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CARE FOR THE COMMUNITY ELDERLY AT THE BOLIVARIA SUPERIOR TECHNOLOGICAL INSTITUTE. ALTERNATIVE FOR STRENGTHENING THE TEACHING - LEARNING PROCESS

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Abstract: According to a report from the National Institute of Statistics of Ecuador, in the coming decades the population pyramid will lose its triangular shape (with young people at the base) to acquire a bulging rectangular profile at the top, typical of aging societies. For this work, a review of statistical, regulatory and methodological documents was carried out in order to develop a care program for the elderly that, from the facilities of the institute itself, makes it possible to raise the quality of life of the elderly in the community to higher levels. and to have the objective of increasing the quality of life of the elderly in the community and thereby strengthening the preparation process for the pre-professional practices of the students of the Higher Technician in Gerontology careers of the Bolivarian Higher Institute of Technology (ITB) and thereby strengthening the teaching-learning process of students.

INTRODUCTION

According to the analysis of statistical data offered by ECLAC (Economic Commission for Latin America and the Caribbean), which indicates that by 2060 our region will have 25% more inhabitants, with more older adults than those under 20 years of age. The number of inhabitants of Latin America and the Caribbean will increase from 635 million today to 793 million in 2061, when it is expected that the population aged 65 and over will have already surpassed that of those under 20 years of age.

Likewise, it is taken into account that there has been a decrease in general fertility and infant mortality, as well as an increase in life expectancy, which entails a change in the age structure of the population and means that in the coming years Fifteen years the current demographic dividend will come to an end in

a third of the countries of Latin America and the Caribbean.

The ECLAC report itself indicates in its projections that the region's population will increase to 793 million in 2061, when it will reach its maximum level and then decrease. He adds that in this century the countries that will increase their population the most in percentage terms will be Guatemala (from 16 million in 2015 to 34 million in 2100), Belize (from 359,000 in 2015 to 677,000 in 2096), Bolivia (from 11 million in 2015 to 18 million in 2091) and Ecuador (from 16 million in 2015 to 25 million in 2081).

According to INEC data, 1,341,664 inhabitants of Ecuador are over 60 years of age in Ecuador, the majority reside in the mountains followed by the coast. Within the projections made by the entity, it is expected that life expectancy for 2050 will rise to 80.5 years on average for men while it will be higher for women¹. This is strongly related to the latest demographic studies on a national scale; in the coming decades the population pyramid of Ecuador will lose its triangular shape (with young people at the base) to acquire a bulging rectangular profile at the top, typical of aging societies. (see Figure 1)

What is cited by ECLAC is related to the historical data and projections presented by the INEC² regarding the growth trend of the population of people over 60 years of age, where it is observed that from 2010 to 2020 there will be an increase in this group of people of 35.46% and from 2016 to 2020 the projected increase will be 14.80%; which confirms the need for the country to have professionals who care for the elderly population. (See figure 2).

For this reason, the national government through the Ministry of Economic and Social Inclusion (MIES) works hard to care for this segment of the population. According to news

1. www.elcomercio.com/tendencias/salud-adultomayor-terceraedad-demanda-recursos.html

2. www.ecuadorencifras.gob.ec/proyecciones-poblacionales/

published by the newspaper El Ciudadano³ in september 2015, it was detailed that through MIES, 80,000 older adults are served in 4 modalities: residential, daytime, home, and alternative spaces and workshops. This figure of 80,000 adults represents only 5.34% of the total number of older adults in the country, which also shows the need for professionals who care for this segment of the population.

