



**OLDER INDIVIDUALS' PERCEPTIONS
REGARDING AGING-FOCUSED
MUNICIPAL PUBLIC POLICIES
IMPLEMENTATION**

**PERCEPÇÕES DE PESSOAS IDOSAS SOBRE A IMPLEMENTAÇÃO
DE POLÍTICAS PÚBLICAS MUNICIPAIS DIRECIONADAS
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PERCEPÇÕES DE PESSOAS IDOSAS SOBRE A IMPLEMENTAÇÃO DE POLÍTICAS PÚBLICAS MUNICIPAIS DIRECIONADAS AO ENVELHECIMENTO

Received: 12/07/2022
Accepted: 08/01/2023

Luiz Gustavo Fernandes da Rosa¹ | Nádia Teresinha Schröder²

Ana Maria Pujol Vieira dos Santos³

¹ Mestre em Promoção da Saúde, Desenvolvimento Humano e Sociedade (ULBRA). Canoas – RS, Brasil.
E-mail: luizgustavof15@hotmail.com

³ Doutora em Fitotecnia (UFRGS). Docente da Universidade Luterana do Brasil. Canoas – RS, Brasil.
E-mail: anapujol@ulbra.br

² Doutora em Ecologia e Evolução da Biodiversidade (PUC/RS). Docente da Universidade Luterana do Brasil. Canoas – RS, Brasil.
E-mail: nadia.schroder@ulbra.br

ABSTRACT

The accelerated development of a population aging in Brazil has had significant repercussions across various sectors of society. Consequently, it has become imperative to enact public policies that address the intricate demands of this process. In 2017, the municipality of Canoas, in Rio Grande do Sul (RS), stood out as a model for implementing the Health Booklet for Older People, a tool designed to facilitate multidimensional assessments and support the provision of public services within a network. Its application requires action beyond the health sector, through articulations in broad public policies that collaborate for understanding care, with a view to healthy and active aging. It is against this backdrop that this research aimed to grasp the perceptions of older adults concerning the implementation of aging-focused public policies in Canoas. Twelve interviews were conducted with older adults participating in health promotion and education groups organized by the Family Health Strategy teams. The data collected underscore Content Analysis, following the thematic approach proposed by Minayo. The categories that emerged from the analysis were: Perceptions of aging and municipal public policies addressing. The interviewees' perceptions revealed a strong emphasis on valuing healthy aging, which is shaped by their life experiences. Predefined models of old age collectively influence the representation of aging, with a bias towards appreciating youth. Although public policies addressing aging are in place within the municipality, there are weaknesses in the service network. Aspects requiring improvement include the application of the Health Booklet for Older People, ensuring sufficient food aid, and enhancing the quality of public spaces.

Keywords: Aging. Very good. Public Policy. Health Policy. Population Dynamics.

RESUMO

O acelerado desenvolvimento do envelhecimento populacional no Brasil vem provocando impactos em diversos setores da sociedade, tornado primordial a implementação de políticas públicas direcionadas ao atendimento da complexidade das demandas desse processo. Em 2017, o município de Canoas, no Rio Grande do Sul (RS), foi referência na aplicação da Caderneta de Saúde da Pessoa Idosa, instrumento que viabiliza a avaliação multidimensional e auxilia na oferta dos serviços públicos em rede. Sua adequada aplicação requer a atuação para além do setor saúde, por meio de articulações em políticas públicas amplas que colaborem para a atenção integral, com vistas ao envelhecimento saudável e ativo. Diante dessa assertiva, o conhecimento das percepções de pessoas idosas sobre a implementação de políticas públicas direcionadas ao envelhecimento em Canoas, foi o objetivo desta pesquisa. Foram realizadas 12 entrevistas com idosos dos grupos de promoção e educação em saúde organizados pelas equipes de Estratégia Saúde da Família, seguidas de Análise de Conteúdo, na modalidade temática operacionalmente proposta por Minayo. As categorias construídas foram: Percepções sobre o envelhecimento e Políticas públicas municipais direcionadas ao envelhecimento. Na percepção dos entrevistados, identificou-se a valorização do envelhecimento com saúde, determinado pelas experiências de vida. Modelos coletivamente definidos de velhice influenciam a representação do envelhecimento, com apreço à juventude. As políticas públicas são implementadas no município, porém com fragilidades na rede de serviços, havendo aspectos a serem melhorados na aplicação da Caderneta de Saúde da Pessoa Idosa, além da garantia de auxílio alimentação e qualificação de espaços públicos.

