

# Health promotion: understanding of elderly people participating in remote group activities

Promoção da saúde: compreensão de idosos participantes de atividades remotas em grupos

Promoción de la salud: comprensión de las personas mayores que participan en actividades grupales a distancia

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## Abstract

**Introduction:** Longevity is an achievement in society and, therefore, the support of health professionals is essential to give new meaning to aging. Promoting the health of the elderly can be carried out through group actions. **Objective:** To understand health-promoting actions, which are practiced by elderly people, participants in a group of remote activities. **Methodology:** Descriptive, exploratory study of qualitative nature. Elderly people participating in a university extension project were invited. The inclusion criteria were age equal to or over 60 years old, regardless of gender, and level of education. The remote group took place weekly, for 13 meetings, lasting one hour. Data were collected through a semi-structured interview containing questions about understanding regarding the health-promoting actions they carried out in their daily lives. The responses were categorized using Content Analysis, thematic modality. **Results:** 11 elderly people participated, aged between 60 and 81 years, predominantly women and widows. Three categories emerged from the analyses: 1. Self-care: health-promoting actions, 2. Difficulties experienced to promote health; 3. Perception of quality of life and health satisfaction. **Conclusion:** The group's understanding encompassed the promotion of health in its physical, mental and

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AD and AMAB: contributed in the study conception and design, data analysis, and wrote the initial drafts of this paper, and reviewed the manuscript and final approval of the version to be published. All authors agree to be responsible for all aspects of this study, ensuring that issues related to the accuracy or integrity of any part of the study are properly investigated and resolved.

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social aspects, moving away from thinking focused on the absence of disease. Elderly people manage, in their own way, ways to stay healthy.

**Keywords:** Health Promotion; Aging; Aged; Public Health; Speech-Language and Hearing Sciences

### Resumo

**Introdução:** A longevidade é uma conquista na sociedade e dessa forma, é indispensável o apoio dos profissionais da saúde, a fim de ressignificar o envelhecimento. A promoção da saúde do idoso pode ser realizada por meio de ações em grupos. **Objetivo:** Compreender as ações promotoras da saúde, que são praticadas pelas pessoas idosas, participantes de atividades remotas em grupo. **Metodologia:** Estudo descritivo, exploratório de caráter qualitativo. Foram convidados idosos participantes de um projeto de extensão universitária. Os critérios de inclusão foram idade igual ou superior a 60 anos, independente do gênero, e grau de escolaridade. O grupo remoto ocorreu semanalmente, durante 13 encontros, com uma hora de duração. Os dados foram coletados através de uma entrevista semiestruturada contendo questões sobre a compreensão referente às ações promotoras da saúde que realizavam em seu cotidiano. As respostas foram categorizadas através da Análise de Conteúdo, modalidade temática. **Resultados:** Participaram 11 pessoas idosas, com idade entre 60 e 81 anos, predominantemente mulheres e viúvas. Três categorias emergiram das análises sendo elas: 1. Autocuidado: ações promotoras da saúde, 2. Dificuldades vivenciadas para promover a saúde; 3. Percepção sobre a qualidade de vida e satisfação quanto à saúde. **Conclusão:** A compreensão do grupo abarcou a promoção da saúde em seus aspectos físico, mental e o social, distanciando-se do pensamento focado na ausência de doença. Cada pessoa idosa maneja, a seu modo, as formas de se manter saudável.

**Palavras-chave:** Promoção da Saúde; Envelhecimento; Idoso; Saúde Pública; Fonoaudiologia

### Resumen

**Introducción:** La longevidad es un logro en la sociedad y, por ello, el apoyo de los profesionales de la salud es fundamental para darle un nuevo significado al envejecimiento. La promoción de la salud de las personas mayores se puede realizar a través de acciones grupales. **Objetivo:** Comprender acciones de promoción de la salud, practicadas por las personas mayores, participantes de un grupo de actividades a distancia. **Metodología:** Estudio descriptivo, exploratorio, de carácter cualitativo. Se invitó a personas mayores que participan en un proyecto de extensión universitaria. Los criterios de inclusión fueron edad igual o mayor a 60 años, independientemente del sexo y nivel de estudios. El grupo remoto se desarrolló semanalmente, durante 13 reuniones, con una duración de una hora. Los datos fueron recolectados a través de una entrevista semiestruturada que contenía preguntas sobre la comprensión de las acciones de promoción de la salud que realizaban en su vida diaria. Las respuestas fueron categorizadas mediante Análisis de Contenido, modalidad temática. **Resultados:** Participaron 11 personas mayores, con edades entre 60 y 81 años, predominantemente mujeres y viudas. De los análisis surgieron tres categorías: 1. Autocuidado: acciones promotoras de la salud, 2. Dificultades vividas en la promoción de la salud; 3. Percepción de calidad de vida y satisfacción con la salud. **Conclusión:** La comprensión del grupo abarcó la promoción de la salud en sus aspectos físicos, mentales y sociales, alejándose del pensamiento centrado en la ausencia de enfermedad. Cada persona mayor logra, a su manera, maneras de mantenerse saludable.

