

Health handbook for the elderly as a health literacy tool**Caderneta de saúde da pessoa idosa como ferramenta de literacia para a saúde****Folleto de salud para ancianos como herramienta de alfabetización en salud****Received: 15/02/2020****Approved: 21/09/2020****Published: 12/11/2020****Terezinha Nunes da Silva¹****Paula Ferreira Chacon²**

This is an experience report, carried out in a Basic Health Unit in the Northwest region of the city of Belo Horizonte, in the state of Minas Gerais, Brazil, between the months of October and November of 2019. It aimed to present the use of the health handbook of the elderly as a literacy tool for health, in the environment of primary health care. The fifth edition of the handbook, made available by the Ministry of Health, was used during 10 home visits to 10 elderly people, in three stages comprised by *filling in data, evaluating information and orientations inherent to the proposed contents*. Each elderly person received a visit, received the handbook and participated in educational interventions. It was found that using of this tool in an appropriate manner led to an increase in health literacy levels, both for the elderly and professionals involved in the intervention. It allowed greater access, better understanding, and effective evaluation and use of the contents inherent to health. Based on the study, it is suggested the training of the multiprofessional team in health literacy as well as realization of studies that foster the impact of the use of the handbook on the life of elderly people and on the performance of the health team.

Descriptors: Health educacion; Health promocion; Primary health care; Literacy ; Aged.

Este é um relato de experiência, realizado numa Unidade Básica de Saúde da região Noroeste da cidade de Belo Horizonte, MG, de outubro a novembro de 2019, com objetivo de apresentar a utilização da caderneta de saúde da pessoa idosa, como ferramenta de literacia para a saúde, na ambiência da atenção primária à saúde. Utilizou-se a quinta edição da caderneta, disponibilizada pelo Ministério da Saúde, durante 10 visitas domiciliares a 10 idosos, em três etapas compreendidas pelo *preenchimento dos dados, avaliação das informações e orientações inerentes aos conteúdos propostos*. Cada pessoa idosa recebeu uma visita, ganhou a caderneta e participou de intervenções educativas. Verificou-se que fazer uso dessa ferramenta de forma adequada propiciou um aumento dos níveis de literacia para a saúde, tanto da pessoa idosa como dos profissionais envolvidos na intervenção; permitiu maior acesso, melhor compreensão, e efetivação da avaliação e utilização dos conteúdos inerentes à saúde. Com base no estudo, sugere-se a capacitação da equipe multiprofissional em literacia para a saúde como também a realização de estudos que fomentem o impacto do uso da caderneta na vida da pessoa idosa e na atuação da equipe de saúde.

Descritores: Educação em saúde; Promoção da saúde; Atenção primária à saúde; Alfabetização; Idoso.

Este es un informe de experiencia, realizado en una Unidad Básica de Salud de la región Noroeste de la ciudad de Belo Horizonte, MG, Brasil, de octubre a noviembre de 2019, con el objetivo de presentar el uso del folleto de salud de la persona anciana, como instrumento de alfabetización en salud, en el entorno de la atención primaria de salud. Se utilizó la quinta edición del folleto, facilitado por el Ministerio de Salud, durante 10 visitas a domicilio a 10 ancianos, en tres etapas que comprendieron el llenado de los datos, la evaluación de las informaciones y las directrices inherentes a los contenidos propuestos. Cada anciano recibió una visita, se le entregó un folleto y participó en intervenciones educativas. Se constató que el uso de este instrumento de manera apropiada proporcionó mayores niveles de alfabetización en salud tanto a los ancianos como a los profesionales participantes de la intervención; permitió un mayor acceso, una mejor comprensión y una evaluación y utilización eficaces de los contenidos inherentes a la salud. Basado en el estudio, se sugiere la capacitación del equipo multiprofesional para alfabetización en salud, así como la realización de estudios que promuevan el impacto del uso del folleto en la vida de los ancianos y la actuación del equipo de salud.

