

## **EDUCATIONAL AND CARE-RELATED DIALOGICAL PATHWAY ON ACTIVE AGING WITH FAMILY HEALTH STRATEGY PROFESSIONALS**

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### **ABSTRACT**

**Objective:** to disclose knowledge and practices related to active aging based on the educational and care-related dialogical proposal with professionals from the Family Health Strategy.

**Method:** a convergent care research developed with professionals from the Family Health Strategy, in a municipality in the Central North area of Paraná-Brazil. Data was collected through interviews with 14 professionals with an average duration of 12 minutes followed by a Culture Circle with four professionals and a duration of 59 minutes, following the educational stages of the same, namely: investigation, thematization and disclosure. The premises of Freire's dialogicity were used as a theoretical framework.

**Results:** the data show that professionals have different conceptions about aging, distinct ways of conceptualizing active aging, and scarcity of systematization for the care of the robust elderly. These findings were the basis for the dialogical educational design that allowed to transform and build new knowledge on the theme.

**Conclusion:** the educational and care-related dialogical pathway allowed the collective definition of aging and the understanding of active aging, thus making it possible to advance towards the promotion of comprehensive care for the elderly. The convergent care research approach is shown to be effective for studies of an educational dialogic nature due to its insertion in the context of study and collective construction based on reality.

**DESCRIPTORS:** Health of the elderly. Aging. Family health. Continuing Education. Primary health care.

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## PERCURSO CUIDATIVO-EDUCATIVO DIALÓGICO SOBRE ENVELHECIMENTO ATIVO COM PROFISSIONAIS DA ESTRATÉGIA SAÚDE DA FAMÍLIA

### RESUMO

**Objetivo:** desvelar saberes e práticas sobre envelhecimento ativo a partir da proposta educativo-cuidativo dialógica com profissionais da Estratégia Saúde da Família.

**Método:** pesquisa convergente assistencial desenvolvida com profissionais da Estratégia Saúde da Família, em um município do Norte Central do Paraná-Brasil. Os dados foram coletados por meio de entrevista com 14 profissionais com duração média de 12 minutos seguida de Círculo de Cultura com quatro profissionais e duração de 59 minutos, seguindo as etapas educativas do mesmo, a saber: investigação, tematização e desvelamento. As premissas da dialogicidade de Freire foram utilizadas como referencial teórico.

**Resultados:** os dados demonstram que os profissionais têm: concepções diversas sobre o envelhecer; distintas formas de conceituar o envelhecimento ativo e escassez de sistematização para o cuidado ao idoso robusto. Esses achados foram a base para o delineamento educativo dialógico que permitiu transformar e construir novos saberes sobre a temática.

**Conclusão:** o percurso cuidativo-educativo dialógico permitiu a definição coletiva sobre envelhecimento e a compreensão sobre o envelhecer ativo, possibilitando assim, avançar para a promoção do cuidado integral ao idoso. A abordagem de pesquisa convergente assistencial apresenta-se como eficaz para estudos de cunho educativo dialógico pela inserção no contexto de estudo e construção coletiva pautada na realidade.

**DESCRITORES:** Saúde do idoso. Envelhecimento. Saúde da família. Educação continuada. Atenção primária à saúde.

## ITINERARIO EDUCATIVO Y DIÁLOGICO RELACIONADO CON LA ATENCIÓN CON RESPECTO AL ENVEJECIMIENTO ACTIVO CON PROFESIONALES DE LA ESTRATEGIA DE SALUD DE LA FAMILIA

### RESUMEN

**Objetivo:** revelar saberes y prácticas sobre el envejecimiento activo a partir de la propuesta dialógica educativa/de atención con profesionales de la Estrategia de Salud de la Familia.

**Método:** investigación convergente asistencial desarrollada con profesionales de la Estrategia de Salud de la Familia en un municipio del área centro-norte de Paraná-Brasil. Los datos se recolectaron por medio de entrevistas de 12 minutos de duración media con 14 profesionales, seguidas por un Círculo de Cultura de 59 minutos de duración con cuatro profesionales, para luego seguir con las etapas educativas del mismo, a saber: investigación, tematización y revelación. Como referencial teórico se utilizaron las premisas de la dialogicidad de Freire.

