Protection against COVID-19 in long-term care facilities and political and technical foundations for operation in Brazil

A proteção em lares de idosos perante a COVID-19 e os fundamentos políticos e técnicos de funcionamento no Brasil

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\textbf{Abstract}

\textbf{Objective:} that aimed to highlight and discuss the contributions of public policies and resolutions to the protection of older people in the qualification of Long Term Care Facilities in Brazil in the face of COVID-19.\textbf{Method:} This is a qualitative document analysis study. Data were collected between August and September 2021 from government websites and the Virtual Health Library database.\textbf{Results:} We analyzed resolutions 216/2004 up to the most recently published resolutions 502/2021, technical notes, and public policies for the older population published between 1994 and 2021, including people residing in long-term care facilities in Brazil. Our analysis indicated that, in order to operate the apparatus of protection and care, councils and Society need to fulfill their roles, aiming at the dignity and quality of life of residents of long-term care facilities. The discussion was conducted in light of the political framework and technical foundations that guide the operation of these facilities.\textbf{Conclusion:} This study highlights the relevance, value, and quality of the area of gerontology, specifically for reflecting on public policies and resolutions so that we have the necessary guidelines for elaborating policies for the long-term care and protection of the health of older adults, which includes a wide discussion on collective housing/long-term care institutions.

\textbf{Keywords:} health of institutionalized elderly; health services for the aged; comprehensive health care; health policy; health surveillance.

\textbf{Resumo}

\textbf{Objetivo:} evidenciar e discutir as contribuições para a proteção das pessoas mais velhas frente à COVID-19 a partir das políticas públicas e das Resoluções da Diretoria Colegiada na qualificação das "instituições de longa permanência" no Brasil.\textbf{Método:} Trata-se de um estudo qualitativo do tipo análise documental. A coleta de dados ocorreu de agosto a setembro de 2021 em sites governamentais e nos bancos de dados da Biblioteca Virtual em Saúde.\textbf{Resultados:} Foram analisadas as Resoluções da Diretoria Colegiada 216/2004 até a última publicação, a Resolução da Diretoria Colegiada 502/2021 e as notas técnicas, assim como as políticas públicas para idosos no período de 1994 a 2021 que contemplavam as pessoas residentes em lares de idosos no Brasil. A análise indicou que, para se colocar em prática o aparato de proteção e cuidados, os Conselhos e a sociedade também precisam cumprir com suas funções, visando à dignidade e à qualidade de vida dos residentes em instalações de cuidado de longa permanência. A discussão desenvolveu-se a luz do arcabouço político e dos fundamentos técnicos que orientam o funcionamento dessas instalações.\textbf{Conclusões:} O artigo apontou a relevância, o valor e a qualidade para a área da gerontologia, especificamente para a reflexão sobre as políticas públicas e Resoluções da Diretoria Colegiada para que se tenha as balizas necessárias para a elaboração da política de longa permanência e proteção à saúde dos idosos, o que inclui ampla discussão sobre habitação coletiva/instituições de longa permanência.\textbf{Palavras-chave:} Saúde do idoso institucionalizado; Serviços de saúde para idosos; Assistência integral à saúde; Política de saúde; Vigilância em saúde.
INTRODUCTION

With the appearance of SARS-CoV-2 in 2020, international governmental and non-governmental health organizations recognized the need for care guidelines and health care practices for the older population, whose death rate was one of the worst in times of epidemics, including the first impacts of mass deaths in long-term care facilities (LTCFs) around the world.1

In Brazil, the need for protection policies aimed at older people became unique as this population was considered a risk group for contamination, injuries, and death.2 Until mid-2020, more than 70% of deaths by the coronavirus disease 2019 (COVID-19) registered in the country occurred in individuals aged 60 years or more, generating significant impacts for families and communities (including economic ones).3 It is noteworthy that the Unified Health System (SUS), the Brazilian public health system, absorbed more than 80% of the demand for care by older people, and this proportion is higher in the Black and poor populations.2

From a historical perspective, despite initiatives by the Brazilian State in favor of older adults in the 1970s, it was only in 1994 that the National Policy on Older Persons was instituted (PNI),4 including content on LTCFs or similar installations in an interface with other timid government actions and resolutions until that moment.

