



COMMUNITY HEALTH INTERVENTION PROJECT ACTIVE AGEING-RIPEN INTO HEALTH

PROJETO DE INTERVENÇÃO EM SAÚDE COMUNITÁRIA ENVELHECIMENTO ATIVO - AMADURECER EM SAÚDE

PROYECTO DE INTERVENCIÓN EN SALUD COMUNITARIA ENVEJECIMIENTO ACTIVO - MADURAR CON SALUD

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ABSTRACT

Objective: to implement the intervention project: Active Ageing - Ripen into Health, based upon a partnership of the *Unidade de Cuidados na Comunidade (UCC) / Universidade Sénior*. **Method:** methodology of the project, based on the *Work Breakdown Structure*. Documentary research was used. The data collection was carried out with the target population and stakeholders. The target population was constituted by the 23 students signed in the project. Two questionnaires were applied to them (The Method of Biopsychosocial Evaluation, from the Portuguese National Network for Integrated Continuous Care - *Rede Nacional de Cuidados Continuados Integrados (RNCCI)* and another one with the purpose to identify the suitable education needs for health); a questionnaire was made to the stakeholders (Identification of the suitable education needs for health) as well an interview was performed. The collected data have been subjected to statistical treatment and content analysis. **Results:** the analysis of the results obtained, allowed to structure an Intervention Programme based upon the National (Portugal) guidelines for the health of elderly people, suitable for the targeted, the available resources as well our purposes and final objective. **Conclusion:** The objectives were reached: the partnership proposed was implemented and the Intervention Programme is being carried out. The project promoted the reflexion and the work of the multidisciplinary and inter-sectoral team in the community; at the same time, it pointed out to the attention for the individual and collective responsibilities in response to problems related to active ageing. Viewing that the nurses of community health are key elements on the group intervention in all the stages of the life cycle, either due to their multi-sectoral framework or by all the knowledge they acquired, this way, the key factors were converged to become it a successful project, so, actually contributing for gains in health, based on the healthy aging.

Descriptors: active aging; community nursing; partnerships; qualification.

RESUMO

Objetivo: implantar o projeto de intervenção: Envelhecimento Ativo - Amadurecer em Saúde, assente numa parceria da Unidade de Cuidados na Comunidade (UCC) / Universidade Sénior. **Método:** metodologia de projeto, baseada na *Work Breakdown Structure*. Recorreu-se à pesquisa documental. A coleta de dados foi realizada com o público alvo e os *stakeholders*. O público alvo foi composto pelos 23 estudantes inscritos no projeto. A esse público aplicaram-se dois questionários (o Método de Avaliação Biopsicossocial, da Rede Nacional de Cuidados Continuados Integrados (RNCCI), e outro para identificação de necessidades de educação para a saúde); aos *stakeholders* aplicou-se um questionário (de identificação de necessidades de educação para a saúde) e realizou-se uma entrevista. Os dados foram objeto de tratamento estatístico e de análise de conteúdo. **Resultados:** a análise dos resultados permitiu estruturar um Programa de Intervenção baseado nas orientações nacionais para a saúde das pessoas idosas, adequado às necessidades do público alvo, aos recursos disponíveis e à finalidade e objetivo geral. **Conclusão:** atingiram-se objetivos: a parceria proposta foi implantada e o programa de intervenção está em curso. O projeto promoveu a reflexão e o trabalho da equipe multidisciplinar e intersectorial na comunidade; sensibilizou para a responsabilidade individual e coletiva na resposta à problemática do envelhecimento ativo. Sendo os enfermeiros de saúde comunitária, elementos chave na intervenção em grupo em todas as fases do ciclo vital, pelo seu enquadramento e saberes, reuniram-se os ingredientes chave para que o projeto fosse bem sucedido, contribuindo de fato para ganhos em saúde, assentes no envelhecimento saudável.

Descritores: envelhecimento ativo; enfermagem comunitária; parcerias; capacitação.

