Objetivo: describir la experiencia del vivir con los ancianos con un olhar sobre las cuestiones raciales.

Método: se trata de un estudio cualitativo, descriptivo, tipo relato de experiencia, realizado en un USF, en el periodo de noviembre de 2017 a marzo de 2018. Construyóse, por medio de los encuentros, un diario de campo. Resultados: se percibe, en el contacto con los ancianos, las fragilidades y las dificultades de cada uno en realizar las actividades diarias y el autocuidado. Se infiere que a mayor parte de los participantes realizaba tratamiento medicamentosos de doenças crônicas. Torna-se relevante la participación de los ancianos en las discusões sobre las cuestiones raciales y el autocuidado. Resultados: posibilitó, pelo projeto de intervenção, a todos os envolvidos nas atividades, compreender o processo do envelhecimento e as demandas exigidas nessa fase, tanto no aspecto físico, quanto nos aspectos psíquico e social do idoso, despertando, en cada miembro del equipo multiprofesional, el interés en contribuir y capacitarse para acoger esa clientela.

Descritos: Saúde do Idoso; Saúde da População Negra; Relato de Caso; Enfermagem; Educación en Salud; Atenção Primária à Saúde.

RESUMO

Objetivo: describir la experiencia del vivir con los ancianos con una mirada sobre las cuestiones raciales y el envejecimiento saludable.

Método: se trata de un estudio cualitativo, descriptivo, tipo relato de experiencia, realizado en un USF, en el periodo de noviembre de 2017 a marzo de 2018. Se construyó, por medio de los encuentros, un diario de campo. Resultados: se percibe, en el contacto con los ancianos, las fragilidades y las dificultades de cada uno en realizar las actividades diarias y el autocuidado. Se infiere que a mayor parte de los participantes realizaba tratamiento medicamentosos de doenças crônicas. Torna-se relevante a participação dos idosos nas discussões sobre as questões raciais e as necessidades despertadas por eles para continuar envelhecendo com saúde.

Conclusão: posibilitou-se, pelo projeto de intervenção, a todos os envolvidos nas atividades, compreender o processo do envelhecimento e as demandas exigidas nessa fase, tanto no aspecto físico, quanto nos aspectos psíquico e social do idoso, despertando, en cada miembro del equipo multiprofesional, el interés en contribuir y capacitarse para acoger esa clientela.

Descritos: Saúde do Idoso; Saúde da Población Negra; Relato de Caso; Enfermagem; Educación en Salud; Atenção Primária à Saúde.
INTRODUCTION

As a result of the aging process, there are changes in the individual’s organism which, for the most part, may present some comorbidities, which makes them vulnerable both physically and socioculturally. In this sense, aging is considered as a heterogeneous process, influenced not only by biological-genetic factors, but also socio-cultural and historical factors.

It is known that, currently, the increase in the elderly population is a matter of debate among the entire world, and in Brazil, according to data from the Demographic Census conducted in 2010 by the IBGE (Brazilian Institute of Geography and Statistics), the elderly represent 12% of population, that is, more than 15 million people. According to the Study of Population Estimates by Municipality, Age and Sex carried out by the Department of Informatics of the Brazilian Unified Health System (DATASUS), in 2015, in the municipality of Santo Antônio de Jesus, there were 9,429 elderly people. For this data, the need to increasingly investigate who the Brazilian elderly are and how they live, in order to guarantee a better quality of life for this segment.

It is emphasized that aging causes physiological changes, when correlated with health, education and income conditions, which lead to illness and the difficulty of coping in this phase.

The main objective of the National Policy on the Health of the Elderly is promoting healthy aging, preventing diseases, recovering and rehabilitating those who may lose their physical and mental capacity. Thus, the Family Health Unit (FHU), guided by the principles of the Unified Health System (UHS) of universality, equity and completeness, remains a strategic target for the development of health actions aimed at this public.

