

HEALTH PROMOTION PRACTICES FOR ELDERLY PEOPLE: AN INTEGRATIVE LITERATURE REVIEW

Práticas de promoção da saúde para pessoa idosa: revisão integrativa da literatura

Prácticas de promoción de la salud para personas mayores: revisión integrativa de la literatura

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How to cite this article:

Silva JLBV, Queiroz RB, Bittencourt GKGD, Ferreira OGL, Bezerra VP, Piagge CSLD. Health promotion practices for elderly people: an integrative literature review. Rev Fun Care Online. 2020 jan/dez; 12:88-94. DOI: <http://dx.doi.org/10.9789/2175-5361.rpcf.v12.7056>.

ABSTRACT

Objective: the study's purpose has been to characterize the scientific understanding, over the period from 2012 to 2017, that contemplates the health promotion practices performed by the *Núcleo Ampliado de Saúde da Família e Atenção Básica (NASF-AB)* [Broad Nucleus of Family Health and Basic Care] towards elderly people. **Method:** it is an integrative literature review that took place in the Virtual Health Library (VHL), in the *Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS)* [Latin-American and Caribbean Literature in Health Sciences] and MEDLINE (Medical Literature Analysis and Retrieval System Online) databases, also in the periodical portal named *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES)* [Coordination for the Improvement of Higher Education Personnel], and in the SciELO (Scientific Electronic Library Online) database. The following descriptors were used: "primary health care", "family health" and "health promotion".

Results: ten articles were selected, being 9 (nine) indexed in the LILACS database and 1 (one) in the LILACS, MEDLINE and SciELO databases. **Conclusion:** there were no practices involving all the branches of the National Health Promotion Policy and the National Health Policy for Elderly People.

Descriptors: Primary health care; family health; health promotion, elderly.

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RESUMO

Objetivo: caracterizar o conhecimento científico no período entre 2012 e 2017 que contemplam as práticas de promoção da saúde realizadas pelo NASF - AB para pessoa idosa. **Método:** trata-se de uma revisão integrativa da literatura entre os anos 2012 e 2017, na Biblioteca Virtual de Saúde (BVS), nas bases de dados LILACS e MEDLINE e no Portal de Periódicos da Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES), na base de dados SCIELO, com a utilização dos descritores “atenção primária à saúde”, “saúde da família” e “promoção da saúde”. **Resultados:** foram selecionados 10 artigos, sendo nove indexados na base Lilacs e um nas bases Lilacs, Medline e Scielo. **Conclusão:** verificou-se ausência de práticas que envolvam todos os eixos da Política Nacional de Promoção da Saúde e da Política Nacional de Saúde da Pessoa Idosa.

Descritores: Atenção primária à saúde; Saúde da família; Promoção da saúde; Pessoa idosa.

RESUMÉN

Objetivo: caracterizar el conocimiento científico en el período entre 2012 y 2017 que contemplan las prácticas de promoción de la salud realizadas por el NASF - AB para la persona de edad. **Método:** se trata de una revisión integrativa de la literatura entre los años 2012 y 2017, en la Biblioteca Virtual de Salud (BVS), en las bases de datos LILACS y MEDLINE y en el Portal de Periódicos de la Coordinación de Perfeccionamiento de Personal de Nivel Superior (CAPES en la base de datos SCIELO, con la utilización de los descriptores “atención primaria a la salud”, “salud de la familia” y “promoción de la salud”. **Resultados:** se seleccionaron 10 artículos, siendo nueve indexados en la base Lilacs y uno en las bases Lilacs, Medline y Scielo. **Conclusión:** Se verificó ausencia de prácticas que involucran todos los ejes de la Política Nacional de Promoción de la Salud y de la Política Nacional de Salud de la Persona Anciana.

Descriptorios: Atención primaria a la salud; Salud de la familia; Promoción de la salud; Persona mayor.

