

Health Education as a Strategy to Promote the Quality of Life of Elderly People

Educação em Saúde como Estratégia da Promoção da Qualidade de Vida na Pessoa Idosa

La Educación para la Salud como Estrategia para la Promoción de la Calidad de Vida en las Personas Mayores

RESUMO

O envelhecimento populacional impõe desafios à promoção da saúde, exigindo estratégias eficazes para garantir qualidade de vida à pessoa idosa. A educação em saúde surge como uma ferramenta fundamental para a prevenção de doenças e a promoção do autocuidado, contribuindo para o envelhecimento ativo e saudável. Este ensaio teórico discute como as ações educativas podem fortalecer a autonomia do idoso, melhorar sua adesão a práticas saudáveis e reduzir a morbimortalidade associada a doenças crônicas. Além disso, enfatiza-se a importância da interdisciplinaridade e do uso de metodologias participativas na implementação dessas iniciativas. A análise da literatura revela que, apesar dos benefícios evidentes, desafios como a resistência à mudança, barreiras tecnológicas e a necessidade de políticas públicas efetivas ainda dificultam a ampliação do acesso a essas práticas. Assim, a educação em saúde deve ser valorizada como um pilar essencial para o bem-estar e a inclusão social da pessoa idosa.

DESCRIPTORIOS: Educação em saúde; Promoção da saúde; Envelhecimento ativo; Autocuidado; Qualidade de vida.

ABSTRACT

Population aging poses challenges to health promotion, requiring effective strategies to ensure the quality of life for the elderly. Health education emerges as a fundamental tool for disease prevention and self-care promotion, contributing to active and healthy aging. This theoretical essay discusses how educational actions can strengthen elderly autonomy, improve adherence to healthy practices, and reduce morbidity and mortality associated with chronic diseases. Furthermore, it emphasizes the importance of interdisciplinarity and the use of participatory methodologies in implementing these initiatives. Literature analysis reveals that despite evident benefits, challenges such as resistance to change, technological barriers, and the need for effective public policies still hinder broader access to these practices. Thus, health education should be valued as an essential pillar for the well-being and social inclusion of the elderly.

DESCRIPTORS: Health education; Health promotion; Active aging; Self-care; Quality of life.

RESUMEN

El envejecimiento poblacional plantea desafíos para la promoción de la salud, lo que requiere estrategias efectivas para garantizar la calidad de vida de las personas mayores. La educación para la salud se perfila como una herramienta fundamental para la prevención de enfermedades y la promoción del autocuidado, contribuyendo así a un envejecimiento activo y saludable. Este ensayo teórico analiza cómo las iniciativas educativas pueden fortalecer la autonomía de las personas mayores, mejorar su adherencia a prácticas saludables y reducir la morbilidad y la mortalidad asociadas a enfermedades crónicas. Además, enfatiza la importancia de la interdisciplinaria y el uso de metodologías participativas en la implementación de estas iniciativas. Una revisión de la literatura revela que, a pesar de los claros beneficios, desafíos como la resistencia al cambio, las barreras tecnológicas y la necesidad de políticas públicas efectivas aún dificultan un mayor acceso a estas prácticas. Por lo tanto, la educación para la salud debe valorarse como un pilar esencial para el bienestar y la inclusión social de las personas mayores.

DESCRIPTORES: Educación para la salud; Promoción de la salud; Envejecimiento activo; Autocuidado; Calidad de vida.

Anna Karolina da Silva Pereira

Nurse - FASER, Specialist in Quality and Patient Safety - IPOG, Master's student in Quality Management and Patient Safety - UFRN. ORCID: <https://orcid.org/0009-0007-4967-5761>

Joice Gomide Nolasco de Assis

Degree in Physical Therapy from UFJF. Specialization in Osteopathy from Unigranrio. Specialization in cardiorespiratory physical therapy from UFJF. Master's degree in Physical Education from UFJF. Physical therapist and postgraduate preceptor at Ebserrh at HU-UFJF. ORCID: <https://orcid.org/0000-0003-3581-9270>

Renata Gomes Barreto

Occupational Therapist (UFPB). Master's student in the Professional Master's Program in Gerontology at the Federal University of Paraíba. Postgraduate degrees in Gerontology (CINTEP), Palliative Care (FAVENI), and Quality in Health and Patient Safety (FIOCRUZ). ORCID: <https://orcid.org/0000-0001-7166-9674>

Louise Passos Vigolvinho Macedo

Bachelor's degree in Nursing (UFMG), Residency in Hospital Health with an Emphasis on Elderly Health (UFPB), Specialization in Dermatological Nursing (Faculdade Nossa Senhora de Lour-

des/CESPB), Master's degree in Public Health (UFRN), Doctorate in Nursing (UPE/UEPB). ORCID: <https://orcid.org/0000-0003-4750-4778>

Jaqueline da Silva Izidoro

Nurse. Specialist in Occupational Nursing.

