

Work and Evaluation Plan: a tool to improve the primary care for elderly in Maranhão – Brazil

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Abstract

By using Distance Education, the Open University of the Brazilian Health System (UNA-SUS/UFMA) qualifies healthcare professionals through continuing education to better treat specific audiences, such as the elderly. One of the innovative educational tools used by the institution, the Work and Evaluation Plan (PTA), focused on the elderly public, will be presented in this work.

Introduction

The Brazilian age structure has been changing considerably since the last half of the XX century as a result of the sharp drop in the fertility and child mortality rate and the rise in the life expectancy in birth. The age pyramid, earlier with a wide base, currently presents a narrower base and ampler vertex which characterizes a population in a fair aging process (BRASIL, 2006(a); WONG & CARVALHO, 2006).

According to the demographic census published in 2010 by the Brazilian Institute of Geography and Statistics, Brazilian population reached the mark of 190.755.799 habitants, of which 20.590.599 were elderly (age ≥ 60 years old), totaling 10.8% of the population (IBGE, 2010). The Brazilian demographic transition is happening at an accelerated rate, just like in others developing countries, bringing within it not only social and economic changes but also epidemiological ones. The high prevalence of chronic-degenerative diseases and functional incapacity among the elderly, resulting in higher and longer use of social service and doctors, demands adequacy of public policies in order to ensure more longevity and better life quality to this population (MOTTA & AGUIAR, 2007).

In this context, it is necessary the continuing education of professionals working in the health field to meet this population in evident expansion, providing expert services considering its particularities. To achieve the goal of training, modernize and refine these professionals it is crucial that government and educational institutions work together, using all the strategies that can assist in the education of these health workers. One possibility for the consolidation of continuing health education is Distance Learning (DL), which takes advantage of new technologies to innovate the teaching procedures (OLIVEIRA, 2007).

The Work and Evaluation Plan (WEP), a model created and developed by anthropologist and educator Tião Rocha, works as a relevant educational tool in health education for planning actions and evaluating results in order to obtain assistance guided by the promotion, protection, grievance prevention, diagnostic, treatment, rehabilitation and health maintenance. Altogether there are six WEPs destined to specific groups of the National Health System (woman, pregnant/puerperal/mother-baby pair, child, adolescent, man and elderly) and that encompass daily activities plans to attend each group needs (SES, 2011). This tool is distributed in online book form in courses offered by the Open University of the Brazilian National Health System (UnA-SUS) to assist health professionals in the

development and implementation of their projects. The goal of this article is to analyze the Elderly's Work and Evaluation Plan and how it works in the educational perspective.

Work and Evaluation Plan: a new way of thinking and acting on health

The Brazilian National Health System (SUS) emerged from the intense struggles of civil society for their rights during the 70s and 80s. Such movement imposed profound changes in the State-society relationship, especially in the health area within which was established an universal, decentralized, integrated and with participatory social control model. Having Health Surveillance as theoretical framework, the new system expanded the operational concept of health practices when it took into account not only the clinical-epidemiological in individual and collective scope, but also the eco-social determinants that affect different social groups accordingly to their life conditions. The promoting health process went beyond the set of workers and health professionals and since then it started to involve service managers, technicians, and organized collective representatives (ARREAZA & MORAES, 2010).

In order to achieve better scheduling and planning of actions and services, the health care was divided into three different levels (Primary Care, Medium Complexity and High Complexity) (BRASIL, 2007). The Primary Care, represented in Brazil by Family Health Strategy (ESF), constitute a group of individual and collective character that aim the promotion and protection of health, grievance prevention, diagnostic, treatment, rehab and health maintenance. The primary Care is developed through management and sanitary actions in the shape of teamwork to reach populations of well defined territories (BRASIL, 2006(b)).

In Maranhão, since 2011 the actions in Primary Care are oriented by the Work and Evaluation Plans, considering its inclusion in the courses offered by UnA-SUS/UFMA – institution that provides continuing education, through Distance Education (DE), to health professionals working in brazilian public health system. Written by the educator Tião Rocha in partnership with the Maranhão State Secretary of Health (SES-MA) and UnA-SUS/UFMA, the Work and Evaluation Plans include six priority groups: women, pregnant/puerperal/mother-baby pair, child, adolescent, men and elderly, defining activities to be performed and outlining indicators to verify the efficiency of the actions developed (SES, 2011).

The Work and Evaluation Plan represent an innovation tool because allows walking simultaneously in both directions, action and reflection, without losing work focus. Following the action line, it is defined an objective, that generates an object, which has dimensions, that evoke questions answered through activities, for which are defined person responsible, time and target audience. From the activities, the indicators are defined in order to verify if the project's objective is being achieved. When analyzed in the other direction, the reflection one, the WEP is a plan that evaluates to a specific public if the persons responsible were able to achieve within the time limit the activities indicators defined from the questions, which delimit the object's dimensions, that emerged from the objective (ROCHA, 2012(a); ROCHA, 2012 (b)).

