

INTEGRATIVE AND COMPLEMENTARY PRACTICES: ADVANCES AND CHALLENGES FOR THE HEALTH PROMOTION OF THE ELDERLY

PRÁTICAS INTEGRATIVAS E COMPLEMENTARES: AVANÇOS E DESAFIOS PARA A PROMOÇÃO DA SAÚDE DE IDOSOS

PRÁCTICAS INTEGRATIVAS Y COMPLEMENTARIAS: AVANCES Y DESAFÍOS PARA LA PROMOCIÓN DE LA SALUD DE LOS ANCIANOS

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ABSTRACT

Objective: to identify advances and challenges in the National Policy of Integrative and Complementary Practices for the promotion of elderly health. **Method:** evaluative research with a qualitative approach. Teachers of the Traditional Chinese Medicine were interviewed in the city of São Paulo. In the analysis, the software Atlas.ti and the thematic content analysis technique were used. **Results:** It was identified that the integrative practices are effective for the improvement of the health and well-being of the elderly. Health managers support this practice in Primary Health Care. The challenge is to increase the participation of the elderly and the range of courses to the mentors of these practices. **Conclusion:** The impact of the advances surpasses qualitatively the challenges of this policy, which continues in expansion in the Public Health System. Implications for practice: These results may support evaluation in the public policy cycle.

Keywords: Complementary Therapies; Health Policy; Health Promotion; Aged.

RESUMO

Objetivo: identificar avanços e desafios na Política Nacional de Práticas Integrativas e Complementares para a promoção à saúde de idosos. **Método:** investigação avaliativa, com abordagem qualitativa. Foram entrevistados orientadores de práticas corporais da Medicina Tradicional Chinesa, no município de São Paulo. Para análise, foram utilizados o software Atlas.ti e a técnica de análise de conteúdo temática. **Resultados:** as práticas integrativas revelam melhoria da saúde e bem-estar dos idosos. Gestores da saúde apoiam a oferta dessas práticas na atenção primária à saúde. O desafio encontrado é ampliar a participação dos idosos e a oferta de cursos aos orientadores dessas práticas. **Conclusão:** o impacto dos avanços supera qualitativamente os desafios dessa política, que segue em processo de expansão no Sistema Único de Saúde. Implicações para a prática: esses resultados podem subsidiar avaliação no ciclo da política pública.

Palavras-chave: Terapias Complementares; Política de Saúde; Promoção da Saúde; Idoso.

RESUMEN

Objetivos: identificar los avances y desafíos en la Política Nacional de Prácticas Integrativas y Complementarias para la promoción de la salud de los ancianos. **Método:** investigación evaluativa con enfoque cualitativo. Fueron entrevistados orientadores de prácticas corporales de Medicina Tradicional China, en San Pablo. Se utilizaron el software Atlas.ti y la técnica de análisis de contenido temático para el análisis de datos. **Resultados:** las prácticas integrativas demostraron ser efectivas para mejorar la salud y el bienestar de los ancianos. Los gestores de la salud apoyan la oferta de dichas prácticas en la atención primaria. El desafío consiste en aumentar la participación de los ancianos y la oferta de cursos para los orientadores de tales prácticas. **Conclusión:** el impacto de los avances supera cualitativamente los desafíos de la política, en proceso de expansión en el Sistema Único de Salud. Implicaciones para la práctica: estos resultados pueden contribuir para efectuar evaluaciones en el ciclo de la política pública.

Palabras clave: Terapias Complementarias; Política de Salud; Promoción de La Salud; Anciano.

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INTRODUCTION

In Brazil and internationally, there is an intense debate on the promotion of health and well-being in societies. It worth mentioning that the third of 17th sustainable development objectives listed in the United Nations' Agenda 2030 is to ensure a healthy life, with well-being, in all ages and all places.¹

The term health promotion has contradictory discourses attuned to the postmodern condition of societies. However, it is necessary to overcome the limited requirements of life habits, for the individual responsibility on the management of health risks, towards a broader debate that necessarily involves the citizenship and intersectional public policies.²

In the perspectives of intersectorality, interdisciplinarity and integral health, the thematic axis of Integrative and Complementary Health Practices (PICS) is responsible for a significant number of scientific publications on the National Policy for Health Promotion.³ It is also worth noting the potential of these policies to promote the health of the elderly.