The INEC presents this study to the public, in which you can access the main results, the form that was used and the database, within the framework of democratization of the Institute's information and ratifying its commitment to the country to deliver quality figures, in an adequate and timely manner and the population of "seniors" at the level of the province of Guayas reaches 5.87% of the total, which corresponds to 214,139 people over 65 years of age. Of this group, the majority is occupied by women with 52.53% while men reach 47.47%. (See Figure 3)

If we analyze all this data, we realize that we are faced with a population that needs more attention from professionals in the field of gerontology every day in order to raise its quality of life. Therefore, the training of the Higher Technician in Gerontology is It is necessary not only in our province and surrounding cantons but also at the country level. (See Figure 4)

According to the MIES (Ministry of Economic and Social Inclusion) there are around 14 Gerontological Centers that operate directly and 1,284 service units that operate by agreement. This figure conveys the need for more centers and professionals in the area to dedicate themselves to caring for older adults.

Likewise, it is necessary for Higher Education Institutions that are dedicated to the training of technicians and professionals for this population segment to generate a teaching-learning process that guarantees the

3. www.elciudadano.gob.ec/el-gobierno-muestra-sus-resultados-en-la-atencion-a-los-adultos-mayores/

training of the student taking into account the attributes/competences that these students require for their success. job performance.

From this perspective, it is necessary to guarantee its preparation from practical activities that can be carried out within the facilities of the educational institution itself or in community centers, complying with one of the substantive processes that constitutes the connection with society. The present work focuses on the proposal of a care program that, from the Bolivarian Higher Technological Institute of Technology, makes it possible to increase the quality of life of the elderly in the community and thereby strengthen the preparation process for pre-professional practices of the students of the Higher Technician in Gerontology careers of the aforementioned institute and with it the strengthening of the teaching process and the student learning.

DEVELOPMENT

Within the training process of the Higher Technician in Gerontology, academic spaces are created aimed at dialogue, analysis, discussion, interpretation of the epistemologies of the different disciplines so that the student is able to:

- Explain knowledge about gerontology with scientific foundations to execute it responsibly in the comprehensive care of the elderly patient, their physical, mental and social rehabilitation.
- Take theoretical knowledge to its practical application during patient care following the treatment and recovery plans established by the treating physician; attending with quality and warmth to the biological, psychological, emotional and social situations presented by the elderly patient, demonstrating responsibility and respect for human

dignity and in compliance with their professional mission.

- Use physiological and pharmacological knowledge in attention to symptoms and signs, treatment or cure to apply them appropriately in the care and attention of the elderly patient.
- Manage New Information and Communication Technologies rigorously and ethically.

NTIC and New Learning and Knowledge Technologies-NTAC to qualify the quality of health care.

Senior Gerontology Technicians are prepared to provide services with cultural sensitivity, since their work is due to the empowerment of culturally diverse groups in the effort to limit health gaps, as well as help eradicate the barriers that prevent access to such services, cultural relevance by developing specialized, diversified, and contextualized strategies.

The Ecuadorian State recognizes the right to a good life supported by economic, social, cultural, educational, and environmental policies; and permanent, timely and non-exclusionary access to programs, actions, services for the promotion and comprehensive care of health, sexual health and reproductive health, based on the provision of health services that will be governed by the principles of equity, universality, solidarity, interculturality, quality, efficiency, effectiveness, precaution and bioethics, with a gender and generational focus.

In this sense, the study plan for the Higher Technician in Gerontology at the ITB has incorporated into the training process from the perspective of the work value and results of the science itself.

Clinical safety, functional autonomy and well-being are three key words of the social contribution of the gerontologist's care to the elderly, security due to the role of vigilant, the signs that indicate positive evolution and

complications are discriminated. Safety is complemented by the words and gestures of affective and emotional support that patients need when they feel helpless and in need of help. Functional autonomy to ensure that the person quickly recovers their own care, and also to learn to face the crises, ailments and illnesses of life that are so frequent at this stage. As for well-being, it is about helping the elderly to face old age as part of life, creating comfortable environments and not only physical, but also tailored to the needs of each elderly adult, family and society.

As a complement to its modes of action, community care is also integrated, conceiving in the training of the Higher Technician of Gerontology, work from primary health care, in health promotion, disease prevention, intervention and rehabilitation before problems. health of the elderly, family and community.

