LUMEN ET VIRTUS

Health education and health promotion: Impact on the quality of life of the elderly

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ABSTRACT

The elderly population is in increasing evolution and therefore, it is necessary to think about the benefits and consequences that health education and health promotion generate in the lives of the elderly. Objective: to identify the consequences generated in the lives of the elderly through education and health promotion strategies. Methodology: this is an integrative review, with a time limit from 2020 to 2024, using the following databases: PubMed and SciELO (Scientific Electronic Library Online). Articles published only in Portuguese and English were analyzed. Conclusion: with the aging of the population, it is necessary to improve the quality of care for this population, and with the implementation of health education and health promotion in the care of the elderly, it is possible to provide benefits and autonomy to these elderly.

Keywords: Health education, Elderly, Health promotion, Quality of life.

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INTRODUCTION

With the post-transition phase, characterized by the aging of the population, it is necessary to think about actions aimed at a better quality of life for this population. According to Silva *et al.* (2024), population aging and the social impacts caused by this factor, led Brazil to think and develop public policies aimed at the elderly, favoring healthy aging, with citizenship and in a sustainable way. The author highlights the Elderly-Friendly Brazil Strategy (EBAPI) as a way to advance the National Health Promotion Policy, with people aged 60 years and over.

According to the 2022 Census, published by the Brazilian Institute of Geography and Statistics (IBGE), there are approximately 32 million elderly people (15.8% of a total population of 2023 million). This scenario has a direct impact on the Unified Health System (SUS), according to the Ministry of Health (2024), the epidemiological profile of the elderly population is marked by health problems associated with chronic diseases, acute health problems caused by external factors, and worsening of chronic diseases. This means that public health needs to work together with this population to deal with long-lasting diseases and to mitigate the risks of death and sudden illness caused by accidents or acute problems.

In view of this, the importance of preparation to meet this demand is evident, although the Health and Family Strategy (FHS) expands user access to the SUS, there are still flaws that need to be improved to increase quality and problem-solving capacity (Oliveira *et al.*, 2022). From this perspective, with the objective of ensuring equal and unified care for the elderly population, Public Policies for Elderly Care were created, with guidelines aimed at promoting aging in a healthy way and maintaining the functional capacity of this individual, highlighting rights and duties before society (Lima; Ferraz, 2020).

In the aging process, there are numerous vulnerabilities that reduce the quality of life of the elderly. For Souza Júnior *et al*. (2021), psychic and physical changes that occur at this stage of life are not related to the manifestation of any disease, but rather to due internal and external factors. Thus, the aging of the elderly can show signs of fragility, which causes vulnerable health and is susceptible to diseases, emotional stress, and falls.

In order to involve patients in their self-care, it is recommended that both the professional and the patient work in harmony, for a positive achievement of the promotion of basic health care. Thus, it is necessary to have a facilitating professional profile, in which he establishes a dialogue with easy-to-understand language, avoiding scientific terms, offering attentive listening, in addition to demonstrating that he is available to the patient and has the ability to persuade, these factors according to Souza *et al.* (2023), can stimulate this

process. The elderly patient must play an active role, asking questions and consulting information, as these are characteristics that empower him in the care process. In addition, the organizational factors of health services must be considered, including the support of leaders, the availability of resources, and the strengthening of continuing education (Souza *et al*., 2023).

Health Promotion (HP), approached through different perspectives, contributes significantly to the understanding of health. However, according to Souza, Silva, and Barros (2021), HP has often been applied in an authoritarian manner, focusing only on changing health behaviors. According to the authors, this model has blamed the individual exclusively for his or her own health situation, without taking into account other factors and social determinants that hinder the adoption of healthy habits due to the lack of adequate structures.

According to the 1986 Ottawa Charter, health promotion is an essential procedure that seeks to strengthen the capacity of both individuals and communities to manage their own health with the aim of improving it. In line with Souza, Silva and Barros (2021), health promotion grants empowerment by arguing that it is a method that provides people and communities with the opportunity to have control over their health, identifying a variety of fundamental elements for a healthy life and highlighting the relevance of society's participation and cooperation between different sectors for its effectiveness and comprehensiveness.

