



## Health promotion for the elderly: gerontogeriatric nursing commitment

*Promoção da saúde da pessoa idosa: compromisso da enfermagem gerontogeriátrica*

*Promoción de la salud de la persona de la tercera edad: compromiso de la enfermería gerontogeriátrica*

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### ABSTRACT

This article had the purpose of reviewing the history of health policies for the elderly, initially using international health conferences, and then national policies, correlating them with the loss of power usually attributed to the elderly population. Nola Pender's health promotion model was used to interconnect the themes, resulting in empowerment as a health promotion strategy for the elderly. Bibliographic material was used as data source in order to achieve the proposed objective, such as Health Promotion Letters, Gerontology and Nursing themes. The need for nurses to remain alert for issues of health promotion / education and public policies focused on the elderly is emphasized.

**Keywords:** Health promotion; Health of the elderly; Geriatric nursing; Health policy; Health education

### RESUMO

Este artigo teve como objetivo realizar uma revisão da história das políticas de saúde voltadas às pessoas idosas, inicialmente utilizando as conferências internacionais de saúde, depois as políticas nacionais, correlacionando com a perda de poder usualmente atribuída ao ser idoso. Utilizou-se o modelo de promoção da saúde de Nola Pender para interligar os temas, resultando no ganho de poder como estratégia de promoção da saúde da pessoa idosa. Para atingir o objetivo proposto, foram utilizados como fonte de dados material bibliográfico como as Cartas de Promoção da Saúde, temas da Gerontologia e da Enfermagem. Enfatiza-se a necessidade do enfermeiro ficar atento às questões de promoção/educação para saúde e às políticas públicas voltadas às pessoas idosas.

**Descritores:** Promoção da saúde; Saúde do idoso, Enfermagem geriátrica; Política de saúde; Educação em saúde

### RESUMEN

Este artículo tuvo como objetivo realizar una revisión de la historia de las políticas de salud orientadas a las personas de la tercera edad, inicialmente utilizando las conferencias internacionales de salud, después las políticas nacionales, correlacionando con la pérdida de poder usualmente atribuída a ser de la tercera edad. Se utilizó el modelo de promoción de la salud de Nola Pender para interligar los temas, resultando en la ganancia de poder como estrategia de promoción de la salud de la persona de la tercera edad. Para alcanzar el objetivo propuesto, como fuente de datos fue utilizado el material bibliográfico constituido por las Cartas de Promoción de la Salud, temas de Gerontología y Enfermería. Se enfatiza en la necesidad de que el enfermero esté atento a las cuestiones de promoción/educación para la salud y a las políticas públicas volcadas a las personas de la tercera edad.

**Descriptores:** Promoción de la salud; Salud del anciano; Enfermería geriátrica; Política de salud; Educación en salud

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## INTRODUCTION

The elderly population is seen differently in developing and developed countries. In the former, the age limit for a person to be considered old is 60 years; in the latter, this age limit is 65 years. This differentiation emerged during the First United Nations World Summit on Population Aging, through Resolution number 39/125<sup>(1)</sup>. The need to establish chronological parameters for old age becomes more relevant as social and health actions are scheduled.

When it comes to elderly healthcare, its main purpose is to achieve the maintenance of good health conditions, so that these individuals can maximize their active life, in the environment they are inserted in, along with their families, with physical, mental and social autonomy and independence<sup>(2)</sup>. Therefore, participating actively in a context, preferably family-oriented, and maintaining their autonomy is essential for the elderly, and also contributes to their health and well-being.

Issues related with powerlessness are usually present in their everyday life, especially as of the moment when people escape from patterns considered acceptable by society, being marginalized and deprived of possibilities. This fact occurs, for instance, with the elderly population, which is sometimes acknowledged as incapable of making its own decisions or even assuming its role within society.

The health of the individuals and its alleged promotion seem to be closely related with power, which implies freedom of choice about several issues. Many of these issues are loaded with ethical dilemmas. During the aging process, a number of losses are perceived, as a natural result of the lifecycle, which culminates in old age and in the senior's higher levels of frailty, making healthcare actions predicted by public policies more difficult. The real needs and difficulties of this share of the population, with such specific characteristics, are not taken into account.

Gerontogeriatric nursing groups knowledge and nursing practices derived from General Nursing, Geriatrics and Gerontology<sup>(3)</sup>. Gerontogeriatric nursing is, in addition, a specific branch of nursing that delivers care to the elderly at all levels of prevention, i.e., from health promotion to rehabilitation. This nomenclature was selected because it is understood as being more comprehensive and adequate<sup>(4)</sup>.

