


## EDUCATION AND HEALTH FOR THE ELDERLY: an experience report of the UMANIZANDO in times of COVID-19 project

EDUCAÇÃO E SAÚDE PARA IDOSOS: um relato de experiência do projeto UMANIZANDO em tempos de COVID-19

EDUCACIÓN Y SALUD PARA PERSONAS MAYORES: un relato de experiencia del proyecto UMANIZANDO en tiempos del COVID-19

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### ABSTRACT:

This study aims to report the multidisciplinary health education actions for the elderly of the UMANizando project in times of COVID-19. The project proposes health education lines of action developed through a dialogical-reflective approach between staff and the elderly, considering their local reality, therefore, using a wide variety of technologies/educational practices proven to be effective, and constantly monitoring the project actions. The health education strategies of the project can serve as a model for other realities, in this challenging context of promoting health for the elderly in the COVID-19 pandemic period.

**KEYWORDS:** Elderly; Health education; Social isolation; COVID-19; Health promotion.

### Introduction

In December 2019, SARS-COV-2, which is a new serious respiratory disease linked to a new beta-coronavirus emerged in Wuhan, China (ANDERSEN *et al.*, 2020). This virus has a rapid spread and has caused several infections and deaths worldwide (MILLS *et al.*, 2020). The rapid spread of SARS-CoV-2 has resulted in an unprecedented burden on the world's health systems. The complications of the coronavirus 2019 (COVID-19) disease (the name of the SARS-CoV-2 infection) are particularly serious among the elderly, who are the main risk group.

An article published by Lloyd-Sherlok *et al.* (2020) highlighted the urgency of efforts, including those by the World Health Organization (WHO), to prioritize the needs of the elderly in their response to the COVID-19 pandemic. National and international efforts are increasing. There is a rapid increase in research, updated guidelines published by national and international agencies that provide more recent information about the virus, its mode of transmission, spread and susceptibility of different population groups, such as the elderly (LANCET, 2020). However, the access to this information is not equally guaranteed, so it is necessary to develop strategies that consider the heterogeneity of old age in the different social isolation realities of the elderly.

Health education is a strategy that provides for individual participation in groups, favors increased control of their lives, and transforms their social and political reality (RUMO *et al.*, 2020). In this sense, a study by Mallmann *et al.* (2015) proved that health education actions for the elderly are strategies that consider the complexity of the aging process and relate the factors that surround the individual, such as beliefs, values, norms and ways of life. In this way, it guarantees a greater possibility of access to information and practices that favor his or her quality of life.

Another issue inherent in the health education process is that elderly people are an active part of their own healthcare. Therefore, this strategy cannot be confused with the transmission of health information, which disregards popular knowledge. In this respect, popular education gains importance, since the contents and actions also start from popular knowledge and the context which the participants live in (PATROCÍNIO & PEREIRA, 2013). Therefore, education and health is a strategy that promotes the health of the elderly, studies have shown that different methodologies, such as conversation circles, counseling, case discussions, dialogue lessons, among others, have a beneficial effect on the quality of life of the elderly (MALLMANN *et al.*, 2015; DE MOURA SÁ, 2019).

However, we are living in an exceptional situation, a pandemic, so, for health reasons, the elderly should remain in social isolation in their homes. The condition of social isolation imposes on scientists, health professionals, public managers, among others, new methodologies and contents of health education, especially for the elderly.

Therefore, this article aims to report the health education experiences of the extension action entitled: UMANizando em tempo de COVID-19, which translates into "HUMANizing in times of COVID-19", which is part of the Universidade da Maturidade/ Universidade Federal do Tocantins (UMA/UFT, University of Maturity/ Federal University of Tocantins) project entitled: Education and Health in Maturity: A proposal for promotion of autonomy and independence for the elderly.

### The UMANizando in times of COVID-19 project

The extension of the UMANizando in times of coronavirus project aims to provide multidisciplinary actions with a dialogical and affective approach during the period of social isolation for the participants of this UMA/UFT project. The UMANizando project is registered in the Sistema de Informação e Gestão de Projetos (SIGProj, Project Information and Management System) with the registration number: 353374.1952.128843.03042020.

In addition to multidisciplinary actions, the project has the following objectives: a) To establish strategies for the development of public policies for the elderly during the social isolation period of COVID-19, b) to organize a network of professionals to produce material and mediate multidisciplinary actions in UMA/UFT research centers, c) articulate with public agents and society to guarantee social support, at UMA/UFT, for the elderly in socially vulnerable situations and d) promote intergenerational interaction between young people, children and adults and the elderly at UMA/UFT.

The project participants are adults (50+ years old) and elderly adults (60+ years old) regularly enrolled at UMA/UFT. The UMA / UFT project has four centers, in the cities of Palmas, Araguaína, Dianópolis and Porto Nacional, in the state of Tocantins (TO), in a total of approximately 500 enrolled individuals.

