



Public Health Policies for healthy aging in Latin America: an integrative review

Políticas Públicas de Saúde para o envelhecimento saudável na América Latina: uma revisão integrativa

Políticas Públicas de Salud para el envejecimiento saludable de América Latina: una revisión integrativa

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ABSTRACT

Objective: To contextualize public policies for healthy aging in Latin America, based on the analysis of scientific production on the subject. **Methods:** This is an integrative literature review, carried out in December 2019 and January 2020 through a search in the National Library of Medicine (Medline), Virtual Health Library (VHL), and Scientific Electronic Library Databases Online (SciELO), adopting the following descriptors: healthy aging (Envejecimiento Saludable) and public health policy (Política de Salud), concurrently with the application of the Boolean operator and, in Portuguese and Spanish. As inclusion criteria, the following were considered: complete original and review articles (bibliographic and documentary) referring to public policies for healthy aging and open access. However, the papers that did not address public health policies for the elderly, duplicate studies, editorials, theses, and publications unrelated to the Latin American reality were excluded. The time limit was not considered. **Results:** 37 articles were listed, distributed into four categories of analysis, according to the topic addressed: public policies for aging; aging (healthy?): some proposals, aging and disease, and finally, the health of the elderly and health professionals. **Conclusion:** The demographic transition experienced in the countries of this study signals a concern regarding the future demands necessary for the care of the elderly population.

Descriptors: Healthy Aging; Public Health Policies, Health of the Elderly.

RESUMO

Objetivo: Contextualizar as políticas públicas para o envelhecimento saudável na América Latina, a partir da análise da produção científica no tema. **Métodos:** Trata-se de uma revisão integrativa da literatura, realizada nos meses de dezembro de 2019 e janeiro de 2020 por meio de pesquisa nas bases de dados National Library of Medicine (Medline), Biblioteca Virtual em Saúde (BVS) e Scientific Electronic Library Online (SciELO), adotando-se os seguintes descritores: envelhecimento saudável (Envejecimiento Saludable) e política de saúde pública (Política de Salud), concomitantemente com a aplicação do operador booleano and, nos idiomas português e espanhol. Como critérios de inclusão consideraram-se: artigos originais e de revisão (bibliográfica e documental) completos referentes a políticas públicas para o envelhecimento saudável e de acesso livre. No entanto, excluíram-se artigos que não abordassem políticas públicas em saúde para idosos, estudos em duplicidade, editoriais, teses e publicações não relacionadas à realidade latino-americana. Não se considerou o limite de tempo. **Resultados:** Elencaram-se 37 artigos, distribuídos em quatro categorias de análise, de acordo com o tema abordado: políticas públicas para o envelhecimento; envelhecimento (saudável?): algumas propostas; envelhecimento e doenças e; por último, saúde do idoso e dos profissionais da saúde. **Conclusões:** A transição demográfica vivenciada nos países deste estudo sinaliza uma preocupação diante das futuras demandas necessárias à assistência da população idosa.

Descritores: Envelhecimento Saudável; Políticas Públicas de Saúde; Saúde do Idoso.



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RESUMEN

Objetivo: Contextualizar las políticas públicas para el envejecimiento saludable en la América Latina a partir del análisis de la producción científica en el tema. **Métodos:** Se trata de una revisión integrativa de la literatura realizada entre diciembre de 2019 y enero de 2020 a través de una investigación en las bases de datos National Library of Medicine (Medline), Biblioteca Virtual en Salud (BVS) y Scientific Eletronic Library Online (SciElo) utilizándose de los descriptores a seguir: envelhecimento saudável (Envejecimiento Saludable) y política de saúde pública (Política de Salud) con la aplicación del operador booleano and para los idiomas portugués y español. Se consideraron los criterios de inclusión a seguir: artículos originales y de revisión (bibliográfica y documental) completos referentes a las políticas públicas para el envejecimiento saludable y de acceso libre. Sin embargo, se ha excluido los artículos que no tenían el tema de las políticas públicas de salud para mayores, los estudios duplicados, los editoriales, las tesis y las publicaciones que no tenían relación con la realidad latino-americana. No se ha considerado el límite de tiempo. **Resultados:** Se ha elegido 37 artículos que han sido organizados en cuatro categorías de análisis según el tema abordado: políticas públicas para el envejecimiento; envejecimiento (¿saludable?): algunas propuestas; envejecimiento y enfermedades y enfermedades y; por fin, salud del mayor y de los profesionales sanitarios. **Conclusión:** La transición demográfica vivida en los países del estudio señala una preocupación delante las futuras demandas necesarias para la asistencia de la población mayor.

Descriptores: Envejecimiento Saludable; Política de Salud; Salud del Anciano.

INTRODUCTION

Population aging has been observed in developing countries for decades, such as Latin America. At different paces, but across the board, the epidemiological transition that began in the 1970s occurred in most Latin American countries, as a result of the drop in the fertility rate and the continuous increase in life expectancy⁽¹⁻³⁾.

According to estimates by the United Nations (UN), data from 2020, Latin America and the Caribbean have approximately 654 million inhabitants. Of this total, elderly (over 60 years old) represent 13% of the population⁽⁴⁾, although countries like Cuba and Uruguay register significant aging rates, whose elderly populations represent more than a fifth of their inhabitants (21.3% and 20.2%, respectively)⁽⁴⁾, similar to European countries like Ireland and Luxembourg⁽⁴⁾. In addition, Chile, Argentina, and Brazil point to an expansion trend in aging (17.4%, 15.5%, and 14% of elderly, respectively) with an estimated recrudescence in the coming decades⁽⁴⁾.

The analysis of population aging tends to point out, in general, its negative effects: prevalence of potentially disabling chronic conditions, possible dependence on basic daily life care, and increased demand for health services. These factors represent a challenge to health and social security systems, especially in developing countries with less available resources for investment^(1,3,5,6).

Latin American countries experience the aging process with some similarities, including the feminization of old age: life expectancy is higher for women who sometimes play the role of caregiver of their elderly partner^(1,7,8). Another characteristic is the increase in people aged 75 years or more, that is, aging among the elderly age groups, with a greater occurrence of chronic conditions and health and/or informal care needs^(1,6,7,9). This means that although older people live longer, this additional period may not be healthy due to functional disabilities⁽⁹⁾.

