53 - AGING AND ITS CHALLENGES

Heloisa Landim Gomes
Quality Program of life and aging Healthy Active Life
Campos dos Goytacazes, Rio de Janeiro, Brazil
Email: landim.hl08@gmail.com
Street Salvador Correa,114 - Campos dos Goytacazes – Rio de Janeiro - Zip code 28035310
André Luiz Marques Gomes
Faculdade São Judas Tadeu
Rio de Janeiro Brazil

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Introduction

The article seeks to present a public policy model for healthy and active aging, sponsored by the City of Rio de Janeiro, through SEMEARC - Municipal Aging and Care Resilience.

Population aging in Brazil has been growing for decades and every decade the population growth projection over 60 years Veras (2001) confirms this fact by suggesting that the longevity of the population is a world phenomenon, and that Brazil is a clear example of this process is characterized by absolute and relative increase. The decrease in fertility and mortality rates has been altering the age structure of the population, leading to a marked decrease in mortality rates, particularly in the first years of life (ASSIS, 2005).

From the 60s, the group of seniors went on to lead this growth, but along with this growth grow the challenges of aging in a country that has not created or developed over the years a network of social protection for healthy aging (Alves Junior 2009 apud Brazil 2012), states that "In the second half of the twentieth century. It appears that humanity has conquered the desired extension of life expectancy through the evolution of medicine and related areas, "but opposing the celebration of the cause, it creates the challenge of rethinking economic and social development in order to ensure the preservation human dignity, after all even if the system is not properly prepared, all people including the elderly, need to have their basic needs met and this involves issues such as housing, leisure, functional occupation and income (SILVA SANTOS, 2010).

Corroborating (Alves Junior, 2009, quoted in Brazil 2012) the UN - the United Nations and PAHO - American Pan Health, confirms the demographic growth of the elderly population the lack of a safety net for healthy aging, such as the look at the base of the pyramid granting childhood and adolescence is a care program at risk of obesity and physical inactivity.

"The world is at the center of a transition from single and irreversible demographic process that will result in older populations everywhere. As fertility rates decline, the proportion of people aged 60 and over expected to double between 2007 and 2050 and their current number is more than triple, reaching two billion by 2050. In most countries, the number of people over 80 years is expected to quadruple to nearly 400 million by then. " - UN - https://nacoesunidas.org/acao/pessoas-idosas/.

According to IBGE every 6 minutes 19 seconds growing population of the city of Rio de Janeiro and also gradually increases the population aging rate. IBGE 2015.

In parallel with the aging of humanity, a growing number of obese and sedentary adolescents what worries the WHO - World Health Organization, which in its 68th World Health Assembly in Geneva, Switzerland, in 2015 was concerned with the theme using part of its program for the theme. "During the World Assembly, the representatives of the countries received technical reports on how to strengthen health security through the implementation of the International Health Regulations, the Commission works to eliminate child obesity" - PAHO - Pan American Health * To.

Today, increasingly, poor diet is related to chronic diseases such as obesity, hypertension and cardiovascular disease. Ministry of Health survey released recently revealed that excess weight (overweight and obesity) already reaches more than 46% of the population. So the concern with aging, the development of programs for those older or have 60 years or more, becomes precarious by the rising tide of childhood obesity, which will make future generations of older adults, also a generation of Adults and Elderly obese, sedentary probably because it not developed the habit of physical activity. PNS- National Health Survey -2013 Ministry of Health.

The Ministry of Health, in a recent survey, released in June 2015 found that a sedentary lifestyle affects almost half of the population, ie 45.9% of the Brazilian population, 67milhões people, do not perform physical activity.

Corroborating this statement, according to the President of CREF6 / MG, Doctor of Science of Sport, Carlos Augusto Boschi "Inactivity is considered a worldwide epidemic." And it is in the Southeast region the biggest indicator of inactivity being 54% of the population, being higher than nationally "CONFEF. - Federal Council of Physical Education.

