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LONG TERM Health Care Continuum Summit

Responding to our Demographic Challenges: an Aging Society

Thursday March 14, 2013

Conrad San Juan Condado Plaza
8:30 a.m. - 2:30 p.m.



**REVIEW, REGROUP, AND RESPOND
WITH ACTIONS:
Key Ingredients to Address Puerto
Rican Elderly Needs**

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LTC Summit of Chamber of Commerce
March 14, 2013

WHO Policy Framework

- **Active Ageing**

- Process of optimizing **opportunities** for health, participation and security in order to enhance quality of life **as people age**

- Aging is a developmental issue
- Healthy persons are resources for their family and communities

- **As a framework for age-friendly cities**

- **Life course perspective**

- Allowing individual potential for physical, social and mental well-being throughout the life course
- This perspective recognizes supportive environments and foster healthy choices
- Recognizes the need to encourage and balance personal responsibility, age friendly environments and intergenerational solidarity

Policy Priorities for Strategic Plan of Administration on Aging (AOA), 2010-2013

- **Empower** older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options;
- **Enable seniors to remain in their own homes** with a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers;
- **Empower older people to stay active and healthy** through Older Americans Act services and the new prevention benefits under Medicare;
- **Ensure the rights of older people** and prevent their abuse, neglect and exploitation; and
- Maintain effective and responsive management.

Policy Priorities for Strategic Plan of the National Association of Area Agencies on Aging, 2012

- Reauthorization of Older Americans
- FY2013 Appropriations
- Livable communities
- Senior Mobility Options

POLICY AND LEGISLATION

Puerto Rico's Public Policy for Older Adults

- **National Level**

- Older Americans Act of 1965
(13 re authorizations since originally enacted)

- **Local Level**

- Bill of Rights for Older Adults [Law #121 of 1986], better known as *Carta de Derechos de las Personas de Edad Avanzada*
- Between 1997-2009 has been amended 10 times
- Old age = 60+

Bill of Rights for Older Adults: Law 121(July 12, 1986)

The Right and Guarantee of:

- Access to and optimum use of the best health services, programs of recreational, sporting, and cultural services
- Ability to perform a profession, or occupation to the extent of their knowledge and skills, regardless of age.
- Real access to the benefits and public services in the areas of housing, social welfare, health, food, transportation and employment.

Plan #1 (June, 2011) Reorganization of Ombudsmans

OAP assumes responsibility of planning, organize, and govern all operations of the Ombudsman Offices

- In charge of the State Plan of OPSTE
- Evaluation
- Statistics
- Human resources
- Finances
- Accountancy

Concerns:

