

Aging with quality and participation: experience in a multiprofessional health residency course**Envelhecer com qualidade e participação: experiência de um curso de residência multiprofissional em saúde****Envejecer con calidad y participación: experiencia de un curso de residencia multiprofessional en salud****Received: 22/11/2016****Approved: 14/05/2017****Published: 03/08/2017****Priscila Maitara Avelino Ribeiro¹****Mariana Campos de Sousa²****Marta Regina Farinelli³**

This is an experience report whose objective is to describe the social-educational work developed with elders from the group HiperDia in a Primary Health Care Unit (UBS). The activity was conducted from March 2016 to May 2017. Currently, 578 users from 60 to 80 years of age are registered. A dialogic methodology was used in the group, through activities based on health promotion and active healthy aging. Multiprofessional residents and other professionals from the health unit were the facilitators and conducted the group. It was noted an improvement in the autonomy, independence and participation of the elders in their process of health and care, influencing in their quality of life.

Descriptors: Aging; Aged; Quality of life.

Este é um relato de experiência que tem como objetivo descrever o trabalho socioeducativo desenvolvido com pessoas idosas do grupo HiperDia de uma Unidade Básica de Saúde (UBS). A atividade foi realizada no período de março de 2016 a março de 2017. Atualmente, estão inscritos 578 usuários na idade de 60 a 80 anos. Foi utilizada no grupo educativo a metodologia dialógica, por meio de atividades pautadas na promoção da saúde e no envelhecimento ativo e saudável. Como facilitadores, foram envolvidos residentes multiprofissionais e outros profissionais da unidade de saúde. Constatou-se a melhoria na autonomia, independência e participação dos (as) idosos (as) no seu processo de saúde e cuidado, com influência em sua qualidade de vida.

Descritores: Envelhecimento; Idoso; Qualidade de vida.

Este es un relato de experiencia que tiene como objetivo describir el trabajo socioeducativo desarrollado con personas ancianas del grupo HiperDia de una Unidad Básica de Salud (UBS). La actividad fue realizada en el período de marzo de 2016 a marzo de 2017. Actualmente, están inscritos 578 usuarios con edad de 60 a 80 años. Fue utilizada en el grupo educativo la metodología dialógica, por medio de actividades pautadas en la promoción de la salud, envejecimiento activo y saludable y envolvió como facilitadores residentes multiprofesionales y otros profesionales de la unidad de salud. Se constató la mejoría en la autonomía, independencia y participación de los ancianos en su proceso de salud y cuidado, con influencia en la calidad de vida de estos.

Descritores: Envejecimiento; Anciano; Calidad de vida.

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INTRODUCTION

In the last years, the debate regarding the process of active aging has been the theme for many researchers and scholars, due to the longevity of the world population¹. Thus, the search for the quality of life of elders is a challenge to public authorities, to the professionals who act in this field, and to all members of our society who live or deal with elders, whether in their workspace or in family environments.

In Brazil, the Federal Constitution of 1988 defines "social protection" as a system of Social Security, involving policies such as social welfare, social assistance and health care, which are recognized as public policies and social directives targeted at all segments of society.

In the scope of Health Policies, among the legal documents that guarantee the right to health, the Unified Health System (SUS) stands out. It was created more than 25 years ago as a new political and organizational setting, to reorganize health services and actions. Its objective is to guarantee health care in the entire country, without any type of distinction or discrimination. To be realized, SUS has to consider the following doctrinary principles: Universality, Integrity and Equity. That, in addition to the guidelines that determine its organization, which are: regionalization and hierarchization, resoluteness, decentralization and citizen participation. Such principles and guidelines pave the way for health services in the country².

In turn, Primary Care is one of the propositions of the Ministry of Health to implement the principles of SUS in the health services. It is a group of health actions, both individual and collective, that involves health promotion and protection, damage prevention, diagnosis, treatment, rehabilitation, damage reduction and health maintenance, offering integral care to improve the health situation and the autonomy of people. It should be the first contact of users with health services, the main gateway to the entire Health Care Network as well as its communication center³.

