

The Utilization and Access to Health Services by Elderly People in Primary Care

A Utilização e o Acesso aos Serviços de Saúde por Pessoas Idosas na Atenção Primária
Uso y Acceso a los Servicios de Salud por Personas Mayores en la Atención Primaria

RESUMO

Objetivo: Investigar a utilização e o acesso aos serviços de saúde das pessoas idosas na Atenção Primária.

Método: Estudo quantitativo, exploratório, e descritivo, realizado em município do interior do Paraná, com 396 pessoas idosas cadastradas em cinco Unidades Básicas de Saúde, selecionadas por amostragem probabilística representativa. Os dados foram coletados por questionários e analisados por estatística descritiva e inferencial.

Resultado: A maioria dos participantes relatou não ter dificuldades para ir ao médico sozinho (67,9%); recebeu vacina contra gripe no último ano (84,6%); procurou o mesmo serviço quando necessitou de atendimento (83,3%); com frequência anual (84,1%). Entre os usuários do último mês (46,0%), a maioria buscou atendimento por motivo de doença ou continuidade de tratamento (46,2%). **Conclusão:** Ressalta-se que a Atenção Primária à Saúde é fundamental para garantir acesso e uso dos serviços de saúde pelas pessoas idosas.

DESCRIPTORIOS: Pessoas Idosas; Saúde do Idoso; Serviços de Saúde; Atenção Primária à Saúde.

ABSTRACT

Objective: To investigate the utilization and access to health services by elderly people in Primary Care. **Method:**

A quantitative, exploratory, and descriptive study, carried out in a city in the interior of Paraná, with 396 elderly people registered in five Basic Health Units, selected by representative probabilistic sampling. Data were collected by questionnaires and analyzed by descriptive and inferential statistics. **Result:** Most participants reported having no difficulty going to the doctor alone (67.9%); received a flu vaccine in the last year (84.6%); sought the same service when they needed care (83.3%); with annual frequency (84.1%). Among users in the last month (46.0%), most sought care for illness or continuity of treatment (46.2%). **Conclusion:** It is emphasized that Primary Health Care is fundamental to guarantee access and use of health services by elderly people.

DESCRIPTORS: Elderly People; Elderly Health; Health Services; Primary Health Care.

RESUMEN

Objetivo: Investigar la utilización y el acceso a los servicios de salud de las personas mayores en la Atención

Primaria. **Método:** Estudio cuantitativo, exploratorio y descriptivo, realizado en una ciudad del interior de Paraná, con 396 personas mayores registradas en cinco Unidades Básicas de Salud, seleccionadas por muestreo probabilístico representativo. Los datos fueron recolectados por cuestionarios y analizados por estadística

descriptiva e inferencial. **Resultado:** La mayoría de los participantes reportaron no tener dificultades para ir al médico solo (67,9%); recibió la vacuna contra la gripe en el último año (84,6%); buscó el mismo servicio cuando necesitó atención (83,3%); con frecuencia anual (84,1%). Entre los usuarios del último mes (46,0%), la mayoría buscó atención por motivo de enfermedad o continuidad de tratamiento (46,2%). **Conclusión:** Se enfatiza que la Atención Primaria de Salud es fundamental para garantizar el acceso y uso de los servicios de salud por las personas mayores.

DESCRIPTORIOS: Personas Mayores; Salud de los Adultos Mayores; Servicios de Salud; Atención Primaria de Salud.

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Quantitative Article

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INTRODUCTION

The document “Decade of Healthy Aging 2020-2030” reports that the number of people aged 60 and over will increase fastest in developing countries and is growing fastest in Africa, followed by Latin America, the Caribbean and Asia. Projections indicate that almost 80% of the global population of older people will be in the least developed countries. Developing countries today must adapt much more quickly to ageing populations than many developed countries, but they often have lower national income, infrastructure and capacity for health and social welfare than developed countries.¹

Given the accelerated pace of population aging, challenges are identified for the health system and society.² The health area is one of the most affected by aging, as the increase in the proportion of elderly people causes an increase in the prevalence of Chronic Non-Communicable Diseases (NCDs), in addition to the fact that, with advancing age, changes in functionality may arise, which commonly lead to incapacity and worsening of self-perception of health, culminating in a greater need to use health services.^{3,2}

Access to quality healthcare is a fundamental right⁴, ensured by the Elderly Statute through comprehensive care, guaranteeing universal and equal access, in a coordinated and

continuous set of actions and services, for the prevention, promotion, protection and recovery of health.

