



PROMOÇÃO DA SAÚDE E QUALIDADE DE VIDA 3

Taísa Ceratti Treptow
(Organizadora)



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E QUALIDADE DE VIDA

3

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APRESENTAÇÃO

No último século, as condições de vida e saúde têm melhorado de forma contínua e sustentada devido aos progressos políticos, econômicos, sociais e ambientais, além de grandes avanços na saúde pública. Na primeira conferência internacional sobre promoção da saúde em 1986 foi elaborada a carta de Ottawa que descrevia a promoção da saúde como processo de capacitação da comunidade para atuar na melhoria da sua qualidade de vida e saúde, incluindo uma maior participação no controle deste processo.

A promoção da saúde representa uma estratégia promissora para enfrentar os múltiplos problemas de saúde que afetam a população. Neste contexto, propõe uma concepção ampla do processo saúde-doença e de seus determinantes, a articulação dos saberes técnicos e populares, além da mobilização de recursos institucionais e comunitários, públicos ou privados com o intuito de enfrentar e promover a resolução destas dificuldades no âmbito da saúde.

A obra “Promoção da saúde e qualidade de vida” da Atena Editora está dividida em dois volumes. O volume 3 está constituído em 20 artigos técnicos e científicos que destacam pesquisas principalmente na esfera pública do Sistema Único de Saúde em todos os ciclos da vida da gestação ao envelhecimento, contemplando a saúde e as mais diversas patologias. Pesquisas envolvendo a comunidade geral e universitária, abordagens e técnicas diferenciadas, além de percepções da promoção da saúde e qualidade de vida internacional. Já, o volume 4 contempla 21 artigos técnicos e científicos com pesquisas focadas principalmente na esfera ambulatorial e hospitalar juntamente com técnicas laboratoriais e profissionais, englobando interpretação de exame, suplementação, atuações profissionais, pesquisas voltadas para urgência, emergência e unidade de terapia intensiva, além de opções de tratamento para diversas patologias.

Sendo assim, o *e-book* possibilita uma infinidade de experiências nos diferentes cenários de atuação, permitindo extrapolar fronteiras e limites do conhecimento dos profissionais da área da saúde e demais interessados. Além disso, desejamos que a leitura seja fonte de inspiração e sirva de instrumento didático-pedagógico para acadêmicos e professores nos diversos níveis de ensino, e estimule o leitor a realizar novos estudos focados na promoção da saúde e qualidade de vida.

Agradecemos aos autores por suas contribuições científicas nesta temática e desejamos a todos uma excelente leitura!

Taísa Ceratti Treptow

SUMÁRIO

CAPÍTULO 1..... 1

INFLUÊNCIA DOS GASTOS COM SAÚDE NO ÍNDICE DE MORTALIDADE INFANTIL NOS MUNICÍPIOS CATARINENSES

Camilly Vitória Moreira Loth

Cleonice Witt

Gabriel Matheus Ostrovski

Isabely Aparecida Kroll

Mislaine Lourenço

Vitória Nader Dutra

 <https://doi.org/10.22533/at.ed.0822217101>

CAPÍTULO 2..... 10

INDICADORES EPIDEMIOLÓGICOS DE CRIANÇAS E ADOLESCENTES DIAGNOSTICADAS COM A COVID-19 NO MUNICÍPIO DE REALEZA, PARANÁ

Bianca Cestaroli

Izabel Aparecida Soares

Alexandre Carvalho de Moura

Jucieli Weber

Camila Dalmolin


Dalila Moter Benvegno

Gisele Arruda

Silvana Damin

Vanessa Silva Retuci

Felipe Beijamini


 <https://doi.org/10.22533/at.ed.0822217102>

CAPÍTULO 3..... 19

IMPACTO DO ESTÍMULO EXCESSIVO DA VISÃO DE PERTO NO DESENVOLVIMENTO DE MIOPIA EM CRIANÇAS: UMA REVISÃO DE LITERATURA

Renan Felipe Silva de Moura

Lívia Oliveira Delgado Mota


 <https://doi.org/10.22533/at.ed.0822217103>

CAPÍTULO 4..... 31

PANORAMA EPIDEMIOLÓGICO DO LEIOMIOMA UTERINO NO RIO DE JANEIRO NO PERÍODO DE JANEIRO DE 2016 A JANEIRO DE 2021

Yasmin Taffner Binda

Oswaldo Aparecido Caetano

 <https://doi.org/10.22533/at.ed.0822217104>


CAPÍTULO 5..... 41

OS TIPOS DE INTERVENÇÕES DE ESTILO DE VIDA E SEUS POSSÍVEIS EFEITOS NO GANHO DE PESO GESTACIONAL TOTAL: REVISÃO DE LITERATURA

Gabriela de Melo Junqueira

Sara Cristine Marques dos Santos


André Elias Ribeiro

 <https://doi.org/10.22533/at.ed.0822217105>

CAPÍTULO 6..... 53

ATUAÇÃO DA FISIOTERAPIA NA QUALIDADE DE VIDA DE MULHERES MASTECTOMIZADAS- UMA REVISÃO NARRATIVA


Aline Lopes Ferreira
Ana Carolina Lima Furtado
Gabrielle Alexandra Andrade Alves
Juliana de Paula Ferreira
Kayky Nathan Lopes Ferreira Marota
Larissa Carolina Carvalho Marques
Maria Eduarda Santos Figueiredo
Mariana Beatriz Lima e Silva
Taynara Larissa Silva Oliveira
Claudio Marcos Bedran de Magalhães, Msc