According to the Ottawa Charter (1986), the fullness of physical, mental and social well-being is only achieved when we are able to recognize and achieve our dreams, meet our needs and adapt to the environment. The definition of health promotion encounters difficulties in its discussion, since health, being a complex event, is affected by fundamental structural changes such as income, housing, employment, education, and other social determinants (Souza; Silva; Barros, 2021).

Considering how important education is to society, it is important to discuss how things in health affect human aging. Therefore, it is necessary to know the life history, preferences, and experiences of the elderly, as well as the activities and problems that affect their life and health. From this perspective, the development of care and care plans, as well as actions and strategies that promote health and self-care are essential for this public (Sales *et al.*, 2021).

METHODOLOGY

Integrative review can be understood as a systematic method that allows searching, evaluating and interpreting syntheses of the available evidence on the topic investigated, as well as the identification of gaps that direct the development of future research (Mendes; Scott; Galvão, 2008).

The study design, a non-clinical research, as described, was integrated by applying the PICO strategy (acronym for P: population/patients; I: intervention; C: comparison/control; O: outcome) to guide data collection. The PICO strategy is a mnemonic that helps to identify the key topics where the P: Elderly; I: Education and health promotion; C: Not applicable O: Consequences for the health of the elderly.

For the theoretical foundation, the following guiding question was established: What are the consequences generated in the lives of the elderly through education and health promotion strategies?

The search will be carried out through Health Descriptors (DeCS)/ Medical Subject Headings (MeSH): combined with the Boolean operator AND, NOT and OR: of the keywords that were defined using the aged/elderly, quality of life/ quality of life, health education/ health education and health promotion/ health promotion. In the database: PubMed and SciELO (Scientific Electronic Library Online).

For inclusion, the following criteria were used: articles published between 2020 and 2024, articles written in Portuguese and articles written in English, articles published in journals, original articles, articles that fit into this research, articles that talk about health education, health promotion, and the elderly.

The exclusion criteria were: articles published outside the established temporality, articles written in languages other than Portuguese and English, original articles, articles that do not contemplate the theme of the research.

For analysis of the articles, it will be through reading the abstracts and titles it was important to exclude studies that do not meet the objective of the study, taking into account the inclusion and exclusion criteria of the work.

HEALTH EDUCATION

Health education is a strategy to help individuals and communities maintain their health through knowledge and teaching. Health education is of great value to the elderly because it helps to form preventive strategies, increases risk awareness, encourages self-care and increases adherence to preventive care, thus enabling them to make decisions

regarding their own health and well-being, but it is necessary to adapt interventions according to the intellect of the elderly *(*Ximenes *et al.,* 2021).

When developing educational interventions for older adults with low educational attainment, it is essential to adopt approaches that take into account their abilities and limitations, such as the use of simpler visual materials, explanatory videos, or even educational sessions led by health professionals to ensure better understanding and engagement. This approach can contribute to improving the effectiveness of interventions and maximizing the benefits for the health and quality of life of older adults (Carvalho *et al*., 2022).

In recent years, the desire to take care of their health, the interest in well-being and quality of life has emerged in the elderly. The desire to have an active aging is indispensable for the creation of educational programs aimed at the elderly. The progress of these programs provides valuable guidelines for continuous improvement for the needs of the elderly public. It is necessary to be aware that well-being should be understood as a complex fact, according to recent studies, as they show that changes associated with age increase health and socio-affective problems (Reis *et al*., 2021).

When investigating the health care model for the elderly, it is seen that in current health systems, problems related to the distribution of care and lack of coordination can be presented through integrated care models. To this end, they suggest the redesign of care levels, aiming to establish a continuous flow of actions that encompass education, health promotion and problem prevention. They highlight the importance of creating a line of care that prioritizes the reception of the elderly and the monitoring of palliative care. Given that health education is an essential activity for nursing professionals, the imperative need for their active and integral participation in the continuous and effective educational process is emphasized. This aims to prioritize the quality of life of the elderly and enable early interventions in the face of the changes that occur at this stage of life (Silva *et al*., 2021).

Health education also has an effect on the mental health of the elderly, making the elderly able to manage their feelings, identify any alteration and seek help when necessary, making the elderly active, capable of managing their life, their well-being, making them autonomous, with the possibility of having an active aging. (Magalhães *et al.*, 2023).

