



## HEALTH CARE OF ELDERLY PEOPLE WITH DISABILITIES LIVING IN RURAL SETTINGS: PERSPECTIVE OF COMMUNITY AGENTS

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### ABSTRACT

**Objective:** to apprehend the perspective of Community Agents on health care of elderly people with disabilities living in rural settings. **Method:** quantitative-qualitative study, whose data collection was initially performed with 276 people with disabilities living in rural settings, through questionnaires applied from August 2018 to July 2019. From this total, only the elderly were selected to be part of the cut of this research, totaling a sample of 54 individuals. After analyzing the quantitative data through a statistical program, 18 Community Health Agents who assisted these elderly in their micro rural areas were interviewed. The interviews were conducted from July to August 2021, analyzed by the Thematic Content Analysis. **Results:** it was possible to verify the presence of chronic diseases in the elderly, in addition to dependence on public health services, far from homes. The Community Health Agents reported their actions of attention to the elderly with disabilities, highlighting the importance of the collaboration of the multidisciplinary team to meet this population. **Conclusion:** it appears that the care to this population stratum, in rural communities, focuses on the Community Health Agent, indicating the need for new research on the subject.

**Keywords:** Elderly. Rural health. Community Health Workers. Disabled people. Nursing research.

### INTRODUCTION

People living in rural settings, especially the elderly, have restrictions on access to health care. This situation requires professionals involved in debating the subject, guided by the principles of the Unified Health System (UHS) regarding equity and completeness and existing public policies. The elderly population, which comprises individuals aged 60 years or older, gradually develops biological, physiological and functional changes that cause diverse health demands. Therefore, assistance to the elderly, especially in Primary Health Care, should focus on work processes that prioritize increased longevity, through the early identification of changes and health promotion and prevention actions<sup>(1)</sup>.

It is also considered that the elderly and people with disabilities (PwD) also have specific health

needs, especially for rehabilitation. In order to increase access and qualify the health care of the PwD, the Care Network for People with Disabilities (CNPwD) was created. The CNPwD foresees the construction of a link between PwD and its family and health services and the integration between these services and other sectors, as well as the development of prevention and early identification of disabilities<sup>(2)</sup>.

The elderly with disabilities have higher demands in health services. However, the rural context has less access to these services, which reveals the urgent need for strategies to meet this situation. In this sense, efforts aimed at policies related to rehabilitation should be encouraged, promoting specialized care both in health institutions and at home, paying attention to the peculiarities of the rural scenario. Attention to the elderly is challenged to contribute to the expansion

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of possibilities to live with quality of life, despite the limitations that arise with increasing age<sup>(3,4)</sup>.

The person living in a rural context must permanently seek their rights, including the right to health<sup>(5)</sup>. To ensure health care for this population, it is necessary to grasp its own characteristics, considering that the rural scenario presents social, cultural and organizational diversity, as well as particularities of health, especially due to the work in this scenario, characterized by the exacerbated use of force and unhealthy environment, with exposure to solar radiation, dust particles and toxic substances<sup>(6)</sup>.

The Family Health Strategy (FHS) emphasizes that advances in access to health care for the elderly with disabilities in the rural setting actually occur. Its role is to solve health demands of all individuals residing in its territory of coverage, promoting comprehensive and user-centered care<sup>(7)</sup>.

In this context, the work of the Community Health Agent (CHA) is highlighted, since it brings the actions of health services closer to the population, especially in remote areas and directed to marginalized groups<sup>(8)</sup>, such as rural areas and people with disabilities, respectively. Thus, it is recommended that the CHA originates from the territory where he works, which presupposes that he knows the peculiarities of his space of action. In the rural setting, the CHA is the professional who represents the health service in places where there is no structure for a Basic Health Unit (BHU), seeking to guarantee the integral and universal right to health<sup>(9)</sup>.

In this sense, health care has comprehensive concepts that are characterized by ensuring the rights of the population, with increased access and organization based on intersectorality, longitudinality and humanization, according to the characteristics of the territory. Therefore, they are guided by the principles of comprehensiveness, collaboration and coordination of care. Therefore, this research is based on the reference of health care defined as a set of actions strategically organized to meet the needs of users of the SUS, through assistance, environmental interventions and health policies, programs and services, considering health promotion, prevention and recovery<sup>(10,11)</sup>.