 <https://doi.org/10.22533/at.ed.0822217105>

CAPÍTULO 7..... 66

CAMPANHA DE TESTE RÁPIDO PARA INFECÇÕES SEXUALMENTE TRANSMISSÍVEIS: UMA EXPERIÊNCIA DE EXTENSÃO UNIVERSITÁRIA

Jhulye Vieira de Sousa
Kézia da Costa Falcão
Débora Pena Batista e Silva
Samyly Marques Ribeiro de Oliveira
Rocyane Isidro de Oliveira
Antonio Rodrigues Ferreira Júnior

 <https://doi.org/10.22533/at.ed.0822217105>

CAPÍTULO 8..... 71

VIOLÊNCIA DOMÉSTICA/SEXUAL SEGUNDO RAÇA/COR NO CONTEXTO DA PANDEMIA DO COVID-19: MUNICÍPIO DO RIO DE JANEIRO

Julia Verli Rosa
Ana Luiza de Oliveira Carvalho
Juliana da Fonsêca Bezerra
Fernanda Martins Cardoso
Natália Moreira Leitão Titara
Ana Beatriz Azevedo Queiroz
Maria Ludmila Kawane de Sousa Soares
Aline Furtado da Rosa
Luana Christina Souza da Silva


 <https://doi.org/10.22533/at.ed.0822217105>

CAPÍTULO 9..... 81

INCIDÊNCIA DE DOR NA ARTICULAÇÃO TEMPOROMANDIBULAR E OS DIFERENTES NÍVEIS DE ANSIEDADE EM ACADÊMICOS DO CURSO DE FISIOTERAPIA DE UMA

FACULDADE DO MARANHÃO


Thaiza Cortês de Mesquita
Ana Clara Lisboa dos Santos
Roberth Silva Oliveira Segundo
Yanna Eutalia Barbosa Figueredo Sousa
Valéria de Sousa Viralino
Naiana Deodato da Silva
Josiene Felix de Moura Macedo
Greice Lanna Sampaio do Nascimento
Sara Ferreira Coelho
Lélia Lilianna Borges de Sousa Macedo
Francisco Mayron de Sousa e Silva

 <https://doi.org/10.22533/at.ed.0822217109>

CAPÍTULO 10..... 93

INTERVENÇÕES COMUNITÁRIAS PROMOTORAS DE UM ENVELHECIMENTO SAUDÁVEL

Ana Sobral Canhestro

 <https://doi.org/10.22533/at.ed.08222171010>

CAPÍTULO 11 107

PROMOÇÃO DA SAÚDE E CUIDADO AO IDOSO NAS INSTITUIÇÕES PÚBLICAS ESPECIALIZADAS: REVISÃO INTEGRATIVA DE LITERATURA


Rayana Gonçalves de Brito
Denise Machado Duran Gutierrez

 <https://doi.org/10.22533/at.ed.08222171011>

CAPÍTULO 12..... 120

CONSTRUÇÃO DE PODCAST PARA PROMOÇÃO DA QUALIDADE DE VIDA DO IDOSO: RELATO DE EXPERIENCIA


Isael Cavalcante Silva
Ivanete Silva De Sousa
Vitoria Kisla Brasil Barros
Natalia Barbosa De Sousa
Otaline Silva Abreu
Paloma Ferreira Rodrigues
Elisabeth Soares Pereira da Silva

 <https://doi.org/10.22533/at.ed.08222171012>

CAPÍTULO 13..... 127

ESTILO DE VIDA, RELIGIÃO, MORTALIDADE E EXPECTATIVA DE VIDA


Estêfano de Lira Fernandes
Lanny Cristina Burlandy Soares
Natália Cristina de Oliveira
Márcia Cristina Teixeira Martins
José Lázaro Vieira dos Passos
Leslie Andrews Portes

 <https://doi.org/10.22533/at.ed.08222171013>

CAPÍTULO 14..... 140

O PATRIMÔNIO NATURAL À LUZ DA ABORDAGEM ONE HEALTH


Rodolfo Nunes Bittencourt
Fábio Luiz Quandt
Ana Carenina Gheller Schaidhauer
João Carlos Ferreira de Melo Júnior

 <https://doi.org/10.22533/at.ed.08222171014>

CAPÍTULO 15..... 155

HEALTHY AGING PROMOTION IN BAIXO ALENTEJO, PORTUGAL


Ana Sobral Canhestro

 <https://doi.org/10.22533/at.ed.08222171015>

CAPÍTULO 16..... 169

CONDIÇÕES DE ARMAZENAMENTO DE MEDICAMENTOS EM DOMICÍLIOS E A IMPORTÂNCIA DO FARMACÊUTICO NA ATENÇÃO BÁSICA


Lalesca Gomes de Oliveira

 <https://doi.org/10.22533/at.ed.08222171016>

CAPÍTULO 17..... 174

ATENÇÃO A PACIENTES ONCOLÓGICOS NO SISTEMA ÚNICO DE SAÚDE: REFLEXÕES SOBRE O DIREITO À VIDA

Maria Gabriela Teles de Moraes
Carolina Nunes Werneck de Carvalho
Caroline Silva de Araujo Lima
Lionel Espinosa Suarez Neto
Renata Reis Valente
Ana Luiza Silva de Almeida
Luciane Guiomar Barbosa
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Juliana Cidade Lopes
Jéssica José Leite de Melo
Tiago Mello dos Santos
Juliana Claudia Araujo


 <https://doi.org/10.22533/at.ed.08222171017>

CAPÍTULO 18..... 183

DESCENTRALIZAÇÃO DAS AÇÕES DO PROGRAMA DE CONTROLE DA MALÁRIA NO ESTADO DO AMAZONAS: UM DOS DETERMINANTES PARA O CONTROLE DA ENDEMIAS

