Health and Health Care

Country Paper Brazil

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Health and Health Care of Older Brazilians: Current Status

Health

The longevity revolution[1] is in full swing in Brazil, as the proportion of older persons (60 years and over) increases and as older people live longer than ever before. Their representation in the population has increased from 4.7 percent in 1960 to 10.8 percent in 2010[2] and will continue to increase to 29 percent by 2050[3]. Life expectancy at birth in 2008 was 72.3 and is expected to be higher than 81 years by 2050[4]. Calculations of life expectancy at ages 60, 75, and even at age 80 have shown steady increases in recent years[5].

These demographic changes are reflected in a major epidemiological transition, with chronic, non-communicable diseases (NCD) common in later life becoming a major health priority, accounting for 74 percent of all deaths in 2008[6]; in this distribution cardiovascular diseases are the leading causes of mortality, followed by cancer. Smoking among today's older generation is manifested in increased tobacco-related cancers; changing reproductive patterns have led to increases in breast cancer, and the presence of more men of advanced age is paralleled by a rise in prostate cancer rates[7].

Progress has been made in reducing smoking-related cardiovascular and respiratory disease deaths, as a result of highly successful anti-tobacco measures and improvement in access to primary health care[8]. Self-reported good health improved among older adults from 1998-2008, with a decrease in self-rated prevalence of arthritis, heart disease and depression[9]. However, as Brazilians have become more urbanized and wealthier, they have adopted the unhealthy habits common in developed countries which are leading to higher rates of diabetes and hypertension[10]. A telephone survey of older people in all state capitals and in Brasilia revealed that 87.5 percent are sedentary, 62.4 percent are overweight and 67.5 percent consume fruits and vegetables irregularly[11]. Negative changes in health behaviours are now resulting in increasing disability in later adulthood for both men and women: new findings from the SABE study in the city of São Paulo show that from 2000-2010 persons aged 60-64 years gained two years of life, but lost three years of life expectancy in good health[12].

Preventable injuries add to the morbidity and mortality burden at all ages. Homicide rates are high in Brazil, and, although victims are most often young men, the risk for a man aged 75 years and older to be murdered is 5.1 times higher than for a woman of the same age[13]. Falls-related injuries are a serious public health concern, accounting for an estimated 42.5 percent of hospital admissions of older people in 2006[14].

Older Brazilians experience considerable health inequalities owing to large socio-economic disparities between and within regions. Chronic disease deaths have increased in the poorer Northeast region of the country at the same time as they have declined in more affluent regions[15]. Within Porto Alegre, a city in the affluent state of Rio Grande do Sul, there are more premature deaths from cardiovascular disease in poorer neighbourhoods than in richer ones[16].

Health Care

Since 1988, Brazil has a dual health care system which guarantees the right to free health care for all citizens through the Unified Health System (*Sistema Único de Saùde* – SUS) yet which allows a parallel private health care system. About three-quarters of the population of all ages rely on the SUS[17], which places an emphasis on community-based primary health care teams. An important component is the Family Health Care Program (*Programa Saúde da Familia* – PSF), established in 1994, that registers people in small communities with the local health administration and provides home visits by a multi-professional health team. The PSF focuses not only on medical needs but also on health promotion and attention to the social determinants of health.

In the last years, surveillance activities have gained prominence. The Ministry of Health and the Secretariat of Surveillance put in place several information systems to identify risk factors for chronic diseases, promote health and monitor and evaluate the impact of its activities. There is a national database providing data on mortality, morbidity, risk factors, health knowledge, attitudes and practices as well as environmental health. In 2011, an information system exclusively on the health of older people, *SISAP-Idoso*, was established to guide health professionals' and managers' decision-making and planning.[18]

Several health promotion and disease prevention initiatives for older persons have been undertaken within the last decade, in line with the World Health Organization active ageing framework[19]. At federal level, the Ministry's objective in relation to ageing and the health of the older person is to promote integrated care for older people and people with chronic diseases, stimulating active ageing and the prevention and control of harm. The following initiatives have been implemented to ensure the achievement of this objective.