RESUMEN

Objetivo: implementar el proyecto de intervención: Envejecimiento Activo - Madurar con Salud, basado en una asociación entre la Unidad de Cuidados en la Comunidad (UCC) y la Universidad Sénior. **Método:** metodología de proyecto basada en *Work Breakdown Structure*. Se recurrió a la pesquisa documental. Se recogieron datos de la población en estudio y de los stakeholders. La población en estudio fue constituida por los 23 estudiantes inscritos en el proyecto. A esta población se le aplicó dos cuestionarios (el Método de Evaluación Biopsicosocial, de la Red Nacional de Cuidados Continuados Integrados e otro para la Identificación de necesidades de educación para la salud); a los *stakeholders* se les aplicó un cuestionario (el de Identificación de necesidades de educación para la salud) y se les realizó una entrevista. Los datos fueron objeto de tratamiento estadístico y de análisis del contenido. **Resultados:** el análisis de los resultados permitió estructurar un Programa de Intervención basado en las orientaciones nacionales para la salud de las personas mayores, adecuado a las necesidades de la población en estudio, a los recursos disponibles y a la finalidad y objetivo general. **Conclusión:** se cumplieron los objetivos: Se implementó la asociación propuesta y el Programa de Intervención está en marcha. El proyecto promovió la reflexión y el trabajo en equipo multidisciplinar e intersectorial en la comunidad; se sensibilizó para la responsabilidad individual y colectiva en la respuesta a la problemática del envejecimiento activo. Siendo los enfermeros de salud comunitaria, elementos claves en la intervención en grupo, en todas las etapas del ciclo de vida por su encuadramiento y saberes, se reunieron los ingredientes necesarios para que el proyecto tenga éxito, contribuyendo de hecho para beneficios para la salud, relacionados con el envejecimiento saludable. **Descriptor:** envejecimiento activo; enfermería comunitaria; asociaciones; capacitación.

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INTRODUCTION

The demographic aging is a growing phenomenon worldwide. Human aging can be defined as the process of progressive change in the biological, psychological and social structures of individuals, which is starting even before birth, develops lifelong.¹

Each person is responsible for its (own) aging process, and how aging is conditioned by multiple factors across the life course. Although the biology and genetic heritage are unavoidable, this process is influenced by personal and collective behavior and social organization, which may occur in a healthy way or not.

Healthy aging, autonomy and independence as long as possible, is today a challenge to individual and collective responsibility, with significant relation in economic development of countries. The recent researches indicates that diseases and limitations are not inevitable consequences of aging and that investing in prevention and elimination of risk factors and promoting healthy habits are important determinants of active aging.

Place then the question of thinking about aging throughout life, an attitude more preventive and that promotes health and autonomy, in addition to the practice of moderate physical activity and regular, or a healthy eating. The promotion of safety factors and maintenance of social participation are inextricably linked aspects. Equally important to reduce disability, involve the community with shared responsibility, leveraging resources and fostering interventions increasingly closer to the people, promoting their qualification.

Since the beginning of the century nurses in professional practice, teach the people, which is a function that becomes essential in the face of changes in design and organization of health care, concluding that education is not a free choice of the nurse, but a professional obligation linked to the quality and responsibility of care.²

Promoting healthy aging, undoubtedly, is responsibility of health, but involves planning; rural and urban development; housing; education; social security; employment and training; economy; justice; transport; tourism; new technologies; culture and values that each citizen pursues and that each society argues.¹ While response to the problem of aging was found in the formation of a partnership to the appropriate strategy, since it is particularly as a means to mobilize local

resources and to solve problems, it is oriented to the action.³ As some researchers argue, the partnerships contribute to improve communication between sectors of the community, promoting a valuable role to stimulate exchanges between organizations and the development of integrated systems of provision of services.⁴

While anticipatory representation of the results to be achieved, it was considered in defining the purpose and objectives, the mission of nursing to maximize the welfare and promote self-care, and mission of the *Unidade de Cuidados na Comunidade* (UCC) as a model of provision of cares, in an organization that promotes health and with integrated development, as reported in the Reform of Primary Health Care.

And it aims to contribute to improving the quality of nursing care provided to elderly people, entered in seniors groups, we defined the overall objective:

- Implement by the end of November 2011, the intervention project: Active Ageing - Ripen into Health, based on a partnership of UCC with the University Senior.

From this project took place the specific objectives:

- ♦ identify levels of dependency on the target population;
- ♦ knowing the needs of information related to health issues;
- ♦ create a multidisciplinary intervention program on health, considering the dependency levels and needs identified.