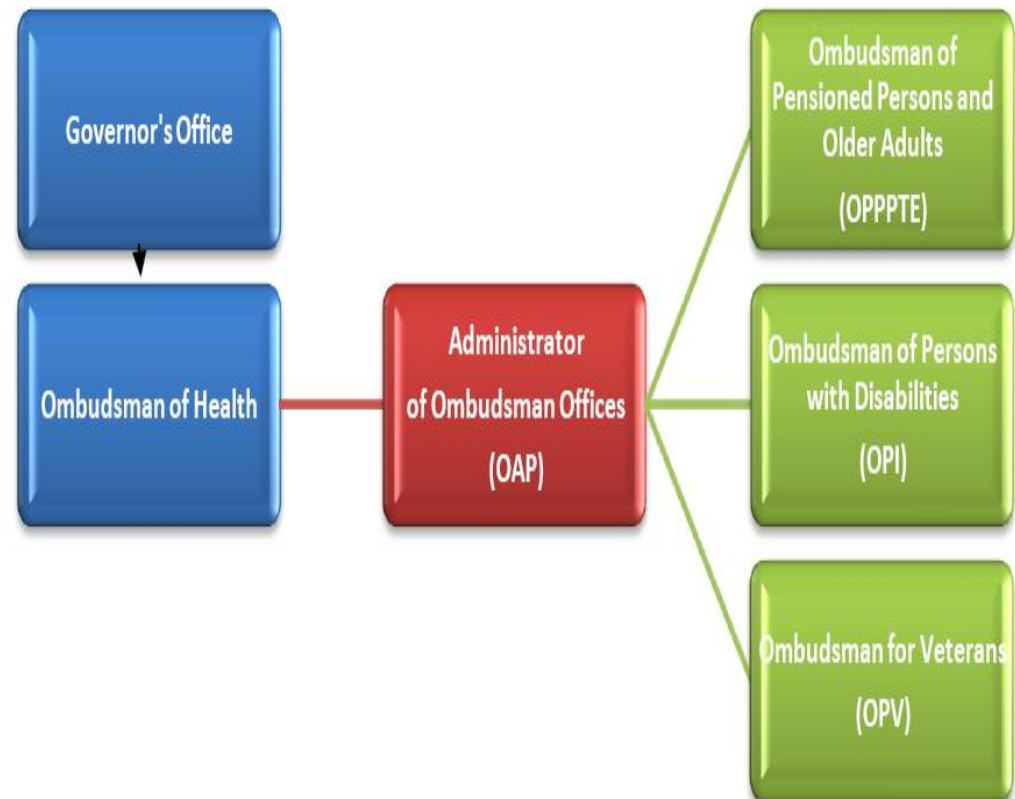
- What role will assume the Director of OPSTE?
- What coordination between ombudsmans?

Update: Repeal of Plan #1

Challenges:

- Ombudsman for LTC needs to be an independent office, as stated by OAA

- Responsibility of the Director of State Agency on Aging should be one of creation of public policy and assure that integration of agencies to ensure quality of life for the elderly.



Legislation for the older adults in Puerto Rico

- Laws perpetuate myths and stereotypes of old age and are also limited to present & refer to disability as a physical limitation.
- Multiple amendments.
- Rules and regulations of state agencies promote dependency opposed to their mission which indicates empowerment and participation of elders.
- Age established for senior citizens is not consistent (60 years; 65years).
- Use of statistics is limited - based on inferences and/or not necessarily accurate projections.
- Older adults do not have active participation in the formulation, just in the implementation.

RESEARCH /STATISTICS

Research and Data Available

- No comprehensive assessments have been done since late 90s
 - Few exceptions: studies like PREHCO (2002-04) and those conducted by AARP-PR (2004-2009)
- Existing data is disperse, many have been gathered at regional level with small samples, making difficult any generalization. Additionally,
 - Cohort effect not taken into consideration
 - Vulnerable segments are not examined
 - Many of the work remains unpublished
- Methodologies vary, making difficult comparisons [instruments, sampling, etc]
 - Transversal vs. Longitudinal
- Information is collected but not necessarily well-managed [complete and accurate analysis needed].
- Information on Web page of government agencies not updated.
- Availability and sharing of information from agencies is slow, and in many occasions accesibility is partially or never obtained.



AGING IN PLACE/LIVABLE COMMUNITY



Ageing in Place

- CDC defines it as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level."
 - The manner in which older people interact with their home and community can have important consequences for their ability to age in place safely and to remain actively involved in community life.
- Livable community
 - Entails a model of urban planning that assures appropriate housing, supportive community features and services, and adequate mobility options.
 - These facilitate personal independence and engagement of residents in civic and social life.

Aging in Place/Meaning of Home

People 45+ want to stay at home
(Fixing to Stay, Study by AARP, 2000)

In PR, People 50+ expressed that , regardless of the need for LTC, it is very important to stay at home as long as possible (AARP-PR, 2005); even after retirement (PREHCO,2004).

