



Office of the Ombudsman for the Elderly

COMMONWEALTH OF PUERTO RICO

State Plan Of Aging 2010 - 2013



Excellence



Commitment



Rights



Quality of life

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I. DESIGNATION OF THE OFFICE OF THE OMBUDSMAN FOR THE ELDERLY

A. CERTIFICATION

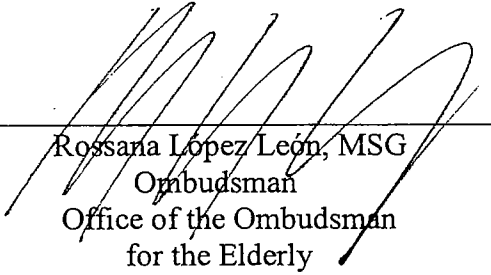
The Office of the Ombudsman for the Elderly submits its State Plan on Aging for Puerto Rico, for the period covering years 2010-2014, and certifies that the Administration of the State Plan on Aging will be in accordance to the assurances and provisions required in Sections 305, 306, 307, 308 and 705 of the Older Americans Act, as amended; and the requirements set forth under 45 Code of Federal Regulations (CFR), Sections 1321.5 thru 1321.75. The State Agency above specified has been granted the authority to develop and administrate the State Plan on Aging for Puerto Rico and is primarily responsible for coordinating the activities related to the Older Americans Act, and serve as advocate for the rights, benefits, and privileges of the elderly persons in Puerto Rico.

This State Plan, which has been approved by the Governor of the Commonwealth of Puerto Rico, constitutes authorization to proceed with the activities established under the plan, upon approval by the Assistant Secretary for Aging of the United States of America.

The submitted State Plan on Aging has been developed in accordance with Federal statutory and regulatory requirements.

6/15/2009

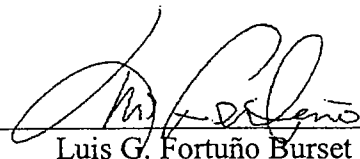
Date


Rossana López León, MSG
Ombudsman
Office of the Ombudsman
for the Elderly

I, Governor of the Commonwealth of Puerto Rico, hereby submit this State Plan on Aging to the Assistant Secretary on Aging of the United States of America.

6/15/09

Date


Luis G. Fortuño Burset
Governor

Commonwealth of Puerto Rico

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I. Executive Summary

Every four years the Area Agencies on Aging (Region I-North and Region II-South) have to submit to the Office of the Ombudsman for the Elderly their Area Plans. These Plans must be approved by the Ombudsman, and are required for obtaining funds from the Older Americans Act (OAA) administered in Puerto Rico by the Office of the Ombudsman for the Elderly (Oficina de la Procuradora de las Personas de Edad Avanzada). The Area Plans are carried out with the purpose of precisely learning the characteristics and needs of the elderly population in Regions I- North and II-South. Afterwards, the information obtained from the Area Plans is summarized in a document known as the State Plan, which contains relevant information associated to the elderly population in Puerto Rico. Areas established in the State Plan as being of greater priority are integrated as part of the service structure keeping with the titles established in the OAA as well as key components in the work plans from programs and services for the population of elders.

The social and demographic data of the island, composed by 78 municipalities, shows that there are 770,251 persons 60 years and over, representing 19.3 percent of the total population of Puerto Rico (Estimates of the Bureau of the Census, 2009). In addition, when compared with the numbers reported on the 200 Census, the estimated population for 2009 shows an increase of 184,550 seniors equivalent to 3.9 percent. On the other hand, it is expected that by 2010, the elderly population will almost reach 20 percent of the total population of the island, equivalent to the population of 15 years or less, at which time the young population will begin to diminish. It is expected that as the baby boomers of the post war generation (those born between 1946 and 1964), turn 60 years of age, this sector of the population will substantially increase and will demand more programs and services.

The development of the State Plan which includes goals reflecting the priorities of the Older Americans Act, as amended. It takes into consideration the areas of interest to be covered locally and that are contained in the Strategic Plan of the Office of the Ombudsman for Elderly. Both documents consider the priorities and agreements made by Puerto Rico in the Elderly Plan of Madrid of the United Nations Organization.

II. Vision and Purpose of the State Plan

The State Plan for the period covering 2010 to 2013 has the purpose of achieving the goals and programmatic agreements established at the federal and state levels. It has been developed with the participation of the elderly population, caregivers, relatives and services providers, among others by means of public hearings and questionnaires which gathered a description of the characteristics and most important needs of the elderly population.

This plan contains the goals, objectives, and activities directed to improving the quality of life of the elderly and their relatives, through programs and services that have the purpose of fulfilling various needs. It establishes and fosters that the elderly should remain living in the community. When this is not possible, integrates the offering of alternatives and available services at the long-term system in Puerto Rico, which includes institutionalization. Both scenarios contemplate and assure that the elderly receive a worthy and high quality service.

Mission

The mission of the Agency is to ensure a quality of life of excellence for the elderly, protecting and promoting their right to physical, mental, and social safety. The State Plan is developed and its goals and objectives established in order to guide our Agency towards the pursuit and achievement of these principles.

Vision

The Agency as leader in promoting physical, mental, and social wellness for the elderly, allowing the enjoyment of a whole and productive life. Consequently, the objective of this government organism shall be proactive in advocating for the human and legal rights, as well as working towards the integration of public and private entities ensuring a better quality of life for the elderly population of Puerto Rico.

Values

- ❖ We strongly believe in the abilities, creativity, and productivity of elderly population.
- ❖ We believe in a just, sensitive, and integrated delivery of all services intended for elderly.
- ❖ We acknowledge the importance of a continuous development and improvement of the human being.
- ❖ We recognize that innovation and change are essential factors in our development.
- ❖ We acknowledge the right of elderly individuals to a full enjoyment of a worthy life, integrated to their family and community.

III. Context

The Structure of the Agency

Under the Older Americans Act of 1974, as amended, an Area Agency on Aging was created, ascribed to the Puerto Rican Geriatric Commission of the Social Services Department. The Boards of Directors of the Area Agencies were denominated Geriatric Committees, made up of majors, seven (7) government agencies, and one (1) elderly person from the nine (9) municipalities that formed the Region at that time.

On July 11, 1988, under Act No. 68, the Office of the Governor for Elderly Affairs (OGAVE, Spanish acronym) was created, derogating the Act which created the Puerto Rican Geriatric Commission (Comisión Puertorriqueña de Gericultura). OGAVE was designated as the administrative agency in charge of implementing the federal programs for the elderly established in virtue of Public Act No. 89-73 of July 14, 1965, as amended. In 1990, OGAVE initiated a restructuring process of the Area Agencies and as a result seven (7) Area Agencies on Aging were established due to the initial observations from the federal government.

During fiscal year 1997-98, the Office for Elderly Affairs, Office of the Governor, initiated the Restructuring Plan II of the Area Agencies. As part of this restructuring, two (2) Area Agencies were established in the island, denominated Region I (North) and Region II (South). The restructuring process came into effect on October 1st, 1998. In 2002, a new restructuring occurred due to observations of the state agency and violations in the utilization of federal funds in both Area Agencies administered by non-profit organizations. Since October 2002, Region I integrated 40 municipalities and Region II 38. The municipalities of Isabela, Lares, Utuado, Cayey, and Humacao became part of Region II. This change came as a result of the efforts to obtain greater balance in the number of people who receive benefits from both regions.

Act No.203 of August 7, 2004, as amended, which created the Office of the Ombudsman for the Elderly and its Consultant Council, derogated Act No. 68 of July 11, 1988, which created the Office for Elderly Affairs, Office of the Governor (OGAVE) and its Consultant Council. This was created with the purpose of safeguarding and ensuring the rights of elderly people in an objective and independent manner, protecting the funds allocated to this population. It grants investigative, overseeing, and quasi-judicial powers to the Office of the Ombudsman for the Elderly for implementing public policy for this population. Due to its expertise and competence, it develops and recommends public policy that improves and ensures the life of elderly people presently and in the future in Puerto Rico. The Office of the Ombudsman for the Elderly is directed by Ombudswoman Rossana López León, gerontologist and expert in services development and planning for the elderly. She receives counseling from the Consultant Council on elderly issues and its integrated by the Secretaries of the Department of Health, Family, Education, Recreation and Sports, Housing, the Office of the Ombudsman for Women, Office of the Ombudsman for the Patient, Office of the Ombudsman for the Handicapped and other eight members of public interest appointed by the Governor, two of which must be elderly people.

The executive level of the Ombudsman office is constituted by the Office of the Ombudsman. At the advisory level are the Auditing Office, Evaluation, Statistics, and Development Office, Administration Office, Human Resources Office, and Legal Affairs Office. The operational phase is developed through the Deputy Ombudsman for Education and Community Relations, Deputy Ombudsman for Programs, and the Deputy Ombudsman for Protection and Defense.

The Area Agencies on Aging, Region I (AAE-I) and Region II (AAE-II) constitute the administrative offices designated by the Office of the Ombudsman for the Elderly to develop at the regional level a comprehensive system of integrated and coordinated services in benefit of the citizen 60 years of age and over. They administer federal funds from Title III of the Older Americans Act.

Composition of the municipalities benefitted by the services of the state agency

The state agency is composed of 78 municipalities, with a population of 770,251 elders, according to the population estimates of the Bureau of the Census, 2009. The island is divided in two (2) service regions, Region I is constituted by the towns found in the north, east, and part of the municipalities in the central region of the island, including the islands of Vieques and Culebra for a total of 40 towns. Region II is constituted by 38 municipalities located in the south and western parts of the island, in addition to some municipalities of the central region of the island.

[illegible]

 **Region I**
 **Region II**

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TABLE 1
DISTRIBUTION OF MUNICIPALITIES BY AREA AGENCIES ON AGING AND SATELLITE OFFICES
DATA FROM 2007

Area Agency – Region I (North) San Juan		Area Agency – Region II (South) Ponce	
Administrative Office	225,670	Administrative Office	76,296
Bayamón		Ponce	
Dorado		Adjuntas	
Barranquitas		Guánica	
Morovis		Guayanilla	
Vega Baja		Jayuya	
Toa Baja		Juana Díaz	
Corozal		Peñuelas	
Cataño		Utuado	
Toa Alta		Yauco	
Vega Alta		Satellite office at Mayagüez	121,685
San Juan		Mayagüez	
Guaynabo		Cabo Rojo	
Satellite office at Caguas and Juncos	80,160	Hormigueros	
Caguas		Lajas	
Aguas Buenas		Maricao	
Cidra		Sabana Grande	
Gurabo		San Germán	
Juncos		Las Marías	
Las Piedras		Añasco	
Naguabo		Aguadilla	
San Lorenzo		Aguada	
Comerio		Moca	
Naranjito		Rincón	
San Juan Office	93,099	San Sebastián	
Carolina		Lares	
Canóvanas		Isabela	
Ceiba		Satellite office at Guayama	74,297
Fajardo		Guayama	
Loíza		Aibonito	
Luquillo		Arroyo	
Río Grande		Coamo	
Culebra		Maunabo	
Vieques		Patilla	
Trujillo Alto		Salinas	
Satellite office at Arecibo	59,002	Santa Isabel	
Arecibo		Yabucoa	
Barceloneta		Humacao	
Camuy		Cayey	
Ciales		Orocovis	
Florida		Villalba	
Hatillo			
Manatí			
Quebradillas			

Description of Functions and Composition

Advisory Council:

The Advisory Council to the State Agency on Aging is integrated by elderly people with greater financial and/or social needs who may be recipients of programs and services for the elderly under the federal law and other stakeholders in the area of population, among them are:

- ❖ Over 50 percent of this Council is to be constituted by people 60 years of age and over. It should include elderly people with a greater financial and/or social need, who may be participants of service programs for the elderly, under the Older American Act, and other people younger than 60 years interested in the wellbeing of this population.
- ❖ A representative from elderly groups
- ❖ Representatives of a health service provider organization, excluding the Department of Health, including those offering health services to veterans
- ❖ A representative of provider agencies and organizations that offer support services to the elderly
- ❖ A representative of volunteer groups
- ❖ A representative with education in law, gerontology or administration
- ❖ A legislator or other elected officer who is not a member of the Regional Boards
- ❖ A representative of the general public

The main functions of the Advisory Council will be the following:

- A. Review and make recommendations to the State Plan or its amendments before it is submitted to the Office of the Ombudsman for the Elderly for approval.
- B. Offer advice in the development and administration of the State Plan participating actively in activities conducted to these ends.
- C. Offer advice to the Planning Unit of the Office of the Ombudsman of the Elderly in the revision of proposals presented by sponsoring groups for developing services programs, according to the needs of the elderly.
- D. Offer advice and participate in the development of regional and local public hearings organized by the State Office.
- E. Offer advice in identifying the needs of the elderly in areas they represent and offer alternatives for the improvement of quality of life of this population.
- F. Offer advice to officers of the Agency through the revision of existent public and programmatic policies for elderly people by submitting recommendations.
- G. Collaborating in the implementation of the work plans of the programs of the Office of the Ombudsman for Elderly People.

Administrative Functions

Officers who perform administrative functions are directly supervised by the Ombudsman, the Office or Area to which they belong.

The State Agency establishes the functions of the Administrative Office; among them are:

1. Conduct the activities described in the State Plan.
2. Establish, maintain, and evaluate formal and informal agreements with identified resources that allow offering services efficiently and promptly.
3. Follow the programmatic and fiscal directives as well as the regulations set forth in the Older American Act and the Office of the Ombudsman for the Elderly.
4. Organize and submit applications of the staff of the State Agency to the consideration of the Ombudsman for approval.
5. Collaborate in the development and implementation of the systems, norms, and procedures necessary for ensuring the best utilization of funds that have been assigned as established by the Office for the Ombudsman for the Elderly and the applicable regulations.
6. Collaborate in directing and overseeing the funds approved to services providers by the Ombudsman using the established norms and procedures.
7. Provide orientation, technical assistance, and training to the network on aging.
8. Develop a systematic visiting plan for technical assistance, quarterly monitoring, and global annual evaluation that allows knowing the effectiveness of the services offered by the providers. Take the necessary corrective measures when violations of the established norms and procedures occur.
9. Provide legal services to the elderly through orientation, legal assistance and representation according to the stipulations of the Older American Act.

