Information, Communication and Technology (ICT) and Social Control in the Brazilian Public Health System (SUS)

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The increased use of ICT in economic, social and cultural processes is unquestionable. They have created new forms and channels of communication, shaping our lives which, in turn, are shaping them. This fast growth, especially of the Internet, has created key issues for government, market and society as a whole. On the one hand, the information revolution has been changing the notion of space and time providing new parameters of social, personal and professional relationships. On the other hand, the gap between the haves and have-nots was still maintained. Regarding this point, Mosseberger et al. (2003) explored multiple divides in their work and chose to examine the skills, attitudes, and experiences of the individuals who were most likely to be affected by a lack of computer access and skills. Based on Norris (2001), they emulate the term "democratic divide" in which they measure "attitudes and experiences regarding Internet use for voting, registering to vote, looking up government information, looking up political information, and participating in an electronic town meeting" (p.9). Correspondingly, participation and social control are closely related concepts to democracy and must be proof analysed in specific context. Furthermore, participation in government decisions must be provided by public information access, which is a requirement for people to form their own opinions. People can't influence government decisions if they don't have information access which support their opinion. To illustrate this scenario, the 27 Brazilian state health council's websites were analysed and discussed how ICT is helping (or not) the use of social control in the Brazilian public health system. In the end, this research demonstrated that is so much to improve, in this specific reality, to decrease the gap Norris' democratic divide.

Keywords: public health system, democratic divide, e-participation,

Introduction

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Furthermore, participation in government decisions must be provided by public information access, which is a requirement for people to form their own opinions. People can not influence government decisions if they do not have access to information which support their opinion.

In Brazil, since the constitution of 1988, the health system has become decentralized on a municipality level. At that moment, the law established councils of health in three levels: federal, state and municipal. The Organic Law of Health, which details all Brazilian public health system, established in 1990 that:

> *The council of health, on a permanent and deliberative basis, is a collegiate board formed by government representatives, health service providers, health professionals/ contractors and health system users responsible for creating strategies and for controlling the execution of health policies, economically and financially, in corresponding instances and whose decisions are ratified by a legally constituted government official (BRASIL, 1990, Art. 1o, § 2°).*

An important aspect that must be highlighted is the inclusion of citizens/ health system users in these councils. This is a very important issue since the councils can create health strategies and can also contribute to the elaboration of health programmes. In this sense, councils of health could be seen as a way of social control.

However, these councils have just started their work a few years ago, since the federal government started to transfer funds if the state or the municipality had their own council of health working currently.

Having in mind that this is a new reality in Brazil, this research aims to analyse and discuss how ICT is helping - or not - the use of social control in the Brazilian public health system. In order to do that, the 27 Brazilian state councils of health's websites were studied using a protocol established previously.

Methodological Procedures

This research is essentially descriptive and exploratory. Brazilian state councils of health's website features were observed, data was gathered and registered based on a protocol previously defined. Then, a quantitative data analysis followed aiming to describe the object of study. The intention was initially to analyze the websites of all 27 Brazilian state councils of health. However, the main web searchers did not locate six websites. Therefore, the analysis was restricted to 21 councils.

Abramczuk et al. (2009) create a data gathering protocol to evaluate websites, based on authors like Rachman & Richins (1998), Parasuraman (2000) and Loicano et al. (2000). Although the focus of their research was tourism service, the present research adapted Abramczuk et al. (2009) criteria, based on literature review, to analyze Brazilian state councils of health's websites. Therefore, this investigation used the same dimension analysis: (i) "the first impression"; (ii) content; (iii) quality, and (iv) design.

Even though Abramczuk *et al.* (2009) protocol was previously validated, due to adaptation made the researchers decided to pre-test the data collection instrument. Two of them evaluated the same website and agreed that the chosen instrument was adequate and that no other modification was required.

In December 2010, a group of undergraduate students analyzed 12 Brazilian state councils of health's websites using the data collection instrument previously defined by the researchers. The main objective was to analyze all the 27 health states council's websites. However, one of them was used for the pre-test instrument (so the information was not considered in the analysis) and six out of 27 websites were not found (probably they had not been created yet). All the three authors analyzed the reminding eight websites in March 2011. One of them, without previously access to the data collected by the undergraduate students, analyzed all the 20 state councils of health's websites found. The other two researchers analyzed just the eight reminding websites, since they had access to the data collected in December.

Therefore, two researchers analyzed all the 20 websites separately. After that, all the three authors met and decided about the discrepancy between their evaluation.

Results

Most of the websites analyzed have a satisfactory time to access. However, just half of them show the information from the menu. Probably, that is the reason why more than 50% of the websites were regarded as confusing (in terms of website organization) by the evaluators.

In other words, the first impression was not so good. Likewise, the situation does not improve (sometimes it is worse) when the three analysis dimensions (content, quality and design) were used to evaluate the collected data.

Content

Although briefly, 70% of the websites show the Council ("who we are"). Just few of them present their organogram (chart). However, any kind of institutional structure was considered (50%). For this reason, just 45% present the name of council members ("who they are") and only 30% of the websites define the segment that their members represent.

