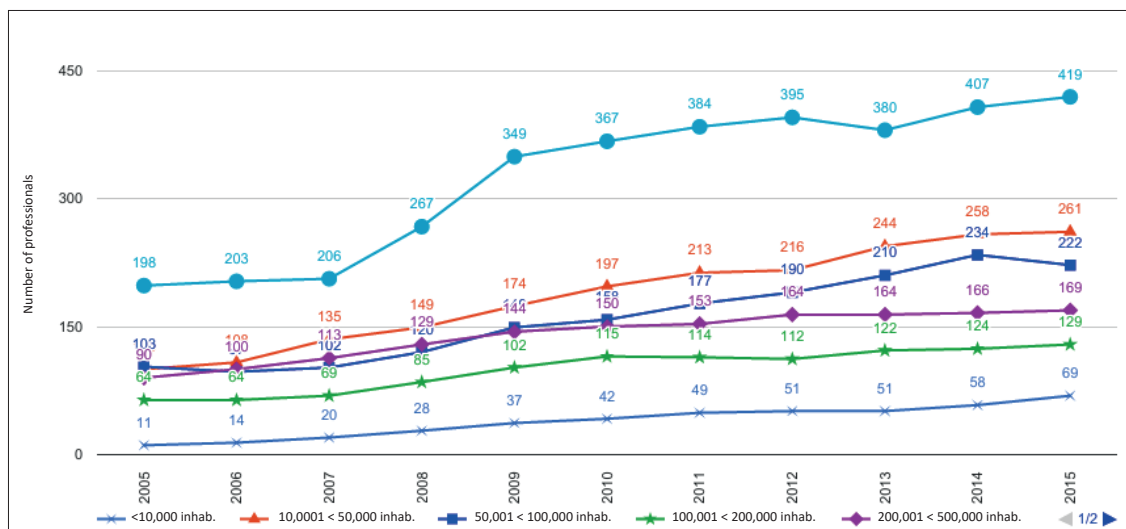


Source: The authors.

Between 2005 and 2015, the number of municipalities and the number of occupational therapists working in SUS per municipality increased between 0.66 and 1.48. The municipalities with less than 10,000 and between 10,001-50,000 inhabitants presented the highest absolute growth rates of professionals, with 527% and 161%, respectively (Graph 2). In the same way, the number of occupational therapists per

inhabitant increased from  $2.94e-5$  to  $6.12e-5$ . It was possible to identify this relation in all the MRs but Northwest. In practice, it means that the professional coverage of occupational therapists working in SUS doubled in the period. The MRs with most and least assistance coverage by occupational therapists were identified as being Downtown ( $9.96e-5$ ) and North ( $1.74e-5$ ) (Table 2).

**Graph 2** – Relation between the number of municipal population and the number of occupational therapists working in SUS in the state of Minas Gerais between 2005 and 2015



Source: The authors.

Table 2 – Relation of the absolute number of occupational therapists per inhabitant in the MRs in 2005 and 2015

Health Macroregion	Municipalities (n)	Population (inhab.)		Professionals (n)		Relation between inhab./ professionals	
		2005	2015	2005	2015	2005	2015
Downtown	103	6,065,100	6,480,169	290	646	20,914.10	10,031.20
Mid-South	51	724,410	780,011	20	69	36,220.50	11,304.50
Jequitinhonha	28	282,569	296,870	1	18	282,569	16,493
East	86	1,415,997	1,523,095	15	53	94,399.80	28,738
South East	53	660,054	694,964	10	26	66,055.40	26,729.40
Northeast	58	881,648	931,946	5	19	176,329.60	49,049.80
Northwest	33	637,784	931,946	20	26	31,889.20	35,844
North	86	1,544,294	1,661,130	20	29	77,214.70	57,280.30
West	54	1,114,914	1,244,944	34	55	32,791.60	22,635.30
Southeast	94	1,541,964	1,651,433	22	64	70,089.30	25,803.60
South	153	2,594,480	2,755,109	75	156	34,593.10	17,661
Triângulo do Norte	27	1,137,296	1,260,398	26	44	43,742.10	28,645.40
Triângulo do Sul	27	636,940	752,948	28	64	22,747.80	11,764.80
<b>Total</b>	<b>853</b>	<b>19,237,450</b>	<b>20,734,097</b>	<b>566</b>	<b>1269</b>	<b>33,988.40</b>	<b>16,338.90</b>

Source: Elaborated by the authors.