**Palabras clave:** Promoción de la Salud; Envejecimiento; Anciano; Salud Pública; Fonoaudiología



## Introduction

According to data from the Brazilian Institute of Geography and Statistics (IBGE)<sup>1</sup>, the population of older people in Brazil was 7.9% in 2015. In 2022, this number increased to 14.7%, demonstrating this population segment's accelerated pace of growth.

While the increase in life expectancy means a significant social achievement, considering that, along with changes in the demographic profile, the epidemiological profile is also updated, it affects the health system's actions considering this new configuration. According to the Ottawa Charter<sup>2</sup>, health promotion is understood as "[...] the process of enabling people to increase control over, and to improve, their health"<sup>3</sup>. In this context, health professionals must seek knowledge about aging and its possible implications to provide comprehensive and multidisciplinary care to this population.

Thus, public policies were developed to improve the quality of life of those growing older, as with the Statute of Older Adults<sup>3</sup> and the National Older Adult Policy (PNI)<sup>4</sup>. At an international level, we can mention the Decade of Healthy Aging (2020-2023)<sup>5</sup>, which states that optimizing health opportunities and maintaining functional capacity are encouraged for a better aging process. These and other policies seek to ensure the social rights of people aged 60 years or over, including comprehensive healthcare.

The benefits of older people's participation in groups to promote health and well-being are increasingly evident. Given this reality, it is necessary to develop and/or maintain group activities aimed at this population to (re)construct a support network. Among the main reasons for older people to seek out these groups are social interaction, coexistence with people of the same age, and the possibility of carrying out physical activities<sup>6</sup>.

In contemporary society, the use of New Technologies of Information and Communication (NTICs) enables access to mean of communication in an agile manner. Given the COVID-19 pandemic and post-pandemic scenarios, which required avoiding face-to-face contact between people as much as possible, technology has become an

efficient tool for maintaining social contact. Therefore, remote groups were/are an efficient means of social interaction and coexistence, coping with loneliness, and promoting health as they promote a space for listening, welcoming, and mutual help in which belonging plays a fundamental role in the well-being of the participants<sup>7</sup>.

While aging comes with positive experiences, those negative experiences when dealing with problems that arise over the years cannot be ignored, in addition to other factors that can impact mental health<sup>8</sup>. Professional support gives new meaning to understanding aging through groups of older people who, by acting as social support, promote psychological and motivational well-being when carrying out daily activities and exchanging experiences. Such groups can have many objectives, mainly socialization, encouraging a quality life, and promoting longevity through active aging<sup>9</sup>.

The work of speech therapists in health teams can enrich the actions proposed to the population, both in terms of disease prevention and health promotion, since speech therapy has a wide range of activities—language, dysphagia, orofacial motricity, voice, audiology, collective health, among others. In groups of older people, speech therapy can contribute knowledge related to human communication with educational proposals, providing comprehensive care for older people for health surveillance actions<sup>10</sup>.

The Ottawa Charter<sup>2</sup> mentions many health-promoting pillars that positively affect all aspects of the older person's life. Therefore, it is necessary to highlight to health professionals the importance of paying attention to the aging process and proposing strategies that promote health since, through this movement, actions to prevent diseases can be associated.

The scientific literature holds few studies on the benefits of health-promoting activities in groups of older people, especially remote ones. Therefore, it is essential to understand health-promoting practices so that new strategies and approaches can be outlined based on this prior knowledge and healthy practices have greater adherence<sup>11</sup>. In this context, this study aims to understand health-promoting actions practiced by older people participating in remote group activities.

