









Health education as a strategy for the promotion of the health of the elderly: an integrative review

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Abstract

Objective: To identify the key issues and health education strategies for the health promotion for the elderly. **Method:** An integrative literature review was conducted during the months of March and April 2018, by means of the Virtual Health Library, in the Medical Literature Analysis and Retrieval System Online, Latin American Literature in Health Sciences and the Scientific Electronic Library Online databases. After the search process and the selection of publications, the final sample consisted of 24 articles. **Results:** A total of 16 Brazilian articles, the majority of which were carried out in the southeast and south of the country, were identified, in which the most frequently expressed themes for the health education of the elderly were healthy eating and physical exercise practices. **Conclusion:** The actions of education in health were focused on healthy eating and physical activity, carried out by means of group workshops, seminars and/or lectures, performed, in the majority, by nurses and community health agents who were part of family health teams.

Keywords: Health Promotion. Health Education. Health of the Elderly.

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The authors declare that there are no conflicts of interest in relation to this study.

No funding was provided for this study.

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Received: February 08, 2019
Approved: August 09, 2019

INTRODUCTION

Health education is understood as an educational process of knowledge construction, aimed at the appropriation of the theme by the population¹. It refers to a set of practices that contribute to the increase of the individual and collective autonomy of people and the debate with health professionals and managers in order to achieve health care based on the needs of individuals and communities, improving the quality of life and health of the population^{2,3}.

As an emancipatory pedagogical process, health education favors the development of intellectual autonomy, becoming an imperative tool to promote the improvement of the quality of life and health of the elderly^{4,5}.

Primary Health Care (PHC), of which the main care scenario is the Family Health Strategy (FHS), is a privileged locus of educational practices in health, and as the integrated work of the team of health professionals, favors and mobilizes efforts to contribute to the maintenance of individual and collective health⁶, which can favor critical and transformative awareness, allowing the exercise of citizenship and effecting personal and social changes.

Therefore, primary care health professionals have the important role of promoting health education programs and activities, aimed at the quality of life of individuals and families, and these actions should be integrated into care⁷. To achieve this, such actions should be planned and directed at the appropriate target population, articulated by a multiprofessional team and executed on a permanent basis, considering what the subjects need and want to know to promote their health⁸.

The theme in question is highlighted in the research priorities agenda of the Ministry of Health medical opinion report for the year 2018, since it encourages the evaluation of the implementation of health education strategies in the Unified Health System (or SUS); the surveying of innovative, participatory and resolute methodologies of health education with the elderly; and the assessment of the impact of health education practices with elderly persons in primary care⁹.

The importance of the theme is therefore clear, both in terms of the performance of care practices and in a research setting; while it is believed that promoting health education actions with the elderly, with their participation and that of their families and the community, is an effective method for promoting the health and quality of life of this population. Thus, it is necessary to broaden knowledge about this theme.

From this perspective, the present study aimed to identify the main themes and strategies of health education for the promotion of the health of the elderly.

METHOD

An integrative literature review was performed. To construct the study, six fundamental steps were followed: identification of the theme and selection of the research question; establishment of inclusion and exclusion criteria for studies; categorization of studies; evaluation of studies; interpretation of results and synthesis of knowledge¹⁰.

To conduct the research, the following guiding question was elaborated: *What are the main strategies used and the themes approached in health education actions, with a view to health promotion aimed at the elderly population?*

From the guiding question, in order to facilitate the definition of the descriptors, we used the PVO strategy (Population, Variable of interest and Outcome), which defined the study population as “the elderly”, the variable of interest as “health education” and the outcome as “health promotion”.

The searches were performed between March and April 2018 by two independent evaluators, through the Virtual Health Library, in the Medical Literature Analyzes and Retrieval System Online (MEDLINE), Latin American and Caribbean Saúde (LILACS) and the Scientific Electronic Library Online (SciELO) databases. These choices were justified by their scientific scope in relation to research in the field of health promotion.

For the searches, the following controlled descriptors were selected: “Health of the Elderly”,

“Health Education” and “Health Promotion”, which were crossed with the help of the Boolean operator AND, using the advanced search method from categorization by title, abstract and subject.

The following inclusion criteria were chosen: studies whose theme was related to health education with the elderly in article format and available for download, in English, Portuguese and Spanish, with a year of publication between 2013 and 2017. This time frame was chosen because Decree No. 8.114, which deals with the National Commitment to Active Aging¹¹, which includes health education actions, was published in 2013. The following exclusion criteria were selected: studies in the form of dissertations, theses, reflection and literature review articles, documentaries, essays and/or reviews.