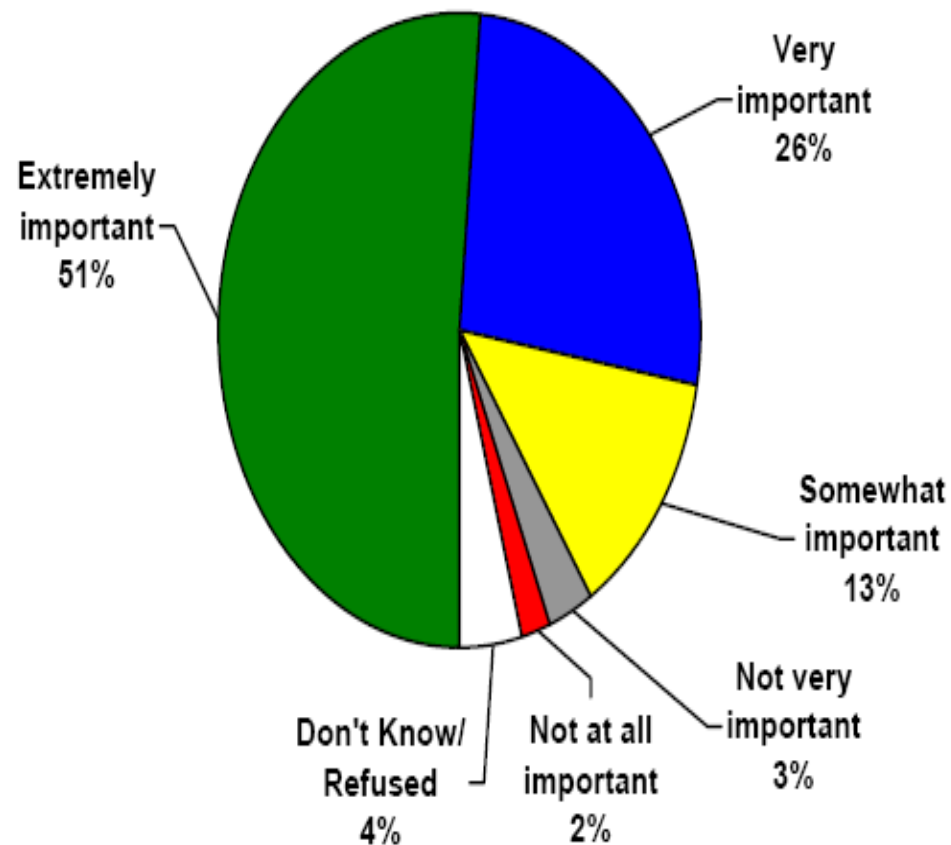
Older adults refer to their house as HOME:

- Emotional factor
- Psychological factor-Sense of autonomy

Challenges:

- How to do comprehensive planning status that promotes a Livable community
- We need to develop financing mechanisms that allow the old use the capitalization of their property to cover costs of improvements to their property or services and necessary supports (Figueroa, P., 2006).

Importance of Staying in Home as Long as Possible
(N=1,010)



Source: 2005 AARP-PR Social Impact Survey:
Long-Term-Care

Legislation

- Law # 81(1991) known as "Ley de Municipios Autónomos del Estado Libre Asociado de Puerto Rico" [*Puerto Rico Law of Autonomous Municipalities*]
- Law #212 (2004)- known as "Ley de Revitalización de Cascos Urbanos" [*Revitalization of City Centers' Law*] to amend Arts. 13.002 & 13.007 of Law #81 of 1991
- Regulation #22 (1992)- known as "Reglamento de Ordenación de la Infraestructura en el espacio Publico"[*Regulation for the Infrastructure Layout*]
- Law # 201 (2010)- known as Ley de "Calles Completas" [*"Complete Streets" Law*]

Definition of “Livable” City: under Law # 212 (2004) “Revitalization” of City Centres Ley de Revitalización de Cascos Urbanos

Three Fundamental Principles:

- Aproximation of use and urban activities
- Walkable Cities and neighbourhoods
- Access to an integrated transportation system

A City in which people entail socially and in which the interaction produces quality of life.