In this context, the United Nations defined the period 2021-2030 as the Decade of Healthy Aging⁽¹⁰⁾ to enhance the capabilities of older people, promote health through the educational approach on healthy lifestyles, safety, and occupational health throughout life⁽¹⁰⁾. The transformation in demographic dynamics and the chronic conditions common in this age group highlight the need to plan public policies aimed at comprehensive care and people-centered development^(3,5,6).

Thus, this review aims to contextualize public policies for healthy aging in Latin America, based on the analysis of scientific production on the topic.

METHODS

It is an integrative review article⁽¹¹⁾ on the scientific literature that attempted to answer the following question what is the context of public health policies for healthy aging in Latin American countries?

To answer this question, the National Library of Medicine (Medline), Virtual Health Library (BVS), and Scientific Electronic Library Online databases were used (SciElo).

The following descriptors were adopted in Health Sciences: healthy aging (Envejecimiento Saludable) and public health policy (Política de Salud), concomitantly with the application of the Boolean operator and, in Portuguese and Spanish, to contemplate original studies of the countries of interest to this review.

The search took place between December 2019 and January 2020 by one of the authors who selected the studies. No specific instruments were adopted to assess the quality of the studies, as they had different objectives, methodological characteristics, and designs. In addition, it was decided not to specify a time limit so as not to restrict old publications on the subject that were of interest to analysis.

Inclusion criteria included: complete original and review articles (bibliographic and documentary) related to public policies for healthy aging and open access.

The inclusion of review studies was due to the relevance of the content for the proposed discussion, given that the organizing regulations of public policies are the object of discussion in several studies listed.

Thus, 277 studies were found, of which three were in the National Library of Medicine (Medline), 164 in the Virtual Health Library (BVS), and 110 in the Scientific Electronic Library Online (SciELO).

Afterwards, the titles and abstracts of the articles were carefully read, and those that did not address public health policies for the elderly, duplicated studies, editorials, theses, and publications unrelated to the Latin American reality were excluded. After this selection phase, 37 research were chosen. The search steps are described in Figure 1.

After the selection of studies, the presentation and analysis followed.

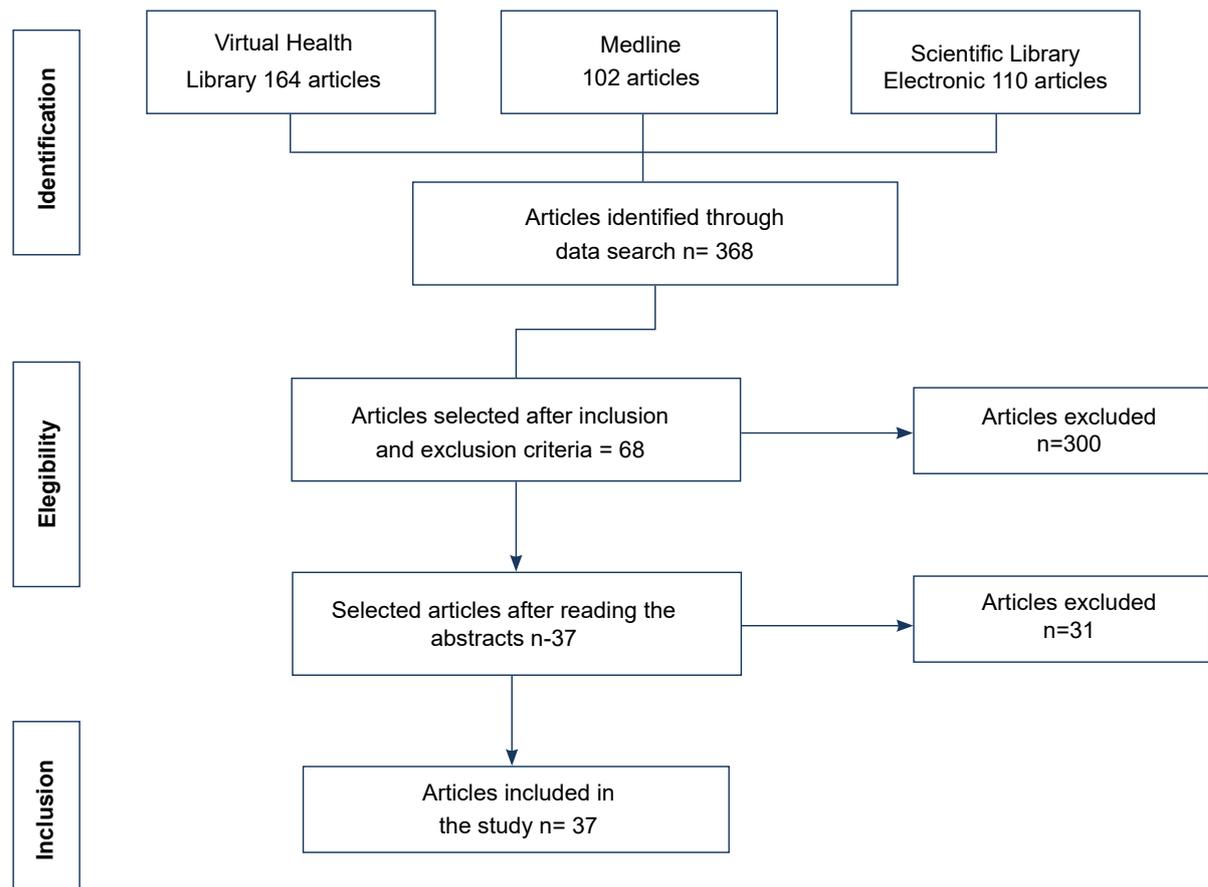


Figure 1 - Description of the study selection method.

Source: elaborated by the authors.

RESULTS

This research included 37 articles on the public policies for the healthy aging topic in Latin America. Table I provides a summary of the results.

Table I - Research results (authorship, year of publication, title, type of study and place of publication, objectives, and main results).