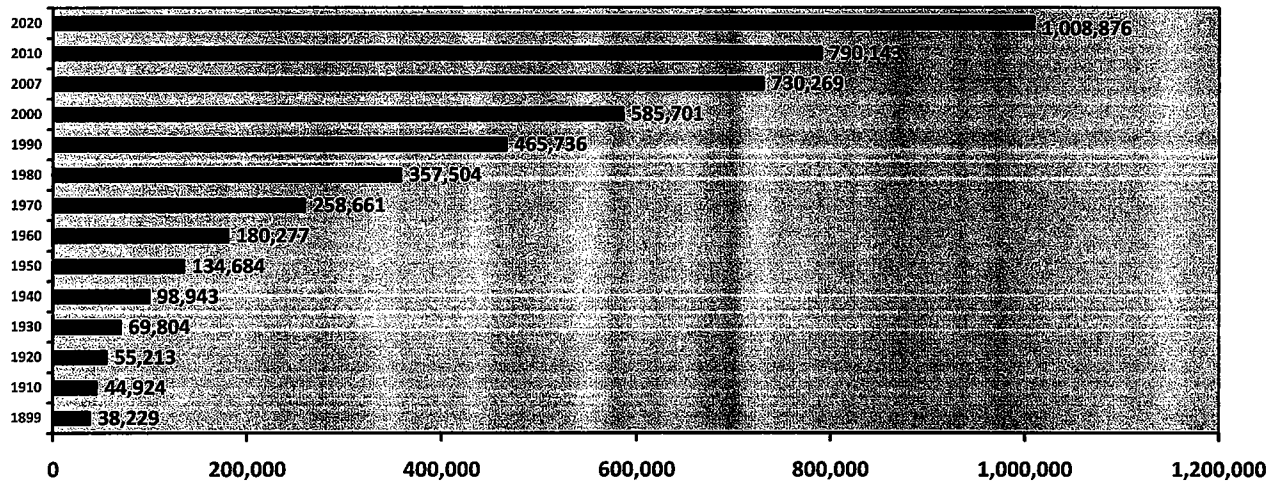
10. Collaborate in the development of collaborative agreements with public and private agencies with the purpose of ensuring continuity and development of new programs for the benefit of the population.
11. Collaborate with the Office of the Ombudsman in the organization and development of activities, such as: forums, surveys, public hearings, personal presentations, public policy development, and others with the purpose of identifying and disseminating information on the needs of the elderly.
12. Offer support in the implementation of a system for collecting data considering all available information sources that allow annual identification and analysis of the needs of the elderly population.
13. Collaborate in the development of administrative systems in the areas of personnel administration, fiscal resources, and programs that allow for an optimum functioning of the Office.
14. Review on a yearly basis the State Plan and submit recommendations for the consideration of the Ombudsman. Any modification to the State Plan. This will not become effective until approved by the Ombudsman.
15. Provide information to the Ombudsman that allows making decisions regarding granting funds for the development of services.
16. Collaborate with the Ombudsman in the development of mechanisms for overcoming barriers for offering services to the elderly.
17. Collect monthly information on the needs of the elderly population that is served with the purpose of using it for elaborating and implementing the State Plan, other reports that require preparation and of mechanisms that allow the improvement of offered programs and services.
18. Develop and implement systems on information and assistance, requests of services, case management and follow up, when needed, that are available to the elderly of the Regions.
19. Develop mechanisms that ensure and keep the coordinated integration of functions and stipulations provided in each title of the Older American Act and according to the needs of the Regions.
20. Ensure that residents in long-term care facilities enjoy all benefits, rights, and privileges to which they are entitled through the Program of the Ombudsman for Long-term Care.
21. Prepare and keep a complete and updated inventory of the existent public and private resources, such as: human, fiscal, physical facilities, services providers, civil and religious organizations and educational institutions, among others.
22. Collaborate in the organization and mobilization of the community to those activities that promote quality of life of the elderly population.
23. Collaborate in obtaining new resources and service providers for their integration into the aging network.
24. Keep up to date and refer to the State Agency update information of the services offered, their demand, complaints received and solved.
25. Maintain a committee to attend to those complaints from employees and participants.
26. Collaborate in the development of educational, forums, public hearing and other activities that benefit the elderly population.
27. Under the supervision of the main auditor of the State Agency, prepare an annual auditing program which includes at least, an annual auditing of each sponsor group with the purpose of evaluating their fiscal performance and abidance with the applicable laws and regulations. Collaborate with the State Agency in the selection of external auditors.
28. Implement and develop demonstrative or collaborative projects assigned by the Ombudsman.

The most important function of the State Agency is to develop at the regional level an integrated and coordinated system of services for the benefit of the elderly, through the Sponsoring Groups administering 140 Multiple Services and Activities Centers for the Elderly and the 17 Projects or Programs sponsored by the Agency as providers of direct services to the elderly population.

Social and Demographic Profile of the Elderly Population

One of the most spectacular demographic phenomena occurring in Puerto Rico during the present century has been an increase in the number as well as in the proportion of the total population of the island represented by the elderly population (60 years and over). During 2000 to 2007, the population 60 years and over increased from **585,701 to 730,269**, this represents an increase of 144,568 people. In 2007, the proportion of the elderly population reached **18.52** percent of the total population (**3,942,375**) in contrast to **15.38** percent in 2000 (**3,808,610**). These extraordinary changes in the size as well as in the proportion of the population 60 years of age and over come as a result of a decrease in the levels of fertility of the Puerto Rican woman, in general mortality, as well as in population movement of younger residents from Puerto Rico to abroad.

Number of people 60 years of age and over from 1899-2020 in Puerto Rico



Source: Carnivali J y López J; Perfil demográfico de la población de 60 años o más, Puerto Rico 1990, San Juan, Puerto Rico 1992.
 Departamento de Comercio de los Estados Unidos, Censo de Población y Vivienda de Puerto Rico, Año 2000.
 Base Internacional del Negociado del Censo, Año 2008.

The aging process of the population of Puerto Rico had its boom starting in the 60s. During this period, extraordinary decreases were registered in birthrate, preceded by reductions in mortality rates, and massive movement of Puerto Ricans to the continental United States during the 50s and 60s. The acknowledgement of the aging phenomenon in the population of Puerto Rico and other places in the world is recent; therefore, the implications are not fully known. However, it is known that according to the demographic processes that act on the age structure of the population, changes emerge in politics, economics and social orders. In Puerto Rico, these changes are more evident according to scientific research and experiences obtained by all whom at some point have become related, directly or indirectly with this growing sector of the population.

The impact of demographic change taking place on the island can be observed when comparing the populations younger than 15 years of age to that of 60 and over, since the percents in these populations will be equal by year 2010, and from hence on there is a substantial increase in the elderly population. This is due mainly to the baby boomers or post-war generation reaching the 60 years of age, the provision of better health services, and a reduction in birthrates.

Percent of the Projected Population younger than 15 years of age and 60 years of age and Over in Puerto Rico

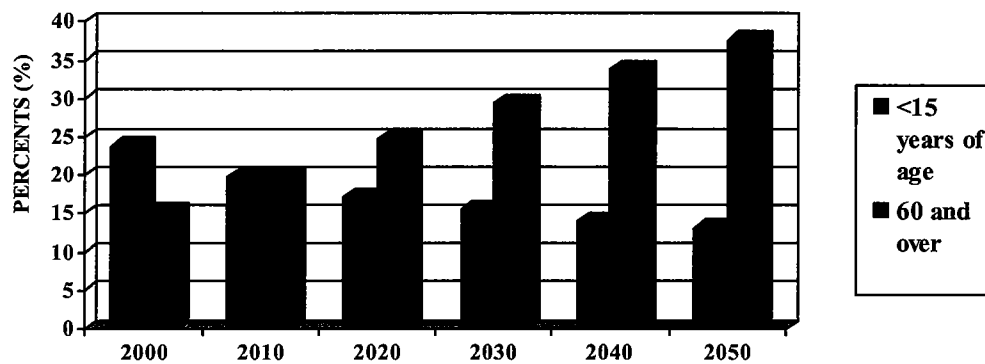


Table II
Projections of the Population 60 Years and Over
Years 2000 – 2050, Puerto Rico

Year	Population 60+	Total Population	Percent of Population 60+
2000	585,701	3,813,278	15.4
2006	698,358	3,927,776	17.7
2007	730,269	3,942,375	18.5
2008	746,168	3,958,128	18.8
2009	770,251	3,972,438	19.3
2010	793,478	3,986,126	19.9
2020	1,010,288	4,080,468	24.7
2030	1,202,380	4,075,092	29.5
2040	1,344,259	3,959,807	33.9
2050	1,420,068	3,762,494	37.7

Source: US Bureau of the Census, International Data Base. Preparada por la Oficina de la Procuradora de las Personas de Edad Avanzada, 2008.

In Puerto Rico, according to data from estimates of the Bureau of the Census for 2007, there were 730,269 elderly residents. This population represented 18.5 percent of the total population of Puerto Rico, which amounted to 3,942,375.

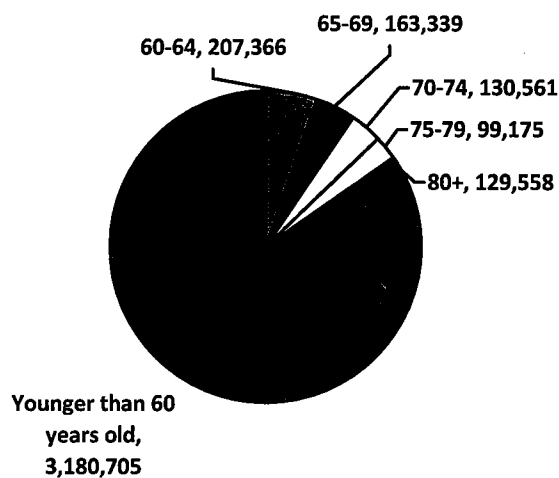
Regarding populations by regions, Region I has a population of 457,991 people 60 years and over and Region II is made up of 272,278 residents 60 years and above.

Age Structure

The distribution of people by age subgroups for the elderly population, according to data from estimates of the Bureau of the Census for 2007 are not uniform. When the population 60 years of age and over is divided into two main groups, that is, 60-74 and 75 years and over, the distribution is 68.6 and 31.4 percent, respectively.

The sector of the population 60 to 74 years of ages is the youngest (Old-Young), which is mainly made up by a group of people with better health status than the old-old group (75 years and over). From the stand point of health, adults 75 years and over suffer more limiting health conditions.

Number of People by Age Groups,



Source: Estimates of the Population of Puerto Rico for 2007 (Bureau of the Census)

Gender

In the analysis of gender distribution, it is observed that for the Census 2000, there were 325,222 women and 260,479 men. The percent of women (55.5%) was greater than for men (44.5%). This phenomenon is observed in 2007, since the population of women was estimated in 405,630 (56%) and that of men in 316,300 (44%). Regarding year 1990, a reduction in the proportion of males and an increase in the proportion of females is observed. On the other hand, the male ratio, according to data from 2007 was 77.9 men of 60 years and over per 100 women corresponding to these ages.

Area of Residence

Forty-seven (47%) percent of the people 60 years and over in the island lived in what the Bureau of the Census defined as rural area. However, the behavior of this variable throughout the 78 municipalities that make up the territory was varied. In the municipalities of Aguada, Barranquitas, Camuy, Cidra, Las Marías, Las Piedras, Loíza, Maunabo, Moca, Morovis, Naranjito, Orocovis and Rincón, over 80 percent of the elderly population was classified as rural area residents. On the other hand the municipalities of Carolina, Cataño, Fajardo, Hormigueros, Mayaguez, Ponce and San Juan registered the highest percents of residents in urban area (over 80%). The municipality with the highest percent of residents living in rural area is Orocovis with a 93.6 percent and the municipality that reported the highest percent of residents living in the urban area was Cataño with 100 percent.

Population below poverty level

Forty-four percent (44%) of the population 65 years and over residing in Puerto Rico has an income that, according to the Bureau of the Census 2000, classifies them below poverty level. Of the 78 municipalities that make up the island, the following towns are highlighted due to their high number of people below poverty level: Barranquitas (59.2%), Florida (61.3%), Lares (63.9%), Las Marías (67.1%), Maricao (62.2%) and Villalba (60%). The municipality of Las Marías is the one with the highest percent of people below poverty level in the island.

Conclusions

Based on the social and demographic analysis of the residents 60 years and over of the 78 municipalities that make up the island, a wide diversity is evidenced in the pattern of these characteristics. From the demographic perspective, the 78 municipalities may be grouped into several categories according to various classification criteria. If the volume or size criteria of the population 60 years and over is used, the grouping would consist on four (4) great categories: (1) municipalities with 15,000 or more elderly people, (2) municipalities between 14,999 to 8,000 habitants, (3) municipalities with less than 8,000 people 60 years and over. The numerical distribution of the 40 municipalities according to data from the Bureau of the Census 2007 would be as follows:

CATEGORY	NUMBER OF MUNICIPALITIES	%
1 (15,000 or more)	9	12
2 (14,999 to 8,000)	15	19
3 (less than 8,000)	54	69
TOTAL	78	100

The municipalities that, according to our analysis show characteristics that places them among those with low social and economic levels and of great social need are: Lares, Las Marías, Maricao, Moca, Loíza, Villalba, and Orocovis. This distribution of the municipalities based on their social and demographic profile allows us, along with the determination of needs for this growing sector of the population, to establish a more accurate work plan as well as to determine the human and economic resources necessary.

Development of the State Plan

The State Plan was developed taking into consideration the established goals at the federal level. Each goal includes the objectives that comprise the various services offered by the State Agency that benefit the elderly, their relatives and the people in community.

The development of this State Plan involved the efforts and coordination with various programs, agencies, universities, multiple activities and services center, and others. Below are listed some of the most important activities conducted for the elaboration of the State Plan:

- ❖ The pre-planning process of the activities for obtaining the necessary information for the State Plan.

- ❖ Performing three public hearings: two for elderly people (one per Region) and another for services providers. Fifty-one services providers and 335 elderly people participated.
- ❖ The use of questionnaires to know the characteristics and needs of the elderly, caregivers, and baby boomers.

Pre-Planning Process

The Area of Statistics, Evaluation, and Plans Follow up within the agency were designated to elaborate the State Plan. This work team discussed and coordinated the activities conducted for collecting the necessary information to be integrated into the Area Plans and the State Plan 2010 - 2013.

Publics Hearings

Public hearings were conducted on February 27, March 13 and 20, 2009 for collecting the needs and recommendations of the elderly and services providers. Below are the main findings reported in the public hearings:

Elderly Persons

1. Poor public transportation, most municipalities do not have rural routes, and use is limited to some residents.
2. Centers do not provide training or workshops focusing the use and management of computers.
3. Could not find job due to age.
4. High cost of medications.
5. Lack of sufficient income to cover costs.
6. More housekeeping services are needed

Services Providers

1. Transportation needed for attend to medical appointments.
2. Lack of knowledge of the population of new technology.
3. Long time waiting at medical appointments, however, the consultation is quick.
4. Did not plan income to cover needs.
5. Handicapped cannot participate in many activities at the centers due to inadequate transportation.
6. More homemaker services are needed

Questionnaires

Another method used for collecting the characteristics and needs of the elderly population, the caregivers and the baby boomers was a self-administered questionnaire. These were distributed during the period of August 2007 to February 2009 to a sample of the people who received services from the Agency. The questionnaires used and the entire report are found in Appendix C.1. Below is a summary of the findings:

Elderly People: (150 questionnaires)

Main needs and recommendations reported by elderly people:

- ❖ More momemakers to offer services for the elderly.
- ❖ Increase in Social Security income.
- ❖ The requirements of the Department of the Family should be modified since the standards are hard for qualification.
- ❖ Houses of many elders need repairing.
- ❖ Staff from the agencies and public places should receive education on how to deal with elderly people looking for services.
- ❖ Technology should be within reach of the elderly, besides using big letters, Spanish language and simple instructions.
- ❖ Preference turns should be honored for the elderly and or handicapped at public agencies.
- ❖ Society should be more educated and sensitive; there should be more volunteer programs to help the elderly.
- ❖ There should be legislation directed the private sector establishing preferential turns for the elderly.
- ❖ More than half of the elderly who were surveyed would like to know more about the laws that affect them or benefit them.
- ❖ People informed that the premiums of their health plans are too high.
- ❖ People 60 years and over stated that they are facing problems with the use of technology, pro example, computers (72.4%), accessing Internet (73.1%), and using ATMs (55.2%).

