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The Elderly in Brazil: Reviewing Public Policies and Training of Health Professionals

RESEARCH OBJECTIVE: The objective of this study was to understand the elderly care policies approved in Brazil and to identify how the epidemiological profile of the population, especially the elderly is included in the curriculum and activities of the various undergraduate programs in the health area of UNESC.

THE RESEARCH PROBLEM AND METHODS: The question is whether curricular guidelines and institutions address this need. It is a collective production, with a qualitative approach, based on a documentary analysis of the legislation and policies of the elderly in Brazil. Likewise, the documentary analysis of the Curriculum Guidelines of UNESC undergraduate programs was carried out as well as a survey of image records of activities carried out with seniors to illustrate some projects and actions developed

THE PROCESS OF ARGUMENTATION: The analysis related to the subject described is based, on the one hand, on the study of the literature related to the issues discussed (theoretical aspect of the publication) and, on the other hand, on the results of the analysis of public policies, curricular guidelines, course contents and the relevance of practical actions to the studied subject.

RESEARCH RESULTS: The results of the research indicate that in the scope of the University the graduate courses in the health area began to rediscover the professional formation from the principles of SUS and the national and regional

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epidemiological aspects, including the needs of the elderly, mainly from the approval of the attention to the elderly.

CONCLUSIONS, INNOVATIONS AND RECOMMENDATIONS: The university has to tease more and more on the subject with its teachers, giving those tools for teaching gerontology and geriatrics and the need for a qualified formation.

→ **KEYWORDS:** ELDERLY, PUBLIC POLICY, ELDERLY HEALTH, UNIVERSITY EDUCATION

Introduction

The population ageing that has been occurring in recent decades, due to the drop in fertility and mortality, has created new needs and social demands in almost all countries. The configuration and timing of how this has occurred in the various contexts differs from one country to another and brings different challenges (Alcântara, Amélia, & Giacomini, 2016).

Brazil is experiencing a moment of demographic transition due to the fast ageing of the population, which has led to a change in the epidemiology of diseases, which have changed from infectious diseases to non-communicable chronic diseases (Mendes, 2012). This change in the population's characteristics brought the need for approval of new public policies both in the scope of care and in the training of health professionals.

In this way, it was important to approve public policies that ensure this care and attention to the elderly, as well as the search for training to attend this growing demand in the country.

The Brazilian Federal Constitution (CF) of 1988 has clearly and objectively stated in its Article 229 that parents have the duty to assist, raise and educate the minor children, and the older children have the duty to help and support parents in old age, very needy or in illness. Article 230 complements explaining that the family, society and the State have the duty to support the elderly, ensuring their participation in the community, defending their dignity and well-being and guaranteeing them the right to live.

The response given by the Brazilian State in conjunction with the society was the approval of the National Policy on the Elderly (PNI), through Law 8.842/ 1994. In 1994, the proportion of the Brazilian elderly population was approximately 8% (PNSPI, 2016).

Law 8.842/ 1994 was regulated by Decree No. 1.948/1996, which creates the Senior Citizens National Council. The National Policy on Elderly

Health was created by Ministry of Health (MS) Ordinance 1.395/1999, which establishes the essential guidelines that guide the definition or re-definition of programs, plans, projects and activities of the sector in the integral care of people in aging process and the elderly population.

In 2003, Law No. 10.741/2003 comes into effect, which approves the Elderly Statute that has the objective to regulate the rights guaranteed to the elderly, becomes one of the main instruments of the elderly.

The approval of Laws and Policies was an important step towards guaranteeing social rights for the elderly, "creating conditions to promote their autonomy, integration and effective participation in society" (Article 1st of Law 8.842/1994). However, in 2014, that is, twenty years after its approval, the proportion of the Brazilian elderly population reached the level of 13.7%, reinforcing the challenges already raised.

This increase in the Brazilian aging process, as well as other ongoing social changes, requires, besides the analysis of the effectiveness of legal regulations, its current pertinence, as well as considerations of new issues (PNSPI, 2016).

