

LETRAMENTO FUNCIONAL EM SAÚDE DE PESSOAS IDOSAS EM UMA UNIDADE DE SAÚDE DA FAMÍLIA

FUNCTIONAL LITERACY ON HEALTH OF ELDERLY PEOPLE IN A FAMILY HEALTH UNIT

ALFABETIZACIÓN FUNCIONAL EN SALUD DE PERSONAS IDOSAS EN UNA UNIDAD DE SALUD DE LA FAMILIA

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RESUMO

Objetivo: analisar o Letramento Funcional em Saúde de pessoas idosas atendidas na Estratégia Saúde da Família, a partir do modo como elas buscam, compreendem e partilham informações em saúde. **Método:** Estudo qualitativo, exploratório-descritivo, com 23 pessoas idosas adscritas a uma Unidade de Saúde da Família. Foi utilizada a entrevista com um instrumento denominado "health literacy", adaptado e validado para o português. A análise dos dados realizou-se pela análise textual discursiva. **Resultados:** obtiveram-se quatro categorias: "busca por informações em saúde" - os participantes relataram a unidade como fonte de busca de informações, sentindo-se, em geral, satisfeitos com as informações; "compreensão das informações em saúde" - os participantes relataram que consideram as informações fáceis ou muito fáceis de entender; "compartilhamento das informações em saúde" - a maioria relatou compartilhar informações com familiares, amigos ou vizinhos; e "repercussões das informações em saúde" - as pessoas idosas consideraram que as informações fazem diferença em suas vidas, melhorando seu autocuidado, adesão a tratamentos, qualidade de vida, propiciando uma vida mais ativa. **Conclusão:** permite aos enfermeiros e demais profissionais da atenção básica saberem o modo de busca, compreensão e partilha de informações em saúde pelas pessoas idosas, planejando intervenções com utilizando a educação em saúde.

Descritores: Idoso; Alfabetização em saúde; Atenção primária à saúde; Estratégia saúde da família.

ABSTRACT

Objective: to analyze the Functional Health Literacy of elderly people assisted in the Family Health Strategy, from the way they seek, understand and share health information. **Method:** A qualitative, exploratory-descriptive study with 23 elderly people enrolled in a Family Health Unit. The interview was used with an instrument called "health literacy", adapted and validated for Portuguese. The analysis of the data was carried out by the discursive textual analysis. **Results:** four categories were obtained: "search for health information" - the participants reported the unit as a source of information search, feeling generally satisfied with the information; "Understanding health information" - participants reported that they considered information easy or very easy to understand; "Sharing health information" - most reported sharing information with family, friends or neighbors; and "repercussions of health information" - the elderly considered that information makes a difference in their lives, improving their self-care, adherence to treatments, quality of life, providing a more active life. **Conclusion:** it allows nurses and other primary care professionals to know the way of searching, understanding and sharing health information by the elderly, planning interventions using health education.

Descriptors: Elderly; Health literacy; Primary health care; Family health strategy

RESUMEN

Objetivo: analizar el Letramento Funcional en Salud de personas ancianas atendidas en la Estrategia Salud de la Familia, a partir del modo en que ellas buscan, comprenden y comparten información en salud. **Método:** Estudio cualitativo, exploratorio-descriptivo, con 23 personas ancianas adscritas a una Unidad de Salud de la Familia. Se utilizó la entrevista con un instrumento llamado "conocimiento sobre la salud", adaptada y validada para el portugués. El análisis de los datos se dio por el análisis textual discursivo. **Resultados:** se obtuvieron cuatro categorías: "búsqueda por información en salud" - los participantes relataron la unidad como fuente de búsqueda de información, sintiéndose, en general, satisfechos con las informaciones; "comprensión de las informaciones en salud" - los participantes relataron que consideran la información fácil o muy fácil de entender; "compartir la información en salud" - la mayoría relató compartir informaciones con familiares, amigos o vecinos; y las "repercusiones de las informaciones en salud" - las personas mayores consideraron que las informaciones hacen diferencia en sus vidas, mejorando su autocuidado, adhesión a tratamientos, calidad de vida, propiciando una vida más activa. **Conclusión:** permite a los enfermeros y demás profesionales de la atención básica conocer el modo de búsqueda, comprensión y cómo compartir información en salud por las personas ancianas, planeando intervenciones utilizando la educación en salud.