In terms of the vulnerability to which the elderly are exposed, racism and racial discrimination are factors favorable to the process of illness present in this stage of life and that can negatively influence healthy aging. It is emphasized that few studies are done on the articulation of racial discrimination and aging in order to uncover the complexity of inequality, considering the color / race of the individual and its consequences on aging and quality of life.

It is possible to compare the educational and socioeconomic indices of the black population with the white population, the total discrepancy, that is, the black elderly age less and, when they have the opportunity, there is a lower quality of life. It is extremely important to recognize the vulnerabilities and peculiarities of this public, especially with regard to the services offered by public health sectors, to provide a better quality of life.

The National Policy on Integral Health of the Black Population (NPIHBP) reaffirms the responsibilities of each sphere of UHS management in the implementation of actions and in articulation with other sectors of government and civil society, in order to guarantee the access of the black population to actions and health services, in a timely and humanized way, contributing to the improvement of the health conditions of this population and to the reduction of inequities.

It is essential, therefore, to plan educational activities in health for this public, favoring reflection on the determinants of the aging process and stimulating social integration, through the construction of spaces where one can share their life histories and their to knowledge. Activities aimed at the care of the elderly by the family should be carried out in partnership with the FHU, because it has a greater possibility of recognition of health problems and development of attachment to the individual.

It is reported that it is incumbent upon the FHU nurse to draw up assistance strategies geared to the health of the elderly, articulating the theme of racial discrimination and aging, evidencing the need to work with this public, especially regarding group therapies, preventive and curative actions and educational.

It was identified, therefore, when undergraduates enrolled in the Nursing course entered the space of the Family Health Unit, that many elderly people in the area of coverage were black and who lived in conditions of illness, especially with regard to issues of social isolation and with changes in mood and self-esteem.

It was thus established a space where these elderly people could socialize and socialize, so as to recover their citizenship, leisure and self-esteem, through the activities proposed to be discussed in the space of the group and executed in partnership between the students and the team multi-professional.

OBJECTIVE

To describe the experience of cohabitation with the elderly with a look at racial issues and healthy aging.
This work has a descriptive character, as an experience report, performed at a Family Health Unit (FHU), from November 2017 to March 2018. It is described, in the same, moments experienced by the students of the 9th semester of Nursing at the Federal University of Recôncavo da Bahia, in the city of Santo Antônio de Jesus, Bahia, by establishing a group of elderly people entitled “Best Age” with the objective of awakening , in this type of user, a different way of living the aging process, in the best way and in better living conditions.

At the outset, all the elderly in the area were invited to participate, through the distribution of invitations by the CHA. It was established that the date of the meetings would be fixed, being this every first Wednesday of the month, at two o’clock, time suggested by the elderly. The meetings were held in the health unit itself, lasting an hour and a half per meeting, and composed the experience for a total of five meetings. It was understood the age group of the elderly from 60 to 80 years of age, mostly black women, and many also caregivers of other elderly or relatives.

The following activities were proposed for the group: chats on topics of interest to the elderly, such as the National Policy on Elderly Health; the National Policy of Integral Health of the Black Population; the aging process; health care; sexuality at the best age; popular culture; racial discrimination; the main health problems of the elderly and the black population and the role of the elderly in society.

At all the meetings, complementary activities were added to the chat, such as: physical activity; Pilates class; interactive games; listening time; workshops; makeup and commemorative activities.

It is emphasized that, at the end of the meetings, the students would sit down, discuss how their perception of the day’s experience was and record their impressions in a field book for later data collection and analysis.

It is revealed that the idea of working with the black and non-black elderly population arose when performing the health diagnosis of the attached area. With the contribution of the health team of the Family Health Unit, especially the nurse and the community agents, a significant number of elderly and black elderly people who lived in the area and presented health, biological and social problems were identified, for lack of leisure and self-esteem.

