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ARTIGO ORIGINAL

ENVELHECIMENTO ATIVO COMO POLÍTICA DE SAÚDE NO BRASIL: PERSPECTIVAS PARA COMBATER INIQUIDADES

ACTIVE AGING AS A HEALTH POLICY IN BRAZIL: PERSPECTIVES TO COMBAT INEQUALITIES

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Resumo

O presente estudo realiza uma análise crítica das políticas públicas contemporâneas voltadas ao envelhecimento no Brasil, em um contexto marcado pela transição epidemiológica e pelo aprofundamento das desigualdades sociais. Diante desse cenário, o objetivo do estudo é discutir a Política de Envelhecimento Ativo como estratégia de promoção da equidade em saúde, considerando as diferentes realidades regionais do país. Trata-se de uma análise teórica e documental, baseada na revisão de marcos normativos, políticas públicas e dados secundários, com foco nas regulamentações brasileiras e no impacto das desigualdades socioeconômicas sobre a saúde da população idosa. A análise evidencia que as ações governamentais apresentam implementação desigual entre áreas urbanas e rurais, sendo que a disponibilidade de cuidados em saúde tende a variar inversamente às necessidades da população idosa. Os achados indicam múltiplos pontos de vulnerabilidade nas regiões brasileiras e reforçam a necessidade de ampliação e fortalecimento das políticas públicas para prevenir o agravamento das iniquidades no envelhecimento. Conclui-se que as políticas públicas e de saúde são centrais para a promoção da igualdade social no Brasil, e que a efetiva implementação da Política de Envelhecimento Ativo pode contribuir para priorizar a população idosa em situação de maior vulnerabilidade.

PALAVRAS-CHAVE

Envelhecimento; Política de Saúde; Equidade em Saúde; Pessoa idosa

Abstract

This study presents a critical analysis of contemporary public policies addressing population aging in Brazil, within a context marked by epidemiological transition and increasing social inequalities. The aim of the study is to discuss the Active Aging Policy as a strategy for promoting health equity, considering the diverse regional realities of the country. This is a theoretical and documentary analysis based on the review of normative frameworks, public policies, and secondary data, with a focus on Brazilian regulations and the impact of socioeconomic inequalities on the health of older adults. The analysis shows that governmental actions are unevenly implemented across urban and rural areas, with the availability of health care services often varying inversely to the needs of the elderly population. The findings reveal multiple points of vulnerability across Brazilian regions and highlight the need to expand and strengthen public policies to prevent the worsening of inequalities in aging. It is concluded that public and health policies are central to promoting social equity in Brazil, and that the effective

implementation of the Active Aging Policy may contribute to prioritizing older adults in situations of greater vulnerability.

KEYWORDS

Aging; Health Policy; Health Equity; Aged

1 Introduction

Brazil has more than 30 million elderly people aged 60 years and older, representing a significant portion of the total Brazilian population. By 2030, approximately 50 millions of older people will represent 24% of the total population in Brazil, A major issue manifests in the prolonged life expectancy of its population, juxtaposed with a decline in overall health during the aging process (WHO, 2022). Around the year 2050, Brazil is projected to possess the world's fourth-largest elderly population, ranking behind only China, India, and the United States (Nations, 2015). Given this situation, it is urgent to ascertain whether the Brazilian healthcare system is adequately prepared to address these challenges, especially community-dwelling elderly.

According to the Brazilian Demographic Census (2022), the Southeast and South regions recorded the highest proportions of elderly people in their populations, both at 17.6%. Meanwhile, the Northeast region showed an intermediate composition at 14.5%, close to the national average of 15.8%. However, when analyzing the distribution of the population aged 60 or older (32,113,490 people) across different regions of Brazil, it is observed that the Northeast accounted for 24.65% of the country's elderly population, equivalent to 7,914,790 people, placing it in second position behind only the Southeast region, which recorded 46.6% (IBGE, 2022).

Based on information from the National Health Survey ((Ibge), 2020), a previous study pointed the inequalities in healthy life expectancy and their differences by Brazilian geographic regions (Szwarcwald et al., 2016), emphasizing how these disparities reflect broader socio-economic and healthcare access issues within the country.