In this context, Primary Health Care (PHC) stands out as an essential component to guarantee universal and equitable access to health services.⁵

The PHC acts as a tool for decentralizing health services, facilitating access to users as per the National Primary Care Policy (PNAB) guidelines, having as principles universality, accessibility, connection, continuity, comprehensiveness, and with accountability, humanization, equity and social participation as its guidelines.⁶

Access to PHC depends on several factors, including the social, economic, demographic and psychological aspects of users. The location of the unit, the provision of services and the capacity of the units to provide care to the population are also conditions that influence access to health services.⁶

In view of this, there is a need to understand how this population uses and accesses health services. From this perspective, assessing access to health is a complex challenge, as the health sector can be considered one of the largest and most complex organizations in society.⁷

Thus, the use of health services in Primary Care as a proxy for access emerges as a valuable tool to assess the level and manner in which the elderly

population accesses health services. Through an analysis of the local reality, we hope to provide an understanding of the use of health services in PHC, contributing to the development of more effective public policies and health programs to promote universal access to health for the elderly. This study aims to investigate the use of and access to health services by the elderly in Primary Care.

METHOD

This is a quantitative study of an exploratory and descriptive nature. This study is part of a more comprehensive research project entitled “Access by elderly people to health services in Primary Care”, which was carried out in a medium-sized municipality located in the state of Paraná, Brazil.

For the probabilistic sample, a sample size calculation was performed in order to identify a representative sample. Initially, a survey was conducted of all elderly people by sex and age group registered in health area 02 (delimited by drawing lots). The study area corresponded to 05 basic health units, 4 of which were located in urban areas and one in rural areas. After the number of participants by age group and sex had been determined, a second drawing was carried out by the health department. The list with the names of the selected participants was sent to the Basic Health Units by

email and the teams of community health agents introduced the researcher to the homes of the elderly people where the interview took place.

The inclusion criteria for participation in the study were: being over 60 years of age of both sexes; residing and being registered in the areas of the UBS selected in the municipality under investigation. The exclusion criteria were: elderly people not located at the registered address; or not found at home after three attempts to return; and those who, due to some cognitive limitation, presented inconsistencies in the answers to the instrument used in the study.

After the selection of the second health territory, a survey was conducted with the Health Information Systems Management Department (DGSIS) of the municipality, regarding people aged 60 or over, registered in each Basic Health Unit, by age group and sex. Based on this information, the formula for calculating the finite population sample was applied in order to find the number of elderly people, by age group and sex, necessary to compose the representative sample of the study.

The sample size calculation resulted in a total of 360 participants. By adding 10% to this number, considering possible sample losses, the number of study participants totaled 396 elderly people, distributed according to the Family Health Strategy (FHS): FHS Bonsucesso-184, FHS Parque das Árvores-59, FHS Recanto Feliz-61, FHS São Cristóvão-62, and FHS Guairacá-30 elderly people.

The questionnaire, administered in the form of an interview, was adapted from other instruments validated in Brazil, and was composed of parts of the BOAS, Pactool Brasil, and PNS 2019 questionnaires, including questions regarding access and accessibility of elderly people to primary care health services. This study used information regarding elderly users' per-

ceptions of the use of health services. The elderly person was approached and the interview was conducted at the participant's home, during the period from November 2022 to May 2023.

Before starting data collection, a pilot study was conducted to standardize the application of the form. The instrument was administered to a group of 10 elderly individuals in order to identify weaknesses in the instrument and necessary adjustments regarding its application.

Ethical aspects were adopted and the participants were explained the content of the research, its importance, and their rights based on Resolution 466 of December 12, 2012. They were then invited to take part in the study. If the participant accepted, they signed the Free and Informed Consent Form. The research project was assessed and approved by the Institutional Ethics Committee, under opinion number 5,593,896.

