

# NATIONAL POLICY ON THE ELDERLY: MANAGERS' PERCEPTION AND PROFILE OF THE ELDERLY OF A SMALL MUNICIPALITY

*Política nacional do idoso: percepção dos gestores e perfil dos idosos de um município de pequeno porte*

*Política Nacional del Mayor: percepción de gestores y el perfil de mayores de un pequeño municipio*

Original Article

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## ABSTRACT

**Objective:** The aim of this study was to identify the municipal managers' perception of the National Policy on the Elderly (*Política Nacional do Idoso – PNI*), relating this policy to the sociodemographic profile of the elderly, and health care strategies in a small municipality of Rio Grande do Sul. **Methods:** This is a descriptive and exploratory cross-sectional study of quantitative and qualitative approach. The interviews were carried out with six health managers of a single municipality and 134 elderly, identified by means of a sociodemographic questionnaire. The interviews were transcribed and analyzed using the content analysis method. Statistical analysis was performed using the software SPSS version 21. The Chi-square test was performed, adopting  $p < 0.05$ . **Results:** Through the interviews with health managers, the ignorance of the PNI has emerged, impacting on health planning. Health is represented based on the absence of disease, being related as frequent in aging. The statistical analysis points out significant results in the association between educational level and access to the service ( $p < 0.01$ ) and the elderly's evaluation about the service ( $p = 0.00$ ). **Conclusion:** The managers' lack of knowledge regarding the PNI poses a direct impact on health actions for this life cycle in the municipality. The majority of the elderly were female, with incomplete elementary education, retirees who used a basic health unit and who did not identify their role as social control in the planning of actions that are of interest to them.

**Descriptors:** Elderly; Health Management; Public Policy.

## RESUMO

**Objetivo:** Identificar a percepção dos gestores municipais sobre a Política nacional do Idoso (PNI), relacionando-a ao perfil sociodemográfico dos idosos e as estratégias de atenção à saúde em um município de pequeno porte do Rio Grande do Sul. **Métodos:** Trata-se de um estudo transversal, descritivo-exploratório, de abordagem quanti-qualitativa. As entrevistas foram realizadas com seis gestores de um único município e 134 idosos, identificados por questionário sociodemográfico. As entrevistas foram transcritas e analisadas a partir da análise de conteúdo. A análise estatística foi realizada no programa SPSS versão 21, com aplicação do teste Qui-Quadrado e adotado  $p < 0,05$ . **Resultados:** Ao longo das entrevistas com os gestores emerge o desconhecimento acerca da PNI, impactando no planejamento das ações. A saúde é representada a partir da ausência da doença, relacionando-a como frequente no envelhecimento. A análise estatística aponta resultados significativos na relação entre escolaridade e acesso ao serviço ( $p < 0,01$ ) e avaliação dos idosos sobre os serviços ( $p = 0,00$ ). **Conclusão:** A falta de conhecimento dos gestores no que se refere à PNI impacta diretamente nas ações de saúde para esse ciclo de vida no município. Os idosos eram, na sua maioria, do sexo feminino, com ensino fundamental incompleto, aposentados que usavam unidade básica de saúde e que não identificavam seu papel de controle social para o planejamento de ações que sejam de seu interesse.