After the promulgation of the PNI, the National Health Surveillance Agency (ANVISA) was implemented and published the Collegiate Board Resolution (RDC) No. 283/2005. This resolution established the minimum criteria for the installation and operation of care institutions and began to use the LTCF terminology, which became constant in Brazilian government publications.

In short, the objective of such initiatives was to improve the conditions of nursing homes, offering residents not only the minimum required by the RDC, but also safety and quality of life; this transcended the inspection role of government bodies,5 shifting the focus to the humanitarian issue of rights and dignity.

Public, philanthropic, or private facilities for older people may thus be in a hybrid context between health care and the right to comprehensive health, which according to the needs of residents can be social, family-related, physical, psychological, cultural, and leisure-related.

The National Social Assistance Policy (PNAS) enhances the perspective of care in the prevention of risk situations and prioritizes the strengthening of family and community bonds, thus providing protection to the older person.6

The protection of older adults is what supports us, considering that longevity has important implications to quality of life and this can bring serious problems to the different dimensions of human, physical, psychological, and social life.7 Some of these people arrive at this stage of life living alone, with family insufficiency, and in need of a caregiver, making it impossible to continue in their living environment. Therefore, for reasons including social protection, health, and the preservation of quality of life, LTCFs and assisted living may be recommended.

The context in which the process of moving from one’s own residency to a nursing home usually happens, the transformations experienced by the individual, and the conditions offered by these facilities are disturbing. These became more evident with the COVID-19 pandemic and have led to questions about the care of older people in these entities, namely: what are the determinations of public policies and RDCs for the protection of older people residing in LTCFs in Brazil? Do these provisions contribute to protection during the pandemic?

An analysis of treatment conditions in such circumstances is both necessary and challenging, given the general condition of some LTCFs in Brazil.

In a literature review conducted through the Virtual Health Library (BVS) on October 2021, after reading the abstracts of 29 articles found with the search “long-stay care facilities” and “public policies” and “Brazil,” we found that 16 of these actually dealt with public policies on LTCFs and only 2 analyzed the trajectory of these public policies. The search for “long-stay care facilities” and “RDC” (no publications were found with the use of “Collegiate Board Resolution”) and “Brazil” resulted in 3 articles, 2 of which mentioned the analysis of RDCs in the abstract. Finally, when searching for “long-stay care facilities” and “public policies and RDC” no results were obtained (even when not using “Brazil”). Therefore, it appears that this article intends, in an incipient way, to fill a gap in the literature on this subject.

Given the circumstances above, this study aimed to highlight and discuss the contributions of public policies and RDCs to the protection of older people in the qualification of LTCFs in Brazil in the face of COVID-19.

METHODS

This research was performed using a qualitative document analysis approach, adopting a review of public policies and RDCs within the scope of LTCFs.
Documental analysis is built from contemporary or non-contemporary documents, identifying information in primary documents in order to answer a research question. These documents do not only constitute a contextualized knowledge base, but may arise in certain circumstances, explaining new information.

Data collection took place between August and September 2021, seeking RDCs and public health policies for older people from 1994 to 2021 on the following websites: ANVISA (https://www.gov.br/anvisa/pt-br/english) and BVS (https://bvsms.saude.gov.br/).

Inclusion criteria for documents considered those that signaled protection in LTCFs. The following descriptors in health sciences (DeCS/MESH) were used: health of institutionalized elderly, health services for the aged, comprehensive health care, health policy, and health surveillance. Documents that did not meet these criteria were excluded.

The analysis was conducted through the phases of reading, pre-analysis, and analysis, establishing the following categories:

1. The content of public policies and RDCs related to the functioning of LTCFs; and
2. The protection at Brazilian LTCFs considering the pandemic period.