The aging demographic results in a multitude of disparities and biases that should be considered on the reformulation and development of new public policies across all regions of Brazil (Heringer, 2002). Regarding this, it is noted that a reduced number of elderly involved in physical activities, cultural, professional and social environments that is already perceived and unequal.

A previous study analyzed a sample of Brazilian population aged 60 years between 1998 and 2008. The author showed persistent income-related disparities in health conditions. Those in the lowest income quintile had significantly worse self-rated health, mobility limitations, and inability to perform activities of daily living (Lima-Costa et al., 2012).

According to the 2019 National Health Survey (in Portuguese: Pesquisa Nacional de Saúde - PNS, 2019) in Brazil, as age advances, the proportion of adults who engage in the recommended amount of physical activity[1] in their leisure time tends to decrease, negatively impacting overall health. This phenomenon is evident in the subsequent percentages: in the age group of 18 to 24 years, 41.0% reach the recommended level of physical activity; for adults aged 25 to 39, the proportion is 35.4%; among those aged 40 to 59, this percentage drops to 27.6%; and in the 60 years or older group. Only 19.8% adhere to the established guidelines.

Older adults are at increased risk for loneliness and social isolation and the consequences increases to problems and damage, not only to the physical and mental health of older people (Sroykham and Wongsawat,

2019; Yang et al., 2022). However, some countries are being prepared to the impacts of the aging process. Regarding this, there is a lack of process regarding the impacts on urban and rural areas of Brazil, especially in vulnerabilities areas as the Northeast of the country. Allowing the consequences to disproportionately affect the most vulnerable populations will generate more inequalities, poverty, disease and forced displacement with severe implications for all regions of the country.

In this manner, one of most important governmental responsibilities is understand the current transition of the large-scale population aging and the challenge to the public health system (Sistema Único de Saúde - SUS), especially in socially vulnerable areas of Brazil (Andrew et al., 2008). Thereby, international and national researchers need to rethink public policies that encourage or enable this new way for elderly populations: prioritizing a healthy quality of life for everyone, everywhere.

In Brazil, two significant documents serve to protect the elderly population.: the “Estatuto do Idoso” (Statute of the Elderly) and the “Política Nacional de Saúde do Idoso” (National Health Policy for the Elderly). These official rules are relevant issues to give priority and facilities public policy for aging people. However, implementation and coordination across all parts of the country remain insufficient and uneven, raising concerns about the effectiveness of Active Aging as a health policy across all regions of Brazil.

In essence, Active Aging, developed by the Aging and Life Course Unit of the World Health Organization (WHO), is a Health Policy that supports the formulation and implementation of action aimed at promoting healthy (WHO, 2005). This concept is fundamental to involve health, social, and educational policies in the Brazilian System. Nevertheless, it is essential to recognize that we still face significant challenges in terms of equity in Brazil. Active aging relates to the physical, mental and social well-being of older people, encouraging them to remain active, involved and productive in their communities. This not only improves the quality of life of older people, but also eases the burden on healthcare and social security systems (Kalache and Gatti, 2003). Furthermore, equity in active aging is not uniformly distributed across all parts of Brazil, often presenting unique challenges such as socioeconomic inequalities and limited access to high-quality health services. Therefore, this discussion is particularly crucial given the demographic transition currently underway in the country.

The significance of leading an active lifestyle has become increasingly evident an integral part of the concept of aging and garnered prominence upon the release of the Active Aging Policy Framework by the World Health Organization (Kalache and Gatti, 2003). Around this year, the Political Framework for Active Aging was published with the United Nations World Assembly on Aging. After approximately thirteen years, a comprehensive review of the Framework was conducted, resulting in its dissemination in both Portuguese and Spanish formats. Thus, cultural aspects, environmental inequalities and access to social services are issues that comprise the human right for elderly people in Brazil.