## DISCUSSION

The values found indicated the occurrence of the growth phenomenon of the absolute number of occupational therapists concentrated in the municipalities of the metropolitan health regions and the trend of its distribution to the less inhabited municipalities of the state.

This phenomenon may be justified by municipal and state investments coming from the set of education and health public policies in force between 2005 and 2015, which, on one hand, promoted the higher education institutions, redefining its pedagogic projects on technical education for the SUS, and on the other hand, stimulated the municipalities to invest on staff hiring through direct and/or complementary management to this system.

In 2002, by definition of the National Council of Education of the Ministry of Education, the Undergraduate Programs in Health of the Higher Education Institutions (HEI) began to adequate the pedagogic projects from the new National Curricular Guidelines of the Undergraduate Program. The specific resolution to the Undergraduate Program in Occupational Therapy re-conducted the educational axis of this profession from professional competencies and skills in order to respond to the needs and gaps of SUS<sup>10</sup>. Throughout the studied period, six undergraduate programs offered technical formation opportunities

to SUS or to its complementarity. From these, four programs (75% IES) operated in the Downtown MR, which kept the highest concentration of professionals in the studied period (51%).

The Operational Health Assistance Regulation (*Norma Operacional de Assistência à Saúde – NOAS*), released in 2002, extended the liabilities of the municipalities to the organization and offer of these APS services, as well as defined the regionalization as central strategy for them to organize the other services offered to the population<sup>12</sup>. The importance of the municipalities on developing diagnostics about the situation of the health workforce, due to the evaluation of its number, composition, quality and definition of the staff needed for the system to operate, including the proposed staff hiring, among other activities inherent to the theme, aiming on the execution planning of management and health action and services, by the different management levels of the SUS, were appointed with the release of principles and guidelines to the Basic Operational Regulation of Human Resources to the SUS<sup>13</sup>.

Aiming to support the deployment of the regulation in force, the document *Pacto pela Saúde* (Agreement for Health) represented the interfederative appointment of reacting to the main challenges identified in SUS. This document highlighted the need of the municipalities to deploy a set of institutional reforms with the goal of responding to the effectiveness, quality and liabilities about the assistance of the loco-regional needs of the

system, considering the APS axis, Medium and High Complexity of Assistance, Public Health Surveillance, Pharmaceutical Assistance and Management of SUS<sup>14</sup>.

With this commitment, the *Pacto pela Vida e de Gestão* (Agreement for Life and Management) represented specific interfederative agreements for the management and assistance of SUS, centralizing investments in APS, from strategic areas and parameters proposed by the technical areas of the Ministry of Health and consented upon in the regional management collegiate. Among the goals established by this document, the improvement of the insertion of professionals in the local health networks through work terms that could turn their provisions and fixtures in APS, and the hiring of medium and high complexity complementary service providers followed by regional intermanagerial committees and the state board of health<sup>14</sup> were highlighted.

Since then, a set of ministry ordinances were released in a way to stimulate both extension and qualification of SUS organization under the perspective of integrality in thematic RAS<sup>15</sup>, as follows: for the pregnant and children care<sup>16, 17</sup>; to the urgency and emergency situations<sup>18</sup>; to the needs of mental health and deriving from drug abuse<sup>19</sup>; to the people in disease or chronic health condition situation<sup>20</sup> including malformation<sup>21</sup>.

In these RAS, the occupational therapist is still presented as one of the professionals who can make part of the health teams in the assisting services of APS, urgency and emergency, psychosocial care, and specialized and nosocomial ambulatory care of SUS. In the Psychosocial Care Network, the occupational therapist is suitable for composing the reference teams of the psychosocial care services, acceptance units and street office. In the Disabled Care Network, this professional is suitable for composing the multiprofessional teams in different ambulatory and nosocomial services which respond to attendance. In the Urgency and Emergency Network, the occupational therapist is suitable for composing the supporting team in the Home Care services. In the context of APS, the occupational therapist is presented as a Family Health Support Center and Health Academy<sup>22</sup> professional.