INTRODUCTION

The intense process of demographic changes through which Brazil has passed, especially since the mid-twentieth century, with decreases in fertility and mortality levels and increase in life expectancy, significantly modified the population structure. The proportion of the elderly is increasing and has the highest rates of population growth. These changes in the country have led to changes in the morbidity and mortality profile, requiring changes in the way society faces new health problems.¹⁻⁴

In this framework, the Family Health Strategy (FHS) has become fundamental to reorganize the model of care in the *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System], since 1994, increasing the resolution in basic care that is the set of individual health actions, family and collective activities involving promotion, prevention, protection, diagnosis, treatment, rehabilitation, harm reduction, palliative care and health surveillance, developed through integrated care practices and qualified management performed with a multiprofessional team.⁵

Therefore, the principles of Health Promotion were incorporated by the Health Reform Movement in the Federal Constitution of 1988 and the creation of the *SUS*, with effective institutionalization in 2006, following the approval of the National Health Promotion Policy (NHPP), which

proposes priority themes to be developed in the different spheres of government, with the promotion of a culture of peace and human rights; the promotion of safe mobility; the promotion of sustainable development; coping with tobacco use and alcohol abuse; the promotion of adequate and healthy food; and the promotion of physical practices and physical activities.⁶⁻⁹

Still in 2006, the Ministry of Health, concerned about the increase in the elderly population and the alteration of the epidemiological profile in the country, realized the need to make some changes in the health sector in order to promote a better quality of care for the health of the elderly people. Therefore, the “Pact for Health” was presented, which came into force by Ordinance No. 399/2006 and the health of the elderly appears as one of the six priorities agreed by the three spheres of government, and a series of actions have been presented that aim at the implementation of some of the guidelines of the National Health Policy for Elderly People (NHPEP), approved by Ordinance No. 2.528/2006.¹⁰⁻¹

Bearing in mind the aforesaid, considering the basic attention to the entrance of the health network, the need to expand the range of health promotion actions that consist of strategies for the prevention of chronic noncommunicable diseases and the resolution of cases by providing integral care to the population and reducing referrals to other levels of care, and the implementation of the *Núcleo Ampliado de Saúde da Família e Atenção Básica (NASF-AB)* [Broad Nucleus of Family Health and Basic Care] was established in 2008 by the Ordinance No. 154 from the Ministry of Health, providing for teams formed by workers of different categories professionals, such as physical education professors, physical therapists, speech therapists, nutritionists, psychologists, occupational therapists, physicians, among others, which has among its functions to act in the prevention and promotion of health through educational actions.¹²⁻³

The *NASF-AB* proposal is still quite recent and pioneering in Brazil, and it has innovative tools and forms of work organization, not yet having fully defined and systematized work processes, since it is still in the process of consolidation and before the issues and difficulties that involve aging in Brazil and the concern about the constant illness of the elderly, especially for pathologies susceptible to prevention and the importance of the development of actions that promote active and healthy aging, the following question was raised that guided the study: Is there any scientific evidence in the literature from 2012 to 2017 regarding the practices of health promotion done by the *NASF-AB* towards elderly people? Therefore, it was aimed to characterize the scientific understanding, over the period from 2012 to 2017, that contemplates the health promotion practices performed by the *NASF-AB* towards elderly people.

METHODS

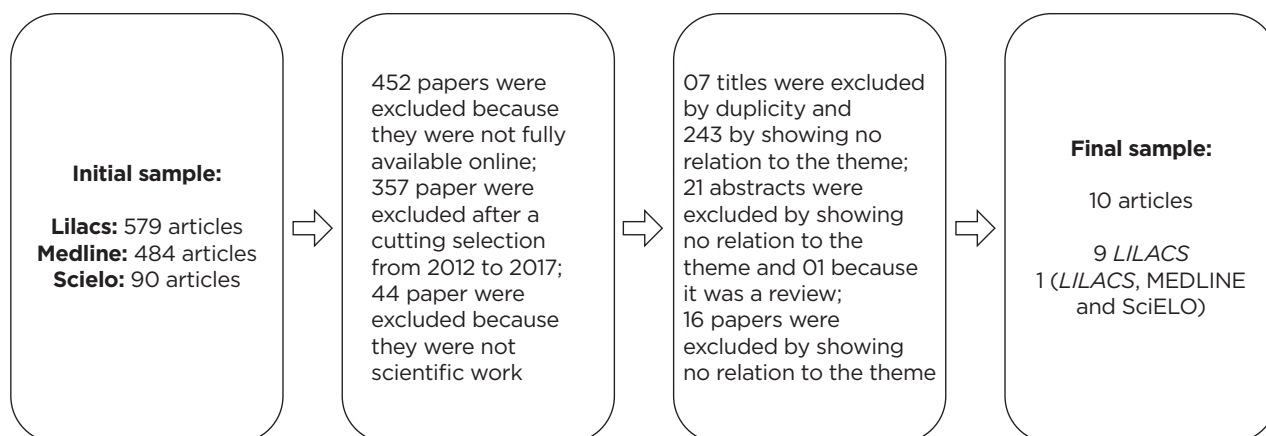
This study presents an integrative literature review. The guiding question for the present study was: Is there any scientific evidence in the literature from 2012 to 2017 regarding the practices of health promotion done by the

