Revista ARACÊ
ISSN: 2358-2472

GUARANTEE OF THE RIGHT TO ORAL HEALTH OF THE ELDERLY: PROFESSIONAL QUALIFICATION IN LONG-TERM CARE INSTITUTIONS AS AN EFFECTIVE STRATEGY

https://doi.org/10.56238/arev6n4-337

Submitted on: 11/20/2024 **Publication date:** 12/20/2024

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ABSTRACT

The aging process observed worldwide, added to the new characteristics and social standards, has generated an increase in the demand for Long-Term Care Institutions for the Elderly (LTCF), which become responsible for the care and assistance of the elderly, including oral health. However, the professionals who work in these institutions are not always prepared to perform this task. Institutionalized older adults often have poor oral hygiene and poor oral health conditions. In view of this reality, and the understanding that oral health is a human right and a duty of the State, the need arose to carry out an intervention project to qualify the professionals of an LTCF located in the territory covered by a Family Health Team. This article is a report of this experience, carried out through workshops and conversation circles, mixing moments of knowledge exchange with theoretical and practical demonstrations. The intervention took place between May and June 2023, with the dentist from the oral health team as a facilitator. The actions had a positive impact on the participants, leading them to awareness and greater concern with issues related to oral hygiene and health, which directly reflected in the change in the

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ISSN: 2358-2472

institution's care routine, in addition to guaranteeing the basic rights of access to health promotion actions, acting to minimize the inequities faced by this vulnerable portion of the population.

Keywords: Aging, Frail Elderly, Oral Health, Health Education.

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INTRODUCTION

The increasing increase in life expectancy associated with the reduction in the birth rate has resulted worldwide in the process of population aging. The Brazilian population has followed this trend and according to the most recent data from the IBGE (2022), the total estimated population of the country in 2022 was 212.7 million (which represents an increase of around 7.6% compared to that found in 2012), in the same period the number of elderly Brazilians over 60 years old went from 11.3% to 14.7% of the population (going from 22.3 million to 31.2 million in numbers which means a growth of 39.8%) (IBGE, 2022).

This transition in the demographic profile, with the consequent increase in the range of elderly people (over 60 years of age according to the WHO) brings challenges to the health sector, especially in developing countries, such as Brazil, as it results in the emergence of new demands, such as the increase in the incidence of chronic and disabling diseases, which lead to a decrease in cognitive and/or motor functionality, bringing limitations to the elderly, as it results in the loss of the ability to perform basic activities of daily living (ADLs), autonomously and independently, needing the help of others to perform these actions (VERÇOSA *et al.,* 2022).

Traditionally, the family is the first option to provide this support to its dependent elderly, assuming this responsibility for itself (TRAD, 2014), but the current socioeconomic scenario has made it difficult for many families to perform the function of caring for these elderly, making Long-Term Care Institutions for the Elderly (LTCF) a viable option and often constituting the only possibility of access to health care, which also contributes to evidencing their vulnerability (BIGATELLO *et al.,* 2018).

Thus, it is up to the professionals who work in LTCFs to seek to promote the biopsychosocial well-being of institutionalized older adults, aiming at greater autonomy and improved quality of life (GUIMARÃES *et al*., 2019). However, previous studies prove that institutionalization contributes to accelerate the functional decline of elderly residents, mainly due to the sedentary routine and little stimulation, increasing the loss of their physical and mental capacity (SOUSA, 2014).

The professionals who work in LTCFs (especially caregivers) have a deficiency in both knowledge and practice of oral health care, which leads to poor oral hygiene and precarious oral health conditions in the elderly assisted, resulting in an increase in the prevalence of oral diseases (high caries rate, periodontal problems and indications for tooth

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extractions...), in addition to systemic repercussions (such as aspiration pneumonia and bacterial endocarditis) (MIRANDA; MENDES; SILVA, 2016 and OLIVEIRA, 2018).

In addition, institutionalized older adults in general also have a high rate of edentulism, without prosthetic rehabilitation, presence of coated tongue, and soft tissue alterations, reinforcing the need to strengthen actions aimed at oral health, especially focused on health education (CUNHA *et al.,* 2021. PAIVA *et al*., 2024).

The Liverpool Declaration (promulgated in 2005 and adopted by the WHO) recognizes oral health as a human right and provides that access to primary oral health care is a duty of the State. It also emphasizes the need to strengthen the promotion of oral health of the elderly, based on the fact that oral health is a preponderant component for the maintenance of general health, as well as the quality of life and well-being of the elderly (MARTINEZ; ALBUQUERQUE, 2017).