Data from the World Health Organization are alarming and are characterized by obesity growth in all age groups above 5 years of age, indicating growth in the last four decades by the studies and research carried out in Brazil. WHO

Making then becomes essential to develop public policy that will consider the demographic growth of the elderly to look at the base of the pyramid, from childhood and adolescence, because the aging process is not instantaneous, it ages daily.

Population growth in Brazil is alarming, in half a century from 1950 to 2000 more than tripled the number of elderly increases and the increase can be analyzed by two trends, a decrease in mortality rate, since the scientific development brought about this possibility through preventive health, childhood vaccination campaigns, official campaigns against mortality in the first years of life, another for the development of public policies for basic sanitation, with the improvement of the water collection system - sewage.

Corroborating the above statements, the IBGE (Brazilian Institute of Economic Geography), in its publication Demographic Trends in the period from 1950 to 2000, confirms that: "The beginning of the second half of the twentieth century was characterized by the decline in mortality rates, by reduction of infectious diseases and advances made in the health care area. "

In half a century of observation arrived - was therefore between the years 1950 and 2000, Brazil's population increased from 51.9 million to 169.8 million people, life expectancy increased from 43.3 to 70.4 years; the total fertility rate fell by more than half; down from 6.2 to 2.4 children per woman; and the geometric mean annual growth rate decreased from 2.99% to 1.64% per annum. (IBGE) 2000 Census.

According to CELADE, "with population growth, infrastructure improvements in urban centers increases then, longevity since the increase in life expectancy is considered a strong indicator of the population's quality of life. IBGE and Demography of Latin American Center - CELADE estimates and Brazil Population Projections: 1950-2025, Volume F / BRA, 1

July 1984.

Then comes a reversal in the Brazilian age pyramid, halving the number of children under 15 years and the considerable increase in the population over 60 years.

"The changes that occurred in the age composition of the population in 1950/2000 period are striking" IBGE and Latin American Center for Demography - CELADE estimates and Brazil Population Projections: 1950-2025, Volume F / BRA, 1 July 1984. Table taken from: statistical Yearbook of Brazil 1991 Rio de Janeiro: IBGE, v.51, 1991.

The participation of persons under 15 years of age, the total fell from 41.9% to 29.6%, while in potentially active age, which according to IBGE 2000 is the 15-64 years of age rose from 55.7 % to 64.6% and among the elderly, which for -IBGE 2000- are 65 years or older is 2.5% to 5.9%. "IBGE Census 2000 IBGE Database -Institute Brazilian Economic Geography.

The population 65 or older in 1950/2000 period doubled its share in the total population, and revealed, in the period, significant growth. The growth dynamics of this group reflects how quickly the aging of the population, reflecting the increased longevity of the population.

The projection of the IBGE for 2050 is that Brazil has more than 30% of its population over 60 years old, a considerable number, since life expectancy will give a ten-year jump of the early twentieth century by 2050 . "by 2050, 46.3 48.9 million aged 65 or older. According to the projection, Brazil will continue rising through years of average life of its population, from 70.4 years in 2000 to 81.3 years in 2050.

CAPÍTULO 21 — IDOSO

21.1 — Distribuição da população de 60 anos e mais de idade, segundo os grupos de idade — 1950-2025

GRUPOS DE IDADE	DISTRIBUIÇÃO DA POPULAÇÃO DE 60 ANOS E MAIS DE IDADE						
	1 950	1 960	1 970	1 980	1 990	2 000	2 025
TOTAL	2 259 429	3 476 262	5 152 152	7 473 100	10 614 410	14 351 792	33 882 125
60 a 64 anos	949 247	1 373 517	1 848 591	2 569 153	3 616 689	4 634 786	11 037 946
65 a 69 anos	580 596	934 993	1 408 840	2 046 928	2 767 095	3 593 680	8 635 443
70 a 74 anos	369 259	644 224	973 295	1 356 493	1 928 898	2 773 840	6 382 850
75 a 79 anos	202 039	322 602	558 971	881 023	1 326 307	1 846 456	4 153 576
80 anos e mais	158 288	200 926	362 455	619 503	975 421	1 503 030	3 672 310
Percentual das pessoas de 60 anos e mais	**4,23**	**4,79**	**5,38**	**6,16**	**7,06**	**8,00**	**13,78**
Distribuição % das pessoas de 60 anos e mais	**100,00**	**100,00**	**100,00**	**100,00**	**100,00**	**100,00**	**100,00**
60 a 64 anos	42,01	39,51	35,88	34,38	34,07	32,29	32,57
65 a 69 anos	25,70	26,90	27,34	27,39	26,07	25,04	25,49
70 a 74 anos	16,34	18,53	18,89	18,15	18,17	19,33	18,84
75 a 79 anos	8,94	9,28	10,85	11,79	12,50	12,87	12,26
80 anos e mais	7,01	5,78	7,04	8,29	9,19	10,47	10,84