Myrna Barata Machado
Elder Augusto Figueira
Ricardo Augusto dos Passos


Cristiano Fernandes
Bernardino Claudio Albuquerque
Rosemary Costa Pinto
Martha Cecilia Suárez Mutis

 <https://doi.org/10.22533/at.ed.08222171018>

CAPÍTULO 19..... 200

TÉCNICAS E ESTRATÉGIAS PARA MELHORIA DOS PROCESSOS DE TRABALHO EM UNIDADE BÁSICA DE SAÚDE: - CONSULTA DE ENFERMAGEM NA RUA


Antônio de Magalhães Marinho
Maria Lelita Xavier
Conceição de Maria Neres Silva Vieira
Carmen Dias dos Santos Pereira
Elisabete Bárbara Teixeira
Jovita Vitoria da Silva Vianna
Julia Marinho Ribeiro
Antônio de Magalhães Marinho

 <https://doi.org/10.22533/at.ed.08222171019>

CAPÍTULO 20..... 220

ANÁLISE BIBLIOMÉTRICA SOBRE IDOSOS E INSTITUIÇÕES DE LONGA PERMANÊNCIA

Daniel Monteiro Constant
Bianca Accioly Tavares
Isabela Regina Vieira Barbosa
Josué De Oliveira Leitão
Amanda Karoline da Silva Pedrosa
Maria das Graças Monte Mello Taveira
Priscila Nunes de Vasconcelos
Divanise Suruagy Correia
Ricardo Fontes Macedo
Sandra Lopes Cavalcanti

 <https://doi.org/10.22533/at.ed.08222171020>

SOBRE O ORGANIZADORA 233

ÍNDICE REMISSIVO..... 234

HEALTHY AGING PROMOTION IN BAIXO ALENTEJO, PORTUGAL

Data de aceite: 03/10/2022

Ana Sobral Canhestro

Polytechnic Institute of Beja - Portugal

ABSTRACT: The objective of this study was describe the perspective of health promotion agents about healthy lifestyles promotion in order to a healthy aging, in Baixo Alentejo - Portugal. Using a qualitative design the sample of subjects was deliberated, with fourteen health promotion agents from primary health care services and municipalities selected to participate in an individual interview. Data analysis included a content and thematic analysis that revealed six themes: 1) Development of community interventions to promote healthy lifestyles 2) Effectiveness of interventions in the adoption of healthy lifestyles 3) Factors that influence the development of interventions to promote healthy lifestyles 4) Community participation 5) Environment facilitator of healthy choices 6) Nurse's role in the healthy lifestyles promotion. We conclude that the interventions are directed mainly to children and the elderly and are usually developed by the health sector in partnership with municipalities. Community participation is one of the most mentioned strategies to increase the effectiveness of health promotion interventions however there are difficulties in community empowerment and a lack of culture of participation in people and communities. Nurses have three key roles in health promotion interventions to promote healthy lifestyles: caring role; leadership

role and enabling role.

KEYWORDS: Health Promotion, Healthy aging, Healthy lifestyles, Community intervention (118).

INTRODUCTION

The last century saw significant changes in the demographic and epidemiological profile of the world population, particularly in the more developed countries. Life expectancy has progressively increased over recent decades and this trend is expected to continue. However, a long life are not always accompanied by good health and the cost and prevalence of chronic disease is increasing (Oxley, 2009). Although chronic diseases have been identified as the main cause of functional decline and death, many studies now suggest that chronic diseases might not be a necessary consequence of aging if a healthier lifestyle are adopted by the individuals of any age (Oxley, 2009).

The promotion of healthy aging is an international imperative for policymakers and practitioners because the societies need to increase knowledge about how to promote good health so as to prevent the costly and negative impacts effects of aging (Runciman, Watson, McIntosh, and Tolson, 2006; The Swedish National Institute of Public Health, 2006).

Effective interventions are needed to promote health and prevent disease in a perspective that goes beyond the individual risk

factors and continue throughout the life course (Darnton-Hill, Nishida, and James, 2004).

Nurses are in the ideal and best position to assume the role of health promoter and their expertise and knowledge in this area receives high credibility from the public (Kemppainen, Tossavainen, and Turunen, 2013) and from the other professionals.

BACKGROUND

The attention to aging issues increased in recent decades as a result of demographic changes over the twentieth century. The increasing lifespan together with declining fertility rates are a reality across the most developed countries. Europe is the continent most affected by an aging population and Portugal is not an exception with an important increase in the size and proportion of the elderly population. Alentejo, which is the less populated region of Portugal, has a higher percentage of old people and is where the population shows a higher need for health care because there is a higher percentage of population with declining health status caused by chronic or acute diseases (Santana, 2000; Santana, Alves, Couceiro, and Santos, 2008; INE, 2012).

Progressive aging of our societies should be viewed as positive phenomena and an opportunity to focus on a positive health promotion throughout the life-course (Ruciman et al, 2006), however this new reality is also a challenge for many sectors of society: in education - reducing the number of students, in health - increased pressure on the Health System and in social protection - financial sustainability (Rosa and Chitas, 2010). Recent projections predict an overall increase in public spending related to population aging, there is however a general consensus that the impact of these costs can be minimized by keeping healthy, autonomous and independent people for the longest period possible (Oxley, 2009; Davim et al., 2010; Drennan et al., 2005; Ming, Gao and Pusari, 2006).

