

Health Education Program using Information Technology throughout an Individualized Approach. Results of 13,112 women evaluated.

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ABSTRACT

Objective: In order to improve the Primary Health Care (PHC) in Public Health Systems of São Paulo (Brazil), adding to it a component of primary prevention the author created an Individualized Health Education Program using risk approach and information technology based on patient's data, health environment and prevalence of the more important diseases in the country.

Material and Methods: Epidemiologists, Statisticians, Mathematicians, Gynecologists and Software Programmers developed a computerized program, containing 90 topics survey, that allowed risk analysis on the 10 most important women's diseases in the country: cervical, endometrial, ovarian and breast cancer, STD/AIDS, osteoporosis, dyslipidemias, lung cancer, endometriosis and maternal mortality. Risks were classified as high, medium or low and then offered to the patient in a graphic. The programme continues explaining the reasons of each risk, which modifications related with her life style could contribute to lower them and the content and periodicity of their check-ups. In order to permit a perusal of these information this material (4 or 5 sheets of paper) were printed and offered to each woman. The survey was applied to 13.112 women of different races, ages and social levels. The risk evaluation of each disease and its distribution according to different parameters was shown in this study.

Results: The analysis of these data demonstrated that health risks were dependent on environmental, social and educational conditions, and other items of life style. For example, women with a higher education had higher chances of living with smokers, drink more alcoholic beverages, having better alimentary habits and more physical activities than those of a lower social and economical level. The utilization of information technology saved time and created the possibility to apply the Project for a great number of women. This high coverage permits separating groups of higher risks at a reasonable costs/benefits rate, and making a special approach to each high risk group. Programs in this direction are being implemented with women presenting high risk of breast cancer, endometriosis and cervical cancer with interesting results. The acceptance of this health education programme was evaluated and most of the women (77%) had no problems in answering the survey, 79% understood the causes of their risks, 92% understood the medical and health recommendations and, what is more important, 90% of them recognized the importance of such program and wish to accomplish the advices they had.

Conclusion: This new model of health education program using information technology and risk approach has a good level of acceptance and comprehension. It defines health risks in a proper way and identifies women with high risk, allowing special primary prevention interventions towards them, allowing also an individualized process of health education and primary prevention to be integrated to early detection actions within the context of Primary Health Care and covering an expressive number of women with economical and strategic viability.

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