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PUBLIC POLICIES FOR HEALTHY AGING IN BRAZIL

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ABSTRACT

This study aims to promote healthy aging by identifying innovative solutions through collaboration between companies, universities, government, and society to develop public policies focused on longevity. Using systematic reviews, we analyzed interventions and practices to promote the biopsychosocial well-being of older adults. The results indicate that collaborative engagement and the implementation of innovative strategies are key to addressing the challenges of aging. In view of the reflections on public policies for healthy aging, it is possible to draw some important conclusions. Public policies must take a holistic approach, considering not only physical health but also the emotional, social, and cognitive aspects of aging. Thus, we conclude that innovative and collaborative strategies are essential to promote the well-being of older adults. This includes the development of programs and services that encourage social participation, access to physical and cultural activities, and the promotion of mental health. The use of evidence-based methodologies, such as systematic reviews, is essential to identify effective practices and interventions to promote healthy aging.

Keywords: Public Policy. Aging. Healthy.

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INTRODUCTION

The search for public policies aimed at healthy aging becomes increasingly relevant amid the challenges faced by the elderly population. This new perspective directs the focus to innovative solutions that promote the well-being of the elderly, encompassing a wide range of actors, such as companies, universities, government and society. Work and experiences aimed at identifying these innovative solutions are essential, involving collaboration between different sectors to develop effective strategies.

In addition, the use of innovative tools and the preparation of professionals and academics are essential to boost the promotion of healthy aging. Empowering individuals to lead research and projects that integrate the productive or public sector is crucial for the development and implementation of public policies focused on longevity.

The mental health consequences that the pandemic has generated go far beyond the high number of deaths. This is said because the ability to reach a state of healthy psychological adjustment is put at risk on a daily basis, by several unusual problems that afflict us emotionally and are likely to culminate in pathologies.

In this context, the systematic review methodology is a robust approach to analyze and synthesize evidence on practices and interventions aimed at healthy aging. This methodology provides rigorous and reliable results, helping to support decisions and guide future actions.

The search for public policies aimed at healthy aging is a necessary response to the challenges faced by the elderly population, especially with regard to quality of life at this stage of life. The notion of quality of life for the elderly transcends the mere absence of diseases and encompasses a series of biopsychosocial factors that directly influence well-being and happiness in this phase.

Healthy aging is not only limited to physical health, but also includes emotional, social, and cognitive aspects. It is essential that public policies adopt a holistic approach, which considers all these dimensions and promotes an environment conducive to the elderly.

In this sense, the implementation of innovative strategies becomes crucial. This includes developing programs and services that encourage social participation, access to physical and cultural activities, promoting mental health, and emotional support. In addition, the training of professionals and academics to lead research and projects aimed at healthy aging is essential to ensure the effectiveness and sustainability of these initiatives.

The promotion of healthy aging requires a joint effort from various sectors of society, including governments, research institutions, civil society organizations, and private

companies. Only through this collaboration and continuous investment will it be possible to ensure that older people enjoy a full and meaningful quality of life at all stages of aging.

Therefore, the investigation of the perceptions of the elderly about the impacts of aging and the formulation and implementation of effective public policies, aiming at the biopsychosocial well-being of the elderly population, becomes fundamental. The engagement of various sectors of society, combined with the use of robust research methodologies, is essential to promote healthy and sustainable aging.

HEALTHY AGING

The elderly population generally accumulates some pathologies that intensify with advancing age and can lead to a reduction in the body's natural defenses. This process can contribute to the natural exposure of the elderly to contagious and opportunistic diseases, increasing the risk for this age group.

In addition, advancing age and the aging process bring with them a very large emotional burden in "normal" times, after all, the aging process itself, as a path of gradual biological and physiological losses, impacts the social, psychological, cultural and economic factors of the subject and makes him more susceptible to new diseases (Moura & Maciel, 2020).