According to the Demographic Census held by the Instituto Brasileiro de Geografia e Estatística (IBGE) in 1991, the country had 4.8% of its population composed of elderly people, increasing to 5.9% in 2000 and reaching 7.4% of the population in 2010.⁴ The estimate is that in 2050, the number of elderly people over 60 years old will exceed children under 15 years old.⁵

The National Policy on the Health of the Elderly (PNSPI) was regulated in 2006, guaranteeing the rights of this part of the growing population in our country. With the focus on one of the main problems that affect the elderly – the loss of physical and mental capacity to perform routine and basic activities for daily living –, this policy aims to promote autonomy, integration and effective participation in the society of the elderly population.⁶

One of the main factors affecting the health of the elderly is the occurrence of chronic non-communicable diseases (CNCD). These conditions tend to be more significant with the advancement of age, reaching 50% of the elderly 90 years old or more and they can generate incapacitating processes, preventing the performance of their daily activities.⁵

The National Policy on Integrative and Complementary Practices (PNPIC), published in Brazil in 2006 and expanded in 2018, includes specific guidelines for the complex medical systems and therapeutic resources in the disease and disease prevention, as well as promotion, maintenance and recovery of health and well-being, from the presuppositions of the global dimension of the human being and the humanized attention.^{7,8}

With political, technical, economic, social and cultural relevance, the PICS contribute to the overcoming of the biomedical care model, centered on the disease and fragmented in medical specialties, proposing a holistic care, continuous and centered on the singularity of the person.

Thus, adequate measures to promote and prevent diseases aimed specifically at the elderly population are essential for the construction of a healthy aging and a significant reduction in hospitalization expenses and overuse of medications.

PICS stimulate self-care, caring for others, co-responsibility in the health-disease process and human ethics, in the integration with society and nature, in a creative and participatory perspective. Studies show that some PICS positively affect the quality of life,^{9,10} sleep,^{9,11} pain,^{9,11,12} emotional state,^{9,11} well-being^{9,11} and the social support of its practitioners¹², denoting importance for the health of the elderly people.

There is a process of expansion of integrative and complementary practices in the health services network in Brazil, especially in the city of São Paulo – SP, motivated mainly by social individuals in defense of a comprehensive care model, with simple, sustainable, inexpensive and proven effective techniques,¹⁰ but mainly related to the “will to affirm an identity of care opposed to the practice of care done in an often inhuman way.”¹⁴

Although the social legitimacy of PICS and its insertion in health services is increasing,^{7,13} it is necessary to reflect on its assumption as a public health policy, particularly based on the experiences and knowledge of workers that implement it in the daily life of health services.¹⁴ Thus, it was proposed to identify advances and challenges in the PNPIC to promote the health of the elderly population. Theoretical-practical contributions are acknowledged in a study that focuses on the potential of integrative and complementary practices to promote longevity with health, observing the differentiated patterns of aging.

METHOD

This is an evaluative research study¹¹ with a qualitative approach, considering the perspective of the social actors involved in the implementation of PNPIC in Primary Health Care (PHC): Lian Gong and/or Tai Chi Father Lin, mentors of the corporal practices.

In the period between January and June of 2017, eight corporal practice mentors were interviewed. The corporal practices were developed in basic health units, drawn and linked to the six Regional Health Coordination (CRS) of the Municipal Health Department of the city of São Paulo, two from the north, two from the south, one from the east, one from the west, one from the center and one from the southeast.

The following inclusion criteria were used: to be trained by the Municipal Health Department and to have at least one year of experience as a corporal practice mentor. The qualitative sample was closed with the verification of theoretical saturation, graphically visualized by the non-inclusion of new topics in the interviews.

The interviews were guided by a script previously tested, checking its suitability due to the understanding of its compo-

nents by the study participants and the correspondence to the theoretical conception of the study. The script has sociodemographic variables to characterize the individuals and open questions about the advances and challenges of the PNPIC for the promotion of the health of the elderly.

