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Original Article

Speech Therapy practice in Primary Health Care in Chile from the perspective of users, speech therapists, and other health professionals from Santiago

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ABSTRACT

The healthcare system in Chile is based on the Comprehensive Care Model with a family and community approach, whose structural and pivotal core is primary care. Insertion of speech and language professionals at this level is incipient, and studies on the subject are scarce. This research sought to describe the practices and experiences of Speech Therapy in Primary Health Care (PHC) from the perspective of users, speech therapists, and other professionals in the healthcare field residing in the city of Santiago during 2017. For this purpose, a qualitative exploratory study was carried out based on the hermeneutic-interpretive paradigm, where three focus groups were carried out, and the information was analyzed using content analysis. The most relevant categories that emerged from the analysis show that the three groups agree with a growing need for the presence of Speech Therapy in PHC, in order to respond to issues concerning human communication and oral feeding. Furthermore, the three groups agree that this need goes hand in hand with a diversification of the professional actions of speech therapists who work in PHC, in addition to the need for training in the family and community health model. Therefore, it is concluded that the conceptual-theoretical framework on which the professionals base their work should be reconfigured, and training should be reoriented towards PHC.

Keywords:
Speech, Language and Hearing Sciences; Primary Health Care; Public Health; Chile

Fonoaudiología en la Atención Primaria de Salud en Chile desde la perspectiva de usuarios/as, fonoaudiólogos/as y otros/as profesionales de la salud de la ciudad de Santiago

RESUMEN

El sistema de salud en Chile se basa en el Modelo de Atención Integral con enfoque familiar y comunitario, cuyo núcleo estructural y articulador es la atención primaria. La inserción de profesionales fonoaudiólogas/os en este nivel es incipiente y los estudios sobre el tema son escasos. Con esta investigación se buscó describir las prácticas y experiencias del trabajo fonoaudiológico en la Atención Primaria desde la perspectiva de usuarios, fonoaudiólogos/as y otros profesionales del área de la salud pertenecientes a la ciudad de Santiago durante el año 2017. Para cumplir este objetivo, se realizó un estudio de tipo cualitativo exploratorio, basado en el paradigma hermenéutico-interpretativo, en el cual se realizaron tres grupos focales y se analizó la información mediante un análisis de contenido. Las categorías más relevantes que surgen del análisis realizado muestran que los tres grupos focales concuerdan con la creciente necesidad de atención fonoaudiológica en APS para dar respuesta a situaciones asociadas a la comunicación humana y la alimentación oral. También, los grupos concuerdan que aquello va de la mano con una diversificación de las actuaciones profesionales de los/las fonoaudiólogos/as que trabajan en APS, además de una clara necesidad de formación en el modelo de salud familiar y comunitario. Por esto, se concluye que es necesario reconfigurar los marcos teórico-conceptuales en los que se basan los profesionales y reorientar la formación hacia la APS.

Palabras clave:
Fonoaudiología; Atención Primaria de Salud; Salud Pública; Chile

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INTRODUCTION

Primary Health Care (PHC) not only corresponds to the first level of contact of individuals, families, and the community with the healthcare system (Zurro, 2018), but it also constitutes a series of intersectoral initiatives that attempt to reduce health inequalities within the population, in order to guarantee health care as a fundamental right for all humanity (Almeida et al., 2018). In 1978, based on the Declaration of Alma-Ata (World Health Organization [WHO], 1978), the foundations were laid to promote Primary Health Care (PHC) as a strategy to assist with the populations' main health issues through low-cost technology, based on scientific foundations and full participation of the community.

In Chile, a series of measures were promoted to respond to the needs of the population within the framework of the healthcare system reform in 2005, related to changes in the country's demographic and epidemiological profile (García-Huidobro et al., 2018). Among the initiatives was the adoption of the Comprehensive Health Care Model (*Modelo de Atención Integral en Salud*, MAIS) with a family and community approach, which puts Primary Health Care as the structural core of the system (*Ministerio de Salud* [MINSAL, Department of Health], 2012). MAIS promotes a relational style between the members of health care teams and the people, families, and communities of a territory, and recognizes that people are members of a diverse and complex sociocultural system in which they have an active decision-making role regarding their health (MINSAL, 2012). Under this model, the health care system is organized according to the needs of the population, through a set of actions that seek to promote comprehensive, timely, high-quality, and decisive care with culturally responsive care, and community and intersectoral participation (Pesse-Sorensen et al., 2019).

