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ORIGINAL ARTICLE

PERCEPTION OF COORDINATORS OF BASIC HEALTH UNITS IN IRATI-PR/BRAZIL ON THE PROPOSAL FOR A PHYSICAL ACTIVITY PROGRAM FOR THE ELDERLY

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Highlights:
(1) In the perception of managers, the physical activity program has a positive impact on the elderly.
(2) Intra-intersectoral efforts to implement actions to promote healthy aging.
3) Potentials of physical activity programs for the elderly in Primary Care.

ABSTRACT

The aim of the study was to analyze the perceptions of the coordinators of the Basic Health Units (BHU) about a proposed physical activity program for the elderly, in the context of Primary Health Care (PHC) in Irati-PR. This is a qualitative, descriptive and explanatory study. As a research technique, we used semi-structured interviews to gather information on the coordinators' perception of the program's proposal. The data was analyzed through content analysis, using the categorical analysis technique. The study involved eleven participants, nine of whom were BHU coordinators, one outpatient coordinator and one PHC coordinator. The results showed that the BHU coordinators' perceptions of the proposal for a physical activity program for the elderly were: attribution of adjectives connoting approval of the proposal; insertion of the Physical Education professional and development of the program in the BHU; prospects for improvements in the physical and mental health levels of the elderly participants; potential for promoting physical activity for the elderly population in the BHU territory; dependence on the efforts of municipal management related to financial resources for the feasibility of implementing programs of this nature; lack of professionals and employees available to work in the program. Despite the positive attitudes towards the proposal, recognition of the potential and importance of programs of this nature for the health of the municipality's elderly population, the coordinators highlight aspects that deserve attention in order to enable the implementation of actions aimed at promoting healthy aging.

Keywords: elderly; primary health care; health promotion; evaluation of health programs and projects; motor activity.

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INTRODUCTION

The elderly in Brazil, people aged 60 and over, represent the fastest growing population segment in the country[1]. Data from the Brazilian Institute of Geography and Statistics (IBGE) indicate an increase of more than 4% per year between 2012 and 2022, from 14.2 million elderly people in 2000 to 19.6 million in 2010, with a projection of 41.5 million in 2030 and 73.5 million in 2060[1]. This demographic transition is the result of falling mortality rates and a steady decline in birth rates, thus changing the age structure of the Brazilian population[2].

In the municipality of Irati (PR), where this study was carried out, the total population is approximately 61,000 people, 14% of whom are elderly, representing more than 8,500, 84% of whom live in urban areas and 16% in rural areas[3].

Throughout life, human beings undergo biopsychosocial changes. However, in old age, there is a process of gradual loss of various functions that directly interfere with Activities of Daily Living (ADLs) and this can result in a decrease in functional capacities, such as balance, muscle strength, bone mass, flexibility, motor coordination[4] and a greater chance of being affected by Chronic Non-Communicable Diseases (CNCDs), causing a reduction in quality of life[5].

Regular physical activity is indicated by the World Health Organization (WHO) as an important strategy for maintaining and improving the functional capacity of the elderly[6]. It is understood that healthy ageing is related to the regular practice of physical activity and to changes that range from the individual to the socio-environmental level, and is conceptualized as the process of developing and maintaining functional capacity that allows for well-being in old age[7].

In this sense, public policies must accompany this movement so that the extra years of life are permeated by good health conditions and quality of life[8].

A systematic review study found a significant increase in the expansion and provision of physical activity promotion programs in Primary Health Care (PHC) over the years[9]. However, actions developed with planning aimed at the elderly population are still poorly documented and/or scientifically evidenced[10].

In the process of implementing a physical activity program, the planning phase is essential so that interventions have a greater chance of being effective and sustainable[11]. In this sense, strategies such as the RE-AIM model[5] can help managers and professionals trained in the field of physical activity to develop action plans[12].

Thus, the provision of physical activity programs aimed at the specificities of this population, in PHC, is a significant strategy for promoting healthy aging through the practice of physical activity.