Descriptores: Anciano; Alfabetización en salud; Atención primaria de salud; Estrategia de salud familiar

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INTRODUCTION

Population aging is a worldwide phenomenon that has been growing significantly. It is estimated that the proportion of elderly people in the world population of 2015 will increase from 12.3% to 24.6% in about 55 years. In Brazil, in the year 2015, the proportion of the elderly was 11.7%, very close to the world index, and is expected to double, reaching a percentage of 23.5% of the elderly in 24 years⁽¹⁾.

The changes in the epidemiological profile of the Brazilian population increase the demand for services for the elderly, especially in primary health care due to chronic non-communicable diseases and their comorbidities, becoming a challenge for health professionals working in this field. In addition, with the limitations of the aging process, older people often find it difficult to follow treatment systematically and regularly because they do not adequately understand the guidelines offered by professionals. This fact is considered as one of the main challenges in health care, affecting health behaviors⁽²⁾.

In this sense, health actions aimed at the elderly in primary care and in the Family Health Strategy (FHS) are permeated by education in this area, aiming at the self-care, independence and autonomy of these people⁽³⁾. These actions need to be developed in a dialogic, emancipatory, participative perspective, contributing to the autonomy of the elderly with regard to their health and illness trajectory and the professionals' autonomy in face of the possibility of reinventing more humanized, shared and integral modes of care⁽⁴⁾.

However, it is necessary to know how these people are, in fact, assimilating (obtaining, processing and understanding), empowering themselves and using that knowledge correctly in their lives. This will be done through the knowledge of the degree of Functional Literacy in Health (FLH) of this specific population⁽²⁾.

FLH is defined as the degree to which individuals have the ability to obtain, process, and understand basic, written, or spoken information about health and services needed to make appropriate health decisions. This "capacity" is mediated by factors such as education, culture, language, beliefs.

And when one talks about "appropriate health decision making", this is mediated by factors such as the interaction of subjects in health settings, influence of the media and

politics, market, among others, taking into account both individual factors as social⁽⁵⁾.

In this context, FLH is a relevant concept, especially in the aspects that involve the health-disease process of the population, since this approach requires the improvement of the resources that people need in order to have an active position on the issues of their own health, and their community, including in this process, the ability to change existing health conditions^(2,6).

Some population groups such as older people with low income and low schooling may be marginalized in relation to FLH⁽⁷⁾. In addition, people with low FLH have great difficulty in self-care, especially in the presence of chronic damage, resulting in poor adherence to treatments, poor participation in health services, hospitalizations and high and early mortality, an increase in health costs⁽⁶⁾.

FHL is a widely discussed topic on the international scene. In the United States of America, it is estimated that more than one third of adults have limited FHL, which makes reading, understanding and application of health information more difficult⁽⁶⁾. In a systematic review and meta-analysis study, it was observed that advanced age is strongly associated with limited FLH, with older people likely to have low FLH⁽⁸⁾.

In Brazil, the number of studies that show the degree of FLH is still limited and whether the phenomenon may be affecting the health outcome of the population. In spite of this, some authors have been working in a timely manner with the theme and it can be observed that the theme has been increasingly developed in Brazil, with more recent studies with the elderly⁽⁹⁻¹⁰⁾, in which a percentage of up to 68 is perceived, 1% of inappropriate FLH.

Low FLH has consequences directly related to the health of the population, such as the involvement of people in preventive health practices, the early detection of diseases, management of chronic diseases, and access to and use of health services⁽²⁾. Thus, it can be seen that the study on FLH in elderly people is relevant, due to the need to broaden the knowledge related to this subject, as well as to help nurses and other professionals to subsidize the interventions carried out with regard to the development of education actions in health, looking at the needs of search, understanding and sharing of health information.

The objective of the study was to analyze the FLH of elderly people treated at the FHS, from the way they seek, understand and share health information.

METHOD

This was an exploratory, descriptive study with a qualitative approach, performed at a Family Health Unit (FHU) located in a municipality in the extreme south of Rio Grande do Sul.

To collect data, an instrument was developed by Canadian researchers called health literacy⁽¹¹⁾, adapted transculturally and validated in Portuguese⁽¹²⁾. It is composed of open and closed questions with the objective of evaluating how the elderly seek, understand and share health information, based on an interest, concern or health situation recently experienced by the interviewees (*in the last month, what did you think about your health?*) chosen to follow up the interview.

