



Envelhecimento populacional:

Consequências e desafios atuais e futuros

Soraya Araujo Uchoa Cavalcanti
(Organizadora)


Ano 2022



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Organizadora: Soraya Araujo Uchoa Cavalcanti

Dados Internacionais de Catalogação na Publicação (CIP)

E61 Envelhecimento populacional: consequências e desafios atuais e futuros / Organizadora Soraya Araujo Uchoa Cavalcanti. – Ponta Grossa - PR: Atena, 2022.

Formato: PDF

Requisitos de sistema: Adobe Acrobat Reader

Modo de acesso: World Wide Web

Inclui bibliografia

ISBN 978-65-5983-956-8

DOI: <https://doi.org/10.22533/at.ed.568221802>

1. Envelhecimento. I. Cavalcanti, Soraya Araujo Uchoa (Organizadora). II. Título.

CDD 305.26

Elaborado por Bibliotecária Janaina Ramos – CRB-8/9166

Atena Editora

Ponta Grossa – Paraná – Brasil

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Atena
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Ano 2022

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APRESENTAÇÃO

A coletânea Organização *Envelhecimento populacional: Consequências e desafios atuais e futuros* apresenta 05 (cinco) artigos que colocam em destaque questões relacionadas às temáticas de Envelhecimento populacional e seus rebatimentos, enquanto tendência para as próximas décadas.

O primeiro artigo, apresenta os resultados da pesquisa bibliográfica com artigos publicados entre 1998 e 2017 nas bases PubMed e BVS acerca dos riscos de quedas em idosos com demência.

O segundo texto, por sua vez coloca em evidência os resultados do estudo de revisão narrativa de literatura destacando os impactos na qualidade do sono em idosos, apontando direções.

O terceiro artigo, aponta os resultados de uma pesquisa realizada no Chile acerca da possível lacuna de inclusão social diante do crescente envelhecimento da população e os possíveis desdobramentos vinculados.

O quarto texto discute as reflexões e resultados obtidos durante o *Ciclo de Estudos e Debates em Saúde Pública* acerca dos desafios e enfrentamentos para profissionais de saúde no contexto da sistematização e popularização da ciência e tecnologia para o Sistema Único de Saúde – SUS.

E finalmente, o quinto artigo traz os resultados da revisão dos casos de tratamento para *Fraturas Proximais do Fêmur* em idosos vinculados ao período de 2013 e 2016, sugerindo direcionamentos nesse processo.

Neste contexto, convidamos o leitor a conhecer os trabalhos e produzir as próprias reflexões vinculadas a produção e socialização de conhecimentos para o Sistema Único de Saúde – SUS e possíveis rebatimentos para a população usuária dos serviços de saúde.

Soraya Araujo Uchoa Cavalcanti

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 <https://doi.org/10.22533/at.ed.5682218021>

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 <https://doi.org/10.22533/at.ed.5682218023>

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HEALTHY AGING AND SOCIAL INCLUSION OF ELDERLY PEOPLE WITH DISABILITIES IN CHILE: WHERE TO START IN PANDEMIC TIMES

Data de aceite: 01/02/2022

Exequiel Plaza

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ABSTRACT: The aim of this study was to gain knowledge regarding social inclusion of elderly disabled people into the community. Latest studies show that in 2030, 23% of the Chilean population will exceed 60 years of age, which will make Chile a country with one of the highest ageing population in South America. Older people that tend to live longer are prone to enter stages of disability related to aging itself. There exist actions from government and actual legislation for elderly with disabilities, but whether these strategies and programs reached the final beneficiaries remained unclear. Besides, healthy aging is one of the main goals of public policies, but the real inclusion of the elderly with disabilities is still questionable. **Method:** A social innovative study was carried out in two counties of central Chile, where a universe of 421.067 older persons live and 320 were part of a sample that helped to gather the evidence obtained in a cross sectional model research. A survey was administered to examine the gap of social inclusion in four main domains to determine the level of satisfaction with the services provided by the government and the community. All subjects signed an informed consent, following ethical principles for medical research in humans established in the

Declaration of Helsinki (1964). **Results:** Four dimensions were identified as critical being these: managing, resources, communication and social participation. They all had a high correlation to the perceived needs for social integration and inclusion. These findings were obtained regardless the type and degree of disability of the subjects. **Conclusion:** Social inclusion was not sufficient to the degree of expectative the beneficiaries had. Healthy aging programs are still to be developed regarding handicapped persons.