Authors/ year of publication	Title	Kind of study/ place of publication	Objectives	Main results
Veia HDB, Lauzarique MEA, Piñero JSP, Rodríguez KA, Cabrera AR, Barros MDCP, et al, 2018 ⁽¹⁾	Approaches, evolution and confrontation of demographic aging in Cuba	document research (Cuba)	It analyzes the aging process in Cuba from three aspects: aging as an achievement; the demographic and epidemiological transition; and public policies for this population.	Aging in the country is a result of the drop-in fertility and mortality rates, in addition to the migratory transition. Points out the need to implement comprehensive and intersectoral public policies.
Miranda GMD, Mendes ACG, Silva ALA, 2016 ⁽⁵⁾	The Brazilian population aging: challenges and consequences current and future social	Case study with quantitative and qualitative data (Brazil)	It analyzes current and future challenges for planning public policies aimed at population aging.	The biggest challenges mentioned were in the adjustments in the health and social security system to face the epidemiological transition.
Romero DE, Pires DC, Marques A, Muzy J, 2019 ⁽⁶⁾	Guidelines and indicators for monitoring health protection policies for the elderly in Brazil	Documentary research (Brazil)	The article proposes indicators to assess the health dimensions contemplated in policies for the elderly population.	Despite the possibility of obtaining indicators for policy tracking from available data sources, limitations concerning the timeliness of the data, its lack of aggregability and reliability restrict its use for monitoring national policies.
Batista MPP, Almeida MHM, Lancman S, 2011 ⁽⁷⁾	Public policies for the elderly population: a review with emphasis on health actions	Exploratory document survey study (Brazil)	It presents the main international and national documents that aimed to guide the implementation of programs and policies aimed at the elderly, with an emphasis on the responsible actions of the health sector.	The documents analyzed recognize the elderly as subjects of rights and value the encouragement of independence, autonomy, social participation and family and community life.
Andrade LM, Sena ELS, Pinheiro GML, Meira EC, Lira LSSP, 2013 ⁽¹²⁾	Public policies for the elderly in Brazil: an integrative review	Integrative Review (Brazil)	Analysis of scientific production and legal documents on public policies for the elderly in Brazil.	Although it has been widely discussed in the country, aging has occurred amid deep-rooted adaptations of cultural prejudices, socioeconomic and educational discrepancies, in addition to the implementation of welfare public policies.
Brito MCC, Freitas CASL, Vasconcelos MIO, Dias MAS, Santiago LMM, Gomes DF, 2014 ⁽¹³⁾	Elderly and family health care: evidence from scientific production	Integrative literature review (Brazil)	Analyzes the literature in relation to health care strategies for the elderly and their families.	Public policies for elderly care emerged to enhance health care, but act in a timely and fragmented way, without satisfactory guidelines that meet the needs of the elderly population and their families.
Camacho ACLF, Coelho MJ, 2009 ⁽¹⁴⁾	Analysis from public health policies of the elderly: literature review study	Systematic literature review (Brazil)	To analyze public policies related to the health of the elderly described in scientific articles inserted in databases from 2004 to 2008.	The family is the primary source of support for the elderly and, in most cases, takes care of dependency situations. Greater difficulties in accessing health services for the most vulnerable elderly were evidenced.
Pereira KCR, Lacerda JT, Natal S, 2017 ⁽¹⁵⁾	Assessment of municipal management for elderly health care actions	Multiple case study, quantitative and qualitative (Brazil)	Assesses the capacity of municipal management in health care for the elderly through 16 validated indicators on political aspects organizational and technical-operational.	Elderly care was considered to be regular in the five places analyzed. Promotion and prevention actions were considered as the best practices, presenting the greatest challenge as the process of intra- and intersectoral articulation.
Vieira RS, Vieira R de S, 2016 ⁽¹⁶⁾	Elderly health and policy implementation national of the elderly in the actions performed in primary health care	Descriptive and qualitative study (Brazil)	It seeks to investigate the knowledge of legislation on the health of the elderly by professionals working in PHC and its applicability in the health units of the surveyed municipalities.	Despite knowledge of public health policies, some difficulties permeate its implementation, such as: a deficiency in health education actions for the elderly, which encourage self-care; and the lack of encouraging the exercise of social control, especially in the elderly councils.

López MM, 2015 ⁽¹⁷⁾	Thinking about broad care policies duration for Latin America	Exploratory study of bibliographic and quantitative survey (Argentina)	Analyzes what long-term care for the elderly is, the reality of rich countries and Latin Americans.	Keeping the elderly in the community seems to be the best way to maintain healthy aging at a lower cost, however, policies are needed to ensure adequate care, so as not to worsen the conditions of the elderly.
Ramos MIC, Ricardo JLC, Cabrera ALR, 2010 ⁽¹⁸⁾	Needs, realities and possibilities of the Cuban health system to face population aging	Exploratory study of bibliographic survey (Cuba)	Analyzes the Cuban health system to face the aging population in the country, in relation to its structure and needs.	An improvement in the distribution and qualification of services is needed, with an emphasis on human and material resources, in addition to the adoption of intersectoral practices.
Peláez E, Monteverde M, Acosta L, 2017 ⁽¹⁹⁾	Celebrating population aging in Argentina: challenges for policy formulation	document research (Argentina)	Analyze the challenges faced by Argentina in relation to health services, long-term care and social security in relation to the country's aging process.	It is necessary to think about reforms in the health system and in long-term care and social security policies, linked to the well-being of this population.
Antolínez MLN, Palacio LMA, 2007 ⁽²⁰⁾	Are you prepared in this country to assume the challenges that the aging population has??	Exploratory study of bibliographic and documental survey (Colombia)	It presents an overview of the aging of the Colombian population, in relation to its fundamental rights, and discusses the country's challenges facing population aging.	It is necessary to expand equity, coverage and quality of social security services, train trained professionals, strengthen intergenerational coexistence, health promotion and prevention programs for the elderly.
Sanchez S, 2012 ⁽²¹⁾	Larger adult social health space: views from the public health	Exploratory study of bibliographic and documental survey (Chile)	It presents the Chilean sanitary space (community) and how it influences the health of the elderly, under demographic, sociological and anthropological aspects.	The Chilean social security system does not follow the country's epidemiological transition related to aging, a fact that highlights the existing inequities related to access to health services.
Villegas SG, Espinoza SM, 2010 ⁽²²⁾	An approximation to the family relationship, aging and social policy in Mexico	Exploratory study of bibliographic and documental survey (Mexico)	It presents the panorama of aging in Mexico, in relation to the coverage of social security, work and the existing family arrangements and its impact on the elderly.	The family is the main financial support for the elderly when they do not receive social security assistance. Many elderly people live alone, receiving only financial support, not needing care and attention.
Pedro WJA, 2013 ⁽²³⁾	Reflections on the promotion of active aging	Social, descriptive and exploratory study (Brazil)	Analysis of the effects of active aging policies in a region of the state of São Paulo, which corresponds to the region with the highest rate of aging in this federative unit.	The construction of conditions for universal access to programs and services and comprehensive care should be a concern of the social actors involved in these processes. Understanding and acting on the demands of aging requires a collective and integrated effort, through comprehensiveness and intersectoral actions.
Pereira MCA, Santos LFS, Moura TNB, Pereira LCA, Landim MBP, 2016 ⁽²⁴⁾	Contributions from socialization and public policies for the promotion of healthy aging: a literature review	Exploratory study of bibliographic survey (Brazil)	Analyzes the contribution of social groups and public policies in promotion of healthy aging.	The coexistence groups contribute to improving the quality of life, mobility and balance of the elderly, greater concern with self-care, less perceived stress and less symptoms of depression. Public policies aimed at active and healthy aging are adopted in the Brazilian reality, but they need to be strengthened for their effectiveness.
Ribeiro CG, Ferretti F, Sá CA, 2017 ⁽²⁵⁾	Quality of life as a function of the level of physical activity in urban and rural elderly	Descriptive, cross-sectional and quantitative study (Brazil)	Analyzes the quality of life as a function of the level of physical activity practice in elderly people living in rural and urban areas.	Active elderly people had better quality of life results than those who were insufficiently active or sedentary, regardless of place of residence.
Salin MS, Mazo GZ, Cardoso AS, Garcia GS, 2011 ⁽²⁶⁾	Physical Activity for the Elderly: guidelines for implementing programs and actions	Qualitative case study (Brazil)	The article describes the necessary guidelines for the formulation of physical activity programs and actions for elderly people in social groups of a municipality in SC.	The results showed the need for decentralization of physical activity points; expansion of human resources; awareness of the benefits of regular physical activity; intersectionality.