Thus, we must consider that in Brazil the guarantee of access to oral health for the institutionalized elderly is the responsibility of Primary Health Care (PHC) of the Unified Health System (SUS), which must act to minimize existing inequities.

Based on this finding, the professionals who make up the Oral Health Team (OHT) of an area covered by the Family Health Strategy (FHS) proposed an intervention project with the purpose of guiding the professionals of an LTCF located in their territory of operation, through health education, on issues related to the health and oral hygiene of the elderly living in the institution.

METHODOLOGY

The present research is a report on the experience lived by the professionals of the ESF OHT, which took place during the months of May and June 2023, with the objective of qualifying the caregivers and nursing technicians of an LTCF in relation to the importance of oral health as well as on the appropriate way to perform oral hygiene and dental prostheses of the elderly assisted, in addition to training them in the early identification of oral lesions, warning signs and symptoms.

In addition to these professionals, elderly residents in the LTCF who maintained levels of autonomy and independence that allow them to perform self-care in oral health also participated. In order to measure the level of functionality for ADLs, the Modified Katz Index (Figure 1) was used, whose validation and reliability have already been proven in previous studies, such as the one carried out by Mendes *et al.,* 2020.

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After applying the Index, the elderly who fit the functionality profiles 1 and 2, according to the modified Katz index score (Figure 2), were invited to participate in health education actions, aiming to stimulate and promote the participation and co-responsibility of the elderly (VERÇOSA *et al.,* 2022).

Thus, the number of participants totaled 44 individuals, of which: eight (08) caregivers, four (04) nursing technicians and thirty-two (32) elderly people.

Figure 1. Katz Index (Form for the evaluation of activities of daily living)

Nome:		Data da avaliação:___/___/_____
Para cada área de funcionamento listada abaixo assinale a descrição que melhor se aplica. A palavra "assistência" significa supervisão, orientação ou auxílio pessoal		
Banho - banho de leito, banheira ou chuveiro		
☐ Não recebe assistência (entra e sai da banheira sozinho se essa é usualmente utilizada para banho)	☐ Recebe assistência no banho somente para uma parte do corpo (como costas ou uma perna)	☐ Recebe assistência no banho em mais de uma parte do corpo
Vestir - pega roupa no armário e veste, incluindo roupas íntimas, roupas externas e fechos e cintos (caso use)		
☐ Pega as roupas e se veste completamente sem assistência	☐ Pega as roupas e se veste sem assistência, exceto para amarrar os sapatos	☐ Recebe assistência para pegar as roupas ou para vestir-se ou permanece parcial ou totalmente despido
Ir ao banheiro - dirigi-se ao banheiro para urinar ou evacuar: faz sua higiene e se veste após as eliminações		
☐ Vai ao banheiro, higieniza-se e se veste após as eliminações sem assistência (pode utilizar objetos de apoio como bengala, andador, barras de apoio ou cadeira de rodas e pode utilizar comadre ou urinol à noite esvaziando por si mesmo pela manhã)	☐ Recebe assistência para ir ao banheiro ou para higienizar-se ou para vestir-se após as eliminações ou para usar urinol ou comadre à noite	☐ Não vai ao banheiro para urinar ou evacuar
Transferência		
☐ Deita-se e levanta-se da cama ou da cadeira sem assistência (pode utilizar um objeto de apoio como bengala ou andador	☐ Deita-se e levanta-se da cama ou da cadeira com auxílio	☐ Não sai da cama
Continência		
☐ Tem controle sobre as funções de urinar e evacuar	☐ Tem "acidentes"* ocasionais * acidentes= perdasurinárias ou fecais	☐ Supervisão para controlar urina e fezes, utiliza cateterismo ou é incontinente
Alimentação		
☐ Alimenta-se sem asistência	☐ Alimenta-se se assistência, exceto para cortar carne ou passar manteiga no pão	☐ Recebe assistência para se alimentar ou é alimentado parcial ou totalmente por sonda enteral ou parenteral

Source: Duarte, Andrade and Lebrão (p.321, 2007)

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Figure 2: Modified Katz's Independence in Life Activities Index