RESULTS

The critical and epistemological analysis of our findings led to the interpretation of results, considering that the common characteristics of the documents were those related to the content and rhetoric on LTCFs, in addition to the temporality and possibility of documental dialogue.

The content of public policies and RDCs related to the functioning of LTCFs

Regarding this first category, 2 synthesis tables were constructed: one on RDCs and the other on public policies. Ten resolutions and correlates were found, 10 of which were included in the analysis, as shown in Table 1. Regarding public policies, 7 laws/decrees/ordinances were found and are shown in Table 2.

Protection at Brazilian LTCFs considering the pandemic period

In the category of protection at Brazilian LTCFs considering the pandemic period, protection was usually analyzed as a determinant in the facilities’ operating standards. In the reception of older patients in these LTCFs, the modality or classification as to the degree of dependence as a fundamental action is a determinant of care and attention for restoring, maintaining, and promoting autonomy and independence, directing collective and individual health measures (especially sanitary measures and social isolation, considering the pandemic).

DISCUSSION

Public policies and RDCs have determined the qualification of nursing homes with clear content on their operating rules, whose rhetoric is the adequacy of residents to what is established by organizational norms. Since the first publications, the attempt to regulate collective housing has been incisive and repetitive.

The social response “nursing home” has emerged as the first response in support of the older person, stemming from the former “asylum institutions” who obeyed “to established rules and norms, fulfilling their objectives without attending to the interests or idiosyncrasies of the people staying in them.”

The first standard for the operation of facilities for older people was Ordinance 810/1989, which was not included in the design of this study due to its year of publication. However, this publication was included in our discussion due to its relevance as a technical regulatory framework, being issued by the Brazilian Ministry of Health prior to the existence of ANVISA. It has long been in force as the only regulation specifically addressed to facilities for older adults. Its text was written as a standard for care in LTCFs, with the National Secretariat for Special Health Programs articulating with Health Secretariats in order to guide these facilities on the exact compliance and interpretation of the approved standards. Ordinance 810/1989 defined care facilities for older adults as specific institutions for older adults corresponding to physical spaces equipped to serve people aged 60 years and over, with or without payment, for an indefinite period of time, with staff that allowed them to meet their users’ health care, food, hygiene, rest, and leisure needs and to develop other activities that are characteristic of institutional life. It presented a classification of these facilities as modalities I, II, and III according to an assessment of functionality, independence, or autonomy.

This classification was improved with the publications of RDCs up to 2021, with Resolution 502, interfaced with the Elderly Statute (published in 2003). Even though this RDC was published during the COVID-19 pandemic, it did not significantly change the previous standard of functioning for
adapting to the new relationships and organizational and social impacts with less effect on the category of residents. The creation of the National Council for Older Persons in 1994 aimed to ensure the social rights of citizens over 60 years of age in order to provide autonomy, integration, and participation, breaking the paradigm of institutional life and introducing older people’s lives to organizational rules, which did not yet consider their habits, culture, and other aspects within the asylum perspective.

Public Brazilian social and health policies, from the standpoint of standardization, protect aging; invariably, the issue widens when social, economic, and regional differences are not considered, making the process exclusionary and favoring the clandestine nature of nursing homes in the country. This impacted the life conditions of older residents, without any regulation by the competent public bodies.

Nevertheless, living in a facility for older adults can offer the possibility of care and personal expression in addition