METODOLOGY

The skills to participate in multi-causal assessment and decision-making processes of the major public health problems and in developing programs and projects aimed at qualification of the community are well recognized by the nurse specialist in community health.⁵ Nurses for Community Health have to be responsible for identifying needs of individuals, families and groups, in a geographic area, to ensure continuity of care and establish appropriate relations, a practice of “complementarity” with other health professionals and community partners. The methodology of this project, given the problematic and the fact that if you want to work with others with similar objectives, presented as an option that promotes efficiency, able to mobilize synergies that facilitate their implementation.

This project is based on the structure ® Work Breakdown Structure (WBS), which is a building process where the manager, staff and partners (including the audience), are involved in making contributions to the success of this process.⁶We considered this, a method of choice for health promotion and

qualification of the target population. In this public is possible to review the methodology underlying the Nursing Process, which allows the further step of identifying problems to solve or minimize them in lives of people, through interventions, adapted to their needs.⁷

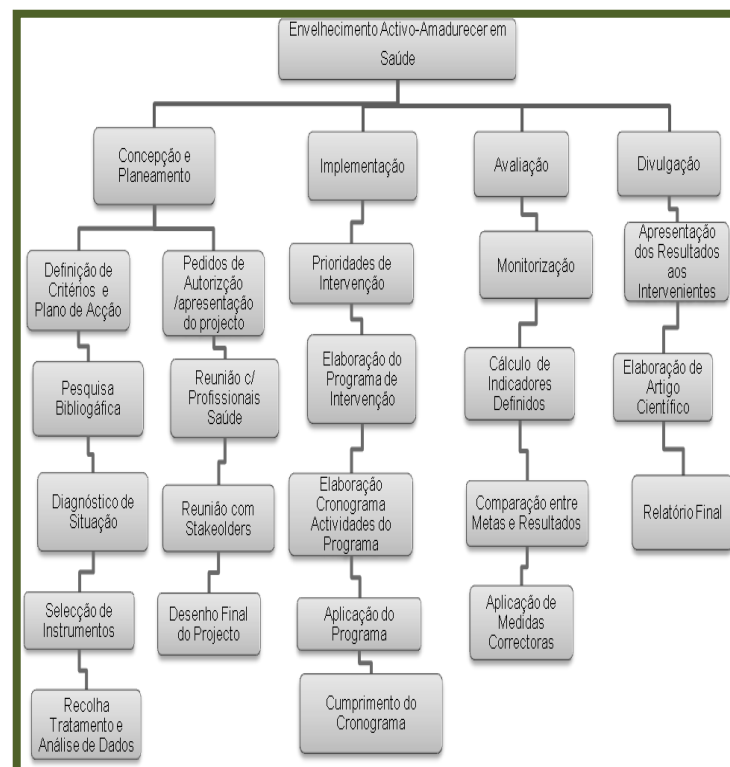


Figure 1. WBS Structure

In Figure 1, it is possible to realize the practical application in project Active Aging - Ripen into Health, from the stage of conception to the stage of dissemination of results.

In order to better care, systematized to each step the schedule of activities, since this facilitates viewing together the various interventions that complete the project, in a given period of time, before and after performed.⁸

For the characterization of the target population (23 students from University Senior enrolled voluntarily in the project), we selected the Biopsychosocial Assessment Method - *Método de Avaliação Biopsicosocial* (MAB) proposed by the Mission Unit for Primary Health Care, with which there is frequent contact, in the day to day of provision of care.⁹As an instrument for integrated assessment, it aims to evaluate and monitor a set of information of imprint biopsychosocial, based on international instruments validated. The application lets you draw plans of intervention, with emphasis on the promotion / maintenance of capabilities. To identify the needs of health education, we also used a questionnaire developed for this purpose, based on three major strategies of the National Health Program of Older People (in Portugal) and

their recommendations for action.¹

The questionnaire was applied to the target population and stakeholders. The data collection was done on paper and each questionnaire was applied in proper time, to each individual participant.

The treatment of data aimed its validation, in terms of internal coherence and, subsequently, statistical analysis, using the computer program Microsoft Office Excel.

The ethical and deontological principles were respected throughout the process and the participants signed a Free and Informed Consent Form (Term of Consent).

It is not easy the task of identifying priorities, nor free of risk to the success of a project, we used the interview to the stakeholders. Based on the analysis of the answers, we proceeded to a qualitative analysis: SWOT analysis: Strengths, Weaknesses, Opportunities and Threats, on the feasibility of the project.

