

THE DAILY LIFE OF FAMILY HEALTH TEAMS IN ELDERLY CARE

O COTIDIANO DE EQUIPES DE SAÚDE DA FAMÍLIA NO CUIDADO AO IDOSO

EL DÍA A DÍA DEL PERSONAL DE SALUD FAMILIAR EN EL CUIDADO DE LAS PERSONAS MAYORES

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ABSTRACT

Objective: to analyze the daily life of family health teams in elderly population care from the perspective of professionals. **Method:** this is a qualitative study based on the theoretical reference of Michel de Certeau's daily life. Data were collected through semi-structured interviews with 21 professionals from family health teams (doctors, nurses, and community health agents) and analyzed through thematic content analysis. **Results:** two categories emerged: "the daily practice of family health team professionals in elderly care", which revealed a practice centered on standardized strategies, but professionals use tactics to include the elderly in medical consultations, prioritizing home visits and health education groups, and making adaptations. The category "health care flows to the elderly people: between maps and paths" described the flows of referral of the elderly people by the Family Health Strategy to other reference services in the municipality and the disruptions in these flows. **Conclusion:** the daily work of professionals from family health teams follows the general strategies of care for the population and there are no specific actions for the elderly population, which requires new ways of care to the elderly people.

Keywords: Population Dynamics; Health of the Elderly; Family Health Strategy.

RESUMO

Objetivo: analisar o cotidiano de equipes de saúde da família no cuidado ao idoso na perspectiva de profissionais. **Método:** estudo qualitativo fundamentado na referencial teórico do cotidiano de Michel de Certeau. Os dados foram coletados por meio de entrevista semiestruturada com 21 profissionais de equipes de saúde da família (médicos, enfermeiros e agentes comunitários de saúde) e analisados por meio da análise de conteúdo temática. **Resultados:** emergiram duas categorias: "o fazer cotidiano de profissionais de equipes de saúde da família na atenção à saúde do idoso", que revelou um fazer centrado nas estratégias normatizadas, mas os profissionais usam táticas para incluir idosos em consultas médicas, priorizá-los nas visitas domiciliares e grupos de educação em saúde, fazendo adaptações. A categoria "fluxos de atendimento ao idoso: entre mapas e percursos" descreveu os fluxos de encaminhamento de idosos pela Estratégia Saúde da Família a outros serviços de referência do município e as rupturas nesses fluxos. **Conclusão:** o cotidiano de trabalho de profissionais de equipes de saúde da família segue as estratégias gerais de atenção à população e não há ações específicas para a população idosa, o que requer novos modos de fazer na atenção ao idoso.

Palavras-chave: Dinâmica Populacional; Saúde do Idoso; Estratégia Saúde da Família.

RESUMEN

Objetivo: analizar el día a día del personal de salud familiar en el cuidado de las personas mayores desde la perspectiva de los profesionales. **Método:** estudio cualitativo basado en el marco teórico de la vida cotidiana de Michel de Certeau.

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Los datos se recogieron a través de entrevistas semiestructuradas con 21 profesionales de equipos de salud familiar (médicos, enfermeros y agentes de salud comunitarios) y luego se analizaron mediante análisis de contenido temático. **Resultados:** surgieron dos categorías: "la práctica diaria del personal de salud familiar en la atención de la salud de los adultos mayores", la cual reveló que la práctica está centrada en estrategias estandarizadas y que, sin embargo, los profesionales usan tácticas para incluir a dichas personas en las consultas médicas, darles prioridad en las visitas domiciliarias y grupos de educación sanitaria, haciendo adaptaciones. La categoría "flujos de derivación de personas mayores: entre mapas y rutas" describió los flujos de derivación de estos pacientes por parte de la estrategia de salud familiar a otros servicios de referencia en el municipio y las interrupciones en los flujos. **Conclusión:** el trabajo diario de los profesionales de los equipos de salud familiar sigue las mismas estrategias de atención a la población en general. No hay acciones específicas para la población de edad avanzada, lo cual requiere nuevas formas de atención al adulto mayor.

