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SOCIOECONOMIC AND HEALTH CONDITIONS OF THE ELDERLY ASSISTED BY FAMILY HEALTH TEAMS

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ABSTRACT
This is a descriptive and cross-sectional survey, whose objective was to identify the socioeconomic and health characteristics of the elderly assisted by Family Health Teams of the city of Cuiabá, Mato Grosso (MT). Data was collected from 352 elderly subjects, through structured interviews, organized by the EPI-INFO 3.5.1 software, analyzed by means of descriptive statistics procedures – simple and percentage frequency – and displayed in tables. The elderly were mostly female, aged between 60 and 79 years old, retired, with low schooling and income levels, suffered from chronic health diseases, perceived their health as regular and good, and were independent for both daily and instrumental activities. The results showed that the socioeconomic and health conditions of the studied population were similar to those of elderly participants of studies developed in other Brazilian cities. Such results point to social and health demands, with implications on family health teams, on public authorities and on society, toward adjusting the attention to the real needs of this portion of the population.

Keywords: Elderly health. Elderly. Nursing. Aging. Health level.

INTRODUCTION

The increase in people's life expectancy is a universal phenomenon today, present in almost every country, most of which located in Europe. In Brazil, the elderly population has already exceeded 20 million people[1].

In Mato Grosso, just as in Brazil and around the world, the aging phenomenon has been increasing over the last few years. The elderly population has already reached the figure of 239,626 people, accounting for 7.5% of the total population in the state[1]. In Cuiabá – capital of the state of Mato Grosso (MT) – the number of elderly people stands at 44,760, that is, 42% of the population[1] – fact that leads the public health system to the challenge of meeting the health needs of the elderly and their families.

However, little is known about the elderly assisted by Family Health Teams (ESF) of the city, and there are still just a few researches that characterize their socioeconomic and health conditions.

According to the Ministry of Health[2], the household is the best place for the elderly to reside, and the assistance to them and to their families should be carried out by the ESF. Such assistance demands several care actions of varied complexity, requiring that Nursing procedures are adequate to the needs of this population.

However, studies conducted with health professionals of the ESF evidence the little knowledge Nursing has about the aging process, the elderly population and the ways to deal with it[3,4]. This knowledge is important and contributes to the planning and implementation of efficient and quality actions aiming at this group.

Thereby, the **objective** of this study was to identify the socioeconomic and health characteristics of the elderly assisted by Family Health Teams of the city of Cuiabá, MT.

METHODOLOGY

This is a descriptive and cross-sectional survey, developed at ESF units in the city of Cuiabá, from June to September 2010, derived from a dissertation research.

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A total of 352 elderly people aged 60 years old or over – criterion adopted by the World Health Organization (WHO) and by the Brazilian Ministry of Health (MS) – assisted by the ESF participated in the study . The sample size was determined by considering the estimated total population of Cuiabá – 42,428 people/year of study -, the amount of elderly people registered at the ESF units – 14,721[5] –, the expected proportion of elderly people that have the characteristic of interest (inability) – 30% –, the confidence interval of 95% – z=1.96 of the normal distribution –, the allowed sampling error of 5%, and the adjustment of 10% for eventual losses in the collection. The number of ESF units that compose the sample in each region was defined through sampling by conglomerates. After the ESF units were drawn, 32 elderly people from each one of them were chosen in accordance with Sheet A, observing the inclusion criterion – being an elderly person assisted by the ESF – and the exclusion criteria – presenting cognitive and communication difficulties that prevented him/her from answering the questions to which, during the interview, no relative or caregiver could answer for him/her or help with it. Data was collected at the elderly's homes, located with the help of health community agents (ACS). A previously tested and reformulated questionnaire was used in the interviews with the elderly, containing questions about their demographic characteristics, in addition to their socioeconomic and health conditions. The following variables were explored: sex, age group, self-reported race, marital status, schooling, occupational status, income, health perception, self-reported health problems, hospitalization and reason for hospitalization. To assess their functional capacity, the Katz Index and the Lawton and Brody Scale were used.

Data was organized by means of the EPI-INFO 3.5.1 software, analyzed through descriptive statistics procedures – simple and percentage frequency – and displayed in tables. The basis for the interpretation of the results was the theoretical framework produced about the subject from the literature researched.

This investigation was not financed. It complied with all requirements established in Resolution 196/96 of the National Council of Health (CNS) necessary to the conduction of researches involving humans, being approved through protocol No 782/CEP – HUJM/10.

RESULTS AND DISCUSSION

Table 1 shows that, regarding the sociodemographic characteristics of the elderly studied, most of them were female (61.6%), belonged to the age groups between 60 and 69 years old (49.1%), and 70 and 79 years old (39.8%), reported being white (50.9%), were married (55.7%) and widowed (31.8%).