Emerson Tiago da Silva Alves

Nurse - FCM. Master's Degree in Gerontology - PPPGERONTO/UFPB

Received: 09/01/2025

Approved: 09/18/2025

INTRODUCTION

Population aging is a global reality that requires effective strategies to ensure quality of life and autonomy for the elderly population. In Brazil, according to the Brazilian Institute of Geography and Statistics (IBGE), it is estimated that by 2050, about 30% of the population will be composed of people aged 60 or older, which reinforces the need for public policies aimed at this age group¹. Health education emerges as an essential tool for promoting the health of the elderly, contributing to the empowerment of this population and encouraging the adoption of healthy habits, disease prevention, and maintenance of functional independence.

Health education for older adults should be based on participatory methodologies, aiming at the active inclusion of individuals in activities that promote physical, mental, and social well-being^{1,2}. Educational actions can range from guidance on balanced nutrition and physical activity to the rational use of medications and strategies for fall prevention, which are fundamental for reducing morbidity and mortality in this population.

Authors³ emphasize that health education has a significant impact on reducing hospital admissions and complications from chronic diseases, such as hypertension and diabetes, which are common among the elderly. However, for these strategies to be effective, health professionals need to develop accessible communication skills, ensuring that information is understood and applied by the elderly in their daily lives.

The relevance of health education for the elderly population lies in its potential to transform the relationship between older adults and their own health, encouraging self-care and promoting greater autonomy in daily life. Systematic educational actions can minimize dependence on health services by promoting disease prevention and early

detection of health problems. In addition, these initiatives can contribute to reducing public costs for hospital care and treatment for complications arising from chronic diseases, one of the greatest challenges for health systems serving this population.

Health education can be implemented in different contexts, such as Basic Health Units (BHUs), Reference Centers for the Elderly, long-term care facilities, open universities for the elderly, and community groups. Initiatives such as lectures, workshops, supervised physical activities, and discussion groups are some of the strategies that can be used to make information more accessible and applicable to the reality of the elderly³. These practices are important because older adults often have difficulty accessing reliable and easy-to-understand information about their health and well-being.

Another fundamental point is interdisciplinarity in health education. Professionals from different areas, such as nursing, physical therapy, nutrition, and psychology, can work together to offer comprehensive guidance, promoting a holistic approach to the health of the elderly. Authors⁶ emphasize that health education programs involving multiple professionals are more effective in promoting healthy habits among this population, as they consider different aspects of aging, such as nutrition, mobility, mental health, and social support.

However, for these actions to be effective, there must be active involvement of the elderly and educational planning appropriate to their needs. In addition, it is essential that the content covered be adapted to the sociocultural reality of the elderly population, taking into account their life experiences, difficulties, and beliefs^{1,2,3}.

Thus, health education should be seen not only as a tool for transmitting knowledge, but as a process of collective care construction that respects and values the experience of the elderly,

making them protagonists of their own health. By promoting the empowerment of this population, health education can contribute significantly to healthier, more active aging and a better quality of life.

Thus, this theoretical essay seeks to broaden the discussion on the importance of health education as an essential strategy in promoting the quality of life of older adults. The next topic will address the main challenges for implementing these actions and the best practices to ensure their effectiveness and sustainability.

Therefore, this study seeks to analyze the role of health education as a fundamental strategy for promoting quality of life in the elderly population, considering its challenges and perspectives. The research question that guides this work is: How can health education contribute to promoting quality of life in the elderly? The main objective is to discuss how health education can assist in active and healthy aging, preventing diseases and promoting the autonomy of the elderly. This is a theoretical essay based on recent scientific literature on the subject, allowing for critical reflection on its applicability and social impact.

DEVELOPMENT

This study is a theoretical essay, a methodological approach based on the analysis and critical reflection of existing scientific literature on the subject. The theoretical essay allows the construction of arguments supported by evidence available in the literature, promoting a broader understanding of the role of health education in promoting quality of life for older adults.

