


Intersectorality, the health of the elderly and the exercise orientation service: A documental analysis

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Leonardo Perovano Camargo¹ and Carlos Nazareno Ferreira Borges²

ABSTRACT

The Health Academy Program, instituted by Brazilian Ministry of Health's in 2011, had its origins in some previous municipal programs, like the Exercise Orientation Service (SOE) from Vitória/ES, implanted in 1990. The population aging is a worldwide phenomenon that requires adaptations in the public policies for the elderly population. The National Health Promotion Policy points to intersectorality as an institutional element and form of management that enhances public health services. In addition, social participation, one of the elements of intersectorality, is as a relevant aspect for the protection and promotion of active life for the elderly. Thus, despite the pioneering of SOE as public policy for health promotion, still not clear how the intersectorality influence the management of the program. Thus, this study aimed to analyze the elements of intersectorality, through a documentary analysis, related to the health of the elderly population, inside the Exercise Orientation Service (SOE). Richardson's documentary analysis was used as the methodology of research. Among Dye's models of political analysis, the beginning of SOE were classified as the elite model and currently acting as the incremental model, which are variations on the past, applying small improvements in already consolidated policies, to avoid political conflicts and spending on new or large reformulations. It is concluded that SOE, despite being a vanguard public policy and national reference, still has incipient intersectoral relations, classified as horizontal governmental articulations, which is an embryonic intersectorality, opening way to build a public policy with more reach and quality.

Keywords: Exercise, Intersectoral Collaboration, Public Policy, Aging, Unified Health System.

¹ PhD in Physical Education - Federal University of Espírito Santo-UFES

² PhD in Physical Education - Federal University of Pará - UFPA



INTRODUCTION

The Brazilian Federal Constitution of 1988¹ provided legal bases for the search to fulfillment of social rights of the population, being subsequently concretized in public policies, some as State Policies (constitutional policies, with mandatory compliance by the elected government, as an example in health, the Unified Health System - SUS) and other as Government Policies (specific mandate actions).

Currently, a phenomenon that has been occurring in the world in general is found, which is the increase of life expectancy and the fall of fertility rate, promoting the aging of the world population².

The scientific evolution and the search for expanded access to opportunities for the elderly, takes place in two branches that consider the analysis of the aging process: geriatrics and gerontology. While geriatrics is a branch dedicated to the medical problems of the elderly, gerontology is a field of multidisciplinary studies on the aging process, and which takes into account biological, educational, psychological, sociological, geographical factors, among many others³.

Despite this generalist definition, elderly cannot receive a single classification that disregards the life history, current lifestyle, and also the community and society in which they are inserted. Thus, Veras⁴ advises that "it is not possible to establish universally acceptable concepts and a globally standardized terminology for aging, there are political and ideological connotations associated with the concept, which can be better viewed inside specific societies."

Starting with the specific case of the municipality of Vitória, capital of the state of Espírito Santo, a mapping was produced⁵ where the Exercise Orientation Service (SOE) appears as the oldest Public Policy among those listed. SOE has a good population coverage and, although it is not aimed exclusively for elderly, these age group is one of the main target of the program.

The alliance between physical activity and health is seen almost as a social consensus. In Brazil, this occurs especially through the medical discourse that presented Physical Education as a synonym for physical activity and health, through the disclosure of habits of a hygienist characteristic, and as a means of eugenizing the Brazilian race and the construction of youth morality⁶.

The implementation of SUS enabled an expanded the view of health in Brazil, with an indication of decentralization in the actions of this portfolio⁷. This decentralization, combined with intersectoriality (as a new management strategy) enabled the participation of different sectors of civil society with the State. The municipality, allied in different levels, started to meet the population's health demands⁵.



Decentralized and intersectoral management proposes to improve the quality of life of the citizens, offering better services and inviting them to participate in the process of implementing Public Policies. Thus, interventions have an integrated and equitable characteristic⁸.