**Descritores:** Idoso; Gestão em Saúde; Políticas Públicas.

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## RESUMEN

**Objetivo:** El objetivo de ese estudio fue identificar la percepción de los gestores municipales sobre la Política Nacional del Mayor (PNM) relacionándola con el perfil sociodemográfico de los mayores y las estrategias de atención en salud de un pequeño municipio de Rio Grande do Sul. **Métodos:** Se trata de un estudio transversal, descriptivo-exploratorio, de abordaje cuantitativo. Las entrevistas se realizaron con seis gestores de un solo municipio y 134 mayores identificados por un cuestionario sociodemográfico. Las entrevistas fueron transcritas y analizadas a partir del análisis de contenido. El análisis estadístico fue realizado en el programa SPSS versión 21. Fue realizada la prueba de Chi-cuadrado y adoptado el  $p < 0,05$ . **Resultados:** A lo largo de las entrevistas con los gestores emerge el desconocimiento sobre la PNM lo que impacta en el planeamiento de las acciones. La salud está representada a partir de la ausencia de la enfermedad relacionándola como frecuente en el envejecimiento. El análisis estadístico señala resultados significativos en la relación entre la escolaridad y el acceso al servicio ( $p < 0,01$ ) y la evaluación de los mayores sobre los servicios ( $p = 0,00$ ). **Conclusión:** La ausencia de conocimiento de parte de los gestores sobre la PNM tiene impacto directo en las acciones de salud para ese ciclo de vida del municipio. Los mayores eran, en su mayoría, del sexo femenino con educación primaria incompleta, jubilados que frecuentaban la unidad básica de salud y no identificaban su papel de control social para el planeamiento de acciones que sean de su interés.

**Descriptor:** Anciano; Gestión en Salud; Políticas Públicas.

## INTRODUCTION

Municipalities with up to 15,000 inhabitants represent a significant part of the Brazilian scenario. In the South and Center-West regions, nearly 60% of the municipalities are small. In the Southwest region, this average remains close to the same values, around 55%. In the North and Northeast, this percentage is lower, but not less significant, 46% and 39%, respectively, being composed of municipalities with a population under 12,000 inhabitants. In the state of Rio Grande do Sul, these municipalities represent 74% of the 497 comprised municipalities<sup>(1)</sup>.

It is generally in the small municipalities that the highest percentages of the elderly population are concentrated. Given this, it is worth noting that the aging process goes beyond physiological changes, it also includes the elderly person's own perception of the changes that occur in their life in the most different aspects: physical, emotional, social, among others<sup>(2,3)</sup>. Thus, the increase in the number of elderly people is a triggering factor for changes in the services offered to this population<sup>(4)</sup>.

From the increase in the number of elderly people in the Brazilian population, the health policy on the elderly is

elaborated. Law 8,842 was enacted in 1994 and provides for the National Policy on the Elderly (*Política Nacional do Idoso - PNI*), with the aim of ensuring their rights and establishing responsibilities at the different levels of care, focusing on the autonomy, integration and effective participation of the elderly in society<sup>(5)</sup>. In 2003, through the publication of the Elderly Statute, the protection for the elderly is improved in the country, aiming to contemplate the elderly in their different aspects and guaranteeing them specific rights, such as the duties of families, institutions, the State and the citizen regarding the care and support for the elderly. However, few older people have access to or knowledge about this information<sup>(6-8)</sup>.

In 2012, in the municipality addressed, the population aged 60 years or more represented more than 12% of the population, and there is a trend that this number will increase for the next decades, not only at the national level, but worldwide. Consequently, a new epidemiological profile of the population has been emerging, which leads to the mobilization of the country in the organization and definition of public policies<sup>(9)</sup>.

Knowing the sociodemographic profile of the elderly in a certain place allows the elaboration of an effective plan of action that meets the perspectives and needs of the elderly. The participation of the population in all stages of development and execution is of great importance, since knowing the beliefs, values and meanings with respect to health promotion, as well as the role of physiotherapy in the process, provides greater understanding on the aspects that influence people's lives<sup>(10)</sup>.

Health promotion becomes possible only when we identify the population and the risk factors to which it is exposed. In turn, health promotion only occurs effectively if the managers responsible for the elaboration and application of public policies regard it important in health care, since the demographic transition pushes the need for studies able to guide care in a broad and comprehensive way, in view of the basic concepts redefined by Ordinance No. 2,446 of 2014<sup>(11)</sup>.

Considering the foregoing, this study aimed to identify the municipal managers' perception of the Brazilian National Policy on the Elderly (PNI), relating it to the sociodemographic profile of the elderly and health care strategies in a small municipality of Rio Grande do Sul.

## METHODS

This study is characterized as a cross-sectional, descriptive-exploratory, quantitative-qualitative approach. It was carried out in a small municipality, located in Vale of Taquari, in the inland region of Rio Grande do Sul State, with approximately 12 thousand inhabitants. Emancipated

55 years ago, the municipality, although colonized by Azoreans, has a large part of its population of German origin. Data collection was conducted in August and September 2014.

