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Population aging. an approach from community health

Summary

The aging of the individual as a result of medical advances and the aging of the population as a result of the compression of morbidity and the expansion of life expectancy, in the context of a lower birth rate, both in developed and developing countries, they determine a new spectrum of need for interventions, in which community commitment plays a preponderant role. The recognition of the heterogeneity of the aging process and the detection of frailty in the age group of the Elderly requires action derived from the community as a whole, as a collective expression of health. This expression determines not only the prevention of disease, disability and dependency, but also a true promotion of health aimed at achieving the desired healthy aging.

Keywords: older people, geriatrics, community, primary care, aging

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Julio Nemerovsky
Geriatric physician, Argentine Society of Gerontology and Geriatrics, president, Argentina

Correspondence: Julio Nemerovsky, Geriatric physician, Argentine Society of Gerontology and Geriatrics, president, Postal address La Brasita 1048. Ciudad Evita, Buenos Aires Argentina (CP1778), Argentina, Email julio.nemero@gmail.com

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Introduction

Geriatrics has started a new path in recent times, as if it were a totally new specialty, when in fact it is a specialty with 120 years since its foundations were founded. It is as if it were now discovered that older people present changes inherent to their aging process, that continuous, universal, irreversible and heterogeneous process that generates changes in the living organism and whose main impact is the loss of homeostatic balance. It is in this context that it is discovered that the elderly face a disease unknown until today and that puts them at risk, transforming a living being in dynamic homeostatic balance into a vulnerable being. Discover the condition of fragility of the elderly. In this context, the concept of the changes typical of aging is revalued as the element that distinguishes geriatrics from its mother specialty, clinical medicine. It is precisely the heterogeneity of aging and its recognition that allows the health team to be warned that each individual must be considered unique in its kind. Biological changes undoubtedly act on the aging process, but not exclusively; epigenetic factors also interact to make it even more diverse.[1]

Personal history, what we identify as biography, undoubtedly and more than in other medical specialties, we must resort to to person-centered care. The person as distinct from the individual. When we think of individualized attention, we lose sight of the concept of fairness, since we can very well offer the individual, the only specimen of a species, the same assistance as the rest of the individuals of the species, while if we offer personalized assistance it is because we consider observing the biography, their environment, the epigenetic actions and the clinical history of the elderly person. Here a new concern arises that is related to how common preventive action can be generated for all this group of older people without failing to take into account the heterogeneity of the characteristics of each older person, how much can be interacted with that group, what are the actions to be carried out in order to reach everyone without losing sight of the personal biography. Community medicine, or better the concept of community medicine, tries to bring medical actions closer to the group of people who make up the same nucleus of health needs and goals. Prevention aimed at this diverse age group requires new strategies.[2]

Aging is not only registered on individuals, but also on populations, the undoubted advances in medicine in general made populations present a true demographic transition that is characterized by a modification of the pyramidal structure of the population composition. The lower number of births in developed countries and in most developing countries, the greater longevity acquired by the population that is reflected in the increase in the number of individuals in the older age groups, with greater impact on Those over 80 years of age changed the vision of medicine when it tries to carry out preventive actions, health promotion, actions aimed at curing diseases and rehabilitating their consequences.[2,3]

All this makes the need for "health promotion" visible, in this context it is based on the perspective that the health team has in it, but this action could not be carried out if the community as a whole did not intervene. The action of promoting the health of a community also requires specific determinations on the part of public health. The conjunction of the health team, public health and the community make up the definition of "community health".[4] In geriatrics, where the interdisciplinary team plays a preponderant role with respect to other disciplines of health care, it is where the empowerment of the population receiving care increases its participatory value.

Wilkinson et al.[5] state that "community health is the collective expression of the health of a defined community, determined by the interaction between the characteristics of individuals, families, the social, cultural and environmental environment, as well as by health services and the influence of social, political and global factors. Therefore, a community intervention in health is defined as an action carried out with and from the community through a process of participation".[5] Older People present a greater diversity that is often not recognized by the health effectors in charge of promoting and caring for them, but the family environment, members of the social environment in which the life of the PM, the economic conditions that support it, the accessibility to social and health resources, that is to say what we call the community environment, are more involved in the necessary health promotion actions.