The database search revealed 35,211 studies, of which, 2,439 articles were found in LILACS, 32,157 in MEDLINE and 615 in SciELO.

Following the application of the filters, the next step was to select the papers from the reading of titles and abstracts, from which those that did not explicitly fit the scope of this research were excluded. A total of 64 potentially eligible articles were identified were then read in full. At this stage, three repeated articles were excluded, as well as 12 articles which were not suitable for the theme; three literature reviews;

three reflection articles and 19 articles that were not available for download, resulting in a total of 24 studies included in the final sample.

The evaluation stage of the studies allowed us to identify that according to the evidence pyramid¹² two studies were classified as being of the second level, or clinical trials; one was third level, which was a cohort study; one was the fourth level, a case-control study; five were level five, characterized as quasi-experimental studies, and 15 had a scientific evidence level of six, which represent descriptive studies.

For data extraction, a form was developed containing bibliometric data about the articles studied, summarized in Chart 1, as well as information regarding the pedagogical strategies used, the professionals involved and the results obtained in health education, which are presented descriptively in the following sections.

RESULTS

Considering the variables selected for the presentation of the articles, Chart 1 summarizes the following studied aspects: authors, year, place, type of study, sample and study objectives.

Chart 1. Description of selected articles by authors, year and location, type of study, sample and study objectives.

Authors	Year and Location	Type of Study and Sample	Objectives of Study
Mendonça et al. ¹⁵	2013, Viçosa, Minas Gerais, Brazil	Experience report/ 20 elderly persons	Report a working experience with the elderly and support a critical-theoretical reflection on the practice of educational workshops as a health education strategy, in the light of Freire's thinking, based on the use of participatory methodologies.
Nogueira et al. ¹⁴	2013, Goiânia, Goiás, Brazil	Qualitative research/23 elderly persons and six community health agents	To identify therapeutic factors present in the health promotion group of elderly persons.
Evers et al. ¹⁵	2013, Australia	Cohort/710 elderly persons	Conduct a multifaceted assessment of a social marketing campaign to raise asthma awareness among elderly persons in a regional Australian community.
Bhurosy and Jeewon ¹⁶	2013, Mauritius, East Africa	Experimental model/80 people aged 40 or over	To evaluate the effectiveness of a theory-based educational intervention to improve calcium intake, self-efficacy, and knowledge of older Mauritians.

to be continued

Continuation of Chart 1

Authors	Year and Location	Type of Study and Sample	Objectives of Study
Chung and Chung ¹⁷	2014, Hong Kong	Experimental study/60 elderly persons	Evaluate a three-week program that includes culinary demonstrations with free food samples to motivate older adults to cook more and improve their nutritional status.
Ferreti et al. ¹⁸	2014 Chapecó, Santa Catarina, Brazil	Qualitative research/seven elderly persons	To verify the impact of a health education program on the knowledge of elderly persons about cardiovascular diseases.
Janini et al. ¹⁹	2015 Rio de Janeiro, Brazil	Qualitative research/83 elderly persons	To analyze the impact of health promotion and education actions in the search for quality of life, autonomy and self-care of the elderly.
Sink et al. ²⁰	2015, USA	Randomized clinical study/1,635 participants	Determine whether a 24-month physical activity program results in better cognitive function, lower risk of mild cognitive impairment (MCI) or dementia, or both, compared to a health education program.
Machado et al. ²¹	2015, Minas Gerais, Brazil	Convergence research/21 elderly persons and nine health professionals	Describe the stages of the empowerment process of an elderly group in a rural community.
Almeida et al. ²²	2015, Viçosa, Minas Gerais, Brazil	Intervention study/82 participants	Analyze possible changes that have occurred in anthropometric measurements and levels of functional physical fitness of elderly persons participating in a community intervention project.
Caprara, et al. ²³	2015, Madrid, Spain	Quantitative study/73 participants	Testify to the effectiveness of Vital Aging-Multimedia, a psychoeducational multimedia program designed to promote successful aging.
Sousa and Oliveira ²⁴	2015, Braga, Portugal	Intervention study/25 elderly persons	Contribute to the active aging of day/social centers for elderly persons, harmoniously developing all its dimensions, aiming to make users autonomous, participatory and active.
Cecílio and Oliveira ²⁵	2015, Limeira, Sao Paulo, Brazil	Intervention study/23 elderly persons	Promote, through Nutrition Education activities, healthy eating habits in a group of institutionalized elderly persons.
Luten et al. ²⁶	2015, Groningen, Holland	Quasi-experimental study/564 elderly persons	To assess the range and effects of short and medium term intervention (with local media campaign and environmental approaches) on physical activity and healthy eating in elderly persons in a socioeconomically disadvantaged community compared with a control group.
Lucena et al. ²⁷	2016, João Pessoa, Paraíba, Brazil	Experience report/99 elderly persons	Describe a report of health education practices of a university extension project, encouraging the adoption of preventive measures of self-care in relation to the health of the elderly.
Munhoz et al. ²⁸	2016, Santa Maria, Rio Grande do Sul, Brazil	Experience report/144 elderly persons	Report the experience of members of the Nursing Tutorial Education Program in the "Acampavida" extension project, held annually with elderly persons, through health education activities.