According to some authors, the elaboration of projects is not complete without that there should be a hypothetical analysis of threats or obstacles to its implementation. These obstacles can be the environment, material resources, administrative, financial and human, of qualitative or quantitative nature. How was focused on studies, without knowing

the local dynamics and their real policies, professionals will find difficulties to value not only the most appropriate intervention model, but also to identify which is best way to raise support and local resources.¹⁰

RESULTS AND DISCUSSION

The results shown refer to the diagnostic phase, since it is not possible to submit the selected indicators for process evaluation, the results and impact, given that the project is

still under implementation.

With regard to the SWOT analysis based on an interview with three stakeholders, the results allowed perceive some balance between favorable factors and vulnerability factors for success of this project. However, as we see in Figure 2, there was a higher prevalence of positive aspects. Between the parentheses is indicated the number of times each aspect was mentioned:

Strengths: - Equipment for social / leisure (3) - Structures for practice sports (2) - Supportive living program (1) - Professionals motivated to engage in active aging (2) - Social volunteering and in health (2) - Receptive and participants elderly (3)- Universidade Senior (2)	Weaknesses: - Low levels of education (3) - Social and demographic isolation (2) - Weak economic capacity (1) - Poor evaluation culture of organizations (1) - High rate of complete dependence (1) - Low level of education of the population (1) - Poor health intervention in promoting the health of the elderly (2)
Opportunities: - Opening of the institutions to work in partnerships (3) - Existence of the sector of active aging (3) - Existence of the UCC (2) - Increased life expectancy (2) - Integration of health in social network (2)	Threats: - Low levels of health literacy (1) - Increased levels of chronic diseases and levels of dependence in the elderly (2) - Low birth rate (1) - Resignation family in elderly care (1) - Unhealthy Life Styles (3) - inappropriate health-seeking behaviors (2) - Social and economical crisis (2)

Figure 2. SWOT Analysis

From the characterization of the target population, we present some results that have contributed to the elaboration of the intervention program.

The population is composed of 20 women and three men (86.9% and 13.1% respectively) and there is a predominance of females. 44% of people are concentrated in the age group 60-69 years. The average age is 69.3 years, with a standard deviation of 9.72 years. The youngest person is 53 years old and the oldest 97 years, are female.

In relation to health complaints, 100% of people have some kind of complain, the most common is related to the vision on the 46% (21 persons), followed by complaints of the musculoskeletal system with 38% (18 people).

Regarding the nutritional status (where they scored the body mass index and waist circumference), people who are overweight 96% of total: 57% are obese and 39% are overweight. Only one person has adequate weight.

When relating to falls, it was found that 57% of people did not fall during the period evaluated. Among the 43% of those who experienced falls (10 people), 13% occurred within the residence itself. It was not verified a greater propensity for age-related falls.

As for locomotion, most respondents had a favorable assessment. 9% of people are

independent in that role, and the remaining 91%, the autonomy is related to more frequent health complaint, the vision, which requires the use of helping equipments, which in these particular cases, are the glasses. It was not verified a remarkable relationship between the age and independence.

In terms of physical autonomy and instrumental autonomy, it was concluded that the vast majority, 21 people, is autonomous, and two of them are independents. For the score of physical autonomy, it helps to perform activities of daily living. For the instrumental autonomy, instrumental activities of life contribute to its ithem. The use of equipments (glasses) is - in both forms of autonomy - a sort of penalty. Everyone, without exception, would be classified as independent and not as autonomous, if not considered in this assessment the use of equipments.

It was verified in relation to emotional complaints, 100% of people showed a positive rating (good or satisfactory), and it is not remarkable differences in terms of sex or age. Punctuate in this criterion, feeling sad / depressed, nervous or anxious and / or other complaints. Of the 10 people whose emotional state is satisfactory, eight people reported being sad or depressed at times, but not for long, five reported to stay sometimes nervous or anxious, four of them for a short time, but one, half the time. There is no reference to

another type of complaints.

In assessing the cognitive state, most people fit in the criteria “well”.

The social status of most people is evaluated negatively. For 10 people this state is unsatisfactory, and that is bad for six people. Only seven people classified as satisfactory, and no one is at the good level. The educational qualifications punctuate in this criteria (unsatisfactory or low for 15 people) and social isolation (which affects 11 people).