This is worked on from the study plan of the Higher Technical Degree in Gerontology in subjects such as: Public Health; foundation of oral and written communication; Ethics and Bioethics; Epidemiology; Pharmacology; comprehensive care for the elderly, which develops in the student skills for the design of promotion and prevention actions aimed at the conservation and recovery of health through the care of the elderly, the family, the community, the environment and the satisfaction of human needs.

In these subjects, the aim is for the student to understand the social, economic and cultural conditions that determine the relationships between humans, their relationships in health-disease processes and the ways to resolve them. The student will be able to understand the importance of the sociocultural dimension of health, the influence that culture has on the way of approaching health care, taking into consideration the cultural diversity that they face in their practice at different levels

of health. Medical Care, and will be able to understand in a general way that the gender difference is determined by self-identification, and that the classification of ethnicities is only to consider cultural plurality.

In this sense, the methodology that is applied in the development of the teaching-learning process converts the different educational spaces into scenarios of democracy and social participation so that the student is able to:

Apply the knowledge, skills and specific abilities that each student of the institution must acquire in correspondence with the objectives and strategic development axes of the National Good Living Program (PNBV), the Zonal and Sectoral Planning Agendas, for the analysis of the situation health, from a macro perspective of the Comprehensive Health Care Model of Ecuador.

In compliance with article 89 of the Academic Regime Regulations, the practices

They have an action research focus and will be carried out in the public and private institutional environments with which the I.T.B has duly established agreements. These are activities linking with society designed in programs and projects to be carried out in health, social, community and cultural sectors; as well as the time of assistance activities, distributed throughout the degree, in all academic periods with programming in addition to activities.

In the same way, multiprofessional and interdisciplinary teams are integrated so that they allow the development of research-action processes that deepen the analysis and interpretation of information about the intervened reality, with a view to the detection, formulation and solution of the problems of the profession.

These practices are aimed at direct and comprehensive gerontology care for the elderly, family and community. It is related to the management committee of the neighborhood

or community, to coordinate and promote community improvement processes around influencing the quality of life that leads to reducing morbidity rates in older adults, health education, and being part of health research, in turn the hours of connection will be used to promote health and prevent diseases in order to modify ways and styles of life of the Ecuadorian population to raise the quality of life of the people entrusted to the care of the Higher Technician in Gerontology.

Pre-professional practices become the first and main identification element that favors professional quality from the moment of incorporation into the workplace of senior gerontology technicians.

The development of Pre-Professional Practice seeks for the student to face situations that possibly exceed their level of knowledge, forcing them to develop their analytical capacity, encouraging them to investigate on their own, to demand further explanations and to return to question their teachers.

Pre-professional Practice appeals to an educational vision in which practical work and the application of knowledge is recognized as an important training role, and not one in which it is considered a secondary training activity.

The proposed program is aimed at strengthening the process prior to the students' pre-professional practices from the care of a group of older adults in the ITB facilities. The older adults come from the Atarazana community and surrounding sectors with which academic-social activities are carried out as a complement to the theory of a group of professionalizing subjects such as:

Physical education, General senescence, Psychophysical gymnastics, Nutrition in the elderly, Psychology of the elderly, Sexology of the elderly, Pathologies of the elderly, Care of the elderly I and II and Tai_chi and meditation.

Likewise, the aim is for students to

strengthen the theoretical content for carrying out pre-professional practices. Precisely the activities they carry out during the program will contribute to the learning results that they must obtain in the pre-professional practices and the connection with the following community:

- Develop personal and interpersonal skills with responsibility, sensitivity and professional expertise expressed in humanism and solidarity.
- Apply ethical, moral, political and ideological principles in the care of elderly patients and their families, based on honesty and patriotism.
- Develop a proactive attitude in the health teams where you work, to respect and enforce the functions of the members, recognizing the value of the work that each one performs.
- Develop and affirm the Activities of Daily Living (ADL), Instrumented Activities of Daily Living (IADL) and Advanced Activities of Daily Living (AADL), for greater functionality and performance of the older adult.
- Develop skills in effective communication with patients, family members and other members of the health team.
- Develop observation and intervention skills in the identification and solution of needs and problems in patients and family members.
- Develop skills in caring for older adult patients in the area of physical therapy and rehabilitation.
- Develop organizational skills in the care of older adult patients in their community and family environment.