Palavras-chave: Envelhecimento. Idoso. Política pública. Política de saúde. Dinâmica populacional.

INTRODUCTION

The Brazilian population's fast aging process, marked by an increase in the number of older people (60 years or more) (MIRANDA; MENDES; SILVA, 2017), has been impacting public policies in several sectors. This was caused by an emerging need for social reorganization (RIANI *et al.*, 2018). Estimates indicate that by 2040, the older people segment will represent 23.4% of the country's population (MIRANDA; MENDES; SILVA, 2017). This situation becomes worrying due to the consequent increase in the demand for knowledge, care, and services promoting health and maintenance of quality of life (SILVA *et al.*, 2019).

Aging is heterogeneous. Each person presents different ways of experiencing and responding to this process (BRAZIL, 2018), which varies according to different expectations and cultures (DUTRA; CARVALHO, 2021). This highlights a need for specific public policies that promote functional independence as the population ages (GONTIJO *et al.*, 2022; REIS *et al.*, 2021). Public policy can be



understood as a field of knowledge that operationalizes and evaluates governmental actions and intentions in response to the needs and desires of society (SOUZA, 2007).

In 1982, the Vienna International Action Plan on Aging was launched. It presented guidelines to outline policies and legislation on health, consumer protection, nutrition, housing, the environment, well-being and social security, work, education, and older people's families (UNITED NATIONS, 1982). Two decades later, the International Action Plan on the Aging of Madrid was made official. It aimed to guarantee older people's participation and well-being, so that people get active (ORGANIZAÇÃO DAS NAÇÕES UNIDAS - ONU, 2002).

In 1988, the 7th Federal Constitution was enacted in Brazil. It ensured the protection of the elderly and aging (BRASIL, 1988). In 1994 the National Policy for Older People was launched, and it which made official the creation of the National Council of Older People to act in the defense of the citizenship of this public (BRASIL, 1994). The Statute of the Older People (SOP) was launched in 2003 to protect to social rights, especially to life, freedom, respect and dignity, access to health, education, culture, sport and leisure, job professionalization, social security and welfare, healthy eating, housing and transportation (BRASIL, 2003).

In order to reorganize the Unified Health System (UHS – *Sistema Único de Saúde* [SUS]), the Pact for Health (Ordinance No. 399, of February 22, 2006) was enacted. It established a comprehensive health care for older people as one of its priorities, by implementing the National Health Policy for Older People. This was instituted in the same year and aimed to achieve good health levels along with the recovery, promotion and maintenance of autonomy and independence of the elderly population (BRASIL, 2006).

In 2014, the Ministry of Health (MH) launched the Guidelines for Providing Care to Older People in SUS. It contributes to public policies focused on aging, such as actions and strategies already under development, in addition to proposing a new model of health care to be implemented by states and municipalities (BRASIL, 2014). In 2017, the National Health Policy for Older People received an update (BRASIL, 2017a), according to World Health Organization (WHO) guidelines for healthy aging (well-being at an older age, a product of the relationship between individual potentialities and their environment) and active aging (maintaining quality of life as age progresses



with the optimization of safety, health, and social participation opportunities) (OMS, 2015).

The “Technical Guidelines for Implementation of the Care Pathway for Full Health Care of Older People” were published in 2018. They highlighted the need for reviewing and reorganizing public policies as necessary measures to address the challenges posed by an aging population (BRASIL, 2018). In view of the complex needs presented by aging individuals, public policies must seek collective approaches and innovations for full, humanized care (PIN; SPINI, 2016).

Health care requires the integration of services in a network. They must be centered on individuals, their families, and their community context (PIN; SPINI, 2016), and must be based on multidimensional evaluations of clinical, psychosocial and functional points of view. The Health Booklet for Older People is a key instrument to help a comprehensive evaluation; it is recommended by the MH for use in Primary Health Care (PHC) and in implementing care pathways focused on this public (BRASIL, 2018).