The other questions were about the interviewee's understanding of the health situation chosen and their doubts about it, the sources of information used, their satisfaction, the usefulness, the understanding, the coherence, the sharing and the impact of the information in their life. The closed questions evaluated the satisfaction and understanding of health information by the elderly using Likert Scale and reinforcing the opinions expressed in the open questions⁽¹²⁾.

The participants were 23 elderly people attended and attached to this unit during the period of the research. These were selected based on the following criteria: users aged 60 years or older; and be attached to the area covered by the FHU. The exclusion criteria were: to present discourse discordant with important memory losses that prevent responses to the questions of the instrument of data collection. Participants were intentionally selected through convenience sampling. In this study, we opted to include only the elderly people responsible for managing their therapeutic regimen. It is known that, with regard to the health care of the elderly person, care is often carried out in partnership with formal and informal caregivers. In future research, it is suggested to include other individuals who participate in care for the elderly.

Data collection occurred from August to October 2015, through interviews that were recorded on a voice recorder and transcribed later. To guarantee anonymity and

confidentiality, each elderly person was identified by the letter "I" followed by the number that corresponds to the order of interview. The interviewer was the lead author of this article. The average duration of interviews was 13 minutes.

The elderly were invited to participate in the study when they attended the FHU to perform some type of care in their homes or during routine home visits with community health agents. The interviews were carried out in a room of the FHU, which was destined for this purpose or in the home of the elderly. It should be noted that there were sometimes family members with the elderly person being interviewed, and they were asked not to interfere with the interview responses. A pilot test was performed with an elderly patient outside the scope of the FHU at the beginning of August 2015, prior to the collection of data at the FHU, in which the adequacy of the language of the instrument.

The data was analyzed through the technique of discursive textual analysis. This approach to analysis can be conceived as a self-organized process of producing new understandings in relation to the phenomena it examines⁽¹³⁾.

The proposed analysis organizes arguments around four outbreaks. The first three compose a cycle, in which are constituted as main elements: disassembly of texts, also called unitization, in which the materials and their details are examined, fragmenting them to reach units of meaning referring to the studied phenomenon; establishment of relations or categorization, where the similar units of meaning meet, being able to generate several levels of categories of analysis; capturing the new emergent, where the intense impregnation in the materials of the analysis triggered by the previous process makes possible a renewed understanding of the whole, closing the cycle of analysis.

Finally, the last focus, a self-organized process in which, after the fragmentation and disorganization proposed in the first phase, a reconstruction occurs with the emergence of new understandings⁽¹³⁾.

The project complied with research standards involving human subjects, was approved by the local ethics committee, under opinion No. 61/2015. CAAE: 44623415.2.0000.5324. A two-way consent form was provided to the participants. It is noteworthy

that the research participants and FHU professionals were invited to multimedia presentation and explanation of the results of the research, which was performed at the FHU itself, by the authors.

RESULTS AND DISCUSSION

Among the study participants, the majority (69.5%), were female, married (43.7%), and had between one and four years of studies (56.5%). The mean age of participants was 68 years, ranging from 60 to 85 years.

The low level of schooling among the elderly interviewed was predominant, with a mean of 2.91 years of study, ranging from zero (illiterate) to seven years of study. This can directly influence FLH results, since elderly people with low levels of education tend to present greater difficulties in understanding, obtaining and using health information, as evidenced in another study⁽⁷⁾.

Most of the elderly interviewed stated that they had their own residence (91.3%) and lived with a spouse (43.4%) and with children (30.4%). The monthly family income varied from one to two minimum wages, with an average of 1.76. The monthly individual income of the elderly also varied from one to two minimum wages, with an average of 1.15. The value of the minimum wage at the time of collection was R\$788.00.

Low income and low schooling were also evidenced in FLH studies and they contribute to the difficulty of access to information and health services⁽⁹⁾.

The main health concerns or concerns experienced by the elderly were related to chronic diseases, reported by 17 elderly (73.9%) or signs and symptoms of diseases, reported by nine elderly people (39.1%), being similar to those of the Canadian study⁽¹¹⁾. To follow up the interview, the majority of the elderly (15-65.2%) chose some situation of this theme.

Finally, participants were asked if they participated in any health education group at FHU, and seven (30.4%) said they participated. The group has a monthly frequency, and of those who declared participating in the group, participation ranged from one to six years, with a mean of 3.5 years of participation. The practices developed in the group of health education in the basic health units are usually very specific practices about guidelines on the pathology, prescribed therapeutic scheme and healthy lifestyle.

