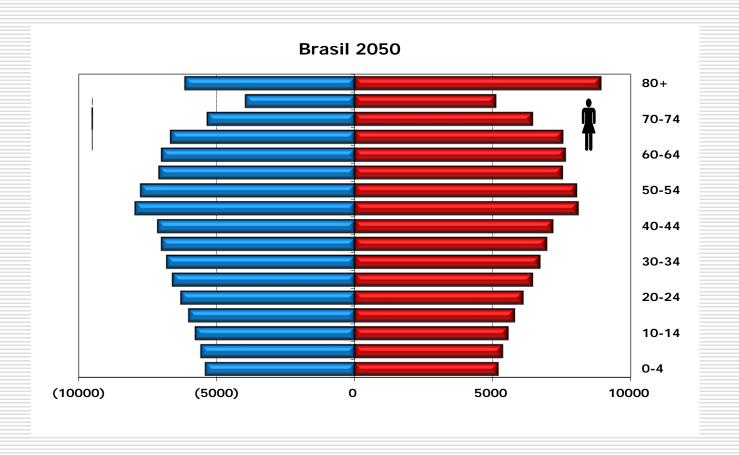


Brazil's population pyramid



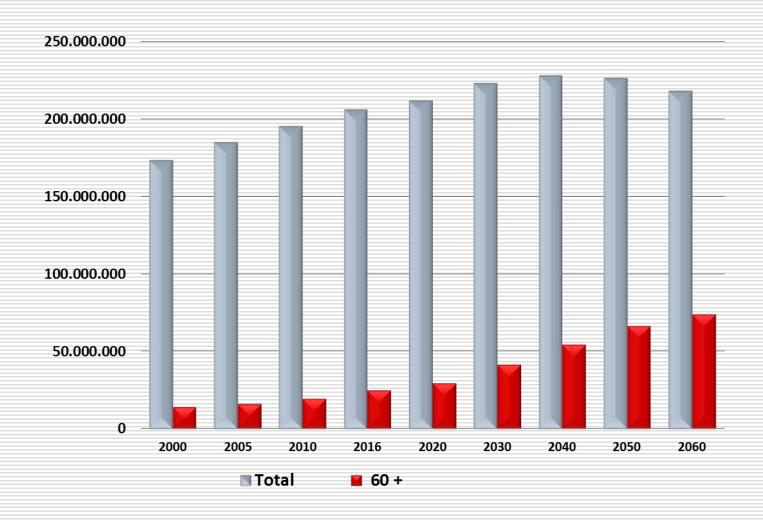
Fonte: IBGE, 2010



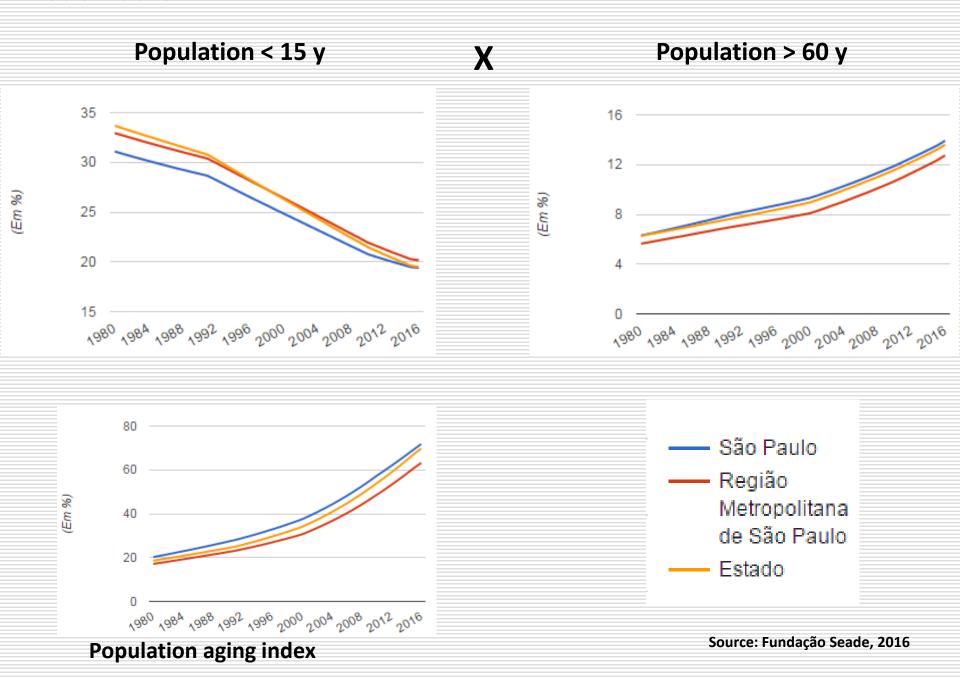
elderly

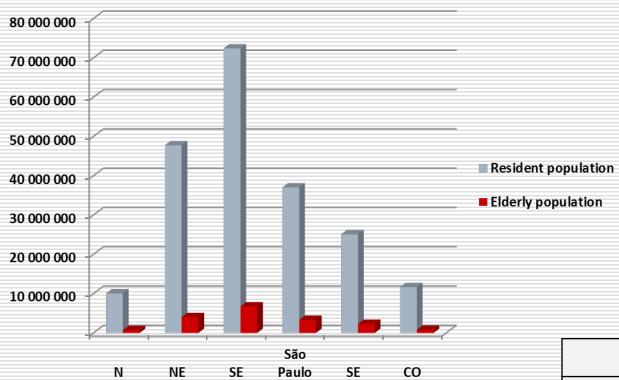
- World: 1 in 9 people> 60 years;
- 2050 there will be more seniors than children under 15 years;
- In 2012 the elderly were 11.5% of the global population;
- > 2050 will be 2 billion people = 22% of the global population;
- In Brazil we have now ~ 23 million people.

Projection of Brazil Population



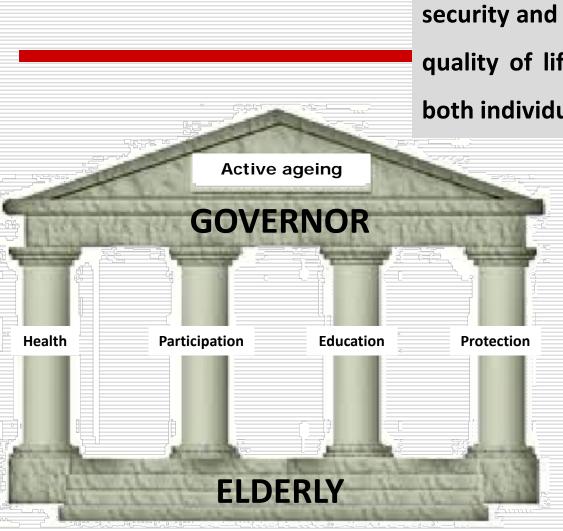
São Paulo





	Resident population	Elderly population	% elderly
Brasil	169 799 170	14 536 029	8,6
N	10 030 556	707 071	5,5
NE	47 741 711	4 020 857	8,4
SE	72 412 411	6 732 888	9,3
São Paulo	37 032 403	3 316 957	9,0
SE	25 107 616	2 305 348	9,2
СО	11 636 728	769 865	6,6

Source: IBGE, 2000



Active ageing is the process of optimizing opportunities for health, participation and security and education, in order to enhance quality of life as people age. It applies to both individuals and population groups

A contribution of the World Health Organization to the Second United Nations World Assembly on Ageing, Madrid, Spain, April 2002.





Active ageing

Promoting active aging means providing the population with more than 60 years the opportunity to live in society, the right to demonstrate their opinions, make policy decisions, around the city, consuming art and culture and have physical and mental health.



Governor's decree nº 58.047 15th may 2012



1st Article

Establishes the State Program "Age friendly São Paulo " as an important contribution towards a society for all ages, value the elderly, guarantee and protect their rights.

This Program is based on the pillars of active ageing.



Governor's decree nº 58.047 15th may 2012



Creates an Interdepartmental Commission composed of representatives of the following Secretaries of State:

Culture; Economic Development, Science and Technology;

Social development; Education; Employment and Labor Relations;

Sport, Recreation and Youth; Housing;

Justice and citizen protection; Health;

Metropolitan Transport and Tourism.

Social Development Secretariat coordinates implementation of the program

AGE FRIENDLY SÃO PAULO





AGE FRIENDLY SÃO PAULO SEAL



Accreditation Seal





Selo Amigo do Idoso



INITIAL

- diagnosis
- deploy 6
 mandatory
 actions

INTERMEDIATE

- deploy 4 mandatory actions
- deploy 3 elective actions from different pillars

FULL

- deploy 1 elective action from the missing pillar
- New diagnosis:
- IDEA manager
- IDEA elderly