It is added that health professionals linked to the unit participated in the program if they proposed to contribute and direct the meetings. It is detailed that the partnership with the university was also significant, including, with the scheduled participation of specific teachers in the area of health of the elderly to make their contribution. It was proposed, therefore, an accompaniment of the elderly, according to the programming, by a multiprofessional team.

Through the contact with these elderly people, they perceived the fragilities of each one and their difficulties in carrying out the activities of daily life and self-care. At the moment of the meetings, beliefs, values, routines and habits were discussed. It is revealed that the majority were in medical treatment of chronic diseases, such as diabetes and hypertension, but also had decreased auditory and visual acuity and reduced mobility.

First meeting

At the first meeting, the meeting of the group of the elderly began, in which the nurses presented themselves and carried out a dynamic entitled “I take the hat”, where each participant would see his image reflected when he looked at his hat. It is inferred that some elderly people did not recognize themselves in the image, which made the nurses reflect on the self-esteem compromised at this stage of life, since some elderly people had, in their expressions, a certain apathy and a careless aspect with themselves, although, become more active and enthusiastic about.

Subjects were addressed by the present team, such as the National Policy on Elderly Health, which aims to recover, maintain and promote the autonomy and independence of elderly individuals, directing collective and individual health measures for this purpose, in line with the principles and guidelines of the Unified Health System.5

It was also discussed about the arboviruses dengue, chicungunha and zika and their form of prevention. The opportunity was taken to talk about the health services available at the unit, clarifying the importance of the elderly attending and taking their doubts when necessary. The services of Hiperdia, pressure measurement, glucose, preventive performance and the care provided by the...
It is reported that, in this first meeting, 18 elderly people participated and, of these, six have Diabetes Mellitus (DM); seven, Systemic Arterial Hypertension (SAH) and five, DM / SAH. It is added that, in the category of race/color, 15 were black and three, white; ten of them are monitored with the doctor in the Hiperdia program and eight do not attend frequently in the unit, but all of them do not do careful monitoring in the unit with the nurse.

In this context, the need for innovation in the organization of health services, which deal with the epidemiological profile characterized by the increase of chronic non-communicable diseases, requiring a long-term care, with emphasis on the control of risk factors.\textsuperscript{3,14}

Second meeting
The second meeting was conducted by an guest physical educator with the attendance of nine seniors. The objective of the National Policy for Integral Health of the Black Population was discussed, in which the promotion of the integral health of the black population is addressed, prioritizing the reduction of ethnic-racial inequalities, the fight against racism and discrimination in the institutions and services of the System Of Health (UHS).\textsuperscript{8}

It is known that the most common genetic / hereditary diseases in the black population are: sickle cell anemia; DM (type II); SAH; deficiency of glucose-6-phosphate dehydrogenase and fibroids. It should be noted that hypertension and DM affect adults more, making the elderly more vulnerable due to a decrease in their metabolism and vessel resistance, and these comorbidities bring with them some problems, such as dysfunction and failure of several organs or systems, between them, the eyes, the kidneys, the heart, the nerves and the blood vessels. Diabetes is most often present with characteristic symptoms, such as excessive thirst, polyuria, vision loss and weight loss.\textsuperscript{14} It is pointed out that the State has a duty to meet all the demands of the population, regardless of the age, sex and race.\textsuperscript{5}

The importance of physical activity and the benefits for those who are hypertensive and diabetic, guiding them about walking according to the physical conditioning of each individual, were discussed by the physical educator, \textsuperscript{15} and at that moment they practiced stretching and, then we did hike. Then, a game was started with the ball, with the purpose of exercising the elderly, and the joy and fun at the moment of play were perceptible. He worked with the women of the group, then by a makeup artist, making them up and arousing in them words of encouragement to self-esteem. It is emphasized that the elderly reported having enjoyed the activity, evidencing that, even playing with light exercises, the individual can exercise.

