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THE ROLE OF PUBLIC POLICIES IN PROMOTING THE QUALITY OF LIFE OF THE ELDERLY

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Abstract: This study addresses public health policies aimed at the elderly population in Brazil, focusing on the analysis of their implementation in Arcoverde, Pernambuco. The research aims to investigate the perception of the elderly regarding the health services offered by the Unified Health System (SUS) and specific programs aimed at this age group, such as the Family Health Program, the Elderly Health Program, the Popular Pharmacy, and the vaccination program. The methodology adopted was qualitative and field-based, using face-to-face interviews with six elderly people who use these services. The responses were recorded and organized using *Google Forms*, allowing the data to be presented in graphs and tables. Several studies and academic contributions have been fundamental in supporting the analysis of aging, quality of life, and public policies aimed at the elderly. The study reveals that, despite advances in public health, such as the implementation of specific health programs, the elderly face significant challenges, such as a shortage of free medicines, lack of family support, and difficulties in accessing medical appointments. In addition, the research indicated that, although the elderly recognize improvements in health over the years, there are still important barriers to be overcome to ensure more accessible and quality health care for this population.

Keywords: Elderly Health. Public Policies. Public Health.

INTRODUCTION

This study focuses on public health policies aimed at the elderly population in Brazil, with an emphasis on analyzing their implementation in the municipality of Arcoverde, in Pernambuco. Population aging is a growing phenomenon in Brazil and in many countries around the world, which revisits issues related to the well-being and quality of life of the elderly population. In this context, public

health policies play a fundamental role in ensuring that the elderly have access to medical care, medications, and services essential for a dignified and healthy life. Programs such as the Unified Health System (SUS), the Family Health Program, the Elderly Health Program, the Popular Pharmacy, and the vaccination program have been implemented as alternatives to promote the health and well-being of this population.

The research seeks to investigate the perception of the elderly about the health services offered by the SUS and specific programs aimed at the elderly. Based on the analysis of the responses of the elderly in Arcoverde, the study aims to understand the effectiveness of these public policies in improving the quality of life of the elderly population and to identify the main challenges faced by this age group.

Authors Ferigato *et al.* (2012), Paschoal (2000), Silva (2009), and Queiroz (2010) provide a solid theoretical basis for understanding aging, quality of life, and public health policies aimed at the elderly. Aging is a biological process, but also a social one, involving psychological, cultural, and economic aspects, as discussed by several theorists. In this sense, it is essential to analyze how public policies can directly influence the quality of life of the elderly, improving their physical, emotional, and social health. The literature on the subject indicates that, although there have been significant advances, many older adults still face difficulties in accessing medical care, medications, and other essential services.

Given this scenario, this study seeks not only to identify the public health policies most used by the elderly in Arcoverde, but also to understand the challenges that still persist in ensuring full access to quality health care for this population. The results obtained from the interviews will contribute to a critical reflection on public health policies in Brazil and provide input for improving the implemen-

tation of these programs, aiming to more effectively meet the needs of the elderly population, ensuring their dignity and well-being in a context of accelerated aging.

The central issue of this research project questions how public policies have influenced the health of older adults in Brazil throughout the 21st century. Against a backdrop of rapid population aging, there is a need for policies that ensure a better quality of life for this growing segment of society. This question is pertinent, given that increased longevity in Brazil challenges the public health system and social assistance strategies, especially in relation to comprehensive care, the promotion of autonomy, and disease prevention. This study will therefore seek to analyze whether and how public policies aimed at the health of the elderly contribute to reducing inequalities, promoting well-being, and meeting the specific demands of this population.

This research is justified by the growing importance of public policies aimed at promoting the health and quality of life of the elderly population, which represents a growing segment in Brazil. With the increase in life expectancy, new challenges arise for the health and social assistance system, which needs to meet the specific demands of this age group. This study contributes to the understanding of the impacts of public policies implemented in the 21st century, investigating whether they have been effective in promoting dignified and healthy aging.

The analysis is essential to highlight the advances and gaps that still exist, enabling improvements in care and prevention strategies. In addition, the study will provide input for managers and policymakers, reinforcing the importance of ensuring the well-being of older adults and their active integration into society, with a focus on equal access to health and care services. Personally, this study is justified because we have been part of the Brazilian health system for a long time and believe

that this research can provide important data for other workers like us who care about the health of our elderly.

Our general objective is to analyze how public policies implemented in Brazil in the 21st century have influenced the health and quality of life of the elderly population, identifying their impacts, advances, and limitations.

Our specific objectives are:

- To examine the main public health policies aimed at the elderly population in Arcoverde, Pernambuco, considering their guidelines, scope, and effectiveness.
- To evaluate the impacts of these policies on the promotion of healthy aging, with a focus on disease prevention and the promotion of autonomy and well-being among the elderly.
- To identify the main challenges and barriers to the implementation of these policies, especially with regard to regional access, resource allocation, and training of professionals to meet the specific demands of the elderly.

METHODOLOGY

For this research, a phased methodology was adopted that combines documentary, bibliographic, and qualitative approaches to investigate how public policies have influenced the health and well-being of older adults in Arcoverde, Pernambuco. First, a documentary and bibliographic analysis was carried out to map the main public policies on health and quality of life aimed at the older adult population in Brazil, especially those implemented in the 21st century. In this phase, we analyzed legislation, government programs, and institutional policy documents, such as the Popular Pharmacy and local health promotion programs, such as Zumba classes and social groups for the elderly organized by the Arcoverde city government. The bibliographic review, in turn, involved the study of research

and theories that discuss the impact of these policies on promoting active and healthy aging, with a focus on ensuring access to health and well-being.

Based on this theoretical and documentary foundation, we moved on to the case study, conducted with a group of elderly residents in Arcoverde. This stage of the research involved semi-structured interviews with the participants based on the questionnaire

<https://forms.gle/Vk1azyrDrUitUeabA> (Appendix I), aiming to understand their personal experiences and perceptions regarding the impact of public policies on their health and quality of life. The choice of semi-structured interviews allowed for greater flexibility in data collection, enabling respondents to describe in detail how specific programs, such as the Farmácia Popular (Popular Pharmacy) program and physical and integration activities promoted by the city government, affected their well-being and routine. The interviews sought to explore, individually, access to these services, the frequency with which they are used, and how each of these programs contributed to the physical, emotional, and social health of the elderly.

After collecting data through interviews, a qualitative analysis was performed, focusing on interpreting participants' reports in light of the information gathered from documentary and bibliographic research. This method allowed us to identify patterns, perceptions, and possible gaps in care for older adults, contributing to a broader understanding of the concrete effects of public policies on the daily lives of this population. The qualitative analysis of the data sought, therefore, to highlight the main factors that positively impact the active aging of the elderly in Arcoverde, in addition to pointing out the challenges and areas that can be improved to ensure greater effectiveness of policies to promote quality of life and health for this age group.

This study was submitted for evaluation by the MUST University Ethics Committee (Appendix II), in accordance with the ethical guidelines established for research involving human subjects. The submission aimed to ensure that all methodological aspects, including participant recruitment, data collection, and information processing, were conducted ethically, respecting the principles of confidentiality, anonymity, and free and informed consent. Only after the Committee's approval was the research initiated, ensuring the integrity and protection of the rights of the participants involved in the study.

