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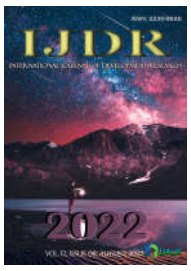

RESEARCH ARTICLE OPEN ACCESS

NATIONAL POLICY ON HEALTH OF THE ELDERLY PERSON IN THE LIGHT OF THE STEPS OF THE PUBLIC POLICY CYCLEAND NATIONAL HEALTH RESEARCH

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ABSTRACT

Aging has repercussions in several sectors, demanding the formulation of public policies and constant reflection on the subject. The objective was to understand the National Health Policy for Elderly People – PNSPI based on the Public Policy Cycle, proposed by Raeder (2014) with the Monitoring and Evaluation of Actions stage analyzed with data from the National Health Survey – PNS 2013. It is an exploratory descriptive study with an analysis of a theoretical framework based on the Public Policy Cycle. In the Perception and Definition of Problems stage, the Brazilian population aging in condition of social and gender inequality was highlighted. In the Formation of the Decision-making Agenda, several governmental priorities were marked by the demand for quality care for the elderly. In the Formation of Programs, plans and actions were verified with a view to active and healthy aging. In the Policy Implementation stage, which converts political intentions into concrete ones, it was found that there is still a way to go. In the Monitoring and Evaluation of Actions, it was found that, even after 07 years of the implementation of the PNSPI, the prevalence of elderly people with functional difficulties is high. It is concluded that the PNSPI covers all stages of the cycle of public policies in a cohesive and coherent way, however, alone it was not able to significantly change the epidemiological scenario of the elderly. It is necessary to restart the stages of the cycle with a view to strengthening the proposals of national and regional policy and development regarding to active and healthy aging.

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INTRODUCTION

In the Brazilian context, the increase in life expectancy became visible from the technological advances related to the health area, such as vaccines and the use of medicines, which made it possible to prevent and/or cure some diseases (VERAS, 2019). In parallel with these factors, the decline in fertility, which began in the 1960s, also potentiated a large population explosion (BRASIL, 2015). Based on data from the Brazilian Institute of Geography and Statistics – IBGE, Veras (2019) points out that in 2043, a quarter of the Brazilian population will be 60 years old or older, while only 16.3% of the population will be composed of young people up to 14 years old. Unlike 1940, when the proportion was inverse, that is, there were many more young people than elderly people, a scenario that can be associated with the economic and cultural system of the time. According to the World Health Organization - WHO (2008), it is estimated that, in 2025, Brazil will be the 6th country in the world with the highest number of elderly people. Although the finding is encouraging, it is clear that this reality brings a series of current demands in view of the increase in life expectancy of the Brazilian population and the new generational profile established.Regardingto the sociodemographic and health profile of the Brazilian elderly, Veras (2019) points out that there are a large number of elderly people with low socioeconomic and educational levels and with a high prevalence of chronic diseases, which cause functional limitations and disabilities. In this regard, authors reinforce that the elderly have a greater number of diseases, chronic or not, that demand

actions and services in the areas of health and social assistance with specific actions for this age group (RODRIGUES, 2011; VERAS, 2019). In this sense, the aging of the Brazilian population is characterized as a challenge to the formulation of actions and public policies that meet the demands of the elderly, specifically with regard to health, since this portion of the population is responsible for using more than 26% of the population. of hospitalization resources of the Unified Health System – SUS (BRASIL, 2015). In other words, the aging of the elderly population in Brazil has unquestionable repercussions in the health area, demanding the (re)organization of care actions and models, since "the heterogeneity of the elderly group, whether in terms of age, place of residence or socioeconomic conditions, entails differentiated demands, which has repercussions on the formulation of public policies for the segment" (FERNANDES, SOARES, 2019, p. 1500). Thus, it is necessary to ensure quality services for the elderly and, at the same time, to develop excellent human resources and knowledge to deal with the age group that is growing significantly in the country (VERAS, 2019). Also, the importance of public policies aimed at the aging of the population is highlighted, as a strategy to recognize the need to encourage and balance personal and social responsibility with regard to healthy aging. Torres *et al*. (2020) point out that 70% to 80% of elderly people in Brazil make use of public health services, which indicates their suitability for the aging of the population. In this bias, the National Health Policy for the Elderly - PNSPI, theme of the present study, seeks to guarantee adequate and dignified care for the Brazilian elderly population, directing actions in the health sector, indicating institutional responsibilities for the scope of the proposal and guiding the continuous evaluation process, which must accompany its development. In this sense, the objective of the present study is to understand the PNSPI based on the Public Policy Cycle, proposed by Raeder (2014), with the Monitoring and Evaluation of Actions stage being analyzed with data from the National Health Survey - PNS 2013.