In 2014, the Rio Grande do Sul State Health Department (RS) chose the municipality of Canoas to implement Older People’s health guidelines by making use of the booklet (FUNDAÇÃO OSWALDO CRUZ, 2014). In 2017, the MH deemed Canoas a national reference for how to use this booklet in its health services network (CANOAS, 2017). However, its adequate implementation and an expanded approach to aging go beyond the health sector. This imposed the need for action in other sectors in order to provide health care in a comprehensive, longitudinal way (BRASIL, 2018).

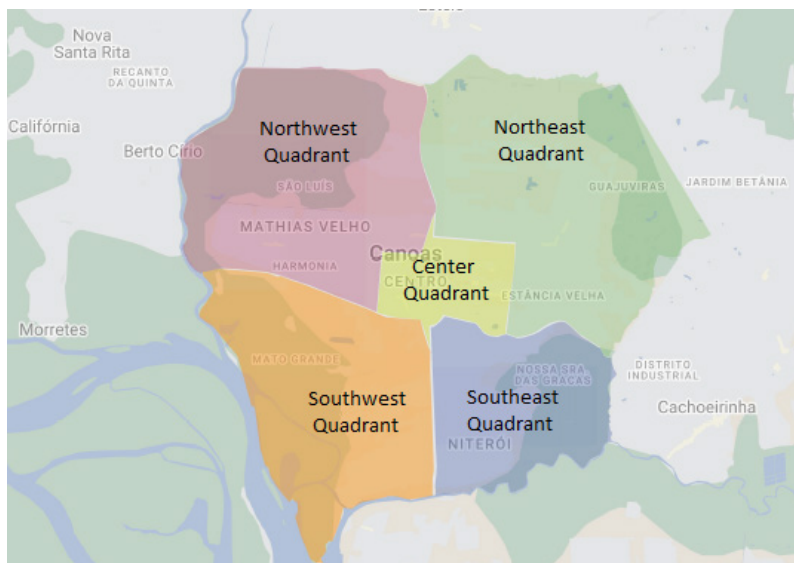
Although Canoas reached the national reference position in using the booklet, it is important to evaluate municipal public policies aimed at aging from the point of view of those who receive them. The demographic transition causes important social and economic impacts. Implementing broad public policies becomes a pressing issue. This must be carried out to ensure that the population age healthily and actively. Consequently, they will be able to contribute to society and the development of their regions. By understanding the policies through the eyes of older people, it is possible to make approximations on the reality lived. This shall make them legitimate social actors and contribute to evaluate local strategy management. The objective of this study was to investigate how older people perceived the implementation of aging public policies in Canoas.



METHODOLOGY

This is a qualitative study that occurred in the municipality of Canoas, located in the metropolitan region of Porto Alegre, Rio Grande do Sul. Its estimated population is 349,728 people in 2021; its Gross Domestic Product (GDP) per capita is R\$ 59,519.12 in 2019; its Municipal Human Development Index (MHDI) is 0.750 (INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA - IBGE, 2022). This municipality has 18 neighborhoods, distributed in five quadrants (as shown in Figure 1): Center, Northeast, Northwest, Southeast, and Southwest. It has 27 Basic Health Units (BHU – *Unidades Básicas de Saúde* [UBS]). Only was the quadrant “Centro” not covered by the Family Health Strategy (FHS – *Estratégia Saúde da Família* [ESF]) when this research was carried out.

Figure 1 | Map of the municipality of Canoas/RS with division of the five quadrants



Source: Google Maps (2023).

The FHS teams use education and health promotion actions to communicate with the population (BRASIL, 2017b). They provide activities to older people and their families and support for the aging process (BRASIL, 2017a). As a resource used by these teams, it is believed that the groups contribute to a better understanding of aging and public policies among older people. This made them adequate to this research approach.

A random selection of four older people health promotion groups was carried out (one per quadrant with FHS) to define who this study participants were. Subsequently, contacts and visits to



BHUs were made between July and August 2020 to present this research and invite the teams to participate in it. After the participants accepted our invitation, we proceeded to randomly selecting three people in each group. We used participant lists provided by the BHU, which were made according to the inclusion criteria – older people who frequently participated in health promotion groups and were promoted by the FHS (participation in four or more meetings), who were present on the day of investigation. Older people with little involvement and interest in the activities proposed in the meetings were excluded from this study. During the selection, the Random Number Table was used to ensure that all BHU with FHS and older people had the same chance to participate.