After the data collection stage, the information was tabulated in a spreadsheet with double data entry in order to reduce the chances of errors. This tabulation was performed according to the responses obtained through the application of the instrument, and, at a later stage, analyzed using descriptive and inferential statistics. The data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 26 statistical software. The results are presented in absolute and relative frequencies. For the variables conditioned on the previous responses, the percentage calculation was adopted according to the value of the total valid responses, and not the total sample. The chi-square test was applied to identify the difference in the pattern of proportions within the variables of access to health. For all analyses, the p-value was considered significant at the 0.05 level.

RESULTS

A total of 396 elderly individuals living in the municipality under study participated in the study. This number of participants is the result of a representative sample of elderly users of health services. There was a predominance of women (56.1%; n=222), aged 60 to 69 years (57.1%; n=226) and those who live with a partner or are married (56.6% (n=224). Regarding education, 6.8% (n=27) stated that they could not read or write and 7.3% (n=29) did not attend school. Of the total number of participants, 319 (80.6%) reported having some kind of illness.

Table 1 presents the perception of access to and use of health services by the elderly individuals interviewed, in a more general view. Predominantly significant responses ($p < 0.001$) were identified in the following variables: not having difficulty going to the doctor alone (n: 269; 67.9%); having received a flu vaccine in the last year (n: 335; 84.6%); while among those who did not receive vaccines (n: 59; 14.9%) the prevalent reason for not taking the vaccine in the last year was not finding it necessary or rarely getting the flu (n: 29; 49.2%); always looking for the same place, the same doctor or the same health service when they need care (n: 330; 83.3%); had their last appointment in less than a year (n: 333; 84.1%), having had one to two appointments per year (n: 177; 44.7%).

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Table 1 - User perceptions of the use of health services reported by the study sample (n=396)

Variables	Categories	n	%	X ² - p
Difficulty level in going to the doctor alone	Can't go	45	11,4%	<0,001
	Great difficulty	36	9,1%	
	Slight difficulty	44	11,1%	
	No difficulty	269	67,9%	
	Don't know/don't remember	2	0,5%	
Flu vaccine in the last year	Yes	335	84,6%	<0,001
	No	59	14,9%	
	Don't remember	2	0,5%	
Reason for not getting vaccinated	Doesn't think it is necessary or rarely gets the flu	29	49,2%	<0,001
	Afraid of the reaction	9	15,3%	
	Afraid of the injection	1	1,7%	
	The vaccine wasn't available at the service they sought	1	1,7%	
	Medical contraindication or reason for illness	8	13,6%	
	Allergy	3	5,1%	
	Doesn't believe the vaccine protects against the flu	1	1,7%	
	Forgot/didn't have time/missed the deadline	7	11,9%	
Usually goes to the same place	Yes	330	83,3%	<0,001
	No	38	9,6%	
	Doesn't use this service	28	7,1%	
Time since last medical appointment	Up to one year	333	84,1%	<0,001
	From 1 to 2 years	22	5,6%	
	From 2 to 3 years	9	2,3%	
	More than 3 years	30	7,6%	
	Never been to the doctor	2	0,5%	
Number of appointments in the last year	None	62	15,7%	<0,001
	1 to 2	177	44,7%	
	3 to 4	104	26,3%	
	5 to 6	35	8,8%	
	7+	18	4,5%	

Note: data in absolute (n) and relative (%) frequency X² - p: P value for the Chi-square test.

When questioned about the use of health services in the last month (Table 02), among those who sought health services (n: 182, 46.0%), the majority of elderly people significantly (p<0.001) stated the following

items: having sought the service due to illness or continuation of treatment for illness (n: 84; 46.2%); having sought this service at the Basic Health Unit (n: 108; 59.3%) and having obtained the care they were looking for (n: 162; 89.0%); and not needing to return more than once to obtain the

service (n: 14; 66.7%). Most participants reported being satisfied with health services (n: 240; 60.6%) and stated they had no interest in participating in community meetings (n: 229; 57.8%).

Tabela 2 - Percepções do usuário sobre o uso dos serviços de saúde no último mês reportadas pela amostra do estudo (n=396).