**Resultados:** los datos demuestran que los profesionales tienen diversas concepciones sobre el envejecimiento, distintas formas de conceptualizar el envejecimiento activo y escasa capacidad de sistematización para cuidar al anciano robusto. Estos hallazgos fueron la base para el delineamiento educativo dialógico que permitió transformar y construir nuevos saberes sobre la temática.

**Conclusión:** el itinerario dialógico educativo y relacionado con la atención permitió definir el envejecimiento en forma colectiva y comprender el envejecimiento activo, posibilitando así el avance en la promoción del cuidado integral a los ancianos. El enfoque de la investigación convergente asistencial se presenta como un medio eficaz para estudios de tinte educativo y dialógico con su inserción en el contexto del estudio y la construcción colectiva pautada en la realidad.

**DESCRIPTORES:** Salud de los ancianos. Envejecimiento. Salud de la familia. Educación continua. Atención primaria de la salud.

## INTRODUCTION

Population aging is a remarkable demographic fact of this century due to the increase in life expectancy and the decrease in the birth rate, whose indicators have been altered by social, economic and access to health influences. The repercussion is that the elderly are aging more and with a better quality of life.<sup>1-2</sup>

However, the demographic transformation was not accompanied by the health services, which, even adopting the Family Health Strategy (FHS) as a guideline for Primary Health Care (PHC), still maintain the care logic directed towards the cure and rehabilitation of the patient, with incipient investment in disease prevention actions and health promotion for the elderly population.<sup>3</sup>

To redefine the health practices for the elderly population, national and international measures were taken, following the example of strategies that impact the determinants of Active Aging in which the Health sector is inserted.<sup>4</sup>

It should be noted that Active Aging is a concept that surpasses that of healthy aging, due to its greater scope based on the principles of independence, participation, dignity, assistance and self-realization of the elderly. This, in turn, aims to optimize access to health and safety in a co-participative manner, with the purpose of improving the quality of life.<sup>4</sup>

In the direction of access and organization of the health services and actions for the elderly population, in 2017 the state of Paraná/Brazil defined the Guide Line of Care for the Elderly, which provides for multidimensional assessment, classification by stratification and attention in perspective network for frail or frail elderly people. To the robust elderly, warily, activities to control chronic conditions are intended;<sup>5</sup> however, without due attention to active aging.

In addition to this care deficiency, the basic training of professionals hardly includes the health of the elderly as a priority, especially in the context of health promotion<sup>6</sup> reinforcing that the weaknesses of the population's health care fall on the incorporation of actions aimed at promoting active aging, the organization of the health service for the robust elderly and the integration with the intersectoral networks of health care.<sup>7</sup> Thus, educational actions with professionals are necessary, especially those organized in a dialogical and reflective way,<sup>8</sup> allowing the collective construction of new knowledge and practices in relation to active aging in PHC.

Educational activities, regarding the reality of work, can be described as to the educational and care related pathway,<sup>9</sup> because the educational practice influences assistance and care (caring nature), at the same time that stimulates dialogue, reflection and *praxis* (style of education) of the health professionals for active aging.

Thus, this study had the following research question: How does the dialogical educational and care related pathway on active aging contribute to the transformation of knowledge and the disclosure of new practices in the care of the elderly? As an objective, it was proposed to disclose knowledge and practices about active aging from the dialogic educational and care related proposal with FHS professionals.

## METHOD

This was a qualitative study and outlined by the Convergent Care Research (CCR) approach that aimed to transform health work practices<sup>10</sup> with regard to care for the elderly.

Professionals from the different categories linked to the FHS and the Extended Family Health Center (*Núcleo Ampliado de Saúde da Família*, NASF) participated in the study, linked to one of the 34 Basic Health Units (BHUs) located in a municipality in the North of the state of Paraná-Brazil.