<table>
<thead>
<tr>
<th>RDC and related documents</th>
<th>Purpose</th>
<th>Excerpts relating to homes for older adults</th>
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</thead>
<tbody>
<tr>
<td>RDC – Resolution No. 216/2004</td>
<td>Provides the technical regulation of good practices for food services</td>
<td>“[…] ensure hygienic and sanitary quality […] of food: handling, preparation, fractionation, storage, distribution, institutional kitchens, […].” (Attachments, item 2 of Subitem 2.3)</td>
</tr>
<tr>
<td>RDC – Resolution No. 283/2005 2005.</td>
<td>Establishes the minimum standard of functioning for LTCFs.</td>
<td>“Standard applicable to all LTCFs, governmental or not, intended for the collective housing of people aged 60 years or over, with or without family support” (Section II, Article 2)</td>
</tr>
<tr>
<td>RDC – Resolution No. 94/2007 Operation of LTCFs (changes the annex of RDC 283/2005)</td>
<td></td>
<td>“Changes the text in the physical infrastructure part: dormitories separated by sex, maximum 4 people, equipped with a bathroom and a minimum distance of 0.80m between beds” (Article 1, Paragraph d of Subitem 4.7.7.1 of Item 4.7)</td>
</tr>
<tr>
<td>Laundry processing by health services</td>
<td>Risk prevention and control</td>
<td>“Laundry processing: collection, transport, and separation of laundry, washing, drying, calendaring, storage, and distribution.” (Chapter 3 in Subitem 3.1 of Item 3)</td>
</tr>
<tr>
<td>ABNT Standard Brazilian NBR 9050/2015 Accessibility to buildings, furniture, spaces, and urban equipment</td>
<td></td>
<td>“Possibility and conditions of reach, perception, and understanding for the safe and autonomous use of spaces, furniture, urban equipment, buildings, transport, information and communication systems and technologies, services, and facilities open to the public, in urban or rural areas, by a person with a disability or reduced mobility” (Item 3, terms and definitions of Subitem 3.1.1 of Item 3.1)</td>
</tr>
<tr>
<td>RDC – Resolution No. 222/2018</td>
<td>Regulates good waste management practices for health services and other measures</td>
<td>“Disposable material, substance, object, or good, resulting from human activities in society, […] in solid or semi-solid states, […] gases and liquids […], unfeasible to be released into the public network sewage or water bodies, or requiring technical solutions” (Article 3 Subitem 16)</td>
</tr>
<tr>
<td>Federal Law 14018/2020</td>
<td>Strengthens emergency responses to the new coronavirus</td>
<td>“Addresses the provision of financial assistance by long-term care facilities (LTCFs), in 2020, on an emergency basis due to the coronavirus (COVID-19).” (Law Syllabus)</td>
</tr>
<tr>
<td>RDC – Resolution No. 502/2021 Changes and revokes RDC 283/2005</td>
<td></td>
<td>“Governmental or non-governmental institutions, of a residential nature, intended for the collective domicile of people aged over 60 (sixty) years old, with or without family support, in a condition of freedom and dignity and citizenship” (Section III of Article 3 of Subitem 4 of Item 3)</td>
</tr>
<tr>
<td>NT GVIMS/ GGTES/ANVISA No. 05/2020</td>
<td>Guidelines for the prevention and control of SARS-CoV-2 infections in LTCFs</td>
<td>“[…] LTCFs should implement infection prevention and control measures to prevent or avoid as much as possible that residents, their caregivers, and other professionals working in these facilities are infected by the new coronavirus (SARS-CoV-2) and, more significantly, to reduce morbidity and mortality among older people in these institutions” (NT/ANVISA No. 05/2020, p 2)</td>
</tr>
<tr>
<td>NT No. 17/2021/ SEI/CSIPS/ GGTES/DIRE1/ ANVISA</td>
<td>Reaffirms guidelines for the prevention and control of SARS-CoV-2 infections</td>
<td>“ANVISA produced NT No. 05/2020 dedicated to LTCFs, containing guidelines for the prevention and control of infections by SARS-CoV-2 in these institutions, these guidelines should continue to be observed by those responsible for the institutions, caregivers, employees, visitors, and older adults to prevent exposure to the virus and consequent shaking in the health conditions of these people” (NT/ANVISA No 17/2021, p 1)</td>
</tr>
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</table>

to safe and protected coexistence; however, this modality is not the same as living with one’s family, with which bonds are timeless and the experience of being alive can be shared emotionally and socially.13

Public policies aim to keep people aged over 65 years more active in their environment, in addition to provide socialization and better insert them into society. On the other hand, RDCs, in their technical role, mention those aged 60 years or over living in LTCFs without other social responses, pointing to a lack of dialogue with Law Councils.