TOURISM

Pillar: participation

Best trip



Country side



beach

SPORT, RECREATION AND YOUTH

Pillar: participation

2016 – 20th JORI –Regional elderly games















Modalities

Athletics
Boules
Card games
Choreography
Ballroom dance
checkers
Domino

Mesh
Swimming
Tennis
Table tennis
Volleyball
Chess



















SOCIAL DEVELOPMENT

Pillar: participation

Coexistence Center (CCI) june 2016: 16



social assistance activities, socio-educational, physical, cultural

independent seniors



SOCIAL DEVELOPMENT

Pillar: participation

CDI – Day Center – june 2016: 46





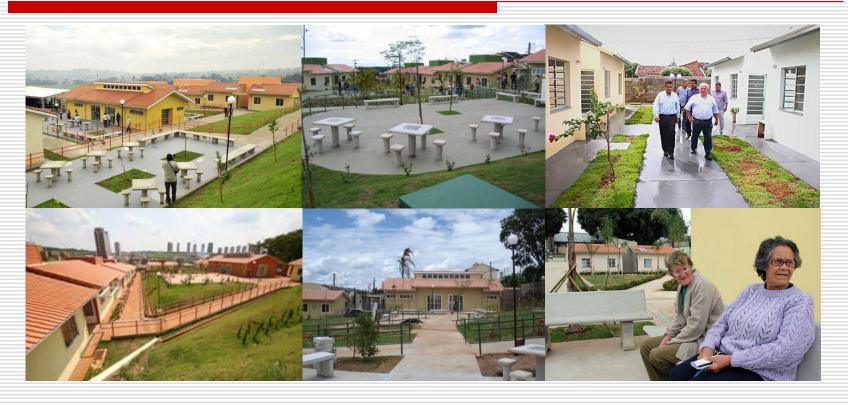
hosting space, protection and coexistence semi-dependent elderly



HOUSING, SOCIAL DEVELOPMENT AND MUNICIPALITIES

Pillar: Protection

Dignity village june 2016: 17



Assisted living in small villages, appropriate to this population by incorporating the principles of universal design, and areas of social life





Seniors State Council

- ✓ Promotion, protection, defense and care of the elderly's rights;
- ✓ Stimulate the creation of Seniors Municipal Councils;
- ✓ Promote a State Conference every 2 years.





Seniors State Council

26 members and their alternates

- √ 13 Civil society;
- √ 10 from State Secretaries;
- ✓ 1 Social Solidarity Fund of the State of São Paulo;
- ✓ 1 Prosecutory;
- **✓** 1 Public Defensory.





Pillar: Protection

State Fund for the Elderly (Law 14,874 / 12)



http://desenvolvimentosocial.sp.gov.br/a2sitebox/arquivos/documentos/832.pdf



Pillar: Health

Continuing Care Units

- Rehabilitation
 - Stroke
 - Trauma
 - Late postoperative
- Endovenous treatment completion;
- •Weaning nasogastric tube, ...
- Gait training.





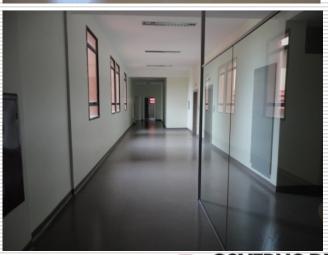
Pillar: Health



Pedregulho











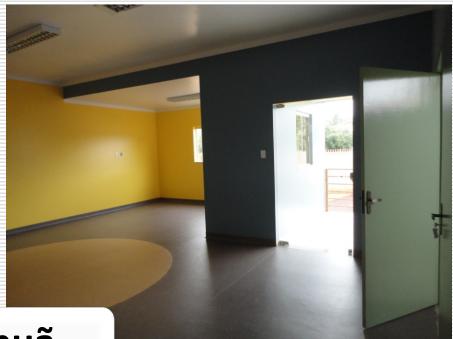


Pedregulho







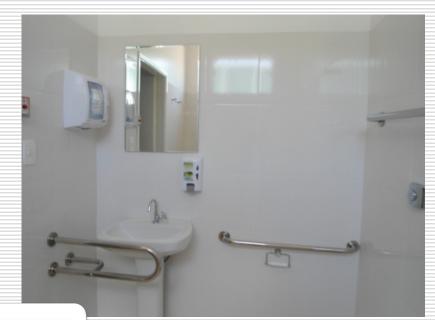












lpuã











lpuã





Pillar: Health

Centro de Referência do Idoso - CRI

Elderly Reference Center

Pillar: Health

AME idoso

Elderly Multidisciplinary Clinic

AME idoso

Pillar: Health

CRI-LESTE (IPGG)

CRI-NORTE

Cidade de São Paulo

AME idoso OESTE

AME idoso SP SUDESTE

AME ídoso -RIBEIRÃO PRETO

AME ídoso -ABC

AME ídoso -BAIXADA SANTISTA

AME ídoso -CAMPINAS

SECRETARIA DA SAÚDE

AME idoso

Pilar Saúde

CRI-LESTE (IPGG) CRI-NORTE Cidade de São Paulo AMFaugurado em 17/06/25TE AME idogracão em Inaug breve SUDESTE AME ídoso -RIBEIRÃO PRETO AME ídoso -ABC