Several techniques for data collection were used from March 2017 to January 2018, linked to the concomitant phases of the CCR, presented didactically in conception, instrumentalization; scrutiny; and, analysis and interpretation.

In the conception stage; the research was conceived by the researcher along with the health team, guided by reality. For not working professionally in the field of study, the researcher was inserted on March 2017 for eight hours a week, during the morning and afternoon, on alternate days. Through participant observation and recording in a field diary about the practices of care for the elderly in PHC, the researcher carried out home visits with the Community Health Agents (CHAs) and the team, and participated in work meetings and case discussions. Thus, it was sought to get to know the elderly population, their access to PHC, the assistance and the work process of the team, especially the CHAs, in a way that allowed them to recognize the field, their health practices and the study design by identifying, alongside the team, the need to work with healthy elderly people in order to maintain and promote their health.

It was not a specific phase of data collection, but a definition of the problem, object and procedures for the research. Thus, the study was subsequently discussed with the Municipal Health Secretariat of the aforementioned municipality, together with coordinators in the area of Elderly Health, Primary Care and Health Promotion. At that moment, in a participatory way with the municipal management, the object of study and the other methodological developments were defined, as well as the premises of Freire's Dialogical Theoretical Framework as the study's guiding principle,<sup>8</sup> with science, agreement and active participation of professionals in the field of study.

In the Instrumentalization phase the initial data collection took place through individual interviews with professionals from the FHS and the Culture Circle. The interviews were conducted from September to October 2017, using a semi-structured script developed by the researchers and composed of questions of sociodemographic and professional characterization. Issues related to active aging and care for the elderly population were included. The interviews were conducted with all 14 professionals linked to the FHS and the NASF, 11 of which were recorded in audios with an average duration of 12 minutes. Another three interviews were handwritten, respecting the individual needs of the participants.

The Culture Circle,<sup>8</sup> held in January 2018, was attended by four professionals from different backgrounds from the FHS team and was documented in an audio recording lasting 59 minutes. The Culture Circle, a group data collection technique used in research aimed at education and the transformation of practice<sup>8</sup> was held in a single meeting that dealt with active aging and care for the elderly. The action took place in a room at the referred BHU, whose environment was adequate to stimulate dialog. It is noteworthy that the organization of the work process was a complicating factor for the participation of all health professionals in the meeting, even with the flexibility offered by the researchers for scheduling. However, the strategy of validating the findings by these participants in the step described below, guaranteed the veracity of the data and was configured as an alternative to scientific rigor.

The scrutiny phase: concomitant with the previous phases, it was the moment to organize the data and to plan and develop the educational action, the separation being only didactic. Adopting an emancipatory educational path, the Culture Circle was used in conjunction with the previous phases of the research and organized into: thematic investigation, thematization and critical disclosure, the articulation of information from the previous stages.

For this reason, the thematic investigation began with field immersion and with data from the interview (previous phases of the CCR) that revealed the limit situations and the generating themes related to active aging. Thus, the focus of the Culture Circle was the promotion of active aging as it is the Epistemology of Silence<sup>8</sup> raised until then, in the sense of theoretical and practical ignorance

manifested by the participants and hegemonic health practices centered, primarily, on the frail elderly. This thematic apprehension was validated by the participants in the Culture Circle.

It should be noted that the limit situations referred to the barriers that needed to be broken,<sup>8,11</sup> so that the professional would transform the naive and incipient knowledge about aging to critical knowledge overcoming the gaps in knowledge and doing in the care of the elderly, especially in the context of active aging.<sup>4</sup> The generating theme, arising from the limit situations, was its delimitations:<sup>8</sup> active aging. In this stage of the Culture Circle, the methodological investigation of educational activities and the pedagogical approach were that would materialize the educational activity<sup>8,11</sup> were also carried out.