Despite this, it is observed the increasement of elderly population in the Northeast region and the conditions of inequality in Brazil's economic and health systems, which could place the country in a state of political and social instability. This would critically hamper our ability to reduce problems and avoid changes in demographic transitions.

The aim of this study is to conduct a critical analysis and propose a debate on the applicability of the equity of the Active Aging policy across different regions of Brazil.

2 Methods

Initially it was proposed an analysis of the theoretical, contextual, and socio-historical perspectives, which includes analyses of the equity of the Active Aging policy across different regions of Brazil. This design allows for a holistic understanding of the barriers, difficulties, and challenges faced by the elderly population.

To conduct the study, data from the following sources were used:

2.1 Governmental Data

Demographic Data: Analyze demographic and health data from the Brazilian Demographic Census (IBGE), National Health Survey (PNS), National Household Sample Survey (PNAD) and other relevant governmental sources.

Health Indicators: Evaluate health indicators specific to the elderly population, such as prevalence of chronic diseases, disability rates, and access to preventive health services.

2.2 Governmental Data

Literature Review: Conduct a comprehensive review of existing literature and previous studies on Active Aging and health equity in Brazil and other countries. Sources will include academic journals, governmental reports, and publications from international organizations such as the World Health Organization (WHO).

Comparative Analysis: Compare findings from different regions within Brazil and from other countries to understand best practices and effective strategies for promoting active aging.

2.3 Legal and Policy Frameworks

Legislative Documents: Analyze legislative documents such as the "Estatuto da Pessoa Idosa" (Statute of the Elderly) and the "Política Nacional de Saúde do Idoso" (National Health Policy for the Elderly), Political Framework for Active Aging to understand the legal protections and rights afforded to the elderly in Brazil.

Policy Analysis: Review policy documents like "The Aging Readiness & Competitiveness Report" to understand the broader policy context and its implications for active aging.

3 Results and Discussion

Combining quantitative data analysis, literature review, policy analysis, and field research, this study purpose to identify barriers, challenges, and effective strategies for promoting active aging and health equity among the active aging in elderly population. To further these objectives, We propose three main topics for exploration: 1) The Government's Implementation of Active Aging Policies in Brazil: This topic will examine how active aging policies have been implemented across different regions of Brazil; 2) Vulnerability and Active Aging in Brazil: This discussion will address the vulnerabilities, particularly in the context of socioeconomic inequalities and limited access to high-quality health services; and 3) Recommended Actions to Improve Active Aging and Reduce Inequalities: It will propose strategies to reduce inequalities and improve the overall well-being of the elderly population.

3.1 The government's implementation of active aging policies in Brazil

Recent studies have explored several policies aimed at improving the health, social well-being, and quality of life for older adults (Sousa et al., 2019; Sciama et al., 2020; Dullius et al., 2023; Macinko et al., 2024).

Brazil is considered a country that shows a consistent rate of demographic change; aged population over 60 and older growing from 10% to 20% in less than 20 years. This actual situation needs improvement of governmental investments to address equally and overcome vulnerabilities in areas such as social security, health, education, housing, employment and development, especially in the north and northeast of Brazil (Neumann and Albert, 2018).

The World Health Organization (WHO) endorsement of the Active Aging Structure, referred to as 'Active Aging', involves a comprehensive understanding of “the process of optimizing opportunities for health, participation and security, with the aim of improving quality of life as people get older” especially people aged 60 or over (WHO, 2002). Furthermore, the objective of Active Aging is to increase healthy life expectancy and aims to enhance the quality of life for all individuals in the aging population, including those who are frail, physically disabled and require care (WHO, 2005, p.13). In this regard, it is unmistakably clear that the aging process has ramifications not solely for the individual but also for their social relationships.

Regarding to this concept, strategic aspects has been previously reported (Sousa et al, 2019, p.11): i) “[...] elderly people with a higher level of income and education are more social involved”; ii) “[...] contribution of the Brazilian Public Health System (SUS) is essential to the implementation of active aging in Brazil”; and iii) “[...] tackling social inequalities is an important part of the active aging implementation strategy, in order to provide adapted and appropriate solutions for different groups of elderly people and avoid imposing targets that are not very feasible ”. An aspect deserving significant and relevant consideration is the lack of prior studies pertaining to this subject, especially in the northeastern region of Brazil.

