

**Activities of health promotion for a group of elderly people: experience report****Atividades em promoção da saúde para um grupo de idosos: relato de experiência****Actividades de promoción de la salud para un grupo de ancianos: informe de experiencia****Received: 04/06/2019****Approved: 01/04/2020****Published: 01/07/2020****Núbia Galindo Nascimento<sup>1</sup>****Mariana Resende Silva<sup>2</sup>****Lislei Jorge Patrizzi Martins<sup>3</sup>****Isabel Aparecida Porcatti Walsh<sup>4</sup>****Suraya Gomes Novais Shimano<sup>5</sup>**

This study aimed to report the experience of health promotion actions in the elderly population through the practice of supervised physical activity, health education, social interaction, empowerment and leisure activities. The study took place between 2018 and 2019, and 33 elderly community members from a Basic Health Unit (*Unidade Básica de Saúde*) in the city of Uberaba, in the state of Minas Gerais, Brazil participated in the group. The meetings consisted of warm-up with static and dynamic stretches (15'); strengthening, mobility, proprioception, balance, coordination and aerobic exercises (35'); cooling down with stretching (10') and, after physical activity, varied dynamics were carried out covering health education, social interaction and leisure activities (10') and, at the end, a prayer. There was an increase in attendance of elderly people, and the average systolic blood pressure decreased by 3.52% and the average diastolic blood pressure decreased by 2.38% between the beginning and the end of the project. It was noticeable and significant the evolution and development in physical variables, in critical sense and in effective participation, dynamism and communication of the group, as well as the construction of a bond between the elderly people and the residents. There was a gain both for residents in the form of theoretical-practical support/support, and for users, who benefited from physical, psychological, social and general well-being activities, always based on their anguish, losses or changes in general.

**Descriptors:** Health of the elderly; Comprehensive health care; Health promotion.

O presente estudo teve por objetivo relatar a experiência de ações de promoção da saúde em idosos por meio da prática de atividade física supervisionada, educação em saúde, interação social, empoderamento e lazer. Realizado entre 2018 a 2019, houve a participação no grupo, 33 idosos comunitários de uma Unidade Básica de Saúde da cidade de Uberaba, MG, Brasil. Os encontros consistiam em aquecimento com alongamentos estáticos e dinâmicos (15'); exercícios de fortalecimento, mobilidade, propriocepção, equilíbrio, coordenação e aeróbico (35'); desaquecimento com alongamentos (10') e após a atividade física foram realizadas dinâmicas variadas abrangendo ações de educação em saúde, interação social e lazer (10'), e ao término uma oração. Observou-se aumento na assiduidade dos idosos além e a média da Pressão Arterial Sistólica diminuiu 3,52% e a média da Pressão Arterial Diastólica diminuiu 2,38% entre o início e o término do projeto. Foi perceptível e significativa a evolução e desenvolvimento nas variáveis físicas, no senso crítico e na participação efetiva, dinamismo e comunicação do grupo assim como a construção de um vínculo entre os idosos e os residentes. Houve ganho tanto para os residentes em forma de aporte/suporte teórico-prático, quanto para os usuários, que se beneficiaram de atividades físicas, psicológicas, sociais e de bem-estar geral, baseados sempre, nas suas angústias, perdas ou alterações no geral.

**Descritores:** Saúde do idoso; Assistência integral à saúde; Promoção da saúde.

El objetivo de este estudio fue informar sobre la experiencia de las acciones de promoción de la salud en los ancianos mediante la práctica de actividad física supervisada, la educación en la salud, la interacción social, el empoderamiento y el ocio. Realizado entre 2018 y 2019, participaron en el grupo, 33 ancianos de la comunidad de una Unidad Básica de Salud en la ciudad de Uberaba, MG, Brasil. Las reuniones consistían en calentamientos con estiramientos estáticos y dinámicos (15'); ejercicios de fortalecimiento, movilidad, propiocepción, equilibrio, coordinación y aeróbicos (35'); enfriamiento con estiramientos (10') y después de la actividad física se realizaron dinámicas variadas que incluían acciones de educación sanitaria, interacción social y ocio (10'), y al final una oración. Hubo un aumento en la asistencia de los ancianos, además del mantenimiento de la presión arterial y la media de la Presión Arterial Sistólica disminuyó en un 3,52% y la media de la Presión Arterial Diastólica disminuyó 2,38% entre el comienzo y el final del proyecto. Fue notable y significativa la evolución y desarrollo de las variables físicas, el sentido crítico y la participación efectiva, el dinamismo y la comunicación del grupo, así como la construcción de un vínculo entre los ancianos y los residentes. Se obtuvo un beneficio tanto para los residentes en forma de apoyo/suporte teórico-práctico como para los usuarios, que se beneficiaron de las actividades físicas, psicológicas, sociales y de bienestar general, siempre en función de sus angustias, pérdidas o cambios en general.