HEALTH PROMOTION

The term "Health Promotion" refers to a collection of methods and approaches to health production, both individual and collective, in order to meet social health needs and ensure improvements in the quality of life of the population (Lima *et al.,* 2021).

Considering the care and health promotion of institutionalized elderly, nursing has an important role in identifying the particularities that occur with aging. They also seek to involve the family in care and work with other professionals to solve health problems, promoting the health of these people, helping them to age in an active and healthy way (Dias *et al*., 2021).

Nursing, which is a protagonist in the art of care, has a fundamental role in identifying the needs of each patient. They should always accompany and guide the elderly and their families. Nursing can promote, intervene, recover, and rehabilitate to improve the quality of life of each person according to their needs (Alves *et al*., 2023).

Health education is one of the main instruments to promote health care, with a broader focus, which helps not only in the prevention of diseases, but also in the development of individual responsibility, which leads to changes in behaviors and practices, improving the quality of life and autonomy of the individual (Lima *et al*., 2021).

By using epidemiological segmentation, there is much to gain in planning and actions to promote the health of the elderly. To preserve the health of the elderly, it is important to promote the cessation of the use of smoking and alcoholic beverages, the appropriate use of medications, the prevention of falls and injuries, improving sleep, mental health, and the maintenance of cognitive processes (Cohrs *et al*., 2021).

The municipal, state and finally national initiative is the basis for the development of public policies for health promotion. Commonly, policies are discussed with professionals from various areas, such as nurses, geriatricians, gerontologists, physical educators, physiotherapists, psychologists, speech therapists and others. Health promotion planning should focus on the autonomy and independence of older adults (Cohrs *et al*., 2021).

IMPACT ON THE QUALITY OF LIFE OF THE ELDERLY

The growing aging of the population, observed even in developing countries, has generated a new demand for programs and public policies aimed at meeting the needs of individuals in the aging process. These initiatives seek both to democratize access to health and to promote conditions that encourage active and healthy aging. The idea of "active aging", adopted by the World Health Organization (WHO) in the 1990s, aims not only to expand access to health, but also to integrate other factors that contribute to improving the quality of life, such as the practice of physical activity, the adoption of a healthy diet, and the prevention of situations of violence (Menezes *et al*., 2020).

Quality of life is often not properly considered by health professionals, resulting in a lack of attention to the subjective dimension that can influence other aspects of the health

of the elderly. It is crucial to understand the relationship between frailty and quality of life in hospitalized older adults in order to implement appropriate interventions and recognize that frailty syndrome can aggravate negative social and psychological outcomes for these patients during their hospital stay (Alves *et al.,* 2023).

With the increase in longevity, there is a growing concern to ensure that aging occurs with quality of life. Many elderly people face the aging process with physical and/or mental weaknesses. In addition, there is an increasing number of elderly people who become dependent, requiring family support and care at different levels. When the family is unable to meet these needs, the care of the elderly person falls on the State (Vasconcelos *et al*., 2022).

Quality of life is a fundamental concept for the analysis of the way of life of the elderly, as it reflects the level of biopsychosocial, spiritual and even economic well-being of the individual. This concept may or may not be associated with comorbidities resulting from aging (Menezes *et al.,* 2020).

The evaluation of quality of life encompasses several elements that directly affect the perception that an individual has about his existence. Elements such as physical health, financial stability, and others are considered when determining a person's level of quality of life. When an elderly person begins to show signs of frailty, it can result in significant changes in their ability to perform daily tasks, negatively impacting their lives, despite the training of health professionals to identify and develop an advanced care plan based on clinical diagnoses, frailty has been underestimated in this approach. Older adults with moderate to severe frailty are often not identified as frail by the health team, which hinders the implementation of appropriate interventions to promote the health of this part of the population (Alves *et al.,* 2023).

RESULTS AND DISCUSSION

After the union of the descriptors, 36 articles in English and Portuguese were found in PUBMED, 17 articles in English and Portuguese were found in SCIELO and 55 articles in English and Portuguese were found in the VHL. All these articles were pre-selected by reading the titles and selecting the publication dates according to the determined period.