The longevity and chronicity of health problems and population, in a way, contribute to the increase of elderly people with functional limitations, thus leaving them dependent on a caregiver. According to the gerontology literature, women are the main responsible elderly care. They are considered informal caregivers, often elderly, wives or daughters, who live with the elderly and do not receive help to perform care. In our country, the number of elderly caregivers of other elderly people is increasing, often in very low socioeconomic situations in vulnerable situations with impairment of quality of life (Duarte et al., 2010; Pinguart, 2011).

The discussion of society, managers and the population about the needs of the elderly, need to be continuous in the different regions of Brazil in relation to the offer of services, with organization and integration of networks of attention in systems for health maintenance, especially in functionality. In this way, modifying deeply rooted concepts is one of the challenges of public policies, especially in relation to the elderly health. (Fernandes & Soares, 2012).

However, it is worth emphasizing that the formation of the health team for this area of knowledge is urgent, due to the great growing demand for attention in the health system for the elderly population.

Considering the above, the present study aimed to understand the policies of care and elder care approved in Brazil and to identify how the epidemiological profile of the population, especially the elderly person is included in the curriculum and activities of the various undergraduate programs in the health area of the University UNESC.

Methods

It is a collective production, with a qualitative approach, based on a bibliographical and documentary collection, which produced the knowledge that guided this work, in order to know a little about health policies and what has been developed about the elderly in Brazil. The main legislation and policies on the elderly in the country and documentary analysis of the Curriculum Guidelines proposed at the national level and of the UNESCO undergraduate courses were collected, with the collection of records, project images and actions taken with the elderly in the university to contextualize and illustrate some of the actions developed in this institution.

Contextualization of the Unified Health System (SUS)

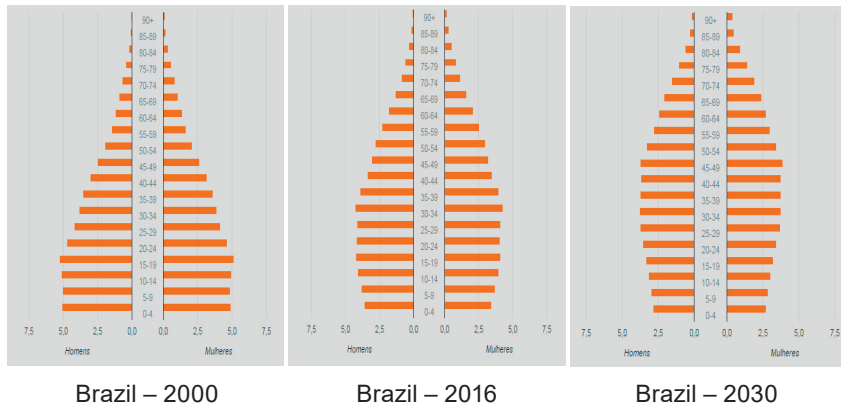
Speak of Public Health Policies in Brazil is talk about SUS, which serves about 206 million Brazilians, with access principles that are based on social inclusion and democracy. In spite of the difficulties that SUS faces, from the Federal Constitution of 1988 and the approval of the Statute of the Elderly of 2003, a series of actions in favor to the elderly healthcare was promoted.

In this way, the National Policy for the Elderly Health was instituted, by Ordinance No. 2.528, of October 19, 2006, with the primary purpose of recovering, maintaining and promoting the autonomy and independence of elderly individuals, directing collective and individual health measures to in accordance with the principles and guidelines of the Unified Health System (SUS) (BRASIL, 2006; BRASIL, 2010; BRASIL, 2014).

The Policy mentioned makes clear that prevention (vaccines) and maintenance of the elderly's health will be effected through Registration; Geriatric care; Geriatric reference units; Home care; Task-oriented rehabilitation. Moreover, it is the responsibility of the public power to provide the elderly free of charge: medicines (especially of continuous use); prostheses; orthotics and other resources related to treatment, habilitation and rehabilitation (BRASIL, 2006; BRASIL, 2014).

Therefore, it is noted that the health of the elderly and aging are relevant concerns of the Ministry of Health, and the SUS, mainly because the life expectancy in Brazil in the year 2000 was 70.26 years, in 2016 it is 75.2 years and the forecast is that in 2030 it will reach 78.3 years. The elderly population in Brazil is currently 24.9 million (12.11%). By 2030, it's estimated that the number of older people should exceed the number

of children and adolescents, so that by 2050 about 30% of the Brazilian population will be elderly.