AME ídoso -BAIXADA SANTISTA

AME ídoso -CAMPINAS

AME idoso

Pillar: Health

The Elderly Clinic is a specialized service in health care for people aged 60 or more, which receives referrals

Municipal Units and State Health Secretary

•

AME idoso

Pillar: Health

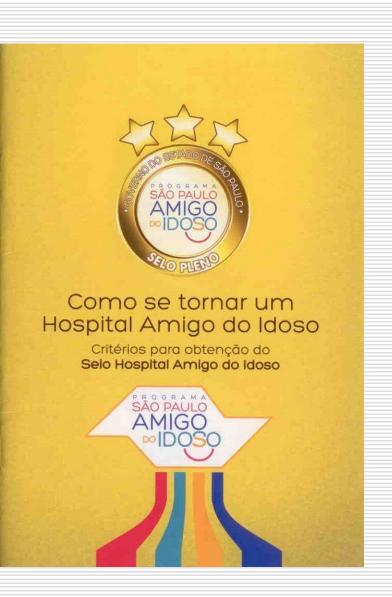
Multidisciplinary team

- Geriatrician
- Nurse
- Psychologist
- Occupational Therapist
- Nutritionist
- Audiologist
- Physiotherapist
- Social worker
- Pharmaceutical
- Odontologist
- Physical educator

Otolaryngologist Ophthalmologist urologist Gynecologist



Pillar: Health



Law SS 136 17/dec/2013

Instituted the seal Elderly Friendly Hospital in the State of São Paulo







1st delivery of seals





David Uip Secretário de Estado da Saúde

Convida para:

"PROGRAMA SÃO PAULO AMIGO DO IDOSO: SELO DO HOSPITAL AMIGO DO IDOSO"

Data: 05 de outubro de 2015 Hora: 09h Local: Av. Dr. Arnaldo, 351 - Auditório Musolino São Paulo - SP



Compulsory actions



- 1. Deploy local steering Committee of the Project;
- 2. Perform diagnosis with the elderly who attend the hospital, their caregivers and hospital professionals;
- 3. Insert actions for the elderly in the hospital planning;
- 4. Conduct inventory of actions already carried out with focus on elderly;
- 5. Develop accessibility plan focusing on the needs of the elderly;
- Develop Continuing Education Strategy on aging and health of the elderly for the whole team;
- 7. Identify and include the needs of the elderly in humanizing actions;

For the initial seal:



7 mandatory actions taken

For the intermediate seal:

Mandatory actions:

- 1- multi disciplinary team + geriatrician
- 2- Actions with the hospital staff on the theme of the elderly
- 3- Create conditions for an accompanying person
- 4- prioritize care

Elective actions: 3

Comunication and information

Environment

Management of care

+ Specific demand from elderly



For the full seal:

Mandatory action:

Repeat the diagnosis with the elderly of hospital

Elective actions: 9

- **3 Comunication and information**
- 3 Environment
- 3 Management of care



Elective actions – 3 axis

- Comunication and iformation (5)
- Environment (8)
- Management of care (11)

Elective actions - Axis Communication and Information

- ➤ Provide flyer and other promotional material to elderly (rights, healthy living, quality of life, community support, among others);
- Facilitate the integration of the elderly to the network services and the community;
- Implement health promotion and continuing education for elderly, contributing to remain active, participating and continuous learning;
- Carry out permanent actions aimed at training and support to carers / elderly escort;
- Deploy program volunteer friends of the elderly.

Elective actions – Axis environment

- 1 Deploy signs on the sidewalks and in the circulation areas;
- 2. Adjust floors, ramps and walkways;
- 3. Adequate rooms and beds;
- 4. Adjust bathrooms;
- 5. Adequate lighting;
- 6. Adjust temperature and aeration conditions;
- 7. Deploy / restructure supporters of programs to facilitate the internal flow of elderly;
- 8. deploy waiting places in the hospital.

Elective actions – Axis environment

- 1. Encourage autonomy and independence;
- 2. Structuring falls prevention actions;
- 3. Systems host with risk rating;
- 4. High qualified and secure, facilitate adherence to treatment;
- 5. gerontology-geriatric assessment, monitoring functional capacity;
- 6. Intervention in polypharmacy and drug interactions;
- 7. Actions for reporting violence;
- 8. iatrogenic registration;
- 9. Monitoring System for preferential treatment;
- 10. monitoring system to reduce waiting time;
- 11. deploy / restructure care at the end of life and palliative care.