Initially, the project was structured to serve only two fronts of activity, physical activities and health and social support for vulnerable elderly people, however, from new demands that have emerged, both from the elderly and from the professionals who are part of the project, new lines were structured, and now the project has seven lines of action, namely: 1) Health Education, 2) "Make-believe" Grandchildren, 3) Physical Activities at home, 4) Affective Cooking, 5) Art, culture, education, and Playful and reasoning activities- (UMAludicando project), 6) Psychological Reception and 7) Social Support. For this article, five lines of action were selected to describe the experiences.

The profile of the elderly assisted at UMA/UFT is marked by an important heterogeneity, in previous studies of our research group (JUNIOR *et al.*, 2019; RODRIGUES *et al.*, 2019) a heterogeneous level of education and income was evidenced, with most participants coming from the low income, low educational level, and multimorbidity strata. In this context, thinking about the strategies to serve them, we basically identified four profiles of elderly people: 1) elderly people able to use a smartphone, with internet access, 2) elderly people able to use a smartphone, without internet access, 3) elderly people unable to use a smartphone, without internet access and 4) elderly people who do not have a smartphone. In this context, methodologies for assisting the elderly were

developed. We highlight the need for further research to understand the use of technologies by the elderly to promote health, and a healthy aging.

The project team is composed of researchers, undergraduate and graduate students, under the guidance of Prof. Neila Barbosa Osório and Prof. Luiz Sinésio Silva Neto, project coordinators. Each UMA/UFT research center has a WhatsApp group, which includes all registered elderly people who have smartphones and internet access, and the professors and supporting staff (Palmas, Porto Nacional, Araguaína, and Dianópolis - Brazil).

### Health education actions for the elderly: UMANizando in times of COVID-19

The health education actions, the object of this study, are described in Chart 1, according to the action, the objective of the line of action and educational technologies, educational practices, as well as monitoring strategies.

**Table 1** Description of the actions, objectives and technologies, educational practices, and monitoring strategies for the health education actions of the UMA/UFT UMANizando in times of COVID-19 project.

Action	Objectives of the line of action	Educational technologies/practices carried out	Monitoring strategies
<b>Physical activities at home – Move it</b>	<ul style="list-style-type: none"> <li>- Provide video lessons to the elderly with a safe exercise routine for them to do at home.</li> <li>- Monitor the physical exercise routine of the elderly on a daily basis.</li> </ul>	<ul style="list-style-type: none"> <li>- Send video and audio lessons through WhatsApp and YouTube.</li> </ul> <p>The contents of the video lessons are preparatory tips and physical exercise routines to do at home.</p> <p>They used a resistance band and a broom handle to do the exercises.</p>	Monitor activities through telephone calls based on a pre-established interview script and messages in the WhatsApp group.
<b>Quality Information and Fighting Fake News</b>	<ul style="list-style-type: none"> <li>- Select scientific material about COVID-19 of proven quality, from the official health agencies, for the adequate dissemination of information to the elderly.</li> <li>- Fight the fake news about COVID-19.</li> </ul>	<p>Send videos, digital banners and scientific guidelines of proven quality through WhatsApp and YouTube.</p> <p>The contents of this material will be: general guidelines for COVID-19 contamination prevention and care measures. Ministry of Health tips and guidelines for the elderly.</p> <p>Use of the Anti-Fake News Seal of the Ministry of Health in</p>	Monitor activities through telephone calls based on a pre-established interview script and the messages sent by the elderly in the WhatsApp group.

	- Produce informative material for the elderly about COVID-19.	WhatsApp groups when fake news are posted.	
<b>Affective Cooking: Cooking with affection</b>	This line of action aims to promote affective cooking activities, that is, to promote feelings through the act of cooking.	Promotion of cooking challenges through WhatsApp. The contents of the challenges incorporate adequate nutrition, a relationship of affection and reminiscence when cooking.	Monitor their activities through the messages sent in the WhatsApp group.
<b>UMA Cares: psychological support</b>	- This line is focused on mental health care in times of pandemic. Provide psychological care for the elderly at UMA/UFT. - Elaboration of videos of activities and psychological content.	Schedule follow-up calls using a digital card or requesting the elderly or his/her family. Sending videos about mental health care through WhatsApp.	Monitor their activities through reports sent by the team of psychologists – these reports will be sent only to the coordinators of the project to ensure their confidentiality, as recommended by the Brazilian Federal Council of Psychology.
<b>UMAludicando: memory and reasoning games</b>	Playful and reasoning activities: Videos with playful and reasoning activities and games are made available to the elderly.	Send video lessons via WhatsApp and YouTube. Their contents are extracted from thinking games like Tangram.	Monitor their activities through the messages sent in the WhatsApp group.

Fonte: autor, ano, p.

### Challenges and possibilities of the UMANizando project experience

The questions presented in Table 1 will be described in this topic with the perspective of bringing elements of this experience as challenges and possibilities, in the case of a project that is configured and reconfigured every day.