LTCFs have younger older adults in their care who also need to be guaranteed rights and social inclusion just as other residents. Both policies and RDCs determine the qualifications required from facilities to fully receive “geriatric residents”13 without considering their protection and functionality specificities.

Considering the typical peculiarities of LTCFs, the fragility and vulnerability of their clientele, and the organization of care for residents, it is recommended that these institutions base themselves on federal, state, and municipal laws, as shown on Tables 1 and 2. It thus becomes clear that, for the most part, the legal framework has not been sufficient for implementing quality nursing homes in practice.20

One of the aspects approached by policies directed at the older population is the dialogue with the main government health apparatus, with the SUS being the partner in advocating for healthy aging and comprehensive health care for older people, promoting awareness about their rights, and articulating SUS actions.14

In this dialogue proposal, facilities must be able to provide shelter, food, leisure, social interaction, waste management, accessibility, basic hygiene, and health care, and call health services, if necessary.15 Therefore, “the care for the older is a complex field that requires the integration of the responsible bodies to ensure the effectiveness of actions.”16

### TABLE 2. Summary of public policies for older people with excerpts on long-term care facilities.

<table>
<thead>
<tr>
<th>Public policies for older persons since 1994</th>
<th>Purpose</th>
<th>Excerpts relating to homes for older adults</th>
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<tbody>
<tr>
<td>Law No. 8842, January 1994 – National Policy on Older Persons (PNI)</td>
<td>Ensures the social rights of older persons, creating conditions to promote their autonomy, integration, and effective participation in society</td>
<td>“It is forbidden for people with diseases who need permanent medical or nursing care to remain in asylum social institutions” (Article 1, Paragraph 1)</td>
</tr>
<tr>
<td>Decree No. 1948/1996 – Regulates Law 8842 (PNI)</td>
<td>Creates the National Council for Older Persons</td>
<td>“Asylum modality: [...] boarding facility, for the older person without family ties or unable to provide for their own subsistence in order to meet their needs for housing, food, health, and social coexistence” (Article 2, Paragraph 1)</td>
</tr>
<tr>
<td>Law No. 5780/1998 – Policy/State Advocacy Council for the Rights of Older Persons</td>
<td>Ensures the social rights of older persons</td>
<td>“Ensures the social rights of the older person, creating conditions to promote their autonomy, integration, and effective participation in society” (Article 1, Paragraph 1)</td>
</tr>
<tr>
<td>Law No. 10741/2003 – Elderly Statute</td>
<td>Regulates the rights guaranteed to people aged 60 years or over</td>
<td>“Ensuring the human rights of the older person, especially trying to protect and form a basis for the demand for action by everyone (family, society, and State) to support and respect the older person” (Attachment item 1, Purposes)</td>
</tr>
<tr>
<td>Ordinance No. 2528, October 19 2006 – National Health Policy for Older Persons</td>
<td>Ensures the social rights of older adults, creating conditions to promote their autonomy, integration, and effective participation in society</td>
<td>“Recover, maintain, and promote the autonomy and independence of older adults, directing collective and individual health measures to this end, in line with the principles and guidelines of the Unified Health System. Every Brazilian citizen with 60 years or older” (Attachment item 1, Purposes)</td>
</tr>
<tr>
<td>Ordinance No. 6214, September 26 2007</td>
<td>Regulates the benefit of the continued provision of social assistance to people with disabilities and the older person</td>
<td>“Full attention to people with disabilities and older adults who are recipients of the Continuous Cash Benefit (BPC) requires social assistance managers to maintain action together with other actions of national, state, municipal, and Federal District sectoral policies, especially in the field of health, food safety, housing, and education” (Article 1, Paragraph 3)</td>
</tr>
<tr>
<td>Ordinance No. 7617, 2011</td>
<td>Changes the BPC Regulation, approved by Ordinance No. 6.214/2007</td>
<td>“The reception in long-term institutions, such as shelters, hospitals, or similar institutions does not affect the right of the older person or disabled person to receive the Continuous Cash Benefit” (Article 6)</td>
</tr>
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</table>