ANALYSIS OF PUBLIC HEALTH POLICIES FOR THE ELDERLY IN BRAZIL

Population aging is a growing reality in Brazil, resulting from advances in medicine, improved living conditions, and greater access to public health policies over the last few decades. This demographic transformation brings with it significant challenges for the State, which needs to develop strategies capable of ensuring quality of life and equal access to health services for the elderly population. In this context, public health policies aimed at the elderly play a crucial role, being formulated to meet the specific demands of this age group, such as combating chronic diseases, promoting autonomy, and encouraging active participation in society. The implementation of initiatives such as the Statute of the Elderly () and the Popular Pharmacy Program (Programa Farmácia Popular) highlights efforts to promote dignified and healthy aging (Brazil, 2003).

However, despite the progress made, challenges remain in implementing these policies, especially in a country marked by regional inequalities and limitations in health system financing. Problems such as difficulty in accessing specialized services, a shortage of trai-

ned professionals, and a lack of integration between health and social assistance policies affect the effectiveness of these actions (Veras, 2012). Thus, the analysis of public health policies aimed at the elderly in Brazil is essential to identify both the advances and the existing gaps, allowing for reflections that can support improvements in comprehensive care and the promotion of the well-being of this growing population.

In this chapter, we will discuss how public health policies aimed at the elderly are essential for senior citizens in Brazil, presenting legislation and data that corroborate our research on how health policies are directly linked to the well-being of the elderly in the country.

PUBLIC POLICIES FOCUSED ON THE ELDERLY IN THE 21ST CENTURY

The increase in the number of elderly people in Brazil is a phenomenon that reflects the demographic transition experienced by the country in recent decades. According to the Brazilian Institute of Geography and Statistics (IBGE, 2022), projections for 2060 indicate that one in three Brazilians will be 60 years of age or older. This scenario is the result of advances in medicine, greater access to health services, and improvements in living conditions, but it also highlights the challenges that arise in formulating public policies that guarantee quality of life and healthy aging. In this context, authors such as Veras (2012) emphasize that population aging should not be treated solely as a health issue, but as a cross-cutting theme that requires responses in areas such as social security, education, and social assistance.

Katz (2000) emphasizes that longevity alone is not an indicator of quality of life, and that it is essential that the years lived be accompanied by health, autonomy, and active participation in society. Brazil, by adopting policies

such as the Statute of the Elderly (Brazil, 2003), has made progress in protecting the rights of this population, but still faces inequalities in access to public services, especially in poorer regions. In addition, Berquó and Cavenaghi (2014) emphasize that the acceleration of population aging in the country is accompanied by a decrease in the birth rate, implying significant changes in family structure and the workforce. These transformations make it urgent to debate the strengthening of integrated and sustainable public policies that consider not only the numerical increase in the elderly population, but also their complex and diverse needs.

According to Areosa (2008, p. 34),

Contemporary older adults are presenting new meanings about the process of aging and old age and distinct profiles in relation to the behaviors adopted after retirement. Thus, there is a desire to live new experiences and enjoy the possibilities offered by society. The great challenge is to guarantee the rights of these elderly people through the action of public authorities, whose function is to develop and improve existing policies so that the elderly can enjoy quality of life.

Aging in contemporary times, as highlighted by Areosa (2008), is associated with a redefinition of the meanings and behaviors related to old age. Today's elderly are more active, with a desire to explore new experiences and fully participate in the possibilities that society offers. This scenario contrasts with traditional views that often associated old age with passivity and isolation. Authors such as Beauvoir (1990) argue that aging is not only a biological issue, but a social phenomenon that reflects the cultural and economic conditions of each era. Thus, active and participatory aging is the result of social advances, but also depends directly on public policies that guarantee the rights of this population.

In this context, the great challenge lies in the ability of public authorities to promote actions that ensure quality of life for the elderly, as emphasized by Areosa (2008). Policies such as the Elderly Statute (Brazil, 2003) and social inclusion initiatives, such as social groups and preventive health programs, have contributed to transforming the reality of this age group. However, Veras (2012) warns that, despite important advances, gaps in access to essential services persist, especially in more vulnerable regions. Building a society that values and integrates older adults depends on an ongoing commitment to developing innovative and inclusive policies capable of responding to the demands of this diverse and growing population. Thus, it is essential that public authorities act not only to guarantee basic rights, but also to promote active and fulfilling aging.

Social public policies aimed at the elderly in Brazil represent a significant advance in promoting the rights and quality of life of this population. The Federal Constitution of 1988 was a milestone in consolidating social protection as a fundamental right, recognizing the elderly as subjects of specific rights. Subsequently, initiatives such as the National Policy for the Elderly (Brazil, 1994), the Statute of the Elderly (Brazil, 2003), and the National Health Policy for the Elderly (Brazil, 2006) reaffirmed the State's commitment to ensuring autonomy, social integration, and access to essential services for this age group. These laws are based on the principle of shared responsibility between the State, the family, and society in guaranteeing dignified conditions for the elderly, promoting actions that range from health and social assistance to inclusion in the labor market and the valorization of intergenerational coexistence.

In the 21st century, public health policies for the elderly have gained prominence in addressing the challenges of a rapidly aging population. According to Veras (2012), the

National Health Policy for the Elderly (PNS-PI) emerged as a response to the need to reorganize the health system to meet the specific needs of this population, prioritizing the prevention of chronic diseases, rehabilitation, and comprehensive care. However, as Teixeira (2009) points out, the contemporary era also presents a neoliberal trend, in which the state shares responsibility with the private sector in implementing these policies. This "symbiosis" between the public and private sectors, while expanding access possibilities, also brings challenges, such as inequality in the reach of benefits and dependence on external financing for social initiatives. In this context, civil society plays a fundamental role in coordinating complementary programs, such as social groups, physical activities, and health promotion actions, often in partnership with government agencies.

Thus, Brazilian public policies have sought to balance social protection with the demands of a changing economic model, promoting fundamental rights while facing the structural and financial limitations of the public system. This dynamic requires not only the implementation of sectoral policies, but also a constant review of their effectiveness, so that older adults are guaranteed the right to dignified, active aging that is integrated into society.

PREVENTION METHODS FOR BETTER HEALTH IN OLD AGE

Aging, as emphasized by Lima (2010), is a multifaceted process that varies according to social, historical, and cultural contexts, shaped by factors such as social class, gender, ethnicity, and lifestyle. This diversity demonstrates that aging is more than a biological event; it is a socially constructed experience that is lived differently by different groups. Terra (2001) reinforces that, although aging is an inevitable phase of the human life cycle, it is permeated by meanings and implications

that transcend the mere biological condition, requiring an approach that considers the psychological, social, and cultural dimensions involved. In this sense, understanding public policies aimed at the elderly population implies recognizing these complexities and diversities, considering the specificities of the Brazilian reality and the challenges imposed by a scenario of rapid social and demographic transformations.

From the perspective of Lima (2010, p. 34):

Aging should be understood as a universal and irreversible process, but one that presents unique characteristics in its manifestations. In Brazil, the growing proportion of older adults in the population highlights the need for public policies that address this complexity, promoting not only health care, but also social inclusion, autonomy, and dignity.