IMPORTANT:

Community is a **social system**

Older residents define "community" from a social perspective: one where there are social relations, people help each other and share goals for the well-being of all members of that community (Gerontology Program, UPR, 2007)

“..un concepto amplio abarcador, con repercusiones sociales, económicas, físicas, ambientales y de calidad de vida que procura organizar el espacio a partir del poder gubernamental delegado al Municipio [basado en la Ley 81 del 31 de agosto de 1991, conocida como la Ley de Municipios Autónomos del ELA de Puerto Rico de 1991] en base o sobre la base de tres (3) principios fundamentales: Acercamiento de los usos y las actividades urbanas, o la consolidación de la ciudad; Ciudades y vecindarios integrados que sean caminables; Acceso a un sistema integrado de transporte colectivo moderno y efectivo. Es la ciudad de la convivencia saludable, la ciudad que vive segura veinticuatro (24) horas, la ciudad que vincula la gente con lasa facilidades físicas y con las actividades. La ciudad que se camina, en la que la gente se vincula socialmente y en la que la total interrelación produce una gran calidad de vida.”



Barriers for a livable community

- High noise levels [environmental hazards]
- Difficulty walking because of traffic and parking on sidewalks
- Safety issues , PARTICULARLY at night
- New housing concepts [walk-ups]
- Transportation system not integrated

All the above mentioned divide residents, limiting social interaction and community organization.

Challenge:

How do we respond in order to guarantee a livable community for ALL?

WORK AND RETIREMENT

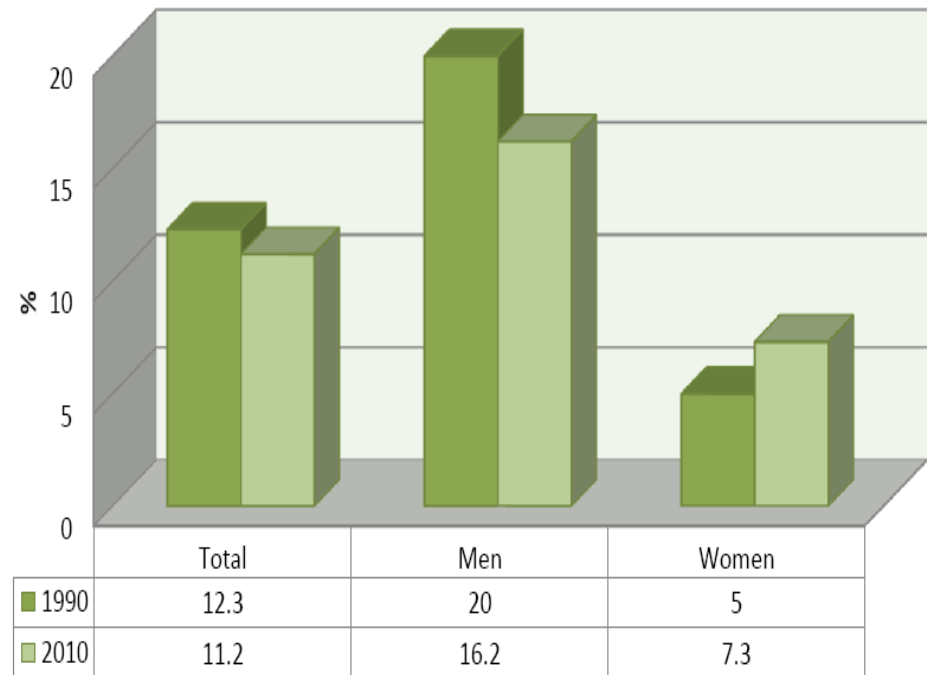
Work & Retirement

- Among those 60+:
 - 11.2% in 2010 in workforce, compared to 12.3% in 1990
 - Men participation has decreased, while women participation even though to a lesser extent, has increased.