After we had a list of the selected older people, we paid visits to their homes to present this research and invite them to participate. Their group meetings had been suspended due to the COVID-19 pandemic. During the visits, all sanitary measures recommended by the Municipal Health Department were taken to prevent contagion. They agreed with the Free and Informed Consent Form and signed it. After that, their sociodemographic data were collected, as well as by semi-structured interviews conducted by the main researcher. To do so, an instrument consisting of nine open questions was used.

Table 1 | Open questions of the semi-structured interview instrument.

Order	Open questions
1	Please talk about what “health” is for you.
2	What about “being sick”?
3	Please comment on what you understand about aging.
4	Please explain what healthy and active aging is.
5	For you, what are public policies aimed at aging?
6	In your opinion, are there public policies that allow people to age healthily and actively?
7	Do you recognize these policies in the municipality? Please talk about this.
8	Are the needs of aging met in the municipality? Please comment on this.
9	Please talk about access to rights by older people in the municipality.

Source: Made from the research data (2023).



The interviews were recorded in audio format, with an average duration of 21 minutes. They were transcribed by the main researcher and analyzed by the Content Analysis Method in the thematic modality, as proposed by Minayo (2014). Firstly, the data was organized, followed by a compilation of initial exploratory surveys. After that, the data was classified and compared to empirical facts obtained from the horizontal and exhaustive reading, seeking to understand the internal coherence of the information. Once the empirical categories were established, they were submitted to a cross-sectional reading. Data was clipped and ordered as per units of meaning and relevant themes. This set of clippings underwent successive reflections on the themes, refining the classification process and reaching the formulation of central categories, which received inferences and interpretations in light of the theoretical and contextual basis in the “final analysis”.

The responses of the interviewees were randomly coded to ensure the right to anonymity, using the letter “O” referring to “Older” and a number between 1 and 12, such as: O4 This research project was evaluated and approved by the Municipal School of Public Health Education of Canoas and the Ethics in Research Committee (ERC) with Human Beings of the Lutheran University of Brazil (ULBRA), with a favorable opinion of No. 3,770,368, CAAE 26495819.5.0000.5349, According to Resolution 466/12.

RESULTS AND DISCUSSION

Before presenting the results, it is essential to discuss the data that characterize the studied population. Participants were aged between 60 and 90 years old (eight of them, between 60 and 75; three of them, between 76 and 85; and one was 90 years old); 91.6% of them were women, 66.6% of them self-declared white, and 16.6% of them were black, one brown and one yellow; 50% were widows, while the other part was made up of two singles, two divorced and two separated; 66% lived alone, 25% with children and grandchildren and 16% with partners.

As for the socioeconomic situation, 83.3% were retired; of these, two were also pensioners; 75% of them did not complete elementary school; 16.6% of them completed elementary school; and one did not complete higher education; and 83.3% studied in public institutions. The average personal and family income was R\$ 1,431.67, and only one older person worked autonomously with handicraft. Among those who lived with other people, 75% of them responded that the main



contribution to family income came from other residents of the household.

Regarding housing conditions, 75% of them lived in a brick work houses, one in a wooden house. and, two in mixed models, with five rooms on average. They were equipped with a sanitary sewage system, treated water and a bathroom with a shower, with safety adaptations for older people in 25% of the households. Most of them lived on paved streets; 25% of them lived on paved streets with holes. All of them said that there was public lighting and sidewalks on the streets where they lived, garbage collection service, and close access to safe public transport and religious temples. The BHUs and physical activity areas were available and close to their homes for 91.6% of them; for 75% of them, these areas were in squares; and for 66.6% of them, they were places of leisure.

PERCEPTIONS OF AGING

Aging refers to personal history with wisdom, being valued when it develops with health, which receives definitions elaborated based on collectively promoted old age models, following norms determined by biomedical knowledge restricted to the idea that to age well, one must have comfort, be free from disease, experience full well-being, and be able to maintain their productivity. This suggests a denial of one's age and the various ways of aging. Consequently, care recommendations are presented to younger generations as a measure to achieve healthy and active aging. From the point of view of the older people interviewed, aging is a process that unfolds through personal experiences, culminating with wisdom at an older age.