## Material and method

This is a descriptive, exploratory study of a qualitative nature. Participants from a university extension project called “Groups for Health Promotion and Memory and Communication Stimulation,” linked to the Federal University of Santa Catarina, aged 60 years or over, who voluntarily agreed to participate in the research, were included by signing an informed consent form. Those who were absent at the time of data collection were excluded.

The extension activity is developed in groups, in 13 one-hour long weekly meetings. A professor and students linked to the Speech Therapy course at that University mediated the group. In virtual meetings, older people were online to carry out activities using the Google Meet® platform, with an email address previously sent and remaining fixed to avoid mistakes or difficulties in accessing the platform.

The investigators prepared an online questionnaire for data collection, which was applied remotely at the last meeting. The instrument encompassed aspects of group characterization with close-ended questions (age, schooling level, marital status, gender, and presence of diseases) and opened-ended ones, which sought to understand how older people promoted their health and the facilities and difficulties encountered. The answers were kept anonymous and cited in the study using alphanumeric coding with the letter “OP” indicating “older person” along with a number representing each participant, in order of presentation of the electronic form.

Data analysis was carried out using the content analysis technique – thematic modality. According to Minayo<sup>12</sup>, the analysis can be divided into three

phases: pre-analysis, exploration of the material, treatment of the results obtained, and interpretation.

In the first phase, the analyzed material was chosen, and the hypothesis and the initial research objectives were revisited. Floating reading was carried out with the investigator’s direct contact with the field material, allowing themselves to be imbued with its content. The registration units (keywords or phrases), context units (delimitation of the context of the understanding of the registration unit), outlines, the form of categorization, coding modality, and general theoretical concepts were determined.

The second phase aimed to reach the core understanding of the text, thus applying what was defined in the previous one. It searched for categories of significant expressions or words based on which the content of a speech was organized. In the third phase, interpretations and inferences were made to consolidate the analysis categories. The project was submitted to the Research Ethics Committee of the Federal University of Santa Catarina, following the provisions of Resolution 466/2012. It is approved per CAAE: 48288121.9.0000.0121.

## Results

The group studied comprised 11 subjects, predominantly female, aged 60 to 81 years, with a mean age of 70.72 years old ( $SD=7.41$ ), widowers who live alone, and most of them have complete higher education, as shown in Table 1. Most participants stated that they had a diagnosed illness and used medication for this purpose. Regarding quality of life, 10 (90.90%) rated it as good or very good, and eight (72.73%) demonstrated that they were satisfied with their health.

Table 1. Characterization of older people participating in the group

	Characteristic	N(%)
Sex	Female	8 (72.73)
	Male	3 (27.27)
Age (years)	Minimum	62
	Maximum	81
	Mean (SD)	70.72 (7.41)
Marital status	Single	1 (9.09)
	Married	3 (27.27)
	Widowed	5 (45.45)
	Divorced	2 (18.18)
Education	Complete Tertiary E.	8 (72.72)
	Complete Secondary E.	1 (9.09)
	Complete Primary E.	1 (9.09)
	Incomplete Tertiary E.	1 (9.09)
Diagnosed disease	Yes	6 (54.54)
	No	5 (45.45)

Caption: E = Education

Source: Prepared by the authors

Concerning health promotion, the participants mentioned maintaining a good diet, practicing physical exercise, having a positive outlook on life through good humor, carrying out periodic consultations, and using medications appropriately. Given the responses analyzed, they can be organized into three categories: 1. Self-care – health-promoting actions; 2. Difficulties experienced in promoting health; and 3. Perception of quality of life and health satisfaction.

### Category 1. Self-care – health-promoting actions

Regarding health care, older people addressed physical, psychological, and social aspects, denoting an understanding that health is not just the absence of disease.

*“Well... I watch my diet. I don't eat a lot of fried foods or fatty meat, and I exercise in the morning and walk.” (OP7)*

The focus on eating and exercising was the most cited aspect of promoting health and how people perceive life.

*“I don't eat too much, no fat, no alcoholic beverages, very little soda, more juice with water... I make my own food; I eat a lot of fruit, many vegetables, and a lot of salad. I started going to the gym on Monday and Friday.” (OP6)*

*“First, smile, always be happy, showing the teeth.*

*Then I exercise at 5 am in a gym close to my house. I also do water aerobics three times a week and go walking. I'm also taking care of my diet.” (OP9)*

However, in addition to the means of promoting health already mentioned, medical monitoring and drug treatment were also considered by older people as a way of promoting and caring for their health.