to be continued

Continuation of Chart 1

Authors	Year and Location	Type of Study and Sample	Objectives of Study
Barbosa et al. ²⁹	2016, Recife, Pernambuco, Brazil	Experience report/30 participants	Report the interdisciplinary experiences in the Family Health Strategy (FHS) with a Group of Elderly persons, through the Education Program for Health Work (or PET-Health) developed at the Federal University of Pernambuco (UFPE).
Nascimento and Ramos ³⁰	2016, Petrolina, Pernambuco, and Juazeiro, Bahia, Brazil	Experience report/150 elderly persons	Present the set of activities developed weekly by 10 medical students from the Federal University of Vale do São Francisco in Pernambuco with groups of elderly persons from the Active Life Program (ALP) and the Open University for the Elderly (UNATI/Univasf).
Lopes et al. ³¹	2016, Florianópolis, Santa Catarina, Brazil	Qualitative research/69 people	Verify the most relevant pedagogical aspects of a physical exercise class for the adoption of and permanence in physical activity programs in the perception of long-lived elderly women.
Sá et al. ³²	2016, Diamantina, Minas Gerais, Brazil	Quantitative research/28 participants	Identify and describe health promotion actions related to the physical activity of elderly persons in basic health units, as well as the perception of those responsible for this practice.
Jih et al. ³³	2016, São Francisco, California, USA	Randomized group study/756 elderly persons	To compare the effects of two types of intervention: lectures and Chinese printed materials versus solely Chinese printed materials on knowledge and adherence to nutrition and physical activity guidelines among older Chinese immigrants in San Francisco, California.
Amthauer and Falk ³⁴	2017, Porto Alegre, Rio Grande do Sul, Brazil	Qualitative research/16 professionals	Identify the actions and practices performed by health professionals with elderly persons seeking care in a Basic Health Unit
Mendonça et al. ³⁵	2017, Uberaba, Minas Gerais, Brazil	Action Research / 98 health professionals	To evaluate the development and implementation of a continuing education action directed to primary care professionals on the theme "health education groups with elderly persons".
Santos et al. ³⁶	2017, Quixadá, Ceará, Brazil	Experience report/22 elderly persons	Report the experience of the perception of students about health education actions aimed at elderly persons of the Remanso da Paz shelter in Quixadá, Ceará.

The themes addressed in the health education actions were varied, however, there was a predominance of discussions about healthy eating^{17,20,22,25,26,28,29,33,35} and the practice of physical exercises^{20,22,26,28,31,32,34,35}. The other themes included chronic diseases^{18,19,27,36} with emphasis on arterial hypertension^{18,27,36}; diabetes *melitus*^{18,27,36}; respiratory diseases¹⁵; sexuality^{28,30}; active aging³⁰; healthy habits^{21,23,35}; medication^{13,36}; legal and financial questions^{20,28}; and social participation^{23,24}.

These actions were developed by health professionals, mostly primary care workers; with the participation of community health agents^{14,21,34,35}, nurses^{34,35}, nursing technicians^{21,32,34}, doctors³⁴ and dental surgeons³⁵. Only one article¹⁹ did not specify the professional category.

In many studies, the actions were performed by students and teachers from various undergraduate courses, especially Nursing^{13,27,28}, followed by

other courses, which appeared less frequently, such as: Medicine^{27,30}, Physical Education^{22,32}, Nutrition^{22,29}, Pharmacy³⁶, Occupational Therapy²⁹ and Physiotherapy³².