Variables	Categories	n	%	X ² - p
Search for care in the last month	Yes	182	46,0%	0,108
	No	214	54,0%	
Reason for seeking care (not applicable n= 214)	Accident, injury, fracture	8	4,4%	<0,001
	Illness or ongoing treatment for illness	84	46,2%	
	Dental problem	7	3,8%	
	Rehabilitation	2	1,1%	
	Complementary diagnostic examination	13	7,1%	
	Vaccination	21	11,5%	
	Prevention, check-up	44	24,2%	
	Request for medical certificate	1	0,5%	
	Follow-up with a psychologist, nutritionist, or other health professional	2	1,1%	
Where did they first seek care for this reason (not applicable n= 214)	UBS	108	59,3%	<0,001
	Public specialty center	29	15,9%	
	UPA, public hospital emergency room	2	1,1%	
	Public hospital outpatient clinic	38	20,9%	
	Private practice, private clinic or private hospital outpatient clinic.	4	2,2%	
	At home Laboratory via SUS	1	0,5%	
Outcome of care (not applicable n= 214)	It was scheduled for another day/location	9	4,9%	
	They were not attended	11	6,0%	
	They were attended	162	89,0%	
Reason for non-attendance (not applicable n= 376)	Couldn't get a spot or get a ticket	5	25,0%	0,609
	The service wasn't working	2	10,0%	
	The equipment wasn't working or available	1	5,0%	
	There was no doctor or dentist available	4	20,0%	
	There was no health service or professional	2	10,0%	
	Lack of supplies	4	20,0%	
	Exams required for consultation were not scheduled in time for return	2	10,0%	
How many times did they return (not applicable n= 375)	None	14	66,7%	0,005
	Once	4	19,0%	
	Twice or more	3	14,3%	
Where they last sought care (not applicable n= 386)	UBS	5	50,0%	0,497
	Private practice, private clinic or private hospital outpatient clinic	2	20,0%	
	Waiting to be called/notified	3	30,0%	

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Service last time (not applicable n= 389)	Yes	6	85,7%	
	No	1	14,3%	
Needed to be paid (not applicable n= 390)	Yes	2	33,3%	
	No	4	66,7%	
Satisfaction with health services	Very dissatisfied	6	1,5%	
	Dissatisfied	48	12,1%	
	Neither satisfied/Nor dissatisfied	55	13,9%	
	Satisfied	240	60,6%	
	Very satisfied	47	11,9%	

Note: data in absolute (n) and relative (%) frequency X² – p: P value for the Chi-square test.

DISCUSSIONS

The results reveal that most elderly people have a satisfactory perception regarding access to health services in the context of Primary Health Care. The predominance of Basic Health Units (UBS) as the initial point of care reflects their importance as the main access point for health services for the elderly population, reinforcing that the PHC, preferably based on the Family Health Strategy (FHS), should be the gateway to the system and guide the Health Care Network (HCN), whose practices should be in line with the guidelines of the Unified Health System.⁶ The cross-sectional study by Monteiro and Padilha⁸, carried out between 2020 and 2021, based on secondary data from the External Evaluation in the 3rd Cycle of PMAQ – AB, correlated user satisfaction with PHC with the attributes, First Contact Access, Longitudinality and Coordination of Care.

In other studies, satisfaction with health services and the factors that influence this process have also been identified. In a study that sought to evaluate the factors that interfere with the access and use of health

services by 886 elderly people in urban communities in Thailand, high satisfaction was found among participants in relation to medical consultations, which according to the author was due to the ease of scheduling them.⁹ In the cross-sectional study carried out by Cantalino et al.¹⁰, with data from 114,615 users aimed to assess satisfaction regarding access, infrastructure and quality of care in PHC in Brazil. The authors found that the closest distance to the units, the humanization of the care provided by professionals to patients, the resolution of health conditions treated and good infrastructure conditions were the main factors for higher levels of satisfaction.

Continuity of care is essential for effective management of the health of the elderly, as it allows better monitoring of chronic conditions and a more reliable relationship between the patient and the health professional. The multiple group ecological analytical study conducted by Holanda, Oliveira and Sanchez¹¹ highlights that, for all priority groups analyzed, the values related to user satisfaction with the care received were significantly higher in the group of municipalities that achieved influenza vaccination coverage, corroborating the importance of the interpersonal relationship between the population and the professionals working in PHC. A simi-

lar result was evidenced by Amorim, Teixeira and Ferla¹², highlighting that meeting the needs of elderly people with the care they receive can significantly influence adherence to and use of services.