At the end of this phase, 36 articles published after 2020 were pre-selected. Subsequently, their respective abstracts were read in order to identify their adequacy to the inclusion criteria. At the end of the selection, 6 articles were chosen. The articles used fit the established criteria, and were available in English and Portuguese. The characteristics of

the studies used are listed in Table 1, according to title, journal/year, authors, keyword and objective.

Table 1 - Methodological description of the studies included in this review

	Title	Magazine/Year	Authors	Keyword	Objective
1	Health promotion: understanding of the elderly participants in remote activities.	Communication disorders PUC-SP/2024.	Darela, Amanda; Belaunde, Aline Megumi Arakawa.	Health promotion; Aging; Elderly; Public health; Speech therapy	Understand the health-promoting actions that are practiced by the elderly, participants in remote group activities.
2	Active aging and health promotion.	UFPE online nursing journal/2021.	Tomasi, Andrelise Viana Rosa; Santos, Silvia Maria Azevedo dos; Valcarenghi, Rafaela Vivian.	Aging; Old; Quality of Life; Health Promotion; Public health; Revision.	Identify the scientific production on active aging.
3	Perspective of the workers of the Family Health Strategy in the promotion of health to the rural elderly.	UFSM Nursing Journal/2022.	Pinto, Andressa Hoffmann; Lange, Celmira; Santos, Fernanda dos; Heidmann, Ivonete Teresinha Schülter Buss; Lemões, Marcos Aurélio Matos; Zillmer, Juliana Graciela Vestena.	Health Promotion; Health Personnel; Comprehension; Continuing education; Old.	To unveil the perspective of health promotion of Family Health Strategy workers in relation to rural elderly.
4	The perception of the elderly about the quality of life and the impact of the coexistence group on their health.	Science, care and health/2022.	Silva, Arielly Luiza Nunes; Carneiro, Myla Aparecida Costa; Silva, Luípa Michele; Lima, Lana Ferreira de; Naves, Emilse; Pilger, Calliope.	Old; Health Promotion; Nursing; Interdisciplinary Practices.	To identify the perception of the elderly about their quality of life and the impact of the living group on their health.
5	Older people living in the community: knowing to sustain a rehabilitation nursing program.	Brazilian Journal of Nursing: REBEn/2020.	Faria, Ana da Conceição Alves; Martins, Maria Manuela Ferreira Pereira da Silva; Ribeiro, Olga Maria Pimenta Lopes; Gomes, Bárbara Pereira; Fernandes, Carla Sílvia Neves da Nova.	Old; Rehabilitation Nursing; Rehabilitation; Promotion of Health; Lifestyle.	To analyze the sociodemographic and health conditions of the elderly living in the community and to describe the pillars for the design of a nursing program of rehabilitation in the community.
6	Self-care deficit in the elderly: characteristics, Associated factors and recommendations to the teams	Interface communication, health and education/2020.	Coutinho, Lúcia Soares Buss; Tomasi, Elaine.	Self-care; Aging; Multimorbidity; Primary Health Care; Strategy Family Health.	The objective of this study was to characterize the self-care deficit in association with characteristics sociodemographic, behavioral, health

	of Family Health Strategy.				status, access to and use of services health care system.

Source: Prepared by the author, 2024.

The articles were published in the subsequent journals Communication disorders PUC-SP/2024, Revista Enfermagem UFPE online, Revista de Enfermagem da UFSM, Ciência cuidado e saúde, Revista Brasileira de Enfermagem – REBEn and Interface comunicação, saúde e educação.

According to Tomasi (2021), population aging is characterized by a change in the age base, leading to an increase in life expectancy and a reduction in mortality, with such an event it is necessary for multidimensional instruments to change according to the particularities of the elderly, considering age, dependence, and quality of life. Changing the culture of care for the elderly is a challenge, but nurses recognize the routine of care for the autonomy of the elderly, making it necessary to implement a multiprofessional health education, thus creating a step towards change, as it is necessary (Lima *et al.*, 2021).