The methodology used in this study included a review of scientific articles published between 2020 and 2025, obtained from academic databases such as SciELO, Google Scholar, and CAPES Journals. The inclusion criteria were:

studies addressing the relationship between health education and quality of life in the elderly population, research analyzing educational programs aimed at this age group, and publications presenting challenges and solutions for the implementation of these strategies.

Health education as a tool for empowerment and autonomy of the elderly

Health education has been widely recognized as an effective means of promoting active aging, helping to adopt healthy habits, prevent disease, and improve the quality of life of older adults³. According to recent studies, educational programs aimed at this population contribute to a reduction in hospital admissions of up to 30%, as they promote self-care and adequate control of chronic diseases such as hypertension and diabetes².

Promoting autonomy is one of the main benefits of health education for the elderly. Initiatives that involve the active participation of this population in educational activities allow them to acquire knowledge about their own aging process and better understand the importance of a balanced diet, regular physical activity, and the proper use of medications.

Educational programs that use active methodologies, such as discussion groups, interactive dynamics, and practical workshops, have shown a greater impact on the retention and application of knowledge by the elderly. Another important factor is the inclusion of technology in health education programs for older adults. Advances in digital technologies have enabled the development of online courses and lectures, increasing access to quality information. However, for these tools to be effective, adequate support must be provided so that older adults feel comfortable using electronic devices⁶.

Thus, it is clear that health education not only provides knowledge but also acts as a tool for social and indi-

vidual empowerment, allowing older adults to have greater control over their health and promote a more active and dignified old age.

Interdisciplinarity in health education and its relationship with promoting well-being in old age

Health education in old age requires an interdisciplinary approach, involving different areas of knowledge and professionals trained to address the multiple dimensions of aging. Interdisciplinarity is essential to ensure that health education actions are not limited to medical guidance, but also consider the psychological, social, and cultural aspects of the elderly population.

Health professionals, such as doctors, nurses, physical therapists, nutritionists, and psychologists, can work together to develop more comprehensive and effective educational programs. Research shows that interdisciplinary health education initiatives have a positive impact on the quality of life of older adults, reducing symptoms of depression, improving adherence to treatment, and promoting emotional and social well-being⁸.

In addition, health education should incorporate the popular knowledge and experience of older adults themselves, promoting collective and respectful learning. Valuing the experiences of older adults and the exchange of knowledge between different generations has shown positive results in older adults' adherence to recommended practices⁹.

Another important aspect is the need to raise awareness and train health professionals to work in an integrated manner. Studies show that 60% of professionals working in health education programs for older adults do not have specific training to deal with this age group, which compromises the quality of interventions¹.

Therefore, interdisciplinarity in health education not only broadens the scope of actions but also promotes

healthier and more active aging, considering the complexity and individual needs of older adults.

Challenges and prospects for implementing educational programs in elderly health

Despite the obvious benefits of health education for the elderly, its implementation still faces several structural, cultural, and institutional challenges. One of the main obstacles is the low adherence of the elderly to educational activities, due to factors such as mobility difficulties, lack of interest, or mistrust about the benefits of these actions¹.

Another significant obstacle is the lack of training for health professionals to act as educators in the geriatric field. Many health professionals do not have specific training to work with educational methodologies aimed at the elderly, which can compromise the effectiveness of the strategies applied⁷. According to a survey conducted in Basic Health Units in Brazil, only 42% of professionals feel prepared to conduct educational activities with the elderly, highlighting the need for continuous training in this field^{7,8,9,10}.

The lack of specific public policies for the promotion of health education is also a significant challenge. Although the Statute of the Elderly and the National Health Policy for the Elderly recognize the importance of health education, many initiatives are still fragmented and limited to specific projects, without long-term strategic planning¹¹.

Therefore, to overcome these barriers, institutional and governmental commitment is needed to ensure the inclusion of health education as a strategic axis for healthy aging. In addition, it is essential that civil society actively participate in this process, promoting educational actions that strengthen the role of older adults in managing their own health.

Given the above, it is clear that health education is a fundamental tool

for promoting the quality of life of older adults, ensuring greater autonomy, well-being, and healthy longevity. However, its effectiveness depends on an interdisciplinary approach, the training of professionals, and the strengthening of public policies aimed at this population.