KEYWORDS: Older people; ageing; inclusion; wellbeing; health.

ENVELHECIMENTO SAUDÁVEL E INCLUSÃO SOCIAL DE IDOSOS COM DEFICIÊNCIA NO CHILE: ONDE COMEÇAR EM TEMPOS PANDEMICOS

RESUMO: O objetivo deste estudo foi adquirir conhecimentos sobre inclusão social de idosos deficientes na comunidade. Os estudos mais recentes mostram que, em 2030, 23% da população chilena excederá os 60 anos de idade, o que tornará o Chile um país com uma das maiores populações envelhecidas da América do Sul. As pessoas idosas que tendem a viver mais tempo entram em estágios de incapacidade relacionados ao próprio envelhecimento. Existem ações do governo e legislação vigente para idosos com deficiência, mas ainda não está claro se essas estratégias e programas atingiram os beneficiários finais. Além disso, o envelhecimento saudável é um dos principais objetivos das políticas públicas, mas a real inclusão do idoso com deficiência ainda é questionável.

Metodologia: Um estudo social inovador foi realizado em dois municípios da região central do Chile, onde foi encontrado um universo de 421.067 idosos e 320 foram parte de uma amostra que ajudou a reunir as evidências obtidas em uma pesquisa modelo transversal. Foi realizada uma pesquisa para examinar a lacuna de inclusão social em quatro domínios principais para determinar o nível de satisfação com os serviços prestados pelo governo e pela comunidade. Todos os sujeitos assinaram um termo de consentimento livre e esclarecido, seguindo princípios éticos para a pesquisa médica em seres humanos estabelecidos na Declaração de Helsinque (1964). **Resultados:** Quatro dimensões foram identificadas como críticas, sendo elas: gestão, recursos, comunicação e participação social. Todos eles tiveram uma alta correlação com as necessidades percebidas de integração e inclusão social. Esses achados foram obtidos independentemente do tipo e grau de incapacidade dos sujeitos. **Conclusão:** A inclusão social não foi suficiente para o grau de expectativa que os beneficiários tinham. Programas de envelhecimento saudável ainda precisam ser desenvolvidos para pessoas com deficiência.

PALAVRAS-CHAVE: Envelhecimento; inclusão; bem-estar; saúde.

1 | INTRODUCTION

From a clinical and epidemiological point of view, older people are likely to be in a state of vulnerability due to advanced age and disability. In Chile, the age group over 60 years old has an increasing relative weight in the total general population, reaching 11.4%, with 1.717.478 people and the age group of 65 years old and over is 1.217.576, corresponds to 8% of the population. Of this total, the group of people over 80 years old stands out, reaching 14.7%.. Life expectancy at birth is 77.36 years (74.42 years for men and 80.41 years for women). (Minsal, 2015).

As mortality rates in Chile began to decline the life expectancy began to increase rapidly, the complexity of the demographic transition has become a task that many agents are trying to solve. Scientific research is today a necessity to find mechanisms that can contribute to elderly well-being. However, the complexity is greater when we consider that older people who tend to live longer are likely to enter some age-related disability stages. It is a biological fact that everyone ages and, undoubtedly, the longer a person lives, the greater the chances of getting into a chronic condition of vulnerability due to the rapid aging of the population and the changing epidemiological burden of non-communicable diseases (PIEI-Es, 2017).