A recent scoping review analyzed public policies focusing on areas such as health, violence, education, and social assistance. The author found that health and social assistance policies are well established. The Elderly Statute and the Brazilian Federal Constitution are frequently referenced legal documents guiding these policies for elderly people (Vagetti et al., 2020).

Policies such as the National Policy for Older People and the Statute of the Elderly encompass provisions for establishing working conditions, preventing discrimination, and promoting the employment of older workers (Sato and Lanchman, 2020). The National Health Policy for Elderly People (PNSPI) emphasizes comprehensive care strategies, including verbal and non-verbal communication, to improve the quality of healthcare for the elderly (Silva et al., 2020).

Training community health professionals to use educational instruments such as the Elderly Health Handbook (Caderneta de Saúde da Pessoa Idosa) is crucial for improving elderly care (Albuquerque et al., 2020). In Belo Horizonte, the Programa Maior Cuidado (PMC) integrates health and social care for older adults (Sempe and Lloyd-Sherlock, 2020). A study in Canindé-CE, characterized physical activities, sports, and leisure practices for the elderly, highlighting their importance for improving the quality of life of elderly participants, although coverage is limited (Fechine, 2022).

An essential aspect to comprehend regarding the aging process is that in Brazil there are diverse cultural, social and geographic environments. Problems to access rural territories, diseases resulting to aging problems, reduced availability of public policies and distribution of social projects in rural environments are some challenges of the Brazilian political and social structure. Therefore, strategies for implementing active aging policy must consider (Caprara et al., 2013; Soares Filho et al., 2022)

In agreement with this reality, the Decade of Healthy Aging (2021-2030), declared by the United Nations General Assembly in 2020, is the main strategy for creating an equality society (PAHO, 2020). This concept contributes to the ongoing discourse regarding the imperative to attain the importance of analyzing the importance to the implementation of active aging policy.

It is necessary to understand the importance of the Brazilian Federal Government to restructure both state and municipal system, such as transportation, production, food distribution, markets for the insertion of elderly people in social and economic life and, especially, in health systems. Coordination at all levels of government stages is necessary to ensure that the problems arising to prevent these situations from incurring additional costs for the Brazilian government and effectively promote the health of the population (Sousa et al., 2019).

Improving access to health education is an accomplishment, especially for individuals who, within their cultural contexts, encounter challenges stemming from exclusion and prejudice. It is a fundamental right that must be ensured for all elderly citizens, as emphasized by numerous studies. Furthermore, there are structural barriers hindering the implementation of the public policy to aging people in the northeast of Brazil. The political obstacles include socioeconomic and environmental problems.

3.2 Vulnerability and active aging in Brazil

The North and Northeast regions of Brazil exhibit numerous socio-economic vulnerabilities that substantially impact the quality of life of their populations. These vulnerabilities are related to multiple factors, including economic inequalities, lack of access to basic services, adverse climatic conditions, and a history of uneven development. Some of the main socio-economic vulnerabilities include (Brasil, 2010; Szwarcwald et al., 2016; IBGE, 2020; IBGE, 2022):

(I) One significant issue is the high incidence of poverty and extreme poverty in the Northeast region, with many people living on insufficient income to meet basic needs like food, housing, and education. This situation is further exacerbated by the lack of economic opportunities in many areas of the region. According to information from IBGE (2022), the Northeast (48.70%) and North (44.90%) regions had the highest proportions of impoverished people in their population.

(II) The region has one of the highest income inequalities in the country, with a Gini coefficient of 0.556 in 2021. This implies that a considerable segment of the populace possesses the preponderance of wealth, while the majority faces precarious economic conditions.

(III) According to information from the Continuous National Household Sample Survey (2022) (in portuguese: Pesquisa Nacional por Amostra de Domicílio, PNAD), the Northeast has the highest illiteracy rate in the country, at 31.20%, surpassing the national average of 19.50%. Quality education is crucial for development, but many residents face challenges of accessing education due to a lack of suitable schools, qualified teachers, and resources.