METHODOS

This is an exploratory descriptive study that will make use of an analysis of the theoretical framework about the PNPSI and the cycle of public policies, proposed by Raeder (2014) and the analysis of secondary data from the population-based survey PNS - 2013, developed in households throughout the Brazilian territory.

The choice of this database is justified because it is one of the few studies at the national level, which includes indicators of the health of the elderly, especially functionality, the main theme of the PNPSI, scope of analysis and discussion in the present study. Also, the main database for the evaluation and planning of public policies in the field of health DATASUS TABET, which deals with health indicators, directs to the data collected in the PNS, when one wants to explore the functionality data of the elderly. The stages of the Public Policy Cycle, proposed by Raeder (2014), were explained, presenting the concepts and dialoguing with the PNSPI. In order to understand the Monitoring and Evaluation of Actions stage, data from the PNS-2013 were used. In the present study, only data from individuals aged 60 years or older were considered, making a total sample of 11,177 elderly people. Regarding the questions listed, those related to the functionality of the elderly were used, congruent with the PNSPI theme, described in Table 01.

The questions related to basic and instrumental activities of daily living, that is, alluding to the functional capacity of the elderly, had as a pattern of answers: "can't; has great difficulty; has little difficulty and; no difficulty". For analysis, the variables were categorized into: with some difficulty, including the answers "cannot; has great difficulty; has little difficulty" and no difficulty, considering the answer "no difficulty". The question regarding the condition of bedridden had a yes and no response pattern, and the category was maintained in the present study. Also, a variable was created, considering all basic and instrumental activities of daily living, called Activities of daily living – ADL to measure the number of activities that the elderly could have functional difficulty, regardless of whether it was a basic or instrumental activity, being categorized in none, one, two, three, four or more. Data were descriptively analyzed using absolute and relative frequency, presented in tables and graphs, whose figuration and discussion will be given in the next section.

RESULTS AND DISCUSSION

To understand the PNSPI, the objective of this study, the Public Policy Cycle was analyzed, proposed by Raeder (2014), which promotes the "understanding that public policy is composed of stages that have specific characteristics" (p. 127). In conceptual terms, the public policy cycle constitutes a device to visualize and interpret a public policy and its effective (mis)paths in phases and sequences organized in an interdependent manner (BAPTISTA, REZENDE, 2001; RAEDER, 2014). Baptista and Rezende (2011, p. 142) point out that "the idea of the policy cycle is perhaps the most current and shared perspective in current policy studies, with most studies analyzing the political process by moments or phases". Raeder (2014, p. 143) emphasizes that "a clearer understanding of the policy cycle, on the part of researchers and public managers, contributes to the advancement of policy coherence" and guides that the cycle cannot be understood in a linear way, either. as an organized body, which follows a chronological sequence (RAEDER, 2014).

Table 1. Questions from the PNS – 2013, which guide the assessment of the functional capacity of the elderly

Instrumental activity of daily life	In general, how difficult is it to take the medication alone?
	In general, how difficult is it to go to the doctor alone?
	In general, how difficult is it to go out alone using a means of transport such as bus, subway, taxi, car, etc.?
	In general, how difficult is it to manage finances on your own (taking care of your own money)?
	In general, how difficult do you have shopping on your own, for example for food, clothing or medicine?
Basic activity of daily life	In general, how difficult is it to walk around the house alone from one room to another in the house, on the same floor, such as from the bedroom to the living room and kitchen?
	In general, how difficult do you have bathing alone, including getting in and out of the shower or bath?
	In general, how difficult is it for you to dress yourself, including putting on socks and shoes, zipping, and zipping and undoing buttons?
	In general, how difficult is it to go to the bathroom alone, including getting up and down from the toilet?
	In general, how much difficulty do you have getting into or out of bed by yourself?
	In general, how difficult is it to sit or get up from a chair by yourself?
	In general, how difficult do you have eating alone with a plate placed in front of you, including holding a fork, cutting food and drinking from a glass?
Maximum functional limitation	In the past two weeks, have you been bedridden?