Descritores: Educacion en salud; Promocion de la salud; Atención primaria de salud; Alfabetizacion; Anciano.

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INTRODUCTION

In Brazil, the growth of the elderly population has brought challenges to society, especially for health services, requiring new responses to health demands and implying the use of care innovations, especially in the environment of primary health care.

In this perspective, the Ministry of Health presents a set of innovations to guide and qualify the care offered to the elderly in the Unified Health System (*Sistema Único de Saúde - SUS*), ensuring comprehensive health care for this population. The use of the health handbook for the elderly is part of these initiatives, which, when implemented with the practice of Health Literacy (HL), reinforces the construction of a shared and integrated care plan¹.

The handbook can be an HL tool for the elderly, due to its investigative, evaluative and informative content; it also promotes longitudinal monitoring and is updated annually, thus providing precise considerations of the health conditions of the elderly and their vulnerabilities. From the perspective of HL, the handbook is considered a triple health technology, as it can be used effectively by health services, the elderly and their family members or caregivers, fostering citizenship and empowerment of these subjects over their health and their rights^{2,3}.

The HL approached here as a theoretical reference of this study is inspired by the interwoven concept of the individual's awareness to learn and act in the development of their abilities to understand, manage and invest in health promotion, by understanding readings, interpreting quantitative documents, and resolving doubts about health⁴.

According to the World Health Organization (WHO), Health Literacy consists of the knowledge, motivation and skills of people to access, understand, evaluate and apply health information, critically, in health care decisions, disease prevention and health promotion throughout life⁵. It concerns the skills to access health information, understand the content, analyze and interpret the message, and transform the knowledge acquired into healthy decisions. Thus, each individual can appreciate the domains of health care, disease prevention and health promotion, generating a reflective and dialogical process in which health contexts become learning and healthy life experiences.

HL practice involves education, interpersonal dialogue, updated knowledge and evidence-based information. It must be guided by the permanent evaluation of the results apprehended and evidenced in the choices and decision-making, with a view to the construction of autonomy and the protagonism of the elderly person in the production of their health care.

In the gerontological sphere, HL can foster and disseminate its contribution to health care, proposing a transformation in person-centered care, in which, instead of requiring people to deal with complex systems, it is suggested to change health systems to dealing with people's complexities, thus ensuring that their needs are assessed in a more specific way than current practice⁶.

HL is a recent research area, especially in Latin countries, and presents itself as a guiding strategy in the evaluation of the content and in the training of individuals to access health information useful in decision-making and changes in the ways of managing and caring for their own health⁷.

In this context, this study aims to present the use of the health handbook of the elderly as a health literacy tool, in the ambience of primary health care.

METHOD

This is an experience report, built from the use of the health handbook for the elderly as a tool for HL, set in the context of primary health care. The results presented here are the result of labor activities, thus requiring no appreciation by the research ethics committee.

The experience was developed during home visits to elderly people assisted in a Basic Health Unit (BHU), located in the Northwest region of the city of Belo Horizonte, capital of the state of Minas Gerais, with the use of HL strategies in visitations, between the months of October and November of 2019.

For this activity, the 5th edition of the health handbook for the elderly was used, made available in 2018 by the Ministry of Health and distributed through the Family Health Strategy. The handbook consists of personal data, information records and assessments of health conditions, as well as guidelines for maintaining the health of this population¹.

The use of the handbook occurred during home visits, which preceded scheduling and consent and, governed by ethics and empathy.

RESULTS

Of the four FHS that are in the BHU under study, one of them participated and, more specifically, the experience presented concerns the role of a nurse or a social worker in the use of the health handbook for the elderly person during 10 home visits. The strategy was performed on 10 patients. Each elderly person received a visit, got the handbook and participated in educational interventions with their caregiver.

The experience was developed in three stages, comprising: *filling in data, evaluating information and orientations inherent to the proposed contents of the handbook*. The first stage provided an opportunity to explain what the handbook is, present its content and reinforce its importance, simultaneously with its completion.