Since we are born, we get older every day. [...] my life is a story. I've learned many things in life, I have little study, but I've learned at the school of life. Aging in a healthy way, that's the most important thing for me. (O1)

Aging as a natural process of human life is cited in a study by Lopes, Araújo & Nascimento (2016), among the meanings attributed by older people. It is related to life experiences, which confer personal development and historical baggage. In the reports raised by Manna, Leite & Aiello-Vaisberg (2018), the stages of life were also valued. Being at an older age is perceived as a result of one's individual history and the way in which one's various ages were lived.



There is a degree of subjectivity in one's perception of aging and quality of life that is linked to the way each person deals with this phenomenon, considering their socioeconomic and cultural situation (GONTIJO *et al.*, 2022; LOPES; ARAUJO; NASCIMENTO, 2016). Thus, social, family, and collective dimensions must be considered when it comes to being at an older age. This stage of life results from complex individual and collective social processes and practices (FALEIROS, 2014); an individual's environment may influence how healthily they may experience aging (GONTIJO *et al.*, 2022; LOPES; ARAUJO; NASCIMENTO, 2016). It was found that aging in a healthy way is something valued; this is guided by a biomedical point of view.

I think being healthy is... Not feeling so much pain, feeling active enough to do anything without having problems. Being healthy is always being well. Not having problems with doctors. [...] for me, being, if I am... bedridden, not being able to do my activities. (O2)

Not having to depend on others or anything. The worst thing is to depend on others. (O5)

Good health levels are really paramount to a long and satisfying life (MANTOVANI; LUCCA; NERI, 2016). However, the conception of health as absence of disease, suffering or pain, feeling active and able perform daily activities, is also found in a study that addressed older people of health education groups in the city of Porto Alegre (VALER *et al.*, 2015). To some extent, this study outlines their conditioning to hegemonic biomedical knowledge, which defines a model being at an older age to be followed (LUBENOW; SILVA, 2019). This is collectively accepted and signed by rules such as the valorization of the maintenance of activity routines, in order to keep busy, consuming and rejuvenating (ROCHA *et al.*, 2022).

Thus, the results corroborate a study by Mantovani, Lucca & Neri (2016), demonstrating the importance that the maintenance of active and independent life takes on in the discourse of older people, especially when they are faced with the possibility of dependence. Evidence indicates that being at an old age appears in health and quality of life reports only when it is possible for older people to remain in their labor activities. Diseases would be related to impossibility and inability to perform activities and make choices with autonomy (KREUZ; FRANCO, 2017). From a knowledgeable, experienced perspective, guided by an ideal of being at an older age to be followed, recommendations for younger generations emerge regarding their aging processes.



When you're younger, you mustn't surrender [...] to drinking, addiction. That'll ruin your life, your aging, everything. Your family will collapse. (O7)

Not thinking about getting old, but only thinking about being young. I'm thinking of my youth. (O9)

The narrative that presents a list of care for good aging was also observed by Manna, Leite and Aiello-Vaisberg (2018). They highlighted the perception that every older person can achieve happiness, stay healthy and active if they maintain some pre-determined behaviors throughout life. Similarly, in Italy, the United States of America (USA), Thailand, South Africa, Botswana, and Saudi Arabia, older people recommend care measures for young people such as respecting their families, focusing on work, refraining from using drugs, and maintaining a healthy lifestyle (KARLIN; WEIL, 2017). In their discourse, youth is valued. This which suggests a denial of being older and attributes to younger people a hope for change; moreover, it forsakes the subjective aspects in the perception of the aging process itself in relation to one's cultural context (MENEZES *et al.*, 2015).

It is interesting to highlight that the elderly's gaze on aging and health contributes to understanding how they perceive it as healthy and active through a more comprehensive approach.

Eating well, maintaining one's sleep hours [...], physical activities [...] is healthy. Being able to do anything by yourself. Going out, doing things at the bank, shopping, going to the supermarket. (O2)

Being able to travel and doing whatever you want if you feel like it. Buying something, something that I dream and wish to have, just going there and buying it. So, that's an active person. (O1)

Even though the participants demonstrated to perceive health from a biomedical standpoint in previous talks, O1 and O2 highlight key aspects that indicate their recognition of healthy and active aging not only as the absence of disease. They seem to agree with older people interviewed in Belém (Pará) and Campinas (São Paulo) who link healthy aging to maintaining one's functional capacity, autonomy, and lifestyle (MANTOVANI; LUCCA; NERI, 2016). Attention to self-care, especially regarding healthy eating, doing physical activity, having good sleep and resting habits, was also among the aspects that define healthy aging for the older people investigated by Valera *et al.* (2015).