ATIVIDADES Pontos (1 ou 0)	INDEPENDÊNCIA (1 ponto) SEM supervisão, orientação ou assitência pessoal	DEPENDÊNCIA (0 pontos) COM supervisão, orientação ou assitência pessoal ou cuidado integral
Banhar-se Pontos: ___	(1 ponto) Banha-se completamente ou necessita de auxílio somente para lavar uma parte do corpo como as costas, genitais ou uma extremidade incapacitada	(0 pontos) Necessita de ajuda para banhar-se em mais de uma parte do corpo, entrar e sair do chuveiro ou banheira ou requer assistência total no banho
Vestir-se Pontos: ___	(1 ponto) Pega as roupas do armário e veste as roupas íntimas, externas e cintos. Pode receber ajuda para amarrar os sapatos	(0 pontos) Necessita de ajuda para vestir-se ou necessita ser completamente vestido
Ir ao banheiro Pontos: ___	(1 ponto) Dirigi-se ao banheiro, entra e sai do mesmo, arruma suas próprias roupas, limpa a área genital sem ajuda	(0 pontos) Necessita de ajuda para ir ao banheiro, limpar-se ou usa urinol ou comadre
Transferência Pontos: ___	(1 ponto) Senta-se/deita-se e levanta-se da cama ou cadeira sem ajuda. Equipamentos mecânicos de ajuda são aceitáveis	(0 pontos) Necessita de ajuda para sentar-se/deitar-se e levantar-se da cama ou cadeira
Continência Pontos: ___	(1 ponto) Tem completo controle sobre suas eliminações (urinar e evacuar)	(0 pontos) É parcial ou totalmente incontinente do intestino ou bexiga
Alimentação Pontos: ___	(1 ponto) Leva a comida do prato à boca sem ajuda. Preparação da comida pode ser feita por outra pessoa	(0 pontos) Necessita de ajuda parcial ou total com a alimentação ou requer alimentação parenteral

Total de Pontos = _____	6 = Independente	4 = Dependência moderada	2 ou menos = Muito dependente

Source: Duarte, Andrade and Lebrão (p.323, 2007)

The action was carried out using workshops and conversation circles as active teaching-learning methodologies, as they allow, based on dialogue, the articulation of knowledge in a horizontal way, valuing popular knowledge, and encouraging critical awareness for the individual and collective production of knowledge (BRASIL, 2014). Each workshop lasted an average of 1 hour.

It is noteworthy that the actions were built in a shared way with the professionals of the Institution, during meetings and moments of home care, where it was allowed to know their demands and expectations.

The workshops began in May 2023, considered the month of awareness of mouth cancer and extended to June of the same year.

The first health education action carried out dealt with the theme: identification of oral lesions, with the purpose of assisting in the early diagnosis of oral cancer. For this, a conversation circle was held associated with explanatory moments, using a banner as a visual resource, through an active methodology and with practical demonstration of the self-examination of the mouth. Caregivers, nursing technicians and partially dependent elderly people participated in this moment.

The second moment was carried out through a workshop, which dealt with the theme: the Importance of Health and Oral Hygiene of the Elderly. Participants were encouraged to say what they understood about oral health, how and how often oral hygiene practices were performed, their understanding of how compromised oral health reflects on

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general health, what impacts were felt on the quality of life of the assisted elderly, and to share their experiences.

At the end, a practical demonstration of proper oral hygiene was carried out (using a macro-model), in addition to teaching how to make, together with the professionals, devices that facilitate the practice of oral hygiene of the dependent elderly (making dolls and mouth openers using tongue depressors, gauze and masking tape)

During the workshop on oral hygiene facilitating devices, it was suggested by the participants to demonstrate their practical use in bedridden elderly people, in order to reinforce the learning process from visualization and subsequent practice. Thus, another moment of health education was offered in the intervention.

RESULTS

The continuity of the work of the OHT professionals in the institution made it possible to perceive the positive impacts generated after the intervention actions. The discourses produced during and after the workshops allow us to say that the LTCF professionals showed interest in the theme, actively participating and suggesting new approaches, as can be seen in the statements of two of the participating caregivers recorded in a field diary:

> Caregiver 1: "I took an online training course and I didn't see anything about oral health, only about fall prevention, management of the elderly, displacement..."
>
> Caregiver 2: "I also never had training on the subject, I didn't know that I always needed to brush the prostheses."

A greater concern with oral health was also perceived, based on knowledge and awareness, as demonstrated in the statement of one of the nursing technicians:

> Tech. Nurse. 1: "These devices will help a lot in the hygiene of the mouth of the G* (institutionalized elderly), I noticed this morning that he is bleeding, and he bites, making brushing difficult".