In the thematization stage, the reality that was apprehended in the limit situations and in the generator theme was brought up for group discussion and elucidated by concrete situations encoded in real examples experienced by them to be decoded by a dialogical movement in which the theoretical-practical distance-approach allow to reflect critically in the practice itself.<sup>8</sup>

The critical disclosure stage, characterized by Freire<sup>8</sup> as the moment when the group became aware of its reality, it was made possible by the dialog with the professionals who allowed their knowledge and practices about active aging to be expanded by other forms of knowledge and practices in relation to the health of the elderly.

In the analysis and interpretation phase, the data were transcribed in full by the researchers, organized and analyzed according to Freire's dialogical premises.<sup>8</sup>

The research respected all the ethical precepts of Resolution 466/2012.

## RESULTS

All 14 professionals who make up the FHS and NASF teams participated in the study. Most of the research participants were women (n=13), with ages ranging from 24 to 51 years old (mean of 38.8 years old). Regarding their marital status, eight are married, five are single and one is divorced. Regarding the team to which they belonged, seven worked with the FHS and seven with the NASF, them being: two CHAs, a nurse, a doctor, a nursing technician, a nutritionist, a physical educator, a speech therapist, a physiotherapist, an occupational therapist, a social worker, a psychologist, an oral health technician and a dentist.

With regard to education, two professionals completed high school; two technical education; one, higher education; seven had *latu-sensu* post-graduation and two, *stricto-sensu* at master's level. The working time in the training area ranged from three months to 27 years (mean of 12 years) and working in the FHS or NASF teams from three months to 11 years (mean of four years). Four professionals reported having received some training to work in NASF or in FHS and that this occurred after graduation. Regarding training to work in the health of the elderly, only one professional reported participating in activities on this topic at undergraduate level and three others at graduate level.

It should be noted that FHS professionals work 40 hours a week and NASF professionals work 20 hours and 30 hours, depending on the professional category. NASF teams work in four BHUs, being a reference for seven FHS teams. Only one professional does not reside in the municipality of study. Of these professionals, four participated in the Culture Circle, namely: doctor, nurse, dentist and CHA.

The interview data allowed the elaboration of three limit situations, described in Chart 1. Only those three situations that needed to be overcome by the participants were identified, these are the result of the data synthesis combined with the validation of the participants.

**Chart 1 – Limit situations and statements that describe them**

Limit situations	Statements
<b>Different conceptions about aging</b>	<p><i>Aging is an inevitable process of gradual decline of the body and mind, which occurs over time (P1).</i></p> <p><i>Aging is related to the biological part and is defined by law according to the statute of the elderly, which defines as elderly people over 60 years old (P7).</i></p> <p><i>[Aging] is a very comprehensive thing, for me it is to acquire knowledge and maturity (P10).</i></p>
<b>Different concepts of active aging</b>	<p><i>I understand it like this: active aging is when the elderly age and pass through these phases of life actively, without stopping, working, doing their roles and what they like to do (P3).</i></p> <p><i>Active aging is when he [elderly] is able to do these things(P4).</i></p> <p><i>It is the person who, from the age of 60, has an active life and seems to have no health problems. Has an active life and a certain independence (P5).</i></p> <p><i>Active aging?! It's the first time I've heard that term (P10).</i></p> <p><i>I do not know the term [active aging], but I believe it is an aging process that you have autonomy and the ability to perform all the activities of daily life and all those that you intend to perform (P12).</i></p>
<b>Lack of systematization for the care of the robust elderly</b>	<p><i>[Care is developed] Through groups, consultations and home visits, even by the team of the unit itself, with reception, vaccine, dressing and other activities that it develops (P2).</i></p> <p><i>I see that we have a much greater focus of care for the most fragile elderly. Sometimes there are some actions that we do throughout the year, within the annual calendar, for the robust elderly, but I see that these activities end up being more for the physical education personnel (P9).</i></p> <p><i>We look at chronic disease, hypertension, diabetes or direct care, being the most present care for the bedridden elderly. I think this is a very great weakness of the service (P13).</i></p> <p><i>We ended up offering social groups, gymnastics and handicrafts, which is in these moments that the robust elderly participates, and ends up being a strategy to care for the active elderly and make them healthy (P13).</i></p> <p><i>We offer a social group and during the reception we provide a lot of guidance. When we go to their home, we advise on the care that the elderly should have, depending on the health of each one. If the elderly person is weakened, we advise care, which care should be taken at home, and, for the robust ones, we advise walking and eating. If they have any other associated disease, we advise them accordingly. The CHAs are closer to the elderly, but the entire team is involved (P7).</i></p>