The three inalienable principles that sustain the Comprehensive Health Care Model in Chile are: Person-Focused Care, comprehensiveness of care, and continuity of care (MINSAL, 2012). The person as a center implies considering the needs and expectations of people regarding their health situation, emphasizing their rights and co-responsibility in care. Comprehensiveness refers to a multidimensional approach to health issues, including cultural and spiritual aspects, through actions of promotion, prevention, healing, rehabilitation, and palliative care. Finally, continuity of care corresponds to the degree of coordination and coherence between the various professional activities and care actions concerning people's health throughout their lives, within the different entities of the Integrated Networks of Health Services (*Redes Integradas de Servicios de Salud*, RISS) (Pan American Health Organization [PAHO] & WHO, 2010).

Among the other elements that are proposed for the configuration of the model are: (1) An emphasis on health promotion and disease prevention, (2) health care with a family, community, gender, and intercultural approach, (3) network care, including ambulatory care, (4) incorporation of social participation in health care, (5) intersectoral coordination, (6) continuous improvement through quality assessments, (7) use and evaluation of health care technology, and (8) excellence in the management of health personnel (MINSAL, 2012).

For an adequate operationalization of the Comprehensive Health Care Model focused on primary care, health care teams with specific competencies are required to cover the portfolio of services designed to respond to the needs of the population. That is, professionals require knowledge, skills, attitudes, and motivation for successful performance in the diversity of events linked to the health-disease-care process of people, families, and communities throughout their life (Dois et al., 2018). In Chile, a series of competencies has been proposed for PHC physicians (Montero et al., 2009) and other professionals (Dois et al., 2018) in coherence with the MAIS. Among the areas in which these competencies should be considered we can find: network coordination (human resources management, care coordination, etc.), support for shared decision-making in health care, resolution of health issues involving PHC, a life-course approach to health, conducting counseling and brief counseling in health care, adult education, family risk approach (risk and protective factors), motivational interviewing, and chronic care model.

Speech Therapy in Primary Health Care (PHC)

In Latin America some experiences can be found that show the possibility of performing speech therapy under a primary care strategy, this can be seen in countries such as Argentina (Gómez, 2018), Colombia (Carreño, 2019; Duarte et al., 2017; Moreno-Chaparro et al., 2018; Muñoz & Guerrero, 2013), and Brazil (Ferraz de Souza et al., 2005; Ferreira Mendes, 1999; Leal Fernandes & Guedes Cintra, 2010; Silva de Sousa et al., 2017; Zanella Penteado & Merlin Servilha, 2004; Zanin et al., 2015). Within these experiences a myriad of actions are proposed, for example: developing collective activities for the promotion and protection of health in general and of human communication in particular, health education, prevention, and detection of human communication disorders, conducting home visits to detect environmental and family conditions that might harm or protect health and human communication, contributing to the diagnoses

of health situations, participating in integrated meetings including health care and community teams (popular administration councils, assemblies), proposing and carrying out intersectoral actions with networks that exist in the territory (playgroup, schools, associations, etc.), generating strategies for group interventions (workshops), participating in the process of planning and management related to public policy, among others.

In Chile, some studies show a gradual insertion of speech and language therapists in Primary Health Care. Tapia et al. (2016) and Silva Ríos et al. (2021) analyze the experiences of speech and language therapists working with a Community-Based Rehabilitation (CBR) strategy, and in their conclusions indicate that the professional performance of speech therapists in community centers is rudimentary, intuitive, and showing little knowledge about the theoretical foundations that support the strategy. For their part, Silva Ríos et al. (2018) mention that the performance of speech therapists in PHC is mainly reduced to diagnosis and intervention in the field of child language, with few instances of health promotion and prevention, working with other age groups, or intersectoral coordination, therefore the practice shows inconsistencies concerning the principles and actions proposed in the Model of Care for PHC in Chile.

However, in recent years, the participation of speech therapists in PHC in Chile has increased and diversified, with their inclusion in programs such as: *Apoyo al Desarrollo Biopsicosocial* (PADBP, Support for Biopsychosocial Development) which is part of the subsystem *Chile Crece Contigo* (ChCC, Chile Grows With You), the program *Más Adultos Mayores Autovalentes* (More Self-Efficient Older Adults), *Programa de Atención Domiciliaria Integral* (PADI, Comprehensive Home Care Program) for people with severe dependency, and *Programa de Rehabilitación Integral* (Comprehensive Rehabilitation Program), among others. This scenario poses a great challenge regarding how to face inclusion when considering the limitations of Speech Therapy exposed in previous studies. For this reason, it becomes necessary to investigate the participation of Speech Therapy in PHC, based on the diversification of actions and the characteristics of PHC in Chile.