Concerns and Challenges:

- Participation rate from the Labor sector (16-64 y/o) has decreased by 1.4% points from FY2010- FY2011
- Total Dependency Ratio } ↑
- Age Dependency Ratio } ↑
- Volunteer work
- No Life-long learning training
- Incentives to continue working are unknown (*i.e Senior Citizens' Freedom to Work Act of 2000*)

**Employment Rate Persons 60+,
Puerto Rico 1990, 2010**



Source: Negociado de Estadísticas, Departamento del Trabajo (2010)
Estado de Empleo y Desempleo, Personas de 60+

HEALTH

HEALTHY PEOPLE 2020

OBJECTIVES FOR OLDER ADULTS

- Reduce the proportion of older adults who have moderate to **severe functional limitations**
- Reduce the proportion of unpaid caregivers of older adults who report an unmet need for caregiver support services
- Increase the proportion of older adults with one or more **chronic health** conditions who report confidence in managing their conditions
- Reduce the proportion of non institutionalized older adults with disabilities who have an unmet need for long-term-services and supports
- Reduce the rate of pressure ulcer-related hospitalizations among older adults
- Increase the number of States and Tribes that publicly report elder maltreatment and neglect
- Increase the proportion of older adults **with reduced physical or cognitive function** who engage in light, moderate, or vigorous leisure-time physical activities
- Reduce the rate of emergency department visits due to falls among older adults

PR Health Care Reforms (1995, 2005, 2010)

- Privatization of the Public Health care system with the following Goals:
 - **Improve inequalities** of its medical services
 - Ensure **access to medical treatments**
 - Improve the **quality and efficiency** of medical services
 - Increase the **effectiveness** of its health care system through competition

PR Health Care System and Older Adults

- Health care Expenditures is \$12 billion
 - In 2006 ,30% of the health care expenditures were on older adults
 - Expenditures are expected to increase
 - Up to 50% within 15 years
- Still to this day, the organization (planning) services does not encourage the holistic view of health, nor the continuity of services for this segment of the population.
 - Medical Model persists.
 - Each area (physical, mental and social) is a **separate entity** and therefore are individual responsibilities.

Concern :

- Despite the interest of the authorities to achieve a system of excellence in healthcare services, it suffers from lack of tools (articulated process of planning) that facilitate the implementation of the concepts it defines.

Challenges:

How to harmonize the needs of users with accessibility level?

How to create an integrated and continuous system[mental, physical and social with a life-course perspective]?

Possibility of an Integrated Network with a Medical Home Model?

Workforce in Geriatric and Gerontological Fields

- Training and recruitment foster those within the geriatric field, not so those within the gerontological field [scope is beyond health allied field]:
 - HEALTHY PEOPLE 2020
 - **Increase the proportion of the health care workforce with geriatric certification: physicians, geriatric psychiatrists, registered nurses and dentists**
- Academic curriculums are incomplete [courses not covered aging process].
 - Aging Process and Issues of this segment are not part of the curriculums
 - Public Health is not enforced.
- Statistics are unknown [profiles], dispersed, and in many occasions not updated