The generating themes were listed based on the limit situations and the planning and execution of the educational activity was carried out (Chart 2) in order to stimulate the dialogicity, the communion between the participants and researchers, with the objective of transforming the perceived reality for critical disclosure.

In order to encode and decode the generating themes (Chart 2), the syllabus of the educational activity was defined with a focus on the existing educational gap. The contents brought the elements that the professionals presented as educational demands in a disorganized way, but that was systematized by the researchers in order to convert, along with the professionals, naive knowledge into critics, with a transformative potential to care for the elderly.

In addition to the contents, it was essential to elaborate the educational objectives that guided the educational activity, aiming to meet the demands listed by the researchers and participants about new perspectives for the care of aging. The objective-content-method was organized in an interdependent way with the syllabus, being a reference for the development of the educational objectives and strategies that were used to achieve them, always considering the needs of those

involved. In the Culture Circle, this moment is relevant to move towards critical disclosure in the sense of knowledge transformation.

**Chart 2 – Organization of the Culture Circle**

Thematic research		Coding/ Decoding		Critical Disclosure
Limit situations	Generating Themes	Programmatic Contents	Objectives of the activity	
<b>Distinct and different conceptions about aging</b>	Aging concepts	Chronological and physiological aging	Understand the concept of aging	Collective definition of aging
<b>Lack of clarity regarding the concept of active aging</b>	Active aging concept	Autonomy and independence of the elderly	Understand the concept of active aging Reflect on the care of the elderly in order to promote active aging	Understanding the concept of active aging and care strategies to make it feasible
<b>Absence of systematization for the care of the robust elderly</b>	Comprehensive health care for the elderly	Bio-psycho-social, spiritual and cultural Care	Reflect on comprehensive care for the elderly	Comprehensive care for the elderly

The Culture Circle was carried out based on the theoretical pedagogical framework of Freire, namely: thematic investigation, coding and decoding of the thematic universe and critical disclosure. The group's planning was based on the understanding of the reality and the data of the interviews with the aim of validating them. The activity in the Culture Circle started with the presentation of the limit situations arising from the interviews and the discussion of each one.

It was discovered that the professionals had different and conceptions about aging, which characterized limit situation 1. The concept of aging was debated in order to apprehend it as a permanent and progressive process, permeated by physical and cognitive decline, chronological classification (age group), in addition to the correct concepts, whose understanding is essential to expand the focus to the elderly, namely: senility and senescence, independence, autonomy and health promotion. These concepts were printed on a sulfite sheet and, as their definitions were discussed, they were placed next to the corresponding word, allowing the themes to be visualized. By presenting the varied conceptions by the group, in a dialogical way, the participants were able to get to know different visions and, together, understand that each completed and expanded the concept of aging of the others.

The professionals revealed that the complexity of the concept of aging is due to the interdependence of the levels that compose it, and beyond them, the living, economic, environmental and social conditions and the experiences directly influence health, and it is not possible to standardize or stereotype it. The professionals also highlighted that primary health care actions should adopt strategies aimed at improving the losses associated with aging in its full concept. In addition to encouraging the autonomy and independence of the elderly, promoting senescence.

Limit situation 2 dealt with the distinct concepts of active aging, with some professionals not knowing the term, and others associating autonomy and independence without understanding their correlation. To theoretically base the discussion on active aging, an illustration was presented with the determinants of active aging, namely: culture and gender, health system and social service, behavioral, personal, and physical, social and economic environment. At that moment, the professionals presented cases that they followed up in the PHC service to illustrate the discussion and clarify the relation of the

determinants in quality of life and care for the elderly. This reflective, ludic and participatory process allows to transform naive knowledge into a critical one.