Source: IBGE.

SUS is one of the largest public health systems in the world. It ranges from outpatient care to organ transplantation, ensuring comprehensive, universal and free access for the entire population of the country. Supported by an expanded concept of health, SUS was created in 1988 by the Brazilian Federal Constitution (CF) to be the health system of more than 180 million Brazilians.

The 1988 CF enshrined health as the right of everyone and the duty of the State, thus guaranteeing the reduction of risk to diseases and other harm and allowing universal and equal access, that is, everyone has the same right to access health, and actions and services for promotion, protection and recovery.

National Curriculum Guidelines (DCNs)

Changes in the training of health professionals is part of a primary need in our country. Thus, Art. 200 of CF/88 indicates that it is up to the SUS to order the training of health workers, with necessary and fundamental changes in their training.

Therefore, the structuring of DCNs for health programs approved by the National Council on Education (CNE) and the Ministry of Education, followed the needs defined by the Ministry of Health, taking into account the prerogatives of the SUS. All undergraduate programs in the health area have in their DCNs aspects related to the health of the elderly.

According to Law No. 9.394 of December 20th of 1996, Law of Guidelines and Bases of National Education (LDB), which establishes the guidelines and bases of national education, according to Art. 43. Higher Education aims to:

- I – Stimulate the cultural creation and development of the scientific spirit and reflective thinking;
- II – Train graduates in different fields of knowledge, who are qualified to enter the professional sectors and participate in the development of Brazilian society, helping it to continue to grow (...).

- VI – Stimulate knowledge of the problems of the present world, especially national and regional ones, to provide specialized services to the community and to establish a reciprocal relationship with it.

Thus, from the construction of the SUS, the universities lacked to evaluate and reevaluate their curricular structure, with regard to professional health training, aimed at attending SUS, since this is the locus of knowledge production, a space of learning and vocational training. Professional training is intrinsically related to professional performance, so training in/for the SUS must be based on the health needs of the people and the integrality of the care (CNS, 2017).

The DCNs of the Health Graduation Programs were made with reference to LDB, the 1988 CF, and the Organic Health Law, among other documents, consolidating the articulation between the Ministry of Education and Health, in the conduction of changes in the higher education health professions (Damiance, 2016).

The guidelines to develop curriculum in the health programs of Higher Education Institutions (IES), which must incorporate integral education into their institutional mission, follow the principles of the DCNs, that is, the articulation of theory and practice, valuing internships, research and the insertion of the student in extension activities and orientations for the establishment of periodic and diversified evaluation processes, considering institutions, teachers and students. Establish the connection between Higher Education and Health in the perspective of integrating the academic formation in the area with the expanded concept of health and the principles and directives of SUS. The object of the DCNs is the pedagogical project of the undergraduate programs (Damiance, 2016).

Pedagogical Project of the Undergraduate Programs in the Health Area

The Pedagogical Project of the Undergraduate Programs in the Health area must be structured in content, skills and abilities, contemplating the formation for the professional exercise in the SUS. Four fundamental learning were emphasized in the elaboration of the objective of the guidelines and the former students profile in the health area, being based on learning and knowledge pillars: learning to know, learning to do, learning to live together and to be (Delors, 2009).

Learning to learn is about exercising the thinking, the attention and memory essential for the development of other learning, such as: learning to know: acquisition of knowledge, the domain of conceptual and instrumental contents, science advances, development of critical sense, communication, professionalism, cultural training and human dignity; learning to do: related to the issue of professional training and professional qualification, focus on personal competence, social skills, ability to work in teams, ability to initiate, manage and resolve conflicts; learning to live together: living with others (one of the greatest challenges of education in neoliberal society). Prioritize the discovery of oneself, the progressive discovery of the other (to know diversity, relationships of human interdependence, to put oneself in a position of empathy, argumentation and dialogue), aiming at respect for pluralism, mutual understanding and peace and learning to be: development of spirit, body, intelligence, sensibility, aesthetic sense, personal and social responsibility, autonomy, critical sense, value judgments and decision taking (Damiance, 2016).