SOURCES - IBGE and Latin American Center for Demography - CELADE estimates and Brazil Population Projections: 1950-2025, Volume F / BRA, July 1, 1984. Table extracted from: Statistical Yearbook of Brazil 1991 Rio de Janeiro: IBGE, v.51, 1991.

In studies conducted by IBGE in 2025 Brazil will be the sixth nation with the largest number of elderly in the world, with about 32 million people over the age of 60 and corresponding to 13.8% of the population

Population growth is the result of numerous factors that come together corporately and exert an increase of life expectancy which is insufficient unless it is associated with the expectation of active life, healthy or functional. A healthy population is one that keeps its functional integrity, that is, which contributes significantly to improving the quality of life, present birth rates and high mortality rates in a modern society or post-industrial (characterized by having both the low rates). The demographic transition in Brazil, as in most developing countries, there has been so slightly different from what happened in developed countries, and especially much faster. (OAK SON AND GRANDSON Papaleo, 1994; Schoueri JR, RAMOS & Papaleo NETO, 1994; CAMARANO et al., 1997; KOPILER, 1997; IBGE, 2006).

For that to happen the aging population was not enough just to increase life expectancy. From the sixties, with the advent of more effective contraception, fertility rates have fallen sharply; in Brazil, the total fertility rate decreased from 5.8 children per woman in 1970 to 2.3 children in 2000 (Kalache, 1997). In 1980, there were about 16 elderly for every 100 children, twenty years later that relationship almost doubles, rising to nearly 30 elderly for every 100 children (Kalache, 1997). In a context of increasing numbers of older people, there is also a greater risk that they may acquire disabling diseases, and the fact that families are smaller may compromise the care of these people, growing the need for institutions to long care term, such as nursing homes (CHAIMOVICZ, 1977).

One of the consequences of the epidemiological transition is the health profile modification of the population. Instead of acute processes "are resolved quickly" through healing or death, chronic diseases not.

Regarding Brazil, the rates can be exemplified by a participatory increase of the population over 60 years of age 4%, em1940, to 8% in 1996 and 8.6% in 2006, surpassing the mark of 15 million inhabitants (IBGE, 2010). Recent projections show that the em2025 Brazil will probably be the sixth nation with the largest number of elderly in the world, with about 32 million people over the age of 60, corresponding to 13.8% of the population (IBGE, 2010). database IBGE

It is noteworthy also that since 1940 the proportion of the population of "old - older" (individuals above 85 years) have an increased apace, reaching rates of over 50% per decade, resulting in a change of age composition within the group, ie the elderly considered population is also aging. - IBGE and Central Latin American Demography - CELADE estimates and Brazil Population Projections: 1950-2025, Volume F / BRA, July 1, 1984. Table taken from: Statistical Yearbook of Brazil 1991 Rio de Janeiro: IBGE , v.51, 1991.

Junior Faria (1999) warns that the loss of autonomy or independence can be considered a decline as well as an indicator of need for care for the elderly. In Brazil, the number of elderly over 65 years dependent on others to perform their daily tasks is already a 84% level, and it is estimated that in the year 2020, it reaches twice that percentage. As a result of this proportion, there is the significant increase in the elderly population with moderate or serious disability, and this epidemiological profile can be supplemented, knowing that in Brazil the elderly is still stigmatized and socially seen as a person with multiple chronic diseases and disabling and, therefore, important consumers of budgetary resources allocated to health.