Caregivers (156 questionnaires)

Main needs and recommendations reported by caregivers:

- ❖ More homemakers needed
- ❖ Increase in Social Security income.
- ❖ Activities and programs are needed to help prevent depression.
- ❖ Medication costs should be according to the financial resources of the people.
- ❖ Housing needs repairing.
- ❖ There should be more day care and activities to allow respite for caregivers.
- ❖ There should be support groups for recreation and crafts of patients.
- ❖ Financial assistance should be increased in services such as: nursing homes, medical equipment, and offering orientation, especially to the elderly with special needs.
- ❖ Caregivers who care for bed ridden people should receive discounts in medications, incontinence devices and utilities like water and electricity..
- ❖ More family support is needed.
- ❖ More financial assistance is needed to cover the costs of a bed ridden elderly.
- ❖ It is very important that caregivers have more knowledge of laws that affect and benefit the elderly population and on services offered by agencies to this sector.

Baby Boomers (139 questionnaires)

Main needs and recommendations reported by baby boomers:

- ❖ Many elderly people need help from hose makers and nutritional supplements and for incontinence.
- ❖ Tables used for qualifying services from the Department of the Family should be modified; it is difficult to benefit from their services.
- ❖ Services directed to the elderly should be promoted.
- ❖ The service from public agencies takes too long, due to bureaucracy and too many requirements.
- ❖ Workshops and trainings should be offered on financial planning and how to prepare for retirement.
- ❖ Baby boomers want to obtain lessons in computer use.

Challenges

Puerto Rico encounters a challenge never before faced; it has become an aged country, with the advent of the baby boomers or post-war generation. This must provoke and generate immediate changes in public, social, and financial structures to respond in an adequate way to such demographic reality. The challenge comes along with a change in paradigms, myths, and stereotypes that result from years of rendering cult to youthhood and its relationship to productivity. With this reality in mind, the search for new structures that ensure the rights of the population should become an important part of all governments. To make the public and private sectors aware of this reality is of utmost importance as well as the strategies for change to achieve responsiveness from our population. The Office of the Ombudsman for the Elderly has been a leader agency in these efforts. However, the challenge continues for the development of actions and public policies that definitely help to develop better scenarios and more opportunities for the elderly population.

Due to the growth in the demand for programs, services, and opportunities for this population, the challenge will be the change towards a new meaning of aging, the importance of better quality aging, and the population struggles to obtain space within society. Regarding the State Agency, it has a great challenge in serving the high concentration of elders in the population, more so, given the demand for services to different social classes, different educational levels and the distribution of the population in rural and urban areas. The topics and actions regarding the development of initiatives and public policy are focused on housing, transportation, health, recreation/ exercise, employment/education and defense of the population.

IV. Goals, Objectives and Strategies

Below are the strategies for each objectives under its corresponding goals:

- Services will be provided to the elderly population which includes baby boomers and higher priority will be given to people under the level of poverty, residents in rural areas, and the handicapped.

- The Assistant Ombudsman on Defense will be reported of any complaint regarding abuse, negligence, exploitation, and violation of rights submitted to public, private entities, judicial, executive or legislative level, public and private organizations and individuals who put at risk and danger the life and safety of residents, individuals, elderly organizations or who live in a community.
- Any situation detected in any elderly person will be referred to any Program from the Regional or State office for proper attention.
- The staff in charge of this strategy will report any other initiative, program, and service identified in the municipality or community as applicable, to the Ombudsman for Education, Investigation, Community Relations, and External Resources in such a way that the Directory of Programs and Services of the Region and State Office are kept updated. Likewise, if a leader or volunteer is identified this should be referred to the Regional and State Volunteer Program.
- The evaluation area will conduct a quarterly evaluation on the specific efforts of this objective which will include monitoring measures to ensure all strategies are conducted as established in the program or lay as applicable.
- A continuous fiscal and programmatic plan will be conducted with specialized staff ascribed and according to the regional and state designation of the OAA (Older Americans Act) that ensures compliance with regulations, and functions established by the law and by sources of other funds obtained. This will ensure the proper offering of programs and services, and good funding management.
- Based on OAA, the integration and management of all established functions in each title will be ensured.

Goal 1

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

Strategic Objective #1.1: Develop an automatic information, assistance, and referral system called “**Entrada Única de Asistencia sobre Servicios**” (Unique Entry Point for Assistance to Services) that is offered to the elderly population, relatives, and general public on programs and services for the elderly.

Strategies:

- We will continue to develop a system for collecting calls and walk-in visitors conducted by screening officers who will offer information, assistance or referral to internal programs from the Office and to public or private organizations offering service.
- The information will be provided by the use of a computerized data base that will register personal information from the caller or visitor as well as for the referral of service.
- The screening staff will be trained upon recruitment and will be provided with monthly information on new available programs and services for the population. They will also receive daily orientation on information pertaining to benefit for the population.
- The screening staff will be stationed at the headquarters and at Regional Offices.
- The staff will be supervised on a daily basis to ensure their availability and access to necessary resources required to perform their functions.
- A process manual will be developed for the system.
- The Assistant Ombudsman on Defense will be reported of any complaint on abuse, negligence, exploitation, and violation of rights from public and private entities, judicial, executive, and legislative branches, private and public organizations and individuals that put at risk or danger the life and safety of the residents, individuals, elderly organizations or those living in the community..
- Any situation detected in any elderly person that may be attended by any other Program from the Regional or State Offices will be referred.
- The staff in charge of this strategy will report any other initiative, program and service identified in the municipality or community, as applicable, to the Ombudsman on Education, Research, Community Relationship, and External Resources in order to keep updated the directory of Programs and Services of the Region and the State Office. In addition, when a leader or volunteer is identified, it should be referred to the Regional and State Volunteer Program.

Strategic Objective #1.2: Offer orientation and consulting to the elderly population, the general community and organizations that request information related to available services, rights of the recipients of these rights, and the alternatives based on the needs.

Strategies:

- The capacities of the service providers will be strengthened through 2 annual trainings. This will occur based on the main needs in the elderly population identified by the Office, in addition to other situations that may be identified as specific for the urban and rural areas or municipalities and through the monitoring of reported complaints.
- Consulting will be offered to the staff of the Long Term Care facilities (LTC) and related service providers continuously. This through 600 consulting services per year.
- Twelve (12) orientations will be offered on self-defense and other pertinent topics to residents in long-term care facilities.
- Nine-hundred seventy orientations will be offered to individuals and the general community.
- Conduct 3 educational activities per local program in celebration of the Week of the Rights of the Residents in Long-Term Care Facilities.
- Promotion of services of the Ombudsman for Long-Term Care in the media with an annual activity per local programs (7 local programs).
- Participation in two activities per year per Local Program, such as fairs or information desks to offer orientation to the community on the services of the Ombudsman of residents in Long-Term Care Facilities.
- Participate and promote the creation of four Councils of Residents in Long-Term Care Facilities.
- Have a place where people request orientation and are offered detailed information on the services, requirements, cost and availability in the community. In addition, referrals will be worked on that are necessary of obtaining the services of Aging and Disability Resource Center.

Strategic Objective #1.3: Train the elderly population on the appropriate use of medications and alert on possible negative effects to health; due to the combined use of prescribed and over-the-counter medications. In addition, provide strategies for the proper use of prescribed medications for multiple health conditions.

Strategies:

- A curriculum will be developed for offering educational talks on the proper use of medications for elderly people according to their educational level.
- Health educators will be recruited to offer educational talks on the topic. In addition, specific information will be included on chronic diseases with greater mortality and morbidity in the elderly population.
- Conduct a 20 quarterly program presentations to reach all municipalities during the first year of the Project.
- The effectiveness of the program will be evaluated and documented in terms of the achievement of the objectives in quarterly progress reports and the evaluation of educational talks.

Strategic Objective #1.4: Respond to a minimum of 90% of information requests on topics related to the elderly population through the Education, Research, and External Resources and Community Relations Center.

Strategies:

- Maintain and increase the services of the Education, Research, and External Resources Center.
- Three (3) collaborative agreements will be kept and developed that foster the development of new services at the Education, Research, External Resources and Community Relations Center.
- A committee will be developed to evaluate, elaborate, and develop educational material.
- A committee will be developed to obtain external resources for conducting research through the use of data obtained by the Office.
- Update a legislation registry that benefits the elderly people.
- Update, reproduce, and disseminate a services directory for the elderly population.
- Continue to work on obtaining new funding by means of proposals that promote the development new and innovative projects.
- An integrated promotion and prevention plan will be established to integrate the distribution of information in educational materials from all programs of the agency through visits to the community to impact the 78 municipalities.
- Inform and provide literature, statistical data and other information to the elderly and other members of the community.
- A coordinated library system plan will be established with state and private universities for making available our educational material and statistics.
- Educational efforts will be developed for training professionals in the area of construction and architecture, in order to promote the proper design of the concepts of assisted living and adapted living based on the universal and independent living design.

- Unite efforts along with the Housing Department to promote obtaining resources for developing different living models for the elderly.
- Unite efforts along with 140 Multiple Activities and Services Centers in the island to develop leaders who offer training on the myths and stereotypes of elderly.

Strategic Objective #1.5: Promote the creation of community educational programs and various professionals regarding the needs and services available for the elderly. Likewise, enlighten the image of old people in the Puerto Rican society in the press, electronic or individual media during the next four years.

Strategies:

- Continue to work with the Special Communities Office (Communities of population with high levels of poverty and isolation) and Public Housing to develop and implement model strategies that satisfy the needs of the elderly and their relatives, residents in these communities.
- Develop an educational plan to ensure the continuous offering of training to professionals who offer services to the elderly at the Multiple Activities and Services Centers, Long Term Care institutions, courts, rural and urban areas with specific characteristics and areas of greater need for the elderly.
- Attend to 12 meetings held by the Special Communities Office.
- Participate in a minimum of 30 educational activities per year such as, fairs, seminars, recreational activities, health clinics, community orientations with the purpose of offering information of different services.
- Establish consistent coordination with the volunteer program; in such a way that when conducting visits to the community, leaders are identified that can keep contact our Office. This way, we can continue to offer the latest information for the population that we serve. In doing this, we will identify at least 5 leaders in each visited municipality.
- Community organizations will be identified that wish to work along with our office on a volunteer basis or through the offering of services provided by our funds.
- Maintain up to date and available the Educational Institutions directory that offer special training in the areas of geriatrics and gerontology with the purpose of providing and promoting such specialties in various professional fields.
- Establish a directory of professionals with expertise in various topics related to the elderly population and are available to educate in the community.
- Develop 5 collaborative agreements with public and private educational programs to promote research on issues relevant to the elderly population.
- Conduct a monthly search of proposals that help us obtain external funding that support important projects for the elderly population. Technical support for nonprofit organizations that wish to submit proposals and do not have experience in their development will also be offered.
- The evaluation area will conduct a quarterly evaluation on the specific efforts of this objective which will include monitoring measures that ensure that all strategies are established as set forth on the program or the law, as applicable.
- Coordination of the Education Activities in the Community through the referral of 275 educational activities to the different programs of the Agency.
- Offer educational activities for all health staff of the Multiple Activities and Services Centers as well as to professionals who offer services to this population.
- Conduct 2 yearly training activities for the staff that coordinates the implementation of federal proposals.
- Conduct 2 training activities for sponsoring groups and other nonprofit entities in the community on the opportunities of external funding and proposal writing.
- Coordinate with the Department of Health:
 - a. The training of 42 persons who work at the 21 Multiple Activities and Services Centers as counselors on HIV/AIDS.
 - b. The offering of 12 educational activities on STD and HIV/AIDS prevention at the Multiple Activities and Services Centers for the benefit of 480 persons.
 - c. The participation of 550 elderly people at the initiative of taking HIV testing.
 - d. The annual immunization initiative for elderly persons in which 700 participants from the Multiple Activities and Services Centers will take part.
 - e. The development of an action plan before the Pandemic Flu.
- Continue with the Health Promotion and Disease Prevention Plan for elderly people, along with the Department of Health.
- Quarterly distribution of 1,500 issues of the periodical "Vejez al Día" (Aging Today).

Strategic Objective #1.6: Coordinate the development and continuity of Interagency Collaborative Agreements that seek to establish efforts conducting to health promotion and disease prevention in the elderly population in Puerto Rico.

Strategies:

- Work on the implementation of an educational plan on sexually transmitted disease prevention with emphasis on HIV/AIDS of the Department of Health for elderly people. In addition, identify Centers and other facilities in where to conduct activities and promotion in the community.
- Foster the participation of elderly people in the Flu Immunization Campaign facilitating the entrance to the Multiple Activities and Services Centers and offering the nursing staff of such Centers for the administration of the vaccine.
- Promote the participation of the elderly in the facilities of the National Parks Company for the enjoyment, recreation and promoting exercise and taking advantage of the discount system that has been established through information at the Multiple Activities and Services Centers and in the media.
- Collaborate with the efforts of the Department of Recreation and Sports for sustaining and developing CAMPIRA (exercise program in the community for people 55 years of age and older). In addition, coordinate and offer promotion on the development of recreational leaders and activities coordinators of the Centers through trainings offered by the Department to implement innovative physical efficiency programs for the elderly.
- Participate in an active way of orientations provided by the Office of the Ombudsman for the Patient and collaborate in the dissemination of information included in the Bill of Rights of the Patient among the elderly population.

Goal 2

Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

Strategic Objective #2.1: Offer support to caregivers of relatives and promote that all the components of the family group participate in the care of the elderly. The support offered to the caregiver will be framed in training in order to be able to deal with the functions required by the care.

Strategies:

- Continue to offer assistant and support services to caregivers. Each year 4,800 caregivers of elderly are impacted.
- Offer respite services through institutionalization, housekeepers, and services provided by volunteers to 1,400 elderly people yearly.
- Offer supplementary services with medical equipment, nutritional supplements for incontinence to 1,700 elderly people annually.
- Offer a life line service for one year to 420 people.
- Approximately, 100 training services will be offered to caregivers of family members providing educational and audiovisual material.
- Conduct educational and orientation activities to the community on the services available and to offer educational material.
- Promote the development of support groups in the community.
- Evaluate on a ongoing fashion the service provided by the Caregivers Support Program through meetings and monitoring that will in turn offer information for strengthening it.
- Develop public policy that provides rights to caregivers and relatives in order that their rights are ensured and greater opportunities are provided to maintain their quality of life.

Strategic Objective #2.2: Identify elderly people in the community interested in offering volunteer services at homes, youth interested in accompanying elderly people who live alone and to grandparents raising grandchildren who are in great need. This, to the ends of facilitating attention to their needs.

Strategies:

- A continuous identification of volunteers to offer respite service for the Caregivers Support Program of Relatives throughout the municipalities in Puerto Rico. Through this effort, 90 volunteers will be recruited.
- Conduct 15 meetings and 2 trainings for the staff of Share with a Grandparent Program, with the purpose of facilitating the identification of persons who live alone and need someone to call them, visit them, or write to them and make them understand that they still have a lot to offer.