In Vienna in 2001, at the Third Meeting of the Technical Committee for the Second World Assembly on Aging (held in Madrid, April 8-12, 2002), it was emphasized that the training of human resources in geriatrics and gerontology still happens in a non-formal way, through short-term events, usually promoted by scientific societies, institutes and organizations not circumscribed to conventional training.

However, it is the university extension and post-graduation programs (masters and PhD) that should be the main responsible for the training and qualification of researchers and professionals who work with the elderly (Diogo, 2004).

Among the recommendations established at this meeting, the following stand out: the expansion of professional education in gerontology and geriatrics; the inclusion of multidisciplinary training; basic and specialized training in the health of the elderly; the promotion of continuing education programs in health, well-being and elderly care for health

professionals, social workers and caregivers; the encouragement to increase the number of students in the area and the promotion of training programs in gerontology and geriatrics in health in developing countries (Whittemore, 2005).

It seems that the programs in the health area have a low number of teachers involved in masters or PhD programs, developing researches or studying gerontology. Most undergraduate professors teach content on this subject through their experience or knowledge or through self-study and continuing education.

According to Galvão et al. (2003), undergraduate nursing programs, in some way, approach content related to this subject in their curriculum, but in a very heterogeneous way. The construction of knowledge in an integrated and articulated way in a competency-oriented curriculum requires a rethinking of the pedagogical culture of the programs focused on the epidemiological profile in the national scenario.

The work must happen collegially aiming at the critical understanding of the health reality and the formation of the human professional, reflective, active, democratic and committed to social issues. This expanded view of teaching and learning requires a new stance of the teacher regarding the previous knowledge, needs, interests and learning rhythms of each student (Galvão et al., 2003).

Undergraduate programs should also discuss skills that involve the ongoing interdisciplinary education of health professionals. Contextualizing the problem from the Unified Health System (SUS) perspective, it is talked about lifelong education in the construction of competencies for health work, contemplating the interdisciplinary concept.

In the confrontation of everyday problems, the recognition of the diversity of subjects and the sharing of power are the main challenges for the permanent formation of health professionals and may be facilitated by the development and reinforcement of the abilities of inductive reasoning and associative intelligence (Silva & Tavares, 2003).

The Curriculum of UNESC's Health Programs

The Universidade do Extremo Sul Catarinense (UNESC), recognized as being a Community University, expanded its activities and its actions with new undergraduate and postgraduate programs, in different modalities and areas, clearly articulated with research and extension, directing all its efforts to undertake and disseminate programs, projects and actions that would fulfill its purpose, its objectives and its Mission as a University.

In the health area, UNESC has eight undergraduate degree programs: Biomedicine, Nursing, Pharmacy, Physiotherapy, Medicine, Nutrition, Dentistry and Psychology, as well as a Multiprofessional Residency in Family Health and two Postgraduate programs in Health Sciences (MHS and Ph.D.) and Collective Health (Professional Masters).

Geographic location of the Universidade do Extremo Sul Catarinense, UNESC.



Source: Organized by the authors.

Health education aims to provide health professionals with the knowledge required for the exercise of general skills and competences, as described in the DCNs. This way, the undergraduate programs in health included the general competences, which are Health Care (Life Cycles), Decision Taking, Communication, Leadership, Administration and Management and Permanent Education.

Elderly Health Attention

In Health Care, each professional must ensure that their practice is carried out in an integrated and continuous manner with other instances of the health system, being able to think critically, analyze the society problems and seek solutions to them.

The professionals must carry out their services within the highest quality standards and the principles of ethics / bioethics, taking into account

that the responsibility of health care does not end with the technical act, but with the resolution of the health problem, both at the individual and collective levels.

Health professionals, within their professional scope, should be able to develop preventive, promotion, protection and rehabilitation actions for health both individually and collectively in all life cycles, including the elderly. The development of skills and abilities for health care of the elderly occurs transversally during health training.

As part of the construction space in this process the Multiprofessional Residency in Family Health, integrating itself permanently to undergraduate health programs, primary health care and professional master's degree programs, providing important discussions for the academic scenario and practice in loco, favoring the inseparability between Teaching, Research and Extension.