NASF-AB towards elderly people? The Health Sciences Descriptors (DeCS) used were as follows: primary health care, family health, and health promotion, in the articulation of words, the expression ‘AND’ was used, which allows the insertion of two or more words. The investigations were performed in the Virtual Health Library (VHL), the *Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS)* [Latin-American and Caribbean Literature in Health Sciences] and MEDLINE (Medical Literature Analysis and Retrieval System Online) databases, and the periodical portal named *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES)* [Coordination for the Improvement of Higher Education Personnel], also in the SciELO (Scientific Electronic Library Online) database. The research took place in October. The inclusion criteria of the materials for the study were: online availability of the full text; Portuguese language; publication period between 2012 and 2017 and scientific articles. Care was taken to exclude review articles, which were not related to the topic, as well as articles that were repeated between the consulted databases.

The selection of articles to compose the sample of this study was carried out in four phases, namely: first, the search in the databases was carried out, where the refinement was carried out according to inclusion criteria; in the second phase, reading of the titles was carried out and those that had no relation with the theme were excluded; in the third phase, the abstracts were read, where articles that were not related to the topic were excluded, and in the fourth phase the articles were read in full and those that did not have the inclusion criteria were excluded.

Primarily, 1,153 articles were found, of which 579 were indexed in the *LILACS* database, 484 in the MEDLINE database and 90 in the SciELO database. So, 10 (ten) articles were selected for the study sample because they were pertinent to the study object and fit the previously defined selection criteria. It is noteworthy that the delimitation of the search for studies that deal with health promotion practices by *NASF-AB* contributed to the exclusion of a large number of articles. The final sampling can be seen in **Figure 1**.

Figure 1 – Flowchart showing how the articles were chosen, 2017.



RESULTS AND DISCUSSION

Based on the data assessment, 10 articles were identified and gathered in **Table 1** according to the following: authors’ names and publication year; title; database and the journal in which the study was published.

Table 1 - Main characteristics of the articles that comprise the corpus of this study, 2017.

No.	Author/year	Title*	Database	Journal*
01	Saporetti, Miranda e Belisário (2016) ¹⁴	<i>O profissional de educação física e a promoção da saúde em Núcleos de Apoio à Saúde da Família</i>	LILACS	<i>Trabalho, educação e saúde</i>
02	Silva, Lima e Lira (2016) ¹⁵	<i>Atuação do farmacêutico nos Núcleos de Apoio à Saúde da Família: uma contribuição para o fortalecimento da Estratégia de Saúde da Família</i>	LILACS	<i>Revista de APS – Atenção Primária à Saúde</i>
03	Vieira e Vieira (2016) ¹⁶	<i>Saúde do idoso e execução da política nacional da pessoa idosa nas ações realizadas na atenção básica à saúde</i>	LILACS	<i>Revista de Direito Sanitário</i>
04	Ribeiro e Flores-Soares(2015) ¹⁷	<i>Desafios para a inserção do fisioterapeuta na atenção básica: o olhar dos gestores</i>	LILACS	<i>Revista de Salud Pública</i>
05	Gomes et al. (2014) ¹⁸	Characteristics of physical activity programs in the Brazilian primary health care system	LILACS	<i>Cadernos de Saúde Pública</i>

No.	Author/year	Title*	Database	Journal*
06	Andrade, Lima, Monteiro e Silva (2014) ¹⁹	<i>Avaliação das ações da Fonoaudiologia no NASF da cidade do Recife</i>	LILACS	Audiology-Communication Research
07	Gaurda, Silva, Silva e Santana (2014) ²⁰	<i>A atividade física como ferramenta de apoio às ações da Atenção Primária à Saúde</i>	LILACS	<i>Revista brasileira de atividade física e saúde</i>
08	Souza et al. (2013) ²¹	<i>Implantação do Núcleo de Apoio à Saúde da Família: percepção do usuário</i>	LILACS	<i>Saúde debate</i>
09	Cervato-Mancuso, Tonacio, Silva, Vieira (2012) ²²	<i>A atuação do nutricionista na atenção básica à saúde em um grande centro urbano</i>	LILACS MEDLINE SciELO	<i>Revista Ciência e Saúde Coletiva</i>
10	Reis, Flisch, Vieira e Santos-Júnior (2012) ²³	<i>Perfil de atendimento de um Núcleo de Apoio à Saúde da Família na área de reabilitação, Município de Belo Horizonte, Estado de Minas Gerais, Brasil, 2009</i>	LILACS	<i>Epidemiologia e Serviços de Saúde</i>

Source: authors, 2017.