The present study, therefore, aims to characterize the practices and experiences of Speech Therapy in Primary Health Care in Chile, from the perspective of users, speech therapists, and other health professionals, as relevant actors of the PHC system in the country.

METHODOLOGY

Epistemological stance and method

This research was carried out from a hermeneutic-interpretive paradigm (Vargas, 2007), which poses that knowledge is subjective and constructed. Some of the paradigm's postulates considered for the present investigation are: 1) reality is subjective; 2) involvement of the subject in the object; 3) reality is structural and/or systemic, 4) reality is complex, and 5) reality is subject to interpretation. Considering this, the methodology was qualitative, since it allows us to "(…) assume a dynamic, holistic, and subjective reality" (Pérez, 1994). In turn, according to Flick (2004), this methodology allows us to "(…) analyze specific cases in their temporal and local particularity, and from the expressions and activities of people in their local contexts". The present study was open, generating elements to favor reflection on the situation of speech therapists in PHC.

Regarding the selected methods, in coherence with the hermeneutic-interpretive paradigm, the work takes elements of the phenomenological approach, in order to interpret the reality of Speech Therapy in PHC from three perspectives (speech therapists, users, and other health professionals who work in PHC). This allows generating information from the subjective reality of each person (Duque & Aristizába, 2019; Vargas, 2007).

Definition of participants and instruments

Participants

The selection of the participants was by convenience, following an opinion sampling approach according to the needs of the research. The informants were selected following personal strategic criteria, mainly due to knowledge of the situation and voluntariness (Andréu, 2000). The population was made up of three focus groups that showed the point of view of three actors who participate in the health care system about Speech Therapy in primary care, according to the following inclusion criteria:

- Focus group 1: Nine speech therapists who work in PHC and speech therapists who work training students in PHC, who carry out their work in different territories within the Metropolitan region.

- Focus group 2: Five users registered in PHC facilities residing in urban districts of the Metropolitan region, who had received care from any PHC professional in the previous 6 months.

- Focus group 3: Nine professionals in the health care field (not speech therapists), with more than 5 years of experience in PHC facilities in the Metropolitan region.

To track the participants, personal networks or the researchers' social channels were used, with the collaboration of academics from the Department of Primary Care and Family Health of *Universidad de Chile*, who facilitated contacts of users and professionals with experience in PHC.

Data production techniques

To access the perspectives of the participants, focus groups were carried out, grouped according to the role of the participants within the health system. This technique provides the possibility of generating dialogue without the need to arbitrarily exclude elements, and complementing the opinions of the participants as they contribute to the conversation (Fabris, 2001). This gives way to knowledge that is built and created from different points of view and experiences, which makes it possible to assess subjectivities through communication (Hamui-Sutton & Varela-Ruiz, 2013).

The topic for the three focus groups was the role of Speech Therapy in PHC in Chile, based on the experiences and characteristics of the people who participated in each group. This topic was introduced by a moderator from the Department of Primary Care and Family Health of the Faculty of Medicine, *Universidad de Chile*.

The focus groups were held in Santiago at *Universidad de Chile*, in person and within a period of 5 months, between July and November 2017. They were held in quiet, silent, comfortable locations, with good lighting and ventilation, respecting the privacy of the interviewees (Valles, 1997). The duration was approximately 90 minutes, and the interactions were digitally recorded and then transcribed to facilitate analysis.

Analysis

The procedures used in this research, through the data obtained from the transcripts, seek to perform content analysis that allows accounting for the meanings and interpretations embedded in the subjective reality of the people who made up the groups (Smith & Osborn, 2008). Therefore, the procedures were: identifying emerging topics, grouping topics into categories, preparing a table of topics, and writing the results (Duque & Aristizába, 2019).

Ethical implications

The interviewees participated voluntarily in this research. Prior to this, written informed consent was obtained, which was read aloud to the participants at the beginning of each meeting. This study was approved by the Ethics Committee for Research in Human Beings of the Faculty of Medicine, *Universidad de Chile* on April 28, 2020, registration number 004-2020.