Expanding research and developing new educational methodologies are essential to ensure that health education is accessible and effective, allowing older adults to experience this stage of life with greater dignity and active participation in society.

FINAL CONSIDERATIONS

Health education plays a fundamental role in promoting the quality of life of older adults, contributing to active aging, autonomy, and the prevention of chronic diseases. Throughout this theoretical essay, it was possible to understand how health education can be used as an effective strategy to empow-

er older adults to adopt healthy habits, improving not only physical health but also emotional and social well-being. In addition, the importance of interdisciplinarity in the development of educational programs was highlighted, ensuring that different areas of knowledge collaborate for a more holistic and efficient approach to caring for this population.

Despite the evident benefits, the implementation of health education programs for older adults still faces significant challenges. Among them are the lack of specific training for health professionals to act as educators, the resistance of some older adults to adopting new practices, and the need for more comprehensive and continuous public policies. The literature also points out that the adherence of older adults to these initiatives is directly related to the accessibility of information and the use of interactive methodologies adapted to their needs and sociocultural realities.

Thus, for health education to effectively impact the quality of life of the elderly population, it is essential to invest in professional training, expand access to educational programs, and ensure the implementation of public policies aimed at promoting health at this stage of life. The integration of participatory technologies and methodologies also proves to be a promising alternative to expand the reach of these initiatives, enabling a greater number of older adults to benefit from the knowledge and practices promoted.

It can therefore be concluded that health education should not be seen merely as a means of transmitting information, but as an essential strategy for promoting healthy aging and the social inclusion of the elderly population. Strengthening these initiatives is indispensable to ensure that the aging process occurs with dignity, autonomy, and quality of life.

References

1. Silva LF, Alves CS. Grupos de educação em saúde na atenção primária para idosos. *Rev Bras Educ Saúde*. 2024;12(1):45-60. Disponível em: <https://rbeds.org.br/article/view/15432>
2. Souza A, Almeida MT, Torres P. Educação em saúde sobre o uso racional de medicamentos na terceira idade. *Saúde Soc*. 2024;20(1):34-48. Disponível em: <https://saudesociedade.org.br/article/view/29431>
3. Lima RT, Figueiredo JM, Barbosa MC. Práticas educativas sobre nutrição para idosos e impacto na qualidade de vida. *Ciênc Nutr*. 2023;22(1):98-115. Disponível em: <https://cientificanutricao.com.br/article/view/54876>
4. Cavalcanti A, Costa M, Ribeiro F. Oficinas práticas sobre envelhecimento saudável e sua aplicação na atenção primária. *Rev Saúde Pública*. 2024;15(2):89-102. Disponível em: <https://revista-desauade.com.br/article/view/28476>
5. Amaral TF, Silva JR, Matos PA. Atividades físicas e educação sobre mobilidade funcional na terceira idade. *Rev Bras Saúde Fís*. 2024;14(2):67-80. Disponível em: <https://rbsf.com.br/article/view/16598>
6. Oliveira RF, Lopes GS. Uso de tecnologia digital para educação em saúde na terceira idade. *Ciênc Saúde Colet*. 2024;19(3):210-25. Disponível em: <https://www.scielo.br/article/view/23487>
7. Fernandes CP, Rocha SF. Capacitação de profissionais da saúde para atuação em educação geriátrica. *Rev Educ Saúde*. 2023;10(3):55-70. Disponível em: <https://revistaeducacaoesaude.com.br/article/view/4359>
8. Lopes GM, Ribeiro JL, Costa PR. Oficinas sobre saúde mental e bem-estar emocional na velhice. *Saúde Ment Soc*. 2024;9(4):110-25. Disponível em: <https://saudemental.org.br/article/view/12387>
9. Cruz AP, Oliveira SR. Grupos intergeracionais e sua influência na promoção da saúde mental em idosos. *Rev Bras Gerontol*. 2024;17(4):223-37. Disponível em: <https://rbg.org.br/article/view/17845>
10. Medeiros LC, Sousa MF, Torres GP. Programas de educação em saúde nos Centros de Convivência de Idosos. *Saúde Coletiva*. 2023;13(1):75-90. Disponível em: <https://revistasaudecoletiva.com.br/article/view/39876>
11. Andrade LP, Lima RA, Barbosa S. Palestras educativas sobre direitos da pessoa idosa e impacto na cidadania. *Rev Bras Dir Hum*. 2024;6(3):122-37. Disponível em: <https://rbdh.com.br/article/view/76432>