In this process, the State Board of Health of Minas Gerais tried to support the municipalities of the state both technically and financially in order to ensure the providing of health services to its population. The Multiannual Plan of Governmental Action of the 2004-2007<sup>23</sup> quadrennium and the State Health Plans of 2008-2011<sup>24</sup> and 2012-2015<sup>25</sup> quadrennia, by considering the

2002 version of the Master Plan for Regionalizing Health Care of Minas Gerais (PDR/MG) (updated in 2011), the Agreement for Health and analysis of health situation in the state showed a series of strategies to solve health problems presented by the municipalities.

From these strategies, the *Saúde em Casa* (Health at Home) project tried to ensure the universalization of health access through extending APS services of low- and medium-size municipalities. The *Viva a Vida* (Living life) project represented the commitment to reducing child and maternal mortality. Additional projects tried to boost the Regionalization of Urgency and Emergency network in the state.

Thus, this scenario enabled the actors of SUS to reconfigure the municipal and regional assistance networks, taking advantage of the recent investments arising, mainly, from the ministry ordinances of the thematic RAS directed to APS, Mental Health, and Urgency and Emergency. The ministry ordinances directly guided and supported the municipalities on the deployment and management of new services through the insertion of new professionals, as well as guided the states to take co-responsibility for the regional organization of medium and high complexity ambulatory and nosocomial services. The extension of the absolute number of municipalities which inserted occupational therapists in its assistance networks and the increase of the relation between occupational therapists per inhabitant in the state reflects such investments.

## CONCLUSION

The occupational therapist was gradually inserted in the RAS of the MRs of the state of Minas Gerais, supported by federal and state public policies, which extended the health services in its loco-regional networks. In this regard, the number of municipalities with no occupational therapist decreased systematically in the period, and there was an increase in the relation occupational therapist per inhabitant. Moreover, a process of internalization of the professional was observed.

Although the increase in the number of occupational therapists and the trend of decentralization of this professional out of the metropolitan centers to low- and medium-size cities of the state throughout the studied period, it cannot be affirmed that it means the assurance of the access of population to the services of this professional.

In this regard, it is attractive for the professionals, representants of professional category and academicians

to work for the presentation and insertion of the occupational therapist in the state. The fight for increasing the number of occupational therapists who comprise the city hall staffs, the motivation to hire professionals through direct health management, the decentralization of graduation centers, and professional qualification are examples of actions that may cause the insertion of occupational therapists in municipalities that do not have the work of this professional yet.

Thus, the presence of these professionals in health services and their participation in planning, management and social control areas in the SUS of their municipality tend to be an important way of building the

insertion of occupational therapy in new and different local health services.

The study on insertion and distribution of occupational therapists in the MRs of the state of Minas Gerais was the first step to the acknowledgement of this profession facing the challenges of the health agenda of the state. Other studies on these objects, as well as on the managerial nature of the professional relations, the professional action in the different levels of healthcare of the state, or even on the work process of the occupational therapist in health equipment are needed for us to better understand and add up efforts to extend and transform the occupational therapist work in the SUS of Minas Gerais.