Healthy aging has been defined as “the process of optimizing opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life” (The Swedish National Institute of Public Health, 2006, p. 16). Promote healthy aging is one of the major challenges to be faced today and the promotion of a healthy lifestyle through life is one of its pillars. “Lifestyle is a way of living based on identifiable patterns of behavior which are determined by the interplay between an individual’s personal characteristics, social interactions, and socioeconomic and environmental living conditions” (WHO, 1998, p. 26). “In the context of health, lifestyle is defined as discretionary activities that are regular part of one’s daily pattern of living and significantly influence health status” (Pender et al., 2011).

The WHO policy framework on ageing comprise a life-course approach to healthy ageing, recognizing that actions to ensure quality of life in old age should begin well before older age is reached. A healthy childhood and adulthood are considered the most important determinants of healthy old age (Sanders, 2006). Recent research demonstrates that a

healthy lifestyle is more influential than genetic factors in maintaining health throughout the aging process and although the risk of disease and disability increases with age, poor health should not be a necessary result of aging (Nuñez, Armbruster, Phillips, and Gale, 2003; Oxley, 2009). While the promotion of healthy aging should begin as early as the fetal stage and maintained throughout life, however, the transition from work to retirement has become the focus of specific interventions for healthy aging and in several countries, 50 is the operational age for those specific interventions (The Swedish National Institute of Public Health, 2006).

People should be given opportunities, knowledge and access to services and resources so that they are enabled to have better control over these health determinants and to build their own health as well as the health of their families by their own actions. Central to the maintenance or improvement of health of the individual, families, groups and communities are health promotion and disease prevention activities. According to the World Health Organization (WHO) health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health. Participation is essential to sustain health promotion actions (WHO, 1998). Pender, Murdaugh and Parsons (2011) define health promotion as “increasing the level of wellbeing and self-actualization of a given individual or group” (p. 36).

Health promotion is to be achieved by three basic strategies: 1. Advocacy - to create essential conditions for health. 2. Enabling - to enable all people to achieve their full health potentials. 3. Mediating - to mediate between the different interests in the society in the pursuit of health. These strategies are to be supported by five priority action areas: 1. Building healthy public policy. 2. Creating supportive environment for health. 3. Strengthening community action for health. 4. Fostering the development of personal skills. 5. Reorienting health services (WHO, 1986). Health promotion embraces not only actions directed at strengthening the skills and capabilities of individuals, but also actions directed towards changing social, environmental and economic conditions so as to influence public and individual health. It includes political and social interventions designed to change policies and services as well as to promote social responsibility for health (WHO, 1998).

The Health 2020 policy framework (WHO, 2012) proposes four priority areas for policy action: 1. Invest in health through a life-course approach and empower citizens, 2. Tackle Europe’s major disease burdens of non-communicable and communicable diseases; 3. Strengthen people-centered health systems and public health capacity, including preparedness and response capacity for dealing with emergencies; and 4. Create supportive environments and resilient communities.

The key role of local government in tackling the social determinants of health and in health promotion interventions has been increasingly recognized because the municipalities offer support environments for healthy living and also because they are par excellence the partners of other community organizations and health care to the achievement of health-

promoting interventions (Loureiro and Miranda, 2010). In Portugal, the involvement of municipalities in issues related traditionally to the health sector is not very expressive, and only about two decades a relatively small number of municipalities has been committed explicitly in this aspect of the citizen's life (Loureiro, Miranda, and Miguel, 2013).

Since the 1970s, Portugal is one of the countries that has been determined to put primary health care principles into practice with excellent results in most health indicators. Primary health care is nowadays the central pillar of the Portuguese health system, based on a community health center network covering the entire country. In 2005, Portugal began a reform of Primary Health Care and five different types of small multi-professional teams were created, called functional units of the health center groups (ACES), one of these teams is a Community Care Unit (UCC) that is coordinated by nurses and has as one of its specific tasks: providing community interventions in response to community needs (Biscaia et al., 2008).

Health promotion in general, and the promotion of healthy aging in particular, is a process in which the community nursing plays an important role, always ensuring the active participation of citizens and the involvement of all relevant stakeholders. The work of community nurses is increasingly putting the emphasis on promoting healthy lifestyles throughout life in order to healthy aging. Working in partnership with groups to achieve a deep understanding of local contexts may assist nurses when building up pictures of people's health-related needs and views (Manthorpe, Maim, and Stubbs, 2004; Ruciman et al., 2006; Ming et al., 2006).

Traditionally, the focus of health promotion by nurses and other health professionals has been on disease prevention and changing the behavior of individuals with respect to their health. However, nowadays the role of health promoters is more complex, but nurses have multi-disciplinary knowledge and experience of health promotion in their nursing practice. Ruciman and colleagues (2006) note that, there are tensions between the traditional biomedical orientations towards disease prevention and the current orientation towards maintenance of positive health and well-being and although preventive and positive health promotion objectives tend to be combined, it is the positive health dimension that is too easily lost in practice.

METHODS

Design and setting

This study aimed to understand the perspective of health promoters about healthy lifestyles promotion in order to a healthy aging, in Baixo Alentejo – Portugal, using qualitative research methods to analyze the meanings that individuals attribute to their actions (Fortin, 2009).

Participants

The key informant interviewees were purposively selected and included health professionals and municipalities' professionals identified as having an important role in community health promotion interventions. Key informants are those individuals who are knowledgeable in a specific field and voluntarily share their knowledge and skills, observations and insights to which the researcher would otherwise not have access.

The selection of the participants was based on the snowball method, which involves the random identification of subjects based on a network of interrelations established with the researcher. Initially, we conducted a first interview to the nurse of the Clinical Council of the health center groups (ACES) that identified the next key participants. Fourteen health promotion agents from primary health care services and municipalities were interviewed.

Ethical considerations

Approval was obtained from the Baixo Alentejo Health Local Unit Ethics Committee. The author provided information about the study to all participants. Informed consent was obtained from all participants, who were assured of confidentiality and of their right to refuse to answer any question or withdraw from the study at any time.