- Develop skills in providing first aid to older adult patients.
- Master the theoretical and practical aspects of health promotion, disease prevention, social communication and health education to encourage community participation and healthy lifestyles.
- Apply quantitative and qualitative research techniques and communication and observation skills for negotiation with the community in the identification, prioritization and solution of health problems.
- Develop in the student skills for the application of dietary proposals for this population group.
- Develop pedagogical skills to contribute to the training and development of lower-level health personnel.
- Develop computer skills to use its tools in information management and research in gerontology and other sciences.
- Participate in gerontology and other science research that responds to the problems identified in the local context and in correspondence with the basic strategies of the SNS.

All of the above is based on article 82 of the Organic Law of Higher Education, which revalues the function of connection from the domain of the career, which is the specific knowledge of its area, and with this vision it articulates continuous education to the connection as strategy to fulfill the postulates of good living which, among the most important, highlights equality of educational opportunities for the vast majority and finds in research the ideal resource to make this function relevant with the knowledge of the needs that emerge from formal studies which

become co-participatory bonding programs, recovering ancestral values of our culture such as mutual and supportive work.

The program presented is based on the Principles of the United Nations (UN) in favor of older adults that were adopted by the United Nations General Assembly (resolution 46/91) on December 16, 1991. Governments were urged to incorporate these principles into their national programs where possible. Some salient points of the Principles are the following:

INDEPENDENCE

ELDERLY PEOPLE MUST:

have access to adequate food, water, shelter, clothing and health care, through income, support from their families and the community and their own self-sufficiency; have the opportunity to work or have access to other income earning possibilities; be able to participate in determining when and to what extent they will stop performing work activities; have access to appropriate educational and training programs; have the possibility of living in safe environments that are adaptable to their personal preferences and constantly changing capabilities; be able to reside in your own home for as long as possible.

PARTICIPATION

ELDERLY PEOPLE MUST:

remain integrated into society, actively participate in the formulation and implementation of policies that directly affect their well-being and be able to share their knowledge and skills with younger generations; be able to seek out and pursue opportunities to serve the community and volunteer in positions appropriate to their interests and abilities; to be able to form movements or associations of elderly people.

CARES

Elderly people must be able to enjoy the care and protection of family and community in accordance with the cultural value system of each society; have access to health care services that help them maintain or regain an optimal level of physical, mental and emotional well-being, as well as prevent or delay the onset of the disease; have access to social and legal services that ensure greater levels of autonomy, protection and care; have access to appropriate means of institutional care that provide protection, rehabilitation and social and mental stimulation in a humane and safe environment; be able to enjoy their human rights and fundamental freedoms when they reside in homes or institutions where they are provided with care or treatment, with full respect for their dignity, beliefs, needs and privacy, as well as their right to make decisions about their care and quality of your life.

SELF ACCOMPLISHMENT

ELDERLY PEOPLE MUST:

be able to take advantage of opportunities to fully develop your potential; have access to the educational, cultural, spiritual and recreational resources of society.

To develop the program, an assessment of each of the previous principles has been carried out, which will make it possible to comply with the UN requirements regarding raising the quality of life of older adults.

ELDERLY CARE PROGRAM AT THE ITB

It focuses on promoting Healthy Active Aging, which translates into a dignified, full and participatory life, collaborating in maintaining the elderly in the community for as long as possible and in adequate health conditions from:

- Education and Social Communication
- Periodic Health Assessment
- Gerontological evaluation
- Screening
- Social and community support

GENERAL GOAL

Ensure the quality of life of older adults, through the comprehensive satisfaction of their needs, their participation and the promotion of their rights, through articulated responses from different disciplines, favoring their insertion as citizens from a socio-cultural perspective, and in their rights to health.