As Veras and Oliveira (2016) point out, population aging in Brazil requires the articulation of intersectoral policies that address the different aspects of aging, including disease prevention, the encouragement of active participation in society, and the guarantee of equitable access to rights and services. Thus, when analyzing contemporary public policies, it is essential to recognize aging as a multidimensional phenomenon that requires integrated responses adapted to the specific needs of the elderly in a country marked by profound social and regional inequalities.

Silva (2009) emphasizes that well-being in old age goes beyond preserving physical appearance, also encompassing psychological development and the pursuit of activities that promote pleasure and personal satisfaction. In this sense, groups focused on the elderly population play a crucial role in promoting active aging, a concept advocated by the World Health Organization (WHO), which highlights the importance of keeping the elderly socially engaged, emotionally balanced, and intellectually stimulated. As Silva (2009) ob-

serves, participation in these groups not only promotes social interaction, but also contributes to greater self-esteem, a strengthened network of friendships, and a positive view of aging. These factors are essential for transforming old age into a period of new possibilities and enriching experiences.

Social groups for older adults, often linked to public policies, have proven to be fundamental tools for strengthening the role of this population. Veras and Oliveira (2016) point out that such initiatives not only encourage social participation, but also help prevent isolation and loneliness, factors often associated with physical and mental decline in old age. In addition, these spaces promote the idea that older adults can be agents of change, actively contributing to their communities and society in general. Through educational, cultural, and recreational activities, these groups strengthen the perception of older adults as subjects of rights and as individuals capable of positively influencing their reality. Thus, by integrating collective and individual actions, public policies that foster these spaces for coexistence play a central role in promoting active, healthy, and dignified aging.

Paschoal (2000) highlights that the social security system in Brazil faces significant challenges with regard to promoting quality of life for the elderly. This concept has come to be considered a fundamental indicator for assessing the effectiveness of social policies, especially in a scenario of rapid population aging. Quality of life in old age, as the author points out, is not limited to physical health, but also encompasses protection against violence, the guarantee of basic rights, and access to opportunities that promote overall well-being. In this context, public policies must be designed in an intersectoral manner, ensuring not only health care, but also social inclusion, safety, and dignity for the elderly, which are indispensable aspects for promoting healthy aging.

Social protection for older adults in Brazil, as emphasized by Paschoal (2000), has developed based on legal frameworks such as the Federal Constitution of 1988, the Statute of Older Adults (Brazil, 2003), and the National Health Policy for Older Adults (Brazil, 2006), which seek to ensure the rights of this population. However, Veras and Oliveira (2016) argue that, although these initiatives represent important advances, there are still significant gaps in the implementation and reach of these policies, especially in regions with greater social vulnerability. Ensuring a full quality of life for the elderly requires continuous efforts to overcome inequalities, strengthen the public health system, and implement actions that integrate care, autonomy, and protection. Thus, the analysis of quality of life as a result of social policies reveals both the progress and the challenges that Brazil faces in building a social security system capable of meeting the specific demands of the elderly population.

Queiroz (2010) highlights the complexity of the concept of quality of life, emphasizing that it goes beyond objective aspects, involving subjective elements such as self-esteem and well-being. Among the determining factors, the author mentions functional capacity, economic conditions, cultural values, lifestyle, emotional state, family support, and satisfaction with daily activities. This approach reinforces the idea that quality of life is not only the absence of disease, but also the presence of conditions that promote dignity, autonomy, and emotional balance, which are essential factors for healthy and active aging. In this sense, individual perception and daily experiences play a fundamental role in building well-being in old age.

Public policies aimed at the elderly population need to consider this multiplicity of factors, integrating actions that favor both physical and emotional and social care. The National Health Policy for the Elderly (Brazil, 2006), for example, incorporates this broader

view by proposing the promotion of autonomy and the maintenance of functionality as essential guidelines. In addition, Veras (2009) highlights the importance of community programs and collective activities that encourage the active participation of older adults, promoting their social integration and strengthening support networks. The appreciation of individuality and the promotion of an environment that respects cultural and social differences are fundamental to ensuring that older adults can enjoy a full, dignified, and satisfying life, even in a context of accelerated aging.

Fonseca (2005) emphasizes that quality of life in old age is perceived in a subjective and multifaceted way, since this period of life is marked by physical, emotional, and social changes. In addition, new tasks and limitations arise that challenge individuals to find ways to adapt to changes and preserve their health and well-being. For the author, it is essential that older adults seek activities that promote satisfaction and contribute to maintaining a healthy life, allowing this cycle to be lived with dignity and fulfillment. This perspective reinforces the importance of active aging, where older adults take on a central role in the pursuit of their own quality of life.

Based on this view, public health policies play a crucial role in creating conditions that facilitate this pursuit. The National Health Policy for Older Adults (2006) proposes strategies to encourage autonomy and promote physical, cultural, and social activities that stimulate the overall health of older adults. According to Veras (2009), initiatives such as social groups, functional rehabilitation programs, and community actions are fundamental in offering older adults opportunities for engagement and for overcoming the limitations imposed by age. Thus, by combining individual and institutional efforts, it is possible to provide older adults with effective means to live this stage of life with greater satisfaction and quality.

Ferigato *et al.* (2012) offer a multidimensional approach to aging, highlighting that old age cannot be understood solely from a biological perspective, but involves different inter-related aspects that influence the experience of the elderly. The biological dimension refers to the physical changes that occur in the human body over the years, such as the weakening of organs, reduced mobility, and increased vulnerability to disease. This dimension is crucial because, when considering the health of older adults, public policies must consider interventions that promote healthy aging, such as the prevention of chronic diseases and the promotion of healthy practices.

The chronological dimension, in turn, relates to numerical age, which, despite being an objective measure, directly influences a person's behavior and life choices. Society tends to associate chronological age with certain expectations and roles, such as retirement, impacting how older adults are treated and how they see themselves in their life trajectory. The psychological dimension focuses on the cognitive and emotional changes that accompany aging, such as the decline of some cognitive functions and changes in the way older adults deal with their emotions and social relationships. From this perspective, cognitive stimulation and emotional support programs are essential to ensuring the quality of life of older adults, as emphasized by the National Health Policy for Older Adults (Brazil, 2006).

The sociological dimension highlights the relative nature of old age, i.e., aging is not experienced in a homogeneous way, as it depends on the social and cultural conditions in which the elderly person lives. This means that the experience of old age can differ depending on social class, access to health services, social support network, among other factors. Finally, social age is related to the degree to which the elderly person adapts to current social behavior, considering how they

relate to society, their peers, and the environment around them. Social integration and active participation in community activities, as proposed by programs such as “Saúde na Hora” (Health on Time) and social interaction initiatives in several Brazilian cities, are fundamental to maintaining the dignity and well-being of older adults. Thus, public policies must consider these multiple dimensions to promote healthier and more active aging, adapted to the needs and realities of the elderly (Brazil, 2020).

RESULTS AND DISCUSSION

RESEARCH FOCUS

The focus of this research was the city of Arcoverde and its policies aimed at the health of the elderly. Arcoverde is a municipality located in the state of Pernambuco, Brazil, with a resident population of 77,742 people, according to the 2022 Census. The city has a population density of 226.04 inhabitants per square kilometer. Arcoverde covers an area of 343.923 km² (IBGE, 2024).