In this way, it is understood that evidencing the perception of BHU coordinators on the planning of a physical activity program for the elderly, based on scientific literature and the local scenario, is relevant for community development in Irati (PR).

Therefore, the objective was to analyze the perceptions of coordinators of Basic Health Units about a proposed physical activity program for the elderly in the context of PHC in Irati-PR.

MATERIALS AND METHODS

This research has a qualitative, descriptive and explanatory approach, with a view to surveying, recording and analyzing the phenomena studied[13]. According to Bosi[14] qualitative research has made progress in the field of health, presenting possibilities for investigating the problems of human existence and broadening studies in all fields of knowledge and spheres of life, in response to certain challenges that go beyond the potential of the positivist model.

Prior to this study, the authors carried out a systematic review of the literature to identify scientific evidence related to physical activity programs for the elderly in PHC developed in Brazil and to evaluate the quality of the reports using the RE-AIM model. The results of this review can be accessed at http://tede.unicentro.br:8080/jspui/handle/jspui/1988.

In this way, a proposal for a physical activity program for the elderly was drawn up, aimed at the PHC of Irati (PR), based on four theoretical foundations: 1) the scientific evidence found in the Systematic Review; 2) the document "Recommendations for the Development of Successful Physical Activity Practices in Primary Health Care (PHC) of the Unified Health System (SUS)"[15]; 3) the Physical Activity Guide for the Brazilian Population[16]; 4) the dimensions of the RE-AIM model, which were used as a basis for structuring the proposal[12,17].

The participants were the BHU coordinators, with a view to reaching all the BHU coordinators in the municipality of Irati (PR), in order to better understand this reality.

The proposal for the physical activity program for the elderly was presented to the PHC coordinators at a monthly meeting with a set date and time, in agreement with the PHC coordinator (Friday, July 8, 2022). The presentation was expository, using slides as a resource to guide the speech. It was given to everyone present at the same time and lasted 20 minutes.

A semi-structured interview was used to collect information on the coordinators' perception of the program's proposal, with questions designed by the authors to answer the study's objective. Through the interview, it was possible to construct meanings around the topic, establishing connections between the interviewer and the interviewee[13].

The interviews were conducted face-to-face and individually (in the meeting room), recorded (audio recorder) and then transcribed for analysis. They were applied following the presentation of the proposal to all the participants, except for one of them, whose interview was scheduled for two days after the presentation date.

The transcripts were typed manually, taking a few aspects into account: each participant was referenced using alphanumeric codes (C1; C2; C3; C4; C5; C6; C7; C9; C10; C11); first names were hidden and replaced by generic names in brackets; words repeated in sequence were excluded; ellipsis was used for hesitations in speech; slang and expressions used by the interviewees were retained.

The data was analyzed using the content analysis method to systematically interpret the communication and understand the content present in the statements[18]. Within this method, we opted for the categorical analysis technique, understanding that it is the most appropriate for verifying the perception of subjects about an object of study[18].

This research was sent for consideration and approved by the Research Ethics Committee of the State University of the Midwest, on July 19, 2021, under opinion number 4.856.492.

RESULTS AND DISCUSSION

The data was obtained by identifying and analyzing the perceptions of the BHU coordinators about the proposal for a physical activity program for the elderly, and the categories of analysis were identified based on the guiding questions of the interview. The results will be described using the following categories: characterization of the participants, the coordinators' perception of the program proposal, the coordinators' perception of the expected results, the potential of the program proposal to achieve the objectives, the feasibility of implementing the program and the availability of professionals.

Characterization of the Participants

The study involved eleven participants: nine BHU coordinators, one outpatient coordinator and one PHC coordinator. In 2022, the municipality of Irati (PR) had 22 BHU with nine coordinators, who were responsible for coordinating more than one BHU at the same time. The participants were all women, with an average age of 42 and predominantly nursing graduates (n=10). The length of time they had worked in PHC ranged from 6 to 25 years, with the majority (n=9) reporting that they worked as BHU coordinators. Table 1 shows the characteristics of the research participants.