The necessary widening of perspective, when it comes to healthy and active aging, coincides with the procedural character that both terms carry according to the concepts established by the WHO (2015) and are used by the National Health Policy for Older People (BRASIL, 2017a). Healthy aging goes beyond a simple absence of disease. A large proportion of older people live with chronic diseases and still maintain good levels of functionality. The WHO defines healthy aging as the process of promoting and maintaining functional capacities (the product of the interaction between physical and mental capacities and the environment), which allows individuals to maintain their well-being at an older age (OMS, 2015).

Moreover, there is a close relationship between healthy aging and daily occupation activities, whether they are manual, domestic, or travels for one to keep active (VALER *et al.*, 2015). However, the focus given to one's ability to perform daily activities seems to take into account the possible physical and functional limitations arising from the aging process, potentially hindering social participation. A similar finding was observed in the investigation of older people in several other realities, especially when considering the definitions of active aging postulated by the WHO (KARLIN; WEIL, 2017) as a process of improving opportunities for safety, health, and social participation with quality of life, as age progresses (OMS, 2005).

MUNICIPAL PUBLIC POLICIES FOCUSED ON AGING

This category presents the perceptions about public policies. Although they were acknowledged as to their plurality by one of the older people, for most of the interviewees, they were associated with political party actions and participation restrictions. This may be related to feelings of aversion to the issues that involve politics and the reduced knowledge of the rights themselves, a problem that has been receiving attention in some BHUs in this territory. Other actions were also identified for healthy and active aging; however, there were weak points in the service network, suggesting that improvements be made in public policies. Thus, one of the interviewees pointed out that there is a variety of ways to define politics.

Politics has different ways of being. Labor politics at work, about individuals who help older people, [...] a healthy policy [...] for the sake of the people. (O4)



Public policy is legitimate in spaces of conflicts of interests and ideas, producing responses to social needs in various ways. However, by focusing on problem-solving, many definitions may disregard the important role of the clash of ideas and representations of different groups (SOUZA, 2007). Answers emerge in a cyclical way. They originate in a decision-making process influenced by economic interests and social mobilization (GONÇALVES; BRANCHI, 2019). By its turn, social mobilization is not acknowledged by the other interviewees. Among them, the idea of political party action prevailed, but it did in a restrictive way for some of them.

Politicians are the ones who have to... they can assign people for certain jobs and tasks. (O7)

I think older people can't actually do anything. You have to wait for politicians' willingness... What can we do? (O1)

In their talks, it is possible to observe the manifestation of popular feelings of rejection to politics. To a certain level, they may have been evoked by the way the research questions were formulated – the term “public policies” was used. However, in a study carried out in five municipalities of Santa Catarina, it was found that older people’s demands were not met in the processes of decision-making and defining local public policies (PEREIRA; LACERDA; NATAL, 2017). This context differs from what was found in Canoas, a municipality that has a Municipal Council for the Rights of Older People (COMDI). It is a permanent, equitable, articulator, advisory, deliberative, supervisory and evaluator organ, which represents the interests of older people. It consists of members of the public sector and civil society (PREFEITURA MUNICIPAL DE CANOAS, 2008). The older people’s passive attitude found in their discourse concerning political affairs may be related to their limited knowledge of their own rights.

Look, to tell you the truth, I've never had access to reading and to knowing these rights. (O2)

Older people often have rights, but no one says anything [...] They don't know they have that right. Yes, you need information. (O10)

A study carried out in the Taquari Valley, in the countryside of Rio Grande do Sul, also pointed out a lack of knowledge of rights among the older people investigated. This segment’s social participation was restricted to leisure groups, workshops, and gaucho tradition centers, with little



involvement in municipal decisions and actions on older people's health (REIS; KOETZ; PERICO, 2016). This situation constitutes a serious social problem. It indicates failures in the implementation of the precepts established by the National Policy for Older People and the Statute of the Older People. They state that families, communities, the society and the public authorities are responsible for effectively exercising these rights (BRASIL, 1994; 2003).