The actions also reflected in the insertion of the practice of oral hygiene in the daily routine of care for the elderly in a safer and more effective way, unlike before, when oral hygiene activities were not carried out daily in all the elderly.

The intervention was also successful in relation to the acceptance and participation of partially dependent elderly people for ADLs. Most were enthusiastic about taking an active part in the process, generating in them not only a sense of co-responsibility, but also the satisfaction of being seen and having their leading role highlighted.

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Some even started asking to brush their teeth after the meal, requesting the brush from their caregivers according to their reports. One in particular shows the brushed teeth to any health professional who enters the LTCF, which denotes the immense satisfaction of having back not only oral hygiene performed properly, but also the feeling of autonomy and respect for their dignity returned.

DISCUSSION

In the Clima Bom neighborhood, in Maceió/AL, the territory where the Rosane Collor FHS operates, there is the LTCF "Home for the Elderly Friends in Action", which currently houses 42 elderly people, whose functionality profiles are distributed as follows: 17 elderly people characterized as profile 1 (independent and autonomous elderly people to perform ADLs), 15 elderly people characterized in profile 2 (elderly people in need of adaptation or supervision by third parties to perform ADLs) and 10 elderly people characterized as profile 3 (elderly people dependent on third parties to perform ADLs.

During the visits made to the LTCF, in early 2023, by the FHS dentist, poor health conditions and poor oral hygiene were observed in the elderly residents, which resulted in complaints of toothache, nutritional deficit (due to chewing difficulty caused by pain or tooth loss) and impaired sleep quality.

In conversation with the LTCF professionals, it was found that only part of the caregivers had gone through a training course and in theory should be qualified to perform oral hygiene for the elderly, which did not happen in practice.

The caregivers reported that they did not feel able to perform oral hygiene correctly, and pointed out as justification the inefficient training, resistance of the assisted elderly and difficulty in managing the bedridden elderly (fear of hurting the elderly or even hurting themselves during the practice). These same factors were reported by the nursing technicians responsible for the care of the bedridden elderly.

Such factors reinforce the findings found in previous studies, and show the lack of preparation that the professionals responsible for the care of the elderly have on a daily basis (ALVES, 2019).

In view of this scenario, the dentist of the FHS Oral Health Team (OHT) responsible for the territory where the LTCF is located proposed an intervention project with the objective of ensuring access to health promotion and disease prevention for this portion of

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the population that, in addition to being vulnerable, is sometimes neglected, contributing to the perpetuation of inequities (MARTÍNEZ; ALBUQUERQUE, 2017).

The significant increase in the range of elderly population in Brazil and in the world led the UN to declare 2021-2030 as the Decade for Healthy Aging, following previous WHO guidelines, including the WHO Global Strategy on Aging and Health (PAHO, 2020).

The first point to be highlighted in the present study is related to the territory where the LTCF is inserted, the Bairro do Clima Bom, located in the 7th health district of Maceió/AL, is one of the most populous in the municipality. The community where the LTCF is located, called Colina 2, is a community of high social vulnerability, with an average income of half to 1 minimum wage, a population with a low level of education and a high rate of violence.

Such information is relevant, given the correlation between the health of the elderly and their income. The lower their income, the worse their health status and the greater the difficulty in accessing the health system (MREJEN; NUNES; GIACOMIN, 2023)

Therefore, oral health interventions, through health education actions, taking into account the Social Determinants of Health where these elderly people are living, also bring with them the purpose of combating social inequities that still persist in translating into the form of oral health status under different aspects such as: access, availability of supply and even in the quality of the service provided (MARTÍNEZ; ALBUQUERQUE, 2017).

The actions offered in this project are in line with such guidelines, seeking to integrate the health and social sectors in a person-centered approach is fundamental for better care for older people and to support caregivers, so that they can provide adequate care (PAHO, 2020), as can be seen in Fig. 3, where the main areas of action of the Decade are arranged.