Palabras clave: Dinámica Poblacional; Salud del Anciano; Estrategia de Salud Familiar.

INTRODUCTION

Population aging is a global reality.¹ In Brazil, the elderly people reach 23 million (12% of the population).² This reality is a challenge for public policies and the health system for the planning and management of services capable of assist to the demands of the elderly people.^{3,4}

In the specific public policies for the elderly population, the National Health Policy for the Elderly (*Política Nacional de Saúde da Pessoa Idosa - PNSPI*) aimed that the health care of this population has primary health care/Family Health Strategy (APS/ESF) as an entrance with the reference of the network of specialized services of medium and high complexity.⁵ The health of the elderly people was included as one of the actions of the National Primary Care Policy (*Política Nacional de Atenção Básica - PNAB*) in the Family Health teams.⁶ The PNAB, reformulated by Ordinance 2,436/2017 aimed at covering the entire life cycle, actions directed specifically to the elderly population are not explained.⁷

In this context, although public policies for the health of the elderly population regulate the organization of services and establish actions to be developed by professionals, little is known about actions developed in different realities, considering that the ESF assumes configurations according to local contexts. Thus, studies on the daily life of family health teams in the care of the elderly people, object of this research, became relevant in a city in the interior of the state of *Minas Gerais*, Brazil.

The daily life is understood as the everyday routine, but Michel de Certeau⁸ conceptualizes the daily life as a movement to articulate practices as "strategies" and "tactics". Strategies have a circumscribed place as their own and capable of being a base to

manage external relationships with targets and threats.⁸ The tactic is "a calculation that cannot count on its place, nor with a frontier that distinguishes the other with visible totality"^{8:45}, depending on the time, taking advantage of the occasions as possibilities of gain.⁸ The inventive use of possibilities within strategic controls enables the reinvention of daily life.⁹

Certeau⁸ adds the concepts of "place" and "space" to understand strategies and tactics. The place is a part of the strategic domain and corresponds to the configuration of positions, indicating stability.⁸ The place is the order and it is organized by strategies.^{9,10} On the other hand, space is a practiced place.⁸ It is the absence of defined positions and, therefore, it is a mobile order that provides different spatial experiences in daily life¹¹; the space is temporary and corresponds to tactical practices.¹¹

Certeau⁸ also adds the concepts of "map" and "path". The maps are defined by the strategies and correspond to the descriptions of paths/trajectories, to the geographical features that dictate the defined spatial order.⁸ The paths are the ways and they are associated with tactics⁸ and, despite the order established in the maps, they open new possibilities or signal disruptions in previously defined flows.

Contextualizing the concepts of Certeau in this study, the expectation of the Family Health Strategy (*Estratégia Saúde da Família-ESF*) in the care for the elderly people is the strategies and the policies represent a set of strategies that circumscribe the ESF place, guide, and legitimize the doing of the professionals. In this place, there are professional movements that make it a distinctly experienced space every day. In this way, we can think of the ESF as its place, but also as a practiced place (space), shaped by the different appropriations of this place by the individuals. The maps correspond to the flows before established (standardized) for referring the elderly patient from the ESF to other health programs and/or services. The paths as dynamic relations, show the ruptures in the defined flows, despite the order established in the maps.

Thus, this study can contribute to the reflection of professionals and managers on aspects of daily health care for the elderly patients, offering subsidies for the organization and planning of actions in the ESF and evidence contributions from daily life studies, as a theoretical construct in the approach of Certeau for research in the health and nursing area.

In this context, the question asked was: how is the daily work of ESF professionals in caring for the elderly population? This study aimed to analyze the daily life of family health teams in caring for elderly people from the perspective of professionals.