- Develop 3 community agreements per Region with nonprofit organizations that help strengthen the volunteer programs as well as in obtaining new resources.
- Foster and identify new scenarios among young population who is willing to work with elderly people in the community and that the elderly offer support to young people in the community through the Program Share with a Grandparent.
- Conduct a quarterly evaluation per volunteer to measure the level of performance.
- Offer training and at least 10 annual meetings to volunteers.
- The Program Share with a Grandparent will conduct 6 activities such as talks and service fairs.
- Identify resources in the community and in private and government organizations that offer services for grandparents raising grandchildren through the Program Support to Caregivers of Relatives. With this effort, a directory of programs and services will be developed for grandparents raising grandchildren.
- Visit public and private scenarios as well as schools to identify grandparents who have as part of their responsibilities raising grandchildren and offer them information on the Program Grandparents Raising Children and to hand out educational material.
- The area of evaluation will conduct a quarterly evaluation on the specific efforts of this objective which will include performance measures that ensure that all strategies are conducted as established in the program or law as applicable.

Strategic Objective #2.3: The volunteer Program will offer temporary support to the caregiver so that the caregiver can care for the elderly. The support will consist of offering tools for caring of the elderly and that a good quality of life is kept both for the caregiver as well as for the elderly.

Strategies:

- Continue to identify volunteers to offer services to the various programs of the Agency in such a way that we may offer greater amount of information and support at the 78 municipalities in Puerto Rico.
- New strategies will be added to the recruitment plan for volunteers through staff specialized in this area.
- Offer at least one training and three annual meetings for volunteers on the different topics of interest and needs for the elderly population.
- Participate in at least 6 educational activities such as: talks and service fairs.
- Conduct at least 2 meetings with directors for the Multiple Activities and Services Centers.
- Conduct 12 meetings and two annual trainings for the staff of the Volunteer Program.
- Conduct a quarterly evaluation per volunteer to ensure the quality of the service offered as well as the development of other services.
- Offer information about the program on a ongoing fashion through the promotion and prevention plan of the Office which coordinates visits to the community.
- Guides and manuals for the volunteer will be accordance to the rules established by the Corporation for National and Community Service.
- Offer information on a ongoing fashion to services providers in the community with the purpose of offering a greater number of services for the elderly.

Strategic Objective #2.4: Continue to develop respite services for the relatives of people with Alzheimer's disease in the first and second stage.

Strategies:

- The State Program for Older Accompanying Friends (PAMA, Spanish acronym) and Alzheimer will conduct respite services by granting the funds provided by the Corporation for National Service and state funds.
- Monthly respite services will be offered in the home of 310 relatives of people with Alzheimer's disease through 155 volunteers.
- Offer 500 orientations on the Program and Alzheimer Disease to Primary Caregivers of people with Alzheimer's disease, coordinators of the stations that older the service, volunteers and the general public.
- Conduct monitoring at the 12 services stations (one visit per station per year) to ensure the quality of services.
- Volunteers will receive supervision visits every two months.
- Offer three trainings per year to volunteers in order to provide updated information and foster better knowledge of the disease.
- Provide pre-service training to any volunteer who starts functions.
- Conduct 12 annual meetings with people responsible of the administration of service stations.

- The Program Director will conduct a meeting with the Advisory Council of that program to identify the main needs of this population.
- Promote the services of the Program and the awareness dates, through the media to educate on the disease. This will take place at least twice a year.
- Acknowledge on a yearly basis the work of the volunteers, staff and members of the Advisory Council.
- Develop an activities program which may be conducted by volunteers for the continuous support of this population in their homes.
- Conduct an evaluation twice a year of the services and the providers of the programs.
- Develop and maintain a directory of services related to Alzheimer's disease and caregivers.
- Offer telephone orientation to people who warrant such service. Likewise, educational material will be offered by mail.

Strategic Objective #2.5: Increase to at least three percent (3%) annually the services of sustenance and nutrition at home offered by the Multiple Activities and Services Centers for the Elderly at the center and at home, offering priority to those elderly patients in greater financial and social need during the next four years.

Strategies:

- Offer technical assistance to support groups emphasizing the search for cases with the purpose of identifying potential clients and achieving an increase in participants and services.
- Monitoring of these services through monthly statistic reports, increase in services, and the number of benefitted people.
- Offer nutrition education to the participants of the 140 Multiple Activities and Services Centers for the Elderly. In addition, offer counseling on nutrition to participants who are referred.
- Monitor the use of menu cycles at all Multiple Activities and Services Centers for the Elderly.
- Collaborate in the planning, coordination, and development of two activities directed at participants of the centers in the community.
- The area of nutrition and sustenance will conduct an annual visit and a follow up for those centers that have obtained a less than 70% score in the area of nutrition and/or sustenance regarding the services offered and their quality.
- Collaborate in the planning, coordination, and development of activities directed to participants of the Centers as well as: Tribute to Aging, Summer Encounter, public hearings and others.

Strategic Objective #2.6: Increase to a 3% minimum annually the nutrition service offered at the Multiple Activities and Services Center for Elderly People in the center as well as in the home offering special attention to the elderly people in great financial and social need during the next four years.

Strategies:

- Technical assistance will be offered to sponsoring groups on nutrition service at the Center and ensure an increased enrollment taking into consideration the enrollment authorized by the Department of the Family.
- The increase in service and the number of benefitted people will be monitored through monthly statistic reports.

Strategic Objective #2.7: Continue developing technical assistance activities, monitoring, and evaluation on an annual basis in the Area of Nutrition and Sustenance for the following four years, to determine if all Multiple Activities and Services Center are compliant based on what is established in their proposals.

Strategies:

- Technical assistance will be identified and offered in the area of need at the Multiple Activities and Services Center for the Elderly.
- The use of formats and processes established by the Office of the Ombudsman for the Elderly (State Agency) will be monitored.
- A minimum of one audit per year will be conducted and one follow up visit to those centers that have obtained 70% or less in the Nutrition and Sustenance monitoring per Multiple Activities and Services Center and other services programs.
- The services provider will be informed of the results of the monitoring in Nutrition and Maintenance, a plan for corrective actions will be requested and necessary follow up will be offered.
- An initial evaluation will be conducted to each Multiple Activities and Services Center for the Elderly and other service programs.

- Along with the staff of the Office of the Ombudsman for the Elderly (State Agency) participation in the revision of the proposal formats, guide for the development of proposals and evaluation sheet to opt for funds from Title III from the Older American Act.
- Participate in the orientation process for proposals in which the 78 municipalities will be invited.
- As part of the team from the fiscal and programmatic area of the Office of the Ombudsman for the Elderly the proposals submitted requesting funds from the Older American Act (Title III) will be evaluated.
- The requests for transfers and reprogramming of funds from the Multiple Activities and Services Centers for Elderly will be analyzed to ensure that granted funds are used according to the needs identified and the agreements established in the proposal.

Specific Evaluation of the Interdisciplinary Team of the Center

- Evaluate and consider the development of an educational curriculum that integrates the coordination of the transportation system offered at the Multiple Activities and Services Centers for their effectiveness, less costly and that more elderly people in the community are impacted.
- Evaluate the congregate nutrition and the home program for a constant monitoring of the consumption of food; like changes in health status of the participants. It will be part of the interdisciplinary team evaluation plan of the Center.
- As part of the services offered at the Multiple Activities and Services Center, case management is indispensable. As part of this strategy, during the monitoring to the Centers, the visits for searching cases will be evaluated, in such a way that more importance is given as well as to the process for referral of any situation worthy of intervention for obtaining other services. For the latter, the knowledge and resource information were evaluated with respect to other provided services at the municipality, at the agencies and other private services.
- In the area of nursing (health promotion and disease prevention) the structure will be evaluated along with the area of social work, recreation and exercise for an interdisciplinary plan to take place with the purpose of identifying areas for strengths and weaknesses of the participant as well as future referrals to other external professionals.
- The area of recreation and exercise will be evaluated to ensure the system "You Can, Improve your Health" (integrated system of nutrition and counting steps) is offered and other activities by a daily structure. The development of activities for community will be promoted for using the facilities more effectively when the center facilities allow it. The latter includes and is subject to availability or hour distribution of the staff, so activities are held at non working hours.
- Constant monitoring will be evaluated by the director of the Center to the interdisciplinary team as well as the communication with the fiscal group managing funds of the Center to ensure petition and acquisition of equipment, resources, and necessary materials based on the identified needs. On the other hand, evaluate supervision from the staff of the Center and the measures for ensuring services and their quality.
- The area of nutrition and maintenance will have an annual visit and another for follow up for those centers that have obtained a less than 70% score in the area of nutrition and/or maintenance regarding the services offered and their quality.

Strategic Objective #2.8: Continue to facilitate transportation for the elderly in communities of difficult access at the 33 municipalities where the SENDA transportation Project is established.

Strategies:

- Offer transportation services to approximately 22,000 seniors annually in collaboration with the municipalities that have implemented the program.
- Annual petition of documents, licenses, and necessary contracts to ensure service.
- Evaluate and offer follow up to existent programs with the purpose of seeing that vehicles are used properly.
- Offer annual training to services providers.
- The evaluation area will conduct at least 24 evaluation visits each year on the services offered and their quality.
- Collect and conduct 100% of the reported complaints due to improper use of the SENDA program vehicles.
- Offer approximately 240 orientation services on the program each year.

Strategic Objective #2.9: Develop along with the Department of Transportation (DTOP) and the Metropolitan Bus Authority (AMA, Spanish acronym) a uniform transportation system adapted for elderly people in the municipalities which lack one.

Strategies:

- We will be part of the committee for the formulation of this plan and development and implementation of the Project.

- Establish a work agenda along with DTOP (department of transportation) and AMA (bus authority) to develop a pilot plan during the first year at five (5) municipalities.
- Participate in the orientation meetings to municipalities interested in the project.
- Evaluate pilot projects on a quarterly basis.
- Participate in the State Plan for transportation with the purpose of ensuring that federal plans are submitted, fund searching is conducted and resources are added for transportation of elderly people in urban and rural areas.
- The area of evaluation will conduct one annual monitoring per program on the services offered and their quality. It will take place along with the Ombudsman for Persons with Disability of Puerto Rico.

Strategic Objective #2.10: Promote the development of five (5) **Cultural and Wellness Clubs** for elderly people during the next four years.

Strategies:

- Identify municipalities or nonprofit organizations that wish to develop the club concept.
- Offer orientation to support groups interested in developing this concept, on obtaining funds and the development of such activities.
- Coordinate with the various community resources where clubs are to be developed for integration and community participation.
- Offer health promotion courses such as: bells choir, theater, music therapy, music taichí, aerobics, painting, dancing, water sports, internal tourism, computer lessons, and others.
- Along with the sponsor group, the club concept will be promoted to maximize the number of people benefit from it.
- The area of sustenance and nutrition will conduct an annual visit and follow up for these centers that have obtained a less than 70% score in the area of nutrition and/or sustenance in relation to the services offered and their quality.

Strategic Objective #2.11: Promote and develop Day Care Centers for elderly people with Alzheimer's in Puerto Rico.

Strategies:

- Develop along with municipalities and nonprofit organizations five (5) day care centers for people with Alzheimer's.
- Contribute to the development, planning, and implementation with the collaboration of the Department of Housing, Department of Health, and the Department of the Family.
- Implement and monitor the utilization of the handbook for offering services to participants with Alzheimer's together with the evaluation of our staff in nutrition and sustenance, including one annual visit and follow up for those centers with a less than 70% score in nutrition and/or sustenance.
- Offer continuous training to staff working with participants of the centers.
- Promote the development of support groups for relatives of participants or relatives who have a family member with the condition.
- Foster the offering of information and educational material to those who need it.
- Coordinate the Emergency Management Plan at the Multiple Activities and Services Center for the Elderly.

Goal 3

Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.

Strategic Objective #3.1: Achieve 100% of the objectives of the Medicare Alert to Fraud Project (ALF/SMP), from 2010 to 2013. (Senior Medicare Patrol = SMP).

Strategies:

- Design a work plan for ALF/SMP (2010-2013) Project and the includes recruiting volunteers and members of the Coalition, conducting trainings and educational dissemination at communities and through the media.
- Maintain an active Coalition ALF/SMP, through the offering of training and workshops to professional groups and other work groups functioning as a collaborative network. Conduct 4 trainings and workshops per year.
- Design a recruitment plan for volunteers for the ALF/SMP Project. Recruitment of 30 volunteers per year is projected.

- Participate in 200 information and educational activities to the community, including health and services fairs, orientations to groups, information desks/stations that offer orientation.
- Develop an educational dissemination plan for Medicare Fraud Alert in the media (radio, press, T.V.) and participate in 31 media activities each year.
- The director of the program will conduct monitoring and evaluation of educational activities and the number of visits to the community.
- Offer approximately 800 telephone orientations to beneficiaries and the general public.
- Offer 13 trainings each year to volunteers of the ALF-SMP program.
- Offer 20 orientations each year to volunteer candidates for the ALF-SMP Program.

Strategic Objective #3.2: Achieve 100% of the objectives of the State Health Insurance Assistance Program on (SHIP, English acronym) during the next four years.

Strategies:

- Participate in an active way in the recruitment of volunteers. It is projected to recruit 21 FTE volunteers per year.
- Participate in the development of a Training Plan for Staff and Volunteers. It is projected to offer 3 trainings per year.
- Implement a training plan for volunteers consisting of 6 trainings per year for active ones and one pre-service training for the newly recruited.
- Participate in the development of an information and education plan for the community on the Project.
- Participate in 40 activities per year corresponding to the information and education plan for the community including participation in health and service fairs.
- Participate in 2 radio programs and press coverage each year.

Strategic Objective #3.3: Develop and implement the “You Can, Improve Your Health (integrated system of nutrition and step counting)” campaign, directed to mainly prevent obesity, hypertension and diabetes in the community, organizations and municipalities impacting 5,000 elders.

Strategies:

- Train community leaders, implement and offer follow up to the program each year.
- Conduct two (2) activities each year bringing together all participants of the Program.
- The Evaluation and Plan Follow-up areas are in charge of monitoring the implementation and development of the Programs “You Can” at the Multiple Activities and Services Centers through monitoring visits.
- Offer follow up to programs and distribute necessary materials such as: pedometers, educational materials, and others.

Strategic Objective #3.4: Increase in 5% the offering of education in nutrition and nutrition counseling to elderly people in Puerto Rico during the next four years.

Strategies:

- Design at least one handout and two presentations on nutrition and the needs of elderly people with hypertension, obesity and diabetes.
- Nutritionists and assistant nutritionist will visit the Multiple Activities and Services Centers to offer at least two educational activities on nutrition for participants and other people in the community.
- Nutritionist and assistant nutritionist will participate in community groups to offer educational activities on nutrition.
- Nutritionist will attend to cases referred for counseling on nutrition.

Strategic Objective #3.5: Continue to develop the Farmer’s Market for elderly People impacting 60,000 people each year through food supplies and nutrition education during the next four years.

Strategies:

- Offer technical assistance, orientation, and call management, associated to the aspects of the Farmer’s Market Program for Elderly People in the community.
- Coordinate the delivery of checks at every municipality (place, personal, materials, etc.).
- Deliver checks at every municipality of the island where the Farmer’s Market is offered.