The interviews were audio recorded and transcribed in full. The language material was inserted in the software Atlas.ti, version 8.0 that offers resources to the identification and correspondence of units of record and units of meaning, reunited by the recurrence of the topic.

The language material was analyzed according to the thematic content analysis technique where the themes are identified, classified, grouped in theoretical or empirical categories and discussed according to the objectives of the research, the theoretical reference and relevant literature.¹⁶

The development of this research work was based on the ethical and legal aspects of the research involving human beings, as recommended by Resolution 466/12 of the National Health Council. The research project was approved by the Research Ethics Committee of the Universidade Federal de São Paulo (opinion N° 1,753,962) and Secretaria Municipal de Saúde de São Paulo (opinion n° 1,794,857) on 09.29.2016 and 27.10.2016, respectively. All the interviewees signed the free and informed consent term, for voluntary participation.

RESULTS

Regarding the characterization of the participants of the research, most of the interviewees were female (87.50%), Catholic (62.50%), with high school education level (75%) and average age of 59 years old, ranging from 47 to 70 years old. The largest number of participants developed their activities in pure basic health units, that is, with Family Health Strategy only (75%). Lian Gong's orientation in the basic health units was the

most found (75%), followed by the guidance of Lian Gong and Tai Chi Pai Lin (12.5%) and only Tai Chi Pai Lin (12.5%). The average experience of the guiding participants with the practices was 10 years, ranging from 2 to 18 years.

Based on the thematic content analysis of the interviews, two theoretical categories were produced: a) the advances in the National Policy of Integrative and Complementary Practices for the promotion of the health of the elderly people; b) the challenges in the National Policy of Integrative and Complementary Practices for the promotion of the health of the elderly people. Tables 1 and 2 show the distribution of recording units of the interviews by themes (units of signification) and subcategories, which emerged from the empirical material.

The units of signification (themes) affiliated to the two thematic categories (Tables 1 and 2) were grouped according to their relationship with the items expressed in the subcategories: a) primary health care patients; b) primary health care workers; c) care model; d) management of the health services network; e) social visibility.

Table 1 shows the advances of the PNPIC for the promotion of the health of the elderly, and the most expressive themes were: first, the positive impacts of the practices on the health and well-being of the elderly (43.10%); secondly, the support of managers of the basic health units (17.24%); and third, the qualification effect of primary health care provided by these practices (10.34%).

Table 2 shows the challenges of the PNPIC for the promotion of the health of the elderly, and the most present themes were: to increase the practicing population (34.37%) to increase the opportunities of the mentor's participation in training/qualification courses (18, 75%) and to implement infrastructure improvements for the provision of these practices (15.62%), as well as their dissemination in society, based on diversified strategies (15.62%).

Table 1 - Distribution of registration units by themes and subcategories of the first thematic category. São Paulo, 2017

Category 1: The advances in the National Policy of Integrative and Complementary Practices for the promotion of the health of the elderly people		
Subcategories	Themes	Frequency of Registration Units (UR)
Primary Health Care patients	The practices improve the health and well-being of the elderly population.	25 (43.10%)
	The practices extend the social support of the elderly population.	4 (6.89%)
	The practices strengthen the link between the health professional and the elderly person.	3 (5.17%)
Primary Health Care Workers	Family health professionals recommend integrative practices.	3 (5.17%)
	Corporal practices mentors participate in training/qualification courses.	3 (5.17%)
Care model	The practices qualify the Primary Health Care.	6 (10.34%)
	The practices make the health service environment more enjoyable.	1 (1.72%)
Management of the health services network	Managers of the Basic Health Units support integrative practices.	10 (17.24%)
Social Visibility	The practices are disclosed socially.	3 (5.17%)

Table 2 - Distribution of the registration units by themes and subcategories of the second thematic category. São Paulo, 2017

Category 2: The challenges in the National Policy of Integrative and Complementary Practices for the promotion of the health of the elderly people.		
Subcategories	Themes	Frequency of Registration Units (UR)
Primary Health Care patients	To increase the practicing population.	11 (34.37%)
Primary Health Care Workers	To increase the participation of the mentors in training/qualification courses.	6 (18.75%)
	To get more collaboration from healthcare professionals.	2 (6.25%)
Care model	To create more valuation spaces for integrative practices in the Primary Health Care.	1 (3.12%)
Management of the health services network	To develop infrastructure improvements for practices.	5 (15.62%)
	To multiply the places for the practices.	2 (6.25%)
Social Visibility	To increase the dissemination of practices in society.	5 (15.62%)