To achieve the study objective, the results are organized into four categories a priori, following the data collection instrument script. They are: "search for health information"; "understanding health information"; "sharing health information"; and "repercussions of health information".

Category 1 – Search for health information

The elderly reported several doubts about the health situation experienced, which shows that they were not clarified, did not understand the information provided or did not seek information that exhausted them. The main doubts were regarding treatment and care to stay healthy and reduce the damage of chronic diseases (12 elderly), the repercussions that could affect their lives (six elderly), the pathophysiology and causes (five elderly), and signs and symptoms of diseases (four elderly). Four other elderly people had no doubts about the chosen health situation.

A study in South Africa that investigated the needs and behaviors of drug information search with primary care users showed that participants, despite having doubts or demonstrating insufficient drug-related knowledge, often did not seek information or did not question the professionals simply because they do not know the possibility that they might ask, or because they are not encouraged to do so⁽¹⁴⁾.

The encouragement and encouragement of the search for health information and in the questioning of their doubts can be stimulated so that there is the empowerment of the elderly person in their health and illness issues, generating better health outcomes⁽¹⁴⁾. In this sense, professionals can focus health education on the real needs of clients, their doubts and their social and cultural context, and not only what the professional thinks is important for the elderly person.

The elderly cited as the first source for the search for health information, FHU (12 elderly), followed by hospitals (four elderly) and specialist offices (four elderly). An elderly woman cited television as the first source of information. The most sought after professionals were doctors, followed by nurses, nursing technicians and dentists.

The search for health professionals, having as a priority, doctors and nurses as a source of information, has also been reported in other

studies^(9,14). The search for professionals is an element that refers to trust, since they were prepared to attend to health issues, which is usually related to the experience and the study of these professionals⁽¹⁵⁾. This result reinforces the importance of effective communication between professionals and users, as this is one of the most sought sources⁽¹⁶⁾.

Other sources of information quoted less cited, but considered as of important importance for the elderly interviewed, were the media such as the internet and television, for the diversity of information exposed, which shows that, despite the low level of education of the elderly who participated in the study, they are looking for modern alternatives, such as digital inclusion. In the Canadian study (11), which created and used the instrument of the present research, the media were more used. Another study, conducted in London, England, showed that internet use and social engagement help seniors to keep FLH efficient during aging⁽¹⁷⁾.

The elderly, in general, were satisfied or very satisfied with the information received (19 elderly, with the first source, and 13 elderly, with the other sources). Only two elderly people felt neutral. There was no dissatisfaction with the sources of information.

Some elderly people have pointed out that they have been well informed and have placed good care and treatment as a basic requirement in the search for health information. Other elderly people, most of who cited as a source of information to the FHU, reported the trust and bond with the FHU and the professionals who work there, as important in the search for health information, as evidenced by the statements:

"[...]I do not move from here because of the center [...].All nurses are good people, they treat me with a lot of affection, everyone from the center, the doctor, anybody that I get there, everyone treats me well [...]" (I 23)

"[...]I just go here! I got used to it here! [...]" (I 16)

The primary source of information requested by the elderly was the FHU studied, which shows the differential of FHS in the lives of these elderly people, who demonstrated satisfaction, confidence, ease of access and bond with the unit.

The link is provided in basic care as a support in accompanying the elderly. Its differential in the health of the family is through continuous care and home visits, where professionals can know and perceive the specifics

of these elderly people, enter into their reality, thereby enabling the elderly to feel more comfortable and able to adhere to the interventions proposed by the health team. For the FLH understanding of the elderly in primary care, the bond plays an important role, as professionals have more knowledge and freedom to work with this population⁽¹⁸⁾.

As a most useful source, 15 elderly people cited FHU, three elderly, specialist offices and four elderly did not differentiate more useful source. Of those who cited, as a useful source, the experts had not referred to FHU as a source of information. Among the sources that rely more, FHU was also the most cited (15 elderly). Only three elderly people cited specialists and also had not referred to the FHU as a source of information.

Some of those who cited FHU as a more useful and reliable source referred to the professionals in the area and also to the bond, ease of access to the unit, continuity of care, and follow-up through consultations, groups and visits domiciled by the health team. An elderly woman also mentioned the economic aspect as useful, because she acquires drugs and dressing material in the unit. It was also highlighted in the speeches the possibility of reception, listening and exchange, which is not possible with non-human sources of information.