Considered a relevant health problem, depression affects individuals of all ages, causing feelings of sadness and social isolation. According to Corrêa et al. (2020), the prevalence of depression in the general population is around 15%. When elderly people living in the community are evaluated, the prevalence is between 2 and 14%, while in elderly people who live in institutions, isolated and away from family members, the prevalence of depression reaches 30%.

It is important to consider that depression in old age is related to the social context in which the elderly person is inserted and to all the experiences characteristic of this stage, such as the various losses (WHO, 2015). Biological and physiological losses often cause feelings of sadness and discouragement that tend to give rise to depressive syndromes and individual adaptation to the aging phase can leave the individual more vulnerable to depression. In addition, it should be noted that depression can generate consequences that will harm the life of the elderly and harm both mental health and quality of life (Santos & Souza, 2022).

The promotion of a good quality of life during the aging process is of paramount importance and should be a task of daily achievement, which results in a balance between health, food, physical fitness, good humor and courage above all. This is directly linked to

health, defined as a state of complete physical, mental and social well-being, and cannot be treated only as the absence of disease. For Vieira et al (2021), when seeking an improvement in quality of life, psychic, physical, social, and emotional balance is sought, which will preserve the individual from situations that may generate discomfort.

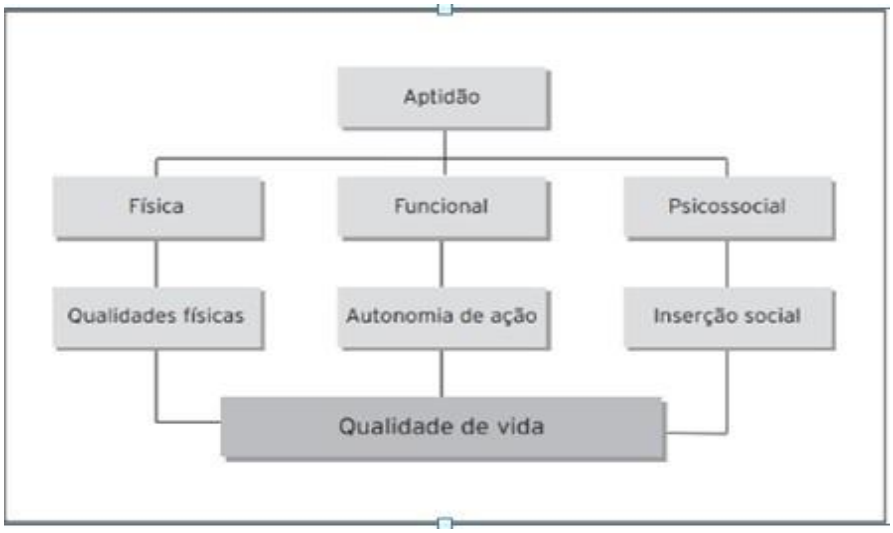
QUALITY OF LIFE AND THE ELDERLY

It is common to use the expression "quality of life" to designate well-being and happiness. For some specialists, the concept of quality of life is comprehensive, subjective, and multidimensional (Souza Jr et al., 2022). For others, the idea that quality of life and development are synonymous with well-being (Amaral et al., 2018).

According to the WHO, the terminology "quality of life" should be interpreted in time and space, involving goals and perceptions of each individual. In other words, quality of life "is the perception that an individual has about his position in life, within the context of the systems of culture and values in which he is inserted and in relation to his goals, expectations, standards and concerns". In this sense, for the WHO, each human being has a different parameter for quality of life, difficult to be analyzed in isolation or outside of predetermined indicators.

In relation to the elderly, it is important to relate quality of life with the performance of their daily tasks. Thus, in the analysis of the needs that depend on the autonomy of the elderly, the aim is to move away from the propositions preconceived by health professionals, approaching the opinions, desires and values of the main stakeholders, that is, the elderly themselves (Salles et al., 2017). Thus, an intimate relationship between physical, functional and social fitness is established, as illustrated in Figure 1.