The expansion of the discourse of 'physical activity, equal to health, which is equal to Physical Education', is not a negation of the relationship between these factors, since several authors have found a beneficial relationship between physical activity, body practice, health and Physical Education, to the point of being important tools in the area of public health⁹.

Speaking of intersectorality, Junqueira^{8,10,11,12} shows that the approach to social problems in an expanded way, taking into account multifactorial issues and analyzing them in an integrated way, enables a strategy of excellence and efficient public administration. Health, being a social right, has State actions in different spheres that end up acting on citizen's rights. Therefore, it is necessary to analyze these actions in Public Health Policies, and also to count on social participation as an essential element in the exercise of citizenship⁵.

Intersectorality as a new form of management seeks the elimination of bureaucracy and greater contact with the population, seeking to ensure greater efficiency in actions. The main characteristic of decentralization in the social sphere is social participation in supporting decision making, thus sharing responsibilities with the State. In the political sphere, it provides the distribution of power to peripheric levels of governance¹³.

Thus, despite being a new form of management, transferring decision-making power to municipalities in the interrelationship between departments and possibilities for popular participation, there are difficulties in implementing this management model. It is known that Brazil, as a country of continental dimensions, brings with it, different issues, such as economic, cultural, social particularities, which directly impact on the success or failure of the application of new management strategies.

Therefore, the objective of this study is to analyze the elements of intersectorality, through a documentary analysis, related to the health of the elderly population, inside the Exercise Orientation Service (SOE). This analysis may assist in the evaluation and planning of policies more aligned with constitutional rights and building more rational analysis tools.

SOE started with a 1985 law and municipal decree¹⁴, which instituted the Exercise Physiology Orientation Service (SORFE), dictating the locus of initial activity (which would be the 'Leisure Bathing Zones', understood by the beaches of Camburi, Enseada Frade and Enseada do Suá).

The results of pre and post intervention evaluations of physical activity programs such as SOE and others municipal programs from Recife/PE, Belo Horizonte/MG and Curitiba/PR, revealed health benefits for the health of the participants and territories. In addition to increasing access to leisure activities, studies have shown an improvement in the use of urban spaces. Moreover, the



points best evaluated by users were the 'quality of professionals' and the 'quality of activities', getting the worst assessments in 'quality of structures' and 'safety of the site'¹⁵.

The results of the evaluations were positive, leading the Ministry of Health, at the federal level, to institute the Health Academy Program in 2011. The pillars of this program are Social Participation and Intersectoriality, based on the conceptual concept of the international Health Promotion movement, the 1988 Federal Constitution and the SUS guidelines of 1990.

In this context, once SOE is considered similar to Health Academy Program, it wasn't necessary to promote structural changes, what can be considered a advantage for being one of the inspiring projects.

METHODS

The methodological option to achieving the research objectives was the documental analysis proposed by Richardson¹⁶.

Documental analysis is part of content analysis, which is a broader form of analysis of these human communications. Thus, it makes it possible to study or analyze documents (written records, laws and decrees) in the search for social and / or economic circumstances for the construction of meaningful relationships.

During the production of the data for this research, an analysis of the documents was performed using a quantitative and then descriptive analytical matrix, in search of meanings, using the following descriptors: 'Physical Education', 'Elderly', 'Body Practices' (Dance, Martial Arts / Fights, Sports, Gymnastics and Games), 'Health', 'Leisure' and 'Intersectoriality' (Articulation, integration and Interdisciplinarity).

The procedure of this analysis was the search for the occurrences of these descriptors, in digital files of PDF (Portable Document Format) type, of the analyzed laws: Federal Constitution of 1988, Statute of the Elderly, Organic Law of Vitória-ES and Law / Decree of SOE institution . The numbers of occurrences of each of the descriptors were noted, and in the sequence, the sections where the occurrences were identified.

The subsequent treatment of the data, presents the interpretative relationship of the selected excerpts with the concepts found in the literature, in order to understand the actions found in the documents as Public Policies. The strategy then allowed the analysis of actions as Public Policies and verification of the occurrence of intersectoriality, or the possibility of intersectoral relations as well as their consequences.