According to latest studies by year 2050, 23% of the Chilean population will exceed 60 years of age, the equivalent to 5.229 persons, which will make Chile one of the countries with the highest ageing population in South America. This projection is clearly a sign of a well-documented trend of aging. The actual legislation provides several opportunities to prevent and take care of elderly people with disabilities, most of them are health and social programs nationwide, but whether these strategies and programs reached the final beneficiaries remained unclear.

The evolution of the population in Chile as detailed by the National Service of the Elderly (SENAMA) in its study of “Collection, systematization and description of available statistical information on old age and aging in Chile” (2013), is characterized by a permanent rhythm of aging, which is expressed in a tendency towards the decrease of the youngest population (this, product of the decrease in fertility and the consequent decrease in the birth rate) and an increase in the proportion of the older population. This interaction also causes a reduction in the population growth rate.

In the 2002 census it was declared that the total population of the country was 15,116,435 people, of which 11.4% were older adults (over 60 years), that is, 1,717,478 people. Of these, 758,049 were men (10.2%) and 959,429 were women (12.5%). However, now in Chile, 4.770 people live over 100 years of age and of these, a total of 3,171 are women (Casen 2017).

For the purpose of the present study, two central regions of Chile were included. These are Región of Libertador O’Higgins and Region of Maule. Both are located south Santiago and the two together make up an 11% of the total population of the nation. It is important to mention that this narrow and long country has a huge concentration of inhabitants in the Metropolitan Region where Santiago is located. There live seven millions people which are almost a 41% of the total Chilean population. In the Región of Libertador O’Higgins the total number of inhabitants is 914.550, here the number of elderly are 191.261. In addition, the Region of Maule has a population of 1.044.950 inhabitants of which 229.851 are older adults.

Chile is one of the countries that adhered to the International Convention for the Rights of Persons with Disabilities (PwD), ratifying this commitment in 2008. This is the second human rights treaty of the 21st century and that aims to protect more than 650 million people with disabilities living in the world (UNRISD, 2010). The Convention, which consists of 50 articles, includes fundamental rights such as accessibility to the built environment, information, freedom of movement, access to health, education, employment, habilitation and rehabilitation and participation in the political life, all based on the principle of non-discrimination of any kind, which is not always possible to perform or measure (Bright, 2018). In Chile, people with a disability situation reach a total of 2.606.914. As in other countries, social participation is visualized as an alternative to contribute to the inclusion of these people (Mathias, 2018).

At the local level, the Ministry of Social Development through the National Disability Service must comply with Law 20.422, which establishes rules on equal opportunities and social inclusion of persons with disabilities. Within this framework, the State of Chile must generate actions that contribute to the inclusion of people with disabilities (PwD). For this reason, it has developed various programs and initiatives such as competitive projects, inclusive local strategies for development and lately, through inclusive territorial management schools, which are intended to empower PwDs and their associative groups

(Eskola, 2011).

Disability is multidimensional (Pinilla-Roncancio, 2018) and it is possible to identify dimensions related to epidemiology, quality of life, education, work, housing and place of residence among others. Similarly, economic competitiveness and poverty play a relevant role (Borg, 2018). The National Survey of Disability ENDISC II revealed that the population of 60 years and older is in a situation of disability. In this regard, in the Region of Maule, the national pattern that establishes that disability increases significantly with age is evident. Likewise, population aging is introduced as another variable in the complex approach to disability.

In relation to the work-force dimension, those who are available to work (occupied or unoccupied) in the PwD is 31.8% compared to 66.94% of the population without a disability. A 77.1% of severe PwD is inactive, unlike 33.1% of the population without a disability.

Regarding education, the PwD have an average of seven years of schooling, while those without disabilities have an average of ten years of formal educational instruction.

These elements as a whole can limit access to adequate interaction and social inclusion of people (Bengston, 2017). That is why the role of the State and public-private entities in contributing to the development of a more equitable society that guarantees the rights of each one becomes relevant (Szmukler et al., 2014).