Figure 1- Relationship between quality of life, autonomy and physical, functional and psychosocial fitness



Source: Salles et al. (2017).

For the WHO (2020), health policies around aging should take into account determining factors present throughout the individual's life (social, economic, behavioral, personal, cultural, in addition to the physical environment and access to services), focusing on topics that lead to social inequalities and gender issues.

The elderly can enjoy good aging when they are able to face the changes that occur in their body and in their social environment with a degree of adaptation appropriate to their needs and well-being (Salles et al., 2017). In this aspect, the family plays a fundamental role with regard to the aging of an individual, as it is often the foundation that sustains him in the face of all the changes suffered in old age (Moura, 2021). One of the discoveries in recent gerontology was the importance of family, neighbors, and friends in the daily lives of the elderly, as they are the ones who often assume the role of caregiver of the elderly (Salles et al., 2017).

PUBLIC POLICIES FOR HEALTHY AGING IN BRAZIL

In Brazil, one of the initiatives aimed at healthy aging is the National Guideline for the Health of the Elderly (DNSPI), established in the articles ROMERO et al (2019) BATISTA et al (2011), ANDRADE et al (2013), PEREIRA et al (2015), VIEIRA et al (2016).

This legislation proposes the promotion of active aging, comprehensive and integrated health care for the elderly, and the promotion of autonomy and participation in social control to ensure rights (ROMERO et al, 2019; BATISTA et al, 2011; ANDRADE et al, 2013)

In addition, it encourages the preservation of functionality, seeking to reduce the physical and mental limitations necessary to perform daily activities.

A holistic approach to health is crucial in the care of the elderly, being feasible through collaboration between different sectors to meet the needs of this age group. Therefore, engagement on two fronts is proposed: health promotion - at all levels of care - and prevention of frailties, overcoming a purely curative approach. (ROMERO et al, 2019)

Regarding health promotion, the inclusion of the elderly in social groups and health education programs, as well as the encouragement of participation in social and community activities, aims to promote autonomy and self-care, fostering active aging and insertion in the community. (BATISTA et al, 2011).

Despite the proposed initiatives, Brazilian public policies for the elderly are still punctual and fragmented, with little consideration for the needs of the elderly and their families, such as care for conditions of dependence and fragility. Another gap identified is

the lack of specific attention to edentulism, common in the elderly population, despite the availability of dental prostheses by the SUS. (ANDRADE et al, 2013)

There are also weaknesses in the monitoring and evaluation of actions aimed at the health of the elderly, which are rarely integrated into the routine of health professionals.

Regarding public policies for the elderly in Latin America, one study addressed the issue of long-term care, but did not mention Cuba, a country with a high percentage of elderly people and home and specialized care programs that are still insufficient to meet the demand. Other studies have emphasized the evolution of the Cuban health system, highlighting the need for policies and services adapted to the expectations and needs of the elderly, including improvement of geriatric services and training of professionals. (PEREIRA et al, 2015).

Regarding policies aimed at healthy aging, the Brazilian studies coincide with those proposed by the World Health Organization (WHO), with an emphasis on actions in the sectors of health, safety and social participation and highlight some crucial pillars of healthy aging: comprehensive and integrated care for the elderly, encouragement of participation and strengthening of social control, continuous and perennial training of professionals in issues related to aging. In addition, they emphasize the importance of interdisciplinarity to achieve these objectives, with the integration of educational, labor, economic, housing, and mobility policies. (VIEIRA et al, 2016).

Regarding quality of life and physical activities, one study examined disparities in access to active aging programs between urban and rural areas, while other research focused on the relationship between nutrition and aging, and two studies discussed physical activity and aging. (BATISTA et al, 2011).