Instruments and analysis

Data were collected from January to June 2014, through deep semi-structured interviews. The interviews were conducted by the researcher using guided questions. These included questions about the participation or the participant's knowledge about interventions to promote healthy lifestyles as well as their effectiveness; interviewee's perception regarding the inter-sectorial work for the development of community interventions to promote healthy lifestyles; Interviewees' perception of the factors influencing the development of community interventions to promote healthy lifestyles in the general population and particularly in middle-aged people; Interviewees' perception of community participation in planning, implementation and evaluation of community interventions to promote healthy lifestyles; Interviewees' perception of the environment facilitates healthy choices and Interviewees' perception of the role of nurses in promoting healthy lifestyles.

The schedule, script and site of the interviews were planned in order to provide appropriate conditions to achieve the best results possible in this investigation mode. The availability of the interviewees was respected and interviews were scheduled ahead to assure favorable conditions and results. All participants were interviewed in Portuguese.

All interviews were recorded, after the participants' consent, and fully transcribed afterwards. The thematic content analysis method proposed by Bardin was used, resulting in the categorization process (Bardin, 2009). This method is based on the analysis of the contents described based on the interviews, in order to identify the divergences and convergences the subjects defined and group them in categories. This methodological

trajectory is organized in three phases: Pre-analysis; Exploration of the material; and, finally, Treatment of the results: inference and interpretation (Bardin, 2009).

The researcher conducting the analyses familiarized herself with the transcribed data by reading through the transcripts numerous times with the aim of identifying main themes and sub-themes. The guide questions also informed the identification of themes in the analysis process, as these questions referred to the main issues that needed to be covered in the interviews.

FINDINGS AND DISCUSSION

Fourteen interviews were conducted for this study. Twelve are health professionals working in primary care settings (nine community nurses, one nutritionist, one physician and one psychologist) and two professional from the local government. The average age of the interviewees was 49.5 years, most (10) are female and all have Portuguese nationality.

All interviewees occupy coordination positions with responsibility and they were identified as being an important role in community health promotion interventions.

Six major themes of knowledge about the perspective of health promotion agents about the development of community health promotion interventions in order to a healthy aging, were identified in this study: 1. Community interventions to promote healthy lifestyles; 2. Effectiveness of interventions in the adoption of healthy lifestyles; 3. Factors that influence the development of interventions to promote healthy lifestyles; 4. Community participation; 5. Environment facilitator of healthy choices; 6. Nurse's role in the healthy lifestyles promotion.

1. Development of community interventions to promote healthy lifestyles

The key elements regarding the development of community interventions to promote healthy lifestyles were: 1. Intervention promoter; 2. Intervention continuity; 3. Intervention approach; 4. Articulation between health services for the development of interventions; 5. Inter-sectoral articulation for the development of interventions.

The health sector – community health professionals – are the are the main promoters of community interventions to promote healthy lifestyles however municipalities also play an important role in promoting activities mostly for promoting of physical activity, this activities require greater investments in skilled human resources, adequate spaces, and equipment. Some community associations promote activities that are usually sporadic and without continuity. Interventions autonomously promoted by citizen groups are the less frequent.

Most interventions are for children and young people and the continuity of these interventions was valued by interviewees. Schools appear as the ideal setting to develop promotion interventions of healthy lifestyles, often integrated in the school health program. There are also many health promotion interventions in the elderly. Health promotion interventions for middle-aged people and other adults of working age are less frequent. All these interventions are considered as promoting healthy aging as healthy childhood and

adulthood may be the most important determinants of healthy old age (Sanders, 2006).

There are many interventions focused on preventing disease or risk, however most are focused on health promotion based on a more positive view of health. Health promotion interventions are mainly aimed at children and young people and disease prevention interventions are mostly addressed to adults and elderly. Similar results were found by Runciman and colleagues (2006) which emphasize that in terms of the approach to health promotion work with older people, biomedical, preventive and opportunistic work mainly with individual older people was common. Preventive interventions may target populations that are in good health, just as health promotion interventions may address people with a chronic illness and “although health promotion and disease prevention originate from different theoretical backgrounds, in clinical nursing practice, the interventions tend to overlap” (Wosinski et al, 2016, p. 2).

“A partnership for health promotion is a voluntary agreement between two or more partners to work cooperatively towards a set of shared health outcomes. Such partnerships may form a part of inter-sectoral collaboration for health, or be based on alliances for health promotion. Such partnerships may be limited by the pursuit of a clearly defined goal – such as the successful development and introduction of legislation; or may be on-going, covering a broad range of issues and initiatives. Increasingly health promotion is exploring partnerships between the public sector, civil society and the private sector.” (WHO, 1998, p. 27).

Collaboration in some form was evident in almost all of the interventions described by interviewees, and inter-sectoral collaboration was the most valued. Collaboration between levels of care was also valued. An interesting range of inter-professional and inter-sectoral collaborative partnerships in health promotion intervention, mostly initiated by primary care teams, were described. Municipalities and other community organizations also seek the health sector as a preferred partner in health promotion interventions. These findings suggest that professionals are aware that interventions developed in partnership achieve health outcomes or intermediate health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone (WHO, 1998). Similar results were found by Runciman and colleagues (2006) that reinforce the important role that community nurses have in these partnerships, which emerged as a strategic response to policy, and as a pragmatic response on the part of community nurses to sharing the load and getting the work done. However, we need to emphasize that this partnerships should consider the patient a partner and an active member in the planning, implementation and evaluation of health promoting care (Guedes et al, 2012).