Table 1 – Sociodemographic and work characteristics of the study participants. Irati-PR. 2022

CATEGORY	SUBCATEGORY	n	%
Sex	Female	11	100
	Male	0	0
Graduation	Nursing	10	90.9
	Medicine	1	9.1
Age groups	30 to 39 years old	4	36.4
	40 to 49 years old	6	54.5
	50 to 59 years old	1	9.1
Length of time working in PHC	6 to 10 years	4	36.4
	11 to 15 years	4	36.4
	16 to 20 years	2	18.2
	21 to 25 years old	1	9.1
Place of work	Basic Health Unit	9	81.8
	Health Unit (outpatient)	1	9.1
	Primary Care	1	9.1
Professional role	BHU Coordinator	9	81.8
	Health unit coordinator (outpatient)	1	9.1
	PHC Coordinator	1	9.1
Time spent coordinating at the place of work	BHU / up to 1 year	4	36.4
	BHU / 3 to 6 years	2	18.2
	BHU / 7 to 10 years	3	27.3
	Health Unit (outpatient) / 10 years	1	9.1
	Primary Care / 2 years	1	9.1

Legend: n= absolute frequency, %= percentage in relation to the total number of participants.

A study carried out in a university hospital with 546 health professionals (specialist doctors, resident doctors, nurses, nursing assistants and coordinators of professional teams) identified a "tendency towards feminization in practically all health professions, without exception, as well as the fact that women had the highest levels of overall satisfaction, this correlation being statistically significant"[19]. These findings are in line with those presented in this study, in which all the health coordinators were female.

As for the professional profile, we observed a predominance of nurses working in the coordination of BHU in the municipality. According to an investigation that sought to describe the profile of PHC professionals who took part in the UNA-SUS (Federal University of Health Sciences of Porto Alegre) Family Health Specialization course, Sturmer et al.[20] identified that these professionals "are mostly women, nursing professionals, with an average age of approximately 35 years", corroborating the data shown in this study.

A systematic review study found that "there are still difficulties in understanding what multidisciplinarity, or multiprofessional teams, and interdisciplinarity, or multidisciplinary teams, are", which is a difficulty in guaranteeing comprehensiveness in primary care[21].

As observed by Araujo et al.[22], one of the main challenges for the practice of interdisciplinarity in the context of PHC teams is the training of health professionals centered on technical aspects and individual work. In this regard, continuing education and professional qualification are important strategies for better resolving the demands of interdisciplinary work in PHC teams, which in turn must be attentive to the idiosyncrasies of the communities they serve[21].

Difficulties in establishing interdisciplinary activities in teams can result in fragmented actions in elderly health care[23].

In this sense, a closer look at the possibilities of multi-professional and interdisciplinary interventions should be taken into account in the organization of municipal PHC services in Irati (PR), with a view to expanding actions aimed at health promotion in health units and their territories.

Coordinators' Perception of the Program Proposal

The results indicated positive attitudes towards the proposed program, with a higher frequency of the expressions "interesting" (n=3) and "wonderful" (n=2).

The adjectives reported by the participants were identified at the initial moment of the interviewees' responses, and these adjectives indicated approval of the proposal presented. In this sense, a registration unit was chosen to represent all the subcategories, on the understanding that the set of words express a similar meaning:

> I see it as very interesting and essential for achieving health levels, right, biopsychosocial well-being [...] (C10).

From the expressions identified in the speeches, it can be inferred that the participants approve of the proposal. This may be related to the visibility given by the state of Paraná to the ageing process through public health actions:

> [...] the elderly are very much on the rise at the moment, right, for us here even more so because of the "planifica" [...] (C4).
>
> [...] we have a program, right, which is PlanificaSUS, which is care, right now in the elderly care line [...] (C11).

In Paraná, the PlanificaSUS strategy aims to:

> [...] develop the competencies, skills and attitudes necessary for technical and managerial teams to organize, qualify and integrate the work processes of Primary Health Care (PHC), Specialized Outpatient Care (SEA) and Hospital Care (HC) with a focus on users' health needs[24].