Thus, health-oriented DCNs should incorporate the theoretical framework of the SUS into the Program's Pedagogical Project (PPCs), and these are well known in the PPCs of the UNESCO health programs. The profiles of health graduates are described with characteristics of generalist, humanistic, critical-reflexive, ethical and committed to the improvement of living conditions and health of the population, being the health care of the elderly transverse in the formation process.

It is also mentioned in the PPCs the training of workers with capacity to act in the various levels of health care and to promote the performance of multi/interdisciplinary competencies in care lines and care networks. The objective is to favor the construction of bonds based on qualified listening to the population, which is important in the case of the elderly, respecting their values and beliefs in order to consolidate universal access, equity, integrality and humanization and quality in care and health care, that is, a training committed to overcoming the potential mechanisms that may cause illness to individuals and the community.

In terms of SUS and DCNs, the concern for health and care for the elderly is very well considered. However the training of professionals for health is one of the most serious problems of the Unified Health System (SUS). The unpreparedness of the newly trained professionals to act on the inherent complexity of this system and to understand its management, as well as the action of social control over the sector is a frequent observation.

In order to offer a qualified training, Unesc's undergraduate health programs are organized with curricular and extracurricular activities that allow the sharing of different spaces with different professions in the Unified Health System. The health programs share the network of the Unified

Health System and among them regarding health, especially to specific groups, in this case the health care of the elderly (Biomedicine, Pharmacy, Physiotherapy, Dentistry, Nutrition, Psychology and Medicine), as well as programs in the health area of other higher education institutions in the region.

In the first two semesters of the undergraduate health programs, the Community Interaction course is fully developed, where sharing occurs in the area of Primary Care, fully developing the Diagnosis of the Situation of Life and Health of the Community and in this context are close to families including the elderly.

Each undergraduate program in its specifics and differentials, continue throughout the program developing actions that include directly or indirectly the Health of the Elderly. Since some programs contain specific courses in the Elderly Health, most of them work in the final stages Specific Assistance Practices in the scope of Primary Care and Hospital Attention involving the elderly, in the forms of internships, projects, scientific initiation, complementary activity among other actions, according to the academic's choice.

Experiencing Health Actions to the Elderly by UNESC in the different practice scenarios

The university, focusing on the tripod education, research and extension, develops through the undergraduate health programs many actions that involve the Health of the Elderly. As education we can highlight the practical activities and obligatory curricular internships, in the research the construction of knowledge, generating new knowledge for the individual or group, as for the society and in the extension with projects and actions with the community, making available to the external public of the university, the knowledge acquired with education and research developed within the university, involving the different practice scenarios.

In the Nursing program, practically every semester somehow works with the health of the Elderly. But we have a course in the sixth semester specific in this area, where several direct actions are developed with care for the elderly, both in the prevention and promotion of healthy aging, as well as with the frail elderly or with comorbidity.



Source: UNESCO's Nursing Program 2016.

In the Physiotherapy undergraduate program, The National Curriculum Guidelines (DCN) for the teaching includes attention to the elderly in the different areas of work of the physiotherapist, providing for both preventive and curative actions. From the DCN, the UNESCO Physiotherapy Program establishes the learning process from the integrality of the attention to the elderly from the Diagnosis of life and health of the community, going through courses that problematize the situation of the elderly, besides the practice of the reception and the practices with the Health Units, in Long-Stay Institutions and Hospitals.

Contact with the elderly occurs in teaching, research and extension activities, providing tools for the academic in order to guarantee functionality and good quality of life for each individual.



Source: UNESCO's Physiotherapy Program, 2016.

In the Medical School, the specific skills directed to the elderly happens through the geriatrics course since the beginning of the program. The medical student has contact with geriatric patients in all phases of

the Community Integration outpatient clinics (inside and outside the university). The UNESC Medical School is organized in cycles. The sixth semester addresses the following themes: Intervening factors in development and maturation; Aging process; The elderly.

In the Health Clinic of UNESC, students, together with their professors, do on average 148 appointments per year in the Geriatrics clinic. They also attend institutionalized patients in the São Vicente Rest Home, where students have contact with patients with limitations and dementias.