Elderly users perceive the potential of the basic health unit to provide care¹³, however, there needs to be an adjustment in the articulations between the other levels of health care and organization in the work processes in order to correspond to the care in this life cycle.

As for immunization, the study of Oliveira et. al.¹⁴, identified that immunization with the flu vaccine in the last 12 months prior to the survey was reported by 80.62% of the elderly interviewed, which is similar to what was found in our study, with 84.6%. In the present study, although most of the participants received the immunization, it was possible to verify that full access to the vaccine was hindered, in most cases, by personal beliefs. It was evident that these individuals do not seek immunization because they believe they do not need it, or because they do not suffer from flu symptoms frequently, in addition to fear of a reaction to the vaccine. These factors can be addressed through health education.

This situation highlights the need for more effective educational campaigns to raise awareness about the importance of vaccination, even for

those who consider themselves less susceptible to diseases. Considering that most of the elderly individuals in the study have chronic diseases and receive regular care from teams at Family Health Units, the need for educational campaigns to increase vaccine acceptance among the elderly becomes evident, complemented by medical consultations to improve confidence.¹⁵ In addition, other authors¹⁶ highlight the importance of continuing education for healthcare professionals. Prioritizing the vaccination schedule for risk groups, particularly those with chronic diseases, should be a priority.⁵

The demand for care in the same location and with the same professionals was 83.3%, a result similar to that found by Oliveira et al.¹⁴, who identified rates above 80% in three health microregions among elderly people who always returned to the same health services. These data suggest a preference for continuity of care, reflecting the formation of bonds between elderly people and professionals. However, strengthening this bond is a challenge for the FHS, requiring not only mutual trust, respect and empathy, but also trained professionals to meet the needs of this population.¹⁷

In this study, 67.9% of older adults reported having no difficulty going to the unit alone, while 11.4% said they were unable to do so. In another study, 62.8% of older adults reported having gone to the unit alone, with 60.4% living less than 5 kilometers away and 76.2% taking less than 30 minutes to get there.⁹ The proximity of the health unit to the user's residence seems to be one of the factors that facilitates going on their own. However, it is also important to identify the difficulties in going alone, in order to mitigate possible barriers to accessing health services, in addition to the distance itself.

The choice of a single service for reference, according to Ferreira et al.¹⁸, in addition to the link, allows the user to be treated more efficiently by the system, since diseases can be prevented and stabilized through longitudinal monitoring. When this access occurs through different channels such as emergency rooms, private offices or Emergency Care Units, there is more responsive attention to complaints and symptoms, with no direction to people who need health promotion and disease prevention, as offered in the PHC.¹⁸

Oliveira et al.¹⁹, found that more than 80% of the elderly people interviewed had a medical appointment in the year prior to the survey, despite the low level of education of the population studied, which, according to the authors, indicates that the primary care system has sought to resolve health inequities. Similarly, in this survey, 84.1% of the elderly people interviewed had been to a medical appointment in the last year, most of them once or twice, which may be related to the need to update prescriptions, as mentioned in the interviews. This percentage is higher than that found by Jirathananuwat⁹, in which 56.5% of the sample sought care in the last 12 months, the majority to treat mild conditions.

These data indicate that older adults are keeping regular checks on their health, which is essential for early detection and management of health conditions. The study conducted by Draeger et al.²⁰, which aimed to analyze the practices of PHC nurses for monitoring the four main NCDs (diseases of the circulatory system, cancer, diabetes and chronic respiratory diseases) in a municipality in the interior of the State of Santa Catarina, concluded that "the preventability of such deaths is related to actions developed to monitor people with NCDs, in addition

to those for health promotion and prevention of acute events resulting from these diseases" (2022, p. 4).

However, the provision of care in PHC must go beyond the treatment of the most prevalent NCDs. Placideli et al.²¹ highlight the importance of addressing other aspects of aging that are often neglected, highlighting the need for public policies with an integrated approach that ensure equitable access to health services and encourage active and healthy aging.