The organization of work in the Health Care Network (RAS) takes place in the priority line of care for the elderly[24]. We believe that the program proposed in this study is in line with the actions developed by the Paraná State Health Department to promote the health and quality of life of the elderly population.

As for the aspects of the proposal that most caught the attention of the coordinators, we observed that the "inclusion of Physical Education professionals in health units" (n=3) and "physical activity in the health unit" (n=2) were the most frequent. The first connotes recognition of the importance of this professional in the municipality's PHC:

> [...] having a physical education professional in the units would be wonderful, because it's not possible, a nurse doesn't have the ability to do this, because there are things that only the physical education professional knows and we only do the superficial, so it would be very nice, very nice to have (C5).
>
> [...] we try to tell them that diet and physical activity are just as important as medication, sometimes more important, right, but it's hard for them to understand, and we also... since we need a multi-professional team, right, so we really wanted a physical educator to be part of our unit, because we don't have the training, right, to do exercise [...] (C8).
>
> I think it's only the physical educator who can offer this type of activity, who is a health professional (C10).
>
> [...] the physical educator is super important, right, because the nurse can have a lot of ideas, there's the doctor, the nursing technician can have a lot of ideas, but the knowledge of the physical education part is [...] the physical educator's (C11).

With regard to the national scenario, a study aimed to analyze the inclusion of Physical Education professionals and residents in the SUS between 2009 and 2021 in order to draw up an overview of the inclusion of Physical Education and analyze the distribution of Physical Education professionals and residents between the different regions[25]. We would point out that between 2009 and 2021, there was a 476.01% increase in the number of Physical Education Professionals, from 1,259 in 2009 to 7,252 in 2021.252 in 2021, a fact that may be related to policies, programs and actions to promote health and body practices and physical activities such as the National Health Promotion Policy (2006) and its revision (2014) and policies and programs such as the Expanded Family Health and Primary Care Center (Nasf-AB) (2008) and the Health Academy Program (PAS) (2011), without the intention of establishing a causal relationship[25].

When we analyzed the participants' statements, we noticed progress towards the recognition of the Physical Education professional in PHC, in line with the findings of Coutinho[26], who showed, based on the perception of municipal health managers (5th Health Region of the State of Paraná), a tendency "that the Physical Education professional is not seen as a health professional". In this context, we understand that there is still a long way to go before this professional can be effectively included in the health services. However, we can see a paradigm shift in the perception of the coordinators, which has not yet translated into effective action, such as hiring this professional to work in the BHU in the municipality of Irati (PR).

Regarding "physical activity in the health unit" (n=2), we observed two possible understandings regarding the development of the program in the health unit. The first is the lack of an adequate physical structure:

> [...] our unit, as it's a closed unit... I don't have a room where I can stretch with them, hold a meeting, or even have the physiotherapist do it, right, so it's the physical space... it's complicated, you know (C2).

According to Bousquat et al.[27], despite the progress made in PHC in Brazil, there is still a significant lack of quality in the structure of BHU in the country. This factor proved to be a limiting factor in the possibility of developing a physical activity program at the BHU in Irati-PR.

The second possible understanding is that physical activity is a way of increasing the engagement and bonding of the elderly in the actions carried out at the unit:

> [...] it's interesting because you're able to capture these people, because when they don't go to the unit for a reason, they're going to look for physical activity [...] so we understand that it's necessary, right, that it's necessary to have this work together, right, with the health unit (C3).

The great challenge for public policies to achieve active ageing is to increase the engagement of older people in physical activity, given the new social configurations in which the segment of older people aged 80 and over is growing relatively[28].

According to Eiras et al.[29], free physical activity interventions for the elderly and the proximity of the place where they live to the place where they practice are important factors for adherence to and maintenance of physical activity, as perceived by the elderly. For this reason, more physical activity programs for the elderly in PHC should be created to keep up with the increase in this population and cover as many elderly people as possible so that they can enjoy the benefits of regular physical activity[30].