Benedetti TRB, Gonçalves LHT, Mota JAPS, 2007 ⁽²⁷⁾	A policy proposal would be to present and discuss public policy on physical activity for the elderly	Descriptive, exploratory and qualitative case study (Brazil)	The article discusses some physical activity programs for the elderly and presents a proposal for intersectoral integration for health promotion through activity to the elderly population, as a subsidy to the public policy.	The implementation of activity programs for the elderly is a trend in social policies. The strategy of constituting a network system is proposed, whose programs and actions of the different secretariats and other related bodies work together.
Schirmer CL, Seibel R, Deon RG, Schwanke CHA, Filho IGS, Bós AJG, 2017 ⁽²⁸⁾	Adherence to the ten steps to healthy eating in old people	Descriptive, analytical, cross-sectional and quantitative study (Brazil)	Analyzes the adherence to healthy eating proposed by the Brazilian Ministry of Health for the elderly and its relationship with their nutritional status.	Greater adherence was seen in women and elderly over 80 years of age and less in those who were overweight. The importance of establishing really effective public policies for healthy eating was highlighted.
Veras RP, Oliveira M, 2018 ⁽²⁹⁾	Aging in Brazil: the construction of a care model	Documentary study and bibliographic survey (Brazil)	It presents a proposal for a line of care for the elderly, focusing on health promotion and prevention, in order to avoid overloading the health care system health.	A care model of higher quality, more resolute, aimed at integrated care with the best cost-effectiveness.
Oliveira B, Concone MHVB, Lodovici FMM, Lopes RGC, Córte B, 2016 ⁽³⁰⁾	Who will take care of us in 2030? Prospecting and consensus in the Metropolitan Region of São Paulo	Quantitative and qualitative field study (Brazil)	It seeks to know what representatives of municipal councils (health and elderly) think about the needs of the health and social care network in relation to care for the elderly population.	Participants considered it of little importance to institute back-up hospitals for the elderly aiming at rehabilitation and autonomy. However, they considered it important to qualify all professionals in the health network and recognize the demand for care in old age, in addition to the desire to remain in the family.
Mejía BEB, Merchán MEP, 2007 ⁽³¹⁾	Quality of life related to it Health (CVRS) in adults over 60 years of age: a theoretical approach	Exploratory study of bibliographic and documental survey (Colombia)	It identifies factors related to quality of life and its relationship with the health of elderly, in order to support the implementation of public policies aimed at this end.	Public policies should encourage active social participation of the elderly, without a welfare nature, but which promote the guarantee of basic rights such as: health, housing, food and care.
Falque-Madrid L, 2014 ⁽³²⁾	Scientific evidence and the art of aging	Exploratory study of bibliographic survey (Venezuela)	The article presents part of the existing literature on active aging, emphasizing the promotion of healthy lifestyles related to the "art of aging".	Life habits combined with genetic inheritance are factors with strong scientific evidence, associated with successful aging.
Barreto MS, Carreira L, Marcon SS, 2015 ⁽³³⁾	Population aging and chronic diseases: reflections on challenges for the public health system	Exploratory study of bibliographic survey (Brazil)	Analyzes the challenges for the organization of the Brazilian public health system in the face of chronic diseases in the elderly population.	Strengthening the PHC as an organizer of care networks; qualification of information systems and professionals for health promotion actions and involvement of family and social support.
Boggio ESB, Santos FC, Souza CM, Silva MF, Rosa PV, Rosa LHT, 2015 ⁽³⁴⁾	Analysis of factors that interfere with the functional capacity of elderly people residing in a community from Porto Alegre	Cross-sectional and quantitative study (Brazil)	The study verifies the degree of functional independence of the elderly living in an area of the city under study and correlates the degree of functional independence with variables socioeconomic and health.	The associated factors to functional independence were given by: occupation, age, being physically active or very active and participating of support groups. Depression, on the other hand, presented itself as a negative factor. Therefore, the maintenance of functional capacity must be encouraged through public policies to promote physical and mental health and social support networks.
Gontijo CF, Mambrini JV, Luz TCB, Loyola AI Filho, 2016 ⁽³⁵⁾	Association between functional disability and social capital in community-dwelling elderly	Cross-sectional, descriptive and quantitative study (Brazil)	It seeks to associate the prevalence of functional incapacity of elderly people residing in the community and the existing social capital.	The study showed that about 1/3 of the elderly had functional incapacity for some activity of daily living, which is the most common in those with lower social capital (home and community support).