The purpose of this article was to review the history of health policies focused on the elderly, initially by using international health conferences, and then going through national policies, correlating them with the loss of power usually attributed to the elderly. Nola Pender's health promotion model was used to interconnect the themes, resulting in empowerment as a health promotion strategy.

In order to meet the proposed objective, a brief review was made by means of documents directly or indirectly

related to policies for the elderly, among them: documents from international health conferences; National Policy for the Elderly; *Estatuto do Idoso*; *Pacto em Defesa do Sistema Nacional de Saúde (SUS)*; *Pacto pela Vida e Pacto de Gestão*; *Política Nacional de Saúde da Terceira Idade*, among others, considering that healthcare workers need to become familiar with these documents, so that they can preserve the rights of the elderly population.

## HEALTH PROMOTION FOR THE ELDERLY: BRIEF CONTEXTUALIZATION

To better understand the international perspective of public policies for the elderly, in line with the parameters that serve as tendencies for national policies, one must contextualize international health conferences that had health promotion as their central topic. Since the Declaration of Alma-Ata, in 1978<sup>(5)</sup>, it has been noted that measures and characteristics of health promotion imply a search for healthier life styles and active aging.

Health promotion is seen as a process of community qualification, aiming to improve life and health conditions. The promotion actions result from the combination of state actions in the respective public health policies; community actions, the actions of the individuals themselves, to develop their own capabilities, and also interventions for joint actions by different sectors.

Among the elements of the conferences that have to do with the elderly, the following are noted: education about the main health problems and the methods to prevent them; promotion of food supplies and adequate nutrition; supply of appropriate drinking water and basic sanitation; immunization against major infectious diseases; prevention and control of endemic diseases; appropriate treatment of common diseases and accident consequences and availability of essential medication, in addition to social resources, such as social groups, universities open to the seniors and awareness about the physical capabilities of both healthy and fragile elders.

As of the Jakarta Conference in 1997<sup>(6)</sup>, the elderly started to be part of the priority investment groups in health development. In Brazil, this phase can be related with the emergence and regulation of the National Policy for the Elderly - *Política Nacional do Idoso*, which was started by the actions established in Law #8.842/94 and Decree #1.948/96, whose purpose was to assure the social rights of the elderly, creating conditions to promote their autonomy, integration and effective participation in society, reaffirming their right to health at the several levels of healthcare.

In 2003, the Statute of the Elderly - *Estatuto do Idoso* was established by Law #10.741, which establishes the duty of the State in protecting the senior's life and health through public social policies that allow for healthy aging,

with dignity.

In 2006, federal, state and municipal managers understood the need to set goals, and also to contribute to the involvement of society in the defense of the Single Health System (SUS). This pledging process, named Pact for Health - *Pacto pela Saúde*, is presented in three dimensions: Pact for defense of the SUS – *Pacto em defesa do SUS*, Pact for Life – *Pacto pela Vida* and Management Pact – *Pacto de Gestão*, whose purpose was the qualification of SUS public management, seeking greater effectiveness, efficiency, and response quality<sup>(6)</sup>.

*Pacto pela Vida* defined six priorities, the first of which was the health of the elderly population, with the following guidelines: promotion of active and healthy aging; comprehensive and integrated elderly health care; encouraging intersectorial actions; implementation of homecare services; preferential care at health facilities, observing risk criteria; strengthening social participation; permanent development and education of SUS healthcare workers in elderly care; disclosure and information about the National Health Policy for the elderly to healthcare workers, managers and users of the SUS; promotion of national and international cooperation in elderly healthcare experiences, and support for the development of studies and research.

Strategic actions aiming at elderly health are: implementing the Caderneta de Saúde for the elderly, with relevant information about their health, permitting better follow-ups by healthcare workers; Family Health Strategy; stimulating the Permanent Distance Education Program, implementing permanent education activities in the field of aging and elderly health, focused on workers in the basic healthcare network; establishing the Welcoming, by reorganizing the process of welcoming elderly patients in healthcare units; establishing Pharmaceutical Care, developing actions that aim at qualifying care delivery and access of the elderly population; guaranteeing Differentiated Care upon Admission, establishing global gerontological evaluation, performed by a multidisciplinary team, to all seniors admitted in a hospital, seen in an out-patient clinic, either institutionalized or attended by a Homecare Program; encouraging Homecare, valuing the positive effect of the family environment in the recovery process of elderly people, as well as the additional benefits for the citizens and the healthcare system.