When we analyzed the interviewees' speeches in terms of what the RE-AIM model points out as the dimensions of a program, we found that when she used the word "capture", the coordinator (C3) referred to the "Reach" dimension of the RE-AIM model, which deals precisely with the target population, i.e. who the people are that the program seeks to "reach" and what strategies it will use to do so[12].

Coordinators' perception of the expected results

The expected results refer to the coordinators' projection of the possible results that the program could offer to the elderly population served. We observed that "improved levels of physical and mental health" (n=5) had the highest frequency of citations, and reflects data that can currently be considered a consensus in the scientific literature of the area, which is the fact that physical activity can add benefits to the physical and mental health of the elderly[31]:

> [...] a very positive result [...] both physically and [...] they will interact with each other (C2).
>
> It's really about health [...] (C3).
>
> [...] a reduction in cases of [...] diabetes, hypertension, weight loss, obesity [...] the issue of the mental health of the elderly because they are interacting [...] (C7).
>
> Improved health in general (C10).
>
> [...] physical activity, as well as helping with the non-pharmacological control of chronic diseases they may have, also helps psychologically [...] (C11).

The study that led to the chapter on physical activity recommendations for the elderly in the Guide to Physical Activity for the Brazilian Population, presents a table listing the main benefits of physical activity for the elderly, available in the scientific literature in the area to date[32]. The benefits were organized into four groups, comprising morphological, neuromuscular, cardiometabolic and behavioral characteristics, with effects on bone health, muscle strength, balance, flexibility, reducing the risk of falls, improving maximum oxygen consumption and blood pressure, cognitive performance, anxiety, quality of life and sleep[32].

In a study carried out with elderly people enrolled in the "Active Life" extension project of the Open University for the Third Age (Unati) at the Federal University of Alfenas/MG, in which they used an activity and physical exercise protocol during ten interventions lasting 60 minutes and were evaluated before and after ten interventions, a statistically significant improvement (p=0.01) in lower limb performance was identified in the comparison (pre and post) using the *Short Physical Performance Battery* – SPPB –, indicating that physical activity can promote functional aging[33].

A systematic review identified improvements in physical and cognitive capacity associated with the practice of physical activity in the elderly in Brazil, suggesting that these "favor the prevention and control of chronic non-communicable diseases, increase physical mobility, help maintain functional and cognitive capacity for activities of daily living and consequently improve the quality of life of this population"[30].

Furthermore, in a study involving 465 elderly people, divided into four groups (dance, gymnastics, dual practice, elderly people who participated in two types of physical activity programs and the group of elderly people who didn't practice), it was found that "the regular practice of physical activity carried out by groups of elderly people from different physical exercise programs compared to the group of elderly people who didn't practice physical activity had a significant effect on cognitive function, depression and satisfaction with life", regardless of the type of physical activity program the elderly people participated in[34].

Potential of the Program Proposal to Achieve the Objectives

The majority of coordinators (n=10) reported "potentialities" related to the program's ability to achieve its proposed objectives:

> Of course, yes, without a doubt [...] they need encouragement to do physical activity [...] (C10).
>
> [...] it does have potential [...] it's a way of thinking about these elderly people [...] and showing them that they can do this, they can do this physical activity [...] (C11).
>
> It has a lot of potential [...] because it's not difficult to do, right, the managers have to implement it [...] (C5).
>
> Yes, it has potential [...] because the elderly will want it, right, I think the units also have... interest in making this proposal [...] (C7).
>
> Absolutely [...] because of the impact, right, because of the good impact it will have on his health, right (C8).
>
> Oh definitely [...] I think it improves the quality of the family, not just the elderly (C9).
>
> Yes, I think that if the population participates [...]" (C1);
>
> It does, it has potential [...] it just depends on the elderly wanting to do it (C2).
>
> I believe it is, it is being attended to, well planned, well executed [...] (C6).
>
> I think it has potential, but [...] the entire population of the unit's catchment area is a very large population [...] (C4).