Figure 1 – City of Arcoverde – PE

Source: Author's collection (2025).

In terms of schooling, 97.3% of the population aged 6 to 14 is enrolled in regular education. Arcoverde's Municipal Human Development Index (MHDI) is 0.667, indicating an average level of human development. Infant mortality in the municipality is 10.73 deaths per thousand live births (IBGE, 2024).

Arcoverde's gross domestic product (GDP) per capita is R\$ 16,141.61. The city has a health infrastructure consisting of a regional public hospital and 22 municipal health centers, in addition to a private facility. In the education sector, Arcoverde has 79 educational establishments, including 17 state schools, 37

municipal schools, and 24 private schools, as well as two colleges (IBGE, 2024).

These demographic and socioeconomic data provide a detailed overview of Arcoverde, allowing for a deeper understanding of the characteristics of the population and living conditions in the municipality.

RESEARCH APPROACH

The research conducted is qualitative and field-based, aiming to understand the experiences of older adults in relation to public health policies in Arcoverde, Pernambuco. The choice of a qualitative approach is justified by the interest in understanding the perceptions, experiences, and feelings of the participants, seeking to explore the subjectivity and human aspects of the phenomenon under investigation (Minayo, 2014). This approach is essential, as it allows for a more in-depth analysis of the social and individual dynamics that influence how older adults perceive the access and quality of health services available to them in the local context.

Data collection was carried out through face-to-face interviews with older adults who use the city's public health policies. The interviews were conducted in a semi-structured manner, allowing participants to share their experiences freely, but with guiding questions to ensure the collection of information relevant to the research objectives. The respondents' answers were recorded in a *Google Forms* form, a tool that facilitated the organization of data, allowing the construction of graphs and tables for quantitative analysis complementary to the qualitative approach. This method is recommended by authors such as Bardin (2016), who highlights the importance of systematic data organization to facilitate the interpretation and analysis of information collected in qualitative research.

The decision to use *Google Forms* also aimed to optimize data organization, ensuring

greater accuracy and clarity in the visualization of responses. This made it possible to analyze the responses more efficiently, correlating the perceptions of older adults with the health services offered by the city, as well as identifying patterns and nuances in the experiences of this population. The combination of a qualitative approach with data organization using digital tools such as *Google Forms* offers an effective method for analyzing information in field research, especially when seeking a deeper understanding of the social and cultural dynamics of specific groups, such as the elderly.

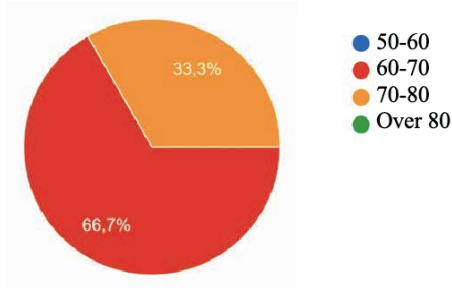
ACASE STUDY WITH OLDER ADULTS IN ARCOVERDE, PERNAMBUCO

In this section, we will present the data collected in interviews with six elderly people who use public health policies in Arcoverde. The information obtained will be presented in the form of graphs and tables, which will enable a clear and objective visualization of the participants' perceptions and experiences. After presenting the data, we will conduct a detailed analysis and discuss the results, seeking to understand how public health policies impact the quality of life of the elderly, identifying both the positive aspects and possible gaps in the services offered. The discussion will be based on the respondents' answers, relating the data to the theoretical framework and public policies in force in the city.

Sociodemographic Questions

Graph 1, which shows the age range of participants, reveals that the majority (66.7%) are between 60 and 70 years old, while 33.3% are between 70 and 80 years old. These data highlight the diversity within the elderly group, reinforcing the idea that aging is not a homo-

geneous process, but one marked by different needs and experiences over the decades. For those aged 50 to 60, although they are not yet considered elderly, many qualify for programs aimed at the elderly due to rural retirement, which for women is from the age of 50 and for men from the age of 55.

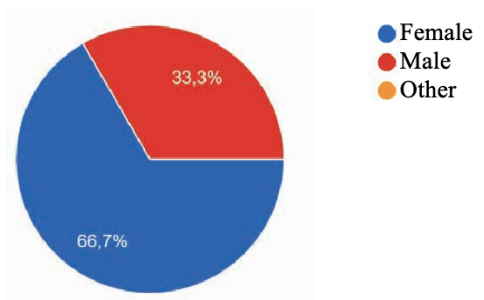


Graph 1 - Age of Research Participants.

Source: Prepared by the author.

According to Ferigato et al. (2012), the chronological dimension of aging is a relevant factor in understanding the demands of this population, since health conditions, physical limitations, and social needs can vary significantly between age groups. In addition, the World Health Organization (WHO, 2002) points out that active aging requires policies that consider the specificities of each age group to promote a better quality of life. Therefore, the data in Graph 1 highlight the importance of a differentiated approach in public health policies to adequately serve the different age groups of the elderly population.

Graph 2 indicates that 66.7% of respondents are female and 33.3% are male. These data are in line with national statistics that point to greater longevity for women than men, a phenomenon widely documented by demographic and public health studies (IBGE, 2021). According to Lima-Costa et al. (2018), this gender difference in life expectancy can be attributed to biological, behavioral, and social factors, including greater adherence to preventive health care among women.

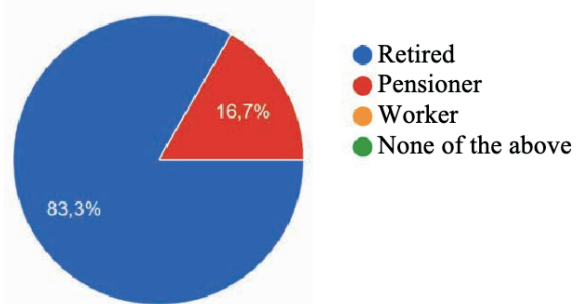


Graph 2 - Distribution by Gender.

Source: Prepared by the author.

In this sense, older women often play a central role in maintaining family and social networks, which can positively impact their longevity (Neri, 2013). However, it is important to consider that, despite living longer, women face greater risks of chronic morbidity and of living alone, reinforcing the need for public health policies that address their specific needs. Thus, the data in Graph 2 underscore the importance of adopting gender-sensitive approaches in the planning and implementation of actions aimed at the health of older adults.

The data in Graph 3 reveal that 83.3% of respondents are retired, while 16.7% are pensioners. This profile reflects the predominance of individuals who depend on fixed incomes from the Brazilian social security system, such as retirement and pensions. According to Camarano (2014), retirement represents one of the main sources of income for older adults in Brazil, being essential for maintaining their quality of life and financial security, especially in contexts where other sources of income are limited.



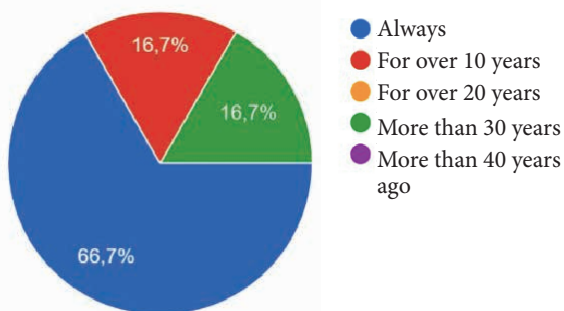
Graph 3 - Occupational Profile of Respondents.