"[...] She already knows where I live and everything [...]" (I 02)

"[...]I really trust this doctor here [...].She comes periodically here on Thursdays, so a person who is more accustomed to me, and I'm used to it, so I trust her more [...]" (I 17)

"[...] We talk a lot, it makes a difference! [...] because we expose what we feel, everything, and the doctor explains everything, there's the group there to answer, and I think it's great there! [...]" (I 06)

It is noticed that the ease of access and the link are important factors in the search for health information and that influences the FLH of this population, since they feel more comfortable to seek the unit as a reliable source in which they will be able to obtain answers for their search⁽¹⁹⁾. From this result, a potentiality emerges to be worked out by health professionals in the FHS because, through trust and the bond, they can seek improvements in the search and understanding of health information by the elderly in their daily work.

Category 2 – Understanding health information

Regarding the level of understanding of the information, the majority of the elderly (18) considered it easy or very easy to understand. One elderly considered as neutral and three other elderly considered as difficult. Some have also highlighted self-interest as an ally in understanding:

“[...] are easy, it simply depends on the people, the interest. [...]” (I 04)

“[...] I do not find it difficult because I think I'm doing my part [...]” (I 14)

“[...] it's easy, just have the will [...]” (I 15)

It is noticed that the elderly consider the importance of self-interest in the understanding of information, for example, when they heard words that did not know the meaning. This fact demonstrates the autonomy of the elderly in their decisions, in the search and understanding of health information.

They realize that the initiative should not only be the health professional, but that they are also protagonists in their care. The encouragement of the autonomy and independence of the elderly should also be stimulated by primary care professionals as an ally in promoting and recovering the health of this part of the population, which is recommended by the National Primary Care Policy⁽¹⁸⁾.

When asked if there was disagreement among the information, most (20) answered no; however, one interviewee reported disagreement on Internet information, which often may not be reliable.

“[...]I think the doctor was more certain because he did not care about each other, you know, what the internet says and what the doctor says [...]” (I 09)

When asked if they ever heard words they did not understand, or did not know the meaning, ten of the respondents said they had never heard any. Eight of the elders heard them occasionally, and three often. Faced with this situation, the majority (nine) asked directly to the person or family members.

The use of specific medical terms and incompatible language has been described as a major barrier in the communication between professionals and users of primary care, which compromises the users' understanding of information, affecting their FLH⁽²⁰⁾.

Category 3 – Sharing health information

The majority of the elderly reported having shared their concern or interest and the information they received with family members (ten elderly), followed by friends, neighbors or acquaintances (eight elderly), as well as health professionals (six elderly). Seven elderly people chose not to share with anyone. Sharing concerns, especially with the family, is a way to get help in making decisions, getting support and expressing feelings (fear, hurt, insecurity) as a way of relieving, trusting and bonding with the person you are sharing.

“[...] I talk more with the kids, who we trust the most [...]” (I 09)

“[...] with the father, with my sister, with whom I am more together [...]” (I 04)

“[...] It was good that she helped me, she said, but you have to follow what it is [...]” (I 15)

“[...] we have to give strength to others [...]” (I 19)

The sharing of information also facilitates the transmission of knowledge and learning to others, becoming health multipliers and raising awareness among other elderly people.

“[...] the care, I already passed the care, the doctor passed me I already pass to others [...]” (I 09)

“[...] I talked to a lady, who was diabetic too, [...] she also liked a dance, a beer, she said she stopped and is feeling very well! [...]” (I 22)

The sharing of information with family, friends or neighbors was also frequent in studies that used the same instrument^(9,21). The role of family, friends and neighbors as informal support network in the life of the elderly is crucial for health support and decision making. The existence of social support networks is an important element in the sharing of concerns and situations for the elderly, and has been reported as interacting and influencing FLH⁽²²⁾.

The influence of these support networks on the FLH of the elderly is visible in this study and should be stimulated in the FHS by encouraging the participation of the family and the community in educational actions. This sharing of information enables the exchange of knowledge and the implementation of health-friendly practices⁽³⁾.