Primary Care involves, among other initiatives, the Family Health Strategy (FHS). It emerges in the decade of 1990, initially called Family Health Program, a daring proposition to restructure the health system, organizing primary care and replacing traditional models that existed before³. The Family Health Strategy is focused on the family, which receives care in their own physical and social environment, allowing for Health Family teams to acquire an understanding of the health-sickness process and for an improvement in the quality of care, and consequently, in the quality of life of the users.

The consultations and attention offered in Primary Care are complex, as opposed to what many believe, and need to contemplate all the health needs of the population, both in the individual and collective levels, so that its actions interfere in the health and in the autonomy of people, as well as in the health determinants and conditions of the community⁴.

In this context, the Program of Arterial Hypertension and Diabetes (HiperDia) proposes to follow-up on hypertensive and/or diabetic users, aiming to create a bond between these people and the Primary Health Care Unit (UBS) and the Family Health Team (FHT) it refers to, offering continuous and high quality care.

The HiperDia is consolidated by the professionals who act in the Family Health Strategy (FHS), who implement actions to the users and demonstrate the importance of caring for Systemic Arterial Hypertension (SAH) and Diabetes Mellitus (DM). These professionals work with more responsible care models, to stimulate self-care among users, making them co-responsible for their own health⁵.

From this perspective, the activities of the HiperDia Group are developed by the Family Strategy Health in a UBS in the city of Uberaba-MG, with help from Multiprofessional Residents of the following professions: social worker, nurse, physiotherapist, and physical education professional, all from the Multiprofessional Integrated Health Residency Program at the

Universidade Federal do Triângulo Mineiro (UFMT).

The National Health Research (2013), conducted by the Ministry of Health and the IBGE (Brazilian Institute of Geography and Statistics) shows that diabetes affects 9.1 million Brazilians - about 6.2% of the 18 year old or older population. The disease was shown to affect more women (7%) than the men (5.4%). The prevalence percentuals of the disease per age group are: 0.6% from 18 to 29 years of age; 5% from 30 to 59; 14.5% from 60 to 64; 19.9% from 65 to 74. To those who were 75 years old or older, the percentage was 19.6%. On the other hand, the percentage of 18 year old or older individuals affected by hypertension in Brazil was 21.4% in 2013, which corresponds to 31.3 million people⁶.

Women (24.2%) presented the disease more often than men. The percentage of prevalence of the disease increased with age: 2.8% for people from 18 to 29 years of age; 20.6% for those from 30 to 59; 44.4% for those between 60 and 64; 52.7% for those between 65 and 74; and 55% for people who were 75 years old or older⁶.

Due to the physical and biological aging process and to the lack of active healthy habits, some chronic diseases may appear and develop, leading to a higher number of people with diabetes. Therefore, it is important to consider how is society currently aging, taking into account the importance of active and healthy aging during the entire cycle of life, not only during old age.

Therefore, from the premise that one needs to think the aging process as a whole, this report aspires to share the socio-educational work developed with elders from the HiperDia group in a Primary Health Care Unit (UBS) in Uberaba, MG, Brazil, focusing on the relevance of an active and humanized aging process.

In this report, the concept of active aging considered will be that defined by the World Health Organization⁷:

"the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age". "It applies to both individuals and population groups."

It can be understood that aging generates biological changes, and can lead to chronic diseases, slow metabolism, debilitated appearance, coupled with lack of mobility and dexterity. However, these factors can be delayed and their impact minimized, if there is quality of life during the aging process.

Aiming at developing actions that focus on healthy and active aging, an extension project based on health education was proposed.

Here, health education is considered as a factor of health promotion and protection, as well as a strategy to conquer the rights of the citizens. Health education, to the Ministry of Health, is⁸:

"the transformation of the constitutional proposition in practice requires the development of the sanitary awareness of the population and their governors, for the right to health to be treated as a priority".