(IV) The lack of basic infrastructure, such as roads, electricity, potable water, and sanitation, is a serious concern in the region. This affects people's quality of life and hinders economic development.

(V) The region's susceptibility to droughts and extreme weather affects agriculture and water supply, contributing to food and water insecurity.

(VI) Limited access to healthcare services: rural and isolated communities face difficulties accessing quality healthcare, leading to untreated and exacerbated health issues.

(VII) High unemployment and underemployment rates lead to economic instability and contribute to poverty.

(VIII) Economic challenges drive many people to migrate to other parts of Brazil for better opportunities, weakening local communities.

In a recent report released by the Brazilian Demographic Census (2022), revealed that the Brazilian population is undergoing an aging process. Notably, in the Northeast region, 24,65% of the population was identified as part of this trend.

The Northeast region is marked by elevated poverty rates and socioeconomic disparities levels that contribute to the poor healthcare and problems to implement active aging policy, since most of the few studies addressing this question often rely on general social policy for elderly people (IBGE, 2022).

According to information extracted from the 2019 National Health Survey (2019), in the Brazilian Northeast region, the population over 60 years of age exhibits an uneven distribution in terms of gender, area of residence, race, education, gross monthly income (in Brazilian Reais, R$), per capita household income, access to health insurance, and self-assessment of health. Of the total elderly population, 56.50% are female, while 43.50% are male.

Furthermore, the majority (72.60%) of the elderly reside in urban areas, with the remaining 27.40% living in rural areas. In terms of gross monthly income in 2019, this subpopulation has an average of R$ 1,956.47 ($400.02). This income varies considerably between urban and rural areas, with R$ 2,252.44 ($460.54) in urban zones and only R$ 693.22 ($141.74) in rural zones.

Analyzing income distribution by gender, men have an average gross income of R$ 2,163.02 ($442.25), while women have an average of R$ 1,564.17 ($319.81). Regarding race, 57.60% self-identify as mixed race, 29.20% as white, and 13.20% as black. The white population has a higher average income, at R$ 2,969.69 ($607.19), followed by the mixed-race population with R$ 1,589.97 ($325.09) and the black population with R$ 1,293.66 ($264.50).

In terms of education, the majority (75%) of the population over 60 has no education or incomplete elementary education. Only 12% have completed high school or have incomplete higher education, 7% have completed higher education, and 5.7% have completed elementary education but have incomplete high school education.

Concerning the examination of per capita household income, 45.70% of the elderly fall into the income bracket of half to one minimum wage, 23.20% receive between 1 and 2 minimum wages, 17.60% receive up to half a minimum wage, and only 13.60% receive above 2 minimum wages.

The analysis reveals that the vast majority (84%) of the elderly population in the region does not have health insurance, while only 16% have access to health insurance. Income stratification shows that those with health insurance have a significantly higher average income, R$ 5,233.29 ($1,070.01), in contrast to individuals lacking health insurance, whose mean stands at R$ 943.84 ($192.98).

Finally, in terms of health, only 35.10% of this population rates their health as good or very good, while 64.90% do not have this perception. These pieces of information highlight the diversity, inequalities, and vulnerabilities that exist among the elderly population in the Northeast region, encompassing socioeconomic aspects, health, and access to essential services.

The current strategy of encouraging the implementation of the Active Aging Policy is not enough. There is an absence or insufficiency in this specific policy for elderly people. Although there are advances at the federal level, many municipalities still do not have adequate structures to deal with the needs of this population.

Actions for governments at all levels can promote implementations directly to the population, providing information articulated as high-level goals and objectives (Implementation, 1991). Ensuring a complete quality of life and well-being, encompassing economic, social, cultural, occupational, physical and cultural aspects beyond the age of sixty, particularly within vulnerable societies as in the North and Northwest of Brazil.