METHOD

This is a qualitative study that enables us to "study the meaning of people's lives in the conditions in which they live"^{7:12} Michel de Certeau's daily routine was adopted as a theoretical reference.^{8:13}

The health area has been used this reference to identify practices of injecting drug users¹⁴, and know tactics of patients and workers of the mental health program.¹⁵We used the “consolidated criteria for the report of qualitative research” (COREQ).¹⁶

We developed the study in the family health teams of Montes Claros, in the north of the state of *Minas Gerais* (MG), a pole municipality in the expanded health region, qualified in full management of the municipal system, whose assistance network has three polyclinics, seven general hospitals, a specialized hospital, 247 private establishments, 203 clinics/specialty centers, 134 family health teams and the Best at Home Program (*Programa Melhorar Casa* -PMC), with multi-professional home care (MPHC) and multi-professional support teams (MPST).¹⁷ In the municipality, the *Universidade Estadual de Montes Claros* hosts the Reference Center for Health Care for the Elderly People Eny Faria de Oliveira (*Centro de Referência em Atenção à Saúde do Idoso Eny Faria de Oliveira* - CRASI-EFO), which is an annex to the facilities of the University Hospital, linked to the State Government of MG.¹⁸

Initially, we contacted the APC Secretariat to show the project and indicate the requested collaboration, showing the report on the Primary Care Information System (*Sistema de Informação da Atenção Básica*) to researchers, with information from the ESF teams in the municipality. From this report, two UBSs (named A and B) were intentionally selected as they concentrate a greater number of patients aged 60 or more, with a greater number of family health teams (four and three teams, respectively) and easy access to professionals.

Twenty-one professionals participated in the research, including doctors, nurses and community health agents (CHA), who met the inclusion criteria: professionals from family health teams in the urban area and working for at least six months is the time needed to live care experiences for the elderly people in the ESF. The number of ESF health professionals was not defined a priori. Data collection was interrupted when no new elements were found and the data obtained started to show redundancy, in the researchers' assessment¹⁹. There was no refusal to participate.

We used an individual interview for data collection, with a semi-structured script, prepared by the researchers, based on the theoretical reference, organized in sociodemographic data and questions directed at the team's daily work, actions aimed at the elderly population, flows established for referring the elderly people to other services, facilities and difficulties in articulating services. Before starting the interviews, a pilot test was carried out to assess the adequacy of the interview script, without the need for changes.

A single researcher conducted the interviews at previously scheduled times, in the service or meeting rooms of the units, with an average duration of 30 to 60 minutes. They were recorded and transcribed in full, and coded with the acronyms D = doctor; N = nurse; CHA = community health agent and followed by a number. There was no need to repeat any of the interviews. The participants

were able to read the transcribed interviews, but they did not deem it necessary to read them. Data were collected from May to July 2016.

The data were submitted to thematic content analysis, in its pre-analysis stages, with the organization; reading and choosing documents; exploration of the material; clipping of the text in registration units, later regrouped, supporting the constitution of thematic categories; and, finally, treatment of results and interpretation.²⁰

Participants signed the Informed Consent Form. In compliance with Resolution 466/12, the Research Ethics Committee of the *Universidade Federal de Minas Gerais* approved the research under Opinion 1,486,033/2016.

RESULTS

Twenty-one professionals participated in the research. They were six nurses, seven doctors, and eight CHAs, between 19 and 42 years old, in which 19 of them were female. Three nurses were doing a specialization course in Family Health; two doing a specialization in Family Health and Urgency and Emergency; one doing a specialization in Family Health and Obstetric Nursing. One doctor has a residency in Family and Community Medicine; five have residency in Family and Community Medicine (in progress), and one has a Master's in Primary Health Care. As for the CHAs: three attended high school; two attended higher education (in progress); and three had complete higher education.

Two empirical categories emerged from the data analysis: the daily work of professionals from family health teams in the care of the elderly people and health care flows to the elderly people: between maps and paths.

THE DAILY PRACTICE OF FAMILY HEALTH TEAM PROFESSIONALS IN ELDERLY CARE

The category shows that the professionals held the standardized actions for the ESF (strategies). In the work agendas, there are no specific activities for the elderly, and, in these circumstances, the professionals use tactics to meet the needs of these people.

We have general consultations, scheduled consultations, and spontaneous demand consultations [...] There are home visits and also groups that we do with specific pathologies such as hypertension and diabetes and a group of pregnant women, small lectures (D15).