Community health in the context of aging represents the true role of health promotion, enabling the goal of so-called healthy aging. Healthy aging is based on the concept of developing and maintaining at advanced ages the functional capacity that makes well-being possible. Functional capacity is determined by the intrinsic capacity of a person (that is, by the combination of all their physical and mental capacities), by the environment in which they live (understood in its broadest sense and including the physical, social and political) and by the interactions between the two. The concept of healthy aging and the

related public health framework are described in detail in the World Report on Aging and Health (World Report on Aging and Health).[6]

Well-being as a manifestation of functional capacity means that community contributions on each older person in particular allow the concept of community health to be revalued. The contribution of the socio-family-community environment is based on the knowledge that this environment has of that older person, facilitating the equitable intervention of the socio-health resources that primary care and public health can provide (Pasarin MI).[7,8] The interventions generated by community health in the group of older people not only depend on the traditional health team, made up of geriatricians, primary care doctors, family doctors, nurses, physiotherapists, dentists, etc., but also require the participation of all components of society, from a librarian to a re-enactor in entertainment centers. Health team, socio-sanitary environment, family environment are insufficient to promote the desired well-being of older people, it is necessary to empower them so that they can develop their autonomy. Autonomy is an essential element to achieve well-being in the context of healthy ageing. We can anticipate that the promotion of functional capacity (independence) and the promotion of autonomy will allow achieving the objectives of the "decade of healthy aging 2021-2030" elaborated by the World Health Organization (WHO).[9]

Modifying a phrase from the WHO declaration on the Decade of Healthy Aging, we can say that the equity favored by community health action allows the concept of equity to be developed, since it leads to "everyone having equal and fair opportunities to enjoy determinants and facilitators of healthy ageing, such as social and economic status, age, gender, place of birth or residence, immigration status, and ability level. At times, uneven attention may need to be paid to some population groups to ensure that the least advantaged, most vulnerable or marginalized members of society reap the greatest possible benefits." In the late 1940s and early 1950s, the first Minister of Health of Argentina, Dr. Ramón Carrillo, stated "In health, without quality there is injustice. There is a significant health injustice with the elderly, more fragile and needy". Undoubtedly, the WHO mentions this same topic in the last quoted paragraph of the Declaration.[10]

A good way to approach community health is by networking at the local level. Networking consists of creating alliances, synergies between different agents, to establish common goals and act cooperatively to achieve them, so that resources are better used Wilkinson et al.[5] The actions to be carried out in the field of community health could be summarized as follows: establish guidelines for invigorating cooperative relations between people and groups in an area or space of coexistence, generating meeting points between citizens, social administrative and professional technical resources of the community. At the same time, strengthen the links between the different components of this community, enhancing individual and collective capacities, favoring the autonomy of older people in this synergistic action(5). In turn, these links must serve so that people, groups and teams support each other, respecting the collaborative will, encouraging responsibility and trust between the different actors. There are decisions that must be made at the political level, others at the technical-management level, and others at the community level, depending on what each agent or service represents in the community. It is important to highlight that the community orientation is clearly presented and known by all those involved Pasarin MI et al.[8]

Finally, the community health action process should be based on a supply and demand scheme, where the people who need assistance and those who can provide a response to that need are clearly identified. As in any team, those who can fulfill the role of leaders should be identified to form a "motor team" that can energize, coordinate, organize, communicate and listen to the community.[8,10] Community action is difficult and inefficient if there is no good coordination between all the services that provide services to the specific community Pasarin MI et al.[9] In conclusion, it can be said that Community Health is based on the combination of Primary Health Care, Public Health actions, person-centered care and the participation of the Elderly, respecting the heterogeneity of this age group. and their capacity for independence and autonomy.

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Conflcits of interest

The autor declares there is no confclit of interest.

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