There was a prevalence of responses that corresponded to elderly people who had not sought health services in the last month (54%), a similar percentage found in Oliveira's et al.¹⁹ research, who identified 60.1% in three health regions studied, considering a period of two weeks prior to the survey. This data suggests that access to health services does not occur regularly, despite the offer of monthly activities and group meetings for health promotion and prevention.

The main reason for seeking health services among elderly people who accessed health services, for the most part, was medical consultations for treatment or monitoring of already established diseases, even with the availability of other services. It is possible to perceive the predominance of a biomedical health model.

On the other hand, there is progress when considering the three main types of health services sought, with there currently also being a demand for preventive services. In the study by Pilger, Menon and Mathias²², conducted in the same city as this study, the most sought-after services were medical consultations, clinical and laboratory tests, and emergency room care, even with the provision of services such as physiotherapy and dentistry. In the present study, the most accessed services were disease treatment (46.2%), prevention or

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check-ups (24.2%), and vaccination (11.5%).

The study has some limitations. Although the sample is representative, it reflects the reality of a specific region, which may limit the generalization of the results to other elderly populations in different geographic or cultural contexts. Finally, the study design does not allow for the establishment of a cause-and-effect relationship between the variables studied.

In addition to these limitations, the study brings important contributions to the topic in the context of Primary Health Care. The high rate of adherence to influenza vaccination indicates the effectiveness of immunization campaigns. As continuity of care, with most participants seeking care in the same place and with the same health professional, the importance of a continuous and trusting relationship between patients and health services is highlighted. Furthermore, the study reveals general satisfaction with health services, but also identifies barriers and reasons for non-adherence to vaccination, such as the perception of lack of need, suggesting the need to improve PHC strategies, with a focus on educational interventions and reducing access barriers for the elderly population.

CONCLUSION

From these results, it is possible to identify the characteristics that involve access to health services for elderly people in the municipality studied. Most elderly people do not face significant difficulties, which suggests that the support infrastructure, such as transportation and proximity to health units, allows access for most elderly users of the health system. However, a considerable portion still faces access barriers, indicating the need for policies

and programs aimed at assisting elderly people who have mobility difficulties.

The use of preventive services, such as flu vaccination, results from massive campaigns and health education that involve this topic every year, which reflects the importance of these health promotion and prevention actions in clarifying doubts and providing information. Even so, the individual's own beliefs were decisive among elderly people, being responsible for part of the group not being immunized.

It was found that elderly people are loyal to the same service, which indicates a bond between the user and the health team, favoring the recognition of individualized health needs, since the team can monitor patients longitudinally. And this has been happening, considering the frequency of consultations in the last year, which implies biannual consultations for prescription renewals and monitoring of chronic diseases. Regular medical consultations indicate good monitoring of the health of elderly people, essential for the early detection and treatment of diseases.

The majority of elderly people demonstrated satisfaction with the health services they received, which is a positive indicator of the quality and effectiveness of these services. The areas of dissatisfaction identified should be carefully analyzed and addressed to improve the quality of care and the patient experience.

Continuity of care and regular frequency of consultations are positive aspects that should be reinforced. Policies that encourage the creation of lasting bonds between patients and health professionals, as well as easy access to follow-up consultations, are essential to maintain these standards.

It was possible to observe that prevention and health promotion are still in the background for the

study participants, but there was a movement towards seeking prevention and check-ups. This may indicate a gradual improvement in the understanding among the elderly of what is offered by Primary Health Care. The significant demand for prevention services and check-ups reinforces the need to continue promoting prevention as an integral part of primary care.

The preference for Basic Health Units as a place of care demonstrates the elderly's trust in these services and the importance of PHC in the health system. Continuous investment in PHCs is essential to ensure that they can meet demand and provide high-quality services.

The research highlights the importance of PHC in access to health care for the elderly, showing that, although many aspects are positive, there are still areas that require attention and improvement. Implementing the recommendations based on these findings can contribute significantly to improving health services, increasing the quality of life of the elderly and promoting a more efficient and effective health system.