Therefore, the objective of this article is to describe the socio-educational work developed with elders from the HiperDia group of a Primary Health Care Unit (UBS) in the city of Uberaba (MG).

METHOD

This is an experience report, created from an extension project conducted through socio-educational actions by the residents of the Program of Integrated and Multiprofessional Residency from the UFMT and by the team of Family Health Strategy (FHS) in a UBS in the city of Uberaba-MG, Brazil.

The aforementioned project is being conducted since 2011, but for this report, only the activities from 2016 to 2017 will be described.

The activity used dialogic perspectives and was conducted by multiprofessional teams that are part of the Residency, focusing on elders' health.

RESULTS

The health team of the UBS (made up of nurses, community health agents, physicians, dentists, nursing technicians) has been developing these groups since 2011, year in which they could count on the contribution of the first group of residents from the

aforementioned project, the program of Multiprofessional Integrated Health Residency.

Developing the activities was made easier due to the diverse set of professionals/residents, who come from many categories and thus broaden the discussions, and allow for the participants to benefit from different types of knowledge.

The implantation of this extension and service providing project happened in 2016, and was conducted in three stages. At first, a bibliographic review of health related issues was conducted, including health and active aging, social rights, hypertension, diabetes, among others. This contributed for the facilitators of the HiperDia group to improve their knowledge about the theoretical aspects of these issues. A research was also conducted, considering the legal documents of the policies of elderly care.

The HiperDia groups meet once a week (on Tuesdays, Wednesdays and Thursdays), and each day, the demands of one specific neighborhood are discussed, considering those within the scope of the UBS.

In the group, the participants with diabetes and arterial hypertension (most of them elders) are welcomed, and their presence is controlled by "cards" that contain the data of the participants and other data pertinent to hypertension and diabetes.

In a second moment, an activity is conducted, based in a guiding theme, such as: diabetes, eating habits, falls, osteoporosis, Hansen's disease, diabetic foot, social rights, the relevance of daily physical activities, injuries, active aging, among other issues that the participants demand or ask to be discussed.

In each meeting/day one of the professionals from the health team of the UBS or from the resident team presents, discusses and gives information about a theme that is related to their own field. To do so, many strategies are used, such as group dynamics, explanations through dialogue, music, images, explanatory leaflets, among other resources that enable conversations, participation, and provoke the interest of those present.

In a third and last moment, the participants are weighed, go through a capillary glycemia test, their abdominal circumference is measured, arterial pressure examined, and their doubts are clarified, regarding such subjects as eating habits, diabetes control, use of medication, among others. Later, if it is necessary, the person is referred to a consultation with the General Practitioner of the UBS.

The activities took place from March 2016 to March 2017, and their objectives were: disseminating the themes of health education that can contribute to the participation and autonomy of the elders regarding their health; offering care for the control of hypertension and diabetes; guiding the participants regarding their doubts about the health process; proposing a group that can contribute for active aging and health care.

The team of facilitators was composed of: 2 FHS nurses; nearly 15 community health agents; 2 nurse technicians; 1 undergraduate in Nutrition; 3 undergraduates in Nursing; 2 Residents/Nurses; 2 Residents/Nurses; 2 Residents/Physiotherapist; 2 Residents/Physical Education professionals; and 1 Resident/Social Worker.

The activities are carried out in relays between the UBS team and the team of Residents. After each activity, the mediators register and update the data of the participants in the records of the System of Nutritional Surveillance (SISVAN) and in the records for the follow-up of the Diabetic and Hypertense.

The teams perform constant evaluations, to ensure an integrated care and prevent grievances caused by the increase in arterial pressure and in the high levels of capillary glycaemia.

The FHS team of the UBS periodically seeks improvement through training courses and continued training, provided by the State Health Secretariat, and by the teachers from the UFTM to qualify the care offered to the group HiperDia, that contributes for the intervention conducted with the users.