Source: PNS-2013 (BRAZIL, 2014).

One of the advantages of adopting the cycle translates into the possibility of understanding the complexity of public policies Perhaps the main contribution of the idea of the policy cycle is the possibility of perceiving that there are different moments in the process of building a policy, pointing to the need to recognize the specificities of each of these moments, enabling greater knowledge and intervention on the political process. The disadvantages, on the other hand, are due to the inevitable fragmentation that the idea of phases causes in any analysis to be undertaken (BAPTISTA, REZENDE, 2001, p. 142).

Figure 01 illustrates the different stages of a public policy cycle and even inducing a sequential analysis, "the phases must be observed as an analytical resource to recognize the actors and processes that permeate public policy processes, and avoid any rigid approach to these stages" (RAEDER, 2014, p. 129).

Source: Raeder (2014, p. 129)

Figure 1. Stages of the Public Policy Cycle

At all stages it is important that there is broad social participation (SOUZA, 2002). Since the 1988 Constitution, the entire process that permeates a public policy is mandatory for the participation of society (SOUZA, 2006). In the SUS, there must be equal participation of SUS users (50%), service providers, managers and health professionals (50%) (TORRES *et al*., 2020). The stage alluding to the Perception and Definition of Problems, is intended to know the public problem, which may have occurred suddenly, due to some event that changes the existing directions and imposes a new social framework that needs to be faced; that it can gradually gain importance, demanding plans and solutions; or, that it may be diluted in society, who has become acquainted with it. This stage is characterized by transforming a specific problem-situation into a more general issue, which requires treatment based on public policies (MELAZZO, 2010), however, "most of the existing problems do not advance to the decision-making agenda, considering the scarce public resources that make solutions viable" (RAEDER, 2014, p. 129-130).

In the case of the PNSPI, this stage took place in view of the fact that the increase in the number of elderly people in Brazil is an irreversible and challenging phenomenon for society; that the Brazilian population aging occurs in a condition of social and gender inequality; and to respond to the demands of the elderly (BRASIL, 2006). In the justification of the PNSPI, in addition to the large percentage of elderly people who make use of SUS services, it is clarified that "population aging challenges the ability to produce health policies that respond to the needs of elderly people" and that data show the prevalence of functional incapacity among elderly people, ranging from 2% to 45% (BRASIL, 2006). Decision-making Agenda Formation stage can be understood as the process of transforming issues into governmental priorities in any area; it is a process that involves intense competition, in which problems and alternatives gain or lose the attention of the government and society at all times (BAPTISTA, REZENDE, 2001). For Raeder (2014, p. 130), the "agenda can be understood as a set of problems seen as relevant by the actors involved with the policy". Regarding the PNSPI, it is inferred that the stage of Formation of the Decision-making Agenda was marked by the demand in the search for quality of care for the elderly through actions that promote their autonomy and independence, that is, the functional capacity of the elderly. In addition, as described in the PNSPI, the following were taken into account:

I) the continuous and intense process of Brazilian population aging;
II) the Brazilian commitment to the 2002 World Assembly on Aging, whose Madrid Plan is based on: (a) active participation of the elderly in society, in development and in the fight against poverty; (b) promotion of health and well-being in old age: promotion of healthy aging; and (c) creation of an environment conducive and favorable to aging;
III) the need to seek quality care for elderly individuals through actions based on the paradigm of health promotion;
IV) scarcity of socio-educational and health resources aimed at caring for the elderly;
V) the scarcity of structures for intermediate care for the elderly in the SUS, that is, structures of qualified support for the elderly and their families aimed at promoting safe intermediation between hospital discharge and going home;
VI) insufficient number of home care services for the frail elderly provided for in the Elderly Statute. As the family is, as a rule, the executor of care for the elderly, the need to establish qualified and constant support for those responsible for this care is evident, with primary care through the Family Health Strategy playing a fundamental role;
VII) the scarcity of multiprofessional and interdisciplinary teams with knowledge in aging and health of the elderly; and
VIII) the insufficient implementation or even the lack of implementation of the Elderly Health Care Networks. (BRAZIL, 2006).