- Coordinate the offering of education on the importance of adequate eating habits when delivering checks at the Farmer's Markets at municipalities throughout the Island.
- Coordinate the redistribution of surplus money from checks per municipality overseeing the proper use of funds provided for these purposes.

Strategic Objective #3.6: Continue to offer and develop new programs in the areas of priority established by the Office with Office funds to improve physical and mental health and independence in the elderly population of Puerto Rico.

Strategies:

- Call services providers for orientation on proposals, provide technical assistance for completing proposals, evaluate proposals, and work on the budget.
- Promote service developments relating to theater, music, dancing, exercise, computers and others.
- Foster the development of new projects that stimulate the integration of changes for healthier life styles.
- Promote along with the Department of Mental Health and Addiction Services Administration (ASSMCA, Spanish acronym) the design of an educational program for professionals in the topic of mental health for the elderly.
- Continue evaluating and promoting the development of more mental health services for the elderly along with the Department of Mental Health and Addiction Services, particularly since psychological or psychiatric services are not available at every municipality in Puerto Rico.
- Offer incentives along with the universities of Puerto Rico for the development of physicians, health and behavior professionals to specialize in the elderly population.

Strategic Objective #3.7: Establish a program directed to fall prevention in the elderly population to maintain mobility and independence for the benefit of 5,000 elderly people.

Strategies:

- Develop educational material and prepare motivational and participative presentations.
- Identify elderly people with leadership and good communication skills for offering talks and evaluate the risks at homes. Ten people will be recruited each year for this purpose.
- Promote and offer talks on Tai-chi exercises for improving balance.
- Develop material on ideas for fall prevention and disseminate them in the media.
- The evaluation area will conduct quarterly evaluations on the specific efforts of this objective to include performance measures that ensure that all strategies are achieved.

Strategic Objective #3.8: Continue to offer and develop three (3) new programs in the areas of health, financial development, tourism, employment/training/self-owned-businesses and topics of priority established by the Office with Office funds for improving physical and mental health and the independence of the elderly in Puerto Rico.

Strategies:

Education

- Work jointly with the Department of Education to include courses on gerontology in public and private schools at the intermediate level. This course should also be introduced at the primary level with the purpose of educating younger generations on their aging process for adopting healthier life styles. As part of this course, students are to learn to relate with older persons. Follow up and monitoring will be offered to the developed curriculum entitled: "Hand in hand with the elderly", by our Office. Community work with elders will be a graduation requirement of this course.
- Promote along with the University of Puerto Rico the creation and promotion of Third Age Classrooms at university level, to offer the elderly an opportunity for attending university courses under a new curricular scope that allows an enriching experience.
- Promote, along with the Department of Labor and the Office of Human Resources, the offering of trainings on the elderly population for public workers who offer direct services to citizens.

Employment/Retirement/Savings

- Promote and monitor the implementation of an executive order for a mandatory requirement that each government agency and its instrumentalities, offer pre-retirement courses through the Retirement System of Puerto Rico. Accordingly, work jointly with the legislation of Puerto Rico for developing a mandatory measure on retirement

education every five (5) years from 45 years of age on, offering part time one year before retirement to assist on the transition of a new stage and the importance of saving.

- Promote along with the government and legislature an increase in pensions for the elderly based on the cost of living including retired people from the University of Puerto Rico who have never had an increase in pensions.

Employment

- Promote, jointly with the Department of Labor, the development of measures and necessary actions for developing programs that provide training and re-training for people 55 years of age and over. One of the alternatives for developing this public policy is to establish that part of the discretionary funds from the WIA (Work Investment Act) should be set aside for these purposes. These financial resources may be coordinated through Act No. 74 of June 21, 1956, as amended, which establishes that the Department of Labor will offer employment opportunity to every elderly person who have not completed the last three Social Security trimesters.
- Establish a "Talent Bank" of elderly people organized by field of study to work voluntarily and actively at various agencies or new programs to be develop in the community. This wil also serve to create awareness amog private employers of the benefits of employing and keeping the elderly within the work force.
- Importantly, the second most significant complaint at the Department of Labor of Puerto Rico is age discrimination. Therefore, work should be conducted jointly with the Department of Labor on initiatives focused on: prevention of employment discrimination due to age, education, and re-training, establishing incentives for employers to these effect, identifying the specific origin of the funds, developing flexible working scenarios with schedules, days, time and family time for main caregivers of frail elderly people; control of retirement Windows, and providing clear information on income once the person retires.
- Work jointly with the Department of Labor to ensure that people offering volunteer services, free or with stipends, be exempt from tax payment, as well as not taking into consideration these payments for the eligibility process in government assistance programs.
- Work jointly with the Department of Labor in the development of projects that provide flexible working scenarios for caregivers to assist in the productivity of this population. There are many people that in addition to caring for their children are also in charge of caring for their parents. A feasible alternative would be to provide one day license each month for medical appointments and other related activities.

Employment /Health

- Work jointly with the Insurance Commissioner in the creation and promotion of a " National Insurance" on services and long-term care at the home for public employees, that during their productive period can pay with the purpose of having benefits that presently no insurance covers such as: meals at home, home maintenance, housekeeping, transportation, medication dispensing at the home, coordination of services and follow up of preventive testing (diabetes, hypertension, nutrition, preventive testing follow up, etc.).

Tourism

- Promote legislation for the Tourism Company to develop an internal tourism plan in Puerto Rico and abroad for the elderly. It should occur through incentives to companies for fostering tourism in Puerto Rico. This could go along with measures that develop or promote special package prices at hotels and tourism trips.
- The evaluation area will conduct a quarterly evaluation on the specific efforts of this objective to include performance measures that warrant the achievement of all strategies.

Goal 4

Ensure the rights of older people and prevent their abuse, neglect and exploitation.

Strategic Objective #4.1: Guarantee the rights of residents at Long-Term Care Facilities (LTC) and prevent abuse, negligence, exploitation, and violation of rights.

Strategies:

- Offer technical assistance and orientation to coordinators and volunteers of the LTC Ombudsman through visits, meetings, interviews and calls each year.
- Offer orientation and training through 15 pre-service hours for volunteers and 15 training hours yearly for coordinator of the Ombudsman Program to strengthen areas of difficulty of these representatives.
- Strengthen the capacities of the coordinators and volunteers of the Program by 3 trainings per year.
- Recruit and/or maintain Ombudsman representatives (Volunteers) per year.
- Conduct 40 visits to long-term care facilities per month, per Local Program (7 Local Programs).

- Attend to complaints at long-term care facilities through case management
- Search for new or illegal facilities.
- Coordinate and facilitate the participation of staff in meetings, case discussions, and other activities with regulatory agencies on an ongoing basis.
- Represent the rights and interests of the residents before pertinent forums to warrant an adequate quality of life, care and protection of rights (court, family meetings and with providers).
- Participate in the creation, amendment and improvement of current laws and statutes relating to long-term care.
- Update the inventory of long-term care facilities.
- Maintain updated the records of each long-term care facility under its responsibility including cases, referrals and other pertinent information.
- Maintain the Model Project for an Environment Free from Restraints at Long Term Care facilities and increase the number of participating facilities.

Strategic Objective #4.2: Guarantee the rights of the elderly people in the community by means of different administrative and judicial alternatives.

Strategies:

- Non violations of consumer rights will be guaranteed by means of agreements and actions with other public and private agencies.
- Implement the Adjudication of Complaint Regulations of the Office.
- Offer training to the staff of the Office on the Adjudication of Complaints Regulations each year.
- Continue to implement the Manual of Procedures for the Protection and Defense Area.
- Attend to complaints associated to abuse against the elderly.
- Continue to implement the new computer system for the management and referral of cases.
- Attend to complaints from elders, victims of crime.
- Attend to complaints and/or situations that threaten the rights of the elderly.

Strategic Objective #4.3: Establish a plan for abuse prevention and its various modalities. In addition, facilitate access to available services with a 5% increase during fiscal years 2010-2013.

Strategies:

- Offer 5,000 information and assistance services each year.
- Visit cases as required by the complaints.
- Continue to assist elderly people in court.
- Coordinate support services with available resources in the community.
- Refer cases to service providers and offer follow up.
- Offer 80 orientations in the community and to professionals that include topics on abuse prevention, legal, and others.
- Train 50 community leaders in the topic of myths and stereotypes towards elderly people to impact all municipalities in the island and all professionals who work with this population. This, in coordination with the Assistant Ombudsman on Education, Research, Relations with the Community, and External Resources.
- Participate in 4 services fairs requested by the community each year.
- Distribute 600 brochures and 200 articles on promotion in nursing homes, communities, civic entities, public residential and others.
- Offer 5 trainings to staff of the program.
- Foster the development of laws or amendments to existent ones that benefit the elderly population.

Strategic Objective #4.4: Expand the scope of legal services, as well as increase the quality of legal services to achieve beneficial results for our elderly population during 2010-2013

Strategies:

- Identify five (5) most relevant issues that affect the elderly population with the purpose of working on specific efforts and integrate into the abuse prevention plan each year.
- Identify resources, training, and existent funding directed to the defense of the rights of the elderly.
- Offer legal assistance as well as legal representation for the elderly.
- Make referrals to other services providers, ex.: other government or private entities.
- Establish a collaborative consulting agreement with experts from various disciplines, ex.: engineers, physicians, etc.
- Offer legal representation services to at least 400 seniors each year.

- Offer legal counseling services to approximately 1,800 elders each year.
- Offer at least 8 educational presentations to professionals and the community.
- Establish communication with the Justice System for accepting the recommendation from the Specialized Court for matters pertaining to elders.
- Continue to work with the structuring of the new justice project accessible through the Court Administration of Puerto Rico.
- Develop processes and systems that speed up case management.
- Measure the level of satisfaction of recipients of legal services each year.
- Offer at least, one annual training to the staff of the Legal Affairs Office on topics of gerontology as well as to other community professionals.
- Continue to offer training at the Judicial Academy for Judges to ensure knowledge and compliance with the laws for the benefit of this population.
- Continue the collaborative agreement with the Legal Services Office of Puerto Rico to maximize resources and at the same time impact more elders.
- Continue to participate in administrative hearings conducted for the benefit of the population.
- Collaborate and develop public policy for the wellbeing of the elderly population.

V. Results and Performance Measures

Results: The Area Agency on Aging of Region I with the implementation of the Area Plan wants to ensure excellence in the quality of life of elderly people through educational activities, on prevention, services and others.

Performance Measures: The information provided below is based on a one year time frame.

Goal	Objective	Performance Measure	Date
Goal 1: 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.	1.1 Screening Officers	1,600 orientation services and referrals to services of the Agency	October 2010 – September 2013
		1,300 orientations on services offered by other public or private entities	
	1.2 LTC Ombudsman Program	2 trainings per year per Region for services providers	October 2010 – September 2013
		600 counseling to LTC facilities staff	
		12 orientations per year on self-defense for residents	
		3 educational activities per Local Program (7 Programs)	
		1 promotion in the media per year per Local Program	
		970 orientations to the general community	
		2 participations in fairs or information desks per Local Program	
	1.3 Education and Relations with the Community	Curriculum document developed	October 2010 – September 2013
		80 educational presentations each year on the adequate use of medications	
		864 educational activities per year for the benefit of 3,420 elderly persons	
	1.4 Education and Relations with the Community	Have educational material up to date.	October 2010 – September 2013
		30,000 units of Hand outs and educational material	
		It is projected that 100 people will visit the library each year.	
		It is projected that 3,000 units of the periodical "Plenitud Dorada" will be distributed.	
Goal 1: 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.	1.5 Education and Relations with the Community	Attend 12 annual meetings called by the Special Communities Office	October 2010 – September 2013
		Participate in 30 educational activities per year called by the Special Communities Office and Public Residentials	
		Offer 275 educational activities to the community through the various programs of the Agency	
		Annual distribution of 1,500 units of the periodical "Vejez al Día" "Aging Today"	
		Establish 5 collaborative agreements with educational programs at public and private institutions to promote research	
		Train 42 persons who work at 21 Multiple Activities and Services Centers as counselors in HIV/AIDS	
		HIV testing to 550 elderly persons as an initiative during HIV testing day celebration.	

Goal	Objective	Performance Measures	Date
		Coordinate along with the Department of Health the offering of educational activities on STD and HIV/AIDS prevention at 12 Multiple Activities and Services Centers for the benefit of 480 persons.	
		Annual flu immunization to approximately 700 participants from Multiple Activities and Services Centers along with the Department of Health.	
		Offer orientation to 500 persons annually on the Alzheimer's Program and the disease.	
	1.6 Collaborative agreements	Compliance with 100% of collaborative agreements	October 2010 – September 2013
Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.	2.1 Caregivers Support Program	Assistance Services to approximately 4,800 caregivers of elderly persons each year.	October 2010 – September 2013
		Respite services through institutionalization, housekeeping, and volunteers to approximately 1,400 caregivers	
		Supplementary services by means of medical equipment, nutritional supplements, incontinence supplies to 1,700 caregivers.	
		Life line services to 420 caregivers	
	2.2 Share with a Grandparent Program	15 meetings and at least 2 trainings for the staff	October 2010 – September 2013
		Offer one training and 10 meetings per year to volunteers.	
		Quarterly evaluation per volunteer	
	2.3 Volunteers Program	Volunteers will be identified to offer services to most Agency programs.	October 2010 – September 2013
		12 meetings and 2 trainings for Vista Members.	
		1 training and 3 meetings with volunteers each year.	
		4 annual evaluations per volunteer to know their level of performance	
		Participate in 6 activities such as talks and service fairs.	
		Conduct 2 meetings with directors of Multiple Activities and Services Centers.	
	2.4 Older Accompanying Friends Program	Collaborative agreements with the 12 Services Stations	October 2010 – September 2013
		One monitoring visit per station.	
		One supervision visit to volunteers every 2 months.	
		3 trainings at the central level to 155 volunteers and 12 at the services station level.	
		One pre-service training each year to potential volunteers (minimum 10 volunteers)	
		Respite services to 310 relatives of patients with Alzheimer's disease	
		One annual evaluation to Volunteers, Coordinators, Stations and measure the level of stress and sense of wellbeing of main caregivers	

Goal	Objective	Performance Measures	Date
	2.5 Multiple Activities and Services Centers for Elderly People (Nutrition and Maintenance)	3% increase in the number of offered services 3% increase in the number of people who benefit	October 2010 – September 2013
	2.6 Multiple Activities and Services Centers for Elderly People (Nutrition)	3% increase in centers enrollment	
	2.7 Multiple Activities and Services Centers for Elderly People (Monitoring)	An annual monitoring visit to each center and a follow up visit for centers that obtain a less than 70% score in the areas of nutrition and/or sustenance. An annual evaluation to each center and other services programs	October 2010 – September 2013
	2.8 SENDA Transportation Program	Benefit approximately 22,000 people 24 evaluation visits	
	2.9 Uniform transportation system	Pilot plan developed at 5 municipalities One annual monitoring to each program	October 2010 – September 2013
	2.10 Cultural and Wellness Clubs	Formation of 5 clubs during the following four years	
	2.11 Centers for people with Alzheimer's	Formation of 5 centers in the following four years 10 support groups oriented for developing the centers	October 2010 – September 2013
	Goal 3: Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.	3.1 ALF Program	
		15 volunteers will be recruited 200 educational and information activities to the community 31 dissemination activities in mediation. 800 telephone Orientations	October 2010 – September 2013
		3.2 SHIP Program	
		Recruiting 21 volunteers per year Participate in 40 educational activities per year 3 trainings for the staff and volunteers	October 2010 – September 2013
	3.3 You Can, Improve Your Health	Educational material and pedometers distributed at all centers of the program	
	3.4 Nutrition Education	Design of a new information handout and two presentations on nutrition All cases referred for nutrition counseling will be attended	October 2010 – September 2013
	3.5 Agriculture Market	Approximately 60,000 people received benefits.	