The disclosure occurred when professionals overcame naive knowledge, in which they associate active aging only with the maintenance of physical capacity, and critically, they understood it in all the social and psychological complexity that permeates it; and which aims to improve the quality of life as people age.

Limit situation 3 was related to the scarcity of systematization for the care of the robust elderly. To encourage and organize the systematization of care for this group, a CHA presented a case study, reporting the story of an elderly woman attended by the team, aged 90, who was classified as robust, according to her physical and health characteristics. Then, the other professionals were encouraged to organize what the CHAs' attention points would be for this elderly woman, systematizing the care of these professionals during home visits in order to maintain and promote the health of the elderly, in addition to identifying situations of vulnerability and contact other members of the FHS and NASF team.

When considering the elderly as being integral, immersed in culture, society and family, suggesting that in addition to biological issues, normally questioned by the elderly, the relationship between family members and support networks is also questioned, turning to the integrality of the person elderly, professionals disclosed the complexity of aging and care for this public.

The work process aimed at the robust elderly was debated and reconstructed as the concepts were clarified and discussed, based on the reality of the participants' work. According to the professionals, the proposal to organize the points of care of the CHA during visits to the elderly, had the purpose of breaking with the hegemonic logic of care – curative and preventive, in order to consolidate PHC actions.

## DISCUSSION

The data made it possible to carry out a thematic research and to choose limit situations that indicated limited knowledge about aging. This fact implies supposing that the practices in the health of the elderly in PHC are equally limited and, certainly, there is no way to care in a comprehensive perspective if the knowledge does not accompany them. In this regard, it is stated that care for the elderly is still centered on the complaints they present, with a focus on curative actions that are not in harmony with the proposals for healthy and active aging.<sup>12-14</sup>

Health professionals face difficulties to act in the care of the elderly, perhaps due to the lack of preparation during professional training with regard to this theme, limiting the actions in PHC that include senescence. The fragility in the training process negatively influences the assistance provided to the elderly, in the meantime the educational actions that were performed in the study were essential to transform practices in the health of the elderly.<sup>12,14-15</sup>

In this context, care for the elderly is still a new theme in the training of health professionals, making it difficult to list the attributes for the development of professional skills to work in the health of the elderly, especially with an approach that ensures biological, psychological, social and cultural attention to the elderly population.<sup>6</sup>

The limit situations and the generating themes were listed based on the speeches of the participants and served as guidelines for the entire educational process, while this, in turn, took place collectively, corroborating the wishes and reality of those involved.

It should be noted that the syllabus and objectives were the pedagogical strategies used to systematize coding and decoding. The educational activity was structured to discuss active aging and the work and care process for the elderly, codifying knowledge and practices and decoding when professionals and team, together, understood the gaps that involve their actions and conceptions about aging. It should be noted that this process took place mainly in the Culture Circle, as the dialogical



moment allowed teaching and learning, considered an inseparable educational, socio-political and formative unit, made possible by the relations between people and their realities.<sup>16</sup>

The Culture Circle was a moment of encounter and communion between researchers and professionals with a horizontal approach that allowed to give voice to all professionals involved in care, regardless of the professional category, so that they could pronounce their reality around the health of the elderly in order to problematize and give meaning to it, in order to create and recreate it, to transform it.<sup>8,17</sup> In this context, the researcher has the role of mediator between the empirical and the scientific world, so he must encourage participants to understand their own reality and encourage them to discover new ways of carrying out actions.<sup>8,10</sup>

It is noteworthy that the interviews can also be considered reflective moments, as they encourage professionals to think about themes and angles, sometimes not yet discussed and reflected, and even if carried out individually, they can stimulate the transformation of practices, by assuming strong social and emancipatory commitment.<sup>18</sup>

Men have a transformative potential but, if alienated by hegemonic forces, politics, culture and work, they are unable to break the bonds related to aging as a disease and the biological perspective. Thus, they are prevented from recreating the way of working and acting together with active aging, and therefore, moments of reflection and collective dialogue,<sup>8,11</sup> such as this educational activity, are essential to transform the work process and the assistance provided to the elderly population.