2. Effectiveness of interventions in the adoption of healthy lifestyles

“Health promotion evaluation is an assessment of the extent to which health promotion actions achieve a “valued” outcome” (WHO, 1998, p. 22).

Two key elements arise regarding the effectiveness of interventions in the adoption of healthy lifestyles: evaluating the effectiveness of interventions and strategies to increase the effectiveness of interventions.

Some of the health promotion projects developed have indicators that evaluate their effectiveness but most interventions are not evaluated reflecting a lack of standardized measurement tools and methods. However the requirement of outcome indicators for the evaluation of projects is increasingly a reality, especially in projects where there is inter-sectoral collaboration or applying for funding. Similar results were found by Runciman and colleagues (2006), which notes that in most cases, audit or evaluation was linked to a particular initiative or innovation in health promotion work.

Some interviewees reported difficulties in assessing the effectiveness of interventions in the adoption of healthy lifestyles noting that many initiatives have been implemented relatively recently and there has not been sufficient time for effects to visible effects that can be evaluated.

In this study, one of the most mentioned strategies to increase the effectiveness of health promotion interventions is the involvement of the community and partners in the planning, implementation and evaluation of interventions, which is consistent with WHO's recommendations which states that "evaluations of health promotion activities may be participatory, involving all those with a vested interest in the initiative; interdisciplinary, by involving a variety of disciplinary perspectives; integrated into all stages of the development and implementation of a health promotion initiative; and help build the capacity of individuals, communities, organizations and governments to address important health problems" (WHO, 1998, p. 22).

Is reinforced by the interviewees the importance of health promotion interventions addressed to children and young people because a greater chance to enjoy a longer and healthier life comes from the early adoption of healthy lifestyles.

Adequate and rapid assessment of health needs before the intervention is another of the main strategies mentioned by the interviewees. The assessment is the first stage for planning, implementing, and evaluating community health promotion or prevention programs. "Successful implementation of community health promotion-prevention programs depends in large part on accurate assessment of community characteristics" (Pender et al., 2011, p 113). To a complete community analysis is important to assess and define needs, opportunities, and resources. "A community analysis is done with the community, not on or for the community" (Pender et al., 2011, p. 112).

3. Factors that influence the development of interventions to promote healthy lifestyles

Regarding the factors that influence the development of interventions to promote healthy lifestyles, these may be related to the participants, the professionals or the

organizations.

The main factor associated with participants mentioned by respondents was age, as previously mentioned most interventions are directed to children and the elderly because they are more available. Adults at active age, and particularly middle-aged, participate less because they are busy and therefore less available and often the timing of interventions are not compatible to their availability. Interventions to promote health of middle-aged people are considered crucial, since it is a stage of life where important decisions are made that will have an impact on later life and professional support and information to assist the decision-making may be useful (Manthorpe et al., 2004).

Change resistance and motivation to participate were also identified as factors related to participants.

With regard to factors related to the professionals their motivation and the strategies used were the most mentioned. These findings may mean that professionals, particularly in busy areas, may not see health promotion as a priority, while others may lack the knowledge and skills needed to put into practice with appropriate strategies (Sanders, 2006).

The lack of resources for the practice of health promotion in primary health care was the most mentioned factor related with organizations. The participation of nursing students in planning and implementation of interventions was also considered as an important factor. Is also referred, by some participants, the importance of political investment in health promotion. This investment is a strategy for optimizing the health promoting impact of public policies (WHO, 1998).

4. Community participation

The Ottawa Charter (WHO, 1986) emphasizes the importance of concrete and effective community participation in setting priorities for health, making decisions, planning strategies and implementing them to achieve better health. Through community participation, individuals and organizations within an empowered community provide social support for health and gain increased influence and control over the determinants of health in their community (WHO, 1998).

It is widely recommended that people should be fully consulted and involved in planning for health promotion, our findings suggest that sometimes the health professionals seek to promote participation involving people and community groups in the planning process of interventions, however there are difficulties in community empowerment and a lack of culture of participation in people and communities.

Is important to emphasize that the empowerment of people and communities is critical to full participation since health promotion most “be carried out by and with people, not on or to people. It improves both the ability of individuals to take action, and the capacity of groups, organizations or communities to influence the determinants of health. Improving the capacity of communities for health promotion requires practical

education, leadership training, and access to resources” (WHO, 1997). The relationship between participation and empowerment assumes that the knowledge of participants, their views and experience are included in decision-making processes in order to ensure that these decisions include all dimensions experienced by those who daily suffer the problems that decisions try to solve (Serapioni and Matos, 2013).

5. Environment facilitator of healthy choices

To enabling individuals to change and maintain healthy lifestyles, action must be directed not only at the individual but also at the social and living conditions which interact to produce and maintain these patterns of behavior. “The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes healthy choices possible or easier for citizens. It makes social and physical environments health enhancing.” (WHO, 1998, p. 24).

In this study the key elements regarding the environment facilitator of healthy choices were: promoting environment of physical activity; promoting environment of healthy eating and barriers to access to healthy choices.

Existence of appropriate infrastructure for physical activity in communities and local government investment to promote physical activity were the most mentioned aspects regarding the promoting environment of physical activity.

Access to healthy foods and interventions promoting healthy eating have been reported regarding the promoting environment of healthy eating. Interventions aimed to promote healthy eating and the existence of nutritionists in primary health care seeks to give an appropriate response to the increasing prevalence of obesity in all ages, which is a reality in Portugal and also in Alentejo, and the consequent morbidity and mortality associated (WHO, 2005; DGS, 2014; INSA and INE; 2009, DGS, 2012).

Gaps in the provision of physical activity were the barriers to access to healthy choices identified by the interviewees.