In other words, there was the identification and recognition of problem-situations related to the aging of the Brazilian population that are vast, complex and challenging and that were incorporated into the governmental agenda. In view of the demands that health services present with regard to the health care model, funding, provision of sufficient and qualified human resources in the area of geriatrics and gerontology. In the Formation of Programs, projects, plans and programs are created, which need constant monitoring and analysis, since the design and execution of public policies undergo transformations that must be adapted to scientific and social understandings (SOUZA, 2002). It is important to remember that public problems need to find a balance between what is technically efficient and what is politically viable in order to become public policy (FREY, 2000). Accordingly, Raeder (2014, p. 132) points out that "not all conflicts of a policy are clearly foreseen when the alternatives are defined and explained, it is possible that unpredictable conflicts arise in the implementation phase of the policy".

This stage of the cycle can be seen in the PNSPI guidelines, which are characterized in the north to build plans, actions and goals with a view to active and healthy aging, namely:

a) promotion of active and healthy ageing;
b) comprehensive, integrated health care for the elderly;
c) stimulation of intersectoral actions, aiming at comprehensive care;
d) provision of resources capable of assuring quality of health care for the elderly;
e) encouraging participation and strengthening social control;
f) training and continuing education of SUS health professionals in the health area of the elderly;
g) dissemination and information about the National Health Policy for the Elderly to health professionals, managers and users of the SUS;
h) promotion of national and international cooperation of experiences in health care for the elderly; and
i) support for the development of studies and research. (BRAZIL, 2006).

The formation of the PNSPI programs takes into account that aging must occur with health, in an active way, free from any type of functional dependence and by the requirement of health promotion at all ages, in addition to considering that many Brazilian elderly people have aged and / or are aging despite the lack of resources, specific care and the promotion and prevention of their health (BRASIL, 2006) and, also, as a way to meet the demands of elderly people who

have functional dependence, taking into account the existing inequalities in the country and the various demands raised in the formation of the agenda.

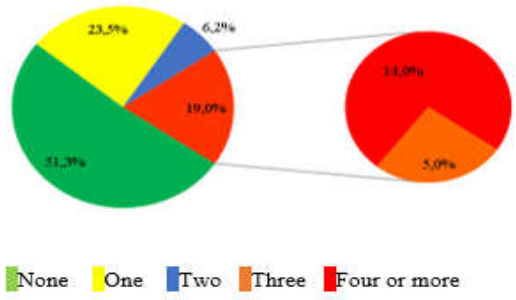
Policy Implementation stage is characterized by "the solution of the problems that were defined in the decision-making agenda, problems that should be addressed based on the criteria defined in the previous stage" (RADER, 2014, p. 133), alluding to the Formation of Software. In the implementation stage, public administration converts political intentions into concrete ones. Raeder (2014, p. 134), states that "an important point in the implementation phase is the consensus on goals and objectives between those who execute the policy and those who formulate it". Studies show that with regard to the implementation of the PNSPI in the Brazilian context, the health academies, the creation of teaching environments for the elderly, the spaces of intergenerational coexistence and the stimulus to the preventive search for health services stand out (ZANSCO *et al*., 2020), however, its provision is quite different throughout the national territory (TORRES *et al*., 2020).

With regard to implementation, the PNSPI states that it will be up to managers to:

a) Define budgetary and financial resources for the implementation of this Policy, considering that the financing of the Unified Health System is the responsibility of the three spheres of government;
b) Establish management instruments and indicators for monitoring and evaluating the impact of the implementation/implementation of the Policy.

In other words, the implementation of the PNSPI depends on the managers, who play an important role in making what is proposed come true. Therefore, the implementation of the PNSPI may occur differently in each state or municipality in Brazil, given the management of resources and the priority given to the health of the elderly and healthy aging, which elucidates the complexity involved in its implementation. On the other hand, it follows the SUS doctrinal principles of decentralization and equity, while respecting the autonomy of municipalities and states. In this stage, in particular, the involvement of society in demanding the implementation of this policy, in practice, is essential, because without effective social control, there are few chances of success of a public policy (SOUZA, 2006). In this bias of differences in the provision of shares, in different places in Brazil, the lack of supervision and the collection of society may appear, in view of the reflection of the lack of knowledge about the aforementioned public policy or the interest in changes in the current scenario due to the lack of cultural appreciation of the elderly in the country.