DISCUSSION

According to the interviewees, the main progress of the PNPIC was the improvement of the health and well-being of its practitioners, similar with the findings of studies that show the benefits of integrative practices on self-care,¹⁷ recovery of health,¹⁷ well-being^{9,11} and the promotion of quality of life.^{9,11,17}

The observation of differentiated patterns of aging and the search for understanding the determinants of longevity with quality of life have fostered scientific research, positively contributing to different aspects of the aging process and related public policies,¹⁸ as in the case of PNPIC. However, in general, studies on PICS delimit specific diseases with methods legitimized by biomedicine, disregarding their potential for promoting the health of the population and for the qualification of person-centered care.¹⁹

Regarding the health promotion, a study developed in the metropolitan region of Belo Horizonte, Minas Gerais, Brazil, reported that actions aimed at the elderly are punctual and isolated due to the conceptual reduction of the term health promotion and practical difficulties for the implementation of intersectoral actions, although the importance of the principle of intersectionality in guaranteeing the rights of the elderly is recognized.²⁰

In this study, the PNPIC advances were also considered: the support of health managers, including managers of basic health units, and the qualifying effect of integrative practices on PHC care. Despite the expansion of integrative practices in health services,¹³ there is the challenge of offering these practices consistent with the needs of the services and their patients, respecting local particularities. Therefore, the management and organization of services in the PHC is a fundamental pillar for the success of the PNPIC.

The main challenges of the PNPIC identified by the participants interviewed are related to the training activities of the mentors, the infrastructure adequacy of the practices, the greater dissemination in the media and, consequently, the increase of the elderly practicing population.

Training in PICS is still a challenge,¹⁰ maybe because of the biologizing and medicalizing pattern of care followed by many health professionals and because of the lack of knowledge about the practices and their potentialities.¹⁷ Also, the low investment in vocational training in the Unified Health System for the expansion of some of these practices are highlighted.²¹

Another thing to be considered is that, besides the polysemy identified in the conceptual construction of health promotion, there are difficulties for health promotion in strengthening participatory processes, and more public investments are needed in an innovative, dialogic and transformative education.²²

Regarding the social visibility of integrative practices, a study has found that there is a shortage of specialized vehicles to disseminate knowledge about integrative and complementary practices in basic care.¹⁷ Therefore, this aspect may have an impact on elderly adherence to PICS.

Finally, it is seen that the population aging is an achievement and, at the same time, it is a major challenge for public managers and civil society to develop effective health promotion actions that prioritize prevention of diseases, control of chronicity conditions and maintenance of autonomy, ensuring better health and quality of life, so most of the elderly can have a healthy aging.²³ In this aspect, this study shows evidence that PICS can contribute, particularly within the scope of the PHC.

CONCLUSIONS

The evaluative research with the corporal practices mentors' experiences allowed understanding how the implementation of the PNPIC has been carried out in the basic health units of the studied municipality and its impacts for the health promotion of the elderly.

The most mentioned advances showed the recognition of the effectiveness of the practices on the improvement of the health and well-being of the elderly people and the existence of collaboration of the health managers for the continuity of

the activities, especially in the PHC. The most mentioned challenges were the participation of the elderly and the provision of courses for the practices mentors. By balancing the impacts, it is noticed that the advances qualitatively overcome the challenges of implementation, contributing to the policy continue to expand and improve in the Unified Health System.

The focus on corporal practices of Traditional Chinese Medicine and the performance of its mentors are emphasized among the limitations of this study. Therefore, future studies that may expand this evaluation of the PNPIC to promote the health of the elderly, involving other integrative practices and new subjects committed to the implementation of the PNPIC, as managers and patients are suggested.

As a practical implication, the results of this study can support the evaluation of PNPIC in the cycle of public policies, as well as to improve the corporal practices of the Traditional Chinese Medicine in the PHC, especially for the elderly people.

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