- The Statute of the Older Person of 2003[20] instituted preferential treatment for older people in the Unified Health System, free distribution of medication for chronic conditions such as diabetes or hypertension, and a companion during hospitalization.
- In 2006, the Brazilian Government identified the health of older persons as one of its key priorities and established the National Policy on the Health of Older People.[21] The primary objective of the Policy is the restoration, maintenance and promotion of autonomy and independence of older people. Several specific federal initiatives stand out as worthy of note, including vaccination campaigns especially for older people; booklets to support self-care and family and other informal caregivers; training on prevention of osteoporosis, falls and fractures; caregiver training for family and paid caregivers; and subsidies to purchase medication and continence supplies.
- The National Health Plan for 2012 to 2015 renewed the commitment to maintain and improve the health of older Brazilians and added a focus on training health care professionals through distance learning.

These improvements in health promotion and primary care are contributing to improve the health and quality of life among older Brazilians[22]. However, in other respects, the health system is not adequately prepared to respond to the needs of an ever-growing older population. One reason is that Brazil is challenged by a coexistence of new and old health problems where

communicable diseases are still present at the same time as chronic diseases become more prevalent. Health inequalities persist. Health strategies do not adequately address the social determinants of health and do not provide the supportive and enabling environments required to maintain optimum functional capacity and quality of life.

Accessing the SUS services can be difficult. Even though the access to primary care has improved, there are still problems with access – many of them being independent of the socioeconomic status of the older person. A study in João Pessoa, capital of the northeastern state of Paraíba, reveals that not the socioeconomic condition or the type of disability create barriers to access health care, but architectural features and aspects of the health service itself.[23] Accessing health care was difficult owing to inaccessible transport, poor physical infrastructure of the neighbourhood, difficulty in arranging appointments, lack of priority treatment, long waiting times and a lack of home visits of the multi-professional health team.[24]

As in many other countries, geriatricians are in short supply and physicians in general receive insufficient training in geriatrics and gerontology[25]. Both community and institutional care for chronic illness and frailty are sorely lacking[26]. Voluntary service organizations are virtually non-existent, and there are no public home care services. Older persons in the community rely almost exclusively on an eroding supply of family caregivers[27]. In 2011, there were only 218 public care institutions for 20 million older Brazilians and 71 percent of all municipalities did not have long-term care institutions[28]. In this country, older persons are eligible for institutional placement only if they are indigent and completely lacking family support[29]. More Brazilians are dying at older ages, but palliative and end-of-life care is rare in any setting.

The Way Forward: Policy Recommendations

Brazil stands out as a positive example among middle-income countries for its universal public health care system, for a national focus on health promotion and disease prevention for older persons and for a strong capacity for data collection and research that are clear assets for monitoring program performance and evaluating policy initiatives. Moreover, as the next section will demonstrate, there is a clear willingness to improve health and health care for Brazilians through innovation and adoption of best practices.

In order to benefit fully from the health promotion and disease prevention programs underway and to address the deficiencies in the current health care system, Brazil should implement a life-course perspective on health and aging[30]. A life-course perspective recognizes that the health of an individual at any age is the cumulative effect of her/his experiences and choices, and that there are wider differences in health and in functional capacity among older persons because of the divergences in their lives than among younger people. The goals of health policy in older adulthood encompass the full spectrum of health states and corresponding interventions, from maintaining independence and preventing disability to rehabilitation and ensuring quality of life. Applying the life-course perspective, the health policy in Brazil would aim to:

- systematically create supportive environments that foster healthy choices at all ages to stem the rising tide of chronic disease and disability,
- eliminate barriers in the built and social environment to avoid transforming functional impairments into disability,
- provide timely and appropriate care in a full range of settings (home care, supportive housing, and long-term care institution) and health services (including age-friendly primary health care, age-friendly hospitals),
- provide a solid basic foundation and mandatory continuing education in geriatrics and gerontology for all health and social service professionals, including all physicians,
- apply an intergenerational and gender-sensitive lens that considers the health and wellbeing of all members within a family and addresses issues of social support and caregiving.

Successful Strategies

Most of the initiatives described here have been evaluated, or include formal evaluation components.