RESULTS AND DISCUSSION

The documentary analysis was carried out, with three documents already found in digital format (Federal Constitution¹, Statute for the Elderly¹⁷, and the Organic Law of Vitória¹⁸) and two scanned documents¹⁴ that were digitalized for the research by descriptors in the Adobe Reader software. After the first phase of searching only for the words directly and as they are written, a second phase of searching for meanings was carried out. In this phase, the excerpts found should have a significant relationship with the research theme to be selected.

The descriptor 'intersectoriality' was not found directly (requiring the semantic interpretation of passages similar to the concept in analysis) in none of the analyzed documents. A possible justification for the absence of the exact term is the period in which the documents were written, that is, intersectoriality is considered a management option that has been most discussed and applied recently. The Federal Constitution is from 1988, the Organic Law of Vitória is from 1990 and the Law and Decree of the SOE are from 1985. The Statute of the Elderly is from 2003, that although not so old, also does not present the term directly analyzed.

In article 214 of the federal constitution, the articulation and integration of various spheres of the Public Power, at different levels of education, is mentioned, making a proposal of intersectoriality in favor of education: 'the law will establish the national plan of education, of multiyear duration, aiming at the articulation and development of education at its different levels and the integration of public authority actions'¹. Despite the scope of this section, the creation of a 'national youth plan' is mentioned in the second paragraph, a fact that deserves attention, by excluding elderly individuals from that plan.

In the case of the Organic Law of Vitória, it is noted that there is an intention in the text to promote intercity partnerships in article 3, when we read in the document that: 'the Municipality of Vitória will seek the economic, political, social and cultural integration of the populations of neighboring municipalities and those under the influence of the hydrographic basins of the Jucu and Santa Maria rivers, which supply it'¹⁸.

Article 19 of the same law mentions the integration of disadvantaged individuals, in which the intention is: 'to combat the causes of poverty and the factors of marginalization, promoting the social integration of disadvantaged sectors'¹⁸. Still in the Organic Law of the municipality, article 151 reads about the incentive to intersectoriality between policies, made possible by: 'complementarity and integration of policies, plans and sectoral programs'¹⁸. In article 247 it is established that they will be articulated between different portfolios, the following actions: 'the Municipal Government will support and encourage amateur sports linked to the area of education and culture, as well as leisure, as a form of social integration'¹⁸. It is also read that sports and leisure activities should be offered to the elderly, with the objective of achieving 'social integration in the elderly': 'The Municipality will



encourage special sports and leisure activities for the elderly, as a way of promoting and social integration in old age¹⁸.

The section of the Organic Law that talks about integrating disadvantaged sectors ends up in conflict with the SOE's original documents, which establish that: 'Leisure Areas are established on the beaches of the urban area of Vitória'; that 'constitute the Leisure Bathing Areas of the Municipality of Vitória: Praia de Camburi; Aterro Beach of Enseada do Frade; Praia do Aterro da Enseada do Suá'¹⁴. It seems to us that when prioritizing beaches in prime areas of the municipality, SOE ends up fitting as a policy in the elite model, proposed by Dye¹⁹.

The elite model essentially aims at policy formulation, legislation and regulation, focusing more on the benefits of the economically privileged strata. Assuming that society is divided between the few with power and the many that do not, these few who govern do not typically represent the masses that are governed.

The same model also states that to maintain stability between the layers, some concepts are implemented, such as 'meritocracy', in addition to proposing the basic consensus of the social system to preserve the system, such as respect for private property, the delimitation of the government and individual freedom. In this model, Public Policies reflect the values of the elite and, thus, the 'changes' in policies and governments only contribute to increasing what is already in place¹⁹.

The SOE, as previously mentioned, is used mainly by the elderly population, perhaps for this reason, the incentive to sports and leisure activities for social integration are offered. However, no statistical data were found to demonstrate the reach of meeting the policies for the elderly population, in order to fully comply with the legal guidance for the right of each and every one.