Aging must find support in macrostructural elements that enable access to resources for a long and dignified life (MANTOVANI; LUCCA; NERI, 2016). It is up to society to promote spaces that integrate older people, value their experiences, experiences and opinions and ensure social and intergenerational participation (LOPES; ARAÚJO; NASCIMENTO, 2016). According to the reports, some BHUs have been working on the problem of disinformation. This has been resulting in recognition and satisfaction with citizens' access to services and exercise of their rights in the municipality. Also, there have been incentives to participation in public policies.

At the outpatient clinic, we study and learn about the rights of people and older people. I think Canoas is one of the best cities for older people's rights. (O4).

We also have to fight for them, right? [...] You can't just wait with your arms crossed. (O1)

PHC professionals occupy a relevant space to educate and promote health for older people. They should incorporate a stimulus for acknowledging and appreciating citizenship into their practices (VALER *et al.*, 2015). Health education must respect culture, values, norms and ways of life, starting from the knowledge and reality experienced by older people to meet their demands. There must be greater involvement and participation in the decisions of the community and of the health itself (VALER *et al.*, 2015).

Thus, the social resignification of aging is pressing, considering the contribution of older people through access to rights and exercise of citizenship (COELHO; MOTTA; CALDAS, 2018), qualification of health professionals and provision of adequate public spaces for the aging population (MAIA *et al.*, 2020). Also, according to the participants, this municipality has been working so that the aging of its population occurs in a healthy and active way.



Today we age more healthily than in the past. (O1)

Of these older people meetings, of these physical activities. [...] These meetings are very nice [...] people are too solitary. Widows, older couples would go and participate. (O6)

From the health office over there. I love these girls [community health agents] [...] they're my family. (O9)

Of these courses that they offer [...], I did the first aid, cut and sewing. (O4)

A feeling of contentment with the current situation marks the municipal progress in the search for healthy and active aging. In the reality studied, most of the elderly people had access to leisure spaces, physical activity, and BHUs near their homes. In a survey conducted in the Older Age Gyms in Rio de Janeiro, the vast majority of the older people were able to go to the activity spaces on foot. They considered proximity an important factor. The entry of older people in gyms was motivated by health problems and medical indication, but their permanence was related to the affection established with the activities and the environment. This contributed to their maintaining autonomy, positively influencing their levels of health and quality of life (HARRIS *et al.*, 2020).

The visits of the Community Health Agents, who were PHC professionals, are also reported. This level of care is considered a priority in providing health care and monitoring older people, preventing illness and promoting health and healthy aging (PLACIDELI *et al.*, 2020). Another action was identified in health promotion groups, which constitute spaces of education in health and social relations (COELHO; MOTTA; CALDAS, 2018). Preventing isolation and fostering older people's participation were also aspects found by Guerra *et al.* (2020), in older people groups living in the municipality of Guanambi/Bahia. They are focused on improving health conditions, promoting feelings of utility and well-being, as well as social support and support.

Continuing education activities in workshops and courses focused on older people can contribute to reducing sensory losses and abilities with the advancement of their age, improving the perception of themselves, their stance on life, and the cultural context of insertion (ADAMO *et al.*, 2017). The feeling of well-being and adherence to actions promote health (FERREIRA *et al.*, 2020), and active aging. Older people must be dedicated participants in the education spaces (ADAMO *et al.*, 2017). Even though policies and actions on aging are being implemented, some weak points were identified in the service network.



They never have some medicines. I'm buying the missing ones myself. (O1)

There are people who spend three, four years waiting for an exam and are never called. (O2)

The transport is that way. Because sometimes companies are private, and their service is poor. (O11)

The issues with health services are a reality not only in Canoas. In other corners of the country, the same difficulties occur regarding having access to medicines, scheduling medical appointments (KREUZ; FRANCO, 2017; PEDRAZA *et al.*, 2018), and having to stay in waiting lines for specialist doctors and exams (RABBIT; MOTTA; CALDAS, 2018). In a research carried out by Cruz *et al.* (2020), it found that non-institutionalized older people experienced greater difficulty in accessing public health services. One of the causes of this issue was a lack of public transport, which led to negative perceptions. It should be noted that safe, free and available public transport to the older population constitutes a right signed in the SOP (BRASIL, 2003). Not only must transportation be provided for them to search and have access to health services, but to provide social participation and independence (FERREIRA *et al.*, 2020).