6. Nurse’s role in the healthy lifestyles promotion

Whitehead (2000) refers that much of the literature “relates to the specific role of community-based nurses in the primary healthcare team, and identifies their unique position and responsibility for pioneering the universal acceptance and adoption of health-promoting practices” (p. 604).

In this study the role of nurses in health promotion comes with three key elements: caring role; leadership role and enabling role.

As regards to the caring role are pointed two essential aspects: the proximity and knowledge that nurses have about patients, families and communities. Sanders (2006) refer that promoting individual’s health is an essential aspect of caring. Nurses are often in close and frequent contact with patients, families and the community (Kemppainen, Tossavainen, and Turunen, 2013).

The nurses' leadership role is manifested through the leadership of interventions and also the leadership of community intervention teams. These teams can be multi-professional and the leading role of nurses is recognized by all team members. Nurses are also referred as the connecting link with other professionals, facilitating inter-disciplinarity. Pender and colleagues (2011) refer that "nurses, because of their biopsychological expertise and frequent, continuing contact with clients, have the unique opportunity of providing global leadership to health professionals in the promotion of better health for global community" (p. 8).

Nurses are also referred as having an enabling role by empowering people to adopt healthy lifestyles and promoting their participation in decisions that concern their health. Enabling people to make choices about health and lifestyle is an important aspect of nurse's role (Sanders, 2006). "In health promotion, enabling means taking action in partnership with individuals or groups to empower them, through the mobilization of human and material resources, to promote and protect their health" (WHO, 1998, p. 17).

CONCLUSIONS

The results of this study cannot be generalized, as they refer to particularities related by the fourteen participants about their perspective from the promotion of healthy aging interventions in Baixo Alentejo – Portugal, however findings can be compared with those of other studies in the literature.

Community interventions to promote healthy lifestyles are mostly developed by health professionals working in community and municipalities. Inter-sectoral collaborative partnerships mostly between the health sector and municipalities are a reality.

Children, young people, and elderly are the main participants of the programs of healthy lifestyles promotion. Health promotion interventions for middle-aged people and other adults of working age are less frequent. Age is considered as the main factor related to participants that influence the development of interventions to promote healthy lifestyles.

Motivation of participants and professionals was also considered as a factor that influences the development of interventions to promote healthy lifestyles.

The lack of resources for the practice of health promotion in primary health care and the participation of nursing students in planning and implementation of interventions were the most mentioned factors related with organizations.

Most community interventions to promote healthy lifestyles interventions are not evaluated reflecting a lack of standardized measurement tools and methods.

One of the most mentioned strategies to increase the effectiveness of health promotion interventions is the involvement of the community and partners in the planning, implementation and evaluation of interventions, however there are difficulties in community empowerment and a lack of culture of participation in people and communities.

The promotion of physical activity and healthy eating were the main aspects evaluated by respondents regarding the environment facilitator of healthy choices. The investment and the role of municipalities in building supportive environments for physical activity was evidenced. The municipalities and the health sector develop programs to promote healthy eating and in most communities there is easy access to healthy foods.

Nurses have three key roles in health promotion: caring role; leadership role and enabling role. The proximity and knowledge that nurses have about patients, families and communities were considered essential aspects. The nurses' leadership role is recognized by all team members. Enabling people to adopt healthy lifestyles and to participate in decisions that concern their health is also an important aspect of nurse's role.

Our findings suggest that there may be merit in:

- Consulting and actively involving people and communities in health promotion interventions.
- Finding strategies to enable increased participation of adults at active age and particularly middle-aged people.
- Strengthening a life-course approach to healthy ageing.
- Strengthening inter-sectoral and multi-professional partnerships.
- Creating opportunities for practice teams to share ways of working in healthy lifestyles promotion.
- Promoting mechanisms for evaluating the effectiveness of interventions promoting healthy lifestyles.
- Considering effective ways of developing and evaluating practice change.
- Giving more visibility to the role of nurses as health promoters and prevention specialists.
- Valuing the health promotion work in the community by primary care and municipalities.
- Continuing to design interventions based on the assessment of the health needs of populations.
- Being alert to trends and changes in all sectors of society and understand how these may affect the health of the population.

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ÍNDICE REMISSIVO

A

Aconselhamento 47, 48, 67, 68, 206, 208

Adolescente 126, 206, 208, 223

Alimentação saudável 46, 47, 97, 120, 122, 123, 124, 167

Ansiedade 81, 82, 83, 84, 85, 88, 89, 90, 91, 92, 116, 228, 229, 231

Atenção primária 3, 112, 113, 114, 116, 119, 174, 176, 178, 180, 190

B

Bruxismo 83, 92

C

Câncer 12, 53, 54, 55, 56, 57, 60, 62, 63, 64, 132, 135, 174, 175, 176, 177, 178, 179, 180, 181

Consulta de enfermagem na rua 200, 201, 205, 206, 210

Covid-19 10, 11, 12, 13, 14, 16, 17, 18, 24, 30, 71, 72, 73, 74, 75, 77, 78, 79, 80, 89, 91, 92, 152, 220, 221, 223, 224, 227, 229, 230, 232

Criança 8, 9, 27, 68, 206, 208

D

Diabetes mellitus 11, 42, 131, 135, 170

Doença 2, 11, 12, 15, 16, 17, 19, 21, 23, 55, 62, 67, 68, 69, 94, 95, 97, 98, 101, 104, 107, 108, 116, 121, 131, 132, 133, 135, 141, 142, 144, 149, 152, 172, 175, 176, 177, 178, 179, 180, 181, 183, 184, 185, 192, 194, 195, 196, 210, 215

