



## ORIGINAL ARTICLE

## PERSPECTIVE OF THE ELDERLY ON THE CARE PROVIDED BY THE FAMILY HEALTH STRATEGY

## A PERSPECTIVA DO IDOSO SOBRE A ATENÇÃO NA ESTRATÉGIA DE SAÚDE DA FAMÍLIA

## LA PERSPECTIVA DEL ANCIANO SOBRE LA ATENCIÓN EN LA ESTRATEGIA DE SALUD DE LA FAMILIA

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## ABSTRACT

**Objective:** to identify how elderly people perceive the care provided by the Family Health Unit (FHU) from Igapo neighborhood, in Natal, Rio Grande do Norte, Brazil. **Methodology:** this is a study with qualitative approach, using Oral History as a methodological means. The information collection was held within the period from August to October 2010, through recorded interviews, carried out with twenty elderly people registered in the Programa HiperDia in the FHU of Igapo neighborhood, in Natal, Rio Grande do Norte, Brazil, after the approval by the Research Ethics Committee of Universidade Federal do Rio Grande do Norte, under the Opinion 085/2010. **Results:** through the analyses of interviews, it was found that among the elderly people assisted at the FHU under study, most are women, their ages range from 60 to 69 years, and their education level is low. The elderly people come to the FHU through registering in the Programa HiperDia. **Conclusions:** it was also realized that the follow-up of the elderly population alone carried out by the Programa HiperDia is not enough to guarantee the guidance and basic care procedures which elderly people need, having in mind the priorities of this age group. **Descriptors:** aging; old age assistance; primary health care.

## RESUMO

**Objetivo:** identificar como os idosos percebem a atenção à saúde recebida na Unidade de Saúde da Família (USF) do bairro Igapó, em Natal-RN. **Metodologia:** trata-se de um estudo com abordagem qualitativa, utilizando-se a História Oral como recurso metodológico. A coleta das informações foi realizada no período entre agosto e outubro de 2010, por meio de entrevistas gravadas, realizadas com vinte idosos cadastrados no Programa HiperDia na USF do bairro Igapó, em Natal-RN, após aprovação do Comitê de Ética em Pesquisa da Universidade Federal do Rio Grande do Norte, sob o Parecer n. 085/2010. **Resultados:** a partir das análises das entrevistas, constatou-se que dentre os idosos que são assistidos na USF estudada, a maioria é do sexo feminino, com faixa etária entre 60 e 69 anos e com baixo nível de escolaridade. Os idosos chegam à USF por meio do cadastro no Programa HiperDia. **Conclusões:** percebeu-se, ainda, que apenas o acompanhamento da população idosa a partir do Programa HiperDia não consegue garantir a orientação e os cuidados necessários para os idosos, considerando-se as prioridades desse grupo etário. **Descritores:** envelhecimento; assistência a idosos; atenção primária à saúde.

## RESUMEN

**Objetivo:** identificar cómo los ancianos perciben la atención a la salud recibida en la Unidad de Salud de la Familia (USF) del barrio Igapó, en Natal, Rio Grande do Norte, Brasil. **Metodología:** esto es un estudio con abordaje cualitativa, que utiliza la Historia Oral como recurso metodológico. La recogida de las informaciones fue realizada en el período de agosto a octubre de 2010, por medio de entrevistas gravadas, realizadas con veinte ancianos catastrados en el Programa HiperDia en la USF del barrio Igapó, en Natal Rio Grande do Norte, Brasil, después de la aprobación del Comité de Ética en Investigación de la Universidade Federal do Rio Grande do Norte, con la Opinión 085/2010. **Resultados:** desde los análisis de las entrevistas, se constato que entre los los ancianos atendidos en la USF estudiada, la mayoría es del sexo femenino, con franja etaria entre 60 y 69 años y con bajo nivel de escolaridad. Los ancianos llegan a la USF por medio del catastro en el Programa HiperDia. **Conclusiones:** se percibió, también, que sólo el acompañamiento de la población anciana desde el Programa HiperDia no basta para garantizar la orientación y la atención necesarias a los ancianos, teniendo en cuenta las prioridades de ese grupo etario. **Descriptores:** envejecimiento; asistencia a los ancianos; atención primaria de salud.