- *"Gyms for Older People", also called "Outdoor Gyms" or "Gyms of the City"*. Promoted by the federal Ministry of Health and implemented by municipalities, this initiative now counts over 1,000 facilities across the country. Within the City of Rio de Janeiro alone, 130 gyms were installed between 2009 and 2013.[31] A team of professionals is available twice a day to orient the users. A study on the use and impact of such gyms in the southern State of Paraná shows that the physical exercise promoted a better quality of life, a better performance of ADLs and hence a higher level of independence.[32] Despite these benefits, the gyms are not seen uncritically, mainly because the equipment is often used without guidance and without prior physical assessment.[33]
- *Age-Friendly São Paulo.* In 2012, the State of Sao Paulo undertook a state-wide, comprehensive initiative to implement the WHO Age-friendly Cities initiative. To ensure a truly inter-sectoral implementation, the Governor of Sao Paulo established an inter-sectoral State Committee and required actions from every Secretariat. Participating municipalities engage in a progressive program of mandatory and elective actions, with clear objectives and performance measurement that are recognized by graduated levels of an "Age-friendly Seal" (bronze, silver and gold).
- *Rio de Janeiro Secretariats for Healthy Aging and Quality of Life.* The City of Rio de Janeiro established a Municipal Secretary for the Third Age in 2001, which became the Secretary for Healthy Aging and Quality of Life in 2009. The Secretariat´s major successful initiative has been to set up the popular and effective Gyms for Older Persons throughout the city. In 2012, the State of Rio de Janeiro followed suit, creating a State Secretary for Healthy Aging and Quality of Life.
- *Rio de Janeiro Mobile Eye Clinic*. The City of Rio de Janeiro sends a mobile eye clinic throughout the city to provide free eye examinations to anyone aged 40 years and older. Prescription eyeglasses are provided

at no cost and persons with conditions requiring opthamological attention are referred to a specialist within the public health care system.

- *Geriatric Medical Centre*. The State of Sao Paulo is supporting a number of initiatives aiming to turn the *Hospital do Servidor Público Estadual* into the biggest medical centre of Latin America specialized in attending older patients.[34] It is too early to evaluate the effectiveness and impact of this initiative, but the initiative is already being replicated elsewhere.
- *Community Centres.* As intended in the National Policy on Social Assistance, community centers for older people (*Centro de Convivência*) have been established throughout the country. These centers offer a range of health promotion activities, including physical exercise, computer, arts, yoga, theatre and dance classes. Participation in activities of these centers has been shown to benefit older people socially cognitively, e.g. life satisfaction in terms of social involvement, word fluency and word recall.[35]
- *Geriatric Reference Centres*. Reference centers have been established throughout the country, and especially in the south and southeast of the country. The Reference Centre of the Northern Zone in Sao Paulo, for example, is an ambulatory secondary care centre with assessment by a multi-professional team that supports primary care providers in the community as well as a community centre to promote social and mental wellbeing. The Reference Centre also acts as a training center in geriatrics and gerontology.
- *E-Health Kit*. A portable e-health kit consisting of a backpack with tools to measure health indicators was recently assessed with in a sample of 100 older people in a low-income hilltop settlement in Rio de Janeiro who have difficulty accessing the community health centre. The study indicated that the e-health kit allows health professionals to monitor and treat health problems in a timely and cost-effective way and that it improves the medical examination experience for older people.[36]

In conclusion, based on current trends, the prospects for health and health care for older Brazilians are mixed. There have been significant gains in health in past decades, and there is a good basic health care system with a well-performing primary care component. Brazilian health and social policy seriously addresses issues related to aging and older persons, and is supported by strong data and research capacity, as well as by a willingness to innovate and adopt best-practices in promotion, prevention and primary care. However, Brazil is also experiencing the increasing health risks of economic development – sedentariness and poor nutrition – that are already eroding the health and wellbeing of older persons. In addition, the Brazilian health care system is weakest precisely in the area where it needs to be strong, now and in the future: the provision of a continuum of support and care to prevent or control disease progression and disability and to ensure quality of life until the end of life. To set the right course for health in a rapidly aging country, ILC Brazil recommends the adoption of a life-course policy perspective with strategies to ensure supportive and enabling environments for health and a continuum of care.

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