Source: UNESC's Medical School, 2016.

In the Nutrition undergraduate program, the National Curricular Guidelines (DCNs) establish that the Nutritionist must be able to develop actions of prevention, promotion, protection and rehabilitation of the health, individual and collective, in all the aspects that involve the feeding and human nutrition, in the cycles of life from pregnancy to aging.

The biological, environmental, social, economic and food safety aspects that may impact the health of the elderly should be considered throughout the training of the Nutritionist. Thus, in the Nutrition Course of UNESC, the specific skills aimed at the elderly are inserted into courses that make up the curricular structure of the program.

The Nutrition Program of UNESC fully attends to DCN and prioritizes the National Policy on Elderly Care established by the Federal Government in the dimensions:

Education: Theoretical-practical courses, which are Nutrition Health and Community, Life Cycles, Nutrition and Aging, Nutrition Therapy, Internship in Nutrition and Collective Health and, Internship in Clinical Nutrition.

Extension: projects and actions developed in the communities by teachers and academics, with the themes of nutritional education, elderly health, food and aging, integral care for the elderly, chronic diseases in the elderly (Diabetes, hypertension, osteoporosis);

Research: field activities involving the collection of local and regional epidemiological data, which guide research in undergraduate and post-graduate studies;

Health management: the insertion of teachers and academics in the Municipal Councils (of Health, of Elderly, of Food Security) and training focused on the public programs of elderly care (National Policy of Food and Nutrition, National Policy for the Elderly, etc.).



Source: UNESCO's Nutrition Program, 2016.

In the Dentistry program, the specific skills directed towards the elderly are present transversely in the Curricular Structure. In the initial stages, the health of the elderly is contemplated in the common nucleus, a discipline of community interaction, and in gerontology, it is important to recognize and understand the concept, foundation, anatomic-morphological and functional aspects of geriatric. Differentiate physiological conditions from pathological ones of age. To study the prevalence of general and oral diseases in the elderly. To know the pharmacological bases for the therapy in the elderly.

In the course of total prosthesis, we aim to recognize and understand the concept, foundation and anatomical/morphological and functional aspects of dental arches. Direct the student to the reasoning with the execution of anamnesis, planning and execution of procedures. Theoretical, laboratory and clinical study of the procedures. Manufacture of total dentures.

In the collective health transversal to the course, several activities are carried out to prevent oral diseases in the health units of the municipalities of the region, community interaction with other undergraduate health programs to understand the health-disease process of the elderly and home care for bedridden elderly with a portable dental office (Odonto Case).

Practical activities and obligatory internships take place in UNESCO's Health Clinic where patients of greater complexity are rehabilitated, where the patient is evaluated and rehabilitated by students under the supervision of dentists of various specialties.



Source: UNESCO's Dentistry Program, 2016.

In the Psychology program, the specific skills aimed at the elderly are contemplated in the home visits carried out in the various phases of the course, Caring for the caregiver, in-group Psychotherapy and in mental health Promotion.

The services developed in the Health Clinic, assist in the provision of qualified assistance to the elderly.



Source: UNESCO's Psychology Program, 2016.

The contents and practices related to aging may be available in a variety of ways in the training of health professionals, either through specific

disciplines or other disciplines along the course related to the elderly, and also through research or extension projects (Carvalho & Hennington, 2015).

In studies related to the inclusion of guidelines of the National Policy on the Health of the Elderly in the health programs of the Universidade Federal Fluminense, they identified that only those in Nursing and Medical school have subjects related to aging in the compulsory modality, and Physical Education, Dentistry and Social Work presented such subjects in the elective modality (Xavier & Koifman, 2011).

UNESC's health programs follow the DCNs and develop actions aimed at the health of the elderly in teaching, research and extension. They carry out activities in a multiprofessional way, with the involvement of several programs, including the participation of the Multiprofessional Residency in Collective Health. UNESC is an institution committed to the SUS, therefore, to the health of the population of Criciúma and region.

The practice scenario for the programs of the health area with the elderly public is diverse and involves outpatient clinic of UNESC's Health Clinics, inserted in the campus of the University, Municipal Health System and region (Health units, Family health strategies, network specialized and hospital network)



Source: Outpatient Clinic – UNESC's Health Clinics.