DISCUSSION

The implementation of the projects took place through a dialogic approach⁹ and was articulated according to two guiding axes: one of them related to the acquisition of knowledge, the abilities to learn and do, and the other related to socialization and self-knowledge, aiming to promote health, the control of chronic diseases, and to encourage the autonomy and independence in a collective and participative way, in the search for an active aging process and of an improvement in the quality of life.

The activities conducted in the HiperDia group are based on the National Health Promotion Policy, since they meet the criteria for the participation and care of people with chronic diseases, as well as encourage the participation and autonomy of the persons in their own health care. Such actions are guided by the concept of active aging, since they try to find, in the care for an elder person and in their aging process, the participation and comprehension of factors that influence in an active aging with quality of life, autonomy, and independence¹⁰.

An issue one has to consider when working with an elderly population is that the aging process is inherent to any human; it is universal, progressive and gradual, and involves genetic, biologic, sociopolitical, environmental, psychological and cultural factors¹¹.

The actions of the intervention project were intensified and it was found that the dialogic methodology allowed for and greater adherence of users to the Primary Health Care anti-hypertensive and/or anti-diabetic treatments, generating improvements in their health, as well as their integration in the community. The attendance of the users has increased considerably, according to the teams that followed up with the users.

The System of Register and Follow-up of Hypertensive and Diabetic People (HiperDia) is an informatized national system to register and follow up people affected by diabetes and hypertension in basic health units¹². This system allows for the monitoring and managing of information to acquire, give, and distribute medications in a regular and

organized fashion⁵.

Beyond registering users and distributing medicine, the System allows for their follow up, for the definition of this population's epidemiological profile, and for the organization of groups of health education that can modify the mistaken habits of users, improving their quality of life and minimizing social costs¹³.

The proposal of the Residency Program has generated more dialogue regarding the necessity and relevance of care in health practices, through actions that promote health and prevent illnesses, recovery and rehabilitation, legitimating the contribution of the interdisciplinary and multiprofessional work, including the recognition of the contribution of other types of knowledge in health care, making it possible to understand the subjects more completely.

During the meetings, the mediator teams made up of health professionals from the UBS and residents intensified the discussions, introducing actions that aimed to encourage the active aging of the population cared for at the HiperDia.

The activities conducted in the HiperDia group seek to promote health, and prevent illnesses and the aggravations that can prejudice the health condition of the population cared for at the UBS. The group works directly with the elder population, to contribute with the process of active aging through direct interventions and health education.

The activities developed in the HiperDia group are in line with the concept of health promotion, pointed out to be:

*"A process of empowering the community to act in the improvement of their quality of life and health, including a greater participation in the control of this process"*¹⁴.

Therefore, it seeks to empower elderly people, so that they can control their health and improve it.

This process still allows for people to develop their potential for physical, social and mental well-being throughout their lives, and to:

*"participate in society according to their needs, desires and abilities; at the same time, it offers adequate protection, security and care, when needed"*⁷.

It is through this perspective that the HiperDia group, in this health unit and with these actors - professionals from the residency program - have been working, seeking to effect an intervention based on an active and healthy aging process, and not only in the physical and apparent aging. Through that process, elder people can understand better their process of health and care.

CONCLUSION

It is imperative for the debate on the participation and care of health to be broadened and disseminated to the elderly by the multiprofessional team.

Their participation, autonomy in matters relating to health, as well as to the other dimensions of human life, seeks to improve their quality of life through an active and healthy aging process.

In this context, it can be stated that the health education activities carried out by residents together with the UBS team has succeeded in making the HiperDia Group a space guided by the directives of the National Health Promotion Policy, aiming at a multiprofessional and integrated service.

Moreover, the participation of the elderly person, when it comes to their health and the control/follow up of chronic diseases, effectively contributes to their autonomy and independence, and to the aspiration of aging with quality.

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CONTRIBUTIONS

Priscila Maitara Avelino Ribeiro took part in the bibliographic survey and writing of the article. **Mariana Campos de Souza** took part in the bibliographic survey and writing of the article. **Marta Regina Farinelli** took part in the writing of the article and was responsible for its critical review

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