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## INTRODUCTION

The Pan American Health Organization (PAHO) defines aging as a sequential, individual, irreversible, universal, non-pathological, and deteriorating process of a mature organism, inherent to all members of a species.<sup>1</sup>

In the aging process, the individual presents alterations in her/his physical, mental, social, and environmental state. These changes unchain some psychomotor and social losses.

In Brazil, the person who is 60 or more years old is called elderly.<sup>2-3</sup> Brazil is known as the country of white hair, due to the demographic growth of the Brazilian population and the drop in natality rate, inverting the base of the pyramid of population growth.<sup>2</sup>

As this demographic transition goes on, one realizes the concern with the elderly people, through the creation of specific support laws and policies which guarantee health and well-being promotion for this group, whose basic rights are: freedom of creed and conscience, health, education, dwelling, work, leisure, safety, transportation, welfare, and assistance.<sup>2</sup>

The Brazilian Elderly Statute provides in its articles on the support, the assistance, and the protection of the elderly during the aging process, specifying her/his rights and the penalties to those who break this law.<sup>2</sup>

With regard to the health policies developed for this age group, the following stand out: the National Elderly Policy, which establishes the preferential treatment to this population in all levels of the health services; the National Policy on the Health of the Elderly, which is related to the guidelines for the promotion of a healthy aging, the maintenance of functional capacity, the assistance to the health needs of elderly, the training of specialized human resources, the rehabilitation, and the support to research and studies in this area.<sup>2</sup>

It is also stressed the Pact for Life, which determines the guidelines governing the actions related to the elderly: the home care services, the promotion of healthy aging, the integrated health care provided to the elderly person, the strengthening of social participation, the preferential treatment in Health Units, the provision of resources able to guarantee the quality of care provided to the elderly, the divulgation of information on the National Policy on the Health of the Elderly for health care professionals,

managers, and users of the Brazilian Unique Health System (SUS).<sup>3</sup>

Although there are norms and instruments of protection, one still realizes the lack of information on the elderly health in the Brazilian context, since the procedures for the care provided to this age group suggest an increase in the public health actions dedicated to it, based on the primary needs of the care provided by the Family Health Unit (FHU).

The FHU works with many areas of care provided to the society, and among its priorities one finds the attention to the elderly health, aiming to reorganize the practice of health care according to new bases, replacing the traditional model and approaching the family health through home visits, in order to improve the population's quality of life.<sup>4</sup>

The FHU is an essential part of the primary care, its general principles consist of a set of health care actions which encloses promotion, prevention, diagnosis, treatment, rehabilitation, and maintenance of health both in an individual and collective manner. Thus, one observes the Brazilian need for effective citizenship through the guarantee of an aging with more dignity and respect for the health of elderly people.

The HiperDia is a program established in basic health units, sanitary districts, and municipal health secretaries, integrating the levels into which the municipal health network is organized, that aim to allow the monitoring of the patients coming from the National Plan for the Reorganization of the Care to Arterial Hypertension and Diabetes Mellitus in the ambulatory network of SUS, providing information for the acquisition, provision, and distribution of medicines in a regular and systematic basis for all registered patients.<sup>5</sup>

The HiperDia is an important tool for the professionals of the basic health network, for the population, and especially for the elderly people, as it establishes guidelines aiming to improve the prevention, detection, treatment, and control of damages and decrease the number of hospitalizations and the mortality rates.<sup>5</sup>

In this sense, this research aim to identify how the elderly people perceive the health care provided by the FHU of Igapo, in Natal, Rio Grande do Norte, Brazil.

## METHOD

This research is a study with qualitative approach, which aimed to identify how the elderly people perceive the health care provided by the FHU of the Igapo neighborhood, in Natal, Rio Grande do Norte, Brazil.

The theoretical reference selected was the Thematic Oral History, which is the one that gets closest to the usual and traditional solutions found to present the analytical works in the different areas of the academic knowledge. It starts from a specific issue and the approach is straightforward.<sup>6</sup>

The collaborators in this research were those who met the following inclusion criteria, which consisted to: be an elderly person, from both genders; be assisted and registered in the Program HiperDia in one of the three Family Health Teams in the area covered by the FHU of Igapo, in Natal; accept participating in the study; and sign the Free and Informed Consent Term (FICT), after receiving information on the research from the authors.