## REFERENCES

1. Brasil. Presidência da República. Casa Civil. Subchefia para Assuntos Jurídicos. Lei n. 8.080 de 12 de setembro de 1990. Lei n° 8.080, de 19 de Setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Diário Oficial da União, Brasília; 1990. Disponível em: [https://www.planalto.gov.br/ccivil\\_03/leis/L8080.htm](https://www.planalto.gov.br/ccivil_03/leis/L8080.htm).
2. Mendes EV. As redes de atenção à saúde. . 2a ed. Brasília: Organização Pan-Americana de Saúde; 2011. Disponível em: <http://apsredes.org/site2012/wp-content/uploads/2012/03/Redes-de-Atencao-mendes2.pdf>.
3. Malachias I, Leles FAG, Pinto MAS. Plano diretor de regionalização de saúde de Minas Gerais. Belo Horizonte: Secretaria de Estado de Saúde de Minas Gerais; 2010. Disponível em: <http://www.saude.mg.gov.br/images/documentos/Livro%20Plano%20Diretor%20de%20Regionalizacao%20-%20ultima%20versao.pdf>.
4. Malfitano APS, Ferreira AP. Saúde pública e terapia ocupacional: apontamentos sobre relações históricas e atuais. Rev de Ter Ocup Univ São Paulo. 2011;22(2):102-9. DOI: <http://dx.doi.org/10.11606/issn.2238-6149.v22i2p102-109>.
5. Beirão ROS, Alves CKA. Terapia ocupacional no SUS: refletindo sobre a normatização vigente. Cad Ter Ocup UFSCar. 2010;18(3):231-46. Disponível em: <http://www.cadernosdeterapiaocupacional.ufscar.br/index.php/cadernos/article/view/378/293>.
6. Gil AC. Como elaborar projetos de pesquisa. São Paulo: Atlas; 2007.
7. Faveret ACSC. Prontuários de bases de dados: informação sistematizada para as contas de saúde no Brasil. Brasília: Ipea; 2009.
8. Brasil. Ministério da Saúde. Departamento de Informática do Sistema Único de Saúde. Histórico/Apresentação. Brasília: Secretaria Executiva MS;2016 [Acesso 21 dez. 2016]. Disponível em: <http://w3.datasus.gov.br/datasus/datasus.php?area=363A6B0C0D0E0F363G6HIJd6L7M0N&VInclude=../site/texto.php>.
9. Brasil. Ministério da Saúde. Departamento de Informática do Sistema Único de Saúde: População estimada por ano segundo município. Brasília; 2016 [Acesso 21 dez. 2016]. Disponível em: <http://datasus.gov.br>.
10. Brasil. Ministério da Educação. Conselho Nacional de Educação. Câmara de Educação Superior. Resolução n. 6, de 19 de fevereiro de 2002. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Terapia Ocupacional. Diário Oficial da União, Brasília (DF); 2002. Disponível em: <http://portal.mec.gov.br/cne/arquivos/pdf/CES062002.pdf>.
11. Brasil. Ministério da Educação. Instituições de Educação Superior e Cursos Cadastrados. Brasília (DF); 2016. [Acesso 21 dez. 2016]. Disponível em: <http://emec.mec.gov.br/>.
12. Brasil. Ministério da Saúde. Secretaria de Assistência à Saúde. Departamento de Descentralização da Gestão da Assistência. Regionalização da assistência à saúde: aprofundando a descentralização com equidade no acesso - Norma Operacional da Assistência à Saúde: NOAS-SUS 01/02 e Portaria MS/GM n.º 373, de 27 de fevereiro de 2002 e regulamentação complementar. Brasília (DF); 2002. Disponível em: <http://siops.datasus.gov.br/Documentacao/NOAS%2001%20de%202002.pdf>.
13. Brasil. Ministério da Saúde. Conselho Nacional de Secretários de Saúde. Princípios e diretrizes para a gestão do trabalho no SUS (NOB/RH-SUS). Brasília (DF); 2005. Disponível em: [http://bvsmis.saude.gov.br/bvs/publicacoes/NOB\\_RH\\_2005.pdf](http://bvsmis.saude.gov.br/bvs/publicacoes/NOB_RH_2005.pdf).