Veras RP, 2012 ⁽³⁶⁾	Disease prevention in the elderly: the misconceptions of current models.	Exploratory study of bibliographic survey (Brazil)	It analyzes the difficulties in implementing health prevention programs and the reasons for the failure of many actions for the promotion, prevention and management of chronic diseases developed in the country.	The care models must apply all levels of care: have a well-designed flow of actions for health promotion, disease prevention, early assistance and rehabilitation. This line of care monitors the elderly and lasts until palliative care.
Silva HO, Carvalho MJAD, Lima FEL, Rodrigues LV, 2011 ⁽³⁷⁾	Epidemiological profile of the elderly attending social groups in the city of Iguatu, Ceará	Cross-sectional, descriptive, exploratory and quantitative study (Brazil)	The study describes the epidemiological profile of the elderly who participate in elderly social groups in the municipality of CE, in order to provide subsidies for the local planning of actions.	Participation in social groups allows the elderly to remain active and socially friendly, which predisposes them to a healthy aging process. Health promotion policies for this population should therefore be encouraged.
Mendes TAB, Goldbaum M, Segri NJ, Barros MB, Cesar CL, Carandina L, Alves MC, 2011 ⁽³⁸⁾	Diabetes mellitus: factors associated with prevalence in the elderly, measures and practices for the control and use of health services in São Paulo, Brazil	Cross-sectional, descriptive, exploratory and quantitative study (Brasil)	The study aims to assess the prevalence of self-reported diabetes in the elderly, the knowledge they have about the disease and factors related to behavior change.	Little knowledge about diabetes control measures by the elderly was identified. This data showed an association with the use of health services. Health policies are needed for professional qualification and family guidance.
Cardemil F, Muñoz SD, Fuentes E, Resumen L, 2016 ⁽³⁹⁾	Hearing loss associated with aging in Chile: In what aspects could advance?	Documentary research and bibliographic survey (Chile)	It presents the problems related to common hearing loss in aging and public policies aimed at hearing rehabilitation.	It is necessary to expand the capacity for diagnosing hearing loss in Primary Health Care (PHC) and subsequent referral to secondary care, as well as implementing strategies that favor the success of the therapy.
Alencar MSS, Leite ALI, Memoria SVF, Sousa JMS, 2010 ⁽⁴⁰⁾	Perceptions of family health professionals regarding the attention to the elderly in Teresina-PI	Descriptive, field exploratory and qualitative study (Brazil)	The study aims to understand the perception of health team professionals about health care for the elderly in a city in the northeast of the country.	According to reports, curative and fragmented health practices still prevail in relation to actions aimed at comprehensiveness and interprofessional care.
Motta LB, Aguiar AC, 2007 ⁽⁴¹⁾	New professional skills in health and the Brazilian population aging: integrality, interdisciplinarity and intersectoriality	Exploratory study of bibliographic and documental survey (Brazil)	Analyzes the challenges in the training of professionals, given the panorama of population aging, with an emphasis on comprehensive health care for the elderly population and the strengthening of intersectoral actions and policies.	The discussion on the role of institutions, permanent education and continuing education should be expanded in order to train professionals capable of providing the elderly with health care for healthy aging.
Damaceno MJCF, Chirelli MQ, 2019 ⁽⁴²⁾	Implementation of elderly health in the Health Strategy of Family (ESF): view of professionals and managers	Field and qualitative research (Brasil)	The text analyzes the process of implementing care for the elderly by the teams of the Family Health Strategy (ESF) in a Brazilian municipality.	The implementation of the National Health Policy for the Elderly (PNSPI) faces difficulties in the operationalization process of actions related to: inexistence of specific actions of the PNSPI; lack of knowledge on the part of professionals; management and hiring of workers; insufficiency in intersectorial actions.
Magalhães KA, Giacomini KC, dos Santos WJ, Firmo JOA, 2015 ⁽⁴³⁾	The home visit of the community health agent to families with frail elderly	Qualitative study with an anthropological approach (Brasil)	It seeks to understand the meanings that community agents attribute to home visits carried out in families with frail elderly people and whether this tool enhances care.	The visit takes place in response to the immediate demands of these groups and the focus of attention is centered on the disease, supply of supplies and procedures, reinforcing the centrality of the medical model.
Nogueira IS, Denardi V, Baldissera A, 2018 ⁽⁴⁴⁾	Permanent health education in elderly care: difficulties and facilities of the Health Support Center of the family (NASF)	Descriptive, exploratory and qualitative research (Brasil)	It analyzes the difficulties and facilities in the actions of Permanent Health Education (EPS) developed by the Family Health Support Center (NASF) with the elderly care teams.	The difficulties are experienced more than the facilities and were related to the lack or absence of support, tools, little importance to the theme.

Caption: Authorship, Title, type of study, objectives and results of selected articles. Prepared by the authors

The analysis of the results allowed us to establish four thematic categories related to public policies and healthy aging: public policies for aging^(1,5 6,7,12-22) (15 articles; 40.5%), aging (healthy?): some proposals⁽²²⁻³¹⁾ (10 articles; 27%), aging and disease⁽³²⁻³⁸⁾ (seven articles; 19%) and, finally, elderly health and health professionals⁽³⁹⁻⁴³⁾ (five articles; 13.5%).

Regarding the publication period, it was observed that the highest proportion occurred in 2016 with six studies^(5,22,24,30,35,39) (16,2%). Next, the years 2007^(20,27,31,41), 2011^(7,26,37,38), 2015^(17,33,34,43) and 2017^(15,19,25,28) with four articles (10,8%), followed by the years 2010^(18,22,40) and 2018^(1,29,44), with three studies (8,1%). The years between 2012, 2014^(21,36,12,23,13,32) and 2019^(6,41) registered two articles on the proposed topic and, finally, 2009 presented a study on public policies for aging. It is noted, therefore, that the theme “public policies for healthy aging” is recurrent in the scientific literature. Thus, the publications included in this research varied between the years 2007 to 2019, although productions were not listed in the year 2008.

