

Long Term Health Care Continuum Summit: Responding to our Demographic Challenges: An Aging Society

Event Rational

“Health is not merely the absence of disease,
 but a state of complete physical, psychological and social”.
 Pan American Health Organization (PAHO)

Introduction

Aging is a normal stage of human development in which the individual experiences a series of normal changes of biopsychosocial nature. These changes predispose it and make it more vulnerable to the indifference of an environment compatible with these changes. However, we must not confuse the normal changes typical of this stage of life with diseases associated with aging.

This incompatibility of environmental physical scenario that downplays the normal changes of human development creates a series of aggravating circumstances for the elderly that precipitates a reduction in their levels of functioning.

This scenario provokes that normal changes transform into diseases, accelerating the process of dependency and premature deterioration. Therefore, we cannot conclude that the limitation in functioning, the physical, mental and social problems, and the deterioration in health exhibit by some elderly, are normal events, typically and exclusively of the aging process.

The physical environmental scenarios for the elderly have been traditionally focused as an isolated event and indifferent to the positive or negative consequences



of the interaction between the individual and his environment. However, it is in the physical scenario where multiple biopsychosocial transactions, essential to the health, well-being and life satisfaction of the individual are facilitated or ruptured. In other words, as far as the physical environment (tangible and intangible) is structured and organized as a coherent system of support, same will have a positive impact on the levels of functioning and independence of the elderly.



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Dr. Celia Cintrón stated the following:

“The new definition of health incorporates elements that do not lie in the individual, but in a multiplicity of social-level factors. In the new approaches, a close relationship between the mind and body and the social environment of the individual is proposed. When these transactions provide support to the integrity of the individual, the person accomplishes a balance and sense of well-being. When, on the contrary, transactions are obstructed or complicated, threatening the balance of life and survival of the individual, the person becomes anxious and physical, emotionally or socially disorganized”.

Analysis of the Model for Addressing Demographic Needs

Our analysis of public health stems from a gerontological optic and a positive image of longevity as well as a strong belief that old age is not a disease, but rather a normal stage of development with changes and limitations, but also with possibilities and that health should be viewed from a perspective that we are the sum of all years.

A View into the Past: Historical Path of Our Health Services Model

During Spanish rule in Puerto Rico, health care services were the responsibility of municipal governments. The central government was responsible for professional regulation, preventive services and epidemiology monitoring.¹

In 1898, the United States appends Puerto Rico through the Treaty of Paris and in 1899 a health board is established to be responsible for legislation on health, environmental health and preventive care. In 1912, a Department of Health is created and directed by a cabinet member of the Governor, initiating efforts



during the first ten years to create an infrastructure for the provision of treatment and preventive health care services, which culminated in 1924 in an organization that modeled the U.S. public health units in the Island.

In 1934, the U.S. Department of Health conducted a study of medical and health problems in the Island. In line with the recommendations of this study, four general hospitals and a small district hospital in the southern region was built, constituting the key elements of facilities for acute care and making possible the viable evolution of a regionalized system of hospitals. Already

¹ Health State Plan 1985-1990, Vol. 1-Office of Planning and Development, Puerto Rico Department of Health



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by 1938, each municipality had its own public health unit, coinciding with the approval of Law 205, aimed at promoting the well-being of the elderly and creating the Commission for Assistance to the Elderly. ²

The office of this Commission was the Bureau of Elderly Assistance within the Puerto Rico Department of Health and through Law 205, the requirement for our legislature to request the extension of Title 1 of the U.S Social Security Law for Puerto Rico was met.

From Infectious to Chronic and Degenerative

In 1940, our country was an agricultural society characterized by a severe shortage of resources in all areas. Diseases afflicting the population at this time were of acute and contagious nature, such as malaria, dysentery, pneumonia, tuberculosis and typhoid, among others³ In other words, diseases associated with poor nutrition, lack of adequate sanitation, lack of good hygiene and inadequate housing.

On May 12, 1943, Law 95 is approved thus creating and establishing the Public Welfare Division within the Puerto Rico Health Department. The purpose of this law was to consolidate the management of all forms of public assistance and social services. The law provided assistance to children, disabled people and it assumed the responsibility for assistance and economic aid to the elderly who had been receiving this service under the Commission for Assistance to the Elderly.

On August 13, 1964, Law 725 of the Seventh Ninth Congress of the United States, known as “Hospital



Survey and Construction Act” was approved to require states and territories to be eligible for benefits to prepare legislation by July 1, 1948, thus setting minimum standards at the discretion of the state or territory for the operation of hospitals receiving federal assistance. ⁴

In short, the health needs of Puerto Ricans were changing from infectious diseases and chronic degenerative diseases, alongside and concurrently with the progress that was experiencing the Island from an agricultural society with high mortality rates and low life expectancy to an industrialized society with low mortality rates and higher life expectancy. In other words, Puerto Rico has evolved from an agricultural society to a highly industrialized modern infrastructure in record time of 50 years.

² Review of state and federal legislation related to the aging population of Puerto Rico, Carmen Gloria Despiou, Graduate School of Public Health, Medical Sciences Campus, 1976.

³ Características Socioeconómicas y Demográficas de la Población de Edad Avanzada de Puerto Rico. Dr. José L. Vázquez Calzada & Prof. Judith Carnivalli.



Impact on Health Care System from Change of Agricultural to Industrial Society

Puerto Rico imported modernism; in other words, we grew rapidly, but we did not develop on par with our changing needs. This is what happened in our health care system. The model based on the primary-secondary-tertiary and supra tertiary perpetuated without evolving on par with the needs of the population, served for a long-term care system prolonged by level of operation and dependency throughout the development and life of its citizens. In other words, a health care system was not developed with interdisciplinary intervention with home care, emphasis on prevention, of biopsychosocial nature, with access to intermediate care, 24-hour skilled nursing (“skilled nursing facility”) and home care for terminal patients.

Topics to be discussed at our Long Term Health Care Continuum Summit

- Demographic and socio economic profile of our population
- Health Care needs of our population, pathology, lifestyle, concept of Wellness and Prevention.
- Comparative analysis of other countries healthcare systems: global perspective.
- Our Health Care System: healing and acute emphasis (polarized view of health, patient is right or wrong), healing and acute emphasis on interdisciplinary intervention, long-term care and by levels of performance.
- Future of Health Care: new models