

SENIORS-ONLY LIVING FACILITY: CHALLENGE TO NURSING ASSISTANCE IN PRIMARY ATTENTION

Seniors-only living facilities are a new housing modality for low-income elderly, found in just a few Brazilian cities, with the aim of promoting, in addition to a decent home, maintenance and promotion of quality of life. These places are spaces that value the coexistence and interaction with and among the elderly, because they usually have a planned physical structure adequate to the elderly's specificities and needs, contributing to the maintenance of their autonomy and quality of life, besides favoring a positive lifestyle by enabling, at the same time, opportunities of companionship, privacy and independence(1). This is because, unlike asylums and nursing homes, the residents of this type of facility are independent, pay a symbolic housing fee, have autonomy to enter and leave, and decide about its organization and operation collectively.

In Maringá, the Seniors-only living facility operates since 2010, counts with 40 houses with a bedroom, living room, kitchen and bathroom, and 50 residents, since the elderly can live with a partner, as long as the latter are elderly as well. A shared hall is used for social activities, laundry, gardening, and has also a gym and a plaza with benches and tables.

The criteria for the occupation of the facilities are very rigorous and include: being over 60 years old, being residing in the city for at least two years, being registered in the housing program of the city, having a family income of at least two minimum wages, living in a situation of social vulnerability or in areas subjected to risk factors, insalubrity or environmental degradation. It is worth highlighting that in Maringá's living facilities, the elderly have to be independent to perform daily activities, and other relatives that are not elderly are not allowed to live in there.

The Secretariat of Social Service, aiming to promote physical and mental health, the development and maintenance of physical, motor and social skills, just as the experience of opportunities so far denied by the previous living condition, has as duty the promotion and/or organization of differentiated activities to the residents of the living facilities, such as cultural tours, fishing, visits to the city theater, to the movies, to the parks and to local tourist attractions. Moreover, through partnerships with educational institutions in the city, it offers the elderly, every week, within the facility itself, stretching exercises conducted by physiotherapy trainees, and light-intensity physical exercises with the guidance of a physical educator hired by the city.

The performance of these activities is required for the maintenance of the elderly's independence in the execution of daily activities, because, if they become dependent of care, they will need to be transferred to a place where they can receive specific treatment offered by health professionals of the city.

It is worth stressing that said living facility was built in a location of the city that is not served by the *Estratégia da Saúde da Família*(ESF)team[Family Health Strategy], which is a concern, since the elderly residing there used to live in conditions of social vulnerability, and many of them present difficulties imposed by their age. Still in this regard, the distancing from family imposed to these elderly must be taken into account, as they are not allowed to live with any other relative that is not elderly. This, by itself, is already able to constitute a risk factor for physical and mental sickening. Furthermore, in some cases, moving to the facility may have caused a break with the family relationship of these elderly, because their relatives may interpret

the fact that they are moving all by themselves to a residence with good physical structure as if they were abandoning their families.

Thereby, it is evident that the living and health conditions of the elderly residing in these facilities needs to be recognized⁽²⁾, aiming at the planning of actions that can at least postpone the dependence of care related to complications from chronic diseases.

In face of that, some challenges to nursing assistance to the elderly stand out, mainly in basic health, such as the support to and fostering of the adoption of self-care measures, and the development of strategies that facilitate their access to health services.

In this way, allied to this housing policy, the elderly need to be monitored by health professionals for the generation of resources and the construction of an infrastructure that allows for an active and healthy aging process. It is worth pointing out that prolonging life is an aspiration of any society; however, additional years of life can only be considered a real conquest if they come along with quality.

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1. Teston EF, Marcon SS. Qualidade e condições de vida sob a ótica dos residentes de um condomínio do idoso. Rev Gaúcha Enferm. 2014;35(1):124-130.15.

2. Bernard M, Bartlam B, Sim J, Biggs S. Housing and care for older people: life in an English purpose-built retirement village. Journals Cambridge. 2011; 555-78.