Despite the fact that 65% of the evaluated websites show a phone contact (but neither a toll free number) and most of them also display an e-mail address (70%), just 45% mention the council location. Still concerning communication channels, only one council shows the e-mail addresses of each of their members.

On the one hand, 65% of the websites provide legislation reference (related to health council). On the other hand, council resolutions and meetings written records are not available in 40% and 50%, respectively. At the same time, neither of them presents infrastructure information (e.g. council services or translation to any other language), internal or external environment (e.g. gallery), maps or any other kind of local references. What's even worse is that just only 30% of the websites have links with other state public administration sectors.

Quality

In 55% of the websites, the content was considered disorganized. But the main problem observed was the delay to answer e-mails. From those websites that provide an available contact e-mail address (70%), just six of them answered in less than 48 hours.

Besides, a member of the public can just give his/her opinion (complaints and compliments) in a specific space in only one council (even the technology for this kind of information change is easily available).

Design

This research has also found that design aspects are almost inexistent in Brazilian health councils' websites. Even though 35% have some online communication resource, they are basically electronic forms. Chats or similar resources were not found in this research. Only one website has an online form to send suggestions and also to allow the public to receive information in their e-mail address.

In addition, 60% of the websites are not up-to-date. However, the main problem that this study observed was that just 7 out of 20 websites are user-friendly and display characteristics to stimulate the access of members of the public.

The following table shows in detail the research results from the analysis of Brazilian state councils of health's websites.

First impression	**Yes**	**No**
Is access time satisfactory? (< 10 seconds is satisfactory)	19	1
Can the user easily find information he/she needs in the menu?	10	10
Does the site offer a navigation map?	3	17
Content	**Yes**	**No**
Does the site introduce the Council (who's who)?	14	6
Does the site present a plan with the structure of the council (organogram)?	10	10
Does the site introduce counselors and say who they are?	9	11
Does the site provide information about counselors / the segment they represent?	6	14
Does the site provide council members' e-mail addresses?	1	19
Does the site provide council location?	9	11
Does the site provide contact telephone numbers?	13	7
Does the site provide a toll free number?	0	20
Does the site offer a contact e-mail address?	17	3
Does the site offer maps and location references?	0	20
Does the site provide reference legislation of the council?	13	7
Does the site provide council resolutions?	12	8
Does the site provide council meeting reports?	10	10
Does the site show any internal images of council premises?	0	20
Does the site show any external images of council premises?	0	20
Does the site inform about infrastructure of services in the council?	0	20
Are website pages available in English or in any other foreign language?	0	20
Does the website provide information about other sites or links to Public Administration?	6	14
Quality	**Yes**	**No**
Is website content organized?	9	11
Does the site provide a space for citizens' personal statements?	1	19
Design	**Yes**	**No**
Can requests be made online?	7	13
Does the site provide an on-line form for requests?	1	19
Does the site provide a form for suggestions?	1	19
Are information in the website up-to-date?	8	12
Do website information stimulate access to the site?	7	13

Quality of communication by email	**Number of sites**
Reply < 48 hours	6
Reply > 48 hours	2
No reply	9
No contact e-mail address	3

Discussion and Conclusions

After a quick analysis of the results presented here, some issues must be pointed out: if the citizen knows about the council's existence and intends to reach it, he/she will have some difficulties like, for instance, finding out who the council members are (names, e-mail addresses, and which segment they represent), getting information about current discussion themes and finding information in the council's website (if it exists).

In many cases, if a citizen has the intention to come from the countryside to participate in a health council meeting in the state capital, he/she will face several difficulties. He/She will have to find out **when** meetings take place, **where** the state council of health is located, **when** a specific theme will be discussed, **what** was last discussed in former sessions, and so on. If he/she tries to call, perhaps the council's phone number will not be available in the website. If he/she calls (and has money to pay for it since there's no toll free number), probably the person who answers the call will not be able to provide all the information requested.

Besides all these difficulties, others must be taken into account when the use of ICT is analyzed in e-participation environment. Firstly, as Olinto e Fragoso (2010) have pointed out "several evidence shows that great digital divide still prevails in the country". Then, with this remaining big gap it is impossible to believe that state councils of health could use the ICT to promote an increase in electronic participation.

Secondly, Brazilians have not developed a culture of participation yet. They avoid taking part even in discussions in condominium meetings and prefer to delegate to somebody else the decisions to their problems ("what they decide is fine by me"), but they are the first to complain about the decisions others have taken. So this kind of behavior is widespread to the whole of society.

Thirdly, there's a political aspect about acknowledge of the health council. In most Brazilian states, these councils exist because they should be created and not because people wanted or needed them in the first place. Creating them was not a demand or an initiative from people. It was a mandatory process proposed and carried out by legislation. Not even the executive recognizes the council as a deliberative environment.

In summary, there is strong evidence that the consolidation of the use of ICT to enable Brazilian state councils of health is still a great challenge that must be faced by a long-term interdisciplinary policy.

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