

CHALLENGES FOR PROMOTING ELDERLY WELL-BEING IN PRIMARY HEALTH CARE

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INTRODUCTION

With the senile population growth, health promotion actions have become essential for maintaining the well-being of this group. Studies show challenges linked to this issue.

OBJECTIVE

To analyze the demands of the elderly population within the scope of Primary Health Care in Brazil.

METHODS

Exploratory and cross-sectional study, with data obtained from the review of articles from the sciELO and Pubmed databases, using the following keywords: Primary Health Care, elderly, public policies, health services accessibility, aged, Brazil.

RESULTS

The Family Health Strategy (ESF), which, in Brazil, provides Primary Health Care (PHC), is based on the inclusion of individual and collective actions for health promotion, disease prevention, diagnosis, treatment, rehabilitation, harm reduction and palliative care. The Ministry of Health recommends that teams organize access for the elderly through reception, since a good part of the demands can be resolved in PHC. Users do not recognize PHC as a device capable of offer practices that understand health in a broader perspective. Thus, it appears that the first contact access constitutes a barrier to be overcome in the search to meet the needs of the elderly. Teamwork generally remains fragmented, hierarchical and asymmetrical.

Groups are fundamental devices for establishing bonds and socialization for elderly people and their families in PHC. It was observed that dependent elderly people face challenges that go beyond illnesses, such as functional disabilities, violence, negligence, poverty, inadequate nutrition, among others. The challenges pointed out by the elderly and caregivers to access PHC services were numerous, highlighting the importance of home care, which is a priority of PHC, and other external strategies. For this, the Psychosocial Care Centers (CAPS), being reference services in mental health, operating in the logic of matrix support to the APS teams, and the Elderly Coexistence Group (GCI), which is characterized by leisure activities, such as dances and manual activities, produce satisfaction in the participants, as they allow the exchange of affection and the construction of bonds, in addition to enabling the elderly to play a leading role. It is evident that these programs can contribute to the healthy aging process, expanding the possibilities of socialization, favoring the management of depressive symptoms and preventing functional decline among the elderly. However, the challenge of strengthening them in the practice of services is recognized, essentially with regard to health promotion actions. This study highlights the need to intensify actions against the fragility of PHC in elderly care and problems in access, home care, health care network and interprofessional work in PHC.

CONCLUSION: The demands of the elderly population in the context of primary health care are relevant. That said, it is necessary to intensify measures that go beyond basic care, such as the GCI and the CAPS, in order to expand care for the elderly and minimize problems related to this issue.

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