It ends up being odd to offer these activities mainly in upscale areas of the city, when there is more need in the periphery. A possible cause for this situation may be the historical question of linking the rights of the elderly to the right of the worker, the one who produced capital, and not as a social issue, of the 'right of the aging person'²⁰.

Next, the descriptor 'health' appears very frequently in the analyzed legislation, both in the Constitution, in the Statute and in the Organic Law. However, in a curious way the term health does not appear in the SOE Decree and Law, the program is directly linked to the municipal Health Department. Even with the law presenting formal equality to all, it is known that access to health is unequal, depending on the health system, on factors such as' income, housing and social and environmental conditions'²⁰.

The World Health Organization (WHO) thinks about promoting the specific health of the elderly by citing "the process of optimizing opportunities for health, participation and safety with the aim of improving the quality of life as people get older"²¹. In this case, there is a need to think, in addition to financial investments in Public Policies and the training of the professionals involved,



new ways of managing these policies, moving from fragmented and centralized views to intersectoral models of political action. In addition to these issues related to intersectorality, it must be considered that this strategy is no longer a management option, since it was institutionalized since the creation of the National Health Promotion Policy in 2006²².

Within the models of analysis by Dye¹⁹, the beginning of the action is classified as the elite model, by establishing the SOE within bathing leisure areas, which would be beaches in prime areas of the city. The public option appears as a risk model of partnership with the private sector, pointing out that individuals act for their own benefit, including in public spheres, in which the concern for social welfare was expected. One of the best options would be the rational model, which is decision making based on data, with the objective of better corporate gain. However, it is concluded that the policies operate in general, including the SOE, with the incremental model, which are variations on the past, applying small improvements in already consolidated policies, to avoid political friction and spending on new or major reformulations.

CONCLUSIONS

The results of the study points that SOE has incipient intersectoral relations, despite being a program that tries to align with health promotion trends.

Through the revised literature, it was noticed that intersectoral relations appear to enhance the actions of guaranteeing the rights of individuals, thus being a path to be followed by Public Policies for health promotion.

The embryonic discussion carried out allows us to state that despite the scenario found, SOE can still be considered one of the models for the creation of Public Policies, since it was an inspiration for the 'Academia da Saúde'.

Studies relating health and the elderly, leisure and the elderly, sports and the elderly, Public Policies and the elderly become increasingly relevant in a society that becomes proportionately older and longer-lived. It is that when perceiving the worldwide phenomenon of increased life expectancy and falling fertility rate, which results in population aging, it is also noticed that Public Policies need to adapt to offer better services, with more population reach and higher quality in interventions.

It appears that people no longer age in isolation, but that the entire populations of nations are experiencing this phenomenon collectively, a fact that is observed even in countries considered young. This suggests creative and advanced forms of management.

It is concluded that the SOE, despite being announced as a vanguard Public Policy and national reference, still has incipient intersectoral relations, classified as horizontal governmental articulations²³. These articulations demonstrate an embryonic intersectorality, paving the way for the construction of a Policy Public with more reach and quality. There is the possibility of expanding



services for the elderly in the poorest regions and inviting them to social participation within the formulations. First because they are less traditionally served, second because they are entitled, and finally because this is one of the most interesting characteristics of intersectorality.