An investigation that compared the quality of life between older adults living in rural and urban areas found that older adults in rural settings enjoy higher quality of life scores. Possible reasons include a prolonged history of involvement in work activities, a larger family and community support network, and an active lifestyle. These factors contribute to greater life satisfaction. In addition, the expansion of primary health services and increased accessibility to health services have also contributed to the increase in the quality of life of older adults in rural areas. (ANDRADE et al, 2013)

Municipal physical activity programs for the elderly population have expanded in recent years. This expansion was partly facilitated by the expansion of the number of family health teams and multiprofessional teams. It is understood, therefore, that the practice of physical activities keeps the elderly functional for longer, promotes autonomy and prevents frailty and dependence. (ROMERO et al, 2019).

Healthy nutrition was addressed in another study, which evaluated the adherence of the elderly to the ten steps to healthy eating. The results showed a variation in the study population, with greater compliance with items such as the daily consumption of beans and rice, as well as the regular practice of physical activities, avoiding alcoholic beverages and smoking, steps four and ten, respectively. The importance of implementing public policies that promote healthy eating among the elderly is highlighted, as it is a crucial element for good health, especially at this stage of life. (VIEIRA et al, 2016).

The maintenance of the elderly in the community and with family support was emphasized by a research, which proposes a model of care centered on the primary level of care and on the coordination of care under the responsibility of a general practitioner, referring to specialists when necessary. In cases of greater dependence, the elderly should be welcomed in more complex health services in an integrated health network, ensuring the registration of their care path at all levels of care. Care should be personalized, tailored to individual needs, through educational activities, health promotion, prevention of preventable conditions, and rehabilitation of health problems. (VIEIRA et al, 2016).

One publication investigated the perceptions of members of municipal health councils and the elderly about the care needed by the elderly population. Although it did not directly address healthy aging, the study was included because it provided insights into health system users' understanding of the topic. A desire to age with the support of family and community was observed, and to have health teams and services prepared for the specific needs of aging. The need to improve social control mechanisms related to old age is also highlighted, since a comprehensive focus on aging policies that would serve the local elderly population was not identified. (ANDRADE et al, 2013).

The aging process associated with pathological conditions was explored in the study, which focused on age-related hearing loss. Hearing impairment among older adults results in communication challenges and reduced social interaction, as well as predisposing to declines in self-care ability, cognition, and memory. The use of hearing aids emerges as a solution to this problem, but it requires continuous monitoring after its implementation to ensure its effectiveness. It was observed that there is greater adherence to use when the diagnosis and recommendation are made in primary care. (VIEIRA et al, 2016).

Chronic diseases and their monitoring possibilities were addressed in three national surveys, in addition to a specific study on diabetes. Diseases such as hypertension and diabetes are highly prevalent and represent risk factors for kidney, heart and cerebrovascular complications. (ROMERO et al, 2019).

In addition, chronic conditions can significantly impact the functional capacity of the elderly, due to characteristics such as multiple causes, long duration, and slow progression, which results in limitations in their activities. Therefore, it is crucial to emphasize health promotion and education to delay the appearance of frailties and disabilities, in order to maintain a good quality of life. The concept of disease prevention in the elderly may be inadequate, since the presence of one or more diseases is common in this age group. Therefore, the approach should focus on preserving functional capacity and preventing complications from existing diseases. (BATISTA et al, 2011).

Regarding diabetes mellitus, a study conducted with elderly people in São Paulo revealed a high incidence of diabetes-associated diseases among diabetic participants, compared to non-diabetic participants. This can be attributed to lifestyle-related risk factors, such as a sedentary lifestyle, smoking, uncontrolled hypertension, and obesity, which make it difficult to manage this condition. (BATISTA et al, 2011).

Regarding the functionality of the elderly, it seems that younger people tend to be more independent, although other factors, such as gender, medical history, lifestyle habits, and level of physical activity and income, also influence functional dependence. In addition, older adults with a strong social support network tend to maintain good functionality and mental health, as participation in social groups contributes to maintaining physical fitness and reducing the risk of conditions such as depression. (ROMERO et al, 2019).