The predominance of elderly women in this research is similar to that found in other researches – like what has been occurring in Brazil and around the world. Worldwide, 55% of the elderly population is composed of women[6], which, according to the 2009 National Household Sample Survey (PNAD), account for 55.8% of the elderly population in Brazil[7].

This phenomenon has being called "feminization of aging" and explained as being a consequence of higher male mortality rates and of some specific and different behaviors between men and women. Mortality among men is 50% higher if compared to that of women – moreover, the high male morbimortality is also due to unhealthy habits and lifestyle[8].

Just as in this study, other researches conducted in Brazil have revealed the predominance of elderly people aged between 60 and 79 years old, that is, the young elderly and the old elderly[7]. This can be explained by the fact that, differently from what happened in developed countries, the aging of the population in developing countries – like Brazil – started more recently – more specifically from the 1960s, with the decrease in the fertility rate, which went from 6.2 children per woman in 1940 to 0.93% of children in 2011 and 2012.

Elderly subjects aged 80 years old or over already represents 13% of the world's population, with the projection of an increase of approximately 7% by 2020, and of a growth of 14 times higher[6] for the centenary group. In Brazil, the very old elderly population has increased, but the amount is still small if compared to that of developed countries. This fact corroborates the results found in this research, that is, only 11.1% of the elderly of the

sample were 80 years old or more. In these groups, the prevalence of chronic diseases, inabilities and dependence is greater and, consequently, so is the demand for attention to social and economic problems.

Table 1- Elderly distribution by sociodemographic characteristics. Cuiabá-MT-2010. n=352.

Variable	Frequency (n)	Percentage (%)
Sex		
Female	217	61.6
Male	135	38.4
Age group		
60 to 69 years old	173	49.1
70 to 79 years old	140	39.8
80 to 99 years old	37	10.5
100 years old or over	2	0.6
Self-reported race		
White	179	50.9
Mixed	102	29.0
Black	68	19.2
Yellow	-	-
Native	3	0.9
Marital Status		
Married	196	55.7
Widowed	112	31.8
Divorced	36	10.2
Never married	8	2.3
Schooling		
Illiterate	85	24.1
Up to 4 years of study	240	68.2
More than 4 years of study	27	7.6
Total	352	100.0

As for education, 24.1% is illiterate, 68.2% has studied up to four years, and only 7.6% has studied more than four years.

The results referring to the level of schooling of the studied elderly are not different from the 2009 PNAD data, according to which, 50.2% of all people aged 60 years or more had less than 4 years of study[7]. Studies with elderly individuals have revealed a low level of schooling among them[9,10], explained as being a consequence of social inequality in Brazil and of the education policies of the 1930s and 1940s – when access to school was very restrict.

Regarding the occupational status of the elderly researched, Table 2 shows that most of them are retired (57.2%), followed by a portion that is neither retired nor pensioners, without a job (17.3%). Some of the retired ones still work (4.8%), and others work and do not receive retirement benefits or pension (7.9%). Among the elderly who work, most of them (93.3%) do so without a contract, that is, have informal jobs.

When it comes to finance, most of the elderly have some type of income, which is a minimum wage (70.1%) in most cases, but some of them receive less than that, depending on the financial aid from family and friends (9.6%).

The low income of the elderly of this study comes from retirement benefits and pensions, as well as from help of other people. Data about the productive insertion of the elderly into the different segments of the informal market, especially regarding autonomous job, can be seen in other studies[11,12].

Table 2- Elderly distribution by occupation and income. Cuiabá-MT-2010. n=352.

Variable	Frequency (n)	Percentage (%)
Occupational status		
Retired	201	57.2
Pensioner	45	12.7
Retired but working	17	4.8
Working (non-retired and non-pensioner)	28	7.9
Non-retired/non-pensioner/unoccupied	61	17.3
Occupational status of the elderly who work		
With a contractual job	3	6.6
Without a contractual job	42	93.3
Income		
None	34	9.6
Up to half of a Minimum Wage (MW)	5	1.4
1 MW	247	70.1
1 to 2 MW	38	10.8
2 MW	9	2.6
2 to 3 MW	1	0.3
3 MW	1	0.3
3 to 4 MW	6	1.7
4 MW	1	0.3
4 to 5 MW	8	2.3
5 MW or more	2	0.6
Total	**352**	**100.0**

Table 3 displays information referring to the health conditions of the elderly, showing that most of them (31.8%) perceive their health as regular, followed by a similar portion (30.4%) that has a good perception on their health.