Personal data promoted personalized contact between professionals and the elderly person; and instrumental issues brought important investigations for the identification of social, economic or family vulnerabilities.

The identification of the reference persons, that is, family members or caregivers who could be contacted in case of need, were registered with a pencil, as they present a higher frequency of changes due to the rotation of these individuals in this function. Each participant had an identified responsible family member, who collaborated in the maintenance of home care and in resolving the demands with the health services.

HL was used, based on the evaluation of the information collected and on the guidelines provided by the handbook. The subjects covered involved the rights of the elderly, instructions for healthy eating, information on oral health, prevention of falls, physical activities and sexuality. All of these topics were explored in the home visit, allowing to assess each vulnerability individually. Every issue mentioned in the handbook as a literal rise to health, as it required an orderly perception of the health conditions of the elderly person, aiming at assertive and effective healthy interventions.

At each visit, the duly completed handbook was handed over to the elderly or responsible person, but the health professional kept under their domain a mirror form of the handbook at the BHU, as this contributed to the monitoring of the health condition and the care offered to each elderly person. In addition, it favored the planning of actions by the health team. The entire action was recorded in the medical record of the elderly person, so that each professional, when accessing it, can be encouraged to use the handbook in subsequent care.

The home environment allowed immediate observations and, consequently, precise interferences. The fall prevention actions were carried out based on the setup found in the house, providing suggestions for conscious and participatory change. The dynamics of the steps towards healthy eating and contemplated cultural and family aspects of the participants' table. Everyone was challenged to do what they could in the best way they could.

The rights of the elderly and sexuality were addressed in a dialogical manner based on the participants' prior knowledge of the content. This strategy provided a primary assessment of the information provided in the handbook, avoiding constraints and expanding competencies in care management.

For a better use of the contents on oral health and physical activity, it was preferred to report daily functional activities of each participant, involving hygiene and mobility. The presence of prostheses was observed, as well as the physical restriction of some participants as obstacles to be worked on in a more specific way.

DISCUSSION

The practice of HL, aided by the health handbook for the elderly, aims to access and process the information skillfully, use an assertive and rational way to promote health and increase the results in favor of healthy living and active aging of this population⁴.

According to the legal framework in the Elderly Statute, Brazilian legislation considers elderly people as those aged 60 or over, however, in health care, those over 80 have a special preference over the elderly, except in the case of emergency⁸.

After each completed item, the evaluated information was directed to interventionist planning based on the HL, which has a transversal proposal, covering health care and disease prevention, as well as health promotion and protection, which is examined both at individual and collective level, as at local and global levels⁶.

The choice of a caregiver is an important indicator of family vulnerability, as the family is seen as the main source of support for the elderly person and in view of the tensions generated by life events and as new family configurations, further investigation of the weaknesses is required and potential of services⁹.

Each demand identified in the handbook was assessed in a multiprofessional and intersectoral manner. Information on the health conditions of the elderly person can issue alerts for a higher risk of adverse outcomes, therefore, protection enabled to prevent functional decline, hospitalization and or death. The information from the handbook is part of the health situation of the elderly population and generates knowledge that directly impacts quality of care, reflecting on the quality of life and health improvements¹.

Guided by the instructions provided by the handbook, an elderly person and family members can make health decisions during their lives in different environments, such as at home, in the community and in the health system, allowing them autonomy over their health to assume responsibilities with quality of your life¹⁰.

Working with HL with the handbook emphasizes the importance of this tool in the development of health skills for the health of the elderly, as it is available free of charge in printed and digital format, written in clear, illustrated and accessible language, proposing a functional, literal pedagogical health strategy and integral.

More than using reading and writing, it is necessary to understand how the shared content was apprehended and strengthened to generate change in behavior and motivation for the practice of health promotion; preventing diseases, disabilities and weaknesses; maintaining autonomy and increasing the quality of life of the obliged⁷.