**Descritores:** Salud del anciano; Atención Integral de salud; Promoción de la salud.

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## INTRODUCTION

Population aging is a worldwide phenomenon resulting mainly from reduced mortality and fertility rates and increased life expectancy, resulting in improved access to health services, vaccination campaigns, technological advances in medicine, increased education and investments in basic sanitation infrastructure<sup>1</sup>. The aging process has been motivated by changes in the population profile, as this leads to new needs, especially regarding health care<sup>2,3</sup>.

Aging brings functional changes to the elderly, which can be exacerbated by certain conditions. When exacerbated, these conditions and changes can lead to situations of functional disability and dependency<sup>1</sup>. Some changes and health conditions can be mitigated and even prevented through the lifestyle (habits and behaviors) that the elderly adopt<sup>1,3</sup>.

Thinking of comprehensive care for the elderly, it is necessary to have trained health professionals and services to meet their demands, and among these, the following stand out: promoting social participation, promoting health, discussing rooted concepts and prejudices, which makes healthcare difficult; update on new technologies and perspectives with a view to the principles of integrality, equity and universality<sup>2,3</sup>.

The practice of physical activity is part of this context. The regularity of this practice helps to improve quality of life and life expectancy, act in the prevention of disabilities, diseases and deterioration of organic structures, in addition to providing physical and mental well-being<sup>4</sup>.

In this perspective, physical activity is directly related to improvement of global health of this population segment, and its incentive is an important measure to prevent falls<sup>5</sup>. In addition to physical exercise providing benefits to global health, there is also an increase in social contact, reduction in risks of chronic diseases, improvement in physical, mental and social health, and improvement in functional performance, with consequently greater independence, autonomy and quality of life<sup>5,6</sup>.

One of the ways to work these aspects with the elderly is the formation of groups that promote leisure activities, physical activities, social interaction, health education and social empowerment and self-care<sup>7</sup>. In this way, the elderly are able to acquire better mental, social and physical health, in addition to exchanging experiences with health professionals and other elderly people<sup>8</sup>.

In addition to physical activities, it is extremely important to carry out health education actions, as the transmission of information about life habits, pathologies, rational use of medicines, and others, positively influence the life of the elderly. Health professionals recognize that health education groups can interfere in an elderly person's life, either as an instrument of empowerment and quality of life, or as a space for socialization<sup>9</sup>.

Considering this context, in October 2006 the National Health Policy for the Elderly - NHPE (*Política Nacional de Saúde da Pessoa Idosa - PNSPI*) was approved - it had been announced in 1999. Its proposal is to recover, maintain and promote the autonomy and independence of elderly individuals, directing collective and individual health measures, in line with the principles and guidelines of the Unified Health System - UHS (*Sistema Único de Saúde - SUS*)<sup>10</sup>.

These issues are extensively addressed in primary care, health promotion and disease prevention and, thinking about it, it was created in partnership with the Multiprofessional Residency in Elderly Health team with Basic Health Unit Dona Aparecida Conceição Ferreira, the "LongeVIDAde: comprehensive care for the elderly" (*LongeIVDAde: atenção integral da pessoa idosa*).

This study aimed to report the experience of health promotion actions in the elderly through the practice of supervised physical activity, health education, social interaction, empowerment and leisure activities.

## METHOD

This is an experience report, of a descriptive nature, approved by the UFTM Research Ethics Committee under protocol No. 2189, related to the extension project "LongeVIDAde: comprehensive care for the elderly". This project was conceived by the Multiprofessional Residency in Health of the Elderly team of the Integrated Multiprofessional and Professional Health Area (*Programas de Residência Integrada Multiprofissional e em Área Profissional da Saúde - PRIMAPS*) Programs at the Universidade Federal do Triângulo Mineiro (UFTM).

Starting in March of 2018 and ending in February of 2019, the project was developed on Mondays, Tuesdays, Wednesdays and Thursdays, divided into two groups. On Mondays and Thursdays, the project was carried out at the parish Santa Cruz e Nossa Senhora das Dores; and, on Tuesdays and Wednesdays, at BHU Dona Aparecida Conceição Ferreira, with a number of participants ranging from 20 to 25 elderly people per group.

The place where the meetings were held was safe and accompanied by two physiotherapists, a physical educator, three nurses and two nutritionists, in addition to having the health team of the Basic Health Unit (BUH).

The target audience is users who attend the BUH and, although the initial target audience is the elderly population, the group was open to the entire community, as long as everyone had a doctor's permission to practice physical activity.

The resident team, participating in the project together with responsible tutors, organized the activities to be carried out considering the public and demands presented. At the beginning of the project, every six months, a comprehensive evaluation of the participants was carried out, for planning, prescription of the exercise program and their impact on the physical, psychological, social and health aspects of the participants.