Importantly, United Nations World Assembly on aging (Madrid/2002), highlighted a second action plan for aging, which motivated developing countries to take action to understand aging and public policies for these elderly people (Camarano, 2022). The prejudice against old age and the constant negativity of a society increasingly evident in the streets and homes, leads to difficulties in implementing these policy projects within the community, contributing to the deconstruction of images of this population, who believe they are younger, having a position and attitudes that put their health and quality of life at risk (Andrade et al., 2013).

Given this context, some issues need to be debated and addressed for the elderly population in the Northeast, such as the precariousness of living conditions, especially in rural areas and more isolated communities where there is a shortage of water, food, fertile soil, and basic subsistence conditions. A significant portion of the elderly population lives in poverty or extreme poverty, with limited access to basic services such as healthcare, education, water, sewage, and housing.

Insufficient infrastructure in these regions is one of the primary factors that hinder access to essential services, leading to a lack of adequate support and the inability to implement the goals and objectives outlined in the Active Aging Health Policy (Kalache and Gatti, 2003).

These socio-economic vulnerabilities are complex and interconnected challenges that require coordinated actions from the government, civil society, and institutions to address. Programs and public policies aimed at reducing inequality, improving access to education and healthcare, promoting sustainable economic development, and strengthening infrastructure are essential to enhance living conditions.

The National Policy for the Elderly (PNI, 2010) stipulates that in the domains of promotion and social assistance, services and actions designed to meet the basic needs of the elderly should be implemented through families, society, and both governmental and non-governmental entities. In the health sector, priority is given to ensuring healthcare for the elderly at various levels of the Brazilian Public Health Care system; this includes the prevention, promotion, protection, and restoration of elderly health through prophylactic programs and measures. Furthermore, it mandates the inclusion of Geriatrics as a clinical specialty for municipal purposes, the conduct of research to understand the epidemiological characteristics of diseases affecting the elderly population for purposes of prevention, treatment, and rehabilitation, and the creation of alternative health services for the elderly.

The elderly's dependence on health services and care is constant, often leading to injustices and inconveniences in their care. These issues impact their quality of life and underscore the necessity for integrated and effective public policies (Andrade, 2010).

The inclusion of elderly individuals is a key focus of the National Policy for the Elderly, which aims to ensure their social rights by promoting independence and integration into society. However, the demands on government budgets, the allocation of resources to relevant projects, and the commitment to improving the elderly population's well-being and preparing health professionals through studies for better care present significant challenges. Consequently, the implementation of public policies in social reality remains limited. It is crucial that this issue becomes visible to policymakers and the community, so it can be prioritized by the government.

The socioeconomic vulnerabilities in the North and Northeast regions of Brazil are deeply rooted in historical, structural, and policy-related factors. Historically, these regions have experienced uneven development, marked by a concentration of wealth and resources in the South and Southeast. This disparity has been exacerbated by inadequate infrastructure, insufficient investment in education and healthcare, and limited economic opportunities. The implementation of Active Aging Policies remains insufficient, often hindered by limited local governance capacity and resources.

3.3 Recommended action to the improvement of acting aging to reduce inequalities

According to Rudnicka et al. (2020) and Callahan et al. (2021), promoting active aging with equity, especially in vulnerable areas of Brazil, requires the following actions: To promote active aging with equity, especially in vulnerable areas of Brazil, it is necessary to:

Equal Access: Ensure that everyone, regardless of their income or place of residence, has access to quality health services and opportunities for active aging.

Education and Awareness: Promote awareness about the importance of active aging and provide information about healthy lifestyle habits.

Community Support: Develop support networks and community programs that meet the specific needs of elderly people in the Northeast region.

Inclusive Policies: Develop public policies that consider regional and socioeconomic disparities, focusing on equity and inclusion of the elderly in society.

Research and Monitoring: Conduct research to understand the needs of older people in the region and monitor the progress toward greater equity in active aging.

Health education community development: Develop alternatives programmers for at-risk elderly.

Health communication: Develop education resources and materials for health professionals.

Community development: Accomplish forums and conferences to describe the importance of active aging to the population.

Policy development: Implement government regulations and standards to improve active aging as a health policy.