REFERENCES

1. ORGANIZAÇÃO PAN-AMERICANA DA SAÚDE - OPAS. [homepage] Década do Envelhecimento Saudável nas Américas (2021-2030). [acesso em 20 jan 2025] Disponível em: <https://www.paho.org/pt/decada-do-envelhecimento-saudavel-nas-americas-2021-2030>
2. Mrjen M, Nunes L, Giacomini K. Envelhecimento populacional e saúde dos idosos: O Brasil está preparado?. [internet] Estudo institucional n. 10. São Paulo: Instituto de Estudos para Políticas de Saúde. [acesso em 21 jan 2025] Disponível em: <https://ieps.org.br/estudo-institucional-10/>
3. Sala A, Luppi CG, Wagner GA, Pinheiro Junior RVB, Carneiro Junior N. Desempenho da atenção primária à saúde no estado de São Paulo, Brasil, no período de 2010-2019. Ciênc saúde coletiva [Internet]. 2024Jun;29(6):e04112023. Disponível em: <https://doi.org/10.1590/1413-81232024296.04112023>
4. Brasil. Constituição (1988). Constituição da República Federativa do Brasil. [internet] Brasília, DF: Senado Federal; 1988. [acesso em 21 jan 2025] Disponível em: http://www.planalto.gov.br/ccivil_03/Constituicao/Constituicao.htm
5. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Cadernos de Atenção Básica n. 19 - Envelhecimento e Saúde da Pessoa Idosa [internet]. Brasília, DF. 2007. [Acesso em 20 nov 2024] Disponível em: <https://bvsm.sau.gov.br/bvs/publicacoes/abcd19.pdf>
6. Nied MM, Bulgarelli PT, Rech RS, Buno C da S, Santos CM dos, Magalhães AF. Elementos da Atenção Primária para compreender o acesso aos serviços do SUS diante do autorrelato do usuário. Cad saúde colet [Internet]. 2020Jul;28(3):362-72. Disponível em: <https://doi.org/10.1590/1414-462X202028030434a>
7. Dowbor L. Saúde: um contexto em transformação. In: SUS: avaliação da eficiência do gasto público em saúde. Ocké-Reis O, Marinho A, Funcia RF, et. al. organizadores. [Internet]. Brasília: IPEA, CONASS, OPAS, 2022. [Acesso em 24 jan 2025] Disponível em https://repositorio.ipea.gov.br/bitstream/11058/12029/1/SUS_avaliao%20da%20eficiencia.pdf
8. Monteiro DLA, Padilha WWN. Satisfação dos usuários com a qualidade da Atenção Primária à Saúde no estado da Paraíba: estudo transversal. *Physis* [Internet]. 2023;33:e33018. Disponível em: <https://doi.org/10.1590/S0103-7331202333018>
9. Jirathananuwat A. Factors affecting access to health services by older adults in an urban community in Thailand: a cross-sectional study [version 2; peer review: 2 approved]. *F1000Research* 2023, 11:467 Disponível em: <https://doi.org/10.12688/f1000research.110551.2>
10. Cantalino JLR, Scherer MDA, Soratto J, Schäfer AA, Anjos DSO. Satisfação dos usuários em relação aos serviços de Atenção Primária à Saúde no Brasil. *Rev Saude Publica*. [internet] 2021;55:22. [Acesso em 2 fev 2025] Disponível em: <https://doi.org/10.11606/s1518-8787.2021055002533>
11. Holanda WTG, Oliveira SB de, Sanchez MN. Aspectos diferenciais do acesso e qualidade da atenção primária à saúde no alcance da cobertura vacinal de influenza. *Ciênc saúde coletiva* [Internet]. 2022Apr;27(4):1679-94. Disponível em: <https://doi.org/10.1590/1413-81232022274.03472021>