RESULTS

From the analysis of the results, categories and subcategories emerged that can be observed in Table 1:

Table 1. Categories and subcategories extracted from the results.

Category	Subcategory
Professional actions within PHC	Models for professional practice
	Scope of actions carried out
	Knowledge of the profession in PHC
Training for the professional practice in PHC	Traditional-historical
	Advances in current training
Needs for Speech Therapy in PHC	Gaps in the coverage of needs
	Projections for the insertion

Professional actions within Primary Health Care

The three focus groups described practices and functions of speech therapists in PHC, with differences regarding the knowledge of the professional role. In these practices, some of the characteristics of the Family and Community Health Model focused on PHC are evidenced: a non-hierarchical work and a perspective that tends to comprehensive intervention on people. Moreover, importance is given to actions within the sphere of health promotion, social and community participation, disease prevention, rehabilitation, and palliative care throughout the life-course.

These actions are materialized through the organization of educational workshops, participation in territorial meetings, local collaborative diagnoses, home visits, counseling and targeted education, early stimulation, and interventions in the field of human communication and oral feeding. In this dimension, the addition of the professionals to different programs is pointed out: stimulation rooms belonging to the system *Chile Crece Contigo*, treatments linked to the Comprehensive Home Care Program

(PADI) for people with severe dependency, Comprehensive Rehabilitation programs in rehabilitation rooms and community centers, the *Más Adultos Mayores Autovalentes* program, the Health Promotion program with its contribution in community participation activities and educational workshops.

Regarding their incorporation to Family Health Centers (*Centros de Salud Familiar*, CESFAM), the groups of speech therapists and other healthcare professionals refer to the participation of the former as part of the sector's head teams or as transversal professionals in health centers. In other cases, they integrate teams in specific programs such as stimulation rooms or the program *Más Adultos Mayores Autovalentes*. In addition, the idea of teamwork is highlighted, stating that speech therapists work together with other professionals who are part of primary care (see Table 2).

Table 2. Professional actions within Primary Health Care.

Subcategory	Quote
Models for professional practice	"(…) to think that I have to relate to a person as a peer, stop looking at them as a patient, passive, but look at them as an active actor, generates a total breaking of the paradigm". FG1.
	"Health Care...should show much more tolerance, listening skills, understanding, waiting for the person to open up and say what is going on". FG2.
	"(…) a more promotional and preventive look, for example, with the teachers everywhere…every person who teaches should have the training to know how to take care of their voice, that is a promotional look, right? These are spaces related to family health centers, to primary health care.". FG3.
	"(…) even though they started from an assistance approach, from the remedial, they have been transitioning towards the promotional". FG3.
Scope of actions carried out	"(…) we started doing home interventions, later we started carrying out some promotion workshops because they are in line with *Chile Crece Contigo* and there we offer talks for the community, also for the parents and caregivers of children younger than one year…we try not to see it from a model of sitting down the mother and start lecturing, but more from popular education, more participatory." FG1.
	"(…) since this year I am part of the head team for one of the sectors of the CESFAM, and this changed things a little bit. I participate in sector meetings, we also participate in the CESFAM's territorial board meetings and a little bit in the sector that I belong to, but this has been about me sticking my nose there because I'm nosy like that…" FG1.
	"(…) this year will be the third workshop in which I participate as a speech therapist through the communal union of self-help groups, and it's really interesting…they have taught us about everything that happens to us throughout the years, in the auditory part as well as the pitch of the voice…swallowing, everything that affects older adults". FG2.
	"(…) we have been able to enter the staff in primary health care…first with the ChCC, also in the program *Más adulto mayor autovalente*, the pairs were physical therapist/speech therapist or speech therapist/occupational therapist and that enriched the perspective when working with older adults and in rehabilitation rooms, and what I could see was pretty incipient, because we couldn't get many hours, but it was for the bed-bound users' team. For us, it was important that the work on swallowing was performed by a speech therapist". FG3.
Knowledge of the profession in PHC	"(...) it's very important that we enter the space of primary care, I feel we are not valued in primary care, not at all. I have been working in a CESFAM for 5 years, and each of those 5 years I have had to validate my position as a speech therapist, an important member of the team". FG1.
	"(...) I think that the status of a professional who works at a hospital and carries out biomedical research is much higher than the one who works in primary health care, it's less valued". FG1.
	"(…) of the profession [we know] very little, what we know is that they work with people who are losing their hearing or speech but I don't know more about the profession, which are their boundaries, limits, what is related to which doctor or health care area, it's not clear for me". FG2.