The definition of the action and the object of the health education lines of the project were organized based on the demand of the staff and the elderly. The lack of knowledge about the impact of social isolation on the health of the elderly and the “lack of preparation” of staff members to act in the face of this pandemic process was a great challenge. Therefore, we use the dialogical-reflexive relationship between staff and elderly people, this relationship promotes the individual's awareness of their health and the perception as an active participant in the transformation of life (SOUZA *et al*, 2010), these

being one of the foundations of education in health. The health education actions reported in this experience have a broad approach and outlined objectives, such as qualifying the level of information, improving the level of physical activity, promoting cooking with affection, promoting mental health, reasoning and memory care, facilitating the replication of these actions in elderly populations with different characteristics and, it may be a target for other studies to incorporate more aspects of elderly health such as spiritual, environmental, among others.

The technologies and approach practices developed in the project are multiple, considering the heterogeneity of the public being cared for. Different health education technologies are being used, such as videos, audio lessons, informative digital banners, telephone support, WhatsApp interaction, in addition to home visits. In a recent review published by De Moura Sá *et al.* (2019), proved the effectiveness of these technologies in promoting health education for the elderly in the community. Further studies using different technologies to promote health education for this group, such as web conferences, virtual reality games, use of care robots should be encouraged. We emphasize that, with this pandemic, many healthcare strategies for the elderly will be developed and some will be rethought, including health education.

Monitoring health education actions favors the constant assessment of these actions. According to Emmi *et al.* (2008) the assessment of health education actions is a measure of user satisfaction. This implies a judgment on the quality of the services offered as a measure to optimize these actions. In our project, weekly or monthly reports are issued by the coordinating staff of these lines of action, as well as distance training, performed online. However, challenges are imposed in this process, such as the low constancy of the assessment by some staff due to the accumulation of other tasks and the adequacy of their "new" routine, the low participation of the elderly in the assessment of activities, and the need for better assessment instruments in this context of pandemic and low digital education of elderly people. The difficulties inherent in the assessment of health education programs actions with the elderly are highlighted in "pre" pandemic studies (MENDONÇA *et al.*, 2017; SEABRA *et al.*, 2019). Therefore, further analysis may emerge with the experiences developed in that period, training projects for staff and the elderly to optimize the assessment of these processes is an adjuvant to quantify and qualify the actions.

## Final considerations

The UMANizando in times of COVID-19 project proposes lines of action in health education that were developed through a dialogical-reflective approach between the project staff and the elderly, considering their local reality, therefore, using a wide variety of technologies/educational practices proven to be effective and constantly monitoring project actions. The health education strategies of the project can serve as a model for other realities, in this challenging context of promoting health for the elderly in a period of COVID-19 pandemic. We hope to publish the results of the impact of these strategies on the quality of life of the elderly in the future.

We would like to suggest some considerations for future studies: integrate more elderly health-related subjects in health education programs; conduct theoretical studies on the planning, development and assessment of technologies in health education; develop more articles about this subject in Latin American countries; carry out studies that combine the use of different educational technologies/practices, testing their use in different groups of elderly people; assess the effects of health education with different approaches using longitudinal trials to identify their long-term effects. These studies can contribute to strengthening gerontological sciences in both pandemic and post-pandemic periods.

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**RESUMO:**

Esse trabalho objetiva relatar as ações multidisciplinares de educação em saúde para os idosos do projeto UMANizando em tempo de COVID-19. O projeto propõe linhas de atuação de educação em saúde desenvolvidas por meio de uma abordagem dialógico-reflexiva entre colaboradores e idosos, considerando a realidade local dos mesmos, por isso, utiliza ampla variedade de tecnologias/práticas educativas comprovadamente eficazes e monitora constantemente as ações do projeto. As estratégias de educação em saúde do projeto podem servir como modelo para outras realidades, nesse contexto desafiador de promover saúde para os idosos em período de pandemia de COVID-19.

**PALAVRAS-CHAVE:** idosos; educação em saúde; isolamento social; COVID-19; promoção de saúde.

**RESUMEN:**

Este trabajo tiene como objetivo relatar las acciones multidisciplinares de educación en salud para personas mayores del proyecto UMANizando en tiempos del COVID-19. El proyecto propone líneas de actuación en educación y salud desarrolladas a través de un enfoque dialógico-reflexivo entre los colaboradores y las personas mayores, considerando su realidad local, por lo tanto, utiliza una amplia variedad de tecnologías/práticas educativas comprobadas como efectivas y monitorea constantemente las acciones del proyecto. Las estrategias de educación en salud del proyecto pueden servir como modelo para otras realidades, en este contexto desafiante de promoción de la salud para las personas mayores en el período de pandemia del COVID-19.

**PALABRAS-CLAVES:** ancianos; educación en salud; aislamiento social; COVID-19; promoción de la salud.