The habits were assessed positively for 21 people. Contributes to this score the number of weekly hours of physical activity and the number of meals per day that they (researched) do.

As result, in addition to the global characterization of the target population, the prevalent profiles were identified, and also developed an analysis of the functionality, in terms of dependence and self-sufficiency. These results represent a contribution to the development of the Intervention Program, by offering a most suited manner to the characteristics of the group and our general objective.

In identifying needs for health education, the results correspond to all the questionnaires applied to students from the University Senior (23) and stakeholders (3), there were no null responses. All proposed themes were chosen by students, although showing different levels of interest. For the stakeholders, two of the themes have not received any response. Thus, we obtained the necessary clarification to questions such as: in which themes will they identify their information needs in health? What knowledge will want to develop for coping with the functional loss and autonomy? What interventions they need from the health care team to contribute to active aging?

Actually, we managed to implement the partnership, characterized the target population for the levels of dependency, autonomy and needs of information on health and created an Intervention Program that is underway.

Within the health gains, there are no universally recognized indicators to assess the effectiveness of programs like the one implemented. However, as suggested by the World Health Organization to different contexts, the effectiveness of such care should be tested and demonstrated in the form of projects.¹¹

In the health planning, the assessment is a essential moment because it legitimizes the things were performed and because it identifies ways of improving.⁸

The evaluation of existing care practices requires a culture of rigor and responsibility that is intended to flourish, supporting a regular and systematic exercise of identification of strengths, problems and opportunities to improve.

It is also by the development of scientific researches on issues related to the elderly and aging policies, whether they related to the academic context, or practice, which can stimulate the promotion of autonomy and quality of life of elderly.¹²

If this is the prevailing attitude among professionals, the health gains will arise for the best suitability between health needs and resources and these resources with results.¹³

Performing a project in the context of health care involves an integrated analysis of the needs of the target population, strategies and actions to focus efforts and improve resources, promoting teamwork among health professionals and with professionals of partnerships.¹⁴

In the work of partnership and in multidisciplinary team, the mediators are predisposed for individual assessment, leading to a lower isolation of their practice and encouraging networking.

It is need to bet on management system, developing effectively the communication and sharing of updated information in the community, since is the enhancement of processes and creativity of all mediators, which test and replicate new ideas, leading to new knowledge and where they can emerge new networks.¹⁵

CONCLUSION

There is awareness of the limitations of this project, mainly because the Intervention Program that integrates it has target population of small proportion, particularly if we situate ourselves in the universe of elderly people of the communities that require interventions of this nature. However, the experience of intervention in other projects of community ambit reveals that it is better that the project is modest and realistic, than aspires too much and do not reach its achievement.¹⁶

In this case, the phase of planning and design was in line with the predictions, without detours to consider; the phase of

implementation is consummated in the characterization of the target population and their needs; and establish the partnership that underlies the Intervention Program ongoing and takes place without obstacles worthy of record; the conclusion, your time will tell about the gains obtained.

From this perspective we are pleased to conclude that:

♦ There were contributions to the affirmation of organizational quality of the UCC and to improve the quality of nursing care provided in the community;

♦ It was promoted the articulation and coordination of existing resources and services to enhance a response to an emerging problem, encouraging quality and sustainability of provided care;

♦ It was focused the attention of a multidisciplinary team on the issue of active aging, encouraging reflection on the role of each mediator in its performance, while holding a responsibility that is increasingly shared, in order to encourage community qualification;

♦ It has been shown to be possible to work in partnership with other sectors of the community for the common good and dignity of human being, irrespective of their social status or age.

It is essential to create dynamics that allow continuity of care and greater coverage, which actually translate measurable results, in health gains.

Find, understand and share results and knowledge about the elderly set up an elementary practice to be able to provide better conditions for people, in this phase of difficult development process, and its quality of life. Besides being more motivated, all mediators may feel more empowered by knowledge acquired and further encouraged to reflect and act.

As specialist nurses in community nursing, we believe we have given a substantial contribution to the care practice ethically and socially accepted, integrated, scientifically sound and sustainable and suited to the needs.

It is our expectation that this project and report to portray our philosophy and ambition, becoming a motor that drives an entire path set that is required to tread in the network, if we really want to be generators of effective changes to support people in their aging process.

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