Most of the participants of this research (88.9%) reported having some health problem, usually more than one pathology – chronic diseases were more frequent.

Unlike the findings of this study, in 2008, in Brazil, IBGE data[7] revealed that most of the people aged 60 years or more considered their health as good or very good (45.5%), and a lower percentage (41.9%) saw it as regular; this data is similar to that of the Midwest region.

Nevertheless, this difference is very small, and it is possible to infer that, in general, the elderly researched perceive their health at both levels – that is, they see their health as good or regular, as shown in Table 3.

The number of health perception studies have increased in the last few years, particularly regarding the elderly, because it is considered an important predictor for mortality and the use of health services[13], and is directly linked to how the elderly see themselves and feel about their lives and their health. Having a health problem may lead the elderly to see themselves as weaker and, consequently, as less healthy. People that perceive their health as poor have a higher mortality risk for all of the causes if compared to those who consider their health as good[14,15].

Similarly to the results found in this research, other studies observed that the elderly had, at least, one disease; hypertension, mellitus diabetes and rheumatic diseases were the most frequent ones[16,17].

The aging process does not necessarily mean that an elderly person will develop diseases. However, this fact is somehow expected, since the chances of developing illnesses are higher at old age – especially chronic ones, because of the biological decline itself or even the longtime of exposure to pathogens to which an older person has

already been exposed in the course of his/her entire life[18].

In this study, most of the elderly did not need to be hospitalized in the last 6 months prior to the application of the interview, and, among those who had been hospitalized, the main reason was disease treatment (56.2%).

Table 3 – Elderly distribution by health conditions. Cuiabá-MT-2010. n=352.

Variable	Frequency (n)	Percentage (%)
Health Perception		
Excellent	69	19.6
Good	107	30.4
Regular	112	31.8
Poor	31	8.8
Terrible	33	9.4
Health problem?		
Yes	313	88.9
No	39	11.1
Health problems*		
Hypertension	238	36.2
Mellitus Diabetes	78	11.9
Osteoarticular[1]	134	20.4
Sensorial[2]	110	16.7
Degenerative[3]	4	0.6
Others[4]	94	14.3
Has been hospitalized in the last 6 months?		
Yes	32	9.1
No	320	90.9
Reason for hospitalization		
Surgery	12	37.5
Exam	1	3.1
Pathology	18	56.2
Fall	1	3.1
Degree of dependence for ADLs and IADLs[5]		
Independent	216	61.4
Partially Dependent	133	37.8
Totally Dependent	3	0.8
Total	**352**	**100.0**

* Self-reported. [1] Osteoarticular: arthritis, arthrosis, osteoporosis, rheumatism, spine problems. [2] Sensorial: vision and hearing problems. [3] Degenerative: Alzheimer's, Parkinson's disease. [4] Others: heart, breathing, vascular, renal, stomach and skin problems, anemia, cancer, dyslipidemias and allergies. [5] ADLs – activities of daily living /IADLs – instrumental activities of daily living.

Due to health problems – especially long-lasting ones, like chronic diseases – elderly subjects may need to be hospitalized in case of crisis or complications. The low frequency of hospitalizations in the studied sample may have occurred because the elderly were mostly aged between 60 and 79 years old.

The rates of hospital admissions are, in general, higher for elderly people at more advanced age – which represents a higher percentage of public expenses, for more frequent use of medicines, procedures, exams and others. In addition, among the impacts of hospitalization on the elderly there is the decrease in their functional capacity that may worsen their quality of life[19].

In these cases, ESF teams, formerly called PSF teams, especially Nursing, plays an essential role in household assistance. In this space, it is possible to not only assess the health conditions of the elderly, but also instruct their family on recovery care and maintenance of the functional capacity.

In this research, only one elderly subject among all of the 352 researched was hospitalized because of a fall, which may be related to the fact that the question of the study was about reasons for hospitalization within a short period. This is a limitation to our results, for showing a reality that does not correspond to that of most of the elderly, because the occurrence of falls among them is usually frequent and a reason for hospitalization – which may bring consequences that are not only physical, but psychological and social as well, causing a strong impact on the quality of life of the elderly and their families.

Regarding the degree of dependence for Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) of the elderly studied, most of them are independent (61.4%), followed by a portion with partial dependence (37.8%) or total dependence (0.8%).

The higher prevalence of independent elderly people compared to that of dependent ones may be related to the fact that the majority of the studied population is composed of the elderly that have just started the old age phase, moment when the decrease in the Functional Capacity (FC) is not pronounced. The aging process results, on average, in the loss of 1%/year of the FC after 30 years old[20] – which does not necessarily mean that the individual has inabilities.