We do visits, groups, scheduling specialized consultations, I think that's it, that's right, workshops, groups of children, weighing, filling in forms, we type everything that is done, the follow-up has to be typed (CHA8).

Thus, professionals adopt tactics based on existing strategies for the general population, including the elderly to answer to their demands, because of the absence of specific actions for this group when planning the actions of family health teams. These tactics were:

i) To assist the elderly patients in medical consultations to meet spontaneous demand, usually in cases of acute chronic illness and for monitoring and control of arterial hypertension and/or diabetes (scheduled consultation).

There is no specific nursing consultation for the elderly patient, that elderly person who has some complaints and comes to the unit, we do the care at the reception [...] if we see that he is very weak, we ask the doctor to assist him [...] (N4).

ii) To prioritize the elderly person in home visits and include them in health education groups for hypertensive and diabetic patients.

During the visits, we prioritize patients who are most in need, such as the bedridden elderly patient or who are having difficulty to walk [...] it is not a routine for us to care for the elderly patient, opening a shift only for him. There is for pregnant women and children (N18).

When professionals include the elderly patient in activities for patients in general, especially in health education groups, it becomes necessary:

i) To leave formal places (UBS) and use places available in the territory. The use of these places is due to the inadequate infrastructure of the UBS or due to the physical barriers that hinder the elderly patient to travel to the units. The professionals use nearby and accessible places (such as churches, parks, funeral homes, community hall, and homes of the CHAs and/or some user).

For the elderly patients, there are groups of hypertensive and diabetic, there are two groups, one in the church and the other in the home of a patient who donate it [...] we check the pressure, blood glucose, we provide guidance, have a chat (N12).

There is no specific activity for the elderly person, what we do is the activities of the group of hypertensive and diabetic patients, they participate, some of them we do in João Botelho park (CHAs3).

HEALTH CARE FLOWS TO THE ELDERLY PEOPLE: BETWEEN MAPS AND PATHS

This category describes the standardized flows (maps) of referral of elderly people by the ESF to CRASI-EFO and PMC.

Here in the city, there is the 'Centro do Idoso' (Elderly Center), which is the 'Centro Mais Vida' (More Life Center) [CRASI-EFO], in which there is multi-professional support for the elderly people. Through the consultation here at the ESF, if the elderly person has any criteria, they are referred by appointment (D10).

The is the 'Melhorem Casa' (Better at Home), which also embraces the elderly population. And then, when the professional nurse evaluates and if the elderly patient needs this care, they can be assisted by the Melhorem Casa with dressings at home, physical therapy (CHAS).

Although there are standardized flows on the path of patients between services, it does not always correspond to the one predicted, covered, or desired. The paths occur in the face of disruptions in the flows inherent to maps:

i) It takes time to assist the elderly person by referral services, as it also has many patients, often requiring insistence from the ESF professional.

It only takes a while [o Programa Melhor em Casa] because I think the demand is high, and then when you request it, it is not fast, it is not agile, but we insist, at some time you can do it (CHAS).

ii) Discontinuity of care for the elderly patient by the ESF due to difficulties in following the guidelines contained in the care plan sent by the reference service.

The team is unable to work everything that it [CRASI-EFO] requires, such as physiotherapy, nutritionist, which are difficult to access in the ESF. And then, we are not putting it into practice [...] (N11).

iii) Delay in sending or not carrying out the counter-referral by the reference services.

I never received a counter-reference from 'Melhorem Casa'. Sometimes I need something, I call to ask questions or ask for something (D6).

So, everything is very beautiful on the paper, but [CRASI's] counter-reference has not come or is slow, but what we have is this (D16).

However, there was a report that the elderly patients are counter-referenced to the ESF with the tests done and the therapeutic plan prepared by the CRASI team.

The reference and counter-reference work well between the ESF and the 'Centro do Idoso'. We fill out a form stating that the elderly person needs a specialized evaluation by the geriatrician, so they carry out an evaluation, develop a care plan, and send it as a counter-reference (D17).