Given the scenario of multiple vulnerabilities in which the elderly with disabilities are in this

context and the demands, which are often not met, it is justifiable to conduct research with this population, scientific basis that can influence the improvement of service delivery and consequently the aging process. In addition, there is little bibliographical production that addresses this population, despite its demographic growth increase over the years.

Based on the above, there are the following research questions: what are the socioeconomic and health characteristics of elderly people with disabilities living in the rural scenario? How does health care occur to this population, from the perspective of CHA? Thus, this investigation aimed to apprehend the perspective of the CHA on health care of elderly people with disabilities living in rural settings.

## METHODS

It is a study that combines quantitative and qualitative approaches, enabling greater accuracy in the interpretations of the research, based on the depth of the phenomenon studied. The study is part of the matrix research entitled: "Social Determinants of Health in people with disabilities, families and support network in the rural scenario: multiple vulnerabilities".

The quantitative stage of the matrix research was carried out in eight municipalities in the north/northwest of Rio Grande do Sul, belonging to the 2<sup>nd</sup> and 1<sup>st</sup> Regional Health Coordinators, namely: Alpestre, Derrubadas, Esperança do Sul, Gramado dos Loureiros, Lajeado do Bugre, Liberato Salzano, Pinheirinho do Vale and São Pedro das Missões. These were chosen because they present small size and 70% of their population live in the rural setting. In these municipalities, questionnaires were applied to all PwD living in rural areas. Therefore, the population of the quantitative stage corresponded to 276 PwD. This questionnaire was built by the authors from the reading of studies related to the theme and based on their previous experiences with this type of data collection instrument. It was applied by researchers during home visits carried out with the monitoring of the CHA from the micro rural areas where the study population lived. The questionnaire was answered by the PwD itself, or by its main caregiver, in cases of intellectual or hearing impairment. Quantitative data were collected

between August 2018 and July 2019.

For the manuscript, only the quantitative data of the sample of elderly with PwD were used. To this end, it was defined as inclusion criteria: to be aged 60 years or older, to be disabled and to live in rural areas, totaling a sample of 54 individuals.

The quantitative data were entered in Microsoft Excel spreadsheets and later imported into the statistical program SPSS, version 18.0, allowing the realization of statistical inferences, presented by absolute frequencies (n) and relative (%).

After the analysis of the quantitative data, the qualitative stage began. For this, the municipalities of Alpestre and Pinheirinho do Vale were selected as a data collection scenario, because they had a higher number of elderly with disabilities living in a rural context. In these two municipalities, the CHA who met the following inclusion criteria were interviewed: assisting elderly people with disabilities in their micro rural areas and working in this position for at least six months, resulting in 18 participants. We chose to interview only the CHA, since they are the professionals who have greater proximity to populations living in more remote territories such as the rural scenario.

The qualitative collection was performed through the semi-structured interview technique, conducted with the CHA through the free digital platform Google Meet. This stage took place between the months of July and August 2021. It was organized in this way for greater security of researchers and respondents, as a result of the COVID-19 pandemic. The interviews were recorded using resources available on the digital platform itself, being kept confidential for further transcription, with the consent of the participants, who digitally signed the Informed Consent Form (ICF).

The qualitative results were systematized and analyzed based on the Thematic Content Analysis, one of the most used in the qualitative research approach. This analytical technique included three stages: Pre-analysis, Exploration of Material and Treatment of Obtained Results and Interpretation<sup>(12)</sup>.

The study followed all ethical recommendations of research with humans. To this end, the participants were clarified as to the objective and procedures of the research through the reading and explanation of the ICF, being preserved the privacy and anonymity of the

participants during the data collection of the quantitative and qualitative stages. The participants of both stages performed the reading and signing of the ICF, remaining with a document route. It is noteworthy that the participants interviewed online, digitally signed the ICF and that their testimonials were identified with the acronym "CHA 1", "CHA 2"... "CHA 18". The study was approved by the Consubstantiated Opinion n. 2.208.566/2017 of the Research Ethics Committee of the Federal University of Santa Maria, through the Certificate of Presentation for Ethical Assessment, n. 69973817.4.0000.5346.