Health plays a fundamental role in the aging process, but other factors such as the environment in which one resides, the family, community and social support network, as well as financial and cultural conditions, also exert an influence. It is essential that health professionals are aware of all these variables to facilitate healthy aging. Several models and research instruments are available in the literature to evaluate lifestyles that promote healthy aging. According to Nola Pender's Health Promotion model, the main components of a lifestyle that favors healthy aging include physical activity, adequate nutrition, responsibility for health, interpersonal relationships, spiritual growth, and stress management. The Individual Lifestyle Profile instrument identifies five essential factors for positive aging: physical activity, nutrition, preventive behavior, stress levels, and social relationships (Faria *et al.*, 2022).

From Souza's (2022) point of view, health education is a strategy for active learning in health, related to lifestyle habits, physical activity and eating habits, active learning programs cooperate for active aging, developing socialization and preventing functional decline.

It was observed that there was a change in the paradigm of what it means to promote health, as there was a behavioral change in relation to health promotion, bringing new aspects to the health system (Pinto *et al.,* 2022). Health systems must be designed according to the aging of the population, to offer services that offer rehabilitation, prevention, treatments, and well-being to the elderly population (Oliveira *et al.,* 2020).

According to Darela (2024), the participation of the elderly in groups that promote health promotion brings benefits and well-being, and this reality is evident: it is necessary to carry out group activities, with the focus on rebuilding the support network, bringing aspects of social interaction with people of the same age. Emotional help plays an important role in understanding aging for the elderly, instrumental help such as offering a helping hand, affective and informative support, thus becoming ideal components for a positive outlook on aging (Buzgová *et al.,* 2024).

The social inclusion of the elderly and the promotion of health has been carried out through the coexistence groups (CG), which are part of the singular strategy, promoting interaction between professionals and patients, thus bringing the social reintegration of the elderly, autonomy and well-being, the proposed leisure activities bring benefits such as reduction of stress and depressive symptoms, thus increasing connectivity between family and friends (Silva *et al.*, 2022).

According to Veras (2024), recreations such as ballroom dancing, theater, music, games, travel, and general knowledge are activities linked to living groups, bringing functionality and flexibility to the elderly, as aging requires adaptations and new learning.

Coutinho (2020), points out the relevance of promoting education among the elderly, in addition to implementing initiatives aimed at health education, aiming to improve self-care capacity. The essential thing is that people are able to understand, interpret and use health information to make more informed decisions about their own self-care. The creation of projects that encourage integration between different sectors, especially between the Municipal Departments of Health and Education, can be as effective an approach as the promotion of health education actions, considering the particularities of each community. According to Bomfim (2022), actions that promote continuing education lead to self-esteem, quality of life, reflection and freedom from citizenship to the elderly.

CONCLUSION

From the observation of the aspects analyzed, the increase in population aging requires government measures and guidelines focused on meeting the demands of the elderly. In view of this, health promotion stands out as an initiative that allows people to obtain information and skills to take more effective care of their own health, avoiding diseases and managing chronic conditions.

The health incentive, on the other hand, aims to establish opportunities that encourage healthy choices, providing physical, mental and social well-being. Activities to stimulate health range from encouraging the practice of physical exercise and adopting a

balanced diet, to strengthening support networks and fighting against social isolation, essential aspects for active and healthy aging.

Methods in health education have a positive impact on the lives of the elderly, promoting independence, autonomy and social integration. The initiative to train the elderly in self-care and encourage healthy environments not only helps in the control of chronic diseases and the prevention of disabilities, but also promotes the inclusion and appreciation of this part of society.

Implementing health education interventions not only provides older people with the knowledge they need to prevent disease, but also tools to manage chronic diseases and develop healthy habits.

Health promotion works in an integrative way, creating environments that promote active aging and enhance autonomy and well-being. The combination of health education and health promotion strategies has the potential to reduce the incidence of health problems, improve functioning and strengthen the sense of social belonging of the elderly.

Thus, it can be stated that investing in health education and health promotion is essential to deal with the challenges resulting from the aging of the population. In addition to promoting healthier aging, such measures help to ease the burden on health services and ensure the sustainability of policies aimed at the elderly. Therefore, it is essential to maintain and expand these actions to ensure a more active and healthy old age, bringing benefits to both individuals and society as a whole.

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