In the three focus groups, it is highlighted that there is a lack of knowledge about the profession, on the part of other professionals as well as the community in general. Despite this, within the users' focus group there are some notions related to speech and

language therapy for children, as well as the adult and elderly population in areas associated with hearing, communication, and swallowing. From what was gathered from the speech therapists in the sample, the lack of knowledge translates into unstable working conditions and a permanent need for validation concerning local governments, managers, other professionals, and users, having to contextualize their function and constantly demonstrate the benefits of their presence in PHC. In addition, they point out the existence of status differences between work carried out in primary care and hospital care, the former being undervalued and having a lower status than the latter (see Table 2).

Training for professional practice in Primary Health Care

Regarding this aspect, in Focus Group 1 it is stated that the professional training has a marked clinical orientation, based on the biomedical health model and the positivist scientific paradigm, with minimal notions about primary health care. It is for this reason that the biomedical model tends to be replicated in professional practice, despite being inserted in primary health care institutions that promote a different type of approach. Nevertheless, the interviewees recognize some changes in the training of new generations of professionals, who are given tools related to health promotion, community health, and diagnosis of health situations.

Along the same lines, participants in the 3 focus groups reflect upon the need to promote training in primary health care, although they do so with different emphases. In the first focus group, it is pointed out that the inclusion of this area of work should be transversal to all higher education institutions, with the incorporation of professional practices at this level. In the other focus groups (2 and 3) the vocation to serve and social engagement are highlighted for professional practice in health care. In turn, the participants of the focus group made up of primary health care professionals (focus group 3) discuss the need to incorporate content related to public health, primary health care, and generic skills related to teamwork (multi-inter-transdisciplinary), respect and appreciation of cultural diversity, the humas rights-based approach (HRBA), communication skills, critical thinking, and ethical action (see Table 3).

Table 3. Training for professional practice in Primary Health Care.

Subcategory	Quote
Traditional-Historical	"(...) speech therapists work in a clinical context, there are very few that have entered primary health care…it's how we were trained, we replicate the clinical, biomedical and positivist paradigm within a philosophy that since Alma-Ata in '78 until now is something very different". FG1.
	"(...) if we were lucky, we knew that primary health care was the first level of health care, and that was all the information we managed when we started working in the CESFAM". FG1.
Advances in current training	"(...) so now the generations that are getting licensed, in every course, at least they have a notion, they know how to make a health situation diagnosis, now it's not 'I don't know what that is', they know they can perform community interventions and that it's not only delivering workshops". FG1.
	"(...) I think it would be a good starting point for the universities to have clinical rotations in CESFAMs. In my time there weren't internships in CESFAM, and I think that if it weren't for my internship instructors who motivated me to do this family service, it would have been even harder". FG1.
	"the modification of the curricula in undergraduate programs is key to positioning oneself in a space, when you accomplish that and you complement the work of a midwife, a dietitian, nurse, physical therapist, a nurse technician (TENS), social worker, dentist, we begin expanding the team over and over". FG3.

Needs for Speech and Language Therapy in PHC

The three focus groups recognize that there are health care needs in the population that could be covered by speech therapists, given their expertise in human communication and oral feeding (see Table 4). On the one hand, the participating speech therapists discuss government guidelines in which a comprehensive intervention approach is proposed with an emphasis on communication and language, namely early childhood, active aging, and health promotion programs. From the group's perspective, the speech therapist could participate in these instances as a professional who contributes to the communicative health of the population, using their skills.

On the other hand, the population's needs related to Speech Therapy that cannot be covered by other professionals (such as hearing and swallowing disorders) are reflected upon by the professionals who are not speech therapists. In some cases, it is the members of the community who request the presence of professionals to meet their health demands, through social organization and political actions. In others, it is the directors or managers of the sector who inform about these needs, and of the high demand for attention when they manage to insert a professional into one of their programs.

Regarding the projections for the insertion in primary health care programs, in addition to a gradual incorporation to the programs in Table 2, several comments from the 3 focus groups point to the addition of speech therapists in other areas, which would expand their scope of actions, such as preventive evaluations in the Preventive Medicine Exam for the Elderly (*Examen de Medicina Preventiva del Adulto Mayor*, EMPAM), improvements in the detection of communication difficulties in medical controls for healthy children, participation in breastfeeding programs, as well as in mental health and community participation programs. In addition, it is proposed to strengthen the work with other sectors, through joint actions with kindergartens, schools, and the Office for the Protection of Children's Rights (*Oficina de Protección de Derechos de Infancia*, OPD), to address difficulties in the field of communication and carrying out communication skills workshops for centers or offices associated with townships, among other aspects (see Table 4).