REFERENCES

1. Brasil. (1988). *Constituição da República Federativa do Brasil*. Brasília, DF: Senado.
2. Ramos, L. R. (2003). Fatores determinantes do envelhecimento saudável em idosos residentes em centro urbano: Projeto Epidoso, São Paulo. *Cadernos de Saúde Pública, 19*(3), 793-798.
3. Isayama, H. F., & Gomes, C. L. (2008). Lazer e as fases da vida. In N. C. Marcellino (Org.), *Lazer e sociedade: Múltiplas relações* (pp. 155-174). Campinas: Alínea.
4. Veras, R. (2009). Envelhecimento populacional contemporâneo: Demandas, desafios e inovações. *Revista de Saúde Pública, 43*(3), 548-554.
5. Bachetti, J. R. (2014). *Limites e possibilidades da educação física nas políticas públicas de saúde de Vitória - ES* (Dissertação de mestrado). Universidade Federal do Espírito Santo, Vitória.
6. Abreu Junior, L. M., & Carvalho, E. V. (2012). O discurso médico-higienista no Brasil do início do século XX. *Trabalho, Educação e Saúde, 10*(3), 427-451.
7. Venturim, L. F. (2011). *Análise de políticas públicas de esporte e lazer a partir da intersetorialidade: O caso do programa esporte e lazer da cidade (PELC) em Vitória* (Dissertação de mestrado). Universidade Federal do Espírito Santo, Vitória.
8. Junqueira, L. A. P. (2004). A gestão intersetorial das políticas sociais e o terceiro setor. *Saúde e Sociedade, 13*(1), 25-36.
9. Ferreira, M. S. (2001). Aptidão física e saúde na educação física escolar: Ampliando o enfoque. *Revista Brasileira de Ciências do Esporte, 22*(2), 41-54.
10. Junqueira, L. A. P. (1997). Novas formas de gestão na saúde: Descentralização e intersetorialidade. *Saúde e Sociedade, 6*(2), 31-46.
11. Junqueira, L. A. P. (1998). Descentralização e intersetorialidade na construção de um novo modelo de gestão. *Revista de Administração Pública, 32*(1), 11-22.
12. Junqueira, L. A. P. (2005). Articulações entre o serviço público e o cidadão. In *Anais do X Congreso Internacional del Clad sobre la reforma del estado y de la administración pública*, Santiago, Chile.
13. Guimarães, M. C. L. (2002). O debate sobre a descentralização de políticas públicas: Um balanço bibliográfico. *Organizações & Sociedade, 9*(23), 1-17.
14. Vitória. (1985). Lei 3267/85 e Decreto 7092/85, de 09 de julho de 1985. Instituem o Serviço de Orientação da Fisiologia do Exercício e dá outras providências. *Diário Oficial PMV*, 09 de julho de 1985.
15. Brasil. (2013). *Avaliação de efetividade de programas de educação física no Brasil* [recurso eletrônico]. Ministério da Saúde, Secretaria de Vigilância Sanitária em Saúde, Departamento de Análise de Situação em Saúde. Brasília: Ministério da Saúde.
16. Richardson, R. J. (1999). *Pesquisa social: Métodos e técnicas* (3ª ed.). São Paulo: Atlas.

Aqui está a continuação das referências em formato APA com a numeração sequencial:



17. Brasil. (2003). Lei n. 10.741, de 1º de outubro de 2003. Dispõe sobre o Estatuto do Idoso e dá outras providências. *Diário Oficial da União*, 1 de outubro de 2003.
18. Vitória. (1990). Lei orgânica do município de Vitória, Estado do Espírito Santo, de 05 de abril de 1990. *Diário Oficial PMV*, 05 de abril de 1990.
19. Dye, T. R. (2005). Models of politics: Some help in thinking about public policy. In T. R. Dye, *Understanding public policy* (11ª ed.). New Jersey: Prentice Hall.
20. Faleiros, V. P. (2008). Direitos da pessoa idosa: Sociedade, política e legislação. In B. Dantas et al. (Orgs.), *Constituição de 1988: O Brasil 20 anos depois*. Brasília: Senado Federal.
21. Organização Pan-Americana de Saúde. (2005). *Envelhecimento ativo: Uma política de saúde*. Brasília: Organização Pan-Americana de Saúde.
22. Brasil. Ministério da Saúde. Secretaria de Vigilância em Saúde, Secretaria de Atenção à Saúde. (2006). *Política Nacional de Promoção da Saúde*. Brasília: Ministério da Saúde.
23. Farah, M. F. S. (2001). Parcerias, novos arranjos institucionais e políticas públicas no nível local de governo. *Revista de Administração Pública*, 35*(1), 119-145.