Third meeting
The third meeting was held with eight elderly people, with the presence of the FHSG physiotherapist, in which stretching and pilates classes were performed with participants who attended the unit.\textsuperscript{14} The interaction and the disposition with the physical activity of the same ones were observed, and the professional showed that it is possible to have an active life, performing own exercises for the age.

Fourth meeting
The fourth meeting began, with the attendance of 15 elderly people, talking about their understanding about sexuality in the third age, when part of the participants associated sexuality with the sexual act, and others reported that it is giving and receiving love, the practice of care, get dressed and feel good.\textsuperscript{17} It was then discussed the importance of using condoms because, regardless of having a stable relationship, there is a need for protection against sexually transmitted diseases.\textsuperscript{18} The importance of carrying out the preventive examination was also evidenced, even though no longer having sexual relations.

At the second moment, the physiotherapist of the FHSG performed pilates activities, showing the benefit of an activity performed with the help of a professional and showing that, even with the existing limitation in the third age, it is possible to perform activities that improve their disposition.\textsuperscript{15} It ended with a Carnival ball and each one could remember and share what the party was like in their day.

Fifth meeting
The fifth group meeting was given to the elderly and the caregivers, dividing it in three moments. At the first moment, a professor and a student of the Federal University of the Recôncavo da Bahia-UFRB, in which he was approached about the prevention of falls for the elderly in the domestic environment, was exposed, exposing the risks to fall in a house and the possible adaptations for the reception of this public in their homes. It was reported, by many participants, the lack of knowledge about a house suitable for the elderly,
showing the importance of sharing knowledge about this subject.

At the second moment, a first-aid training, emphasizing the asphyxia, prevention and care, was conducted by a nurse emergency and emergency specialist and professor at UFRB. Practical activity was carried out where the public could clarify doubts. Cardiopulmonary resuscitation was then discussed, demonstrating how to perform the resuscitation maneuvers. It was considered the involvement of the participants and the health team as a beneficial point for the learning of all.

In the third moment, the importance of water intake by a nutritionist who worked on the importance of practice was discussed, especially in the elderly population.

The meeting was closed with the commemoration of International Women's Day, when a plan was distributed for each participant as a thank you for attending the meetings.

It is inferred, therefore, that addressing subjects of interest to the elderly black population was very relevant, since it is recognized the difficulty of studies aimed at this public. The social barriers experienced by men and women are a complex phenomenon, with its specific risks, with the aging of the black population, because it is linked to the overcoming of the existing prejudice due to the chronological time added to the discrimination by color count.19

In this way, we think about the means that eliminate the social barriers that prevent the equal access and treatment of this public to the goods and services as a primordial action to promote a dignified old age to all.19

CONCLUSION

It was possible for all those involved in the activities of the “Best Age” intervention project to understand the aging process and the demands that this phase requires both in the physical aspect and in the psychic and social aspects of the elderly.

Through the contact with these elderly people, they perceived the fragility of each one and their difficulties in carrying out the activities of daily living and self-care. Their beliefs and values, routines and habits were valued at each meeting. It is revealed that the majority were in medical treatment of chronic diseases, such as diabetes and hypertension, but also had a decrease in auditory and visual acuity and reduced mobility.

It was allowed, in the space established by the group, that health professionals interacted with the elderly exchanging experiences, because, in teaching and sharing knowledge, everyone learned and benefited. It was also necessary to stimulate self-care and to offer the means to make it happen.

Another important point was to address racial issues in a group that was being created for this population, which began in November, when the National Black Consciousness Day is celebrated, and in a city in the Recôncavo Baiano, where good part of the population declares itself to be black and brown, thus giving visibility to this important social issue in the context of the health care of the elderly.

It was concluded that it was necessary to think about enabling the multiprofessional team and the caregivers of the elderly, to attend to this growing public in the country, with the purpose of offering subsidies for a healthy and profitable aging, reducing the leisure that affects so much this population and taking, even theelderly, greater protection and security.

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