

EXPERIENCE IN THE HEALTH ACADEMY PROGRAM FOR OLDER ADULTS

EXPERIÊNCIA NO PROGRAMA ACADEMIA DA SAÚDE PARA PESSOAS IDOSAS

*EXPERIENCIA EN EL PROGRAMA ACADEMIA DE LA SALUD PARA ADULTOS
MAYORES*

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ABSTRACT

Objective: To describe, by means of an experience report, the benefits of physical activity observed among participants of health promotion, prevention, and maintenance groups. **Methods:** Experience report study based on participant observation in two phases: (1) observation and intervention with the group and (2) correlation with bibliographic references on the topic. The group comprised approximately 12 individuals. **Results:** Identified difficulties included competitive behavior among some younger, more active participants and an inadequate supply of materials for activities. However, benefits were also observed, including improvements in gait, balance, flexibility, and mental health. **Final Considerations:** The Health Academy Program contributes to the well-being of the local population by providing a space for social integration and offering activities that help prevent and control chronic diseases.

Keywords: *Physical Activity; Health Promotion; Older Adults.*

RESUMO

Objetivo: Reportar, por meio de relato de experiência, os benefícios da prática de atividade física entre indivíduos participantes de grupos de promoção, prevenção e manutenção da saúde. **Métodos:** Estudo do tipo relato de experiência, elaborado por meio de observação participante, em duas fases: a) observação e intervenção junto ao grupo; e b) correlação com referencial bibliográfico encontrado sobre a respectiva temática. O referido grupo foi constituído por aproximadamente 12 pessoas. **Resultados:** Foram constatadas dificuldades, como o comportamento competitivo de alguns participantes mais jovens e ativos, assim como falta de materiais adequados para as atividades. Contudo, houve benefícios como a melhoria da marcha, equilíbrio e alongamento, bem como da saúde mental. **Considerações Finais:** O Programa Academia da Saúde contribui para o bem-estar da população local ao promover um espaço de integração social e oferecer atividades que auxiliam na prevenção e no controle de doenças crônicas.

Descritores: *Atividade Física; Promoção da Saúde; Pessoas Idosas.*

RESUMEN


Objetivo: Informar, mediante un relato de experiencia, de los beneficios de la práctica de actividad física entre personas participantes en grupos de promoción, prevención y mantenimiento de la salud. **Métodos:** Estudio del tipo relato de experiencia realizado mediante observación participante en dos fases: (a) observación e intervención con el grupo, y (b) correlación con el material bibliográfico de referencia sobre la temática. El grupo estuvo compuesto por aproximadamente 12 personas. **Resultados:** Se identificaron dificultades, como la conducta competitiva de algunos participantes más jóvenes y activos, así como la falta de material adecuado para las actividades. Sin embargo, también se observaron beneficios, como la mejora de la marcha, el equilibrio, la flexibilidad y la salud mental. **Consideraciones finales:** El Programa Academia de la Salud contribuye al bienestar de la población local al ofrecer un espacio de integración social y actividades que colaboran en la prevención y el control de enfermedades crónicas.

Descriptores: *Actividad física; Promoción de la salud; Personas mayores.*

INTRODUCTION

The Health Academy Program (*Programa Academia da Saúde, PAS*) was established in Brazil in 2011. It is a strategy for health promotion and care delivery through the implementation of public centers offering bodily practices and physical activities. These sites offer adequate infrastructure, specialized equipment, and qualified

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professionals. The program's objective is twofold: to enhance accessibility and to promote regular physical activity among the population.

According to the World Health Organization (WHO), physical activity is defined as any bodily movement produced by skeletal muscles that results in energy expenditure above resting levels. This practice is regarded as essential at all stages of life and is recognized as a determinant for maintaining and improving population health¹.

In older adults, regular physical activity is critical for preserving functional capacities that are essential for daily living, such as maintaining balance—a pivotal factor in fall prevention—and increasing muscle mass, which contributes to the delay of sarcopenia².

The role of the resident professional in Physical Education within the context of Primary Health Care (PHC) is of particular relevance to all aspects of promoting, recovering, maintaining, and improving the well-being of users within the community. This professional actively engages in practices aimed at preventing harm and promoting healthy habits, adopting approaches and methodologies that consider each individual's needs and singularities.

In consideration of the aforementioned points, the objective of this study is twofold: first, to present the account of an experience from the perspective of a resident professional, and second, to engage in a reflective examination of the benefits of physical activity practice among participants in health promotion, prevention, and maintenance groups. Moreover, the objective is to articulate the obstacles encountered by resident professionals in Physical Education regarding the consolidation of these groups and to elucidate the advantages of bodily practices and physical activities.