The National Health Policy of the elderly, established by Regulation #2.528/06<sup>(7)</sup>, emerged in response to *Pacto pela Saúde*, to restructure Regulation #1.395/99. Its purpose is to recover, maintain and promote the autonomy and independence of the elderly, by means of individual and collective healthcare measures, in harmony with the principles of the SUS. The concept of elderly health is conveyed more by a condition of autonomy

and independence than by the presence or absence of disease.

## EMPOWERMENT AS STRATEGY FOR HEALTH PROMOTION

Empowerment is the increase of individual and collective power of people and social groups in interpersonal relations and institutions, especially those submitted to relations of oppression and social domination<sup>(8)</sup>. As such, empowerment will have the primary purpose of helping people and communities to become more independent, generating self-confidence and sense of governance.

One can associate empowerment to health gains, as one recognizes that its absence is a risk factor for falling ill<sup>(9)</sup>. Therefore, so-called health promotion goes beyond the small context of health organizations and migrates toward communities, schools and multiple environments, with the development of personal skills as a way of reinforcing communities.

In line with this conception, health promotion has an interface with health education aiming to improve self-esteem by reducing estrangement and increasing knowledge, expanding the field of possibilities and choices of individuals, setting them free to choose their own behaviors<sup>(9)</sup>.

## PROPOSED ACTIONS FOR HEALTH PROMOTION IN GERONTOGERIATRIC NURSING

To represent the specific behaviors of this reflection, a schematic model was sought that simultaneously covered health promotion and the Health Policy for the Elderly, with a view to adopting actions for greater awareness, resulting in attitudes of empowerment and suggestions for gerontogeriatric nursing actions. Nola Pender's Health Promotion Model<sup>(10)</sup> was used. Through a chart, it manages to represent the behaviors that can lead to health promotion.

Nola Pender's Model was developed in the United States in the 1980s, but was little explored in Brazil. It emerges as a proposal to integrate behavioral sciences with nursing theories, seeking to identify factors that influence health behaviors in a biopsychosocial context. It seeks to support its health promotion conception on "activities focused on the development of resources that keep or enhance the person's well-being"<sup>(10)</sup>.

The model is based on three main points: personal characteristics / experience of the individual / group; knowledge and feelings about the behavior one wishes to reach; the desirable behavior of health promotion. The chart is presented as variables, with behaviors and attitudes

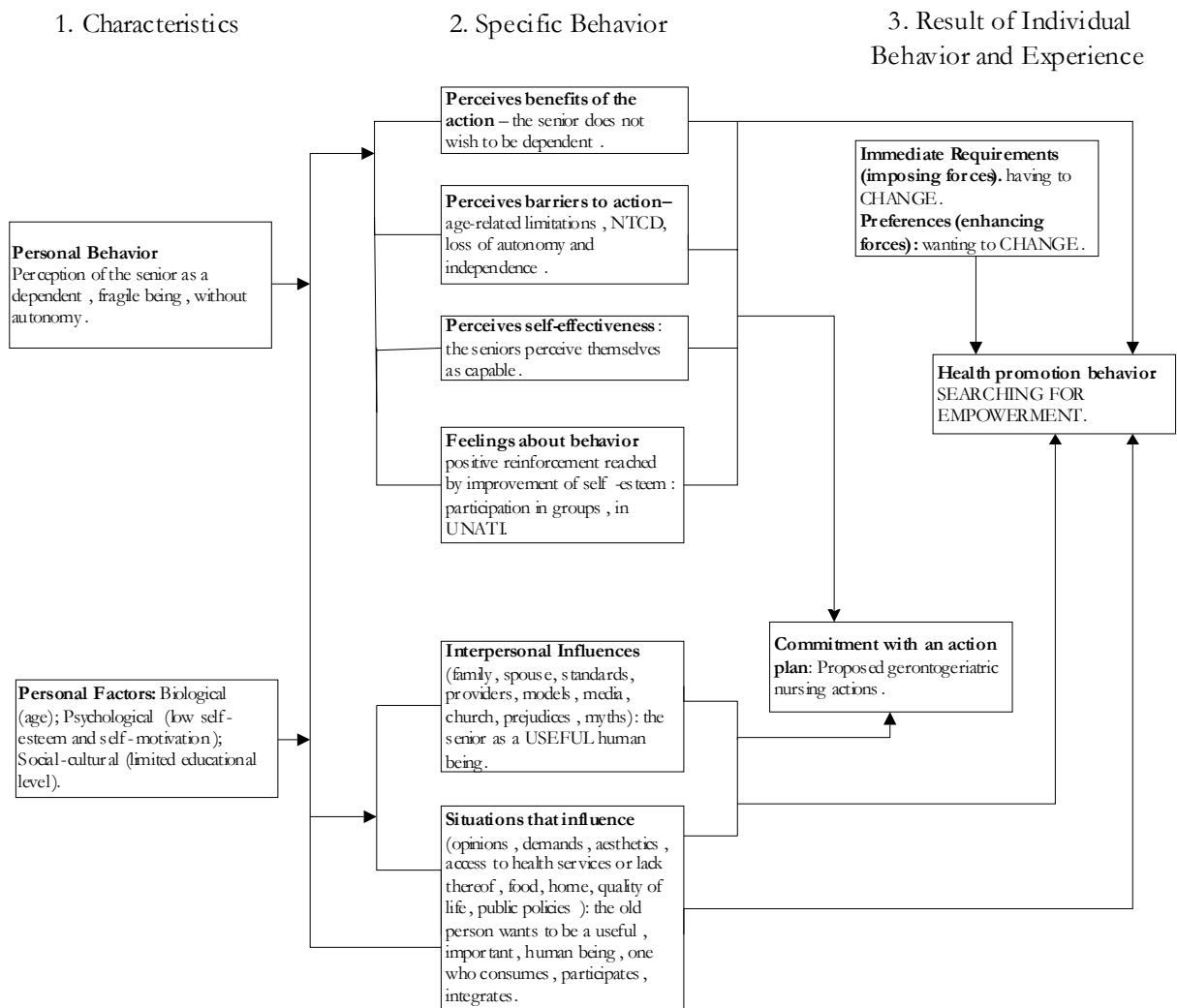
one wishes to reach at its core<sup>(10)</sup>.