Among the 15 articles that dealt with public policies aimed at aging, eight^(5 6,7,12-16) of them are in Portuguese (Brazilian) and the others in Spanish from other Latin American countries. The studies reflected a scenario of concern regarding aging and the difficulties in implementing public policies for healthy aging. In addition, they emphasized the emerging situation of aging in several Latin American countries.

Among the research findings, 10 articles addressed public policies for healthy aging, of which eight (80%) were national⁽²³⁻³⁰⁾, one from Colombia⁽³¹⁾, and another Venezuelan⁽³²⁾. The Brazilian articles addressed various themes, such as public policies for healthy aging^(23,24); physical activities and public policies for the elderly population⁽²⁵⁻²⁷⁾; public healthy eating habit policies for the elderly population (28); proposal of a care model for the elderly population⁽²⁹⁾ and an article that exposes the vision of social control and aging policies⁽³⁰⁾.

Another characteristic of aging was related to the development of the chronic condition, some of which are linked to biological senescence. There are seven articles on the aging and diseases subject, six of which⁽³³⁻³⁸⁾ are Brazilian. In these, the themes included the organization of the health system for the management of chronic conditions^(33,36,38), the functional capacity of the elderly^(34,37), and one turned to the elderly's independence in daily activities⁽³⁵⁾.

The approach of health professionals in aging was based on five⁽³⁹⁻⁴³⁾ publications. In three⁽⁴⁰⁻⁴²⁾ of them denoted the view of professionals who work in family health teams in the care of the elderly population. A study⁽⁴³⁾ included the home visit of the Community Health Agent for the elderly and, finally, another article⁽⁴⁴⁾ discussed permanent education and aging. Next, the discussion of the results is described.

DISCUSSION

Public policies for aging

Population aging poses challenges to the health sector that permeate economic and social issues, as the State must guarantee comprehensive care for the elderly^(1,12,41), through an articulated and resolute service network⁽⁴¹⁾.

In Brazil, one of the initiatives aimed at healthy aging is the National Health Policy for the Elderly (PNSPI), which occurred in six articles^(6,7,12,13,15,16). This regulation brings as guidelines the promotion of active aging, comprehensive and integrated health care for the elderly, and the encouragement of autonomy and participation in social control to guarantee rights^(6,7,13,16). In addition, it encourages the preservation of functional capacity; in an attempt to reduce the physical and mental decreases necessary to carry out activities of daily living^(6,7,13,14).

Comprehensive health care is essential in caring for the elderly^(5,6,7,16), and its practice is possible through an intersectoral articulation to contemplate the needs of this age group^(7,13). Therefore, it is recommended to work in two main axes: health promotion - at all levels of care - and the prevention of the elderly weaknesses - to overcome the essentially curative approach^(6,7,16).

Regarding health promotion, the inclusion of the elderly in social and health education groups, as well as the encouragement of social participation in councils and community activities are actions that seek to encourage the autonomy and self-care of the elderly, in addition to promoting the active aging, aimed at social and community insertion^(6,13,15,16).

Despite the proposed initiatives for the health of the elderly, Brazilian public policy brings punctual and fragmented actions, which barely cover the needs of the elderly and their families, such as care in conditions of dependency and fragility, a relevant issue that needs to be addressed by health policies^(6,15). Another identified gap is edentulism, highly prevalent in the elderly population, resulting from old mutilating practices. Even with the offer of dental prostheses for oral health in the Unified Health System (SUS), it is clear that there is no specific look for the elderly in this issue⁽¹⁵⁾.

It is also added that the monitoring and evaluation of the actions developed in the elderly health configure weaknesses in the work process, which are hardly included in the praxis of professionals^(6,15).

Only one article addressed the theme of public policies for the elderly in Latin America⁽¹⁷⁾. The publication, however, makes an analysis focused on long-term care policies for the elderly, both at home and in Long-Term Care Institutions for the Elderly (ILPI). Countries like Chile, Brazil, Costa Rica, Argentina, and Uruguay will be the first to match the European aging index⁽¹⁷⁾. However, the increase in life expectancy stems from the expansion of access to medical care and technological innovations in health, but with a high prevalence of chronic conditions, before old age, a factor that increases the risk of weaknesses and dependence on long-term care period.

The study⁽¹⁷⁾ does not mention Cuba, a Latin American country with the highest percentage of the elderly population, around 21.3%⁽⁴⁾, standard approaching European countries. It also adds that the places mentioned above have home care programs or specialized centers for the elderly, although the coverage is insufficient to meet the demand. In addition, it warns that programs that encourage home care have a lesser financial impact on the public system and may indicate a solution given the scarcity of public resources for investments in the health sector⁽¹⁷⁾.

Still on the subject of public policies for aging, two addressed the Cuban reality^(1,18). The Cuban health system underwent an evolution in the last decades of the 20th century, moving from a curative approach to a model based on health promotion and disease prevention at all levels of complexity, from primary care to specialized care⁽¹⁸⁾. Thus, in order to face aging, it is necessary to formulate policies and organize health systems based on the expectations and needs of the elderly, through comprehensive health care and the intersectorality promoted by the management^(1,18). Primary care should encourage healthy aging and the establishment of long-term care, when necessary, in the community and along with the family⁽¹⁾. In addition, the expansion of specialized services in geriatrics and the qualification of professionals for the care of elderly people need to be inserted in actions aimed at elderly people in the aforementioned country^(1,18).

The other findings that addressed the topic of public policies in Latin America reflected on the realities of the respective countries of origin: Argentina⁽¹⁹⁾, Colombia⁽²⁰⁾, Chile⁽²¹⁾ and Mexico⁽²²⁾.

In Argentina, the biggest challenges to be faced in health policies for aging are the growth of chronic diseases, through the prevention of their risk factors, and higher equity in health care, with the reduction of social conditioning that interfere with health conditions, especially of the elderly⁽¹⁹⁾. To enable health care for the elderly population; some possible alternatives are: monitoring the access and health status of the elderly through reliable data systems; policies to encourage active aging, aimed at promoting health and comprehensive care for the elderly; and the national health system organization and coordination, to reduce fragmentation, through national, provincial and municipal intergovernmental action and collaboration⁽¹⁹⁾. These actions are similar to the proposals already brought up in studies that address the Brazilian reality^(6,7,13,16).