*“I seek medical care, adequate nutrition, and physical activity.*

*For the mind, I read and appreciate music and good films.” (OP4)*

### Category 2. Difficulties experienced in promoting health

Despite all the dedication and concern, obstacles hinder or weaken the development of these health-promoting practices. Aspects that make health promotion easier were not emphasized. Diet and physical limitations were mentioned as difficulties faced in everyday life to promote health, according to the excerpts below.

*“At first it was food, you know, because I really like eating bread, sweets, cake, that sort of thing. But now I'm eating more soy, brown rice, whole wheat pasta. I'm educating myself on nutrition.” (OP9)*

*“I can't do physical exercise because I have prosthetics on both legs and heart failure with pacemakers. The mental activity of memory is very important*

to me, so I love being challenged to exercise my memory.  
My body and my life depend on my emotional state.” (OP8)

### Category 3. Perception of quality of life and health satisfaction

The perception of quality of life involves a combination of physical and mental health factors. Given the responses obtained, 10 (90.90%) older people were found to classify their quality of life as good or very good.

“For a person who practically doesn’t exercise and whose diet isn’t ideal, I understand that [my health] it’s still good.” (OP1)

“Because I have all the basics, I have enough to live in peace, nothing to ask for, just to be grateful.” (OP2)

“I have physical and neurological comorbidities and limitations. But I am very grateful to God for living and enjoying Life, which is Beautiful, according to a movie from years ago that won an Academy Award.” (OP7)

Given that health directly influences people’s lives, eight (72.72%) of the older people interviewed were found to be satisfied or very satisfied with their health.

“Great health. I enjoy everything life offers.” (OP6)

“I’m a person controlled by medication; I don’t feel anything!” (OP8)

“Because I feel very good, even with accessibility difficulties and attention and movement sequelae.” (OP9)

## Discussion

The predominance of the female population is in line with characteristics observed in other groups with an emphasis on health promotion<sup>13</sup>. The presence of women in the group may be linked to the feminization of aging, greater self-care for health and well-being, and social engagement in community activities<sup>14,15</sup>. Furthermore, widowhood was another predominant characteristic of the group in question, given that the proportion of widowers grows in parallel with the increase in life expectancy in Brazil<sup>16</sup>.

Evidence indicates that older people—especially those classified as low-income—represent the most significant proportion of illiterates in

Brazil. However, in the group studied, 72.72% of older people have completed higher education, a positive aspect due to the contributions that mental stimulation and new brain connections made through studies bring with them. Stimulating human intellectual capacity can prevent degenerative diseases, such as memory lapses, and the famous “drawing a blank” helps to “delay” symptoms of diseases such as dementia and Alzheimer’s disease and activates the power of concentration. Exposure to studies can directly and indirectly influence the understanding of health promotion and, consequently, the search for resources to stay healthy<sup>17</sup>.

The group under study appropriately defended itself when mentioning self-care. Self-care is defined as the action(s) that a person can perform by themselves and for themselves to maintain life and well-being. While it can be considered an individual responsibility, when it comes to older people, the support of family, friends, and health institutions is essential in contributing to and helping in making decisions for their well-being<sup>18</sup>.

Empowerment is configured as a valuable tool in promoting health and self-care; therefore, one must consider how to live aging according to social realities and reflect on approaches from the perspective of living well and building a life with fullness and quality<sup>8</sup>. In this context, the participants in the studied group mentioned that they use resources such as healthy eating, practice physical exercise, and the controlled use of medications as a form of self-care to promote health.

Even with the inherent losses of the process, active aging should be encouraged as it is synonymous with a good life. Active aging reflects the balance and biopsychosocial integrity of a person who can fit into the social context and develop their potential despite advanced age. Keeping older people functionally independent is the first step towards a better quality of life. Therefore, it is necessary to implement intervention programs aimed at eliminating risk factors associated with functional disability<sup>19</sup>.