The qualitative research consisted in the application of interviews with 6 managers of the following areas: health, sports and leisure, social assistance, and housing, who, when invited, accepted to participate in the study and signed the Informed Consent Form (ICF). The interviews were held individually and at the participants' workplace. The data was recorded, transcribed and analyzed by the researcher from the content analysis<sup>(12)</sup>. The interviews had as their theme the PNI, with focus on the aspects related to the management of the services, the participation of the users and the strategies of the municipality.

The quantitative sample was obtained through the application of a sociodemographic questionnaire with elderly residents in the municipality. The elderly included men and women aged 60 years or more, who agreed to participate in the study. According to IBGE data, in 2012, the municipality in question had 1,566 elderly people and the basic care coverage reached 25%. Thus, the total number of elderly in the studied area was 391. Based on this number, a sample calculation was performed, using 95% confidence and 5% sampling error, totaling 195 elderly individuals.

Data collection was performed by community health workers (CHWs) in the home of the elderly, in the morning or afternoon shift, according to the elderly's availability. The questionnaires were filled out by the elderly. Because of the time available for data collection, those who were

Table I - Sociodemographic profile of the elderly interviewed (n=134). Vale do Taquari, RS, 2014.

<b>Sociodemographic data</b>	<b>n</b>	<b>%</b>
<b>Sex</b>		
Female	101	75.37
Male	33	24.63
<b>Age group</b>		
60 to 70	79	58.96
71 to 80	41	30.60
81 to 90	12	8.95
91 to 100	2	1.49
<b>Education level</b>		
Illiterate	8	5.97
1st to 5th grade	107	79.85
6th to 8th grade	11	8.21
High school	3	2.24
Higher education	5	3.73
<b>Residence</b>		
Own	128	95.52
Rented	6	4.48
<b>Whom do you live with?</b>		
Life partner	64	47.76
Alone	35	26.12
Offspring	17	12.68
Life partner/ offspring	6	4.48
Partner/grandchildren	4	2.98
Offspring/grandchildren	3	2.24
Grandchildren	2	1.49
Life partner/ offspring/mother	1	0.75
Caregiver	1	0.75
Siblings	1	0.75
<b>Source of income</b>		
Retirement pension	125	93.28
No fixed source	5	3.73
Pensioner	3	2.24
Statutory sick pay	1	0.75

not in their homes during the data collection period were not included in the study sample, totaling 134 participants.

Statistical analysis was performed with the SPSS program, version 21. The relationship between the variables was analyzed from the Chi-Square test and presented as mean and standard deviation. For all procedures, an error probability of 5% ( $p < 0.05$ ) was adopted.

This research, for compliance with ethical criteria, was sent to the Research Ethics Committee (COEP) of the Univas University Center for evaluation prior to its application, receiving approval by protocol 652,311 of 05/05/2014, in accordance with the regulations of the Ministerial Ordinance no. 466 of 2012 of the Ministry of Health, which provides for research with human beings.

## RESULTS

When analyzing the sociodemographic profile of the elderly, it is noticed that most of them are female, in the age range from 60 to 70 years, with educational level between the first and fifth year of elementary school. As for housing, 47.7% of the elderly live in their own homes, and pension is the main source of income for the elderly. When analyzing the residences, it is identified that the elderly live with offspring and/or partners (Table I).

Knowing the profile of the elderly in the municipality is the first step in care actions planning. For this, it is fundamental to know the National Public Health Policy. The interviews analyzed demonstrate the managers' understanding of the PNI. Through the statements, it is possible to identify how they perceive this articulation within the municipality, revealing the lack of knowledge of it. Interviewee 1 relates it to the medical consultation and identifies the PNI as a sectoral action when stating that: "[...] it is defined more in the area of service to the public that comes to this unit, this field (care for the elderly) would be more related to the social assistance or the Primary Care Support Centers".