When questioned about what would be most important for other elderly people to know, in relation to the health situation chosen, 13 elderly people reported ways to change their lifestyle and behaviors, expressed in changes in habits such as smoking cessation and alcohol, adhere to healthy eating and practice of physical

activity, among others, as expressed in the speeches:

"[...] is not smoking and not drinking [...]" (I 21)

"[...] no one should smoke, that's the advice I give [...]" (I 11)

"[...] it is exercise and eating [...]" (I 06)

"[...] do not eat salt, drink plenty of water, and eat plenty of fruit, vegetables [...]" (I 04)

Another aspect considered important for other elderly people to know was to have a broader understanding of the disease, addressing the causes, treatments and care to avoid aggravation, highlighted by 11 elderly people, as expressed in the speeches:

"[...] take care of yourself, does not get cold that is, not to catch a disease [...]" (I 17)

"[...] is to know if to take care, to take medicine properly [...]" (I 19)

These results are in agreement with the study findings that used the same instrument (21), and note the importance of professionals focusing on care, not only on diseases, but on health promotion and other related aspects, with focus on active and healthy aging⁽²³⁾.

Category 4 – Repercussions of health information

Almost all of the elderly (21) acknowledge that the health information they sought, received or shared made a difference in their lives. The majority of the elderly emphasized that the information improved their self-care and adherence to treatments:

"[...] I will try to take care of myself, which is not to go through the same problem, it is not? [...]" (I 17)

"[...] but then I stopped with the food [...] I started taking the pills [...]" (I 22)

"[...] I take care more [...] I know I cannot do it, I do not do it anymore [...]" (I 11)

The elderly also emphasized that, with the information received, they could have a better quality of life and well-being, acquire new knowledge and have a more active life, with autonomy and independence, and could better accept their health condition.

"[...] I feel better today [...]" (I 09)

"[...] things I did not understand [...] here inside the medical center I ask, I got to know of things that I did not know, that I had no knowledge [...]" (I 14)

"[...] never be still! [...]" (I 21)

As for these repercussions, it was found that they brought benefits and a change to the

lives of the elderly and, that healthy aging was possible through obtaining this health information.

These repercussions prove that working with FLH of this population is possible in several ways in basic care such as in consultations, home visits, groups, among others. In health promotion practice, FLH means understanding the conditions that determine health and how to change them⁽²⁴⁾.

When questioned about the impact of the health education group on their lives, the elderly reported that participation in the group provided them with well-being, the possibility of distraction, making new friends, establishing bonds and intimacies and exchanging knowledge. Also to continue an active life as they report, wishing that the group has more frequent encounters and with varied physical activity practices, hoping that the group will continue to grow stronger in FHU.

"[...] we get more experience, have more knowledge [...]" (I 04)

"[...] if you could have more follow ups, and have exercises [...]" (I 13)

"[...] I feel good, I feel at home [...]" (I 14)

"[...] I go, to listen, to see what they are going to teach us [...]" (I 03)

These reports demonstrate the importance of living groups, allowing the elderly to remain active and included in social activities, promoting exchange of experiences and improving their self-esteem and quality of life. In addition, it reduces the prejudices of the elderly with themselves, favors adherence to treatments, and creates a bond between the unit and the family of the elderly, becoming also a network of support and exchange of experiences⁽²⁵⁾. Therefore, the groups also emerge as a potential tool to work on various issues involved in FLH.

One of the limitations of this study is that the results cannot be generalized, since it covers a specific site and a specific portion of FHS users. Another limitation is that the instrument used makes it impossible to evaluate a "degree" of FLH, like most of the instruments used; however provides a more qualitative analysis, which can be considered a bias, since the assessment of the degree of FLH could have a different result from that described in this study.

CONCLUSION

The study allowed the analysis of the FLH, considering the trajectory of these elderly people

in basic care and FHS. In an extended conception, it was possible to know how the elderly are gathering information for their health and this is related to the ease of access and the bond that the participants have with the studied FHU, which is fundamental in the search, understanding, sharing and repercussions of important health information for these elderly people.

The qualitative method used in this study through the data collection instrument allowed a more viable path for FLH analysis, since it does not cover reading and writing skills, as in most of the instruments used, but rather a history and a trajectory of how the elderly seek, understand and share health information in their lives, thus achieving the proposed goal.

The study allows nurses and other professionals who work in primary care to know how to know the FLH of the elderly, to know what concerns them, how they seek, understand and share health information and, from this, to plan and develop actions or interventions focused, through adequate communication with the user and capture their needs and questions, enabling the stimulation of self-care and the correct follow-up of health treatments. The health education tool stands out, which permeates all the actions developed, and the awareness of the real knowledge needs of the elderly, taking into account their specificities and experiences.

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