*Note: Both articles' titles and journals' names were kept as in their original language.

By reading the selected studies, it was identified that the majority of the research on the subject is related to the performance of a particular professional category belonging to the *NASF-AB*.^{14-5,17-20,22} Only one study dealt specifically with the actions carried out in the basic care from the NHPEP aimed at the elderly population, however portraying the professionals in general and of these the *NASF-AB* and only two studies brought the actions of the *NASF-AB* multiprofessional team, one from which the users perceived the proposal and one in relation to the service profile aimed at rehabilitation.^{16,21,23}

It was observed the predominance of studies that address health promotion practices through bodily practices and physical activities, as described in Table 2 that brings the health promotion practices performed by *NASF-AB* professionals.^{14,18,20}

Table 2 - Presentation of the health promotion practices described in the selected studies.

No.	Health promotion practices
01	Work with diverse groups - diabetics, hypertensives, pregnant women, smokers, adolescents and the elderly - developed through corporal practices, physical exercises and activities and lectures, and also the organization of nutrition groups, falls prevention, caregivers of the elderly, adult, obesity, mental health, water aerobics, gymnastics and walking, for different age groups.
02	Doing things like waiting rooms, home visits, activities of the health program at school, groups (hypertensive, diabetic, elderly and pregnant) and educational activities in relation to medicines.
03	Groups of elderly people, physical activities and home visits for elderly people.
04	Outdoor activities, guided walks for elderly and orientations.
05	Walking groups.
06	Participation in educational groups with adolescents, pregnant women and the elderly, home visits for orientation, rehabilitation actions and activities in school and kindergartens.
07	Educational activities regarding the importance of practicing physical activities to various population groups, such as pregnant women, hypertensive and diabetic women, besides stimulating regional corporal practices and the formation of walking groups.
08	Guided walking (physical educators and physiotherapists), preventive exercises for the spine (physical therapists), home visits for guidance of caregivers (physiotherapists, nutritionists, social workers), food orientation (nutritionists), muscle strengthening (physical educators and physiotherapists) (psychologists and social workers) and community (multiprofessional) therapy.
09	Educational groups.
10	Implementation of collective actions to promote health and prevention of events that can cause or aggravate disabilities, especially in more vulnerable groups such as the elderly, children and people with some functional disability.

Source: authors, 2017.

The study confirms the results of research that shows that few studies report the results of *NASF-AB* actions on the linked teams and the assisted population, research on the subject is generally related to the actions that can be developed by the different categories professionals in basic care.²⁴

Although the selected studies are mostly related to the health promotion practices of different categories, the multiprofessional performance of the *NASF-AB* team is perceived to be with professionals from the family health team or even the *NASF-AB*, where each professional must commit to working through their specialty and all with the proposals to promote integral health since it is insufficient to think the individual in a fragmented way, by areas of study in the field of health or even consider that their health is restricted to the proper functioning of physiological systems.²⁵

All selected studies have led to health promotion practices from operational groups, which, according to the study, report that the groups are considered as an option to choose the intervention, moreover, they direct health education, promoting health in refers to the encouragement of good living habits and social support network.²⁶

The impact of healthy aging proposals, whether through living groups or specific groups of physical activity, on the health of the elderly, are pointed out covering their broad biopsychosocial aspect with characteristics such as: improvement in quality of life, greater balance, greater concern in take care of one's own health, less perceived stress and fewer symptoms of depression. The educational actions provided the elderly with numerous benefits, such as socialization and changes in the behavior of life habits.²⁷⁻⁸

The groups serve as a vehicle for health education, since they provide a space for the socialization of the individual, for the care and sharing of the needs for change, favoring the understanding of the different ways of dealing with aging.²⁹