Organizational development: Implement professional training on early identification and brief intervention in caring for elderly people.

A Brazil without equity is a country that fails to take advantage of the valuable resource that elderly people representation. Therefore, it is our responsibility to ensure that all Brazilians, regardless of their age or origin, have the opportunity to age healthily, actively and with dignity (AARP, 2018; Rudnicka et al., 2020; Callahan et al., 2021).

The process of aging and the rejection of elderly people create invisible marks that are perpetuated and reflected in their self-esteem, well-being, autonomy, self-confidence, empowerment, experiences of prejudice, and social relationships. All these situations make them more susceptible to several kinds of violence, harassment and diseases. As also excluding aging-population from the social, economic, cultural and labor relation in their communities (Lima-Costa, 2018; Paula et al., 2023).

Notwithstanding potential obstacles in the endorsement of a public health in Brazil among public policy, professionals' improvement, and other related topics, there is a collective embrace of this perspective. It proposes a spectrum of strategies essential for the realization and accomplishment of public health aim to promote equality health for elderly people in the Northeast of Brazil.

3.4 Contributions to Public Health

- Social disparities in aging populations are an emerging problem that should be discussed to promote health in elderly Brazilians.

- Government implementation of active aging policies is fundamental to improving health equity in all parts of Brazil.
- Socio-economic vulnerabilities are complex and interconnected challenges that require coordinated actions from the government, civil society, and universities.

3.5 Limitations

This study presents some limitations. Firstly, the use of some references from previous years (e.g., 2010, 2013). While these references provide a solid foundation and historical context for the analysis, including more recent studies is essential to reinforce the validity and relevance of the presented information. Additionally, the available data in some areas is incomplete, and it is not possible to make a comparison between the Brazilian regions.

Another limitation is the generalization of the results. Although the study provides a detailed analysis of socioeconomic vulnerabilities in specific regions of Brazil, the conclusions may not be easily generalizable to other regions or countries with different socioeconomic contexts. Cultural and contextual factors, such as local practices, policies, and social norms, may also significantly influence the results and are not fully captured by the available data. Finally, the effectiveness of active aging policies can vary significantly between different municipalities and states, depending on local governance capacity and available resources, leading to inequalities in outcomes and the effectiveness of the proposed interventions.

4 Conclusion

Highlighting the gravity of the escalating aging trend within the Brazilian population, this issue is concurrently disseminated through various scientific journals and governmental websites. It underscores the imperative for a requisite and pressing overhaul in the political and governmental framework of the country. Governments should not minimize the importance of caring for elderly people.

This is an important social and public health policy concern which will continue to grow around the world. We are united in recognizing that social policies alone do not promote effective and equitable actions, especially in rural northeastern areas where environmental vulnerabilities increase social disparities and lead to greater social, economic, and cultural isolation of elderly people, as well as greater illness within this population.

4.1 Authors' contribution statement

Thiago Medeiros da Costa Daniele e Francisco Aquiles de Oliveira Caetano participaram da concepção e do delineamento do estudo. Janaildo Soares de Sousa, Mirna Albuquerque Frota e Andréa Ferreira da Silva contribuíram para a análise e interpretação dos dados e para a discussão dos resultados. Larissa Oliveira Nascimento e Maria Araruna Correia Lima colaboraram na revisão da literatura e na organização do manuscrito. Todos os autores revisaram criticamente o conteúdo intelectual, aprovaram a versão final do manuscrito e assumem responsabilidade por todos os aspectos do trabalho.

4.2 Funding statement and ethical considerations

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O estudo foi desenvolvido a partir de análise documental, revisão de literatura e utilização de dados secundários de domínio público, não envolvendo coleta direta de dados com seres humanos. Dessa forma, não foi necessária a submissão do projeto a um Comitê de Ética em Pesquisa, em conformidade com a legislação brasileira vigente.

4.3 Declaration of conflict of interest

Os autores declaram não haver conflitos de interesse de qualquer natureza relacionados à elaboração, análise ou publicação deste manuscrito.

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