## RESULTS

This section is organized into two categories. In the first, the quantitative results related to the sample of elderly people with disabilities are described. The second category concerns the results of the qualitative analysis and is divided into two thematic subcategories.

### **Socioeconomic and health characteristics of elderly people with disabilities residing in the rural setting**

Of the sample of 54 elderly people with disabilities, 36 were male (66.7%) and 18 were female (33.3%). The average age of the elderly was 68.13 ( $\pm$  8.3) years, with a predominance of self-declared white individuals (61.1%; n=33). As for the type of disability, 20 elderly people with intellectual disability (37%); 17 with acquired physical disability (31.5%); 06 with multiple disability (11.1%); 05 with congenital hearing impairment (9.3%); 05 with congenital physical disability (9.3%) and 01 with congenital visual impairment (1.9%).

Considering the level of education, individuals with incomplete elementary school or who never attended school prevailed (94.4%; n=51). Half of the sample reported that it performs some labor activity, which is developed in the rural scenario.

Regarding the health characteristics of the elderly, 32 reported chronic diseases and continuous drug use (59.3%). Of these, 17 reported systemic arterial hypertension (SAH) (31.5%); 09 reported SAH and Diabetes Mellitus (DM) (16.8%); 04 reported DM

(7.4%); and 02 reported SAH and another disease (3.7%). Of all the elderly, 12 reported smoking (22.2%).

It is noteworthy that 83.3% of the elderly with disabilities (n=45) reported that the locality where they live does not have BHU, although 64.8% reported attending some BHU (n=35) elsewhere. Still, 98.1% (n=52) access health services offered exclusively by SUS.

### **Health care for elderly people with disabilities who live in the rural setting from the perspective of the CHAs**

Of the 18 participants, 17 were female (94.5%) and one male (5.5%). The age ranged from 29 to 56 years, with an average of 40.5 years. As for the level of education, 13 students attended high school; three, incomplete high school; one, complete higher education; and one, incomplete higher education. The time of acting as CHA ranged from 3 to 23 years, with an average of 11.94 years.

### **CHA and interventions with elderly people with disabilities residing in a rural context**

The first thematic subcategory presents reports of the CHA about their actions directed to the population in question. In their speeches, the CHA highlighted that their main role is based on guidelines on health issues aimed at this public.

We talk, ask how you are, if you are managing to eat, I also talk a lot about physiotherapy, which is good, ... medications, you know, many are also strict about taking medication, so we develop a work like that, in orientation, listening too, sometimes we listen to them a lot (CHA 8).

I do the home visit and if they need something more than my work, that our work is guidance, you know, I always try to do what is within my power, or I inform the family if I have it, that they can do it something, or I do it myself (CHA 14).

The CHA also highlighted actions aimed at qualified listening and dialogue, situations that highlight the importance of the professional's bond with the service user, especially in times of pandemic.

They want you to stay at the house a lot, that you talk, that you listen to everything they have to tell you, because sometimes they don't have anyone to talk to, so we are the gateway to everything, so you have to be patient, you have to listen, right? (CHA 5).

We talk, although now we don't have this bond of going into houses because of the pandemic, [...] we see that, wow, they are very affectionate, and they like us to pay attention, you know. They tell, we listen to them, and we are like a psychologist many times, we give them a lot of attention, they vent, they are very nice. (CHA 8).

In addition, the CHA reported other activities they perform in supporting the needs of elderly people with disabilities, such as bringing information and medications from the UBS to the person's home.

Where I can help, I always help in terms of medication, picking up medication, consultation, if it is necessary to bring it here [at the UBS], to the secretariat or for scheduling, the requests they ask for, you know, everything, everything, everything. (CHA 17).

Things like consultations, exams, whatever you can do at home, like vaccines, we call here, 'Oh, it's difficult for them to get around, can you come and vaccinate at home?', we help with that part.. (CHA 11).

In this subcategory, it is evident that the CHA is the health professional that is closest to the elderly with disabilities in the rural scenario, which highlights the importance of training these workers on specific issues of this population, so that they can develop their work in a more welcoming and resolute way.