Source: Prepared by the author.

However, it is important to note that, despite providing essential support, social security benefits are often low, which can restrict older adults' access to the goods and services necessary for healthy aging (Queiroz, 2010). In addition, the fact that 16.7% of participants are pensioners may indicate a dependence on derived benefits, which are lower than the original retirement benefits.

These data reinforce the need for public policies that ensure not only the sustainability of the social security system, but also the expansion of social and health support programs that guarantee the dignity and inclusion of older adults in society. The analysis also points to the importance of understanding the impact of social security income on the quality of life of the elderly, considering their specific needs in terms of health, leisure, and social interaction.

The data in graph 4 show that the majority of respondents (66.7%) stated that they had always lived in Arcoverde, that is, since they were born, while 16.7% have lived in the city for more than 30 years and another 16.7% for more than 10 years. These figures indicate an elderly population with strong territorial and historical ties to the city, which can positively influence access to public health policies and community ties.



Graph 4 - Length of Residence in Arcoverde.

Source: Prepared by the author.

According to Araújo and Alvarenga (2011), remaining in the same place throughout one's life contributes to the creation of social su-

port networks, which are fundamental to the well-being of older adults. These networks include not only family ties, but also community connections and accumulated knowledge about the services available in the region, such as health facilities and social assistance programs.

The fact that a significant portion of the interviewees have lived in Arcoverde for so long may also reflect a sense of belonging and identification with the city. This is in line with Rowe and Kahn's (1997) theory of successful aging, which highlights the importance of a stable and welcoming social environment for promoting quality of life

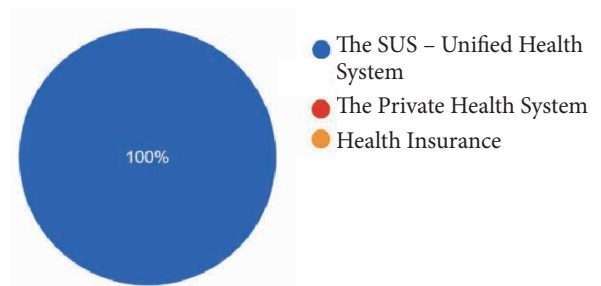
in old age. However, the analysis must consider whether local public services are prepared to serve this aging population, especially with regard to the continuity and quality of health care and social assistance.

Thematic Questions

The data in graph 5 reveal that half of the respondents (50%) use medication to maintain their health, while 33.3% consider themselves healthy but undergo medical monitoring, and 16.7% claim to be in poorer health. These results highlight the diversity of health conditions among older adults, demonstrating both the importance of continuous access to medication and the role of medical follow-up in promoting healthy aging.

We chose not to divide people into healthy and unhealthy groups because there are different approaches to characterizing a healthy person. A person who takes blood pressure medication every day is not healthy, but is able to perform their daily activities normally, while a person in poor health does not need medical supervision or medication, but is unable to perform activities such as walking or running, or participating in senior citizens' dance classes.

and well-being, especially for more vulnerable groups, such as the elderly.



Graph 6 - Most Frequently Used Health Network.

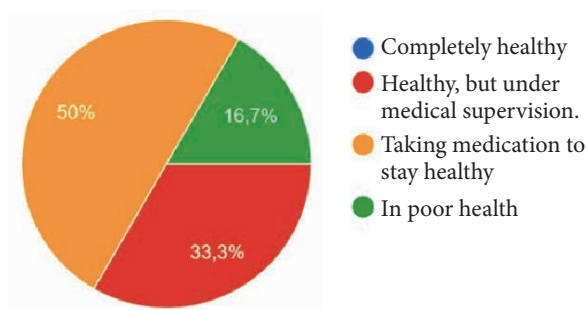
Source: Prepared by the author.

According to Paim et al. (2011), the SUS plays a fundamental role in ensuring universal and comprehensive health care, principles that are especially relevant for the elderly population, who often have a greater need for continuous medical care and access to medications. This reality is confirmed by the data, which show the SUS as an indispensable resource for the interviewees.

Thus, the exclusive use of the SUS reflects the relevance of programs such as the National Health Policy for the Elderly (Brazil, 2006), which seeks to promote healthy aging by expanding access to specialized services, preventive actions, and continuous care. For Veras (2012), it is essential that the SUS remains strong and well-structured to meet the specific demands of this age group, considering the rapid growth of the elderly population in Brazil.

Finally, total dependence on the SUS highlights the importance of adequate funding and continuous improvements in the quality of care, in order to ensure that the rights guaranteed by law are effectively translated into practices that directly benefit the elderly in Arcoverde.

The data in graph 7 show that monthly health expenditures among the elderly interviewed vary significantly, with 50% stating that they



Graph 5 - Health Profile of Respondents.

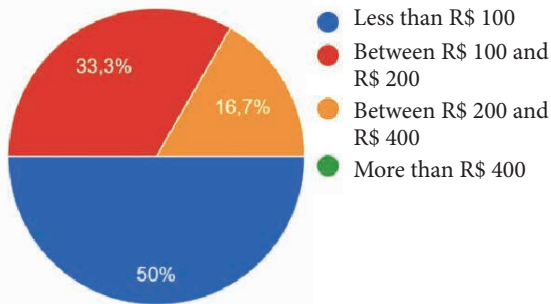
Source: Prepared by the author.

According to Veras (2012), the aging of the population brings with it an increase in the prevalence of chronic diseases, which often require drug treatment and regular monitoring. This data reinforces the relevance of public policies such as the National Health Policy for Older Adults (PNSPI), which seeks to ensure access to comprehensive, quality health services for this age group, with a focus on the prevention and control of chronic diseases.

Thus, the fact that 33.3% of respondents consider themselves healthy but still undergo medical monitoring points to the effectiveness of preventive practices, in line with the World Health Organization (WHO) recommendations for active aging. On the other hand, the 16.7% who reported poor health suggests the need to expand efforts to meet the demands of this population, especially with regard to the provision of specialized services and social support, as discussed by Ferigato *et al.* (2012). These results indicate the need for an accessible and inclusive health system capable of meeting the different conditions and needs of the elderly in Arcoverde.

The data in graph 6 indicate that 100% of respondents use the Unified Health System (SUS) for medical care, which reinforces the crucial importance of the SUS as the main route of access to health services for the elderly population in Arcoverde. This exclusive dependence on the SUS demonstrates the impact of public policies in ensuring health

spend less than 100 reais, 33.3% spending between 100 and 200 reais, and 16.7% reporting expenditures between 200 and 400 reais. This distribution reflects different economic conditions and health needs among the elderly, in addition to highlighting the importance of public policies that help reduce the financial impact of healthcare on this population.



Graph 7 - Monthly Health Expenditures.

Source: Prepared by the author.

According to Lopes (2018), healthcare expenses tend to increase with aging, especially due to the higher prevalence of chronic diseases and the need for continuous medication. However, the data suggest that most respondents have relatively low expenses, which may be related to access to medications provided by the SUS through programs such as Farmácia Popular. This program has been essential in alleviating the financial costs of the elderly population, as highlighted by Veras (2012), by ensuring access to essential medications at reduced prices or free of charge.