For the past seven years, the National Service for Disability SENADIS, in its quest to contribute to the promotion of inclusive participation within public institutions, enabling dialogue and feedback with all citizens, generated a Territorial Inclusive Participation Program, which tends to explore and identify the development of inclusive approaches related to topics such as participation and disability. Such activities are devoted to a population that live in a social context where poverty, rurality, aging, disability and low access to communication are major concerns.

Access to general services was still somewhat diminished until 2019, but it got worse when the Covid-19 pandemic reached Chile in March 2020. The social lockdown has severely hit elderly people who have found their lives confined to their homes, but elderly people with disability were doubly affected because of pre-existing health vulnerability. The present study was carried out prior this world-wide sanitary situation.

2 | STUDY

In order to generate scientific evidence on whether governmental efforts and those from general society effectively reached the aged population with disabilities, a study was developed based on a social innovation model establishing a co-identification in conjunction with the population of interest to formulate the question of research. This ended up being “Did they really acknowledge that their needs were being solved in some way by the State and community actions?”. Thus, their perception on key problems and level of satisfaction

of the services available for solving them was the guideline for the research.

A descriptive, exploratory and cross-sectional study was conducted with elderly (60 years or older) with physical, sensory and cognitive disabilities. Most of them were gathered in associative groups and entities that include their relatives and caregivers, some persons were involved in self-organized community groups, as some others were passive participant of NGOs and social groups organized by municipalities. A total of 320 participants were involved whom signed an informed consent to participate in the study, since this work followed the ethical principles for medical research in humans established in the Declaration of Helsinki (1964).

The Type of sampling was based on voluntary subjects willing to answer a survey of characterization and attributes of perception about services received. This type of research also seeks to explore the knowledge and skills of people who belong to this study context and who are willing to participate as informants of the investigation (Flick, 2004; J. Gómez, Latorre, Sánchez, & Flecha, 2006); In this sense, participants responded to an invitation to participate in the study. Each participant was asked to answer a survey that included four dimensions that were identified: Management, Resources, Communication and Social Participation. The items for each dimension were presented in the form of written statements that had to be ranked on a Likert Scale. When needed help was provided as reading of the text for blind people or semi illiterate persons and sign language for deaf people with poor reading skills. Each dimension had four statements (Figure 1).

Dimension	Items (topics)
Management	<ul style="list-style-type: none"> • Level of self-organization • Flaws identified in functioning of groups • Help received from official entities to empower the groups and members • Collaborative work among members and groups
Resources	<ul style="list-style-type: none"> • Quantity and quality of resources available • Key lack of resources identified • Actions taken to obtain resources in a sustainable way • Effective use of resources obtained
Communication	<ul style="list-style-type: none"> • Access to call for application to fund • Communication within the group • Communication among groups • Access to official mentorship, counseling, coaching on disability and training or clinical services
Social Participation	<ul style="list-style-type: none"> • Access to education or training • Access to work and labor performance • Sport and leisure • Cultural and artistic engagement activity • Role in the community, acceptance. • Attention and embracement from official entities

Figure 1. Survey dimensions and topics.

Data Analysis: For the statistical analysis, descriptive type measures were considered: Frequencies for categorical variables, Central tendency (mean) and Dispersion of the data (standard deviation), the latter in the case that the variables were quantitative. Likewise, the relationship between variable dimensions based on the “Active Inclusion” construct of the instrument was analyzed, which included the dimensions: organizational structure, participation, access and information, identifying statistically significant relationships among the most relevant. The SPSS v 21.0 software was used for the analysis.

31 RESULTS

The survey in the form of satisfaction questionnaires contained all four dimensions and four questions in each which were fully answered with none lost data. The dimensions Management, Resources, Communication and Social Participation proved to be of areas of deep concern where out of 16 questions combined, five discriminated the perception of social inclusion (1: No Inclusion, 2: Low Inclusion, 3: Moderate Inclusion, 4: High Inclusion), two determined the relevance of managing activities for inclusion, while eight weighted the needs of the users for effective communication mechanisms and resources to improve their quality of life through inclusion. None of all questions considered in the Likert scale score was dismissed. In addition, results showed that social inclusion was not sufficient for the beneficiaries’ degree of expectation. Although all four dimensions stated in the survey were relevant to the participants, two were identified as critical: communication and social participation. They all had a high correlation with the perceived needs for integration and social inclusion (Figure 2).