The Elderly Health in the context of WEP

Brazil ages in an accelerated and intense way. In 2000, there were 14.5 millions elderly and in 2010 this population reached the mark of 20.5 millions (SECRETARIA DE ESTADO DA SAÚDE DE SÃO PAULO, 2012). Every year, 650 thousands new elderly are incorporated to the Brazilian population, emerging as a great challenge in the health area, taking in consideration the increase in the number of diseases and/or chronicle conditions that requires more social services and doctors and for a longer period of time (VERAS, 2009).

The health of the elderly person should be approached in an integral way and not be restricted to the control and prevention of grievance of non-transmitted chronicle diseases. The physical and mental health, the financial independency, the functional capacity and the social support are elements that need to be raised by the teams of health in order to ensure to the elderly individual autonomy, integration and effective participation into society, as well as the reaffirmation of their right to health in the several levels of SUS assistance (BRASIL, 2006(a); BRASIL, 2006(b)).

Following this line, the Elderly Work and Evaluation Plan objective is to promote the health of the elderly person and therefore its object is the healthy elderly person. From that, two dimensions are drawn: safe and healthy aging and aging with grievance, which shall be discussed in more detail further below (ROCHA & LOYOLA, 2012).

One of the biggest concerns regarding aging is the need to elect the best medical care strategy to the elderly patient. The traditional medical approach based in a main complaint and the signs and symptoms related to it, is not enough to ensure an active and healthy aging process. Therefore, it is necessary the creation of programs controlled by multidisciplinary teams which will be ready to identify more accurately the problems in the clinical, psychosocial, functional and environmental dimensions (BRASIL, 2006(a) & CRUVINEL, 2009).

During the consultation at the Basic Health Unit and inside their home, the elderly should be welcomed and heard. The communication must be valued, since it is through it that important information for the therapeutic conduct will be obtained. Therefore, some precepts must be followed by the professionals: using short and objective sentences; calling the elderly by name or how they choose to be called, always avoiding to infantilize them by using inappropriate terms such as “grandpa”, “honey”, “cute”, “darling” etc.; always asking if they fully understood the explanation, repeating them as many times as necessary; speaking in front of them, without covering the mouth or turning backwards or moving away while talking; waiting for the answer before creating a new question; not interrupting the elderly person while he/she is speaking (BRASIL, 2006(a); ROCHA & LOYOLA, 2012).

The monthly home visit represents a unique moment for establishing closer ties between the health professionals and the elderly and their family. During the visit, the A file is filled out (family registry/ ACS) and negotiations are carried out within the families about the more suitable house conditions for personal and environmental hygiene, aeration, lighting, ventilation, mobility, in order to prevent diseases, falls and accidents. This activity also helps in the characterization of family bonds and in the identification of elderly that are victims of violence, abandonment, or other kind of negligence (BRASIL, 2006(a); ROCHA & LOYOLA, 2012).

The elderly must go to at least two medical and three nursing consults per year. During the consult, the elderly will be clinically evaluated regarding their current health condition, capacity to accomplish Daily Life Activities (feeding, bathing, dressing, walking, controlling their physiological activities) and Daily Life Instrumental Activities (using public transportation, manipulating medications, doing groceries, performing easy and hard households, using the telephone, preparing meals and taking care of their own finances),

auditory and visual acuity, risk factors prevalence and mental health conditions. Complementary test such as CBC, fasting glucose, lipid profile, urinalysis, urea, creatinine, can be ordered if necessary (ROCHA & LOYOLA, 2012).

The Elderly Person Health Handbook (CSPI), document available by the Health Ministry for monitoring the health of this population, should be filled in with personal identification data, personal evaluation of their health condition, listing of the current health problems, medications in use, hospitalizations, occurrence of falls, vaccines, consults scheduling, blood pressure control, blood sugar and weight. It is fundamental to guide the elderly regarding the importance of updating the Handbook every time they go to the Basic Health Unit (ROCHA & LOYOLA, 2012).

The elder's immunization status needs to be inquired systematically. It is recommended an annual update of the vaccine against the influenza virus. The double adult vaccine (DT - diphtheria and tetanus) and yellow fever must be administered every 10 years. The pneumococcal one will be taken under professional recommendation, and all seniors must receive at least one dose during the life (BRASIL, 2006(a); ROCHA & LOYOLA, 2012).