On the other hand, the 16.7% who spend between R\$200 and R\$400 per month show that there is a segment of older adults who face more significant expenses, possibly related to specialized treatments or medications not available in the public system. This data reinforces the need to improve the coverage and availability of medications in the SUS, as well as to expand initiatives that reduce costs for the elderly, especially those in situations of financial vulnerability.

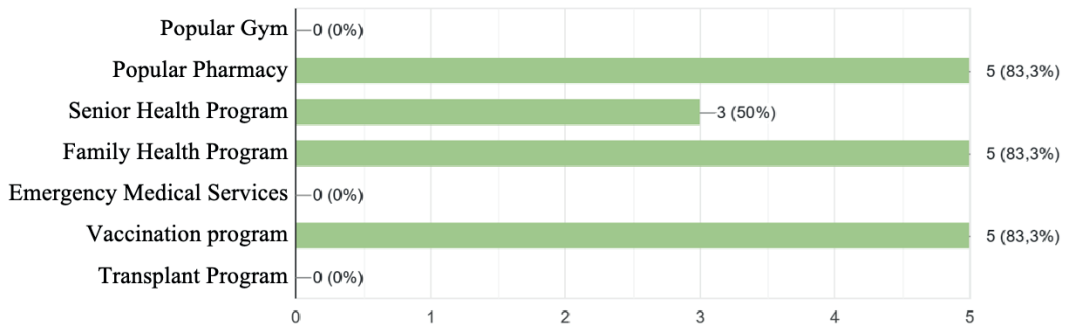
The data in Figure 8 show that the health programs most valued by the elderly interviewed in Arcoverde are the Popular Pharmacy, the Family Health Program, and the Vaccination Program, all with 83.3% adherence, followed by the Elderly Health Program, with 50% use. These results indicate that older adults recognize and rely heavily on public policies aimed at access to medicines, preventive care, and ongoing health monitoring.

The Popular Pharmacy has been widely praised by researchers such as Veras (2012) for facilitating access to essential medicines at reduced prices or free of charge, especially for chronic diseases such as hypertension and diabetes, which are common among the elderly. This program not only alleviates health expenses, but also contributes to treatment adherence, ensuring a better quality of life.

The Family Health Program (PSF) and the Vaccination Program are equally crucial, as they promote primary care and disease prevention, which are essential areas in the health care of the elderly. According to Lopes (2018), the PSF strengthens the bond between health professionals and the community, enabling closer and more humanized monitoring, while the Vaccination Program prevents diseases that can have a severe impact on this age group, such as influenza and pneumonia.

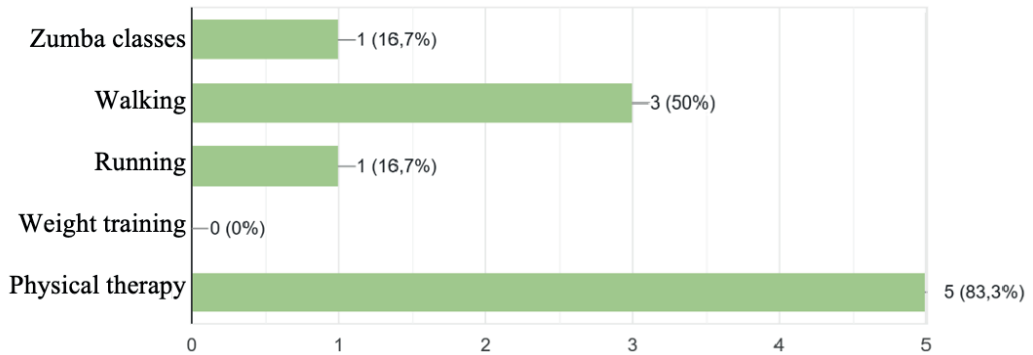
The Elderly Health Program, used by 50% of respondents, stands out as a specific policy that promotes actions aimed at healthy aging and maintaining the autonomy of the elderly. According to Lopes (2018), the effectiveness of this program depends on its integration with other initiatives, such as the PSF, to ensure comprehensive care focused on the needs of this population.

These data reinforce the relevance of public policies in meeting the health demands of the elderly, highlighting the importance of maintaining and expanding programs such as these to serve the growing elderly population



Graph 8 - Most Valued Health Initiatives.

Source: Prepared by the author.



Graph 9 - Prevention and Body Strengthening Activities.

Source: Prepared by the author.

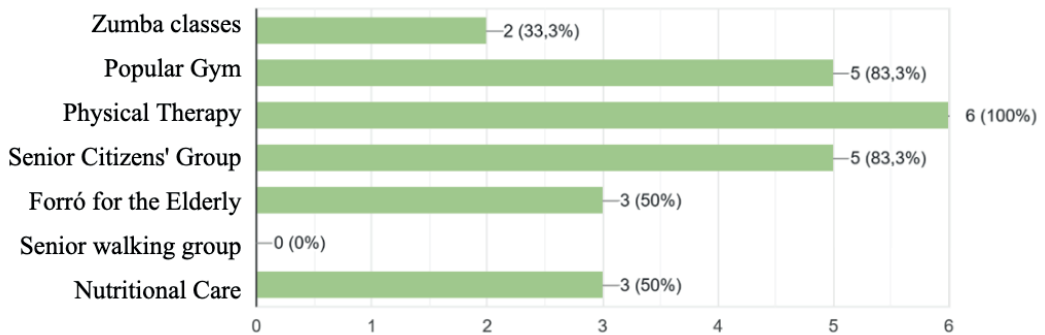
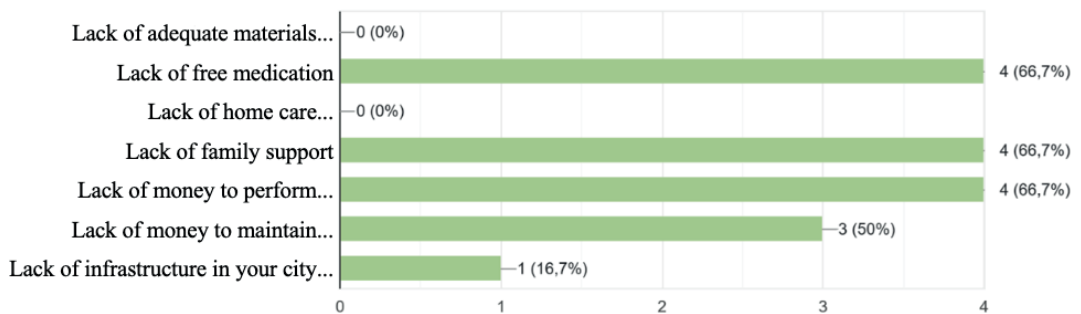


Chart 10 - Free Services Offered in Arcoverde.

Source: Prepared by the author.



Graph 11 - Obstacles to Health Care.

Source: Prepared by the author.

in Brazil. The integration of different policies is essential to ensure the promotion of active and healthy aging.

The data in graph 9 show that the activities performed by older adults to strengthen their bodies and prevent disease are diverse, with an emphasis on physical therapy, cited by 83.3% of respondents, followed by walking (50%), Zumba classes (16.7%), and running (16.7%). These results highlight the elderly's search for activities that meet their physical needs and health conditions.