DISCUSSION

The results showed that, in the daily work, the teams are focused on carrying out the strategies determined for the ESF in assistance to the general population, such as family registration, home visit, medical and nursing consultations, and health education groups.⁷ These strategies try to organize daily life and direct practices in the "proper place" such as the ESF. The strategies in the weekly schedule of ESF professionals do not include time or specific actions for the elderly care, although these users frequently seek the ESF. There is no shared agenda among professionals, although the planning and organization of the shared work agenda is guided.⁷

There is also the division of the work agenda with a focus on the group of children and women (pregnant women) and specific diseases, which reveals the failure to contemplate the assistance to the elderly by the teams, also observed in another study.²¹ The organization of the agenda must be flexible for the demands of users who seek care in the ESF and whose demands are not included in this model of the organization so that users from different life cycles are met in their health needs.

Thus, the ESF as the entrance to the local health system requires a new logic of organization and planning of activities aimed at the health of the elderly population. The needs of the aging population and people in the process of aging must be considered when planning the work agenda, reformulating and sharing in a team, and in a systematic way, including prevention of health throughout life.

The fact that specific strategies for care for the elderly are not feasible leads to the use of tactics in daily work when confronting reality. Professionals use tactics to answer to daily life demands, including the elderly patients in the actions planned for the general population, considering that there are no actions aimed at assisting this group. The practices of the professionals still seem to be focused on monitoring chronic diseases that often affect the elderly patients and assisting other groups, such as pregnant women and children.

In this sense, a study showed that the daily life of ESF nurses in the elderly care is restricted to the *HiperDia* program, structured to assist hypertensive and diabetic patients of any age, with no guidance for the elderly because they do not represent the focus of the program.²²

The reports of doctors and nurses show that there is no specific consultation for elderly care. This reality is contradictory, considering that most patients who demand care are elderly, but specific consultations are for other groups (children and pregnant

women). Adults are also excluded, losing the opportunity to develop activities aimed at promoting active and lifelong aging.

The professionals reported that they prioritize home visits to the elderly because they think it is a positive value of this practice, in which they can provide home care to the elderly who have difficulty walking to the health unit. The home visit was recognized as the best activity that includes the elderly, among other activities done by the nurses, considering that the absence of nursing consultations for this group and not on the medical agenda, the elderly people are the majority who demand consultations. A study carried out in an ESF identified that, in addition to home visits, the nursing consultation is another effective action developed by nurses in the elderly care.²³

There are also no educational activities for specific groups for elderly patients, although they are the majority of users who assist the hypertensive and diabetic groups. The group activities seem to be centered on a traditional pedagogical proposal with the transmission of orientations, which aim at behavioral changes through the prescription of healthy behaviors to users. The group activities take place using the tactics of professionals, especially CHAs, in different places in the community, showing that there are other ways of doing the work, not necessarily limited to fixed demarcations of places.

In this context, it seems natural to institute tactics to appropriate informal places in the territory, deviating, or redefining the places by the strategies. The tactic of appropriation of places arises from the need for professionals to deal with the inadequate physical space of the units or the use of close and accessible places for users, especially the elderly. This reveals what Certeau⁸ says that tactics are imposed by daily life needs.

Professionals use tactics to produce new spaces amid different places, as Certeau⁸ says, that tactics can only operate from one place. The spaces opened by tactics are the practice of a place.⁹ Professionals take advantage of favorable occasions, that is, possibilities allowed by the configurations available in the territory, and create opportunities for group activities. Thus, an appropriation of space prevails in the use of an occasion, revealing that spaces are plural because professionals' experiences with space are plural.⁸

There is the appropriation of places such as churches, parks, funeral homes, and a community hall, which opens paths to spaces. They are new ways of transforming places into new spaces, which correspond to manipulations on the basic elements of the constituted order⁸, transforming the place of the other, which has a circumscribed purpose, in a dynamic and mobile space. These places gain the sense of space practiced from the use by the CHAs, creating other forms of appropriation of these places, different from what was designed or programmed. After group activities, these spaces return to their places, and order prevails again until new demands from the CHA.