The original model was adapted for seniors, aiming at actions under the responsibility of gerontogeriatric nursing and strategies of empowerment, highlighting its premises, while proposed reflections/activities/commitments in gerontogeriatric nursing are represented in regular letters (Figure 1).

In health promotion, empowerment is a process in which people receive support to be able to control factors that might affect their health.

It is fundamental that policies related to the social reintegration of the elderly are effectively complied with. Therefore, it is important that the elderly know their rights and enforce them, using the *Estatuto do Idoso* so as to ascertain their citizenship and political power. It is necessary to stimulate activities that permit the elders take part in the decision-making processes related to their own lives.

In order to achieve health promotion for the elderly, some of the gerontogeriatric nursing actions for the elderly are: acquiring specific knowledge of Gerontology, prioritizing demographic and epidemiological issues; differentiating physiologic and pathological alterations in the aging process; knowing the national legislation and the public policies focused on the elderly population, seeking to disseminate them among the seniors themselves, their families and the community; developing actions that consider the limitations and presence of Non-Transmissible Chronic Diseases (NTCD) in seniors in different contexts (home, long-stay institutions, hospitals), enabling the maintenance of their autonomy and independence; qualifying the senior citizens, families, community, students, teachers and workers about the aging process, care for the elderly population and issues related to old age; contributing to changes in individual,



Transcribed and adapted from: Victor JF, Lopes MVO, Ximenes LB. Analysis of the health promotion chart of Nola J. Pender. Acta Paul Enferm. 2005; 18(3): 235-40.

**Figure 1** – Chart of the Health Promotion Model of the Elderly

collective and organizational behaviors regarding the health of the seniors, through health education and health promotion actions focused on elderly healthcare organizations.

### FINAL CONSIDERATIONS

The objective of this concept was to suggest actions that can be developed by Gerontogeriatric Nursing workers, using Nola Pender's Health Promotion Model, emphasizing empowerment as a health promotion strategy for the elderly. The model contributed to reflections about Gerontogeriatric Nursing actions and made nurses think about the need to act with a view to empowering the elderly during care in this specialty.

This suggestion can be put in practice, provided that health promotion is a priority for the elderly population, which will only be possible if one admits that aging is a

physiological process of the human being; if elderly health promotion is incorporated by enforcing what is alleged in the official documents issued from the National Policy of the Elderly and focused on actions of the SUS; and if empowerment of the elderly is considered an essential category in Gerontogeriatric Nursing care.

The questions around aging are quite recent in the Brazilian research scenario. Further research is needed on this theme, correlated with professional practice and with the daily life of these individuals who, despite specific policies, may ignore their contents, contributing to non-enforcement in practice.

Nursing, as a course oriented toward human care and self-care teaching, needs to provide improvements in quality of life, through strategies that aim to maintain autonomy and independence. Toward this goal, using a health promotion model is a way of translating reality and showing feasible alternatives of empowerment.

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