It is necessary to implement social safety nets the person ages, with actions aimed at preventive health, mitigation of pre-existing conditions such as diabetes mellitus, hypertension, circulatory problems, depression, among other diseases so prevalent in the elderly and get old.

With the changes imposed by the modern world, where time is increasingly scarce to take care of their own health, either through good nutrition, lifestyle that includes citizens greater opportunities for prevention, the trend is that the population continues to grow . According to IBGE, 2000, revised 2004, "The Projection of Brazil's population by age and sex for the period 1980-2050 - Review 2004, on the population of Brazil may reach 259.8 million people in 2050. So between 2000 and 2050 the population increased by approximately 90 million people. By 2050, 46.3 million are under 15 years of age, 164.5 million are in

potentially active age, and 48.9 million aged 65 or older. According to the projection, Brazil will continue rising through years of average life of its population, from 70.4 years in 2000 to 81.3 years in 2050. Regarding fertility, the average number of children per woman decrease of 2 , 4 to 1.85 between 2000 and 2050. health systems and education, the labor market and many other social structures should adapt to these changes (Schkolnik, 1998). (quote by IBGE demographic trends fi cas An analysis Census sample results demographic fi c 2000) _ More recently, IBGE proved in carrying out the National health Survey 2013 - Perception of health status, lifestyles and chronic diseases, the trend is growing diseases because Brazil is going through, currently a period of epidemiological transition, with a fundamental change in the patterns of health and disease, which interact with demographic, economic, social, cultural and environmental factors (SZWARCWALD; SOUZAJÚNIOR; Damacena, 2010). (Authors cited National Health 2013 Perceived health status, lifestyles and chronic diseases) IBGE

Although infectious diseases are still important, there is a significant growth of non-communicable diseases (NCDs). Cardiovascular disease, cancers, diabetes, chronic respiratory diseases and neuropsychiatric disorders, major NCDs, have accounted for most of the deaths before 70 years of age and loss of quality of life, causing disabilities and high degree of limitation of sick people in their work and leisure activities, in addition to causing great pressure on health services (SCHMIDT et al., 2011). IDEM Authors cited National Health 2013 Perceived health status, lifestyles and chronic diseases) IBGE

Studies have shown, and it is increasingly clear that there is a strong relationship between NCDs - chronic non-communicable to prevalent risk factors is the increased levels of lipids, triglirerídios, diabetes, obesity, smoking and alcohol. Therefore monitoring these diseases and mitigation become of great importance in Brazil, a country where absurdly growing population. Corroborating these claims (Gaziano; GALEA; REDDY, 2007) state that "The monitoring of these risk factors and prevalence of diseases related to them is essential to health policy development aimed at the prevention of these diseases." (UP AUTHORS cited by the National health 2013 Perceived health status, lifestyles and chronic diseases, Ministry of health -BRAZIL

These projections of IBGE, strengthen the need for a social safety net in which the bias is systematic physical activity such as driving preventive health for the population under 15 years old even of they age over 40, 50 years and older older.

This approach is of great importance because, according to the Pan American Health Organization, chronic non-communicable diseases are important factors for the disease and mortality in certain age groups, since the demographic transition resulted in an epidemiological transition, ie a change in the morbidity and mortality profile, with the increased incidence of NCDs, which began to determine the most causes of death and premature disability, exceeding the mortality rates from infectious and parasitic diseases, and represent a large portion of expenses hospital care in the SUS and Supplementary Sector (PAHO / WHO, 2015).