The importance of care for the elderly in a comprehensive, interdisciplinary and multidisciplinary way, in accordance with the guidelines of the National Health Policy for the Elderly, was highlighted in two studies. However, it is still perceived that some professionals focus mainly on treatment and rehabilitation, with a predominantly curative approach. The adoption of the expanded clinic is one of the recommended strategies to promote comprehensive care, although there are different perspectives among professionals on the health-disease process and the provision of health care. Professional training emerges as an alternative to promote paradigm shifts and adopt patient-centered care practices, overcoming fragmentation and specialization, especially when it comes to older adults with multiple chronic conditions. In addition to the need to overcome individual resistance, local planning and management performance are fundamental to implement actions that seek comprehensive care for the elderly. (ANDRADE et al, 2013).

The community health agent's view on aging and care for the elderly revealed deficiencies in the care network for this population, both in the family context and in health services. The work of this professional, who has a closer contact with the elderly, is characterized by solidarity, listening and dialogue. However, the lack of specific training can

create a gap between community agents and the health team, since the information obtained in home visits needs to be shared with the team to guide the planning of care actions for the elderly. Continuing Education in Health (PEH) plays a fundamental role in this process, promoting discussion among professionals about the work carried out and training community agents, while bringing them closer to the various realities of the elderly in their territory. (VIEIRA et al, 2016).

METHODOLOGICAL PROCEDURES

This is a cross-sectional research of a descriptive and exploratory nature. The cross-sectional study aims to collect and analyze data in a defined period, with the objective of studying a certain population (Yin, 2005). In this line of thought, a permanent process of responding to the proposed objectives is proposed, through clear and concise scientific rigor, with rationality and systematization.

As for character, according to Prodanov & Freitas (2013, p. 52), descriptive research aims to "describe characteristics of a given population or phenomenon or the establishment of relationships between variables. It involves the use of standardized techniques for data collection, questionnaires, interviews and systematic observation". Exploratory research, on the other hand, according to Andrade (2017) and Brasileiro (2021), has as its main characteristic the fact that it provides greater familiarity with the problem to be researched and expands existing studies.

As for the approach, it is a qualitative-quantitative study, as qualitative research, according to Gil (2019, p. 56) involves the "study of the use and collection of a variety of empirical methods – case study, personal experiences, introspection, life history, and interviews". Regarding quantitative research, the author states that it "translates everything that can be quantifiable, that is, it shows opinions and information in numbers to then obtain data analysis and, later, reach a conclusion". In this sense, the collection of qualitative and quantitative data will occur concomitantly, and the data can be better worked by the researcher in an interpretation that brings the two techniques closer to the objectives proposed in the research.

RESULTS AND ANALYSIS

The results reveal that the National Guideline for the Health of the Elderly (DNSPI) in Brazil, although established, still faces challenges in the implementation of effective and comprehensive public policies for healthy aging. Despite the guidelines proposed by the DNSPI, Brazilian policies for the elderly are still fragmented and punctual, with significant

gaps in the consideration of the specific needs of the elderly, such as care for conditions of dependence and frailty, in addition to the lack of attention to edentulism.

In addition, there are weaknesses in the monitoring and evaluation of actions aimed at the health of the elderly, indicating the need for a more integrated and systematic approach in the implementation of these policies. Regarding public policies for older adults in Latin America, it is observed that there are disparities between countries, with some nations facing significant challenges in adapting their health systems to the growing demands of the elderly population.

In the Cuban context, although the evolution of the health system and the implementation of home care programs have been highlighted, there are still gaps in the supply of these services, especially in relation to the high demand. Therefore, there is a continuous need to improve geriatric services, qualify professionals, and adapt health policies and services to the expectations and needs of the elderly. These results highlight the importance of a more comprehensive and integrated approach in the formulation and implementation of public policies for healthy aging, both in Brazil and in other Latin American countries.