### **Collaborative and multidisciplinary work in the care of elderly people with disabilities**

The second thematic subcategory reveals the need for collaboration of the multiprofessional team in the care of the elderly with disabilities living in the rural setting, which was evident in the statements of the CHAs.

We have these home visits, like, social worker is also connected with health, [...] we preferred to visit the elderly, when I could go to the doctor together, nurse, and in my area, if I need any thing, we call here [at the BHU], talk to the secretary, with the nurse, so we can always try to



solve and serve them well. (CHA 14).

I make my visits, then we arrange with the family, we call the nurses to make the vaccine, call the laboratory to collect tests. (CHA 9).

Even in our FHS, the doctor and the nurse are very helpful, they are always following up when we ask, so this is a part that helps, the support we have from them. (CHA 10).

It was also explicit the need for more health professionals in the rural context, considering their singularities. The CHAs acknowledged that this support is still lagging behind.

Sometimes I think of having more visits for them, those who have more obligations, social workers, doctors, nurses, checking blood pressure more often, because sometimes these people are more difficult to bring to the health center. I always think that we, as the FHS, we have to go to them more, because they are more difficult to reach. (CHA 18).

We have a visit from the doctor, there is a nurse, but suddenly, I don't know if monthly or every 2, 3 months, a team visit with a psychologist to talk, because many don't attend APAE, they won't expose that problem, [...] something along those lines, a team visiting them more often at home so they can go to the health center less often, even because of some people getting around which is more difficult. (CHA 13).

In this context, the most cited professionals were the nurse, the doctor and the social worker. There is a need to put into practice public policies, especially health, aimed at elderly people with disabilities living in rural settings.

## DISCUSSION

When analyzing the quantitative data of the research, the predominance of intellectual disability stands out. In this perspective, study points out that both the technological advances in health and the implementation of public policies aimed at this population can contribute to greater longevity of people with disabilities, since their life expectancy was low until recently, when they did not reach the elderly phase of life<sup>(13)</sup>.

The school frequency decreased or absent by the elderly in this research is in line with data found in other studies with elderly people in the

rural context, which demonstrate that low schooling can limit access to quality information. This can contribute to the general deterioration of health, especially in rural areas, where there is a low concentration of educational institutions, prevailing also the difficulties of access to the due to lack of internet access and telephone signal or instability of these<sup>(14)</sup>.

The performance of labor activities in the rural scenario, for those who manage to perform them, may also be associated with lower schooling, because in this context the work is mostly manual and, culturally, it is considered that for activities such as these intellectual improvements are not necessary. Moreover, the rural scenario has a lower offer of educational actions when compared to the urban space<sup>(15)</sup>.

The fact that more than half of the elderly with disabilities have some chronic disease draws attention. Hypertension is the prevalent chronic disease, as well as in other studies with the elderly in the rural context<sup>(15, 16)</sup>. Due to disability, there is a greater lack of autonomy and functional independence of this population. A study conducted in India demonstrates the pattern of chronic non-communicable diseases (NCDs) in the elderly in the rural setting, highlighting them as factors that contribute to the dependence of the elderly in the performance of simple day-to-day activities<sup>(16, 17)</sup>.

Although most of the places where the elderly in the study do not have UBS, more than half report attending it, having to travel to the urban environment for this. This lack of access, added to the accessibility difficulties resulting from the disability, can lead the elderly to seek the service only with curative purpose, to restore health after already finding themselves with symptoms, leaving aside the promotion and prevention of health. This situation can make acute health conditions chronic and further aggravate those already existing<sup>(18)</sup>.

This study points out that the use of health services by the rural population may be lower due to training factors, such as low purchasing power, lack of employment and, therefore, lack of health insurance. The gateway to health

problems in the rural scenario is essentially the UBS, since in this context access to private services not financed by the SUS is still very restricted<sup>(19)</sup>.

The CHA is the professional who continuously monitors all health issues of the elderly with disabilities in the rural setting and has significant importance in maintaining and recovering the health of these people. The CHAs interviewed in this study are almost entirely female, similar to data from another study, following a recurrent pattern in the health area, especially in the nursing sector, imposed by the culture that women have always played the role of caregiver. children and elderly before society<sup>(20)</sup>.