Another emerging category relates to the financing for promotion of actions directed at the elderly, emerging the perception regarding the sectorization of care, as well as the lack of understanding of the PNI and its application, as can be perceived in the speech of interviewee 2: "We did not have [...] any program, any project directed at this, through our area, our secretariat, given that all this is absorbed into the social assistance area", adding that "all the projects of elderly groups, mothers groups, mainly the groups focused on gymnastics, all that is absorbed by this social assistance program".

Despite the application of interviews with managers of different sectors, with different ages and backgrounds,

it was also noticed the lack of knowledge of the NIP. The difficulty in understanding that ensuring the PNI's intersectoral articulation in the municipality is a duty of all, as care-giving professionals, emerged in the interviewees' speeches. According to the managers, the activities directed at the elderly refer to the demand for care due to "lack of attention" [E3]. For the manager, this is the reason why projects are being carried out: "[...] we have a contracted teacher who develops gymnastic and dance activities with them" [E2]. The manager attributes to the developed "project" the promotion of the elderly's quality of life, as this would prevent them from needing to make constant use of medication.

In the course of the interviews, the influence posed by the media is perceived in the managers' speeches. During the questioning, in their speeches, the influence of the media emerged as an instrument of opinion formation and reproduction: "Laws exist, but governments promise and do not pass (budget); the elderly today, they struggle to stay alive because they don't even have the right to access the medicines for their maintenance" [E4].

As for this influence, we can see in the interviewee's speech the issues reproduced in the media, especially regarding the difficulty in carrying out care actions that contemplate the elderly's need. Such difficulty is perceived throughout the country and, according to the interviewee's perception, is reproduced in the municipality: "they worked, they helped the country for their whole life; when they (the elderly) retire, they are granted the right to choose between eating or taking medicine" [E4].

When discussing the subject of the right to health, the managers' lack of knowledge is reiterated, the need for policy advances included. Interviewee 3 states that it is "[...] necessary to go much further, both in the public topic and in the topic of awareness of the population itself... on the matter of differentiated attention at banks, many people think that such preference should not exist, so the old person has to go ahead, people have issues with that, but I think we've made a lot of progress". In response to this perception, when asked about the actions taken in the municipality, interviewee 6 says that "it is still far behind, this issue of the elderly specialties here in the region, several municipalities also refer this", in this way, the relationship established between the right to care and a specialized service is noticed again.

As far as politics is concerned, interviewee 5 still relates it to the existence of long-term care institutions for the elderly (*Instituições de Longa Permanência para Idosos - ILPI*) in the municipality: "In fact, not many years ago it was applied (the law), there was a nursing home for seniors". This speech evidences, besides the lack of understanding of the PNI, the association of the right as a

Table II - Variables related to health services. Vale do Taquari, RS, 2014.

<b>Variables related to health services</b>	<b>n</b>	<b>%</b>
<b>Do you search for SUS care in the municipality</b>		
Yes	117	87.31
No	17	12.69
<b>Location where you seek care*</b>		
Basic Health Unit	98	73.13
Secretariat of Health	56	41.79
Hospital	39	29.10
<b>How do you rate the service?</b>		
Very good	22	16.42
Good	80	59.70
Regular	23	17.16
Bad	1	0.75
Did not evaluate	8	5.97
<b>Do you feel your health needs are contemplated?</b>		
Yes	41	30.60
No	32	23.88
Partially	51	38.06
Did not answer	10	7.46
<b>Perception</b>		
Very good	6	4.48
Good	50	37.31
Regular	68	50.75
Bad	6	4.48
Very bad	4	2.98

\* Frequency analysis of responses.

Table III - Association between the analyzed variables. Vale do Taquari, RS, 2014.

<b>Variables</b>	<b>p-value</b>
<b>Age</b>	
Definition of health	0.827
Services provided by SUS	0.770
Health and leisure activity	0.938
Participation in meetings	0.865
Assessment of attention	0.320
Level of education	
Definition of health	0.349
Services provided by SUS	0.010*
Health and leisure activity	0.964
Participation in meetings	0.464
Assessment of attention	0.000*
<b>Diseases</b>	
Definition of health	0.280
Services provided by SUS	0.831
Health and leisure activity	
Participation in meetings	0.650

\*p<0.05

restricted care to the process of aging as a disease. The same interviewee reinforces his statement by saying: *“Rights and duties are that, for example, when these two homes were opened (ILPI), one was even closed because of negligence, poor health; I helped in the execution of some repairs in there”*.

