

**Concepts and meanings attributed to handicaps/incapacities by workers of the regional health system and people with handicaps and/or those responsible for them, users of the health services.**

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This is the partial result of research that has identified access and accessibility conditions of the handicapped to the health services (Basic Health Units; Psycho-Social Attention Centers; Rehabilitation Centers; Hospitals; Clinical Analysis Labs; Medical Specialty Centers; Specialized and Outpatient Units; Therapeutic Residency and Mental Health Units) of 12 cities with different geographic and socioeconomic profiles in the interior of the State of São Paulo(Brazil). It was financed by the National Counsel of Technological and Scientific Development/Ministry of Science and Technology/Brazil (July 2007-June 2009).

It is an evaluative study, organized in six thematic nuclei (Policies and programs; Access to services; Concepts and meanings attributed to handicaps; Architectonic and geographical accessibility; Visual documentation; Revision of the national and international literature). The option is to present the partial results of Nucleus 3 since they contribute to the understanding of demands pertinent to the intervention practices in public health, especially for O.T.

The methodology used was the Analysis of Discourse of 433 open interviews, recorded and textualized from 63 services of the 327 existing one in the area. Physicians, nurses, speech therapists, O.T., physical therapists, psychologists, odontologists, administrative workers, handicapped, families, community leaders.

The initial results point out that the professionals, in the majority, understand the health needs of the handicapped due to the incapacities; present a reductionistic view of the intervention, with organistic and corrective proposals of the incapacities, professed priority to the specialized services and understand handicap/incapacity from a presupposed stereotypical and prejudiced point of view. As for the handicapped, they demonstrate difficulties in knowing and defending their rights. Some community leaders emphasize the need to fight for the right to health in these cities. Proper access to the services is understood by the majority of the interviewees as being the availability of transportation. Moreover, the services offered in the area have the need to refer many users to specialized center in the state capital.

The conclusion is that the access is still restricted in the majority of the services offered by the municipalities and that there is the need to create strategies that perfect the integral health care of the population.