Source: Health Units.



Source: Long-stay institutions.



Source: Reference Hospitals – Hospital São José e Hospital Santa Catarina.

The university, focusing on the tripod education, research and extension, also develops through the health programs, research and extension projects. These are some programs and projects developed: Solidarity Pharmacy, Rational Phytotherapy, Health education and self-care, Interdisciplinary care for the elderly with physical dependence degree in a Long Stay Institution, Multidisciplinary Health Care Program for the Elderly – PAMSI, Interdisciplinary attention to health in oncology Nucleus – NAISO, among others. These extension projects, as well as research, strengthen the learning of future health professionals.

- Solidarity Pharmacy – Medications come through donations from the community in general, from doctors, from the pharmaceutical and medicine distributors, and donated free of charge to the population, especially senior citizens (1st Semester – 6.104 attended).
- Rational Phytotherapy – Developed in partnership with the Ministry of Health aims to clarify the population about the use of medicinal plants. Monthly meetings to share experiences on agronomic, botanical, phytotherapeutic, therapeutical and popular use of medicinal plants (60 women from Pastoral Health Care).
- Health education and self-care in women's health – participants from mothers' clubs in the municipality city of Içara/ SC.



Source: Health Education Project, Içara /SC.

Nucleus of interdisciplinary attention to health in oncology – NAISO

The NAISO extension project carries out actions in an NGO to support people with cancer, in which the public is overwhelmingly elderly, making the process of treatment and coping with the disease less painful. It aims to identify, think, suggest and provide actions to continuously

improve the experience from the moment of diagnosis to the oncological treatment of people and their relatives in the South of Santa Catarina. Developed in a support house (NGO) for people with cancer problems and their families in the city of Criciúma.



Source: The NAISO Project.

Interdisciplinary care for the elderly with physical dependence degree in a Long Stay Institution

Its objective is to provide interdisciplinary assistance to the elderly institutionalized in Long Stay Institutions for the Elderly.



Source: The Project in the Long-Stay Institution.

PAMSI – Multidisciplinary Health Care Program for the Elderly

It happens through continuous and punctual activities with meetings, workshops and educational lectures on prevention and promotion of healthy aging and issues related to the rights and duties of the citizen, duties of the State regarding health care, education and culture. It is an interdisciplinary project involving the programs of Physical Education, Nutrition, Psychology and Nursing.



Source: The PAMSI Project.

Caregivers Group Well-being with Alzheimer's

The programs involved in this project are Biomedicine, Physiotherapy, Pharmacy, Psychology and Medicine with the objective of supporting caregivers of patients with Alzheimer's disease, reducing the damage to the patient caused by the disease, facilitating understanding about the disease and improving the quality of life and longevity of Alzheimer's patients.

Conclusion

The aging of the world population, especially contemplating the Brazilian population has been increasing quickly. We know the importance of approving laws and public policies of elder care at the national level. However, it is still little known whether such measures and actions are

being implemented, as well as their difficulties and shortcomings, in general terms.

Despite of the approval of laws and public policies regarding the care and health care of the elderly, their compliance depends on the monitoring and collection of each agent and institution that cares about the elderly.

It was clear that there was a change in attitude both within the scope of the Ministry of Health and Education, in view of the approval of public policies and the needs of the SUS, especially in relation to the need for professional training.

In the scope of UNESC, undergraduate programs in the health area started to discuss vocational training based on the principles of SUS and national and regional epidemiological aspects, including the needs of the elderly.

It is the role of Universities and teachers to teach learning to learn, to learn to be and learn to do not in isolation way, but in an integrated and interdisciplinary way. In addition, it is fundamental in the training process that the student can actively participate by becoming a leader of the teaching-learning process by participating in theoretical/practical activities that offer direct contact with the field of professional activity.

It is based on the assumption that each student finds in teaching practical experiences and can appropriate and build their knowledge, based on the values of ethics and responsibility with human life, since the professional must be a transformation agent in the practice scenario that act. In addition, the university has to tease more and more on the subject with its teachers, giving those tools for teaching gerontology and geriatrics and the need for a qualified formation.

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