Interviewee 6 points out the challenges of actions directed at the elderly’s health: *“there is a lot to be done, I think, the public power in conjunction with the entities, in short, there is still a lot to be done at the municipality level, we still have to prosper further in this area”*, when asked about the actions taken in the municipality, relating the practice with an awareness-raising action.

These challenges pointed out by the manager reflect on access and health practices. The most accessed service

by the elderly is the Basic Health Unit, and 60% of the interviewees evaluate the care received as good. However, 38% of the elderly report that the health unit partially covers their needs. This also reflects the elderly’s perception of health, in which a majority regarded it regular (Table II).

The statistical analysis of the quantitative data points out significant results between schooling and the use of health services offered by the public network in the city ( $p=0.010$ ), as well as between schooling and the evaluation of attention ( $p=0.00$ ) (Table III).

The difficulties in understanding the proposals of the attention to the elderly on the part of the managers affect the availability of the actions. A major part of the managers interviewed related the responsibility for the actions to the duty of a single professional. As observed in the speech of

Table IV - Participation in the selection of actions and knowledge about the PNI of the elderly interviewed. Vale do Taquari, RS, 2014.

Variables	n	%
<b>Participation in health or leisure group offered by the municipality</b>		
No	48	35.82
Gymnastics/Physical Activity	63	47.01
Best age	10	7.46
CTG Meeting Group	4	2.99
Workshops	4	2.99
Religious Group	3	2.24
Mothers’ Club	2	1.49
<b>Difficulty moving around</b>		
No	82	61.19
Transport	36	26.87
Moving around / Architectural Barriers	14	10.45
Did not answer	2	1.49
<b>Participated in a meeting to choose actions</b>		
No	131	97.76
Gymnastics group	2	1.49
Secretariat reunion	1	0.75
<b>Rights you know*</b>		
Does not know	65	48.59
Free pass	37	27.61
Priority treatment in lines	30	22.38
Priority treatment in health care	10	7.46
Free medication	10	7.46
Respect/to be treated well	6	4.47
Go and come	5	3.73
Retirement	5	3.73
Free examinations	4	2.99
Escort allowed in hospital stay	4	2.99
Leisure	2	1.49
Statute of the Elderly	2	1.49
Vaccines	1	0.75
Access to education	1	0.75

\* Frequency analysis of responses.

interviewee 2: “*The professional [...] made the equipment to work balance, to work strength... very nice*”. Interviewee 3, when referring to the actions of his secretariat, states “*Then we, directly, our secretariat has nothing regarding this theme, and what we know is just through the assistance, that work we do*”.

Interviewee 6 affirmed that the actions carried out are fragmented, “*actions for prevention, rehabilitation and treatment are developed but they are isolated actions, they are not interconnected*”. He complains that specialized care for the elderly is carried out in large centers: “*The sector to which you make a referral, for example, an adult or a child traumatologist is the same as the one to which an elderly person is referred, one needs to see the issue of the secretariat taking them there and bringing them back (with other patients in public transport); in some cases (the elderly) is driven by car*”.

Although the PNI guarantees access to health services, in the managers’ perception the policy comes down to this practice. In their speeches, there was no identification of actions for promotion of the listening to the elderly, and their participation in the decision and elaboration of actions still does not occur in the municipality. Interviewee 4 emphasizes that “*becoming old in this country is sad*”.

Actions of promotion constitute an important strategy of care management, considering that systemic arterial hypertension (SAH) was the most frequent disease, indicated by 65% of the elderly. Asking the elderly about their knowledge of the PNI is a challenge, as it prompts the elderly to become protagonists of their health. The social participation of the elderly is restricted to leisure groups or workshops in different spaces, such as the Centers for Traditions of Rio Grande do Sul (*Centros de Tradições Gaúchas - CTG*) or religious groups. As for the leisure activities indicated by the elderly, they are basically gymnastics. It is noteworthy that 98% of the elderly say they have not participated in the planning of municipal actions related to the elderly’s health (Table IV).