SPECIFIC GOALS

1. Contribute to the integration and coordination of health and social services.
2. Coordinate actions at the Interinstitutional and Intersectoral level that allow the development of comprehensive care actions for each of the older adults.
3. Guarantee adequate articulation between the different care and specialized disciplines.
4. Monitor compliance with the legal framework and appropriate mechanisms for the protection of the rights of older persons.
5. Train teachers, administrators, maintenance personnel and other specialists who attend to the needs of older adults.
6. Strengthen actions to prevent functional deterioration and promote health, which favor the maintenance of the elderly, as well as the autonomy and independence of these people.
7. Promote the health of older adults from the early stages, in order to promote their maintenance in their usual environment,

as well as their autonomy, independence and integration.

ACTIVITIES:

- a) Preparation of a basic document on guidelines for the care of older adults at the ITB.
- b) Development of standards, protocols and guides for the care of older adults at the ITB.
- c) Carrying out health promotion activities, coordinating with public and private social-health services, emphasizing the first level of health care.
- d) Coordination with public and private social health services, health promotion events emphasizing the first level of care.
- e) Conducting surveys to evaluate compliance with legal regulations and mechanisms for the protection of the rights of older people.
- f) Gerontological assessment of each of the older adults through the different gerontological assessment tests aimed at recovering and maintaining ADL, IADL and (AADL).
- g) Training of Human Resources (professional and non-professional) that address the needs of older adults, promoting preparation for gerontological care for current and future health providers.
- h) Mainstream with other thematic programs related to the elderly and preparation of dissemination material on topics that involve active and healthy aging.
- i) Development of a Day Center project that enables care for older adults in the community in a state of vulnerability.

- j) Conducting retirement preparation workshops for public officials and other institutions.
- k) Conducting workshops on healthy living and sexuality.
- l) Preparation of a Physical Activity Project for older adults that includes tourist activities and sports.
- m) Coordination of actions that favor and make generational exchange effective, seeking to improve the quality of life of older adults in their bonding process.
- n) Design and publish dissemination materials on health promotion of the elderly for the general population on topics that promote active and healthy aging.

INDICATORS OF THE PROGRAM

- a) Delivery of a basic document on guidelines for the care of older adults at the ITB.
- b) Delivery of standards, protocols and guides for the care of older adults at the ITB.
- c) Number of health promotion activities, coordinating with public and private social-health services, emphasizing the first level of health care.
- d) Number of promotional events in coordination with social, health, public and private services
- e) Results of the survey evaluating compliance with legal regulations and mechanisms for the protection of the rights of older people.
- f) All older adults with a gerontological assessment performed.

- g) Total training of Human Resources (professional and non-professional) that address the needs of older adults.
- h) Level of preparation for gerontological care for current and future health providers.
- i) Number of programs and topics related to older adults.
- j) Amount of materials for dissemination of topics that involve active and healthy aging.
- k) Presentation of the Day Center project that enables care for older adults in the community in a state of vulnerability.
- l) Number of retirement preparation workshops for public officials and other institutions.
- m) Total workshops on healthy living and sexuality.
- n) Presentation of the Physical Activity Project for older adults that includes tourist activities and sports.
- o) Number of actions that favor and make generational exchange effective, seeking to improve the quality of life of older adults in their bonding process.

CONCLUSIONS

Aging is a universal and irreversible process. At present, the numbers of older adults reach increasingly higher levels and force governments and institutions to search for solutions to care for this population segment.

It is necessary to raise the quality of the training of the Higher Technician in Gerontology to respond to the population of older adults not only in our province and surrounding cantons but also at the country level.

The development of guides, programs, actions and measures to guarantee healthy active aging become alternatives to guarantee the necessary quality of life for each of the older adults.