Factor 1: “Social Inclusion”		Factor 2: “Communication”	
Component	Factorial Weight	Componente	Factorial weight
Bring PwD closer to the community by publicizing the different organizations in the community, their relevant aspects and work themes so that they can register according to their interests and / or needs.	0,890	Improve and create new information channels such as local radios, Facebook, text messaging so people can immediately access topics of interest and scheduled activities	0,854
Promote inclusive community activities such as cultural and recreational activities, sports tournaments, folklore, theater, among others	0,849	Disseminate in various channels (mentioned above), updated information on the application of projects or technical aids.	0,794

Integrate the community to raise disability awareness by celebrating disability day in the commune square. Develop various activities such as dance, acting, workshops, making the massive invitation to the largest number of people to participate	0,829 0,677	Difficulty accessing communication relevant to disability topics	0,519
Variance Explained	42,534	Variance Explained	25,212
Cronbach Alpha	0,848	Cronbach Alpha	0,660

Figure 2. Key dimensions for Social Inclusion.

4 | DISCUSSION

The study allowed characterizing the population that participates or expresses their opinion on the activities that governmental entities such as SENADIS promotes, in this case, the professionals in the field of health and education were the ones who were more willing to participate and deliver their perception.

It is important within the profile of the participants, that the formalization and seniority of the groups of and for PwD are directly related to the type of information they require to a better functioning. Long term associations 'members can clearly identify what knowledge is relevant to them to manage or acquire. There is a directly proportional relationship in this identification. The greater the age of formation of the grouping, the more clarity of the knowledge they need to incorporate.

There is a disparity between the availability, understood as readiness of the members of the PwD associations to participate and the real level of participation within them. Thus, 36,4% report participating in the activities, however 22.7% report that they do it with difficulty, which could jeopardize the functioning of these groups and their continuity over time. Despite these numbers, a 100% of participants declare to be willing to continue participating in workshop, coaching meetings or trainings about inclusion and civil rights granted by law such as those analyzed in this study.

The lack of access to information regarding benefits from the State and some other sources is heavily reported. This applies especially for those with limited mobility or those who live in the countryside and rural areas. Some of the participants report being hopeless about getting any resource or service delivered by municipalities or local offices of the National Service for Disability in their areas of residence.

Groups with greater seniority better identify their strengths and recognize the convenience that associativity offers them for the development of themselves. Data collected from the instruments used leads to establish that some clusters of PwD that participated, as well as some public officials, perceive that there is access to information relevant to their

purposes; however, it is not expedited or somehow hidden by bureaucracy. These same participants believe that there is still a lack of development at the level of communication with their own government colleagues.

Regarding the structural-legal factor of the groups in relation to the information they need, all the analysis show that elderly PwD have unfulfilled expectation about getting appropriate information on competitive funds or grants. They highlight the perception that whether is the access, the opportunity or the complexity; they always get stuck in the way to pursue assets that could improve their quality of life as disabled senior citizens.

5 | CONCLUSION

This research highlights the need for the participants to understand more clearly the activities that the State proposes to have access to an effective social inclusion of elderly people with disabilities, as well as the incidence on their quality of life and. Thus, there is a need to identify a comprehensive repertoire of strategies that could close the gap to a positive perception of what is being done by the State and the community; such strategies should be conceived under a co-creative model which attempt to involve the agents of interest and also stakeholders, in a meaningful path to specific solution. Nowadays it is even more challenging to keep up with the proposed programs due to pandemic situation as healthy aging is clearly jeopardized.

It can be concluded that the elderly with disabilities establish that Communication and social Inclusion are highly relevant to improve their quality of life and well-being.

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