Taking each testimony as a unique, singular one, we decided to carry out the research asking the participation of all elderly people who met the inclusion criteria. The number of subjects participating in the research enclosed all the elderly people registered in the Program HiperDia in the FHU of Igapo, in Natal, which reached twenty individuals.

The information collection was carried out through a semi-structured interview. The semi-structured interview is a technique which appreciates the investigator's presence and provides all perspectives available in order to allow the informant to enjoy the freedom and spontaneity he/she needs, enriching the investigation.<sup>7</sup> A field notebook was used during the interviews and also for recording the project's evolution.<sup>6</sup>

For the data collection an individual interview script was used as instrument, it consisted of two parts: the first with data on personal characteristics and the second with open questions on the research theme.

The field research was held between August and October 2010, with the elderly people, the collaborators in the study, registered in the Program HiperDia in the Health Unit of Igapo, in Natal, during the weekly meetings of the elderly people's group.

The interviews were recorded and, in order to ensure the confidentiality of their

identities, the collaborators in the research were named after flowers.

After obtaining all stories, they were turned into written texts, through the model of Oral History. Then, the interviews were checked, a moment when, after the text was worked out and reached its final version, it was handed out to the respective author in order to have its use authorized.<sup>6</sup>

The information were analyzed through the data analysis method starting from the pre-established category perception of the elderly people on the care provided by the FHU of Igapo, in Natal, and compared to the reports of the authors mentioned in the literature review, as well as other studies consulted during the analytical process.

In order to investigate the speech participants in the study the thematic analysis was used, which, according to Minayo, involves a bundle of relations and may be graphically represented through a word, a sentence, or a summary. Therefore, according to this author, carrying out a thematic analysis consists in uncovering the nuclei of sense which constitute a communication, whose presence or frequency has a peculiar meaning for the analytical aim.

Thus, starting from the theoretical assumption indicated in this study, a pre-analysis was carried out, with a fluctuating reading of the testimonies, in search of obtaining a comprehensive contact to the material for extracting the main ideas from the testimonies. Then, the corpus was gathered and, at this moment, the interviews were grouped according to the common characteristics they share. Subsequently, the corpus underwent a sectioning of text into units of register, which consist in word, sentence, excerpt, or theme.<sup>8</sup>

At this moment, the information was grouped, and the following empirical categories were defined: the care provided by the FHU; FHU's working and policy; speech; and dialogic relations.

This research was carried out after the authorization by the Igapo Health Unit's Direction and the approval by the Research Ethics Committee of Universidade Federal do Rio Grande do Norte, under the Opinion 085/2010, CAAE 0099.0.051.000-10, according to the Resolution 196/96 from the National Health Council, on the research involving human beings.

## RESULTS AND DISCUSSION

With the aim of turning it easier to understand the discussion of results found in this study, stages were approached, according to the objective proposed in the research. Firstly, the profile of collaborators in the study was described; subsequently, the perspective of these elderly people within the context of primary care was analyzed, as well as whether the Health Unit works in accordance with the elderly health policies established by the Health Ministry.

### Profile of the elderly people registered in the Programa HiperDia of the FHU of Igapo, Natal, Rio Grande do Norte, Brazil

Twenty (20) elderly people were interviewed, the total number of subjects registered who are assisted by the Program HiperDia at the FHU of Igapo, in Natal, 55% were among 60 and 69 years of age, 30% were among 70 and 79 years of age, and 15% were among 80 and 89 years of age. Regarding gender, 80% were female and 20% male individuals.

Regarding civil status, 25% of the elderly people were single, 25% were married, 20% were divorced, and 30% were widows/widowers. Considering the number of children, 10% did not have biological children or have adopted children, 20% have 2 children, and 10% have 10 children. The remaining 60% had more than 2 and less than 10 children. In terms of educational status, 20% were illiterates, 15% had complete primary education, 60% had incomplete primary education, and 5% stated to know how to read and write.

#### • Care provided by the FHU of Igapo, Natal

Starting from the requirements of the policies driven to the care provided to the elderly, this study verified that the attention in the FHU where it was carried out works, especially, through registering the elderly population in the Program HiperDia.