In the Monitoring and Evaluation of Actions stage, "the evaluation parameters must be clearly exposed, so that this stage serves adequately to improve the ongoing activities and to train those involved more directly with the policy" (RADER, 2014). , p. 135). At this stage, based on evaluative measures, it will be indicated whether the public policy is working or not, since the evaluation of the public policy is an indicator to know how the current policy has been behaving, signaling its continuation, restructuring or extinction (BAPTISTA, REZENDE, 2001). In this path, studies indicate that a public policy requires a time approaching ten years of maturation, making it possible to consult the databases and the impacts caused by the action in this period, in addition to adjustments and readjustments in the action and a better understanding of the impacted social body. for it (BAPTISTA, REZENDE, 2001; RADER, 2014). Regarding the PNSPI, its operationalization "will comprise the systematization of a continuous process of monitoring and evaluation, which allows verifying the scope of its purpose – and, consequently, its impact on the health of elderly individuals" (BRASIL, 2006) in addition to adjustments, occasionally, necessary in the light of information that we have about this policy. In the PNSI, it is stated that. It is important to consider that the aforementioned monitoring and evaluation process will be supported, especially for the measurement of results within the sector, by the information produced by the different plans, programs, projects, actions and/or activities arising from this National Policy (BRASIL, 2006). That is, there is no specification of which indicators should be used in the assessment of the PNSPI. In this study, we opted for information regarding the functional capacity of the elderly, from the National Health Survey (PNS -2013). Of the total number of elderly people evaluated in the PNS-2013 (n=11,177), it was found that 51.3% had no difficulty performing ADL, while 48.7% had some difficulty, being: 23.5% difficulty one activity, 6.2% for two, 5.0% for three and 14.0% for four or more activities, regardless of whether basic or instrumental (Figure 02). The prevalence of elderly people who have some type of difficulty in performing activities of daily living is high, even after 07 years of the implementation of the PNSPI in the country. Still, 19% of the evaluated elderly people have difficulty performing three or more ADLs. The data presented in the justification of the PNSPI showed that the prevalence of disability among the elderly varied from 2% to 45% (BRASIL, 2006). Although the proposed methodologies are different to assess the health of the elderly, having biases for comparability, the findings require attention from health services, managers and public policy makers. Therefore, few advances in the context of functionality were expressed during this period with the PNSPI.



Source: PNS-2013 (BRAZIL, 2014).

Figure 2. Functional difficulty expressed by Brazilian elderly people (n=11,177)

Regarding the most prevalent ADLs in the Brazilian elderly public, instrumental activities are seen, being the difficulty to take medication (26.5%), go to the doctor (22.6%) and use transportation (21.9%) alone the most prevalent. Of the BADL, the most prevalent difficulties are locomotor, walking, transferring and dressing. The prevalence for performing BADL varies from 4.6% for eating alone and 8.4% for dressing alone (Table 01).

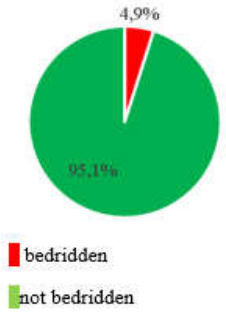
Table 1. Activities of daily living, according to functional difficulties of elderly Brazilians (n=11,177)

functional difficulty
IADL
Some difficulty taking medication alone
Some difficulty going to the doctor alone
Some difficulty going out alone using a transport
Difficulty shopping alone
Some difficulty managing finances
BADL
Some difficulty walking around the house alone
Some difficulty showering alone
Some difficulty dressing yourself
Some difficulty going to the bathroom alone
Some difficulty getting into or out of bed alone
Some difficulty getting into or out of a chair on your own
Some difficulty eating alone

Source: PNS-2013 (BRAZIL, 2014).