Doenças crônicas não transmissíveis 116, 127, 129, 228

Dor 31, 33, 37, 54, 55, 56, 58, 60, 62, 64, 81, 82, 83, 84, 85, 87, 88, 89, 90, 91, 92, 113, 116, 119, 218

E

Efeitos colaterais 176

Endemia 183, 185

Envelhecimento 2, 55, 93, 94, 95, 96, 97, 101, 102, 103, 105, 107, 109, 115, 116, 117, 121, 124, 126, 168, 179, 211, 220, 221, 231, 232

Equipe multiprofissional 175, 181

Estilo de vida 21, 25, 27, 41, 42, 44, 45, 46, 47, 48, 49, 83, 93, 94, 127, 128, 129, 130, 131, 133, 134, 135, 136, 206, 228

Estratégia da Saúde da Família 6, 180, 188, 196

Exercício físico 59, 61, 120, 123, 124, 131, 230

Expectativa de vida 127, 128, 129, 131, 133, 134, 136, 221

G

Ganho de peso 32, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50

Gravidez 7, 8, 32, 41, 42, 46, 48, 69, 73

H

Health 1, 8, 9, 28, 29, 31, 39, 40, 49, 50, 51, 52, 63, 72, 79, 80, 82, 92, 93, 103, 104, 105, 106, 108, 113, 118, 121, 126, 128, 134, 136, 137, 138, 139, 140, 142, 143, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 174, 175, 181, 184, 198, 199, 200, 201, 221, 232

Hipertensão arterial sistêmica 11, 170

I

Idoso 107, 109, 110, 112, 113, 114, 115, 116, 118, 119, 120, 121, 122, 123, 124, 125, 126, 206, 208, 211, 222, 223, 226, 229, 230, 231, 232

Indicadores epidemiológicos 10, 70

Infecções sexualmente transmissíveis 66, 69, 73

M

Malária 141, 150, 152, 183, 184, 185, 186, 187, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199

Medicamentos 2, 7, 8, 68, 169, 170, 171, 172, 173, 181, 216, 218

Meio ambiente 140, 142, 143, 144, 145, 146, 147, 153, 154, 203, 204

Miopia 19, 20, 21, 22, 23, 24, 25, 26, 27

Morbidade 11, 20, 31, 37, 38, 135, 179, 183

Mortalidade 1, 2, 3, 5, 6, 7, 8, 9, 11, 31, 32, 33, 34, 36, 38, 55, 73, 94, 98, 99, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 138, 179, 197, 229

Mulher 32, 33, 37, 38, 41, 42, 47, 48, 49, 58, 67, 71, 72, 73, 74, 75, 77, 78, 79, 80, 92, 104, 206, 208, 217

O

One Health 140, 142, 143, 150, 152, 153, 154

Orientação 12, 13, 69, 77, 169, 170, 171, 172, 206, 207, 208, 209, 213, 216

P

Pandemia 10, 11, 16, 18, 24, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 89, 125, 143, 148, 150, 230

Podcast 120, 121, 122, 123, 124, 125, 126

Políticas públicas 78, 95, 109, 111, 112, 117, 141, 146, 151, 174, 195, 222, 232

População 2, 2, 3, 4, 5, 6, 7, 11, 12, 13, 15, 16, 19, 23, 25, 27, 31, 32, 33, 38, 39, 66, 69, 75, 84, 88, 89, 94, 95, 97, 100, 103, 107, 109, 111, 112, 113, 115, 116, 118, 120, 121, 122, 124, 125, 126, 127, 129, 133, 134, 135, 138, 143, 146, 172, 173, 174, 179, 180, 185, 186, 187, 189, 191, 197, 201, 210, 220, 221, 222, 223, 227, 228, 229, 230, 231

Profissionais de saúde 42, 46, 67, 77, 78, 79, 82, 93, 96, 97, 100, 101, 102, 113, 174, 175, 176, 209

Promoção da saúde 1, 2, 7, 21, 66, 69, 93, 94, 95, 96, 97, 98, 99, 101, 102, 104, 107, 108, 109, 110, 111, 112, 114, 115, 116, 117, 122, 126, 127, 146, 167, 179, 227

Q

Qualidade de vida 1, 2, 6, 7, 32, 33, 37, 38, 46, 53, 54, 56, 57, 59, 60, 61, 62, 64, 69, 83, 89, 92, 95, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 119, 120, 121, 122, 123, 124, 125, 126, 142, 145, 146, 170, 172, 210, 218, 226, 227, 228, 231

R

Rede de atenção básica 206, 208

Religião 127, 128, 129, 134, 214

S

Saúde da mulher 47, 49, 67, 206, 208

Saúde mental 73, 89, 90, 114, 119, 206, 208, 220, 223, 224, 227, 229, 230, 231

Saúde pública 2, 2, 3, 4, 9, 11, 21, 27, 39, 63, 66, 71, 72, 75, 90, 95, 103, 104, 105, 107, 108, 117, 118, 126, 143, 145, 149, 151, 152, 167, 168, 169, 181, 184, 195, 197, 198, 199, 221, 232, 233

Serviços de saúde 2, 4, 76, 78, 98, 100, 107, 109, 110, 111, 112, 114, 115, 116, 118, 143, 144, 180, 183, 185, 188, 191, 195, 197, 198, 199, 210, 211, 230

Sistema único de saúde 2, 2, 3, 9, 31, 34, 66, 72, 74, 113, 147, 172, 174, 175, 176, 178, 179, 180, 181, 195, 210, 232

U

Unidade Básica de Saúde 200, 201


V


Vigilância em saúde 4, 9, 146, 147, 183, 187, 190, 195


Violência sexual 77, 79



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