Table 4. Needs for Speech Therapy in PHC.

Subcategory	Quote
Gaps in coverage of needs	"(…) there is a bigger population to work with, whose communicative needs are not being covered like a speech therapist would do. Not to mention the communication, cognitive, or swallowing needs of the aging population. So, the need is there, the window of opportunity is effectively there". FG1.
	"(…) in Santiago's township we have a speech therapist, but it is one therapist for a hundred and eleven thousand registered users, so in the end, we had to prioritize and she is working mainly with *Chile Crece Contigo*, the issue of referrals has also been difficult because we have a high demand". FG3.
	"(…) but we know that older adults tend to be hospitalized due to aspiration pneumonia, right? Swallowing disturbances. So the need is there". FG3.
	"If today you bring me more speech therapists, I am clear about where I need them, our community needs speech therapists for reading and writing issues, language development, and communication, and this is in education, working in an interdisciplinary network. Where else? In habilitation for older adults with some needs and specific skills, or in those whose mental health issues have progressed, like dementia or other psychosocial pathologies that require management that includes elements of inclusion and insertion". FG3.
Projections for the insertion	"I think the importance of speech therapists, who are professionals moving within so many scopes…communication is transcendent, it has a biological component, linguistic…it could even be artistic, as an expression of the most intrinsic needs of the human being, this should be a significant concern in primary care". FG1.
	"(…) there are several sectors that we could reach, we have the experience of the center for women with programs for women and there is a unit that helps women who have been abused to seek for a job, and assists them with the job interview. The problem is they apply to projects and they hire actors/actresses for the development of communicative skills. That is an important space where the speech therapist could intervene". FG1.
	"(…) it could be applied to primary care, like the preventive exam performed on older adults, this area of Speech Therapy should be included, and in child health care as well, so that at least there is promotion/prevention for older adults and that the person is not frightened when their throat feels strained, it is common for people to choke on their own saliva and they don't know why…" FG2.
	"It should be like the Nurse control, the Speech Therapy control, to know if the child has an issue. It's just that if a psychomotor evaluation is being carried out, why isn't there another evaluation, for children who don't speak well". FG2.
	"I'm thinking about primary health care…there should be workshops just like there are physical training workshops, practical workshops where a person signs up and the speech therapist teaches them how to breathe when they speak, so they don't choke, practical things that one can exercise and we don't do it, workshops like that". FG2.

> "(…) Speech Therapy has a very wide scope of action which today lacks professionals, for example, we already mentioned the ChCC or the program *Más adulto mayor autovalente* or everything else already stated, working in schools, primary school or nurseries where significant language impairments can be found, there are communication issues from a hearing perspective, where I imagine a Speech Therapy team…performing a diagnosis in schools from a district. Clearly, there will be problems, these could be detected promptly so they can be intervened, we would have better school performance, young people will be better, there will be a myriad of benefits in the short, medium, and long term. I think the districts should start thinking about adding these professionals to the staffs, definitely". FG3.

DISCUSSION

According to the results presented, there is a recognition by the participants of the 3 focus groups (speech therapists, other professionals, and users) of the participation of speech therapists and the possibilities of inclusion/expansion of their actions in primary health care in Chile, within the framework of the Comprehensive Health Care Model (*Modelo de Atención Integral en Salud*).

These actions respond in their majority to the principles of comprehensiveness and continuity of care, actions that range from promotion and social participation in health care to palliative care, throughout the entire life-course. In addition, they respond to the insertion of speech therapists in the execution of different programs developed in PHC, in coordination with other professionals. These actions are consistent with the Latin American experiences of Speech Therapy in PHC in Colombia (Duarte et al., 2017) and Brazil (Ribeiro Moreira, 2006), in which the importance of teamwork and interdisciplinary work in activities is highlighted, as well as actions targeted towards promoting general and communicative health, and the prevention of difficulties associated with communication at different stages in the trajectories of individuals and communities.