Walking groups organized in health units, identification of the community and its spaces for the practice of physical and leisure activities, and the existence of local programs of Bodily Practices and Physical Activities should be considered in the exercise of health practices.³⁰

The notion of health promotion is surrounded by the nucleus of Physical Education, taking into account, above all, the reality of the context to be worked, which justifies the studies focused on the performance of this professional in what concerns the theme. Studies show that developing health promotion actions for elderly people is a complex task, requiring professionals to have skills and competencies that go beyond physical activity itself.³¹⁻²

Considering that the *NASF-AB* should operate in nine strategic areas: health of the child/adolescent/juvenile; mental health; rehabilitation/integral health of elderly people; food and nutrition; social service; women's health; pharmaceutical care; physical activity/bodily practices; integrative and complementary practices, it can be observed especially in the studies that bring the *NASF-AB* team's work to approach some of these areas with a focus on health promotion practices.³³ One can also notice the prevalence of promotion actions of the health according to the training of the professionals, approaching much more the specific action without coverage

of the different axes of NHPP and NHPEP. In order to do so, it is increasingly necessary to show how this professional can contribute, if inserted in the activities, to have a disposition and interest in developing specific actions of his basic training, besides acting as a health professional, developing activities irrespective of their nucleus of knowledge.¹⁵

Thus, priority actions such as reducing morbimortality due to abusive use of alcohol and other drugs, reducing morbimortality due to traffic accidents, preventing violence and stimulating a culture of peace, and promoting sustainable development are not mentioned in the selected studies.⁶

Pondering about what has been configured as nucleus and field of action of the category in the *NASF-AB*, a study of *Campos* shows that the nucleus would demarcate an area of knowledge and professional practice; and the field, a space of imprecise limits where each discipline and profession would seek support in others to fulfill their theoretical and practical tasks, which is at odds with the studies, since it shows the practice of the professional according to its background.³⁴

In spite of the specifics of each professional of the Nucleus, the effort to put together various skills in the service can result in an expression of the integrality of the care and of the greater resolubility of the services. Nevertheless, the proposal of interdisciplinary work depends on the level of interaction of the actors involved in order to reach a proposal of technical interventions in a collaborative and complementary way, in a form of work that makes it possible to face the intense demand for specialized care in basic care.²³

It is worth emphasizing that the study that deals with the health promotion actions contained in the NHPEP means that most of the municipalities studied do not fully apply it, jeopardizing the management and execution of essential actions in the health of the elderly, which is a great challenge Public Health regarding the prevention and health promotion of elderly people.^{35,16}

Given the aforementioned, health promotion actions are being interpreted, on the one hand, as a reaction to the marked medicalization of social life and, on the other hand, as a sectoral response articulating various technical resources and ideological positions, changing the meaning initially attributed to the term, which characterized a level of care of preventive medicine with an individual-centered approach, limiting its projection to either the family or groups.²⁵

CONCLUSIONS

The research reveals that the health promotion practices carried out by the *NASF-AB* professionals are carried out through health education activities in groups, focusing on the orientation of pathologies or themes such as physical and corporal activities. The specific performance of their training areas and the prevalence of activities carried out by physical educators prevailed.

Although the addressed themes have produced benefits and improved the quality of life for elderly people, there were no practices involving the other branches of the National Health Promotion Policy (priority actions such as reduction of morbidity and mortality due to alcohol abuse and other

drugs, reduction of morbidity and mortality due to traffic accidents, prevention of violence and encouragement of a culture of peace and promotion of sustainable development) and also of the National Policy on Elderly Health (actions that inform the elderly about their rights, local health councils and community councils where the elderly can be heard, actions that encourage primary prevention, such as the vaccination of the elderly population) by the *NASF-AB* in order to promote effective changes related to Health Promotion practices and the implementation of those Public Policies.

This research was limited by the small number of studies on the topic, as it is a recent policy of the Ministry of Health. This study is expected to contribute to the discussions on health promotion actions for the elderly, carried out by the *NASF-AB* and it is suggested that further research on this subject be developed with emphasis on the elderly, since most of the articles on health promotion with *NASF-AB* professionals present in the literature portray the promotion of health in the context of the general population, with few studies addressing the elderly population.

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Received in: 19/11/2017

Required revisions: Did not have

Approved in: 13/04/2018

Published in: 10/01/2020

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**Disclose: The authors claim
to have no conflict of interest.**