

# Population Aging: Conquest or Problem?

Stephen Stefani, MD, Unimed RS, Port Alegre, Brazil

**The generation of a health care structure that meets the needs of increasing old age involves the capacity to respond to new forms of remuneration of the service. Changing demographics will require companies to rethink their workforces and understand that providing longevity to our population also requires creativity.**

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One of the greatest achievements of mankind was the extension of life expectancy, which was accompanied by a substantial improvement in the health parameters of the populations, although these achievements are far from evenly distributed in different countries and socioeconomic contexts. Reaching old age was once the privilege of the few, but today it has become more common even in the poorest countries. This major achievement of the 20th century has, however, become the great challenge for the present century.

Currently, Brazil has a total population of 208 million people; by 2060, the percentage of people over 65 years will increase from 9.2% to 25.5%. So, 1 out of 4 Brazilians will be elderly, according to the Brazilian Institute of Geography and Statistics (IBGE) data released in 2018.<sup>1</sup>

According to the survey, the percentage of people over 65 will reach 15% of the population in 2034, surpassing the 20% barrier in 2046. In 2010, it was at 7.3%. Among the consequences of an aging population, in addition to the inevitable increases in healthcare and pensions spending, IBGE highlights the highest percentage of people out of working age and therefore, dependents. Projections for Brazil estimate that the number of people being cared for by nonfamily members (formal caregivers) will double by 2020 and will be 5 times higher by 2040 compared to 2010.

The first step concerns the creation of a healthcare structure that meets the needs of a fragile age group in terms of health. This requires a broad range of services, from primary care (monitoring of blood pressure, diabetes, rheumatologic diseases, and cancer early detection), physical activities, and education to increase resilience, through the organization at secondary level with several specialists and gerontology professionals

in the areas of health. Finally, the tertiary care also needs attention, since they will have more diseases and complications, hospitalizations, and intensive care procedures.<sup>2</sup>

Whenever healthcare is an issue, alternative care models and new forms of service remuneration have long been imperatives in the central discussions of the health sector. The desired increase in system resolution and the effectiveness of health actions, both in the public and private systems, are clearly dependent on the changing logic of payment for services and the rationality that guides care models. The healthcare models adopted in the country have deep roots in the biomedical, vertical, and hierarchical models, with levels of increasing complexity of the services and inducing the overvaluation of services of greater technological density, inherited from Social Security Medicine and in the model of collective healthcare, originating from the sanitary and epidemiological surveillance of the beginning of the century.<sup>3</sup>

The fertility rate should also continue to fall in Brazil. Currently, it is 1.77 children for each woman. In 2010, it was at 1.75 and reached 1.8 in 2015. According to the projection, it should fall to 1.66 in 2060. The average age at which women have children is currently 27.2 years and, according to IBGE, will reach 28.8 years in 2060. The projection for Brazilian life expectancy at birth—currently 72.74 years for men and 79.8 years for women—is to reach 77.9 years for men and 84.23 years for women in 2060.

In the long run, population reduction also impacts the number of people of reproductive age. This is already the case in European countries, where fertility rates are very low and, consequently, there is a small number of people of working age. Therefore, it is necessary that these individuals receive incentive to have children to ensure that the population will sustain the elderly because the number of older people will continue to increase. Public policies cannot focus only on the elderly, as it would be impossible to maintain a good quality of life for them without major investments in children, young people, and adults of working age. Investment in health, education, and “full employment and decent work” is essential to ensure intergenerational solidarity.

In order for the elderly of today and tomorrow to have better quality of life, rights must be guaranteed in matters of not only health, but also work, social assistance, education, culture, sports, housing, and transportation. In Brazil, these rights are regulated by the National Policy of the Elderly, as well as the Statute of the Elderly, sanctioned in 1994 and 2003, respectively.<sup>4</sup> Both documents should serve as a beacon for public policies and initiatives that promote a true better age.

Thus, the organization of the health system is not able to fit the different indicators. The magnitude of the increase in health expenditures with old age depends, above all, on those who are healthier or free from illness and dependence. The prevention, independence, autonomy, and delay of diseases and frailties earlier in life are more relevant to the health of the aging population.<sup>5</sup>

On the one hand, the elderly present a greater burden of diseases and disabilities and use health services through existing

models that present inefficiencies and high costs in times of new and innovative technologies. On the other hand, the process of reducing profits and losses to social security and growth and the opportunities that this demography presents are endless for the goals of an economically active older population. Older workers have skills, technical skills, and tacit knowledge—accumulated over the time of service—and can help younger people find ways to work safely and financially sound through guidance and information sharing. Today's older adults seek meaning and purpose, disrupting retirement norms and expressing increasing interest in lifelong work and volunteering.

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Changing demographics will require companies to rethink their workforces but will also create opportunities for nimble firms. For example, these changes will create opportunities in the food industry (an aging population will want to stay healthy and also may need more services such as home catering) and financial services (to plan for increasing longevity).

The longevity dividend, like most economic benefits, is possible, but it needs to be worked out. Using the skills of older workers, employing these workers more, and fostering intergenerational solidarity will mean that increased life expectancy can be very positive, both socially and economically. •

#### REFERENCES

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