In 2002, Chile created a specific sector for public policies aimed at aging, the Servicio Nacional del Adult Mayor, whose function is to encourage active aging and the creation of services and programs for the elderly population, regardless of their social status⁽²¹⁾. Despite this initiative, investment in the health sector is still below the population coverage needs, in addition to the epidemiological transition experienced in the country requiring a progressive increase in investment for the care of the elderly population⁽²¹⁾.

Concerning Colombia, the country appears to be poorly structured to take on the challenges arising from population aging⁽²⁰⁾. Some alternatives raised in the article are: changes in the academic training of health professionals, with greater emphasis on geriatrics and gerontology, in addition to educational work with the population to strengthen intergenerational respect; public health promotion and disability prevention policies aimed at the elderly population, as well as encouraging multidisciplinary and interprofessionalism in the work of health professionals; implementation of public policies that favor the well-being and sustainability of the elderly in the final years of life⁽²⁰⁾.

In Mexico, the country does not have social security programs for the elderly population, and approximately 80% of this group does not receive a pension or retirement⁽²²⁾. Thus, it is the responsibility of the families to welcome and protect the elderly. The Mexican health system has some structural and management problems, such as access difficulties (waiting time for appointments), insufficiencies in the distribution of medications, and capacity to respond to emergencies, lack of equipment and supplies, which lead to limitations in the care offered to the elderly population⁽²²⁾.

Aging (healthy?): some proposals

Regarding policies for healthy aging people, the Brazilian articles converge with what is proposed by the World Health Organization (WHO), that is an emphasis on actions in the sectors of health, safety, and social

participation^(23,24) and refer to some determinant pillars of healthy aging: comprehensive and integrated care in elderly care, encouragement of participation and strengthening of social control^(23,24,25), permanent training and education of workers on aging issues. They also add the importance of intersectionality^(25,27) to achieve these purposes, with the articulation of educational, labor, economic, housing, and mobility policies⁽²³⁻²⁵⁾.

As for the quality of life and physical activities, a study⁽²⁵⁾ addressed the differences in access to active aging programs between urban and rural environments⁽²⁵⁾, another research focused on nutrition and aging⁽²⁸⁾, while two publications addressed physical activity and aging^(26,27).

A survey that compared the quality of life among elderly living in rural and urban areas⁽²⁵⁾ found that the elderly in rural areas have a better quality of life indices. Possible explanations for this would be a longer life span of work activities, greater ease in family and community life, and maintenance of an active lifestyle⁽²⁵⁾. These factors favor greater satisfaction with one's own life. Furthermore, the expansion of primary care and greater ease of access to health services have also contributed to an increase in the quality of life of the elderly in rural areas⁽²⁵⁾.

Municipal physical activity programs for the elderly population have expanded over the past few years^(26,27). This expansion took place, in part, with an increase in the number of family health teams and multidisciplinary teams^(26,27). It is understood, then, that the practice of physical activities preserves the functional elderly for longer and favors the maintenance of autonomy and prevention of frailty and dependence^(25,27).

Healthy eating habit, in turn, was based on the evaluation of another study⁽²⁸⁾, according to the adherence to the ten steps to healthy eating in the elderly. The results showed a variability on the part of the studied population, with a higher frequency of compliance with items such as the daily consumption of beans and rice, in addition to the regular practice of physical activities, avoiding alcoholic beverages and smoking, steps four and ten, respectively. It emphasizes the importance of implementing public policies that encourage healthy eating habits in the elderly, as it is an essential component for good health, especially at this stage of life⁽²⁸⁾.

The maintenance of the elderly in community life and with family support is highlighted by research⁽²⁹⁾, which proposes a care model for the elderly with emphasis on the primary level of care and the coordination of care under the responsibility of a general practitioner, who will refer specialists when necessary. In cases of greater dependence, the elderly must be welcomed in medium and high-complexity services in an interconnected health network to maintain information on the care pathway at all levels of care. Care must be centered on the person, individualized for the particularities, through educational actions, health promotion, prevention of avoidable conditions, and rehabilitation of injuries⁽²⁹⁾.

A publication⁽³⁰⁾ addressed the members of municipal, health, and elderly councils' perception about the care needed by the elderly population. Although it does not directly address healthy aging, the study was included⁽³⁰⁾ because it shows the understanding of health system users on the topic. The desire to grow old with family and community life was noted, as well as having health teams and services prepared for the peculiarities inherent to aging. It is also pointed out the need to qualify the instruments of social control for the old age theme, as a broader look at policies for aging that encompassed the local elderly population was not identified⁽³⁰⁾.

Articles from other Latin American countries addressed quality of life and aging⁽³¹⁾, as well as active aging in a broader way⁽³²⁾. The first theme is highlighted in a Colombian study⁽³¹⁾ that adds the need to implement public policies that encourage real social and community participation of the elderly to guarantee their autonomy and fulfillment of their rights. It also reinforces that actions must universally cover the elderly, ensuring their crucial rights to health, food, housing, leisure, care, and social participation, which are critical for their health condition and, consequently, their healthy aging⁽³¹⁾.

Venezuelan study⁽³²⁾ reflects on active aging, highlighting that the term active transcends physical capacity as it encompasses continuous participation in social, economic, cultural, spiritual, and physical activities. In addition, it advocates self-care and the uniqueness of aging so that public policies encourage health promotion and disease prevention, to the detriment of curative and disease-centered approaches⁽³²⁾. Concerning healthy aging, there are some guidelines extensively cited in the literature: physical activity, healthy eating habits, maintaining strong family and social relationships, controlling the level of stress, having a purpose in life, and having spirituality, all are considered factors that favor healthy aging⁽³²⁾.

Aging and diseases

Aging-associated with diseases was presented through a in Chilean study⁽³⁹⁾, which addressed age-related hearing loss. Hyperacusis in the elderly population causes communication difficulties and a consequent decrease

in social activity, in addition to predisposing to reductions in self-care capacity, cognition, and memory⁽³⁹⁾. The use of hearing aids represents an alternative to the problem, but it needs follow-up monitoring after prosthesis, to get better use of the device. There is also greater adherence to using if the diagnosis and recommendation are performed in primary care⁽³⁹⁾.