The predominance of physical therapy as an activity may be associated with its role in rehabilitation and prevention of physical limitations, especially in cases of chronic diseases or recovery from injuries. According to Matsudo et al. (2001), physical therapy is essential for muscle strengthening, improved mobility, and fall prevention, which are critical aspects for the quality of life of older adults.

Walking, mentioned by 50% of participants, is widely recognized as an accessible and effective practice for promoting cardiovascular health, weight control, and strengthening the immune system. According to Matsudo et al. (2001), walking is one of the most recommended physical activities for the elderly, as it is low impact, can be done anywhere, and promotes physical and psychological benefits.

Activities such as Zumba and running, although less practiced, show that a portion of older adults seek options that combine physical exercise with leisure and more intense cardiovascular and stimulation. Zumba, for example, is recognized for providing not only physical benefits, but also social and emotional benefits, promoting interaction and well-being (Matsudo *et al.*, 2001).

These data reinforce the importance of public policies and health programs that encourage physical activity among older adults, with a focus on offering diverse options that meet their specific needs and promote active and healthy aging.

The data in graph 10 reveal that older adults in Arcoverde are aware of various free activities available in the city, with physical therapy being the most mentioned (100%), followed by the public gym (83.3%), senior citizen groups (83.3%), forró dancing for seniors (50%), nutritional care (50%), and Zumba classes (33.3%). These results highlight the diversity of options offered to promote the health and well-being of the elderly population.

Physical therapy, highlighted by all participants, demonstrates recognition of its relevance to the health of the elderly, especially in the rehabilitation and prevention of chronic diseases and functional limitations. This practice is essential to ensure the maintenance of autonomy and quality of life, as argued by Guimarães and Cunha (2014).

The presence of community gyms and senior citizen groups as widely known services (83.3%) reflects important initiatives aimed at strengthening the body and

promoting socialization, factors that contribute to more active and participatory aging. According to Ferigato *et al.* (2012), group activities are essential for maintaining the mental and emotional health of older adults, promoting self-esteem and a sense of belonging.

Cultural activities, such as forró dancing for older adults (50%), are significant not only as form of leisure, but also for strengthening social bonds and encouraging physical activity. Silva (2009) highlights that cultural and recreational events help keep older adults active, strengthening their social integration and reducing feelings of isolation.

On the other hand, the lower percentage of awareness of Zumba classes (33.3%) suggests the need for greater dissemination and expanded access to activities that combine physical exercise and fun. Zumba is recognized for its benefits to cardiovascular health and general well-being, as well as being attractive to older adults seeking more dynamic activities (Araújo & Karasek, 2008).

The results point to the importance of public policies that guarantee not only the provision of these activities, but also their promotion and accessibility, ensuring that a growing number of older adults can benefit from free and integrated services, contributing to the improvement of their health and quality of life.

Table 1 presents the participants' responses about their weekly health care routines, revealing varied behaviors and the influence of public policies and health services available in Arcoverde.

Participant 1	"I participate in the Maria Viver group twice a week."
Participant 2	"I follow what the doctor told me to do: walk every day, eat well, and taking my medication on time."
Participant 3	"My week begins by monitoring my blood pressure at health center near where I live, and during the week I try to do the exercises the doctor asked me to do, such as walking, but I can't always follow everything to the letter."
Participant 4	"I do physical therapy twice a week and go to the group twice a week in the afternoons. two afternoons a week. There, I can distract myself, talk, and see my friends. My depression has improved."
Participant 5	"As I am always ill, my routine is always at home. I receive visits physiotherapist and nurses every week."
Participant 6	"I eat healthy foods and go walking."

Table 1 - Report on Weekly Health Care.

Source: Prepared by the author.

Participant 1 mentions participating in the Maria Viver Mais group twice a week, a practice that reflects the importance of socialization and mutual support activities in healthy aging. This group is a form of health promotion that integrates social and physical aspects, something widely recommended by Ferigato *et al.* (2012), who highlight the importance of collective activities for strengthening the emotional and physical well-being of older adults.

Participant 2 strictly follows medical guidelines, taking daily walks, maintaining a healthy diet, and taking medication as prescribed. This behavior is a clear example of adherence to the practices recommended by health professionals, which is essential for controlling chronic conditions and maintaining quality of life, as emphasized by Paschoal (2000), who discusses the importance of effective public policies for monitoring the health of the elderly.

Participant 3 tries to follow medical recommendations, such as walking, but acknowledges that they are not always able to comply fully. This highlights a common challenge among the elderly population, who often face difficulties in maintaining a regular health care routine due to physical limitations or other factors. Teixeira (2009) discusses the need for public policies that guarantee continuous and personalized support for these individuals.

Participant 4 undergoes physical therapy twice a week and participates in the Viver Mais (Live More) group, which, in addition to being a space for social interaction, also promotes mental health. The report of improvement in depression is indicative of how physical and social activities can positively impact the emotional health of older adults, which is reinforced by Silva (2009), who highlights the importance of activities such as physical therapy and support groups for maintaining mental and physical health.

Participant 5 has a more restricted routine due to health problems and receives visits from health professionals at home. This case exemplifies the reality of many elderly people who, for health reasons, need home care, a strategy provided for in public health policies to ensure assistance to those who cannot travel to health facilities, as stipulated in the National Health Policy for the Elderly (Brazil, 2006).

Finally, Participant 6 mentions that he adopts a healthy diet and goes for walks, demonstrating a routine focused on prevention and health care, practices widely recognized in the literature as beneficial for cardiovascular and general health, as stated by Ferigato *et al.* (2012).

These reports highlight the diversity of practices and support that older adults receive to care for their health in Arcoverde, reinforcing the importance of public policies that integrate medical care, physical activities, social support, and mental health care.

The data presented in Figure 11, which reveals the main challenges faced by older adults in caring for their health, highlights significant difficulties that directly impact the quality of life of this population.

The high percentage of responses indicating a lack of free medication (66.7%), lack of family support (66.7%), and lack of money to undergo tests and buy medication (66.7%) points to significant economic and social vulnerability. Lack of financial resources is a common obstacle, especially for retired seniors or pensioners, as pointed out by Queiroz (2010), who emphasizes the importance of economic conditions in accessing adequate health care. The lack of family support is also reflected in a lack of social support, which can further aggravate the health situation of the elderly, making it difficult to adhere to treatment and carry out preventive activities.

The lack of money for healthy food (50%) is also a recurring concern, since a balanced diet is essential for maintaining health and preventing disease. Fonseca (2005) points out that old age requires special health care, including diet, which must be monitored to ensure a healthier life. In addition, the lack of municipal health infrastructure (16.7%) reveals a possible gap in health services, which may indicate the need for investment and improvements in the conditions of care and

infrastructure of the public health network, as pointed out by Paschoal (2000), who discusses the challenges of the social security system and its relationship with the quality of life of the elderly. These data reinforce the urgency of public policies that address these needs, providing greater access and support for older adults in vulnerable situations.

The analysis of the data in Table 2 reveals an interesting perspective on the evolution of the health system throughout the lives of the elderly respondents, highlighting both advances and persistent challenges.