Thus, it is necessary to adapt actions to the uniqueness of each person, adopt materials with scientific backing, use active methods focused on demonstrating adequate self-care, encouraging pedagogies capable of motivating responsibility, empowerment and health-promoting competence².

The records in the handbook, interpreted by the health professional, who can count on the manual for using the health handbook of the elderly person, to resolve doubts and enable users and family members to respond and continue the notes³. Active, empathetic listening is essential, surrounded by a cordial posture; a welcoming environment, using clear and accessible language, without using technical or scientific terms, to ensure that the user learns, understands and applies the content in the management of their health.

The dialogue between professionals, the elderly, family members and caregivers, guided by the contents of the handbook, attributes intentional and evaluated, describes how much information is already or can become reality in their daily lives. HL intervenes based on

communication that allows interaction between health professionals and users, bringing results that promote better health and therapeutic relationships¹¹.

The handbook is important for the care and management of continuous care and for the screening of aggravating conditions in the elderly population, but there are obstacles in the handbook implementation process, such as: ignorance of the meanings of its practical use, work overload and knowledge gaps scientific technician in the fields of geriatrics and gerontology among health professionals¹².

Thus, it is necessary to rethink the formation of the multiprofessional team in undergraduate, graduate and health services to meet these demands and needs, as well as to promote permanent health education and HL, turning to a critical view of the assistance provided and enabling creative intervention, in addition to ethical, humanized and quality care⁴.

There are some limitations in the performance of activities with a handbook as an inconsistency in the information from sources related to functional illiteracy, both of the person in charge, as well as the cognitive aspects of the elderly person. These factors compromise the safety of the elderly, bringing serious consequences for them and also for health professionals and institutions.

Once the elderly are well oriented and informed about their health and if these changes in behavior, adapting their basic activities and instrumental activities of life, will enable better health conditions and quality of life, as well as integrate with autonomy¹³.

The development of HL can contribute to the elucidation of questions about how an elderly person acquires, generates and uses knowledge about health. Nevertheless, it is necessary that health professionals are sensitized and trained to use the available resources to analyze the information provided by the handbook and its repercussions, contributing to a humanized reception, planning of care provided and qualified assistance.

The handbook is scored as a presentation document and an information tool for the elderly in situations that are alone or traveling and in need of assistance. In addition, at home, a handbook allows the multiprofessional team that carries out a home visit to provide greater uniformity of information about health conditions and therapeutic approaches. It is understood that a professional who does not understand the peculiarities of the elderly person's life will also not understand the particularities required for their care and this will result in adequate or ineffective treatment¹³.

CONCLUSION

When using the handbook as an evaluative and interventionist instrument, the opportunity to effectively explore the concepts of HL was registered, whose premise is to develop in the individual skills to know how to deal with health information critically and use it in a functional way in self-management of health.

It is noteworthy that making use of the handbook in an appropriate manner provides the elderly person as well as the professionals involved in the intervention, increasing the levels of HL. Its use allows greater access, better understanding, and effective evaluation and use of content inherent to the health of the elderly. It also guarantees security for health professionals when conducting educational activities, as it is a material made available by the Ministry of Health, thus increasing the credibility of the information.

It is suggested the training of the multiprofessional team in HL, to improve the approach to information and guidance to the elderly population, providing greater autonomy in care and in decisions about health. It is also important to carry out studies that promote the impact of the use of the handbook on the life of the elderly and on the performance of the health team, especially with regard to the organization of services for the delivery and use of this tool within the scope of primary health care.

The study had limitations regarding its sample and the time set for the description of the experience, however professionals continue to use the handbook content to measure the participants' health care. Thus, we intend to improve this strategy with groups of elderly people in the unit, enabling the presence of other professionals from the team in the pedagogical conduct of the contents.

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CONTRIBUTIONS

Terezinha Nunes da Silva contributed with the conception, data collection and analysis, writing and revision. **Paula Ferreira Chacon** worked with data collection, analysis, writing and revision.

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