The results highlight the convergence of Brazilian studies with the guidelines proposed by the World Health Organization (WHO) with regard to policies aimed at healthy aging. There is a common emphasis on actions in the health, safety and social participation sectors, with the identification of crucial pillars, such as comprehensive and integrated care for the elderly, the encouragement of participation and strengthening of social control, and the continuous training of professionals in issues related to aging. In addition, the importance of interdisciplinarity and the integration of sectoral policies to achieve these objectives is emphasized.

Regarding quality of life and physical activities, studies point to disparities in access to active aging programs between urban and rural areas. Notably, older adults in rural settings enjoy higher quality of life scores, possibly due to a prolonged history of involvement in work activities and a greater family and community support network. The expansion of primary health services also contributes significantly to increasing the quality of life of older people in rural areas.

Municipal physical activity programs for the elderly population have expanded, favoring the maintenance of the functionality and autonomy of the elderly, in addition to preventing frailty and dependence. Healthy nutrition is also highlighted as a crucial element for good health in old age, highlighting the importance of implementing public policies in this regard.

The maintenance of the elderly in the community, with family support and care coordination centered on the primary level of care, is proposed as a model of comprehensive care. This model, which involves educational activities, health promotion, prevention of preventable conditions, and rehabilitation of health problems, aims to ensure a personalized approach adapted to the individual needs of the elderly. These results highlight the importance of comprehensive and integrated policies to promote healthy aging and quality of life in old age.

The results of the research indicate the crucial importance of monitoring and addressing chronic diseases among the elderly, with special attention to diseases such as high blood pressure and diabetes, which are highly prevalent and pose significant risks for health complications, such as kidney, heart and cerebrovascular problems. These chronic conditions can negatively impact the functional capacity of the elderly, due to their multifactorial nature and slow progression, resulting in limitations in daily activities.

It is highlighted that the concept of disease prevention in the elderly may be inadequate, since the presence of one or more diseases is common in this age group. Thus, the approach should focus on preserving functional capacity and preventing complications from existing diseases, emphasizing health promotion and education to delay the onset of frailties and disabilities, aiming to maintain a good quality of life.

Specifically in relation to diabetes mellitus, a high incidence of associated diseases is observed among elderly diabetics, compared to non-diabetics, due to lifestyle-related risk factors.

This underscores the importance of proper diabetes management and control of risk factors to ensure a better quality of life for older adults affected by this condition.

Regarding the functionality of the elderly, it is evident that younger people tend to be more independent, although several factors, such as gender, medical history, lifestyle habits, and social support, also influence functional dependence. The importance of a strong social support network to maintain the functionality and mental health of the elderly is highlighted, since participation in social groups contributes significantly to the preservation of physical fitness and the reduction of the risk of conditions such as depression.

Thus, the importance of care for the elderly in a comprehensive, interdisciplinary and multidisciplinary way is highlighted, according to the guidelines of the National Health Policy for the Elderly. Despite this, it is still observed that some professionals tend to focus predominantly on treatment and rehabilitation rather than taking a more holistic and preventive approach. The implementation of the expanded clinic and the promotion of

changes in professional training are pointed out as essential strategies to ensure comprehensive care for the elderly, overcoming challenges such as fragmentation and lack of integration between different health services

CONCLUSION

The results highlight the complexity and importance of the approach to healthy aging, especially with regard to the monitoring and management of chronic diseases among the elderly. The need for comprehensive and multidisciplinary care is evident, in line with the guidelines of the National Health Policy for the Elderly, which promotes not only the treatment of diseases, but also the promotion of health and the prevention of complications.

Good aging for the elderly involves their ability to adapt to physical and social changes, ensuring their well-being. The family plays a fundamental role in this process, often acting as a caregiver for the elderly and providing the necessary support to face the challenges of old age.

Aging is usually associated with the accumulation of pathologies that intensify with age, reducing the body's natural defenses and increasing the risk of contagious and opportunistic diseases. In addition, the aging process itself, characterized by gradual biological and physiological losses, significantly impacts the social, psychological, cultural, and economic aspects of the individual, making him or her more susceptible to new diseases.