METHODS

This experience report aims to describe and reflect on the benefits of physical activity practice among participants of health promotion, prevention, and maintenance groups. This particular study type is characterized by its objective to describe a given action based on the individual or collective experience of a group. In doing so, it constitutes a record of lived experiences.

The study was conducted through participant observation while the author served as a resident professional in the Family and Community Health Program at a Basic Health Unit (*Unidade Básica de Saúde*, UBS) at the Health Academy site in a municipality in the interior of Ceará. The project was executed from April 2023 to December 2024 in two phases. The first phase entailed the observation and intervention with the group, which facilitated the description of the experiences. The second phase involved the correlation of these experiences with the extant bibliographic references on the subject.

The group consisted of approximately 12 individuals. Since the inauguration of the Health Academy Program in the municipality, users have participated in activities. The group's initial leadership was provided by a municipal professional, with physical activity sessions held three times per week. However, the professional's efforts were hindered by the dissolution of the Family Health Support Center (*Núcleo de Apoio à Saúde da Família*, NASF). The group was subsequently overseen by local professionals

who provided services to the municipality, with bodily practices being carried out on a weekly basis.

According to the experience report, which is based on professional practice, submission to an ethics committee was not required. However, the ethical provisions stipulated in National Health Council (NHC) Resolution No. 466/2012 concerning research involving human subjects were adhered to, encompassing the principles of respect for human dignity and the safeguarding of participants.

RESULTS

During the Family and Community Health Program residency, activities were conducted with groups that focused on health promotion and prevention. These activities placed emphasis on bodily practices, bond strengthening, and participant socialization through physical activity. The experience entailed both observation and active engagement in the Health Academy Program group within the municipality, which was predominantly comprised of women.

The initiation of these activities was prompted by an invitation extended by a local Physical Education specialist, who subsequently assumed the role of facilitator. The initial interaction occurred while observing professional practice and comprehending the group dynamics.

Subsequently, the author collaborated in the instruction of the sessions, adapting them to the pace and needs of the participants, primarily older adults experiencing difficulties with movement, such as bending or stretching, indicative of reduced mobility that necessitated specialized care during classes. In this context, classes were meticulously planned to ensure inclusivity and tailored to address the specific needs of each member.

A notable proportion of the participants, particularly those of advanced age, exhibited a pronounced interest in activities such as dance. The objective of the initiative was not to foster competition or to achieve flawless execution of choreography; rather, it was to promote quality of life and health through physical activity. During the course of the sessions, guidance was provided on posture, spinal alignment, and the proper execution of exercises. Bodily care was a constant emphasis.

A notable case involved an 87-year-old participant with severe mobility limitations. Over time, a substantial improvement in her flexibility and balance was evident. The participant, who initially exhibited reduced motor coordination and ambulatory speed, demonstrated significant improvements, suggesting that physical activity can have a substantial positive impact on the health of older adults.

Consequently, specialized physical activity groups play a pivotal role in promoting autonomy and independence among older adults, facilitating the incorporation of regular exercise into their daily routines.

Occasionally, challenges emerged due to the competitive conduct exhibited by a subset of younger, more active participants who sought to engage in more rigorous exercises, such as squats, in comparison to the exercises performed by other groups. In such cases, it was imperative to reinforce precautions to avoid joint overload and to emphasize that the objective was health promotion rather than surpassing limits.

A notable constraint pertained to the scarcity of suitable materials for activities, necessitating the development of creative adaptations through the repurposing of available resources. The residents themselves funded all materials, and the physical infrastructure was somewhat precarious, hindering activity delivery. This phenomenon is particularly salient among Physical Education professionals, who frequently find themselves tasked with the provision of quality practice despite operating with limited resources.

The observed benefits of the physical activity practices included improvements in gait, balance, and flexibility. The significance of these groups in promoting mental well-being was underscored by a user's testimony, who, despite experiencing suicidal ideation, ceased her attempt upon recollecting the support she had received from the group. This episode underscores the pivotal role these spaces play in fostering social cohesion and demonstrates that the bonds formed extend beyond mere socializing, potentially offering a lifeline to those in need.

The findings of the study indicated a necessity for enhanced collaboration among health professionals. In certain instances, the contributions of Physical Education professionals were understated. For instance, within the context of health education initiatives, nurses and psychologists assumed more prominent roles, while physical education often assumed a secondary position, typically focused on stretching exercises.