In Brazil, the Ministry of Health has chosen the fight against chronic diseases as a priority action. As noted official document (BRAZIL, 2015), since 2012, the Strategic Action Plan for Confronting Chronic Noncommunicable Diseases has been implemented in order to promote a reduction of 2% per year in premature deaths from this type of illness. According to the Plan, the NCDs account for 72% of deaths in the country, accounting for over 742,000 deaths per year. In this sense, it is emphasized that:

Among the strategies planned for the decade 2012-2022, prevail surveillance, promotion and integral health care. In this process, the preventive measures will be from the risk factors that can be modified and are common to the four NCDs groups more kill - cardiovascular diseases (31.3%), cancer (16.2%), respiratory diseases chronic (5.8%) and diabetes mellitus (5.2%). In addition to reducing tobacco use, alcohol abuse, physical inactivity and unhealthy diet, the plan also aims to reduce overweight and obesity rates (BRAZIL, 2015). SEADE State System of Data Analysis - HEALTH STATUS OF PERCEPTION, STYLES OF LIVING AND CHRONIC DISEASES: A COMPARISON BETWEEN BRAZIL AND SÃO PAULO STATE - Irenaeus Francisco Barreto Junior, researcher SEADE; Carlos Roberto Almeida France, head of SEADE production division at 33, mar. 2015

One of the items evaluated by the National Health Research (as a component of general health condition of the population) was the realization of physical activity. For the IBGE (2015, p. 28), "regular physical exercise or sports is considered as a health factor of the population." Because physical activity can be done in a systematic way, with regular exercise / physical activity, or sparse in everyday actions, professional or hiking, PNS inquired about work habits, leisure, shifts to normal activities and housework. In the survey, they were classified as recommended level of physical activity people aged 18 or more who underwent physical activity of mild or moderate intensity for at least 150 minutes per week, or physical activities of vigorous intensity for at least 75 minutes per week. The IBGE (. 2015, p 28) exemplified this classification: Some examples of physical activity of mild or moderate intensity are: walking, weight training, aerobics, dance and gymnastics in general. Examples of physical activities of vigorous intensity there running, team sports in general, aerobics, and other activities that increase heart rate beyond resting levels.

Corroborating the above statements, the importance of caring for the aging population, the importance of the practice of physical activity to improve the quality of life, minimizing chronic noncommunicable diseases (NCD) (Hypertension, Diabetes Mellitus, Metabolic Syndrome, Obesity and sedentary lifestyle), the Municipality of the City of Rio de Janeiro because of the need to prepare its population for aging at the beginning of this century, creates the Special Department of aging and Quality of Life - SESQUEV - which deployed by its First Secretary, Cristiane Brazil would become a strong strategy of public policy for those aging, healthy aging. "Since 2009, when it was created, the Special Secretariat for Healthy Aging and Quality of Life (SESQV) has fueled the culture of healthy habits in the elderly population of Rio de Janeiro through the projects it offers to the public. On quality indicators measured in the main physical activity programs of the secretariat, the SESQV is restructuring exercises methodology applied in their projects. National benchmark in quality of life for the elderly, the SESQV launches this month a new program, the River Outdoors (RAL), a proposal that comes as integrated activities offered free to the public. "Site Municipality of the Town Rio de Janeiro. http://www.rio.rj.gov.br/web/sesqv/exibeconteudo?id=126401 available on March 25, 2016 11am.

After eight years of preventive public policy actions and with population aging shown signs of its effectiveness, the City Hall of Rio de Janeiro, changes the special secretariat status, for a Secretariat effectively linked to the organization chart of the municipal public administration of the city becoming an organ of the direct administration, with himself and calling himself SEMEARC -Secretaria Municipal Aging and Care Resilience of Rio de Janeiro practice .In City Hall budget, are 350 cores club and ATIS -Academias Senior Citizens , in several districts of the city, covering the various social strata from age 40 and classes consist of stretching and / or heat, followed by exercises circuit and ends with "return to calm". Allowing this way, training with a periodization based on the principles of biological individuality and specific classes. the program consists of systematic lessons three (3) times a week with 60-minute sessions, with each session consisted of 40 minutes of body movement exercises with weight own body, as follows: elbow flexion and extension at 90 degrees, abduction arms with semi elbow flexion, extension and flexion of the elbow with fixed arm, wrist rotation, shoulder rotation with fixed hand equipment, flexion and extension knee performed sitting, flexion and the hip extension performed sitting, flexion and extension plant standing, and performing 20 minutes aerobic exercise, they are walking around the square development of muscle tone through isometric and isotonic exercises using the weight of the body, muscular strength exercises using dumbbells 2kg and 1kg performing flexion and elbow