Also, the elderly must go to the dentist at least once a year. There, besides receiving the oral health kit, the professional will guide them about the aesthetic-facial restoration of teeth (dentures), brushing teeth / dentures, regular flossing three times a day and proper cleaning of the tongue. The mouth cancer should be addressed during the consultation, especially in the prevention part, calling the senior's attention for the periodic self-examination of the oral cavity, tongue, gums and lips (ROCHA & LOYOLA, 2012).

As for educational and leisure activities, the Family Health Strategy and Support Center for Family Health will be responsible for offering workshops on healthy eating, practice of physical and recreational activities like Shakelderly, Dominoplaza, Mexidoso, Dominoplaza, Plazacheckers, Paintart 7, Spelling, I am a storyteller, Coffee with letters, among others (ROCHA & LOYOLA, 2012).

A sedentary lifestyle, quite common among the elderly, is one of the main risk factors for the development of chronic diseases, associated with a poor diet and smoking. When the person stops being sedentary, he/she reduces the risk of death from cardiovascular disease by 40%, and when associates this new lifestyle with a proper diet, reduces by 58% the risk of progression of type II diabetes. There is still no consensus about the best type and level of body practice / physical activity for the elderly. However, when making the choice, the following aspects should always be considered: the enjoyment of the physical activities, physical necessities, psychological, physical and social characteristics (BRASIL, 2006(a); FILH et al., 2007).

The sexuality, theme surrounded by taboos, especially in later life, will be worked on by the professionals of the Health Care Strategy during the "XY" workshop. It is necessary to overcome this conception of the elderly as an asexual being, allowing that them to (re)discover their bodies and to receive information about sexual orientation, condoms and lubricant use. Thus, they will feel dignified and satisfied with whom they are and what they have, with high self-esteem and will be able to fully express their sexuality (ALMEIDA & PATRIOTA, 2009; ROCHA & LOYOLA, 2012).

In relation to the training of professionals in Primary Care, the State Health Department shall provide an annual workshop on the elder's health, WEP and Elderly Statute. After the conclusion of the aforementioned workshop, it is expected that the professional know the rights of the elderly person, identify patients with risk factors and lead them to the specialized service. Another important Workshop is the "Life of the Elderly", regarding Daily Life Activities (AVD), Daily Life Instrumental Activities (AIVD) and safe sex in later life (ROCHA & LOYOLA, 2012).

Finally, violence against the elderly is understood as the act (single or repetitive) or omission that cause physical harm or distress and which occurs in any relationship where there is expectation of trust. This problem will be faced through the implementation of the flow to care for violence victims and workshop for health professionals, welfare workers, security, family, caregivers and community on identifying the types of violence (physical, sexual, psychological, economic or financial, patrimonial, institutional and neglect) and protection of the elderly (BRASIL, 2006(a), ROCHA & LOYOLA, 2012). It is fundamental to recognize the signs of violence and its denunciation. According the Law nº 10.741/2003, art. 19, it is established that cases of suspected or confirmed abuse against the elderly must be reported to the Municipal or State Council of the Elderly Rights, Police Station and Public Ministry (ROCHA & LOYOLA, 2012; BRASIL, 2010).

The assistance to the elderly with intercurrency is done in an articulate manner between the Primary Care and Medical Specialties. The first one is responsible for mapping and construction of the reference and counter reference flow to specialized assistance, development and implementation of the "Reference Report of Medical Specialties" and "Counter Reference Report of Primary Care Medical Specialties", and offering specialized appointments according to the intercurrency (hypertension and / or diabetes, tuberculosis, leprosy, leishmaniasis, cancer, HIV, chemical dependency, carrier of functional disability) (ROCHA & LOYOLA, 2012).

Hypertension and diabetes mellitus, diseases which tendency increases with age, are risk factors for developing nephropathy and cardiovascular patia. They represent 62.1% of the primary diagnosis of people put undergoing dialysis (BRASIL, 2006(a); SILVA, FELDMAM, LIMA, NOBRE, DOMINGUES, 2006). The elderly hypertensive and/or diabetic needs to consult with the nursing staff monthly, every six months with the doctor and also go to dentistry appointments. It is important to have a strict control of blood pressure, cholesterol, triglycerides and glucose. All elderly patients with these conditions will be monitored and registered in SISHIPERDIA (System of Registration and Monitoring of Hypertensive and Diabetics) (ROCHA & LOYOLA, 2012).

There are two therapeutic approaches in diabetes and hypertension: treatment based on lifestyle modification (weight loss, physical activity, healthy eating etc.) and medicamental treatment. The first is essential for the success of the second. Thus, the professionals of the Family Health Strategy and the Family Health Support Center should promote meetings with elderly hypertensive and/or diabetic patients to discuss treatment and secondary prevention measures. An example is the Sugaring Life Workshop, which aims at elderly diabetics and how to educate them about the importance of reducing the intake of sugar (BRASIL, 2006(a); ROCHA & LOYOLA, 2012).