CONCLUSION

This study observed that, among the elderly population assisted by the ESF of the city of Cuiabá, most of them are female, aged between 60 and 79 years old, white, married, with low level of schooling and income, and retired. Among the elderly who still work, just a few of them have a contractual job. They perceive their health as regular and good, present chronic health problems, and few of them needed to be hospitalized in the last six months; among those who needed hospitalization, the main reason was treatment of chronic diseases. As for the degree of dependence of the elderly studied, most of them are independent for ADLs and IADLs.

These results allow us to conclude that the socioeconomic and health characteristics of the population studied were very similar to those of participants of other epidemiological studies with the elderly developed in other Brazilian cities; such results point to demands of social and health order that bring implications to society, public authorities and the ESF.

For being a population of young elderly subjects, predominantly, that is, starting old age, there is a need for investments in actions towards the promotion of an active and health aging process, in order to improve the quality of life and health of this population, as well as to ensure their rights as citizens.

To do so, the ESF can encourage the elderly to participate in recreation groups, through the development of physical, intellectual and leisure activities, also stimulating the integration of their families into these activities.

In face of the social demands of the population studied, it is the role of society and public authorities to invest in the improvement of socioeconomic conditions of these elderly, taking into consideration that they are still economically active and capable of performing several activities – as long as adequate to their functional capacity. Using social networks that can support the elderly in education at old age purposes, as well as the digital inclusion of those who already have some level of study, are initiatives that favor such improvements. About the health of the population of this study, investments in training programs for health professionals of the ESF for them to work in the service to the elderly can contribute to the qualification of the assistance provided to this group, aiming to prioritize actions that prevent complications, with educative measures and self-care promotion.

Finally, we consider that further researches should be conducted aiming at the socioeconomic and health conditions of the elderly who are not users of the SUS, so that more can be learned about the life and health reality of local elderly individuals and those from other cities in the region. Such studies can bring elements to the ESF teams, especially to Nursing, leading them to think about social and health action strategies focused on the characteristics and needs of this portion of the population.

CARACTERÍSTICAS SOCIOECONÔMICAS E DE SAÚDE DE IDOSOS ASSISTIDOS PELAS EQUIPES DE SAÚDE DA FAMÍLIA

RESUMO

Estudo descritivo, transversal, tipo inquérito cujo objetivo foi identificar as características socioeconômicas e de saúde de idosos assistidos pelas Equipes de Saúde da Família do município de Cuiabá-Mato Grosso (MT). Os dados foram coletados com 352 idosos através de entrevistas estruturadas, organizados por meio do programa EPI-INFO 3.5.1, analisados por procedimentos de estatística descritiva – frequências simples e percentual - e apresentados em tabelas. A maioria dos idosos é do sexo feminino, com faixa etária entre 60 e 79 anos, aposentada, com baixa escolaridade e renda, apresenta problemas crônicos de saúde, percebe sua saúde como regular e boa e é independente tanto para as atividades de vida diária quanto para as instrumentais. Os resultados mostraram que as condições socioeconômicas e de saúde da população estudada foram semelhantes às de participantes idosos de estudos desenvolvidos em outras cidades brasileiras. Tais resultados apontam para demandas sociais e de saúde com implicações nas equipes de saúde da família, no poder público e na sociedade, no sentido de adequar a atenção às reais necessidades dessa parcela da população.

Palavras-chave: Saúde do idoso. Idoso. Enfermagem. Envelhecimento. Nível de saúde.

CONDICIONES SOCIOECONÓMICAS Y DE SALUD DE ANCIANOS ASISTIDOS POR EQUIPOS DE LA SALUD DE LA FAMILIA

RESUMEN

Estudio descriptivo y transversal cuyo objetivo fue identificar las características socioeconómicas y de salud de los ancianos asistidos por Equipos de Salud de la Familia de Cuiabá-MT. Los datos fueron recolectados con 352 mayores mediante entrevistas estructuradas. La mayoría de los ancianos es mujer, casada, viuda, de color blanca, con edades entre 60 y 79 años, jubilados, de baja educación y ingresos, tiene problemas crónicos de salud, perciben su salud como regular y buena y es independiente para las AVD y AIVD. Los resultados mostraron que las condiciones socioeconómicas y de salud de los ancianos fueron similares a las de otros participantes de estudios con ancianos, desarrollados en otras ciudades brasileñas y apuntan para demandas sociales y de salud para la sociedad, el gobierno y los Equipos de Salud de la Familia, en el sentido de adecuar la atención a esta porción de la población a sus reales necesidades.

Palabras clave: Salud del anciano. Anciano. Enfermería. Envejecimiento. Estado de salud.

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