extension, adduction and abduction leg as 1kg weights and 2 kg static balance exercises and dynamic through route to be followed with markings on the floor in straight and sinuous lines, ascents and descents through obstacles mounted at a maximum height of 40 cm from the ground and use the curb for hiking in search of balance. Hiking with duration courses 15 to 20 minutes totaling about 800 to 1000m in order to improve cardiorespiratory capacity, development of fine motor skills and global with an emphasis on exercise with the use of rubber balls of various diameters, flexibility and stretching utilizando- if the system S 3 and elastic extender, in line with the physical activity program offer informative lectures and chats quarterly to the elderly, such as the Seminars for Healthy Aging, which had themes: Healthy Aging - physical activity and hypertension; Aging and challenges of the City; Functional Nutrition and its benefits for Healthy Aging; The elderly and their rights guaranteed by law.

Sustainability of retirees, Sexually Transmitted Diseases among others that have already been addressed and aroused great interest from the Program students: on their rights guaranteed by law and preventive health with two different times, all lectures and hits informative conversations occurred with area experts of different professional fields, physiotherapist, nutritionist, psychologist, lawyer, social worker and physician, as well as social gatherings with breakfasts, cultural tours, dances of old age, and hiking, which also occur in monthly occasions. All activities seek to improve the functional capacity of older people, their feelings about their self-esteem, relationships and society in which it is inserted and your satisfaction.

The SEMEARC -Secretaria Municipal Aging Care Resilience and the City Hall of Rio de Janeiro City, develops programs that are strong allies to that age, generating a series of projects in which the elderly have access to preventive health through daily practice physical activity. And then created a network of social protection for those who grow old. One of the programs, the RAL -Rio Outdoor - includes the implementation of physical activity cores with stretching, gymnastics, Tai Chi and dance. The nuclei are composed of a multidisciplinary team that in addition to physical education teachers, nurses and social workers, as well as the ITAs-Academies of the Third Age. Altogether there are more than 500,000 students who have practiced or practice on the equipment available in the ITAs. Living houses in a total of five units, in which the elderly spends the day, living in groups of interest with participation in painting workshops, dance, embroidery and theater.

Already in ITAs Academies Senior Citizens, set in different squares of the city, with daily functioning and performance of 6 classes a day. exercises are performed on devices in which students perform exercises for muscle strengthening, with flexion and coxofemoral extension done sitting, flexion and extension of elbow, plantar flexion, bending development arm muscle tone through isometric and isotonic exercises using the body's own weight, muscular strength exercises using dumbbells 2kg and 1kg performing flexion and elbow extension, adduction and abduction leg as 1kg weights and 2kg and aerobic exercise in heating, light walk 800 meters around the square in which it is located ATI.

This practice of SEMEARC -Secretaria Municipal Aging and Resiliency Care City Government of Rio de Janeiro - If is in a strong and powerful tool as an example for Brazil and the Americas as public valuation policies of the aging population, to being physical activity as a relevant factor for longevity and mitigate NCDs - Chronic Non Transmissíveis- It is to emphasize the relevance and role of physical education professional in this multidisciplinary team. Corroborating this statement, "In addition to the already known benefits of the Academies of the Third Age, the physical activity program SEMEARC -Secretaria Municipal Aging Care Resilience and the City Hall of Rio de Janeiro City due to importance as preventive public policy Institutionalized care the aging population becoming a strong ally of the municipal public administration with regard to public health.

"Listed as one of the five resilience actions in the city, the ATIS come as a prevention tool as it acts to reduce risks in the health of your target audience and minimize the aging of the arrival of the impacts" http: //www.rio.rj .gov.br / web / sesqv / exibeconteudo? id = 5189764. Available in 2016.