When the participants in the research were asked about their knowledge on the services offered to the elderly population in the FHU, 15% reported to know the policies of elderly health care, but, they were not able to explain their role and importance in the life of this population; 85% said they do not know the health care programs. However, when asked about the Program HiperDia, the participants reported they receive hypoglycemic and antihypertensive agents, in

a monthly basis. This fact may be represented by the following testimonies:

*I take a medicine for hypertension (Camélia).*

*I receive the medicine in enough amounts for three months, then I undergo new examinations and repeat medication if needed (Acácia).*

*I do not know any health care program driven to the elderly, but I participate in an activity for elderly people in the Unit, every Monday (Ambrósia).*

The testimonies above demonstrate the elderly subjects registered in the Program HiperDia participate in the activities in the Health Unit searching for antihypertensive and hypoglycemic medication, laboratory examinations for verifying the efficacy of the medication, and the renewal of their register in the Program, and they also participate in the weekly meetings in the FHU.

In the Health Unit where this study was held, there are weekly meetings on Monday afternoons gathering the elderly individuals and the health professionals with secondary and higher education, such as: community health agents, nursing technicians, dentists, nurses, and physical educator. At this moment, the elderly people receive guidance and exchange information on elderly health and health care aiming driven to health promotion.

The professionals carry out activities using methodologies based on exploring handicraft workshops, roundtables on themes related to health promotion, staging of plays, guidance sections, physical activities, and group educational play activities.

#### • The health care provided by the FHU of Igapo and its relation to the Elderly Health Policies

The Pact for Health provides that among its priorities to improve the elderly health there are strategic actions aiming to establish the program of permanent educations in the area of aging and elderly health, offered to professionals who work in the primary attention network.<sup>3</sup>

In the primary care, the Pact for Health prioritizes the reception, reorganizing it to assist the elderly person in the Health Units. This is one of the problems faced by this population group, due to the difficulties for accessing, as the excessive demand that leads to long rows of waiting in the Units.<sup>3</sup>

This can be realized in the testimonies of elderly people, when they are asked about suggestions for improving the care provided by the Health Unit:

*There should have more physicians to reduce the rows of waiting in the corridors (Crisântemo).*

*Increase the capacity to assist the elderly, have more respect for us, and provide more physicians... (Gerânio).*

The testimonies above show some difficulties the elderly people face in the Unit, setting of this study, among them the deficient number of physicians, which reduces the capacity of providing assistance. This leads to longer rows, longer waiting periods, and the sensation that people are being ignored or neglected.

The Brazilian Elderly Statute provides for the preferential treatment in SUS, the universal access to the prevention, promotion, protection, and recovering services, the free distribution of prostheses, orthotics, and medicines, mainly those of continued use for hypertensive and diabetic patients.<sup>2</sup>

The National Policy on the Health of the Elderly, approved through the Portaria 2528/96, provides for the need of promoting a active and healthy aging, the maintenance of functional capacity, the assistance to the basic health needs of elderly people, and to restore the compromised functional capacity.<sup>1</sup> It also provides for the human resources training, the support for the development of informal care, as well as for studies and researches, and instruct in order to guarantee the services are provided in accordance with the level of dependence each patient presents: prevention, rehabilitation, and health promotion.<sup>1</sup>

Although there are laws on the theme, the assistance is provided in accordance with real life situations, and user's satisfaction is not always present.

Regarding this aspect, it is important to note that satisfaction is a subjective concept, influenced by the expectations and previous experiences, personality features, and even the resisting power of individuals. The level of user's satisfaction with certain health service depends on the interpersonal relationships between users/providers, the material infrastructure aspects of the services, as well as user's representations on the process health-disease.<sup>9</sup>

The user's satisfaction level, although being sometimes difficult to measure, is, however, a useful evaluation tool and can contribute to improve the quality of a service, because, many times, the conflicts and qualities observed by the users are not noticed by the professionals.<sup>9</sup>

When asked about the assistance provided

by the Unit, users described this way:

*The assistance provided by the unit is very good... (Acácia).*

*The assistance of this unit is good (Cravo).*

The testimonies show the satisfaction with the assistance provided to the elderly people, there are no complaints and the individuals feel they are nicely treated by the family health team of the Unit.