Goal	Objective	Performance Measures	Date
	3.6 Innovative Programs of the Agency	Number of new programs created.	October 2010 – September 2013
	3.7 Fall prevention	Number of presentations and talks offered	October 2010 – September 2013
		Amount of educational material distributed	
	3.8 Implementation of new programs in the areas of tourism, employment, education and others	Number of new programs created.	October 2010 – September 2013
		Number of people who receive benefit.	
Goal 4: <i>Ensure the rights of older people and prevent their abuse, neglect and exploitation.</i>	4.1 LTC Ombudsman Program	40 monthly visits per Local Program (7 Programs)	October 2010 – September 2013
		Detection of new and illegal facilities	
		Train volunteers and coordinators with 15 pre-service hours.	
	4.2 Community	6,000 information and assistance services	October 2010 – September 2013
		Coordination of 200 services with community resources	
		100 community orientations on the topic of abuse	
		Participation in at least 10 services fairs	
	4.3 PROVIEN Program	5,000 information and assistance services	October 2010 – September 2013
		80 orientations to the community and to professionals	
		Train 50 community leaders	
		Distribution of 600 booklets and 200 promotion articles	
	4.4 Legal Affairs Office	Legal representation to over 400 people	October 2010 – September 2013
		Legal counseling to over 1,800 people	
		Offer approximately 8 educational talks	

VI. Emergency Operational Plan At Facilities For Elderly Persons

The Area Agency is actively involved in the creation and followup of emergency plans. An example of this is the preparation of the Operational Plan for the Management of Emergencies at facilities that offer services to elderly persons and that are certified by the Department of the Family. This plan was created with a collaborative agreement between the Department of the Family, the Department of Health, the Office of the Ombudsman of Elderly People, and the State Agency for Emergency Management and Disasters Administration.

The purpose of the Emergency Operational Plan is to establish general and specific procedures that the staff of the facility had to carry out before, during and after an emergency or disaster no matter the cause, extent or complexity. It is a guide for the staff of the facility to follow in response to an emergency in coordination with external support groups (municipal, state, volunteers and/or private resources), to manage the event efficiently and effectively.

The Plan meets the public policy of the federal government and that of the Commonwealth of Puerto Rico, which requires protecting the wellbeing, the property and the lives of the elderly according to that set forth in the following laws and regulations administered by the Department of the Family, the Office of the Ombudsman for the Elderly and the Department of Health.

- Act No. 94 of June, 22, 1977, as amended, (Elderly Persons Facilities)
- Act No. 203 of August, 7, 2004, as amended, (Act of the Office of the Ombudsman for Elderly People)
- Act No. 81 of May 14, 1912, as amended, (Organic Act of the Department of Health)
- Regulation No. 7349 of May 7, 2007 (Regulation for the Certification and Supervision de of Facilities for the Care of Elderly People of the Department of the Family)

Below is a list of the types of risks identified than may affect a facility and contemplated on the Plan:

A. General risks:

- a. Natural: Tropical storms, hurricanes, floods, cyclonic tides, earthquakes, land slides, tsunami, droughts.
- b. Technological or caused by man: Fire, terrorism, shootings, captivity of hostages, contamination (water. Air, food) interruption of power, water, or telephone services.

B. Specific risks (within the facility):

- a. Internal fire, power, water, or telephone services interruption, local flood, contamination (water, environment, food), public health emergency (epidemics, dengue, and others), shooting, gas and chemical substance leaks, and water rationing.

The State Agency is the coordinating entity of the services directed to the elderly in Puerto Rico, as a result of joint efforts with diverse public and private entities for the wellbeing of the elderly population (it has developed 20 signed collaborative agreements). Below is a list of some of the collaborative agreements related to this function:

- A. The implementation of the Protocol of Basic Interagency Intervention in Situations in which Elderly People live under inhuman condition. The Area Agency will be in charge of planning and offering training to staff of the agencies included under this collaborative agreement. Among the participating agencies are: the Department of the Family, the Mental Health Services and Addiction Administration, the Police of Puerto Rico, the Administration of Health Insurances, the Department of Housing, the Medical Emergency Corp and the Board of Governors of the 9-1-1 Service.
- B. The coordination of educational activities on the prevention of sexually transmitted disease with emphasis on HIV/AIDS, HIV/AIDS testing, and the implementation of the Flu Immunization Program for the Elderly. This task is the result of a joint venture between the Department of Health with the utilization of the Multiple Activities and Services Centers for the Elderly.

VII. Screening Officers

The State Agency has available the services of volunteers appointed as screening officers. They offer orientation and assistance for those who communicate or visit the facilities of the Office to direct them to the corresponding program or agency. If the elderly person or his/her representative calls or visits the Office, the Screening Officer takes the request and evaluates the situation. If it is determined that the intervention from one of the program of the Agency is appropriate, the Officer proceeds to contact the corresponding Coordinator.

VIII. Data Base

The Area of Protection and Defense of the Agency has a data base in which the information is collected from cases, the complaints received and worked by the staff. The importance of the data base is that it collects the necessary statistic information for elaborating various reports that need to be submitted to the state and federal governments. In addition, it expedites the management of cases, referrals, and staff supervision.

Below are listed part of the information collected in the data base: social and demographic information of elderly, type of abuse (for example, emotional abuse, negligence, abandonment, theft, threaten, fraud, aggression, and others) or violation of rights (for example, discrimination, restriction of rights, and others) and the requested remedy (for example: conflict mediation, police case, procurement case, court assistance, and others). In addition, the data base collect information of reported complaints against other public and private agencies, individuals and municipalities. The data base has a screen that allows collecting the information from elderly persons on daily living limitations and nutritional risk. It also allows the creation of reports according to the variables of interest.

Information on Faith-based Community Organizations

The State Agency is committed to support the provision of services for the elderly population among faith-based organizations. In keeping with this objective we promote the yearly submission of proposals from this sector, to address service needs of the elderly in the Island. Some of the services currently provided by faith-based organizations include; home and community-based support services for persons with Alzheimer's (during early and advance stages) through the use of volunteers. Caring at home for these patients is much more economical than providing institutional or medical care for them. These services are provided through service stations at community level organizations which host several volunteers. Some of the functions of the service stations include; designating a service coordinator, offering yearly physical exams, as well as providing training for volunteers. In addition to these services there are faith-based organizations which tend to the elder population through Multiple Activities and Service Centers. Center participants can benefit from congregate as well as home-delivered meals, social and recreational activities, transportation services, and homemaker services, among others available. Funding for these services come through the Older Americans Act. Funding for the respite and support services provided for persons with Alzheimer's disease and their caregivers are obtained from the Corporation for National Community Service.

APPENDICES

Appendix A

INTERSTATE FORMULA PROPOSED FOR THE DISTRIBUTION OF FUNDS FROM TITLE III IN PUERTO RICO

The Office of the Ombudsman for the Elderly is the agency designated by the Commonwealth of Puerto Rico with the main responsibility of coordinating all activities related to the purposes of the Older American Act. Among the responsibilities, it is included the development of an Interstate Formula for distributing funds from Title III granted by such act.

As established in **Section 305 (a) (2) (C)**:

“in consultation with the Area Agencies, in accordance to the guidelines published by the Assistant Secretary and using the best possible information, a formula for the distribution of funds received under this title shall be developed and published for revision and commentaries, taking into consideration:

- (i) the geographic distribution of the person 60 years of age and over in the State; and*
- (ii) the distribution between of planning and services for persons 60 years of age and over with great financial and social needs, with particular attention for low income minorities”*

This formula will be submitted to the “Assistant Secretary for Aging” for approval -Section 305 (a) (2) (D). In addition, this formula will include the following, as required on Section 305 (d):

- (1) a descriptive declaration of the suppositions and goals of the formula, and its application to the definition of great financial and social need,**
- (2) a numeric declaration of the formula to be used,**
- (3) a list of the population, with financial and social data to be used for each planning and services area of the State, and**
- (4) a demonstration of the allocation of funds, based on the formula, for each planning and services area of the State.**

A. FUNDS DISTRIBUTION PROCESS

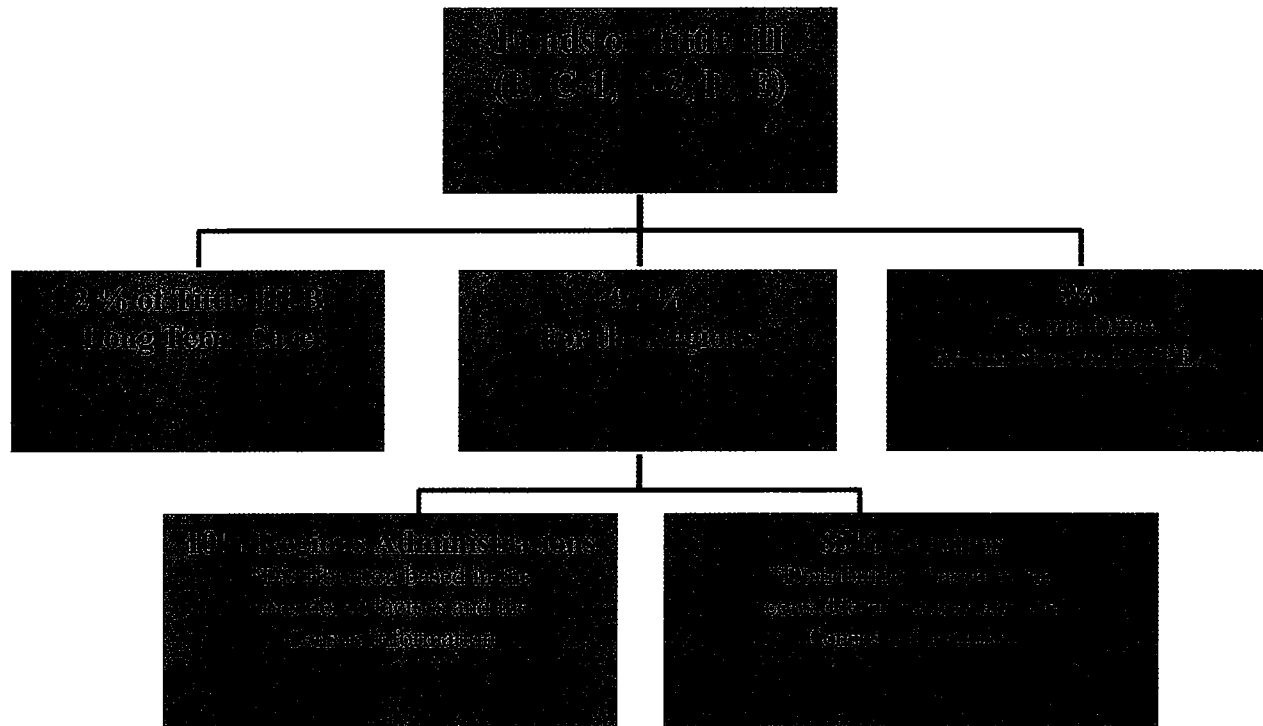
Title III funds granted by the Older Americans Act, as amended, are distributed according to a Intrastate Formula that takes into consideration the geographic distribution of persons 60 years of age and over in the State and the distribution among the planning and services areas for persons 60 years of age and over with great financial and social needs, with particular emphasis on persons living in rural areas, with low income and frail.

The amount distributed by the formula for each Area Agency is determined after applying the following deductions authorized to the federal allocation:

- **5 percent allocated to the Administration of the State Agency (Titles III B, C, D and E). Section 308 (b) (1) (B)**
- **2 percent allocated to “Long Term Care” (Title III B). Section 304 (d) (1) (B)**
- **10 percent allocated for the Administration of Area Agencies on Aging (Title III B, C and E). Section 304 (d) (1) (A)**

The remaining funds for services are allocated for the two (2) Area Agencies on Aging, according to factors considered in the State Plan for fiscal years 2010-2013. These values are based on data from Census 2000 and estimations from the population for year 2007 from the Planning Board of Puerto Rico.

GRAPH ON THE DISTRIBUTION OF FUNDS FROM TITLE III



B. FACTORS CONSIDERED AND ITS PERCENT VALUE

The State Agency and the Area Agencies on Aging agreed on the factors to be considered on the State Plan for fiscal years 2010-2013 with its respective percent values for the distribution of federal funds:

Factor	Percent Value	Source of Information	Purpose
Population 60 years and over	50%	Census 2000 and Estimations 2007 from the Planning Board of Puerto Rico	Reflect the geographic distribution of people over 60 years of age. This factor and its percent value are directed to the distribution of funds on the Region with greater concentrations of elderly people. Section 305 (a) (2) (C)(i)
Population 60 years and over, below poverty level	35%	Census 2000	Data from the Census reflect that 44.8% of elderly people in Puerto Rico live below the poverty level. The present formula warrants that the priority in the planning of services and service areas offered are directed to the concentrations of elderly people and who live below the poverty level. Section 305 (a) (2) (C)(ii)
Population 60 years and over, residents in rural areas	10%	Census 2000	Give preference to providing services to elderly people who live in rural areas. This is due to the fact that elderly persons living in rural areas and geographically isolated need access to services due to the lack of adequate transportation services. Section 307 (a) (10)
Population 60 years and over, frail or handicapped	5%	Census 2000	Consider population that is dependent due to functionality and require special attention, with emphasis on assisted care and home service. Section 305 (a) (2) (C)(i)

TABLE I
FACTORS CONSIDERED IN THE DISTRIBUTION OF FUNDS
FISCAL YEARS 2010-2013

Region	Population 60+		Rural Population 60+		Below the poverty level		Frail elderly	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
REGION I	457,991	62.72	141,977	44.90	183,196	55.94	152,592	61.90
REGION II	272,278	37.28	174,257	55.10	144,307	44.06	93,931	38.10
TOTAL	730,269	100.00	316,234	100.00	327,503	100.00	246,523	100.00

TABLE II
AREA AGENCIES ON AGING
Proposed distribution of funds for services
BASED ON FEDERAL FUNDS GRANTED UP TO
SEPTEMBER 30, 2008

Region	Population 60+		Rural Population 60+		Below level of poverty		Frail Elderly	
	<i>Amount</i>	<i>%</i>	<i>Amount</i>	<i>%</i>	<i>Amount</i>	<i>%</i>	<i>Amount</i>	<i>%</i>
Region I	\$3,751,868	62.72%	\$ 659,209	55.10%	\$2,342,404	55.94%	\$370,281	61.90%
Region II	\$2,230,064	37.28%	\$ 537,177	44.90%	\$1,844,946	44.06%	\$227,912	38.10%
TOTAL	\$5,981,932	100.00%	\$1,196,386	100.00%	\$4,187,350	100.00%	\$598,193	100.00%