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aging and its challenges

The article seeks to present a public policy model for healthy and active aging, sponsored by the City of Rio de Janeiro, through SEMEARC - Municipal Aging and Care Resilience. Population aging in Brazil has been growing for decades and every decade the population growth projection over 60 years Veras (2001) confirms this fact by suggesting that the longevity of the population is a world phenomenon, and that Brazil is a clear example of this process is characterized by absolute and relative increase. The decrease in fertility and mortality rates has been altering the age structure of the population, leading to a marked decrease in mortality rates, particularly in the first years of life (ASSIS, 2005). Thus the application of a policy geared to the care of the elderly would be the guarantee of productive people and less spending on Sude system, and provide continuity in the positive and beneficial actions of the population.

Word Keys: Aging, Challenges, health

O Envelhecimento e seus desafios

O artigo busca apresentar um modelo de política pública para o envelhecimento saudável e ativo, promovido pela Prefeitura da Cidade do Rio de Janeiro, através SEMEARC – Secretaria Municipal de Envelhecimento Resiliência e Cuidado. O Envelhecimento populacional no Brasil vem crescendo há décadas e a cada década a projeção de crescimento da população com mais de 60 anos, Veras (2001) confirma essa realidade, ao descrever que a longevidade da população é um fenômeno Mundial, e que o Brasil é um exemplo claro deste processo que se caracteriza pelo o aumento absoluto e relativo. A diminuição das taxas de fecundidade e mortalidade vem alterando a estrutura etária da população brasileira, gerando uma acentuada diminuição nas taxas de mortalidade, particularmente nos primeiros anos de vida (ASSIS, 2005). Desta forma a aplicação de uma política voltada aos cuidados dos idosos seria a garantia de pessoas produtivas e menos gastos no sistema de súde, além de proporcionar uma perenidade nas ações positivas e benéficas da população.

Palavra Chaves: Envelhecimento, Desafios, saúde

Le vieillissement et ses défis

L'article cherche à présenter un modèle de politique publique pour le vieillissement actif et en santé, parrainé par la ville de Rio de Janeiro, par SEMEARC - Vieillissement Municipal et des Soins de résilience. vieillissement de la population au Brésil a connu une croissance depuis des décennies et chaque décennie, la projection de croissance de la population de plus de 60 ans Veras (2001) confirme ce fait en suggérant que la longévité de la population est un phénomène mondial, et que le Brésil est un exemple clair de ce procédé est caractérisé par une augmentation absolue et relative. La baisse des taux de fécondité et de mortalité a été la modification de la structure par âge de la population, ce qui conduit à une diminution marquée des taux de mortalité, en particulier dans les premières années de la vie (ASSIS, 2005). Ainsi, l'application d'une politique axée sur la prise en charge des personnes âgées serait la garantie de gens productifs et moins de dépenses sur le système Sude, et assurer la continuité dans les actions positives et bénéfiques de la population.

Touches de mots: le vieillissement, les défis, la santé

El envejecimiento y sus desafíos

El artículo pretende presentar un modelo de política pública para el envejecimiento saludable y activo, patrocinado por la ciudad de Río de Janeiro, a través de SEMEARC - Envejecimiento y Atención Municipal resiliencia. envejecimiento de la población en Brasil ha estado creciendo durante décadas y cada década, la proyección de crecimiento de población mayor de 60 años Veras (2001) confirma este hecho por lo que sugiere que la longevidad de la población es un fenómeno mundial, y que Brasil es un claro ejemplo de este proceso se caracteriza por aumento absoluto y relativo. La disminución de las tasas de fecundidad y mortalidad ha sido la alteración de la estructura de edades de la población, dando lugar a un marcado descenso en las tasas de mortalidad, sobre todo en los primeros años de vida (Assis, 2005). Así, la aplicación de una política orientada a la atención de las personas mayores sería la garantía de gente y menos gasto en el sistema Sude y dar continuidad a las acciones positivas y beneficiosas de la población.

Word Llaves: Envejecimiento, Desafíos, la salud