The "promotion of physical activity" (n=2; C10-C11) was designed to give the elderly in the community covered by the health units access to physical activity programs and actions aimed at meeting the demands of this population.

In a study carried out based on the analysis of secondary data from the 2013 National Health Survey, there was a low level of adherence by elderly Brazilians to the practice of physical activity and participation in public programs, as well as "a small proportion of elderly Brazilians reported knowing about, but not participating in, and knowing about and participating in public physical activity programs"[34].

An integrative review study evaluated the individual factors that interfere with adherence to health promotion programs, which consist of physical exercise programs for elderly people living in urban areas of Brazil and living in the community, excluding those who are in long-term care institutions or hospitalized, "it was found that a set of individual factors can impact participation in physical activities in this population, including: being male, being of advanced age, having a low socioeconomic status, having a history of smoking, negatively evaluating their own health, having high drug consumption and suffering from chronic pain", we stress that these factors should be considered when planning physical activity programs for the elderly, with a view to increasing the participation and adherence of this population[35].

There is a need to increase access for this population to public places and programs to encourage physical activity, with publicity actions in the media and the community.

We understand that these results are articulated with the reach dimension of the RE-AIM model, which was presented to the coordinators, addressing three main aspects: the program's target population, strategies for publicizing and recruiting participants, and ways of evaluating reach, as a form of planning to actually achieve the program's proposed objectives[12].

Feasibility of Implementing the Program

When asked about the feasibility of implementing the proposed physical activity program for the elderly in health units, we found that of the eleven coordinators, ten said yes:

> Too much [...] because it's a colony, they don't have much to do and sometimes they come to the unit just to talk [...] (C5).
>
> I think so [...] we already know a lot of the elderly people in our unit [...] they're very receptive [...] they're very adept (C7).
>
> [...] it's very viable [...] the elderly who attend the health unit [...] they need physical activity and I realize that they don't do it due to lack of encouragement [...] (C10).
>
> From zero to ten... ten, for us to be able to implement it in my unit [...] I have the space, I have the will, I have the team to give support, I have a clientele that is very open to it [...] (C9).
>
> [...] I believe it's feasible [...] it will depend on the will of the management [...]" (C6); "Absolutely [...] but many things don't depend on us, they depend on the management [...] (C8).
>
> I think it is, but we're going to hit the financial side [...] the administration is going to look at spending [...] (C2).
>
> I think so [...] it depends on the budget, which sometimes doesn't depend on us [...] (C11).
>
> I think so, I think it's an attempt [...] it's an ant's work [...] the community is starting to adhere better, right, to the program [...] (C3).
>
> Yes [...] we even have a difficulty in... if I think about my health unit, even because of the physical space [...] us being able to use the public space there, I think so [...] (C1).

We observed that "municipal management" and "financial resources" are common themes, with the former referring to the intentionality required of municipal management in order for the program to be implemented, and the latter referring to the financial efforts that must be raised by management.

Corroborating these findings, Carvalho and Vieira[38] indicate that the federal government cycle from 2019 to 2022 can be considered one of fiscal austerity with consequences for the SUS and, consequently, for body practice and physical activity programs. In this sense, the authors present the challenges that will be faced by the federal government cycle from 2023 to 2026, among which we highlight "Adequate and sustainable financing", which is essential for all public policies, specifically to make the right to body practices and physical activities effective.

The data allows us to analyze a hierarchical relationship, in which the coordinators of the BHU depend on the municipal management to implement programs of this nature:

> [...] so, sometimes we want a lot, a lot of things, but because of the bureaucracy, we can't always do it (C8).

Public policies on physical activity for the elderly can generate economic gains for municipal administrations, by reducing spending on hospital admissions and human resources[37]. However, these administrative benefits do not seem to result in effective mobilization of the professionals who work in city halls with the aim of promoting population health, in the sense of paying attention to the relevance of coordinated initiatives between the sectors of public administration, aimed at healthy ageing[38].