The results show that, although the maps are drawn from strategies, the daily reality requires that professionals, through tactics, establishing paths that enable the care needs presented by the elderly.

The professionals informed the referral of the elderly patient to CRASI-EFO and the PMC and the difficulties for the counter-reference. The CRASI-EFO multi-professional team assists elderly people at high risk and/or fragile situations, referred by APS/ESF teams or other services.¹⁸ The elderly people are evaluated by the ESF doctor that indicate fragility and require referral to CRASI-EFO, using a reference form.¹⁸

The PMC was indicated as a reference service for the elderly population who demand home care. The program is not specific for elderly care and, therefore, provides home care to other patients whose demands are referenced by different services in the city network, which may result in delays in scheduling care. The professionals did not report the existence of documents that standardized the reference, flows, and criteria for care, which shows referrals as the informal and disorderly flow of access by patients to home care.

The fragility in communication and the integrated work of services reveal the need to map the service network and define flows and criteria for the elderly care in different points, which, in most cases, works as isolated and fragmented points of care.²⁴ Certeau affirms that the daily life also consists of ruptures, and not only of the expected normativities.¹¹

Comprehensive care for the elderly through the actions of PNSP¹⁵ should trigger points at all levels of care in the network, avoiding discontinuity of care. However, the results revealed that the ESF and other elderly care services do not work in an integrated manner, given the inefficiency of the reference and counter-reference and the fragility of the articulation between SUS services.

Another situation identified was the difficult access of the elderly patients to referral services, which can increase costs when they start to need more complex services.²⁵

Reference and counter-referral have not been successful in this municipality, which highlights the need to organize and integrate the local health system in a network, and it is essential to delimit the flow of assistance from patients between services, involving a referral and counter-referral system, so the ESF is taken as the organizer of the health care network.

The reports emphasized the need for the elderly patient to be counter-referenced to the ESF with a therapeutic plan after attending the CRASI-EFO, and the ESF team should be responsible for executing the therapeutic plan. However, these teams face difficulties to implement the actions of the care plan, which can cause limitations for the continuity of the elderly care.

Although this study was developed in a specific context and with a limited number of participants and constitutes a limit regarding the generalization of results, it brought advances in the

construction of knowledge by bringing the daily routine of family health teams to the elderly care for analysis. As a contribution to the practice in health and nursing, the research reveals the need to plan integrated care strategies for the elderly in the ESF teams; organize and consolidate a care network for the elderly patient, adapting the service offered to the demand presented by the elderly patient and having the ESF as the care coordinator.

The contributions of the study are centered on different aspects, highlighting the need to broaden the approach to daily life in the studies in the health area and nursing and to encourage the production of new investigations about the daily work of ESF professionals in health care. Future studies could include the perspective of elderly patients, managers, and professionals from other services to contribute to the construction of network care strategies for the elderly population.

FINAL CONSIDERATIONS

In the daily work, the professionals of family health teams work between *strategies (and places)* defined by the service and *tactics (and spaces)*, between *maps* and *paths* to meet the health care needs of the elderly population. There are no specific actions for health care for the elderly in the context of the investigated teams.

The professionals were creative in using tactics to give concrete assistance to the elderly in the ESF, using community spaces, external to the UBS, and including the elderly in actions aimed at the general population.

Despite the advances in public policies for the health of elderly people, there was a fragmentation of care for them. There is a map that delimits the formal flow of referral of the elderly by the ESF to other reference services. However, the paths show ruptures in these flows, notably in the counter-reference, which are associated with the disarticulation between services and the discontinuity of the elderly care. Therefore, it is urgent to organize and consolidate a care network for the elderly, adapting the service offered to the demand presented by them, and having the ESF as the coordinator of care.

The contribution of Certeau's approach to daily life is highlighted in this study. This approach enabled to "look" at the daily work of the ESF not only as a place for the reproduction of strategies, but a space built by the knowledge and practices of the health professionals who practice this daily life.

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