By highlighting their interventions, the CHAs emphasized the importance of bonding with the elderly, so that there is a qualified listening and welcoming, a fact that is repeated in another study in which the interviewed CHAs report being considered part of the family. In an attempt to express gratitude for the services provided by the CHA, the elderly become protagonists in the process of creating a bond and this bond enables greater autonomy and appreciation of both parties. In this sense, greater involvement of CHA can provide better therapeutic results when it comes to the health of the elderly with disabilities, which demonstrates the importance of the dedication of these professionals and constant updating of their practices<sup>(21)</sup>.

The importance of interprofessional and interdisciplinary actions was highlighted in the statements of the CHAs. Many needs of elderly people with disabilities could be solved through collaborative work, prioritizing the knowledge of different professionals for qualified care and offering services aimed at health promotion and disease prevention, to social, cultural, economic, political and mental issues<sup>(22)</sup>.

However, there is still permanence of professionals in the biomedical model of work, centered on disease and not on health. Thus, interprofessional work remains fragile, asymmetrical and hierarchical, with the doctor as the main health professional. The nurse ends up being the professional who performs the techniques, with their functions seen as procedural. The importance of CHA as the

health professional that is closest to rural populations is not always recognized by users of the service and professionals of other categories<sup>(22)</sup>.

Study points out that the care for the elderly in Primary Care is not always effective, due to multiple factors, such as restrictions on access to health, limitation of services offered, resources available and unprepared professionals to meet the specific needs of populations with multiple demands, such as the elderly with disabilities. Health professionals may feel a lack of confidence in the questions of diagnosis and treatment of diseases, as well as lack of time to perform adequate care. These issues weaken the development of preventive health actions in the rural scenario and provide much more curative and punctual care, which does not use longitudinal and humanized practices<sup>(23)</sup>.

Therefore, it is essential to sensitize managers, professionals and users of the SUS, with regard to the health-disease process, health care and prevention to the elderly with disabilities in the rural context, with the aim of modifying the updating knowledge in a reasoned way. It is important that these changes begin in academia, with approaches related to attention to this population, in addition to the improvement of professionals who are already working, because this improvement will reflect the better quality of life of the elderly, families and caregivers<sup>(23)</sup>.

In addition to the qualified training of human resources for health, it is important to highlight the need for policies and actions that minimize the difficulties faced by SUS users for mobility in favor of assistance. In this regard, it is reported in the literature that access to health in a rural context faces difficulties such as the transport of users, which is performed with the means of locomotion available, whether private or public, and can even be on foot. The challenge is to travel the great distances to reach the services, by roads with precarious conditions, narrow, bumpy and unpaved. A study conducted with elderly Chinese highlights that, in the rural setting, the elderly with disabilities is even more vulnerable, at the mercy of the help of individuals from the community where they

live, since public policies and the agents that execute them in practice do not overcome the needs of this population<sup>(24, 25)</sup>.

Although the current study did not seek the difficulties, in the rural scenario, which limit all aspects of the participants' lives, it is understood that living in a rural context favors the planting of their own food, the harvesting of fresh fruits and vegetables and the rearing of animals for the consumption of their derivatives. However, without access to health and sanitation, it becomes difficult to develop planting, harvesting and breeding activities. The development of public policies that meet the demands of this population implies in their higher quality of life and longevity.

Based on the above, it is evident that in the rural context the health care of the elderly with disabilities is still based mainly on health care and recovery. Health promotion and prevention activities, based on policies and programs available in all spheres of government, are still scarce or non-existent in this scenario, revealing mismatch with the theoretical precepts that guide the study. This reinforces the need to rethink public health policies for users who live in the rural setting, in order to as well as the expansion and better physical structuring and organization of care provided by health teams in order to minimize the difficulties for the access of the studied population to health goods and services, based on the principles and guidelines of the SUS.