According to the National Policy for Food and Nutrition (PNAN), which is one of the guiding policies of the National Policy of Health Promotion (PNPS)<sup>20</sup>, health promotion and food and nutritional security contribute to actions to guarantee the human right to adequate and healthy nutrition. Therefore, despite the difficulty in giving up their usual diet, older people should follow a healthy



diet, rely on changes in diet, when possible, organically, and discard inappropriate eating habits to achieve a better quality of life in aging<sup>21</sup>. When observing the study subjects' responses, the daily search for a healthy diet was frequently mentioned as a habit already achieved.

However, some difficulties in modifying eating habits were presented in Category 2. This aspect may be related to the social environment, difficulties in purchasing or preparing food, financial difficulties, changes in cognitive capacity, physiological changes in taste, decline in olfactory function, and changes in digestion and absorption of nutrients that occur along with the aging process<sup>22</sup>.

It is understood that numerous possible barriers prevent dietary re-education and consistency in the habit of healthy eating. However, adequate nutrition is known to be one of the factors that can be considered among the Social Determinants of Health (SDOH). Therefore, through the help of family members, for example, and motivation from older people, it is possible to stay healthy and enjoy the quality of life provided by this habit<sup>23</sup>.

Interventions through physical activities using different methods, modalities, and contexts, whether in private or public equipment and individually or in groups, improve the physical-functional capacity of older people, helping to reduce dependency rates and frailty and promoting a healthy and physically active lifestyle<sup>24</sup>.

Practicing physical exercise was another health-promoting aspect mentioned by older people. Frailty has been highlighted in research on aging since, among many clinical characteristics attributed to aging, unintentional weight loss, exhaustion, decreased muscle strength, changes in gait and balance, and a sedentary lifestyle are frequent factors that can be adjusted with physical exercises<sup>25</sup>. The limitation in performing physical activities may have another origin, such as the use of prostheses, as mentioned by one of the participants. However, it is worth highlighting the numerous ways of adapting to physical exercise, from walking, swimming, dancing, stretching, and many others. It is up to each older person to check which activity best fits their demands to enjoy the benefits it will bring<sup>26</sup>.

However, one of the main ways of promoting health mentioned by participants is how they lead their lives and care for their mental health. In 1948, the World Health Organization (WHO) defined

health as "a state of complete physical, mental, and social well-being and not merely the absence of disease." Therefore, the different definitions of the DSS express that this concept is quite broad, depending on individual, social, economic, cultural, ethnic/racial, psychological, and behavioral factors that influence the occurrence of health problems and their risk factors in the population<sup>27</sup>.

In line with Dahlgren and Whitehead<sup>28</sup>, we can analyze the different levels at which DSS are found, from the most external layer, in which we visualize the general socioeconomic, cultural, and environmental conditions, to the most proximal to the individual, corresponding to hereditary and other personal characteristics. Thus, after analyzing the older people's responses, the majority reported the practice of similar habits but failed to mention many aspects present in Dahlgren and Whitehead's scheme. Given the above, it is possible to question how much the responses obtained by the participants result from common sense or a reflection of health-promoting actions (perhaps specific) as they did not consider the other intermediate layers and macro social determinants of health.

In line with the PNPS recommendations, some aspects of a person's lifestyle are physical activity, body composition, and use of alcohol and tobacco. However, it is essential to highlight that these factors are not always independent predictors of a good quality of life<sup>29</sup>.

Psychosocial aspects (such as family and friend support network, stress management, participation in religious groups, income, ethnicity, and schooling) are great predictors of quality aging. Furthermore, it is possible to observe that quality of life is the product of a series of behaviors adopted by older people and is not influenced by just one component. Therefore, health promotion is fundamental in the recovery, maintenance, and promotion of the autonomy and independence of older people, and it is possible to provide these aspects through group activities<sup>30</sup>.

The study limitations relate to obtaining answers. These were succinct and, at times, deviated from the topic addressed. Furthermore, there were dropouts (for health reasons) throughout the meetings, which impacted the sample size. We suggest further in-person studies to be carried out with other data collection techniques.

## Conclusion

The study subjects, mainly women, demonstrated that they understand that health-promoting actions include aspects that involve biopsychosocial dimensions, moving away from thinking focused on the absence of disease. It is also noted that each older person manages, in their own way, ways of maintaining their health and has similar habits of care and health promotion. It is worth highlighting the importance of professional speech therapy in the area of collective health and the development of group activities with the possibility of these activities being carried out remotely, but to promote health in areas that concern the process of human communication, incorporating the implementation of comprehensive care for older people for health surveillance actions.

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