The findings mentioned above draw attention since almost ¼ of the population has difficulty performing instrumental activities. The literature points out that the first difficulties that arise in the individual's routine are those related to the reduction of their cognitive function, related to IADL (ZANESCO et al., 2020). And

when health care strategies are not developed, they evolve into functional difficulties to perform BADL, demanding greater health care and burdening family members, health services and social assistance. Thus, according to Zanesco et al., 2020, the high demand of elderly people who have functional difficulties to perform IADL: refer to the need for alert in the field of health, using the indicator related to Functional Difficulty as a basis for specific planning, aiming at reducing cases of dependence to perform instrumental and basic activities. In this sense, the importance of carrying out accessible actions involving the promotion and prevention of the health of individuals aged 60 or over is highlighted, in line with what is exposed in the National Health Policy for the Elderly. It was also found that of the total number of elderly people who made up the sample, 4.9% (n=549) were bedridden at the time of the interview (Figure 03).



Source: PNS-2013 (BRAZIL, 2014).

Figure 3. Prevalence of bedridden elderly Brazilians (n=11,177)

Zanesco et al., 2020 define bedridden as the elderly person unable to exercise self-care, either partially or totally, requiring help from others to perform activities of daily living and that the limitations that come into existence, resulting from or driving the decline of health, drive the increase in the need to use health services. In addition, bedridden elderly people require continuous and systematic health care (ZANESCO et al., 2020), which requires more resources and impacts health services, especially long-term ones. Therefore, despite the low prevalence of the elderly in bedridden condition at first, its impact on different sectors of society echoes for the resumption, intensification, or urgent rethinking of the actions proposed and implemented and carried out by the PNSPI. In view of the above, making a critical analysis of the PNSPI, after 07 years of its implementation when these data were implemented, it was found that the path is tenuous and the advances of the PNSPI alone was not able to significantly change the health scenario of the elderly. from Brazil. Public agendas have visualized this reality, and developed new strategies and mechanisms to change it, such as the Decade of Healthy Aging (2020-2030) and the Health Care Network for the elderly, implemented in some Brazilian states. Thus, the findings show that it is not enough to formulate a policy and enact it in the form of an Ordinance, it is necessary to constantly monitor its actions, strategies and results. No matter how well formulated, implemented and implemented a policy, it requires adjustments, because society, health, science, politics, the economy are dynamic, therefore, their demands are also dynamic, to a lesser or greater degree, as well as the evolution of knowledge regarding the provision of strategies and actions.

CONCLUSION

The understanding of the PNSPI stages based on the Public Policy Cycle, proposed by Raeder (2014), objective of this study, provided the observation of fundamental elements in the analysis of this policy, which is configured in a complex product of forces from the political and social contexts. in defense of the promotion of active and healthy aging. It also boosted the recognition of the need to plan, organize, direct and control, whose meanings are expressed in the stages of Formation of Programs, Implementation of Policies and Monitoring and Evaluation of Actions, reinforcing the need for an interdisciplinary look at the management of this policy. In general, it was possible to observe that the PNSPI contemplates and presents all the stages of the cycle of public policies, proposed by Raeder (2014), with cohesion and coherence between the stages and actions and strategies outlined in them. It was also found that the Program Formation stage is very important in the PNSPI, since strategies to alleviate certain social problems arising from the Brazilian population aging are considered in it, identified in the stages Perception and Definition of Problems and Formation of the decision-making agenda. Furthermore, it can be seen that aging, by itself, does not predict functional disability. The implementation of the PNSPI is carried out by municipalities and states, causing differences in terms of the priority given to the health of the elderly and the management of resources. In the PNSPI, the indicators that must be used in the stage that corresponds to the Monitoring and Evaluation of Actions are not exposed, allowing several databases, such as the PNS - 2013, used in this study. Specifically in the Monitoring and Evaluation of Actions stage, the analysis of the data from the PNS - 2013, allows us to infer that seven years after the implementation of the PNSPI, there is still much to be done with regard to the health of the Brazilian elderly person and that actions and strategies must be rethought to meet the objective of this policy. It also allowed us to verify that the need to carry out a new survey of the health condition is poignant to explore, in a broad way, the demands for the formulation of a new decision-making agenda and the structuring of new strategies, recognizing, this time, the successful strategies and those that do not. were effective. Furthermore, again considering the active involvement of social control at all stages, prioritizing the view of the elderly, central subject of the policy, with a view to national and regional development with regard to active and healthy aging.

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