BPC: Continuous Cash Benefit.
It is of crucial importance that fiscal actions in nursing homes are standardized and effective in order to identify and prevent any risks or harm to residents. It is assumed that health surveillance actions are aligned with the SUS through normative, educational, and inspection actions, and even private health systems in the aforementioned context, as well as direct action by the Law Councils for the Older Persons.

It is imperative that the Municipal Health Councils and Public Prosecutor’s Offices also be present and active in order to ensure adequate and dignified care for residents, especially considering the structural aspects and well-being of older people in LTCFs.

In this sense, the history of public policies, RCDs, and the like contemplated aspects of protection, law, care, and the operating structure of LTCFs. It even presented innovations as to food, waste, and accessibility, but as society advances in the age pyramid, no big news in political and technical contents for the older population were seen until the latest publications.

It is noteworthy that public policies and RDCs that were in force at the time of the pandemic were not sufficient for ensuring the protection of older people, as shown by death statistics worldwide and especially in Brazil. From the publication of these documents to their implementation, it is necessary to develop protocols and booklets, among other orientation materials, that translate facilities’ regulatory standards of operation to older people. However, in this case, gaps still need to be filled because it is not simply about the technical and legal apparatus, but the right to a dignified life and commitment of society as a whole, adjustments to each institutional reality, effective enforcement actions by the Health Surveillance, and strengthening Councils for the Rights of Older Persons in this endeavor.

Therefore, initiatives such as the Brazilian Society of Geriatrics and Gerontology (SBGG), which published guidelines on the formulation of an institutional action plan for infection prevention and control in LTCFs during the pandemic, were fundamental; just as movements from other instances that strengthened the perspective of protecting older people in long-term care.

With the crisis imposed by the pandemic and aiming to prevent and contain the advances of COVID-19 in nursing homes, the SBGG established general guidelines and recommendations in March 2020, such as “organize action plans for prevention and care for older adults living in LTCFs,” “provide the staff with training on the programmed measures,” and “reinforce on-site hygiene practices and hand hygiene and protection protocols for residents and employees,” as well as specific ones such as guidelines for health professionals, management of residents with respiratory symptoms, cleaning and disinfection of surfaces and spaces, processing of clothes, admission of new residents, and actions in the face of contacts and cases of COVID-19.

Also in March 2020, ANVISA published, together with the Health Services Surveillance and Monitoring Office (GVIMS) and the Health Services General Office (GGTES), Technical Note (NT) GVIMS/GGTES/ANVISA No. 05/2020, referring to guidelines for preventing and controlling COVID-19 in homes for the older population. This NT established minimum guidelines for measures that should be adopted to assist residents of nursing homes, especially in relation to suspected or confirmed cases of COVID-19. It also pointed out how to identify signs and symptoms of the virus and how to prevent them, methods of personal hygiene, equipment and structure, and training of employees and procedures for cases of suspected or confirmed disease, which drew attention by its applicable and easily accessible format. At the end of the same year, ANVISA and other health surveillance offices published a new NT, stressing and reaffirming the importance of maintaining the prevention measures highlighted in NT No. 5, among others, and of monitoring even after vaccination in nursing homes. In 2021, this NT was reiterated with the publication of NT 17/21 by ANVISA, highlighting that “measures to prevent contamination by the SARS-CoV-2 virus can help prevent other infectious diseases” and reinforcing that “the adoption of these measures is beneficial for the entire population that inhabits and circulates through the long-stay institution.”