The care action developed in the municipality and reported by most managers refers to groups divided by districts. In these groups, physical activities and group dynamics are performed weekly for approximately one hour. A physical educator hired by the municipality coordinates the activities. Prior to the contract with him, the practice was undertaken by the Secretary of Sports and Recreation, in which an employee coordinated the activities. Regarding the preparation for the action, interviewee 2 points out that the experience of the professional with the labor gymnastics contributed to the accomplishment of the actions, since the professional must be “*[...] a little gifted, one needs to be a little gifted, she was focused on that, she has sympathy, she speaks German*”. On the specialty of acting with seniors, he

says: “*I like this area, I like working with them, because they give you some feedback*”. Besides mystifying the action as a practice that comes predetermined as personality, and not as improvement of knowledge and permanent education, interviewee 2 reflects the infantile action of care, when asked if he/she has knowledge about what are the main practices performed in the groups in each district: “*the games we played as a child*”.

About an elderly group that happens without connection with the management, independently, interviewee 5 relates as being a project of the municipality. For him “*[...] these little balls are even very good therapy*”. Regarding this group, interviewee 2 states that it has already been accompanied as a project; however, he/she understood that this was not the proposed objective when he/she says: “*for them (the elderly), it did not matter, they wanted to just go to the balls to dance, date, and that involved much drinking, many of them drank some beer, most of them smoked, so it diverged a little from what was intended by us, to still offer them a healthy life*”.

Interviewee 2, throughout his report, also makes statements that contradict the previous one, stating that, even with objectives contrasting with what he views for health, the leisure provided by this group can also generate health. Regarding the group that occurs independently from the municipal action, he says that: “*[...] a group directed at the area not only concerned with the area of health, like the physical activity, it is more like a leisure area [...], it is still health because leisure, the proportion of leisure, it generates health*”.

## DISCUSSION

Performing the study in a small municipality is relevant for results that are close to reality at the national level, considering that 61% of the municipalities in the country have a population of less than 15,000 inhabitants. This data becomes even more relevant if analyzed at the state level, since 75.4% of the municipalities comprised in Rio Grande do Sul fall within this description<sup>(13)</sup>.

This study enabled the analysis of important perceptions that emerged from the interviews with the managers. Not less importantly, the questionnaires answered by the elderly reflect the impact of managers’ lack of knowledge, which directly influences the planning and implementation of actions contemplating the needs of the elderly population, taking into account the NPI provisions, especially considering that not the actions should not be based only on the socioeconomic indicators, but the quality of care provided should be also evaluated<sup>(14)</sup>. Management must start from the coordination of those involved through independence in decision-making, but with the awareness

that everyone influences each other, only then rendering it possible the development of activities<sup>(15)</sup>.

The health care practices for the elderly require preparation of both the managers, who are responsible for action planning, and the professionals who will intervene directly with the population. Health care is not restricted to a single professional or sector of a municipality; care pervades knowledge. In a similar study, the authors<sup>(14)</sup> describe that one of the contexts where health professionals reported great difficulty was in sharing knowledge. Among the factors reported by the professionals, are the “[...] *fragility of the professional competence core, non-valuation of their own work, personal difficulties, shyness, immaturity, fear of making mistakes, power disputes, lack of knowledge on how to work in an interdisciplinary way, and limited training during undergraduation studies*”<sup>(16)</sup>. Considering the characteristics of the managers analyzed in the present study, it is possible to draw a comparison with respect to the professional training. Of the six interviewees, only one was a graduate. Of the others, only one was enrolled in an undergraduate course in the health area. It was clear during the interviews that none of the managers had management experience prior to being hired by the municipality.