14. Brasil. Ministério da Saúde. Secretaria Executiva. Departamento de Apoio à Descentralização. Regulamento dos pactos pela vida e de gestão. Brasília (DF); 2006. Disponível em: <http://conselho.saude.gov.br/webpacto/regulacao.pdf>.
15. Brasil. Ministério da Saúde. Portaria GM/MS n. 4.279, de 30 de dezembro de 2010. Estabelece diretrizes para a organização da Rede de Atenção à Saúde no âmbito do Sistema Único de Saúde (SUS). Diário Oficial da União, Brasília; 2010. Disponível em: [http://conselho.saude.gov.br/ultimas\\_noticias/2011/img/07\\_jan\\_portaria4279\\_301210.pdf](http://conselho.saude.gov.br/ultimas_noticias/2011/img/07_jan_portaria4279_301210.pdf).
16. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Política nacional de atenção integral à saúde da mulher. Brasília (DF); 2004. Disponível em: [http://bvsmms.saude.gov.br/bvs/publicacoes/politica\\_nac\\_atencao\\_mulher.pdf](http://bvsmms.saude.gov.br/bvs/publicacoes/politica_nac_atencao_mulher.pdf).
17. Brasil. Ministério da Saúde. Portaria GM/MS n. 1.130 de 05 de agosto de 2015. Institui a Política Nacional de Atenção Integral à Saúde da Criança (PNAISC) no âmbito do Sistema Único de Saúde (SUS). Diário Oficial da União, Brasília; 2015. Disponível em: [http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2015/prt1130\\_05\\_08\\_2015.html](http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2015/prt1130_05_08_2015.html).
18. Brasil. Ministério da Saúde. Portaria GM/MS n. 1.600 de 07 de julho de 2011. Reformula a Política Nacional de Atenção às Urgências e institui a Rede de Atenção às Urgências no Sistema Único de Saúde (SUS). Diário Oficial da União, Brasília; 2011. Disponível em: [http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2011/prt1600\\_07\\_07\\_2011.html](http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2011/prt1600_07_07_2011.html).
19. Brasil. Ministério da Saúde. Portaria GM/MS n. 3.088 de 23 de dezembro de 2011. Institui a Rede de Atenção Psicossocial para pessoas com sofrimento ou transtorno mental e com necessidades decorrentes do uso de crack, álcool e outras drogas, no âmbito do Sistema Único de Saúde. Diário Oficial da União, Brasília; 2011. Disponível em: [http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2011/prt3088\\_23\\_12\\_2011\\_rep.html](http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2011/prt3088_23_12_2011_rep.html).
20. Brasil. Ministério da Saúde. Portaria GM/MS n. 483 de 1 de abril de 2014. Redefine a Rede de Atenção à Saúde das Pessoas com Doenças Crônicas no âmbito do Sistema Único de Saúde (SUS) e estabelece diretrizes para a organização das suas linhas de cuidado. Diário Oficial da União, Brasília; 2014. Disponível em: [http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2014/prt0483\\_01\\_04\\_2014.html](http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2014/prt0483_01_04_2014.html).
21. Brasil. Ministério da Saúde. Portaria GM/MS n. 793 de 24 de agosto de 2012. Institui a Rede de Cuidados à Pessoa com Deficiência no âmbito do Sistema Único de Saúde. Diário Oficial da União, Brasília; 2012. Disponível em: [http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2012/prt0793\\_24\\_04\\_2012.html](http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2012/prt0793_24_04_2012.html).
22. Camargos MA, Ferreira MVB, Maxta BSB, Tomasi ARP. A terapia ocupacional nas redes de atenção do Sistema Único de Saúde. In: Jornada Acadêmica de Terapia Ocupacional; Belo Horizonte, MG, 03-04 out. 2014. Disponível em: [http://media.wix.com/ugd/810b1e\\_77f027d607ae4390b8eeffe497c2bc9f.pdf](http://media.wix.com/ugd/810b1e_77f027d607ae4390b8eeffe497c2bc9f.pdf).
23. Minas Gerais. Secretaria de Estado de Planejamento e Gestão. Subsecretaria de Planejamento e Orçamento. Superintendência. Central de Planejamento. Plano Plurianual de Ação Governamental – 2004-2007, volume I. Belo Horizonte: Secretaria de Estado de Planejamento e Gestão; 2004. Disponível em: [http://www.planejamento.mg.gov.br/images/documentos/ppag/2004-2007/ppag\\_v1\\_2004\\_2007.pdf](http://www.planejamento.mg.gov.br/images/documentos/ppag/2004-2007/ppag_v1_2004_2007.pdf).
24. Minas Gerais. Secretaria de Estado da Saúde de Minas Gerais. Plano Estadual de Saúde: 2008-2011. Belo Horizonte; s/d. Disponível em: <http://www.saude.mg.gov.br/images/documentos/Plano%20Estadual%20de%20Saude.pdf>.
25. Secretaria de Estado da Saúde de Minas Gerais. Plano Estadual de Saúde: 2012-2015. Belo Horizonte: Autêntica; 2012. Disponível em: [http://www.saude.mg.gov.br/images/documentos/Plano%20estadual%20de%20saude\\_210213\\_BX.pdf](http://www.saude.mg.gov.br/images/documentos/Plano%20estadual%20de%20saude_210213_BX.pdf).

Received: 04.03.2017

Accepted: 06.24.2017