A program has been developed whose purpose is to increase the quality of life of

the elderly in the community and thereby strengthen the preparation process for the pre-professional practices of the students of the Higher Technician in Gerontology careers of the aforementioned institute and with it strengthening the teaching process – student learning.

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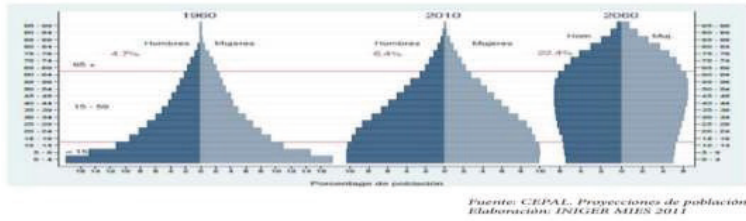


Figure 1: Population pyramid projection until 2060 (INEC, 2014)

Source: Population projections

Preparation: INIGER, 2011

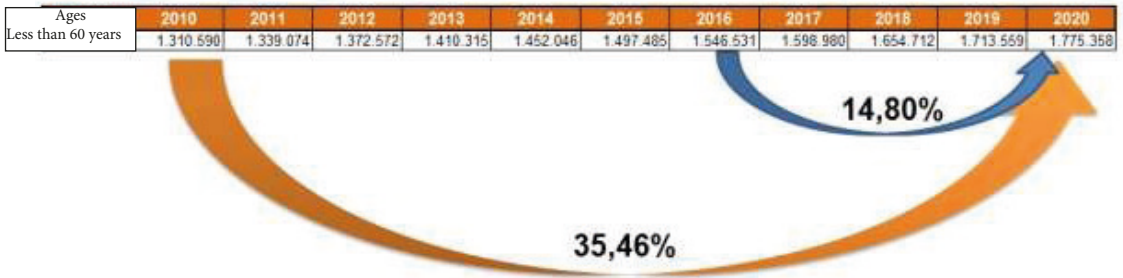


Figure 2: Population projection from 2010 to 2020

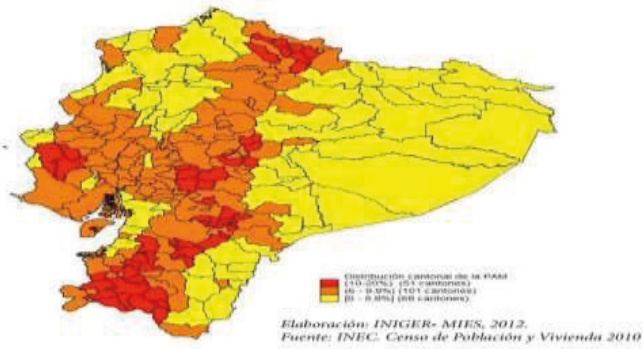


Figure 3: Distribution of older adults by canton. Source: INEC - CPV 2010.

Source: INEC, population and housing census, 2010

Preparation: INIGER, 2012

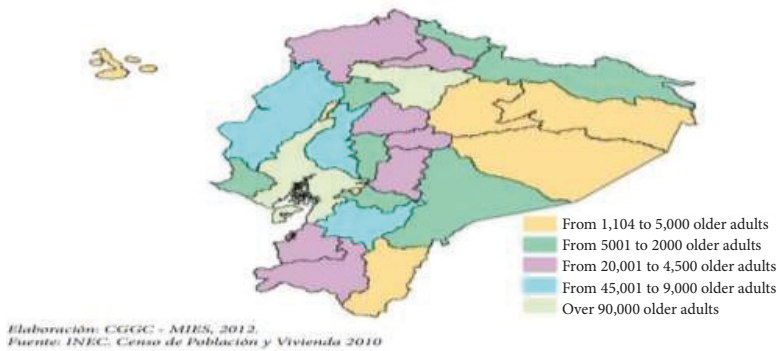


Figure 4. Provinces that have the greatest number of older adults.

Source: INEC, population and housing census, 2010