In the context of the lack of knowledge, we see fragmented actions that affect the form of professional performance. The interviewees evidenced the conception of health as absence of disease, relating the aging process to illness. Care, in their perception, is related to the treatment of diseases, and the rights are reduced to ensuring access to exams, consultations and medications, which confronts the PNI guidelines<sup>(5)</sup>. It can be seen, in addition to the lack of knowledge of the PNI, the lack of projects for health promotion and care actions. In the management of health systems, it is necessary to analyze the complexity of the systems, the understanding that, for being an innovative area, it requires the recognition of the individual performance, however, that the system simultaneously exerts its influence on the overall behavior within the complexity of the care that compose it. It is important that the network be prepared because, once aging is not an equal process for all, meeting different needs becomes a challenge<sup>(14,15,17)</sup>. The changes in the practices offered to the elderly public require a management system that prioritizes integral care but, for this, the professional preparation of the actors of this action demonstrates equal importance in guaranteeing the quality of the service provided, encompassing preventive care, rather than just the curative approach, in the programs offered to the elderly<sup>(18)</sup>.

All the emerging aspects of the interviews are directly related to the lack of knowledge of the PNI. The Public Health Policies guide the needs of the population in a general way; the knowledge and understanding of it, in combination

with the effective participation of the population, enable the elaboration of efficient actions that meet the real needs of each municipality. In view of the above, authors affirm, based on their study, that the subjects that compose the health work process are responsible for approximating or rejecting the idea that it is feasible a new health care project based on the integrality in attention, and emphasize that, for its implementation, one must become an agent of change<sup>(16)</sup>. The health professional, regardless of their training, as an integral part of the care process, must implicitly incorporate the importance of their role as a health and care promoting agent.

Considering care as the starting point of the PNI, it is worth stressing that targeted interventions and preventive actions contribute not only to the individuals’ quality of life, but also corroborate the reduction of costs in the health area<sup>(19,20)</sup>. Studies with an expressive number of elderly people<sup>(17,21)</sup> point to the relation between quality of evaluation of health determinants and the efficiency of practices on healthy aging promotion, within public policies that meet the needs and value this phase of human maturation.

In the international scenario, a study evaluating health in Vietnam<sup>(22)</sup> highlights the challenges faced by the demographic transition and the concern on qualifying health professionals for general performance in compliance with the country’s public health programs. Data on public policies on care for the elderly in Colombia<sup>(23)</sup> approaches the determinations of the Brazilian elderly policy, however, the researchers conclude that, despite the legal frameworks described, the effective applicability represents a challenge and important commitment on the part of health managers.

In addition to the need for knowledge of the NPI, equally important is the search for constant professional improvement and qualification of all those involved in care processes, whether it be in health, leisure, housing, social assistance, or other public sectors that should enable and stimulate the access and participation of the elderly and the general population. Listening is important inasmuch as it extends the qualification beyond the professional, reaching also the service and the network of attention<sup>(24)</sup>. Continuing education, as a promoter of transformation, occurs through the close relationship between theory and practice carried out by the subjects within institutional policies that allow the improvement of actions. The practices based on continuing education promote alternatives that seek to transcend the traditional modes of education, while prioritizing activities that are, in turn, inserted in the historical, social, economic, political and ethical context<sup>(14, 25)</sup>.

The present study is potent in that it brings to light the difficulties regarding the knowledge of the PNI in order to construct effective actions. This discussion, however,

does not end in itself. As the previous knowledge, other factor that stands out is the need for continuing education, professional qualification, and constant improvement. The lack of these requirements has a direct and negative impact on the actions proposed in the health area.

Theoretical knowledge, practical qualification and health planning allow a careful analysis of health situations. Listening to the elderly users of the health system has also proved extremely important, as only this enables the necessary understanding about the real needs of the population that one seeks to contemplate. In addition to enabling the elaboration of efficient actions, it reduces costs to the municipality for being more effective, especially when including projects that aim, in addition to rehabilitation and distinct groups in health, the promotion of preventive plans aimed at the comprehensive attention to the subject, abolishing the fragmentation and sectorization of care.

## FINAL CONSIDERATIONS

The managers' lack of knowledge regarding the PNI directly impacts on the health actions meant for this life cycle in the municipality, reducing this population's right to health to care restricted to the process of aging as illness. The elderly were mostly female, with incomplete elementary education, retirees who used a basic health unit and who did not identify their role of social control in the planning of actions that are of interest to them.

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