Availability of professionals

Most of the coordinators reported that there were no professionals available in the health units to work on the program (n=6):

> No [...] lack of staff... so the staff are all overworked [...] (C1).
>
> [...] today my unit doesn't have one [...] we see a lot of people [...] there's no staff [...] (C2).
>
> No [...] I would need more professionals [...] (C3).
>
> No [...] there are only two of us [...] (C6).
>
> No [...] I don't have a professional [...] (C9).
>
> No, not that (C10).

The "lack of professionals and staff" is a recurring reality in health units:

> [...] I have a nursing technician, the rest are all trainees... trainees are nursing technicians and I'm a nurse, we don't have any employees, our workforce is very small, and it's been depleted... people have retired, left, there are people on vacation, there are people on sick leave with this pandemic that we've had... we don't have any employees (C2).

Insufficient human resources is one of the biggest challenges to consolidating PHC in Brazil[39]. A study carried out with nursing technicians working in PHC found that the lack of human resources is one of the elements that most negatively influences the increase in the workload of these professionals, in order to meet the growing demand in health units[40].

Through the collective knowledge of a group of Brazilian specialists, Tasca et al.[41] drew up recommendations for strengthening PHC in Brazil, and among them, we highlight the theme of "human resources, provision of professionals, support and encouragement for teams", which reaffirms the importance of this element on the agendas of SUS managers and in directing public policies for PHC.

The data showed that there is a relationship between the shortage of human resources and work overload:

> [...] the employees are all overloaded, so to talk about one, to take an employee out of the unit to help, collaborate or even do... at the moment there isn't one (C1).

It is imperative that municipal management seeks to guarantee the necessary conditions for the full development of multi-professional work in PHC, so that programs such as the one presented to the coordinators in this study can be implemented and add benefits to the comprehensive health of the elderly in the communities.

FINAL CONSIDERATIONS

The results showed that the coordinators' perceptions of the proposal for a physical activity program for the elderly were: attribution of adjectives connoting approval of the proposal; insertion of the Physical Education professional and development of the program in the health units; prospects for improvements in the physical and mental health levels of the elderly participants; potential for promoting physical activity for the elderly population in the health unit's territory; dependence on the efforts of the municipal management related to financial resources for the feasibility of implementing programs of this nature; lack of professionals and employees available to work in the program.

It emerged that in the municipality under investigation, the role of BHU coordinator was delegated to nurses. According to the participants, no physical activity programs for the elderly were identified in the health units or in the PHC context in Irati (PR). However, we realize that there are

actions being carried out through the municipality's Social Assistance Secretariat. It is therefore understood that in order to effectively reach the elderly and promote their health, joint (intra- and intersectoral) efforts are needed to cover the complexity of health promotion and physical activity promotion, and it is also essential to bring together the work of different municipal departments.

Despite the positive attitudes towards the proposal, recognition of the potential and importance of programs of this nature for the health of the municipality's elderly population, the coordinators highlight aspects that deserve attention in order to enable the implementation of actions aimed at promoting healthy aging. It should be noted that even with the existence of guiding documents and policies to encourage the practice of physical activity among elderly SUS users, we believe it is necessary to create public policies that guarantee physical activity programs guided and coordinated by Physical Education professionals, thus becoming an important strategy to increase health promotion actions aimed at the elderly population. It is also understood that a lot of progress needs to be made to ensure the effective inclusion of this professional in health services. However, there has been a paradigm shift, based on the perception of the PHC coordinators, but this has not yet translated into effective action: such as hiring this professional to work in the municipality's health units.

Contributions from this study may represent a first step towards the implementation of physical activity programs for the elderly in the PHC of Irati (PR). The aim is to develop a community concerned with healthy ageing through the promotion of physical activity in actions carried out in the context of PHC, as well as the creation of public policies aimed at strengthening multi-professional teams in the municipality's health units.

Future research is suggested with themes that identify the perception of municipal management on the implementation of physical activity programs for the elderly in the context of PHC at a regional and national level, as well as the evaluation of actions and/or programs of physical activity for the elderly that are developed in networks of care for the health of the elderly.

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