Before the beginning of activities, blood pressure was measured and recorded as a safety measure. The meetings consisted of warm-up with static and dynamic stretches (15'); strengthening, mobility, proprioception, balance, coordination and aerobic exercises (35'); cooling down with stretching (10') and, after physical activity, varied dynamics were carried out covering health education, social interaction and leisure activities (10'), and a prayer at the end.

The following materials were used to perform physical activity: sticks, dumbbells, music, hula hoops, among others. The resident team met every week to plan and evaluate activities.

## RESULTS

Among the project participants, 33 were elderly, three male and 30 female, and the average age was 71.9 years ( $\pm 7.5$ ).

During the realization of the project, through the reports of the elderly about the importance of the group, they described that there were improvements in physical and biological aspect, as many complained of tiredness, discouragement and pain and, after participating, they were satisfied with the results, which were: liveliness, reduction of pain, more flexibility and security when performing certain movements, and adaptation of life habits.

The resident team established a link with the group during the project period, which facilitated work, since it was possible to carry out more dynamic activities that required knowledge and trust among the participants.

According to the records, there was an increase in attendance of elderly people, in addition to maintenance of blood pressure. The average systolic blood pressure decreased by 3.52% and the average diastolic blood pressure decreased by 2.38% between the beginning and the end of the project.

## DISCUSSION

The experience with the elderly group showed the relevance of inter and multiprofessional work. The multiprofessional performance allows exchange of knowledge between professionals and prioritizes comprehensiveness, thus allowing for more effective interventions, more resolution and strengthening of community bonds<sup>11</sup>.

The performed intervention did not present specific gains with high values of a determined variable. This training was characterized by general gains, such as: balance associated with mobility and speed during actions. A study shows that different approaches should be used to bring functional benefits that lead to the prevention of falls, better performance of daily activities and better quality of life<sup>12</sup>.

Physical activity helps to maintain blood pressure, since any of these is effective for maintaining blood pressure<sup>13</sup>.

Group activities bring benefits to the elderly. Encouraging social integration makes them more active, participatory, critical and communicative. Quality of life can be motivated in the biopsychosocial context and in a study carried out, the elderly feel happier when interacting with other people and gaining new friendships<sup>14</sup>. This stimulus to social integration also contributed to the creation of a bond between residents and the elderly people in the group. The bond created was essential for the progress of the project, as it generated bonds of friendship, affection, trust and respect between participants and residents.

The realization of varied dynamics covering health education, social interaction and leisure showed the need of opportunities and stimulated for the elderly in order to develop their cognitive, physical, emotional and social skills, as well as motivate experience of this phase of life in a positive way and with quality. Health education allows greater autonomy for the community in their own care, expanding the understanding of the concept of health<sup>11</sup>.

All health promotion activities carried out with the group made the elderly more active and made them adopt ways to age in a healthier way. Corroborating this, a study shows that awareness about the aging process, especially in relation to physical changes, makes the elderly not abstain from their daily activities, nor from social life, thus making them happier in this phase of life<sup>1</sup>.

The development of the project enabled reflections related to the real needs for organization of assistance programs and social groups for this age group. It is observed that there is a scarcity of resources for the care of this population segment and public policies are not implemented to the extent of the demands and attention must be paid to the fact that there is a proven trend with scientific evidence that chronic diseases affect the elderly and require periodic monitoring<sup>2,15</sup>.

However, it is emphasized that the PNSPI affirms the importance of healthy ways of living during all stages of life, as aging is a natural process dependent on choices made throughout life. This requires us to promote health at all ages, so that when aging, the entire population is provided with health, active and functional capacity to carry out their activities<sup>10</sup>.

## CONCLUSION

This project provided residents with greater subsidies for working with the elderly and interaction with the BUH team of professionals, which directly influenced their professional training. The proposed evaluations supported future research perspectives for residents, tutors and other professionals.

Failure to use an instrument that would allow residents to assess their perceptions of the intervention can be considered a limitation of work, as well as physical activity outdoors, as unstable weather and rain may have impaired the intervention.

In turn, the extension allowed the resident to learn and this, in the long run, will benefit the population served by the project as it demonstrated which actions were more effective and

which should be improved. Thus, there was a gain for all parties involved, both for residents in the form of theoretical/practical support/support, and for users, who benefited from physical, psychological, social and general well-being activities, always based, in their anxieties, losses or changes in general.

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### CONTRIBUTIONS

**Núbia Galindo Nascimento** and **Mariana Resende Silva** participated in the collection of data, analysis and writing. **Lislei Jorge Patrizzi Martins** and **Isabel Aparecida Porcatti Walsh** contributed on the conception and revision. **Suraya Gomes Novais Shimano** participated on the conception, collection of data, analysis, writing and revision.

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