Knowing the limit situations and organizing the dialogical educational strategies based on them, allowed professionals to understand the gaps in their knowledge about active aging, as well as expressing their feelings of anguish and frustration due to the work process in primary care, not prioritizing the elderly and health promotion. Together, it was possible to transform their knowledge, understanding the elderly human being and the need for new health practices in elderly care.

In order to complement the discussions, related themes emerged in the Culture Circle, such as senescence (natural and healthy aging process, without changing the basic needs of daily living) and senility (aging associated with chronic conditions and functional disabilities),<sup>7,19</sup> the second being even more associated with the aging process by the study participants.

Meanwhile, the terms autonomy and independence also stood out. It was revealed that autonomy refers to the “ability to control, deal with and make personal decisions about how to live daily, according to your own rules and preferences”.<sup>4:14</sup> and independence is “understood as the ability to perform functions related to daily life - that is, the ability to live independently in the community with some or no help from others”.<sup>4:14</sup> The professionals mistakenly considered them as synonyms or only limited them to physical capacity, after discussions about them, correlating them to the health of the elderly, it was disclosed that the elderly’s ability to decide about something must be maintained and stimulated for their well-being, signaling the relevance of dialogicity for overcoming knowledge.

Still, the term quality of life was discussed by professionals and understood in its complexity and individuality,<sup>4</sup> therefore, according to the study participants, giving a voice to the elderly is essential to understand their desires and expectations, in addition to providing comprehensive care and promoting health. The concept refers to the social and family position that the elderly person occupies and their perception of it, for this reason, again, the professionals highlighted that action in front of the family is necessary, corroborating the importance of discussion spaces to apprehend new concepts and reorder practices.

Characterizing, conceptualizing and debating words and the way of understanding them not only by their concept, but in the interaction with others and with the reality of care to the elderly were the basis of the Culture Circle held. In this dialogical movement of reflecting concepts and actions, based on the knowledge and practices of researchers and participants, the Freirian *praxis* could

be visualized, and the collective and critical reconceptualization allowed the alignment of the care practices of the health care team,<sup>8,17</sup> for active aging and the re-creation of concepts.

The different concepts regarding active aging, initially identified by this study, may be linked to individual experiences and outdated social constructions on which the elderly are physically dependent, which have been re-signified by decoding. These aforementioned concepts restrict the negative view towards the elderly, making it difficult to propose innovative care strategies that promote health.<sup>19-20</sup>

The illustration with all the determinants of active aging<sup>4</sup> in the educational process was important for systematizing the factors involved and providing a debate among professionals about the current care for the elderly, in addition to demonstrating how the articulations with the other determinants occur, especially the social assistance services and the environments of the territory. Also bringing an account of how they formed partnerships and developed actions in PHC, they disclosed that, although timid, they perform actions that promote quality of life and active aging. The association between the facts experienced by the professionals and the educational content,<sup>16</sup> through the problematization of the cases attended by the team itself, allowed for significant learning and applicability to it.

It was apprehended that the process of systematizing care for the elderly by the team was based only on chronic conditions. The fact that the discussion was organized from a case attended by the health team was strategic to insert reality in the educational activity and to problematize the service under new approaches and ways of doing it.<sup>17</sup>

Thus, the health problems associated with chronic conditions can be prevented or delayed when the health team involves comprehensive care and early identification of biopsychosocial changes,<sup>21-24</sup> as disclosed in the case discussion that occurred during the educational activity. The educational practices, driven by dialog, contributed to the broader understanding of reality, as it was inserted in the culture and experiences of professionals, making them critical and active in the construction of new practices in the health of the elderly.<sup>16</sup>