Within this movement awakened by the pandemic, the National Front to Strengthen LTCFs for Older Adults (FN-ILPI) was created in 2020. This front corroborated with technical reports and documents, considering the NTs made available by ANVISA, as well as protocols for preventive actions against contamination and the spread of the virus in these environments, in the care, organizational, and political scope for managers and workers of LTCFs, in addition to training at facilities throughout Brazil.

Based on discussions held by the FN-ILPI, the National Front to Strengthen Councils for the Rights of Older Persons (FFC) was created, highlighting the weaknesses of Councils for the Rights of Older Persons both at the municipal and state levels and the need to strengthen these organs. The FFC is considered important for linking the
older population and the government and for the control of social participation.

Still considering the pandemic, financial assistance to LTCFs was introduced in 2020 through Federal Law No. 14018/2020, aiming to contribute to public health emergency efforts and to reorganize protection actions for the older population, including biosafety measures.\textsuperscript{22} In this legislation, resources were preferably allocated to actions to prevent and control infection within LTCFs.\textsuperscript{22} In addition to emergency aid, the financial resources of the National Fund for Older Persons (FNI)\textsuperscript{1} could be used to defray the expenses provided for in this Law, including those from previous years.\textsuperscript{22}

The National Council for Older Persons manages the FNI, with the objective of alleviating problems and needs of specific sectors of society in the care of older people. This fund presents disparities when compared to the one for children and adolescents. The funding process is slow, donations from 2013 were employed in 2015, and since then, the scenario has not changed.\textsuperscript{23,24} In 2021, the deductible tax benefit of the 2 funds was equalized when the Older Person Fund became attractive for donations.\textsuperscript{23,24}

This work was thus circumscribed in the National Health Policy for Older Persons and the RDCs referring to the operating rules that regulate LTCFs and care of older adults. However, it did not point to controls on how the facilities relate to residents or respect their construction of life and their culture. In order to effectively fulfill this apparatus of care and zeal, councils and society also need to empower themselves and perform their roles, aiming at the dignity and quality of life of residents of LTCFs. This relational refinement is considered to be left to the sensitivity of the manager and to the attentive look of a sensitive professional, which in this study was translated as a protective determinant.

CONCLUSION

In rescuing the objective of this study, the technical, political, and legal documents guide and propose a promising way to propel the discussion and generate knowledge and movement for reformulating policies. The engagement of councils and society in the protection and care of older people is fundamental, as well as the regional differences and the relationship established with residents of LTCFs and their needs. These tools aim at a better preparation of this apparatus in the daily care as the establishment of better conditions to face adverse situations such as a pandemic. Furthermore, the study pointed to the absence of integrated proposals in the social and health fields for the effective protection of older people residing in LTCFs, especially in the context of the COVID-19 pandemic. The analyzed documents indicate a fragmentation between the analyzed policies and RDCs with regard to operating norms, surveillance, inspection actions, care and protection actions, and integration of social assistance and health care networks, which will certainly have repercussions on the well-being of older people living in LTCFs.

This study highlights the relevance, value, and quality of the area of gerontology, specifically for reflecting on public policies and RDCs so that we have the necessary guidelines for elaborating policies for the long-term care and protection of the health of older adults, which includes a wide discussion on collective housing/long-stay institutions. Also, this historical review is valuable for institution managers and policy makers, since RDCs entered the debate with the emergence of the COVID-19 pandemic and had previously compulsory regulated long-stay institutions, being perhaps minimally known and discussed. It is noteworthy that much still needs to be redefined in the new RDC, which did not bring advances when compared to the previous one, for aligning with the constructs of the Elderly Statute.

Conflict of interests

The authors declare no conflicts of interest.

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Authors’ contribution

MTOF: methodology, project administration, validation, writing – original draft, writing – review & editing. EGF: investigation, methodology, resources, validation, visualization, writing – original draft, writing – review & editing. TCLV: investigation, methodology, resources, validation, visualization, writing – original draft. AFM: investigation, methodology, resources, validation, visualization, writing – original draft. RAB: supervision, validation, writing – original draft, writing – review & editing.
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