Despite this, in the interviews, there is little reference to person-centered care, which coincides with what was pointed out by Dois et al. (2016) regarding the weak manifestation of this principle within the Chilean health system, and the need to strengthen the treatment of users. With this, the encounter with the professional is transformed into a space that promotes people's participation and decision-making regarding their health, based on their needs and not on their pathologies. This aspect also alludes to the imperative on the part of professionals to recognize and consider the beliefs, values, and opinions of the users in health care. Therefore, progress should be made in carrying out actions that respond to this principle, since it is linked to user satisfaction, improvement in health care results, and a reduction of the overall cost in health procedures.

From the perspective of the speech therapists participating in this study, the gradual insertion of Speech Therapy in primary health care shows a conflict between their undergraduate training, historically framed in the biomedical model, and the skills and knowledge necessary for working with families in territorial practices close to the community, under the family and community approach of the Comprehensive Health Care Model. From their perspective, although they recognize an addition of primary health care competencies in undergraduate curricula, this inclusion is still incipient and not standardized among different houses of study. This scenario confirms what was described by Silva Ríos et al. (2018) concerning the discrepancy between the Speech Therapy practice and MAIS in PHC, by maintaining almost exclusively rehabilitation actions in a sector that proposes health promotion and prevention, intersectoral work, and a comprehensive understanding of health situations.

A similar situation is evidenced in a study carried out in Brazil (Zanin et al., 2015), where it is pointed out that there is a deficiency in the training of speech therapists to work with the family health strategy. These situations reveal the need to acquire specific competencies for working in PHC, in accordance with what is proposed by Dois et al. (2018). This aspect is not only a limitation for the insertion of professionals in this context, but it represents a barrier to achieve good health care levels, a maximization of equity, and solidarity in the health care systems based on PHC. Since the call for a renewal of primary health care in the Americas in 2007, the Pan American Health Organization has been proposing a reorientation of the study plans of human resources towards PHC, in order to contribute to the equity in healthcare and human development. Such training should emphasize quality and continuous development, the acquirement of appropriate competencies for PHC, the evaluation of multidisciplinary teams, and the promotion of research, among others (Dois et al., 2018; OPS, 2007).

Therefore, it becomes necessary for houses of study to reformulate their profiles of graduation so that future professionals have the knowledge, skills, abilities, and ethical attitudes that allow them to approach individuals, families, and

communities with respect and dignity, under the principles of the Comprehensive Health Care Model for PHC, and thus progress in the guarantee of the right to health care.

In line with the aforementioned, it becomes imperative to develop various types of research, from a population perspective, that allow gathering information regarding the needs of the population associated with communication and oral feeding. Putting in evidence the gaps between the needs and the coverage provided, together with showing the advantages of including speech therapists in health care programs within PHC, will provide information to support public health initiatives, in pursuit of access, quality, and equity in health care.

Given their development, research lines from countries such as Colombia or Brazil (Carreño, 2019; Duarte et al., 2017; Silva de Sousa et al., 2017; Zanin et al., 2015) could serve as an example, since they conceive the phenomenon of human communication and oral feeding from a family and community approach, with a view of professional practice from a primary health care perspective, in connection with other areas of human development.

FINAL COMMENTS

This study shows the vision of three actors who participate in the health care system, regarding Speech Therapy in primary health care at the level of professional performance, training in PHC, and the needs of the population. The three focus groups agree with the need to have Speech Therapy interventions in PHC to respond to issues of human communication and oral feeding, these being recognized as Speech Therapy fields. Although these actions are proposed from the social participation and promotion in health care, prevention and early detection of health problems - which is consistent with the primary health care strategy – and the guiding principles of the PHC (comprehensive, continuous, and people-centered care) should be considered.

According to the study, the professional work of speech therapists in MAIS means diversifying notions regarding human communication and its relationship with the population's health. Therefore, as long as the gaze continues to be focused on pathologies or disorders, intervention/rehabilitation will continue to be the axis for training and practice, and both health promotion and prevention will remain in the background. A shift in the vision of the actions of speech and language therapists, which is focused mainly on clinical-therapeutic settings, added to a change in their self-perception as rehabilitation professionals, may open up the possibilities to generate new initiatives that contribute to improving health care for people, in terms of equity and justice. This does not exclude the structural and operational changes that the health care system needs in order to fulfill the stated purposes.

LIMITATIONS OF THE STUDY

Among the limitations of this study is the origin of the participants, all being residents of the Metropolitan Region of Chile, since perceptions from other territories of the country are excluded even though this study is declared as exploratory.

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