TABLE III

**PROPOSED DISTRIBUTION OF FUNDS
BASED ON FEDERAL FUNDS GRANTED UP TO
SEPTEMBER 30, 2008 FOR \$14, 087,228**

Funds	STATE AGENCY		AREA AGENCIES				Total	
	Adm.	LTC Program	Administration		Services			
			Region I	Region II	Region I	Region II	Federal Funds	Pairing Funds
B	\$277,647	\$18,163	\$301,796	\$213,917	\$ 2,716,171	\$1,925,252	\$5,552,946	
C-1	\$193,474		\$215,120	\$ 152,480	\$ 1,936,085	\$1,372,318	\$3,869,477	
C-2	\$126,038		\$140,140	\$ 99,333	\$ 1,261,262	\$ 893,996	\$2,520,769	
D	\$ 13,487				\$ 149,965	\$ 106,296	\$ 269,748	
E	\$ 93,714		\$104,200	\$ 73,858	\$ 937,796	\$ 664,720	\$1,874,288	
Total	\$704,360	\$18,163	\$ 761,256	\$ 539,588	\$ 7,001,279	\$4,962,582	\$14,087,228	
Pairing								\$3,051,899

Information regarding justification of the Formula in our State Plan

(Data source: Planning Board of Puerto Rico, 2007)

I. Explanation of proposed formula changes

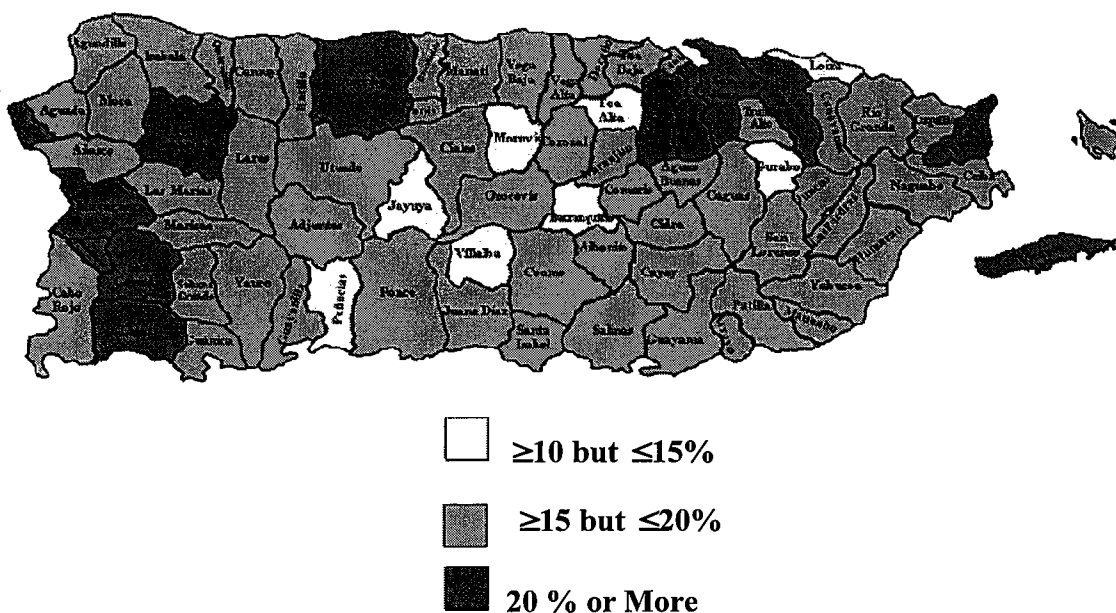
The proposed changes in the formula are in keeping with our interest in giving a higher priority to the population under poverty levels throughout the Island, given the current financial and economic crisis facing the senior population, many of which cannot cover their basic needs. We have seen this reflected in a recent study conducted by the our State Unit on Aging (See Attachment C.2, State Plan), where 38.2% of the elderly population reported an annual income of \$5,000 or less and 51.2 % reported not been able to take all their prescribed medications for lack of financial resources (34% reported only buying some of their medications and a 16% indicated not taking their medications at all). Without intervention this situation will result in the deterioration of their health condition.

The following includes an explanation of each of the factors in the proposed formula.

First Factor: *Population 60 years and older = 50%*

This factor is the one given the highest priority for the distribution of funds. The following map of Puerto Rico, shows the municipalities with the highest percentage of residents with 60 years of age or more. The area Region I Area Agency on Aging (AAA) has seven (7) municipalities with 20 percent or more of their population aged 60 years and over, which represent 49.63 percent (n=227,323) of the elder population in the Region. The Region II Area Agency on Aging also has six (6) municipalities with similar geographic features, representing 19.8 percent of the elder population in this Region (n=54,004). The Region I AAA has 63 percent of the total population of elders in the Island, therefore it will a larger portion of the budget.

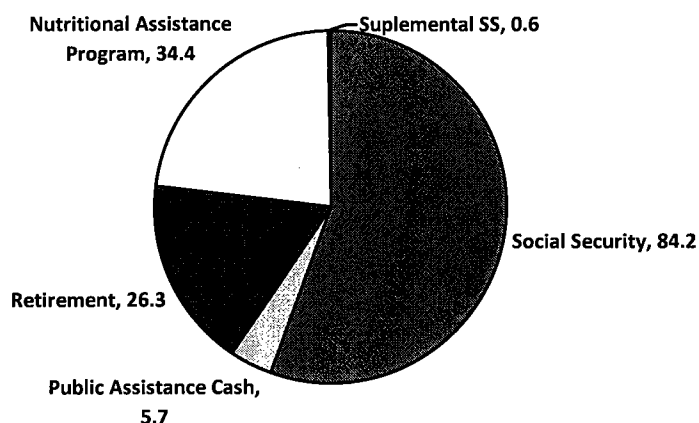
Percent of population 60 years and older by municipalities



Second Factor: *Below Poverty Level*+ 35%

This is the second factor taken into account, in offering services to those in more need. Given the precarious financial situation in our jurisdiction and the marked increase in cost of living, many of our residents could lack the resources required to cover basic needs such as adequate nutrition and prescribed medications. Again, this would seriously affect the health conditions of the elder population in the Island. Please note that in Puerto Rico Social Security income represents the primary financial resource among elders (84.2 percent of which receive SS, with an average monthly check of \$674.00). The Nutritional Assistance Program is cited as the second most common source of income among seniors (34.4%).

Percentage Distribution of Income Type, Received by Persons 60 Years and More.



Source: Community Survey, U.S. Census, 2007

This data indicates that a large portion of our elderly population is lacking the financial resources to cover their basic needs. Including this factor in the formula will allow us to reach those with more need, largely located in Region II AAA, that is, more than half (53 %) of the senior population have incomes below the poverty level in this region.

Third Factor: *Rural Area* = 10%

The number of residents in rural areas is the third factor taken into consideration for our formula. It is known that residents in rural areas confront more barriers to access available services. In Puerto Rico Region II AAA, has the highest percent of seniors residing in rural areas (64%). This is due in part to the mountainous topography of most municipalities located along the central region of the Island. This factor is also related to lower income levels, since most of the municipalities in the rural zone are those with the highest levels of poverty.

For instance:

Municipality	% Below Poverty Level	% of Population in Rural Area
Las Marías	67.1	88.8
Maricao	62.2	72.8
Villalba	60	78.4

This is the rationale for providing additional funds to Region II AAA. With additional resources these elderly residents will improve their accessibility to available services.

Forth Factor: *Frails or disabled*: = 5%

The forth factor was taken into account in the proposed formula is the population with some physical or mental disability, limitations in self-care and difficulty leaving their homes. Regarding this factor, both Region I and Region II AAA's share similar percentages of residents in this category (i.e., 33% and 34 % respectively).

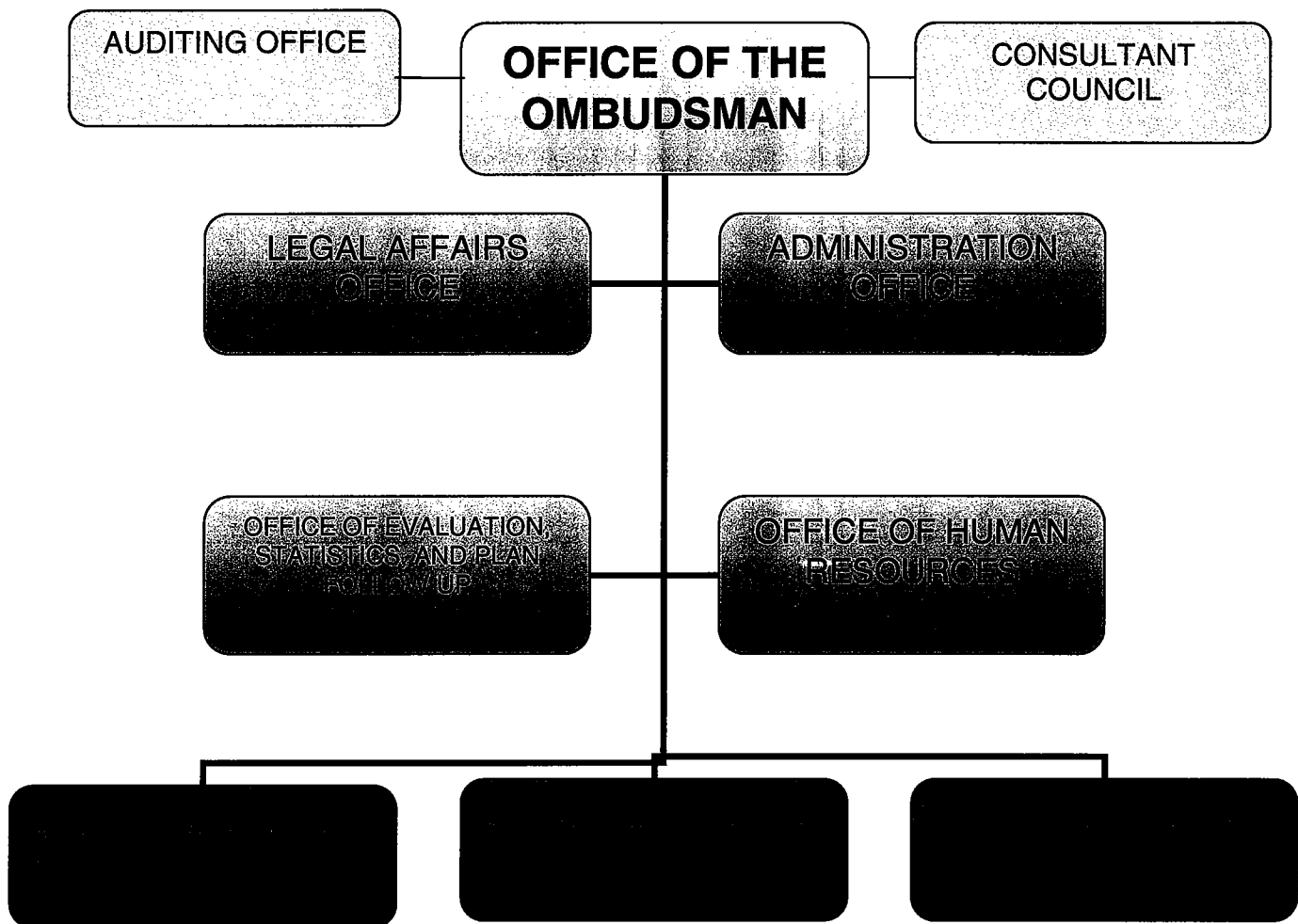
II. Comparison of fund distribution among AAA's, resulting from the proposed formula (considering funds allocated as of September 30, 2008).

	Proposed Formula for State Plan 2010-2013	Actual Formula	Difference
Total Región I	7,762,535.00 (59%)	8,019,508.00 (60%)	- 256,973.00
Total Región II	5,502,170.00 (41%)	5,245,197.00 (40%)	+ 256,973.00
GRAN TOTAL	13,264,705.00 (100%)	13,264,705.00 (100%)	

Appendix B. 1

Organizational Flowchart

Commonwealth of Puerto Rico
Office of the Ombudsman of Elderly People



1. This Council is created by the Organic Law of the Office for Elderly Affairs, Act of July 11, 1988.

Appendix B. 2

Elderly Population Profile

Population Growth

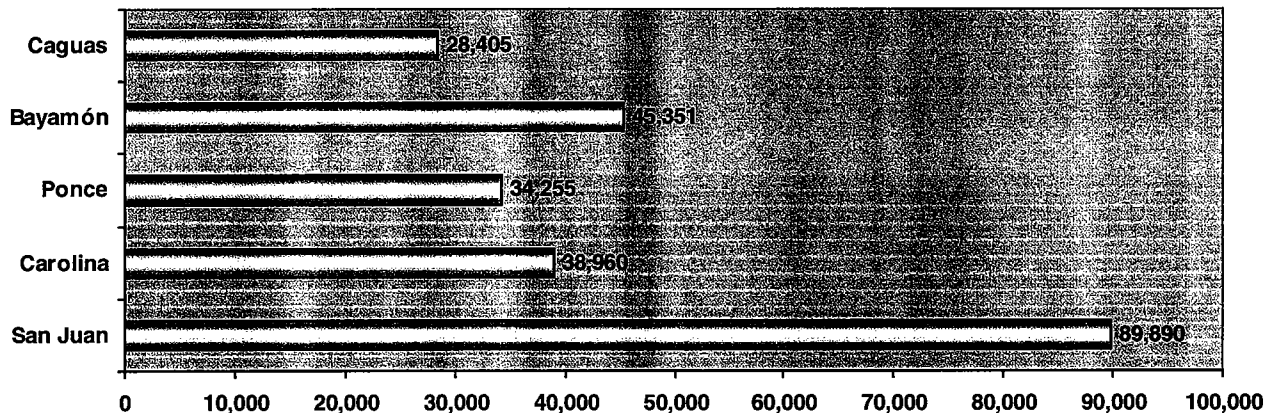
The population 60 years and over in Puerto Rico reached the number of 730,269 people according to data provided by the Bureau of the Census 2007. This sector of the population represents **18.5** percent of the total population

Regarding the proportion represented by the sector of the population 60 years and over, from the total population, the most outstanding is the municipality of Hormigueros registering **25.1** percent. This proportion is the highest registered compared to other municipalities in Puerto Rico. On the other hand, the municipalities which register over **20** percent are: San Sebastián, Arecibo, Rincón, Mayaguez, San Germán, Lajas, Bayamón, Guaynabo, San Juan, Carolina, Fajardo, and Vieques.

In 2007, the elderly population of the Municipalities of Bayamón, Caguas, Carolina, Guaynabo, Ponce, San Juan, and Mayaguez represented 38.2 percent of the total elderly population in the island. This information makes us reinforce our efforts in offering services and distribution of financial resources directed to these seven municipalities where almost two-fourths of the population 60 years and over live.

On the other hand, the municipalities with the lowest percentages of people 60 years and over in relation to the total population of the municipality (lower than 15%) are: Peñuelas, Jayuya, Villalba, Morovis, Barranquitas, Toa Alta, Gurabo, and Loíza.