In terms of the strategies adopted for the application of health education activities, nine studies used group workshops^{13,20-22,27-29,32,34}, five used seminars and/or lectures^{17,19,30,33,36}; three made use of expository, dynamic and informal conversations^{18,25,30}; two applied dialogued exposition^{16,24}; marketing campaigns^{15,26} and digital education²³. Three studies did not mention the strategies adopted^{14,31,35}.

As a theoretical framework for conducting the studies, two^{13,27} were based on the work of Paulo Freire. Many articles, although not mentioning the subject directly, spoke about health education with a participatory and dialogical approach, aiming at the empowerment of the subject, which is consistent with Freirean thinking^{18,22,25,28,30,35}. The other references were the National Health Promotion Policy¹⁹, a belief in health model¹⁶, Kurt Lewin's group dynamics²¹, the hermeneutic interpretative paradigm²⁴ and the integrated model of change²⁶, while ten studies did not mention the use of referentials^{15,17,20,23,29,31,34,36}.

The actions developed were evaluated positively by both the elderly persons and those who performed the actions in all the studies analyzed. Even those that presented strategies with multimedia or marketing campaigns only, produced more modest impact evaluative results, but still described some benefit in the health promotion of the elderly persons.

DISCUSSION

The data demonstrated the versatility that health education actions present to health professionals as a strategy to promote the health of the elderly population, both in relation to the themes addressed and the strategies used.

The findings highlight the value of health education for this specific population, especially when the exchange of scientific and popular knowledge occurs; with the valorization of mutual knowledge, giving importance to the dialogue and increasing the power of comprehension of the elderly

themselves, of others and the world, expanding the comprehension of diverse realities.

Health education for elderly persons is a topic of worldwide interest, since the current demographic and epidemiological changes highlight the need to value actions for this population, focusing on the development of autonomy, independence and improving quality of life through active and healthy aging.

The interest in producing studies on active aging in recent years is explained by the scenario of demographic transition, with an increasing proportion of elderly persons in the global and Brazilian population.

In Brazil, the recognition of this theme as a research priority was stated by the Ministry of Health⁴, boosting scientific production in the area, in view of the need to identify and discuss the issues that relate to the new demands of society, as well as seek strategies that stimulate autonomy and improve the quality of life of the geriatric public.

In terms of the themes of educational actions with the elderly public, there was a predominance of topics such as healthy eating and physical activity, corroborated by a study that showed that health promotion was essential at all ages, and that for elderly persons its value is unquestionable, and furthermore that it is essential that elderly people create healthy lifestyle habits, particularly as regards their diet and exercise²⁴.

Chronic diseases such as hypertension and diabetes were also frequent themes, which may be explained by the higher prevalence of such diseases with advancing age³⁶, and which therefore require special attention.

In a Brazilian study³⁵, the choice of topics to be addressed with groups of elderly persons was decided mainly by the needs observed by health professionals, with the most addressed subjects being physical activity (90%), diet (85%) and lifestyle (75%).

This highlights the need to transform the traditional manner of conducting health education groups³⁵. It is necessary to go beyond recurrent

biomedical topics such as illness, medications, complications and treatments, so that other topics such as leisure, the exchange of popular experiences and healthy community cooking can be addressed; among the many other possibilities to be applied in a health education group with elderly persons.

Some of the studies^{13,14,18,19,22,24,28-30,35} highlighted the importance of valuing the participation of the elderly persons in the actions, in order to seek out the topics of interest, as well as focusing on their previous experiences. When the elderly interact and the educational activity is based on their needs, it becomes more productive and provides more effective responses.

Health promotion presents us with challenges for the health education process, such as more dialogical and reflexive initiatives based on the practical experience of the actors³⁷. The problematizing education defended by Paulo Freire is inserted as a reference for educational approaches through participatory strategies.

Some authors^{13,35,38} believe that participatory strategies and ludic approaches can contribute to healthy and active aging, as they are real spaces for the individual and collective expression of experiences and exchange of knowledge; as Paulo Freire argues, they become liberating and emancipating educational practices, as they focus on the experiences of the subjects, enabling free expression and addressing subjects of interest without disregarding prior knowledge, leading to the exchange of scientific and popular knowledge, rather than the vertical non-dialectical transmission of information.

Trying to break with the traditional aspect of educational workshops and allow one such program to be organized by its elderly participants was reported in a study, with resultant creativity, interest and commitment among the members, who unanimously elected this workshop as the best of those offered³⁹.