12. Amorim JSC, Teixeira LB, Ferla AA. Satisfação com a organização do cuidado em idosos usuários dos serviços avaliados pelo PMAQ. *Rev Ciência & Saúde Coletiva*. [Internet] 2020;09(25):3625-3634. DOI: 10.1590/1413-81232020259.32852018. [Acesso em 9 jan 2025] Disponível em: <https://www.scielo.br/j/csc/a/bQDbh9DnDpzbHgFWTQvCsdQM/>
13. Sacco RCCS, Assis MG, Magalhães RG, Guimarães SMF, Escalda PMF. Trajetórias assistenciais de idosos em uma região de saúde do Distrito Federal, Brasil. *Rev Saúde Debate*. [internet] 2020;28(2):e280206. DOI: 10.1590/0103-1104202012618.[acesso em 5 jan 2025] Disponível em: <https://www.scielo.br/j/sdeb/a/GXwsgvQLChzL9HvN6hd-f6r/>
14. Oliveira LP, Lima ABL, Sá KVC da SSC da S, Freitas D da S, Aguiar MIF de, Rabêlo PPC, Caldas A de JM. Perfil e situação vacinal de idosos em unidade de estratégia saúde da família / profile and vaccinal situation of ony in unity family health strategy. *Rev. Pesq. Saúde* [Internet]. 10º de novembro de 2016 [acesso em 3 fev de 2025]; 17(1). Disponível em: <https://periodicoseletronicos.ufma.br/index.php/revistahuufma/article/view/5498>
15. Alves SAL de L, Castro GKM de, Alvarenga T da S, Batista T da S, Sipriano TB, Camargo EES. Análise da aceitação de vacinas entre idosos no Centro de Convivência "Viver Bem", na cidade de Ji-Paraná/RO. [internet] *Rev Aracê*. 2024;6(3):6821-6836. [acesso em 20 jan 2025] DOI: <https://doi.org/10.56238/arev6n3-151>
16. Martins JRT, Viegas SM da F, Oliveira VC de, Rennó HMS. Vaccination in everyday life: experiences indicate Permanent Education. *Esc Anna Nery* [Internet]. 2019;23(4):e20180365. [Acesso em 20 dez 2024] Disponível em: <https://doi.org/10.1590/2177-9465-EAN-2018-0365>
17. Silva VLG, Damasceno ACS, Pires CAA. Interfaces entre rede de Atenção à Saúde da pessoa idosa e acesso aos serviços de saúde. *Acervo Saúde*. [internet] 2024;24(10):1-7. [Acesso em 4 jan 2025] DOI: <https://doi.org/10.25248/REAS.e16873.2024>
18. Ferreira LS, Moreira LR, Paludo SS, Meucci RD. Acesso à Atenção Primária à Saúde por idosos residentes em zona rural no Sul do Brasil. *Rev Saúde Pública* [Internet] 2020;54:149. [Acesso em 4 jan 2025] Disponível em: <https://www.scielo.br/j/rsp/a/5WcjwBGHP5CS4ZFF46WfWk/?lang=pt>
19. Oliveira TM, Ferreira PC dos S, Oliveira NGN, Tavares DM dos S. Acesso e utilização dos serviços de saúde por idosos segundo microrregionais de saúde. *Rev Enfermagem Uerj*. [internet] 2020;28:1-8. [Acesso em 5 jan 2025] DOI: <http://dx.doi.org/10.12957/reuerj.2020.51838>
20. Draeger VM, Andrade SR de, Meirelles BHS, Cechinel-Peiter C. Práticas do enfermeiro no monitoramento das Doenças Crônicas Não Transmissíveis na Atenção Primária à Saúde. *Esc Anna Nery* [Internet]. 2022;26:e20210353. [Acesso em 10 jan 2025] Disponível em: <https://doi.org/10.1590/2177-9465-EAN-2021-0353pt>
21. Placideli N, Castanheira ERL, Dias A, Silva PA da, Carrapato JLF, Sanine PR, et al. Avaliação da atenção integral ao idoso em serviços de atenção primária. *Rev. saúde pública* [Internet]. 21º de janeiro de 2020 [acesso em 22 nov 2024];54:6. Disponível em: <https://www.revistas.usp.br/rsp/article/view/165861>
22. Pilger C, Menon MU, Mathias TA de F. Utilização de serviços de saúde por idosos vivendo na comunidade. *Rev esc enferm USP* [Internet]. 2013Feb;47(1):213-20. [acesso em 4 nov 2024] Disponível em: <https://doi.org/10.1590/S0080-62342013000100027>