For care to be effective, services must follow gender, technological, demographic and economic changes and take advantage of them to create care opportunities never before available.<sup>19</sup> It is noteworthy that the Brazilian demographic aging is a fact, but it should not be associated with inactivity, disability and dependence.<sup>7,23-25</sup>

Finally, public policies must be structured by aligning the different determinants of active aging, in order to consider the different trajectories of people and the positive side of aging, breaking with the barriers that limit social participation and the contributions of the elderly to society.<sup>19,23</sup>

It is noteworthy that the elderly would not demand excessive spending on health services if public health policies and actions were geared to the specifics of this public, replacing the curative logic with social justice, safety and comfort.<sup>19,24</sup> Health actions cannot be considered expenses, but investment in life and people.<sup>19</sup>

Thus, the critical disclosure enabled the professionals to break with naive and biologicist thinking, expanding the understanding of the complexity of care for the elderly. By considering this population in its subjectivity, immersed in a world with experiences and practices, the formulation of new care strategies added a transformative and humanizing potential that was built in professional practice due to its critical knowledge and understanding,<sup>8,17</sup> inaugurating an educational and care related practice of the professionals involved.

Dialogicity as the essence of liberating education permeated the educational and care related construction process and allowed the disclosure of new forms of care and health work.<sup>8</sup> The education of health professionals has an impact on care, because when caring, the professional educates the other and himself through *praxis* (action-reflection-action), and the opposite also occurs: when educating, the professional performs the care, which is improved by constant reflection, in the meantime, the educational and care related activities are constructed, as presented in the research on screen.

The dialogic nature activity contributed to the transformation of knowledge and procedure in health, as it was carried out with professionals who experience the practice, valuing their different impressions, challenges, desires, hopes and despairs, in the scope of the health of the elderly.<sup>8</sup> Dialogicity is represented by dialog, a human phenomenon made possible through authentic words, chosen through the action and reflection of their world, which present people's reality and life,<sup>8,17</sup> as presented in this study.

The dialog, led by the limit situations, allowed for the transformation of knowledge and the stimulus to change the health of the elderly, signaling as a tool capable of aligning concepts, bringing people together and building new practices, due to the horizontality of actions, for believing and valuing men and for bringing up new ways of looking at and acting on the researched phenomenon.<sup>8</sup>

The present study has limitations in relation to the number of participants in the Culture Circle, a fact that occurred due to the inflexibility of management in ensuring moments of discussion for health professionals, still understood as secondary to meeting the demand.

## CONCLUSION

The Educational and care related pathway in active aging developed with PHC health professionals took place in the Culture Circle as a stage of the CHA. Its stages were essential to know/encode the world of the participants with regard to the health of the elderly and to debate/decode about the care provided by them, in addition to disclosing new perspectives, knowledge and actions in this context to systematize the care provided to the robust elderly.

The naive knowledge, expressed in limit situations, dealt with the incipient concepts of aging, diversity of concepts about active aging and a lack of systematization for the care of the elderly. Through dialog and reflections, they became critical knowledge about the complexity that involves the health of the elderly and the need for actions to maintain the quality of life, independence, autonomy and health promotion of the elderly, outlining the educational and care related character of professional dialog spaces.

The study contributes to the health of the elderly by inserting the topic on the agenda of research in public health by encouraging professionals to think and reflect on their actions in this context. It also contributes to nursing and other health professions, by improving the knowledge that encompasses the care for the elderly in PHC, in addition to strengthening educational health practices and the transforming potential of those involved in care.

The CHA approach proved to be effective for educational dialogical studies based on immersion in the context of study and the collective construction process based on reality, thus allowing it to be transformed, in addition to promoting spaces for permanent health education.

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## NOTES

### ORIGIN OF THE ARTICLE

Extracted from the thesis - Participative elaboration of a gerontological home visit pathway: a Permanent Health Education strategy, presented at the *Programa de Pós-Graduação em Enfermagem* of the *Universidade Estadual de Maringá*, in 2019

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### CONFLICT OF INTEREST

There is no conflict of interest.

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