Literature^{21,39} points to the formation of groups and workshops with elderly persons as good strategies for establishing a process of coexistence among those involved, as well as the empowerment of their

health, the participation of members, the practical implementation of the learning acquired, and the exchange of experiences and knowledge among the service users and health professionals.-

Of SUS professionals, the family health team nurse is especially responsible for educational actions, regulated by health promotion guidelines⁴⁰; but it is also believed that it is the responsibility of the entire health team to work in an integral manner, focused on prevention and health promotion.

Such professionals are not, however, familiar with medical practices in prevention and health promotion, and thus is not best disposed to work with health education actions^{40,41}.

This shortcoming emphasizes the importance of Permanent Health Education (PHE) for professionals working in primary care, already evidenced in 2017 by PRO EPS-SUS, established through Ordinance GM/MS No. 3,194, which considered the need to resume funding for and plan PHE actions at state and local levels⁴².

This ordinance aimed at financial transfers of funds to municipal districts for PHE actions in their territory aimed to stimulate, monitor and strengthen the professional qualifications of health workers, in order to transform health practices, towards the fulfillment of the fundamental principles of SUS, based on local realities and the collective analysis of work processes.

Thus, the government has realized that valuing the continuing education of health professionals can have returns in the context of improving the health situation of the population. This can be facilitated by the insertion of universities in health education actions in Basic Health Units (BHU), as well as in other places where the elderly are present, such as long-term care institutions.

The Ministry of Health and the Ministry of Education and Culture have been fostering the partnership between professional training institutions and health services, aiming to bring them closer to the SUS and the health needs of the Brazilian population, through programs that integrate higher

education, community-service, as well as initiation schemes in work and research, with the participation of undergraduate students from various courses, teachers from educational institutions and health service professionals²⁹.

Planning activities with elderly persons in an interdisciplinary manner is challenging for students, as the actions previously lacked a participatory and dynamic user approach, but by adopting these dialogical strategies, behavioral changes in group members were observed, with reported satisfaction from elderly persons, staff and all those involved in the process. It has been verified that the students/teachers worked as facilitators of new possibilities, bringing another perspective to the needs of the group and the practices adopted for the care of geriatric users at the BHU²⁹.

Despite this expansive process of population aging, the articles showed that studying better ways of implementing health education actions for the elderly public that can contribute to and stimulate self-care, autonomy and the improvement of quality of life are still required^{13,15,16,18,21,23,24,26,28}.

It is recognized that educational interventions are key elements of health care delivery and that, based on the analysis of health policy experts and government agencies, such actions are cost-effective and have great potential to promote the physical and mental well-being of the elderly population⁴³.

It is believed that health promotion and disease prevention strategies, associated with better care practices, can contribute to reducing the proportion of frail elderly persons, improving the health conditions of this group and reducing costs to the system; thus, participatory approaches are possibilities for implementing these preventive measures¹⁸.

The importance of actions of wellbeing and their impact on health costs in Brazil were mentioned in one study³². The analysis was based on the idea that the increase in the number of patients of various age groups, especially the elderly, led to greater demand for health services, with subsequently increased spending. Thus, prevention was considered the best

investment. Strategies should therefore be created to delay illness and disability, aiming to increase the level of independence and autonomy of people.

Further studies need to be conducted to assess the impact of activities aimed at the elderly population, as well as to elucidate the need for new health education strategies guided by themes of interest for the elderly and which can contribute to improving their quality of life. Those that evaluate these actions and their impacts on the elderly population, as well as studies with evidence levels one and two, should also be encouraged.

Limitations of this study include: the failure to conduct an analysis of the effectiveness of the educational actions from the perception of the elderly persons, since the discussions presented are based mostly on the perception of professionals about the actions implemented. Furthermore, the scarcity of studies that discuss the effectiveness and efficiency of these actions for the health sector is also a challenge for scientific research.

CONCLUSION

It can be concluded that health education actions aimed at the elderly are based mainly on the promotion of healthy eating and physical exercise, and are carried out mainly by nurses from family health strategy teams and by community health agents, through group workshops and seminars/lectures.

It was also found that actions to promote wellbeing focused on health education aimed at the elderly population were important strategies used by health professionals and/or university students to promote comprehensive care that favors healthy and active aging.

The innovation of the present study is based on the converging of the relevant thematic areas for research and care for the elderly, enabling readers to deepen their knowledge about the main themes and strategies used, as well as identify gaps for the development of new studies.

Edited by: Ana Carolina Lima Cavaletti

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