One realizes the level of satisfaction is related to the elderly people perception on the care provided by the FHU, exclusively in the Program HiperDia, in which they are registered. In this sense, one sees that the assistance provided by the health team is a good one, although, as observed in the previous testimonies, there is a need to increase the number of physicians in the Health Unit.

The research showed the satisfaction of users assisted by the family health team prevailed, however, there is evidence of dissatisfaction with some actions involved in the service:

*I like the assistance very much. My only complaint is that it takes too long to schedule examinations... (Girassol).*

*I think there is a need to provide a better care and more respect to the elderly people. (Lírio)*

*Drop promises and provide more assistance (Camélia).*

*Increase the capacity to assist the elderly, provide more physicians, and get health agents to make home visits (Gerânio).*

The quotes above reflect the dissatisfaction with the care provided by the FHU, with regard to some points, such as: inadequate attention to this age group concerning the main health care procedures, since the participants in the study said they need, many times, to be in the Health Unit at 5:00 a.m. in order to get a medical appointment.

The testimonies also show the need for enlarging the health teams focusing the attention to the elderly person, in order to guarantee home visits to the users, both those registered in the Program HiperDia and those who do not need the care provided by this specific program, but demanding a preventive follow-up.

Another point highlighted is related to the lack of physicians in the FHUs, especially in Igapo, Natal, Rio Grande do Norte, Brazil. An alarming lack of these professionals, which leads to difficulties for scheduling medical appointments and deficiency in the medical

re-evaluation of the patients registered in the Program HiperDia.

Therefore, they experience a lack of maintenance of their treatment, especially regarding health evaluation, since there is no guarantee of returning to get a follow-up appointment with the physician in the adequate month to re-evaluate and perhaps change the pharmacological therapeutic strategy.

This fact deserves attention, since the Brazilian Constitution and the National Elderly Policy provide for the guarantee of elderly participation in the evaluative process of policies, strategies, programs, and projects to be established. In this study, one observes that currently the elderly does not enjoy guarantees, especially regarding the routine follow-up appointment that should be provided by her/his therapeutic plan. For this, it is necessary to take into consideration the opinion of the elderly person her/himself, based on the theoretical assumption of health care service assessment, the guidelines of the National Elderly Policy, and, above all, there is a need to safeguard the elderly's social right - the right to citizenship.<sup>1</sup>

This citizenship is related to the minimum required so that the person is treated as a subject able to enjoy autonomy and respect for her/his life, something which is shown by the improvement of health care, having in mind not only the lack of diseases, but the guarantee to the comprehensive assistance in an equal basis, aiming to prioritize a growing population, which nowadays deals with a disrespect that is, many times, due to poor professional training.<sup>1</sup>

The elderly's health status should be highlighted, the benefits coming from the focus on the health promotion will emerge as a consequence of actions taken that, with regard to this population, should be driven to the recovering and/or maintenance of the individuals functional capacity in order to keep them together with their family and community enjoying autonomy and independence.<sup>10</sup>

## CONCLUSION

The aging process brings up the image of the elderly person as that weakened human being who is in the final stage of life, however, socially he/she bears a lot of knowledge and life experience which are patterns to be followed.

In this study most collaborators pertained to the age group between 60 and 69 years, was female, widow, had up to two children,

and presented as education level the incomplete elementary school.

The FHU where this research was carried out has a health care program addressing the elderly person, the HiperDia. This program was described by the participants in the research as the one which provides the monthly medication to the individuals with arterial systemic hypertension and diabetes mellitus. Moreover, the elderly people reported to have no information on the health care specific to their age group, however they participated in the weekly meetings of the elderly people group, which are held every Monday afternoon, with the presence of the FHU's health team.

There is evidence of the lack of information on the provision of care to the specific age group, which translates itself into a lack of individualized follow-up to each specific situation of the FHU. Thus, recognizing the importance, legitimation, and validity of the health services user's satisfaction as an indicator of the health care quality, and understanding that the elderly person, as any other SUS user, needs to have *voice* and *choice*, it is suggested that the care provided by the FHU should be evaluated, according to the National Elderly's Health Policy.

Having this in mind, it is necessary to prioritize the care provided by the family health teams in the FHU of Igapo, Natal, Rio Grande do Norte, Brazil, to the elderly people, within SUS, considering the priorities and needs of this specific group, based on the proposal of the Pact for Health 2006.

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