The elderly population faces unique health challenges due to the accumulation of pathologies and the weakening of the body's natural defenses with advancing age. This process increases vulnerability to contagious and opportunistic diseases, representing a significant risk for this age group. In addition, aging brings with it a considerable emotional burden, marked by biological, physiological, and psychosocial losses, which can lead to the development of conditions such as depression.

Depression is a relevant concern in the elderly population, with a prevalence ranging from 2% to 30%, depending on the social context and living conditions. Social isolation and the multiple losses characteristic of aging can contribute to the emergence and worsening of depression in this age group. The impacts of depression on the quality of life and mental health of older adults are significant, highlighting the importance of approaches that promote emotional and social well-being during aging.

The promotion of quality of life in old age is a complex and continuous task, which involves the balance between various aspects, such as physical, mental, social and emotional health. Seeking this balance means preserving the individual from situations that

may generate discomfort and promoting a state of complete well-being in all dimensions of life. Therefore, the approach to quality of life in old age must be holistic and centered on the individual, taking into account their individual needs, desires and values.

The concept of quality of life is complex and multifaceted, varying according to individual perceptions and the cultural, social, and personal contexts of each person. While some experts see it as a subjective and overarching notion related to well-being and happiness, others interpret it as synonymous with development and well-being. The definition of the World Health Organization (WHO) highlights the importance of considering the individual's perception of one's own life, within the cultural and social context in which one is inserted, as well as in relation to the goals, expectations and concerns of each individual.

In the case of the elderly, quality of life is often evaluated based on the ability to perform their daily activities autonomously and satisfactorily. This includes everything from basic tasks, such as food and personal hygiene, to more complex activities, such as social participation and maintaining interpersonal relationships. Therefore, it is essential to consider not only physical and functional aspects, but also emotional, social, and cultural aspects when assessing the quality of life of the elderly.

It is important to emphasize that the promotion of quality of life in old age requires an approach centered on the elderly, taking into account their individual preferences, needs and values. This involves close collaboration between health professionals, family members, and the elderly person himself, seeking to ensure their autonomy, dignity, and well-being at all stages of aging.

Therefore, the quality of life of the elderly cannot be evaluated only based on objective criteria or predefined standards, but rather taking into account their own perception and experience of life. It is through this holistic and elderly-centered approach that we can truly promote healthy aging and a satisfactory quality of life in old age.

In addition, the strong correlation between social support, participation in social activities, and the preservation of the functionality and mental health of older adults underscores the importance of programs and policies that encourage community engagement and the strengthening of social ties among older adults.

However, despite the advances and existing initiatives, there are still challenges to be overcome, such as the fragmentation of health services, the lack of integration among professionals, and the predominance of a curative approach to the detriment of prevention and health promotion.

Health promotion and the prevention of complications emerge as fundamental pillars to face the challenges of aging. Strategies that encourage adherence to healthy habits, such as regular physical activity, a balanced diet, and participation in social activities, are essential for maintaining functionality and independence in older adults.

In addition, the results highlight the importance of social support in promoting the health and well-being of the elderly. The presence of a solid support network, whether family, community or professional, plays a significant role in preventing loneliness, maintaining mental health and promoting quality of life.

However, despite advances in health policies and practices aimed at the elderly, significant challenges remain. The fragmentation of health services, the lack of integration between different professionals and the predominance of a curative approach to the detriment of prevention and health promotion are important obstacles to be overcome.

Therefore, to address these challenges and ensure healthy and quality aging, a joint effort by governments, health professionals, civil society organizations, and communities is needed. This includes investments in public policies that promote the integration of health care, education and awareness programs on healthy aging, and the strengthening of social support networks for the elderly. By taking a holistic and patient-centered approach, we can create an environment conducive to seniors living full, independent, and meaningful lives in their communities.

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