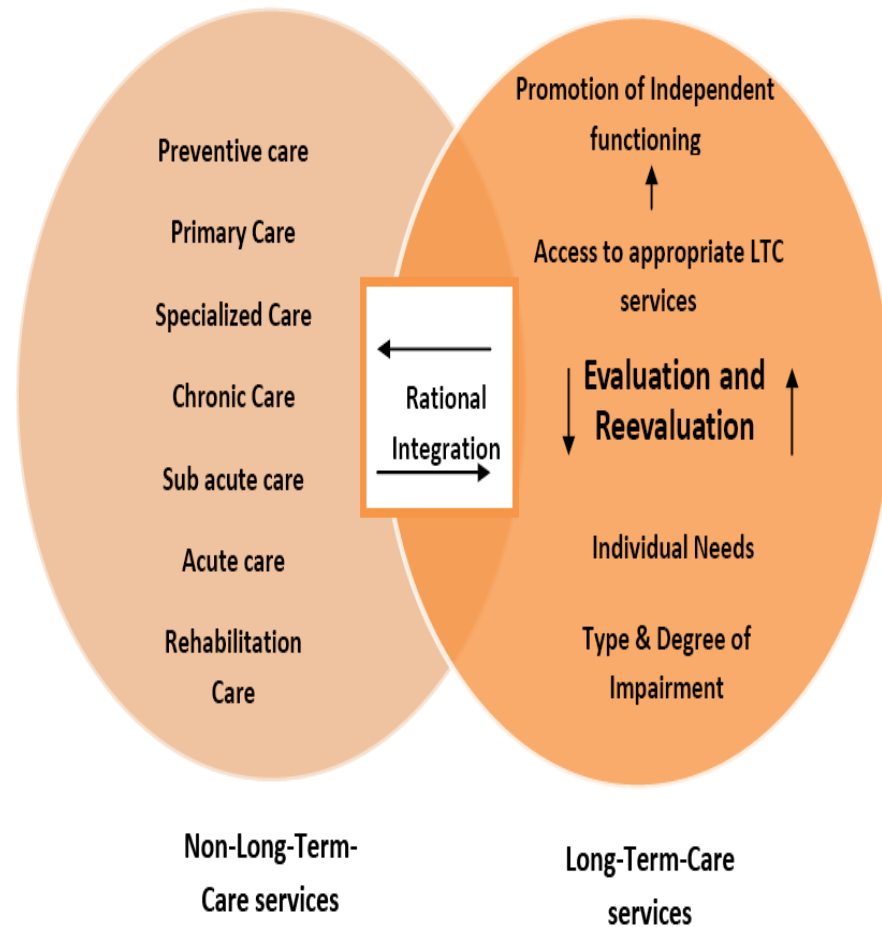
(Singh, D.A., 2005)

PR Long-Term-Care System

- Is fragmented, isolated, not part of the continuum of care.
- Certifications are provided by different agencies.
- Terminology is not clear of the different types of facilities.
- Costs

Concern and Challenges:

- Expansion of health care requires more than expanding coverage
- Long term care Insurance
 - A new financed Social insurance Program- Publicly administered as is Medicare
 - Based on functional needs chronic illness and medical condition
- Open to options of home health care
- Support for family



The Second Client

The family Caregiver/Informal Caregiver

- In PR:
 - 90% of the primary caregivers are women
 - Their mean age is **52 years** (Sánchez-Ayénde, 1999).

Concern:

- Increased longevity and dramatic changes in the provision of health care, household structure and women's participation in the labor force have dubbed a "crisis in care".
- The demand for care of the young, and the old is growing at precisely the same time as the supply of private care within the family is contracting.
 - This brings economic, physical and emotional challenges
- Confront disparity between their obligation and their capacity-financially, emotionally or physically.
- No public policy for family caregivers.

Challenges:

How to meet the caregivers' needs and expectations?

How to insert them into the health care team?

To what extent the government should and would intervene and bear responsibility for care provision?

What needs to be done

Policy

- While most of our policies affect the life course, they are not life-course policies designed with the whole of life in mind and intended to integrate multiple periods.
- Simply responding to the projected increase in the older adults population is not an adequate approach.

Things to have in mind:

- Policy changes aimed at a given age group can have substantially implications for individuals within the group, depending on their social location.
- We need to be able to identify the generational repercussions of various policy reforms.
- We need public policy more responsive to demographic and social trends without exacerbating solvency issues, at least in the short term.
 - More than ever, we need to embrace a new vision of old age: as an opportunity not a crisis; a solution not a problem; a resource ; as a group that can contribute to our society (Keshner, 1984).

What needs to be done

Integrated Planning Process

(Below et al,1987)

Figure 1.2. Integrated Planning Process Elements.



Conclusion

Puerto Rico has and is suffering from what is known as *“Cultural Lag”*:

- Lack of understanding of social changes and a slow response in adjustments in institutional policies and practices.

THE FUTURE: IS NOW

- **REVIEW**
- **REGROUP**
- **RESPOND WITH ACTIONS**



Thank you
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