Participant 1	“Compared to when I was young, it’s better, but it’s still difficult.” get some things done, like picking up a form and making an appointment.”
Participant 2	“It’s better than it was 50 years ago. Younger people don’t know how it was before; there was practically nothing. Even so, it could still improve today, especially with younger doctors who always seem to don’t know what the patients’ symptoms are.”
Participant 3	“I remember when I was young, we had almost nothing that we have today. There weren’t health clinics in every neighborhood, and you could only get medicine if you bought it or asked the mayor. It was too difficult.”
Participant 4	“I remember when I was young and my parents were elderly, it wasn’t so easy to get medicine and medical care. Nowadays, we have almost everything close to home: doctors, nurses, physical therapy. The only issue is that medicine that we still lack some.”
Participant 5	“Everything has improved. My grandparents never had the care that healthcare provides me today. Back then, if you got sick, you had to go to Recife or stay at home to die.”
Participant 6	“The health centers are very crowded. It’s difficult to get an appointment.”

Table 2 - Perceptions of Improvements and Deterioration in the Health System.

Source: Prepared by the author.

In general, respondents recognize significant improvements in access to health services, comparing the present with the past, when care was limited and distant. Participants, such as Participant 1 and Participant 3, highlight that, compared to the past, the health system has evolved, with health centers in

more neighborhoods and greater availability of medicines. This perception of progress is corroborated by Fonseca (2005), who observes that expanding access to health services has been one of the advances for the elderly population.

However, despite these advances, many older adults still face significant challenges, as pointed out by Participant 2, who mentions the difficulty of dealing with younger doctors who, in their perception, are unable to understand patients' symptoms in the same way as more experienced doctors. This concern is related to the issue of the training and experience of health professionals, a point often addressed by Paschoal (2000), who highlights the need for more specialized and humanized care for the elderly population.

Participant 6 also reflects a difficulty that still exists: the overload at health centers, which hinders quick and efficient access to services, such as the problem of obtaining tickets for care. This shows that, despite the expansion of the healthcare system, infrastructure and organizational issues still need to be improved to ensure quality care that is accessible to all older adults, as mentioned by Teixeira (2009), who points out the need for adjustments in the way public health policies are structured.

IMPLICATIONS AND FINDINGS OF THE RESEARCH

The survey conducted with elderly people in Arcoverde revealed significant results about the health situation of this population in the municipality, highlighting both the achievements and the limitations faced by these individuals in accessing and using health services. In terms of age group, most respondents are between 60 and 70 years old, reflecting a growing trend of younger elderly people, according to Brazilian demographic data. This is in line with the IBGE (2021) forecast, which

points to an increase in the proportion of elderly people in the Brazilian population, suggesting the need for more effective public policies for this age group, with an emphasis on strengthening preventive health and continuing care.

The results also highlight the predominance of retirees among participants, which is directly related to active life and productive aging. Retirement, often seen as a time for leisure and rest, also represents a phase of vulnerability, especially with regard to access to health and well-being. In this context, the survey revealed that most respondents depend on the Unified Health System (SUS) for medical care, which is indicative of the centrality of this system for the health of the elderly population in Brazil. This reinforces the importance of public policies focused on the health of the elderly, such as the National Health Policy for the Elderly (Brazil, 2006), which will guarantee universal and equal access to the SUS.

Regarding health programs, such as the Popular Pharmacy and the Family Health Program, it was observed that most respondents use these services, indicating the relevance of these initiatives in meeting the health needs of the elderly. These programs are essential to ensure continuity of treatment and regular medical follow-up, especially in a context where most elderly people live with chronic conditions and need continuous medication. The use of these programs is in line with the guidelines of the National Policy for the Elderly (Brazil, 1994), which seeks to promote the autonomy, and quality of life of the elderly, allowing them to age healthily and with dignity.

On the other hand, the survey also revealed important challenges faced by older adults in relation to health care, such as lack of financial resources to undergo tests and purchase medications, as well as lack of family support. These factors are decisive for maintaining he-

alth in old age and reflect the difficulties faced by many older adults in Brazil, who are still in situations of social vulnerability. The lack of infrastructure, such as difficulty in accessing medical appointments and tests, was another point highlighted by the interviewees. These data reinforce the analysis by Paschoal (2000), who points to the quality of life of the elderly as an indicator of the success of social policies, emphasizing the need for continuous strengthening of the SUS and public policies that guarantee the rights of the elderly, especially in the areas of health, housing, and social assistance.

CONCLUSION

The improvements needed in Brazil's healthcare system, especially for the elderly population, are numerous and urgent. Although the country has made considerable progress in implementing public policies focused on the health of the elderly, such as the National Health Policy for the Elderly and the SUS, there are still significant challenges to be overcome. The research conducted in Arcoverde showed

that, despite these efforts, many elderly people face difficulties in accessing health services, such as a shortage of free medicines, a lack of infrastructure in health centers, and difficulties in scheduling appointments. These problems reflect regional inequality and the budgetary limitations of the public system, which, although essential, needs to be strengthened to more efficiently serve an increasingly aging population.

Therefore, it is imperative that Brazil continue to expand and improve its health policies, especially with regard to preventive health, home care, and psychosocial support for the elderly. Investing in primary care programs and training professionals to deal with the specificities of aging can contribute to a better quality of life. In addition, it is essential to ensure that public policies are accessible and inclusive, considering the economic and social realities of each region. Improving the health of older adults in Brazil should not only be a matter of increasing the supply of services, but also of ensuring that these services are of high quality, equitable, and effective in promoting healthy and dignified aging.

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APPENDICES AND ANNEXES

APPENDIX I – RESEARCH FORM

SOCIO-DEMOGRAPHIC QUESTIONS

How old are you?

50-60

60-70

70-80

Over 80

What is your gender?

Female

Male

Other

Are you:

Retired

Pensioner

Worker

None of the above

You have lived in Arcoverde since:

Always

For more than 10 years

For more than 20 years

For more than 30 years

For more than 40 years

THEMATIC QUESTIONS

Currently, you are:

Completely healthy

Healthy, but under medical supervision

Taking medication to stay healthy

In poor health

When you need medical care, you usually use:

The SUS - Unified Health System

The Private Health

System Health Insurance

Your monthly healthcare expenses are: (medications, treatments, therapies, etc.)

Less than R\$ 100

Between R\$ 100 and R\$ 200

Between R\$ 200 and R\$ 400

More than R\$ 400

Of these programs, check the ones you consider most essential to your health:

Popular Gym Popular

Pharmacy Senior Citizen

Health Program Family

Health Program SAMU

Vaccination Program

Transplant Program

Mark which of these activities you do to strengthen your body and prevent disease

Zumba classes

Walking Running

Weight training

Physical therapy

Check which of these activities are available free of charge in Arcoverde, to your knowledge:

Zumba classes

Popular gym

Physical therapy

Senior citizens' group
Senior citizens' forró
Senior walking group
Nutritional counseling

In your own words, what is your weekly health care routine?

Your answer

What are the main challenges in taking care of your health? (Check as many as you like)

Lack of adequate materials in health centers
Lack of free medication
Lack of home care by the health team in your area
Lack of help from family
Lack of money to get tests done and buy medicine
Lack of money to maintain an adequate diet
Lack of facilities in your city for physical activities, such as public gyms and walking trails.

In your own words, explain what has improved and what has worsened in relation to the healthcare system throughout your life.