## CONCLUSION

The study highlights the lack of health promotion and prevention actions in the rural context, showing that the health of the elderly with disabilities needs to be better discussed among professionals who work in this context, aiming at better health conditions, quality of life and well-being to this population. Therefore, it is necessary to expand the offer of UBSs in the rural scenario, in addition to ensuring improvements in public transport and land access conditions to this scenario. Still, the results reveal that the CHA is the professional who attends the elderly with disabilities more frequently and feels isolated when providing care in the rural setting, in addition to performing some activities that would not be their function, becoming overloaded.

As for the limitations of the study, qualitative interviews conducted via Google Meet due to the COVID-19 pandemic sometimes impaired the dialogue between researcher and CHA, since some had difficulties in accessing the internet and using the platform. It is suggested to develop studies that address the perception of the elderly with disabilities in relation to health services, results that added to the study screen, may contribute to the development and enhancement of new strategies for health actions.

## ATENÇÃO À SAÚDE DE IDOSOS COM DEFICIÊNCIAS RESIDENTES EM CENÁRIO RURAL: PERSPECTIVA DE AGENTES COMUNITÁRIOS

### RESUMO

**Objetivo:** apreender a perspectiva dos Agentes Comunitários sobre a atenção à saúde de idosos com deficiências residentes em cenário rural. **Método:** estudo quanti-qualitativo, cuja coleta de dados, inicialmente, foi realizada com 276 pessoas com deficiência residentes em cenário rural, através de questionários aplicados de agosto de 2018 a julho de 2019. Deste total, foram selecionadas apenas as pessoas idosas para fazer parte do recorte desta pesquisa, totalizando uma amostra de 54 indivíduos. Após análise dos dados quantitativos por meio de programa estatístico, foram entrevistados 18 Agentes Comunitários de Saúde que assistiam estes idosos em suas micro áreas rurais. As entrevistas foram realizadas de julho a agosto de 2021, analisadas pela Análise de Conteúdo Temática. **Resultados:** pôde-se constatar a presença de doenças crônicas nos idosos, além da dependência de serviços públicos de saúde, distantes das residências. Os Agentes Comunitários de Saúde relataram suas ações de atenção aos idosos com deficiência, destacando a importância da colaboração da equipe multiprofissional para atender esta população. **Conclusão:** verifica-se que o atendimento a esse estrato populacional, em comunidades rurais, centra-se no Agente Comunitário de Saúde, indicando a necessidade de novas pesquisas sobre o tema.

**Palavras-chave:** Idoso. Saúde da população rural. Agentes Comunitários de Saúde. Pessoas com deficiência. Pesquisa em enfermagem.

## ATENCIÓN A LA SALUD DE LAS PERSONAS MAYORES CON DISCAPACIDAD RESIDENTES EN EL ENTORNO RURAL: PERSPECTIVA DE LOS AGENTES COMUNITARIOS

### RESUMEN

**Objetivo:** comprender la perspectiva de los Agentes Comunitarios sobre la atención a la salud de personas mayores con discapacidades residentes en el entorno rural. **Método:** estudio cuanti-cualitativo, cuya recopilación de datos, inicialmente, fue realizada con 276 personas con discapacidad residentes en ambiente rural, a través de cuestionarios aplicados de agosto de 2018 a julio de 2019. De este total, fueron seleccionados solo los ancianos para formar parte del recorte de esta investigación, totalizando una muestra de 54 individuos. Tras el análisis de los datos cuantitativos por medio de programa estadístico, fueron entrevistados 18 Agentes Comunitarios de Salud que asistían a estos ancianos en sus micro áreas rurales. Las entrevistas fueron realizadas de julio a agosto de 2021, analizadas por el Análisis de Contenido Temático. **Resultados:** se pudo constatar la presencia de enfermedades crónicas en las personas mayores, además de la dependencia de servicios públicos de salud, lejanos a las residencias. Los Agentes Comunitarios de Salud relataron sus acciones de atención a los ancianos con discapacidad, destacando la importancia de la colaboración del equipo multiprofesional para atender a esta población. **Conclusión:** se verifica que la atención a ese grupo poblacional, en comunidades rurales, se centra en el Agente Comunitario de Salud, indicando la necesidad de nuevas investigaciones sobre el tema.

**Palabras clave** Persona mayor. Salud de la población rural. Agentes Comunitarios de Salud. Personas con discapacidad. Investigación en enfermería.

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