With the increase in the demands of demographic and epidemiological transformation, it is important that investments are made in social public policies and in the health system (MIRANDA; MENDES; SILVA, 2017). Among the aspects that deserve attention in the health service network, the Health Booklet for Older People is associated with a perception of reduced problem-solving. There are suggestions for improvements.

We received that booklet to be there. What is it for? If it was a minor thing, and the doctors would accept to write something in it. That could be improved because then you carry that book, you know... The doctor asked me for that exam, and he writes what he is asking for in it. (O12)

According to this participant, there are failures in the implementation of the booklet, and this causes confusion regarding its function. Distributing the booklet, by itself, does not guarantee the effective use of health services on a daily basis. Using the booklet should be associated with team training, as it has been carried out in the state of Minas Gerais. Some actions of the Mais Vida Program include distributing the booklet and training health professionals to work with the older people public (PASSOS; BARRETO;



CARRIERI, 2019). These capabilities also need to include multidimensional evaluation, clinical-functional stratification, and care on various frailty levels (MAIA *et al.*, 2020). By using the booklet at health services properly, each older person's vulnerability and health status is identified. This enables planning of specific care measures (PASSOS; BARRETO; CARRIERI, 2019).

It must be pointed out that being at older age should not be restricted to illness despite the care that is really necessary for each individual and its aging process (PLACIDELI *et al.*, 2020). This instigates reflections on longevity, how the elderly experience this process, and the measures that need to be taken to achieve them with quality and dignity (VALER *et al.*, 2015). Some improvements were suggested for public policies.

When it comes to food, there could be some security, some help. (O10)

A boulevard with benches for people to sit down, an area for kids to walk around. We could take our grandchildren for a walk. There could be an ice cream parlor, a bar. (O11)

Their concern with food may be related to the trend of social homogenization of aging and older people that proposes the search for a healthy body and prescribes food rules (KREUZ; FRANCO, 2017), disregarding the diversity among these individuals. The idea of a single way of aging is often inserted in contexts of inequalities, aggravated by high costs and difficulties in maintaining healthy behaviors (PASSOS; BARRETO; CARRIERI, 2019). This argument emphasizes that public policies consider the various social determinants that affect the population, as well as their access to resources and services that provide healthy choices (FERREIRA *et al.*, 2020).

In view of this, as a practice, nutrition for older people must be rethought in its biological, social and cultural complexities. It must consider issues that involve their participation in decisions, access, autonomy, care, and self-satisfaction (MENEZES *et al.*, 2015). To promote the aging population's health, safe spaces for interaction and practice of physical activities must be guaranteed. The architecture of public spaces, leisure areas, squares and cultural spaces must be replanned (FERREIRA *et al.*, 2020; ROCHA *et al.*, 2022).



CLOSING REMARKS

This study identified the point of view of elderly people who receive the actions of public policies implemented in the municipality of Canoas, Rio Grande do Sul. The topic of aging emerges in their talks as a process determined by stories and life experiences that have given them wisdom at an older age. This is valued when it is linked to being healthy. Older age models collectively formulated and propagated influence the representation of aging and condition the way one perceives health and being at an older age. This takes place in tandem with an appreciation for being young to the detriment of one's uniqueness and the very aging process. This aspect draws attention to the importance of investing in actions that promote being at an older age and the contributions of older people in their families, communities, and the society. This shall help them improve how they value themselves.

Political-partisan perception prevailed in a restrictive and exclusionary way, which was possibly explained by their reduced knowledge of their own rights. Some BHUs have been working to tackle this problem. However, its solution requires collective and intersectoral involvement to ensure older people's citizenship and social participation. Progress in actions and public policies for healthy and active aging were identified. Nonetheless, there were weaknesses in the health and transport service networks, as well as an emphasis on the need to improve the use of the Health Booklet for Older People, which seems to present implementation failures. Improvements were suggested, such as the guarantee of aid for food and the improvement of public spaces for social interaction, leisure and physical activities.

When addressing group participants only, the investigation did not take into account the perspective of older people with lower levels of functional capacity or living in situations of social vulnerability. These limitations suggest new studies with these segments and with people in other age groups in order to analyze how well municipal public policies can provide decent aging for all people, at all ages. This study contributed to the evaluation of municipal public policies, especially those specific and intersectoral in health directed to aging. It highlighted elements that are perceptible only to those who are most interested in its implementation in order to contribute to assess effectiveness and devise management practices and strategies.



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