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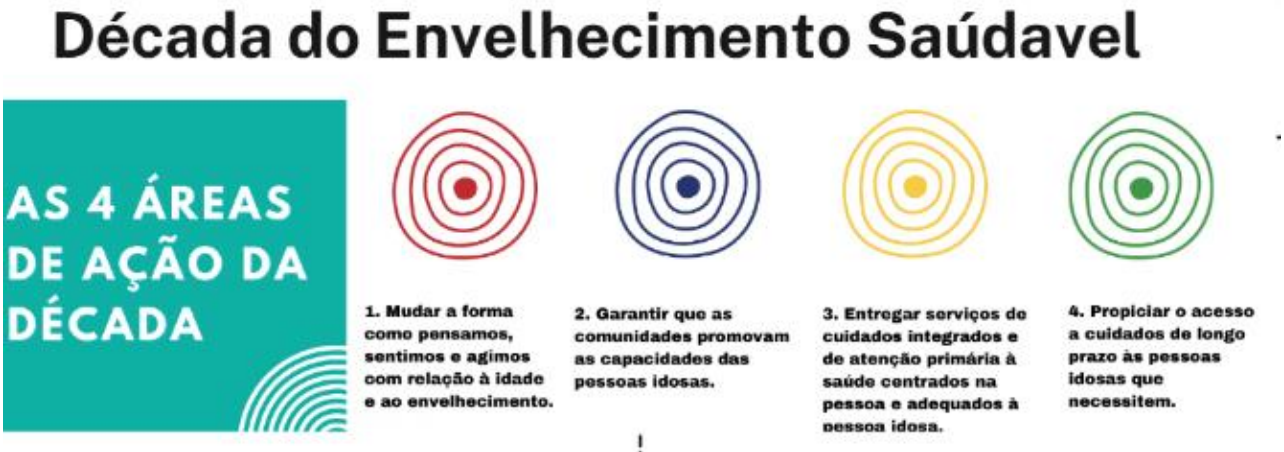
Figure 3. The four areas of action of the Decade of Healthy Ageing:



Source: OPAS, 2020

Digging deeper into area 4, the WHO states that:

> Decreased physical and mental abilities can limit older people's ability to care for themselves and participate in society. [...]Access to good-quality, long-term care is essential to maintaining functional capacity, **enjoying basic human rights, and living in dignity.** In addition, it is essential to support caregivers, so that they can provide adequate care [...] (PAHO, 2020).

And it is precisely in the sense of supporting caregivers, through adequate training, and the inclusion of the elderly as active participants in the health education process that the construction of this intervention was based.

The need to support formal caregivers in LTCFs has been pointed out previously, including by studies carried out in other developing countries, as stated by Godoy, Rosales, and Garrido-Urrutia (2019), whose research carried out in Chile concluded that formal caregivers have low training in relation to oral health care for dependent older adults, stating that it is also necessary to develop oral health interventions in order to better qualify these professionals, resulting in a better performance of their assignments.

In addition to the above, an important aspect was the participation of nursing technicians, as oral health care for dependent elderly people is still largely attributed to the nursing team, however, studies have shown that technical training in the nursing area prepares professionals for the specific demands of nursing, thus there is a lack of preparation with regard to issues related to oral health (Barbosa *et al.*, 2021). This same study demonstrated that the qualification of these professionals helped to minimize this gap.

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Another important factor to be reported was the inclusion of dependent older adults, including them in the process, from active listening to encouraging effective participation, whether in conversation circles or in demonstrations and executions of oral hygiene practices.

The change in the way of thinking and acting in the face of aging, in addition to being in accordance with the actions guided by PAHO (2020) is sovereign to combat the prejudice of ageism. The elderly should not be seen as a homogeneous group, because in this way there is a risk of neglecting their individual needs.

Actions aimed at the elderly public should be centered on the person, providing their protagonism and empowerment, seeking to stimulate their autonomy and dignity (ISHIMITSU; ALMEIDA; BATISTA, 2023).

CONCLUSION

One of the main challenges when it comes to the quality of life of dependent older adults is to provide effective long-term care. This report sought to reflect on the importance of the role of the health professional as an agent promoting health education actions in order to support and qualify caregivers of the elderly and the technical nursing team of an LTCF, in addition to evidencing the feasibility of using social technologies as a possible, accessible and easily replicable instrument with great potential for changing reality.

The participation of the Institution's professional team during all stages, from planning, contributed to their adherence and interaction during all the moments offered.

The inclusion of partially dependent elderly served as a motivator, stimulating autonomy and facilitating the process of behavioral change, based on their empowerment.

Thus, it is concluded that the action of health education, when well planned, within a shared decision-making process, and using active methodologies where the pre-existing knowledge of all participants is valued, constitutes a powerful tool to improve the quality of oral health, reflecting on the improvement of the quality of life of this portion of the population that is so often neglected and marginalized.

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