The "Move Yourself" group was established with the objective of expanding the discourse on health and well-being. This initiative was undertaken to provoke a shift in perspective. On a monthly basis, professionals from several disciplines—including Psychology, Pharmacy, Social Work, Physiotherapy, and Nursing—engage in discourse on pertinent subjects. These include *Yellow September* (Suicide Prevention Awareness Campaign) and *Pink October* (Breast Cancer Awareness Campaign). The group also fosters participant interaction through initiatives such as the "Coffee Gathering" and the distribution of small gifts, with the aim of encouraging participation and collective health promotion.

While older adults primarily engaged in physical activities, it was encouraging to observe that as health topics became more diverse, they participated more actively in discussions and sought information on self-care. This interaction among professionals and participants has proven to be highly enriching, enabling the exchange of knowledge.

DISCUSSION

Aging is associated with changes in multiple physiological systems, which can result in impaired mobility, loss of muscle and bone mass, joint pain, an increased risk of falls, and reduced autonomy among older adults. Consequently, a comprehensive approach to healthcare for this demographic should entail health education, promotion, maintenance, and recovery measures⁴.

In this context, daily physical activity and a balanced diet are of particular importance in this age group, as they have been shown to improve physical fitness and functional capacity, as well as increase the capacity to perform Activities of Daily Living (ADLs). Furthermore, these measures contribute to the prevention of conditions such as diabetes mellitus, arterial hypertension, and cardiovascular disease⁵.

The performance of activities of daily living (ADLs) necessitates muscular strength, a trait that often diminishes with age. Consequently, it is imperative that older adults engage in exercise regimens designed to enhance muscle strength and improve flexibility. These adaptations have a direct impact on quality of life and autonomy in performing daily activities⁶.

Regular physical activity confers a multitude of benefits, most notably the preservation of functional capacity across age groups, particularly among the elderly. Furthermore, the benefits of exercise extend to the cognitive domain, as it has been demonstrated to enhance memory, concentration, and cognitive processing speed. This effect is attributable to the release of muscle-derived proteins during exercise, which exert a positive influence on brain function and promote the development of neural connections⁶. A multitude of benefits have been identified, including increased longevity, reduced morbidity and mortality rates, decreased reliance on prescribed medications, and lower incidence of falls and fractures³.

Programs that promote physical and bodily activities, such as the Health Academy Program, are valuable because they combine physical infrastructure, equipment, and trained professionals for activities related to diagnosis, treatment, prevention, and health promotion. These elements have been demonstrated to directly enhance individuals' physical capacity by reducing vascular resistance and increasing strength, flexibility, balance, and vigor. Consequently, these elements contribute to an improvement in autonomy. Furthermore, they have been shown to foster social interaction, which has been demonstrated to positively impact mental health by reducing symptoms of anxiety and depression and by enhancing self-esteem and body image⁷.

In this regard, the role of Physical Education professionals is highlighted. The professional's scope of responsibility encompasses the monitoring, motivation, and prescription of physical and bodily activities, with the adjustment of exercise intensity, frequency, and duration to align with the unique requirements of each participant⁸.

In examining the factors that impede adoption and sustained engagement in physical activity, research has identified several key obstacles. These include a lack of suitable equipment, an absence of appropriate facilities, inclement weather conditions, and a dearth of pertinent skills. However, it is imperative to educate the public on the benefits of exercise and to emphasize that specific equipment, locations, or prior skills are not necessary for engagement in physical activity³.

The enrollment of older adults in exercise groups is widely regarded as a significant milestone, as these group activities have been shown to promote socialization, alleviate feelings of loneliness and abandonment, and foster a sense of belonging and of physical and social identity³.

Among the challenges to continued participation are structural limitations, difficulties in reaching the activity site, and health-related issues, as well as the need for social and cultural identification with the environment where activities take place⁹. Furthermore, factors such as scarcity of time and energy, as well as the aspiration for leisure and recreation, have been identified by scholars as aspects associated with the aging process that may contribute to feelings of insecurity and low self-esteem¹⁰.

FINAL CONSIDERATIONS

The Health Academy Program has been demonstrated to contribute to the well-being of the local community by providing a space for social integration and regular physical activity. The offered activities have been shown to help prevent and control chronic diseases and improve flexibility, gait, and balance, with beneficial effects on participants' quality of life. Consequently, the program is regarded as a pivotal strategy for promoting physical and mental well-being in the population.

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