

Background: The Specialized Rehabilitation Centers (CER) are places of reference to assist Persons with Disabilities (PwD) due to their multidisciplinary care character, however, these places are still focused on the biomedical model and the change to a biopsychosocial approach in these centers is essential for comprehensive care. The International Classification of Functioning, Disability and Health (ICF) has been recommended in official documents as a model to reorient practices in the CER, and for that, it is necessary to understand how managers are perceiving this problem in order to establish the processes of Permanent Education in Health (EPS).

Objective: To know the perception of CER managers about the articulation between university and service for the study of the use of the ICF among service professionals through EPS.

Methods: This is an exploratory and qualitative research, carried out with 3 informants at the service's managerial level involved in preparing for the EPS process with a focus on the ICF. Semi-structured interviews were carried out, whose data obtained were analyzed through thematic content analysis. The research is part of an axis of the project Participatory technologies in the care of people with disabilities in specialized care.

Results: In the perception of the managers, the CER workers themselves had already realized the need to improve the reports issued and the need for the team to use the biopsychosocial approach. In addition, higher government entities began to request reports from the CER that were more focused on the capabilities of each one. Regarding the interaction between CER and university, several facilitators were highlighted, such as good communication between teaching and service, the flexibility of both parties to overcome obstacles, organization by proponents, team decision-making and good willingness to adapt to the demands of the service. When it comes to the internal articulation of the service, facilitators were pointed out, such as acceptance, motivation and commitment of professionals and smooth communication between professionals and management; and, barriers such as high demand in the service, temporary closure of activities at the site, complexity of the ICF and turnover of professionals. The CER in question is fertile ground for the ICF implementation process due to the values that the team attaches to training processes and the previous awareness they already had on the subject.

Conclusion: Therefore, it can be seen that the managers considered the articulation between university and service during the organization for the PE process with a focus on the biopsychosocial approach quite natural, transparent and uncomplicated; as well as communication with service professionals to actively participate in the process. However, they recognize the problems that the demands for care produce in terms of obstacles to organizing educational processes.

Implications: Knowing that the biopsychosocial approach and the use of the ICF are mandatory in the "Hearing, Physical, Intellectual and Visual Rehabilitation Instruction" that governs the CER, the practice of PE within this space has been proving to be a promising path. In this sense, knowing the engagement of managers and the reflection they make about this type of approach can be important elements for structuring EPS.

Keywords: Health Centers, Biopsychosocial approach, Permanent Education in Health

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FAMILY INCOME AS AN ENVIRONMENTAL RISK FACTOR FOR CHILDREN WITH DEVELOPMENTAL COORDINATION DISORDER

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Background: Developmental Coordination Disorder (DCD) is a neurodevelopmental disorder characterized by clumsiness at home, school, and in the community. The limitation in activities of children with DCD affects their social participation and quality of life, highlighting the need to identify potential risks for DCD in childhood. The relationship between environmental risk factors and DCD has emerged in the literature to clarify its etiology. However, there is no consensus on this relationship. This study will use the variable "family income" as an environmental risk factor. Contributing this data can be an important outcome for the literature, as knowing the risk factors for DCD allows for identification and intervention as early as possible, in order to minimize the impact of this health condition on children's functionality.

Objectives: To verify the association between family income and DCD in school-aged children.

Methods: This is an observational case-control study. In a convenience sample, 30 children of both sexes, aged between 6 and 11 years, were evaluated and divided into two groups matched by age and sex: DCD group, with 15 children (8.06±1.66 years, 11 girls), and typical development (TD) group, with 15 children (8.06±1.66 years, 11 girls). For DCD diagnoses, all four DSM-V-TR criteria were followed. The instruments used for diagnosis were Movement Assessment Battery for Children – 2 (criterion A), Developmental Coordination Disorder Questionnaire (criterion B), and a sociodemographic questionnaire (criteria C and D). Family income was assessed through the sociodemographic questionnaire. SPSS version 20 for Windows was used for statistical treatment. The chi-square test was performed to verify the association between family income and DCD x TD groups.

Results: A significant difference was found between the DCD and TD groups ($p=0.001$) concerning family income. In the DCD group, there is a predominance of family income lower than one minimum wage or between 1 and 2 minimum wages. On the other hand, in the TD group, the majority (60%) of children fall into the category of family income between 3 and 5 minimum wages.

Conclusion: In this sample, family income was shown to be an environmental risk factor for DCD in children aged 6 to 11 years. The authors suggest that more case-control studies with larger samples should be conducted to confirm this hypothesis and identify other possible environmental risks for DCD.

Implications: These results have theoretical and practical implications. In theory, the data presented here support the literature on risk factors in DCD and encourage new studies in search of scientific consensus on the subject. In practice, identifying potential risk factors allows for monitoring children in school, especially in primary education and health care, promoting early identification and referral to specialized services.

Keywords: Developmental Coordination Disorder, environmental risk, family income

Conflict of interest: The authors declare no conflict of interest.

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