The assistance to the elderly with tuberculosis should be made on two fronts: within the Basic Health Unit (UBS) and at home. During the treatment time established by the doctor, the elderly need to consult every month at the health center. There they will be clinically evaluate, receive information about the proper handling of medication and its side effects, besides performing the baciloscopia control exam. Professionals in the Family Health Strategy (ESF) will hold home visits in order to perform baciloscopia examination of the entire family of the elder with tuberculosis, and to take them to a health clinic if a case is identified (ROCHA & LOYOLA, 2012).

The leprosy patients will receive an approach similar to the elderly with tuberculosis, going monthly to the consultations at the UBS and receiving home visits of ESF professionals. During the consultation at the health center, the elderly will be evaluated clinically, with particular emphasis on dermatologic examination, and receive guidance on the drug, its side effects and resistance to treatment. The ESF professionals will seek among those close to the elderly with leprosy cases of the disease by performing the evaluation of thermal,

tactile and pain sensitivity, besides vaccinating them all with BCG (ROCHA & LOYOLA, 2012).

The complementary care to the elderly with leishmaniasis attended at UBS will be done by home visits carried out by ESF professionals, during which they will receive guidance on the use of the medication, importance of hygiene and healthy eating (ROCHA & LOYOLA, 2012).

Regarding the elderly with cancer, although the Specialized Care has a leading role in this treatment, it is the Primary Care that creates a surveillance network of the care process. The elderly should be monitored regarding their adherence to treatment: proper use of the medication, visits to the specialist, treatment procedures (chemotherapy, dialysis, radiotherapy) and healthy eating habits (ROCHA & LOYOLA, 2012).

The Carrier of HIV that attends the Specialized Care Service (SAE) will receive the Basic Health Unit workshops about safe sex practice and the rights of people living with HIV, as well as medical and dentistry consultations (ROCHA & LOYOLA, 2012). This global approach is important because nowadays the HIV/AIDS epidemic among elderly represents a public health problem in Brazil (SANTOS & ASSIS, 2011).

The chemical dependency is also one of the concerning questions that are rising among the elderly. It is estimated that in 2020 the number of older people with abusive consumption of alcohol and drugs doubles (SILVA, SHMMIDT, ALMEIDA & OLIANI, 2013). Therefore, urgent health measures are necessary to fight this prevision. The ESF, NASF and Psycho Social Care (CAPS) professionals must realize the "Harm Reduction Program" Workshop that aims to stabilize the individual's troublesome behavior by the correct use of the medication, as well as to prevent further exacerbation of harmful consequences, such as destruction of the nasal septum in cocaine users, lip burn on marijuana users, cardiorespiratory arrest etc. The State and Municipal Secretariat of Health will be responsible for the creation and development of the Psychosocial Care Network (ROCHA & LOYOLA, 2012).

Regarding the elderly with mental illness, the ESF, NASF and CASP shall inform and clarify doubts of the family, friends and community during the "Open Mind Talk" Workshop, as well as promote the Crazy Cool Walk in solidarity to the people with mental illness. All of this is important to the patient treatment, as it will enable their social reintegration and maintenance of family bonds and emotional ties (ROCHA & LOYOLA, 2012).

Finally, the dependent elder, in others words, the one that is unable to achieve AVD and AIVD without the help of another person, will receive special assistance by the Primary Care's professionals. Since their mobility is damaged and can not go to the Health Clinic, a multidisciplinary team composed by doctors, nurses, dentist, nutritionist, physiotherapy, occupational therapist and psychologist must go monthly to the elderly home to check them. The ACS should conduct home visits every week. The elderly will receive guidance on the management of medications and healthy diet, preventive measures of pressure ulcers (bedsores), will be evaluated for their physical and mental state, and serve as reference if necessary. As to the caregivers, they will be offered information to make them more relaxed and secure in the elder's care process (BRASIL, 2006(a); ROCHA & LOYOLA, 2012).

Conclusion

The use of Elderly's WEP can function as a valuable tool in implementing projects in healthcare. Make it available in online book format to healthcare professionals in the process of continuing education beyond pedagogically contribute to the development of

the activities of these workers in the courses, encourages them to develop their actions in a methodical and organized way in their work environment, always seeking the benefit of the population that will receive more effective health services, especially those groups that require special attention, such as the elderly. It was proved in this paper that the emergence of new mechanisms and tools, especially when related to technology are extremely important in the continuing educational process of health professionals.

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