Chronic conditions and their monitoring possibilities emerged in three national surveys^(33,36,37), besides another specific one about diabetes⁽³⁸⁾. High blood pressure and diabetes are the most prevalent chronic diseases and represent risk factors for the development of kidney, heart, and cerebrovascular problems⁽³³⁾.

In addition, chronic diseases can considerably affect the functional capacity of the elderly, as characteristics such as multiple etiology, long latency periods, prolonged course, lead to limitations in their functionality⁽³³⁾. For this reason, the work of health promotion and education must be emphasized to delay fragile conditions and disabilities, to maintain a satisfactory level of quality of life^(36,37). Disease prevention in the elderly seems to be an inappropriate term, semantically, since the existence of one or more diseases is a common and usually installed condition. Considering this characteristic, the approach to the elderly should focus on maintaining functional capacity and preventing damage to existing diseases⁽³⁶⁾. The prolonged course of the advancement of chronic conditions has a considerable impact on the elderly, families, and the health system⁽³³⁾. Thus, the perception of the functional abilities loss, such as the decline in physical strength and reduced disposition, makes old age feel more concrete⁽³⁷⁾.

Specifically, on diabetes mellitus, a study⁽³⁸⁾ carried out with the elderly in the city of São Paulo found a high prevalence of diseases concomitant with diabetes in the participants, when compared to non-diabetic elderly. This result can be explained by the risk factors for chronic diseases associated with lifestyle habits, such as sedentary lifestyle, smoking, uncontrolled hypertension, and obesity which affect the management of the condition evaluated⁽³⁸⁾.

Regarding the functional capacity of the elderly, the younger ones seem to be functionally more independent^(34,35), although other factors also contribute to a dependent condition, such as gender, life history and habits, physical activity, and income. In addition, elderly with a social support network tend to present satisfactory conditions in terms of functionality⁽³⁵⁾ and mental health, as inclusion in social groups favors the preservation of physical condition and reduces the risk of depressive symptoms or other mental illnesses⁽³⁴⁾.

Elderly and health professionals' health

The importance of care for the elderly taking place in an integral, intersectoral, and multidisciplinary/interdisciplinary way, in line with the recommendations of the National Health Policy for the Elderly, was highlighted in two studies^(41,42). However, it is observed that some professionals still act directed only to treatment and rehabilitation, that is, predominantly curative⁽⁴⁰⁾. One of the recommended tools in the work process aimed at comprehensiveness is the expanded clinic⁽⁴²⁾, although different views of professionals are perceived about the health-disease process and the way in which health care is offered⁽⁴²⁾. Professional training seems to be an alternative to favor paradigm shifts and the adoption of person-centered care practices, which overcome fragmentation and specialization, especially when it involves the elderly and the multiple chronic conditions that affect them⁽⁴⁰⁻⁴²⁾. In addition to overcoming resistance inherent in the profiles of each worker, organized local planning and management performance are essential for the implementation of actions that seek comprehensive care for the elderly⁽⁴⁰⁻⁴²⁾.

The community health agent's view of the elderly and aging brought to light weaknesses in the care network for this population, both within the family and in health services⁽⁴³⁾. The work of this health professional, who most accesses the elderly, assumes characteristics of solidarity, listening, and dialogue. On the other hand, the sociocultural bond to the community, associated with the lack of specific training, favors a certain distance between the team of health professionals and the community agent, as situations observed at home need to be shared with the team to support the planning of actions in elderly care⁽⁴³⁾. Continuing Education in Health (EPS) plays an essential tool in this process, as it allows to discuss the work process among professionals and prepares the community agent, as well as bringing the team closer to the different realities of the elderly in the territory⁽⁴³⁾.

A survey⁽⁴⁴⁾ discussed the facilities and difficulties of the Expanded Centers for Family Health and Primary Care (NASF-AB) in establishing permanent education spaces with the Family Health teams, highlighting that the NASF-AB multidisciplinary constitution allowed a look expanded on the elderly needs, following the rules recommended in the guidelines on the comprehensive approach for this age group. It was identified, however, the predominance of practices based on fragmented care with prioritization of diagnosis, treatment, and rehabilitation. The dialogue between professionals and teams about the work process, advocated by permanent education, is a tool in the care collective construction offered to the elderly in different spaces: home, health services, and community groups⁽⁴⁴⁾.

Thus, permanent education favors the insertion of planning and evaluation of care and educational practices aimed at the health of elderly⁽⁴⁴⁾.

This review sought to contextualize public policies for healthy aging in Latin America. However, some limitations can be identified, such as the small number of studies from countries other than Brazil, a factor that does not allow us to view an extensive panorama of the Latin American reality in its entirety. Another point to be mentioned is the scarcity of recent references found in the literature, which compromises an updated design of aging in these regions and, due to the constant financial and social difficulties observed in the countries, it is possible that they have not evolved in the proposition of sustainable public policies for the elderly population.

CONCLUSION

The analysis of the researches listed in this review allowed some reflections on the population aging scenario in Latin America, related to public policies for the elderly in a broad way, specific policies for healthy aging, in addition to actions aimed at people's predominant diseases and, finally, to the health of the elderly in the practice of health professionals. These categories signal concern regarding the future demands necessary for the care of the elderly population resulting from the accelerated process of demographic transition. Despite this, existing initiatives are insufficient to meet the demand and, therefore, deserve a broader look at the formulation and qualification of public policies.

In light of the above, it is expected that this study will subsidize other discussions about public policies for healthy aging in Latin America, as the topic tends to assume growing notoriety in the coming years and will need to constitute the agenda for the planning and evaluation of public policies in health.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest with the research.

CONTRIBUTIONS

Vanessa Trintinaglia contributed to the elaboration and design of the study; the acquisition, analysis and interpretation of data; and writing and/or reviewing the manuscript. **Andrea Wander Bonamigo** and **Marcelo Schenk de Azambuja** contributed to the writing and/or revision of the manuscript. All authors have approved the final version to be published and are responsible for its content, accuracy and completeness.

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