**The Five Municipalities with the Greatest Amount of People 60 Years and Over
Year 2007**



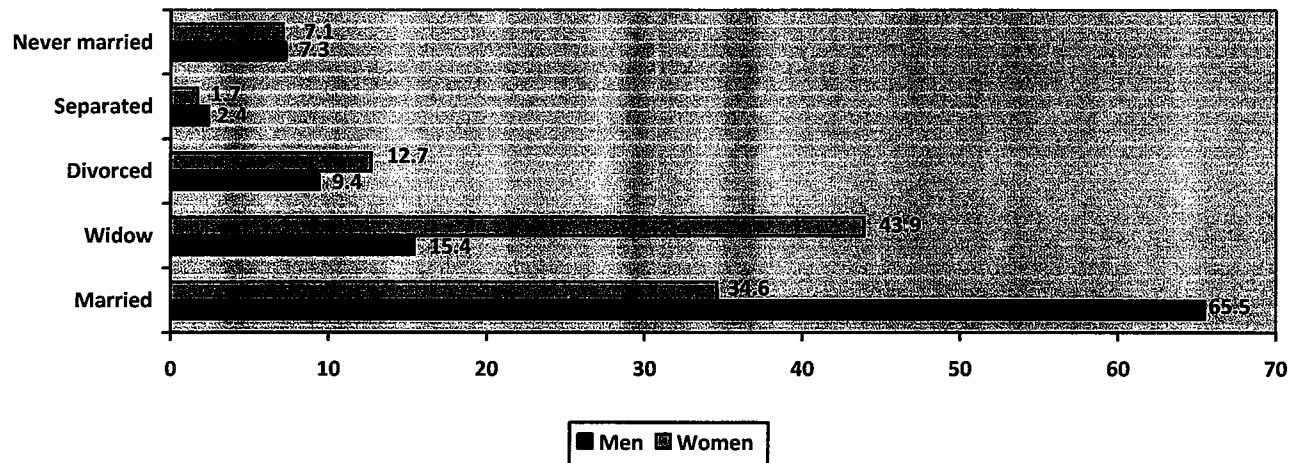
Source: Estimations of the Population of Puerto Rico for 2007 (Bureau of the Census)

Marriage Structure

Fifty-one point two (51.2) percent of the people 60 years of age and over who live in the island were married (legally or co-habiting), based on the results of the Survey of the Community conducted by the Bureau of the Census for 2007. However, an analysis by sex shows significant differences regarding marriage status. While **65.5** percent of men are married, less than half women (**34.6%**) are married. More frequently, women 60 years and over are widow compared to men (**43.9%** women vs. **15.4%** men). More than half (**65.4%**) of women had no spouse or companion, that is they were widow, divorced or had never married.

This demographic characteristic regarding marital status mainly explains the reason why a high proportion of elderly people do not live in a family household. This condition of living alone or accompanied by someone not related by blood ties, marriage or adoption increases with age. Likewise, it is more common among women this characteristic of living alone due to greater survival compared to men.

Marital Status of the Population 65 Years of Age and Older by Gender, Year 2007



Source: Community Survey from the Bureau of the Census 2007.

Home and Family Structure

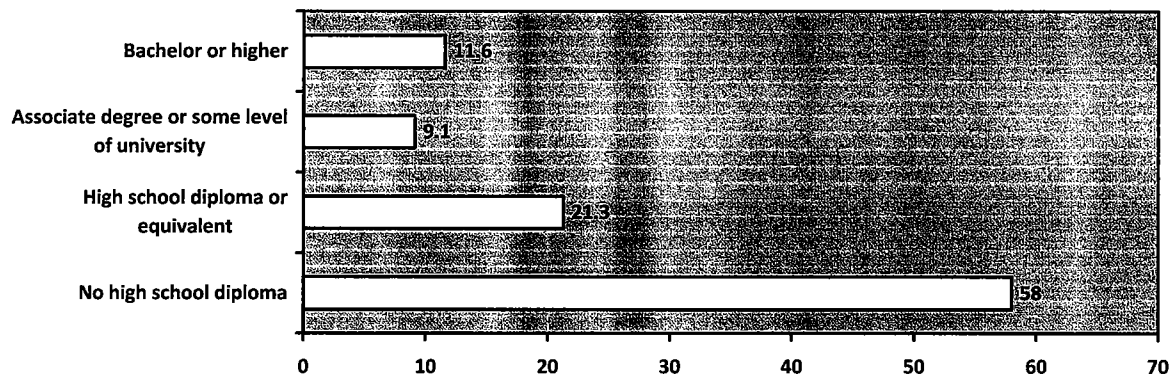
There were 105,474 homes in which the head of household was a person 65 years and over. As defined by the Bureau of the Census these are homes where two or more people united by family ties live, marriage or adoption. On the other hand, the municipalities of San Juan, Bayamón, Carolina, Caguas, Ponce and Mayaguez contribute to a 35.1 percent of all the head of household 65 years of age and older.

In 326,308 homes in the island at least one person 65 years and over live, this means that 32.3 percent of the homes, head of households de familia are elderly people.

Educational Level

More than half of the people 60 years and over have not graduated from high school (58%), on the other hand 21.3 percent graduated from high school or its equivalent.

Percent Distribution According to Educational Level In Persons 60 Years and Over

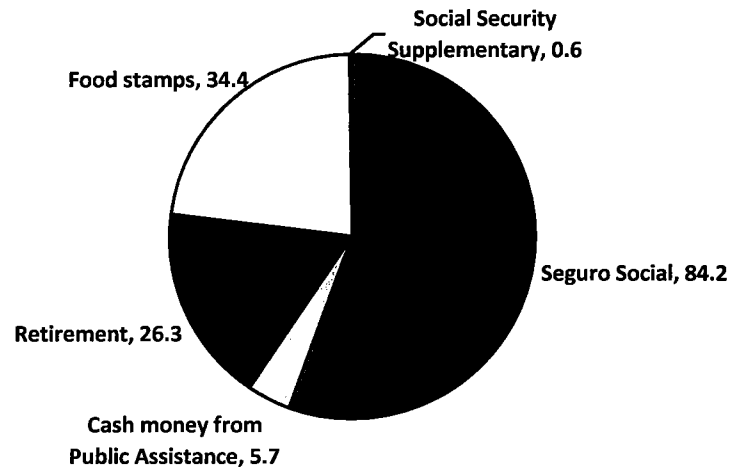


Source: Community Survey of the Bureau of the Census 2007.

Income

The main source of income of elderly people is Social Security which is received by 84.2 percent, followed by the Nutricional Asístanse Program for a 34.4%.

Percent Distribution Regarding the Types of Incomes that People 60 years of Age and Over Receive in Region II



Source: Community Survey from the Bureau of the Census 2007

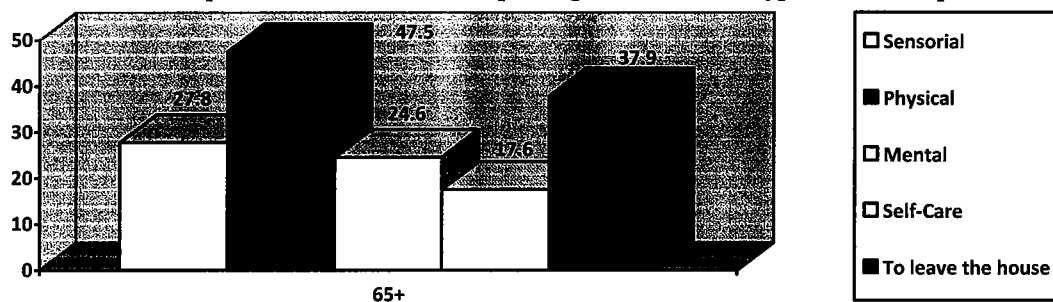
The greatest source of income for the population 65 years and over is Social Security with an average monthly income años of \$674.21. The data indicate that a great part of the elderly ppylation has not enough financial resources to satisfy their basic needs.

People with some Level of Hadicap

Thirty-three percent (33 %) (n = 246,523) of people 60 years of age and over, based on data from the last census have some type of handicap, which may be physical, mental, of self-care, and difficulty to leave their house. These situations usually are as a result of disease, accidents, and usual aging process. Movement and/or self-care limitations increase according to age.

The Municipalities of Las Marías, Santa Isabel, Maunabo, and Villalba present the greatest percent (over 48%) of handicapped elderly people. This data was informed by an elderly or relative to the surveyor of the Bureau of the Census.

Percent of People 65 Years and Over Reporting to have Some Type of Handicap



Source: Bureau of the Census, PRCS 2007

Grandparents Caring or Raising Grandchildren

Presently, in Puerto Rico there are more grandparents in charge of their grandchildren. Based on the Survey of the Community 2007 conducted by the Bureau of the Census, around 121,717 grandchildren younger than 18 years of age live with their grandparents, among these around 57,494 grandparents hold the responsibility of these minors.

Time a Grandparents is Responsible for their Grandchildren

Time	Number of Grandparents
Less than a year	10,734
1 – 2 years	13,729
3 – 4 years	7,085
5 years and over	25,946

Regarding the age of minors whose grandparents are responsible for them, 45 percent are six years old or less, 28.7 percent are six to eleven years of age, and 26.3 percent are 12 to 17 years of age. On the other hand, 63.1 percent of grandparents are female and 68.1 are married.

Causes of Death

During 2005, 29,702 deaths were reported in Puerto Rico from which 22,672 (76.3%) were elderly people.

The three main causes of death in this sector of the population are: heart disease (5,044 deaths), malignant tumors (3,374 deaths), and diabetes mellitus (1,864 deaths).

Five Main Causes of Death in People 60 Years of Age and Over by Age Group, 2005

Five Main Causes of Death by Age Group	60-64	65-69	70-74	75-79	80-84	85+	Total
Heart disease	443	493	686	795	942	1,685	5,044
Malignant tumors	427	510	600	578	544	715	3,374
Diabetes mellitus	229	252	293	341	341	408	1,864
Liver and cirrhosis	111	122	-	-	-	-	233
Cerebrovascular diseases	89	-	136	-	-	-	225
Pneumonia and Flu	-	105	-	190	265	625	1,185
Septicemia	-	-	132	-	-	-	132
Chronic Pulmonary Diseases	-	-	-	161	-	-	161
Alzheimer's	-	-	-	-	254	639	893

Source: Vital Statistics Annual Report of Puerto Rico, 2005, Department of Health, SAPEESI, Division of Statistics, San Juan, Puerto Rico.

Chronic Morbidity

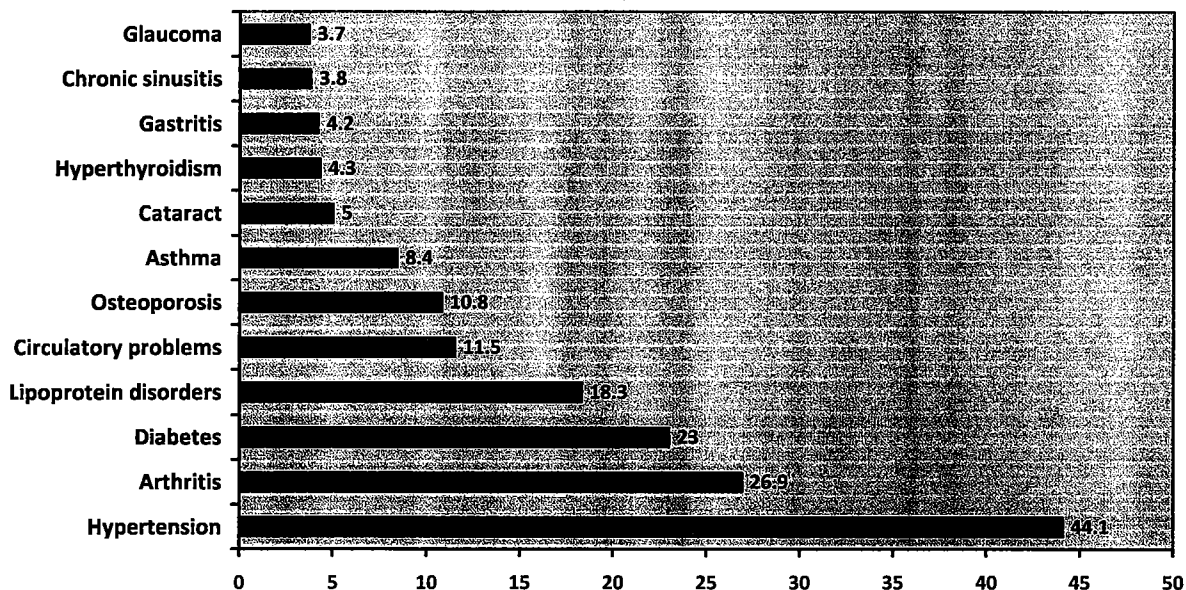
According to the latest Continuous Health Study Published by the Department of Health for 2004, the population 65 years and over in Puerto Rico suffered an average of four (4) chronic conditions. From these, three (3) are the result of a morbid disease process, while the remaining are the result of a handicap or defect.

When gender is taken into consideration in people 65 years and over for a chronic morbidity analysis in Puerto Rico, a heightened prevalence is observed in women compared to men. Women have an average of one more chronic condition (three conditions) as compared to men (three conditions).

The main health conditions affecting people 60 years of age and over, based on results from the Continuous Health Study 2004, were in order of importance: hipertensión, artritis, diabetes, lipoprotein disorders, circulatory problems, osteoporosis and asthma.

This group of chronic conditions which is so high among the elderly population of Puerto Rico, places them within the group of people exposed to a greater problems regarding handicap risk, morbidity, self-care, and therefore, dependency from relatives and society in general.

**Percent of Main Conditions in the Population 65 Years and Over
Puerto Rico, 2004**



Source: Continuous Health Study for the Municipalities of Puerto Rico, 2004.

Appendix B. 3

Programs and Services

Programs or Activities Developed by the Office of the Ombudsman for Elderly People

1. Senda Transportation Program

It has been implemented in 33 difficult access municipalities such as Jayuya, Aguas Buenas, Maunabo, Las Marías, Isabela, Vega Alta, Guayanilla, Orocovis and Patillas, among others. It is directed to elderly people and or dependents from elderly people with functional limitations or handicapped. The project offers access to social and health services, providing free bus transportation to participants who reside at distant communities with difficult access in the municipality. The vehicle provides transportation to various locations such as health services centers, supermarkets, medical offices, banks, government offices, including those most visited by this population like: Department of the Family and Medical Assistance. This program has the support of the staff of the municipalities.

2. Share a Grandparent Program

Its purpose is to develop in the society a positive perception on the aging process, achieve a better psychological adjustment of the elderly during this process, and to enhance the image of the elderly.

3. You Can, Improve Your Health Program

The program has been implemented in the Multiple Activities and Services Centers for Elderly People with the main objective of health promotion through educational activities and exercises. The main emphasis is prevention of obesity, hypertension, and diabetes; it comprises a combination of nutritional goals and exercises routine goals, for the improvement of health of the elderly. In addition, excursions, recognition activities, and gifts are offered.

4. Day Care Centres for People with Alzheimer's

People with Alzheimer's disease are offered nutrition and support services during the early stages in a congregate environment where socialization is promoted.

5. Assisted Living Act

Manuals and procedures were established for implementation of the law.

6. Legislation to Prevent Abuse in the Elderly

The development of new laws was fostered and existent were attended in search of a greater effectiveness in prevention of abuse in the elderly population.

7. Services Directory

It is free for elderly people and for the general public when the Agency's webpage is accessed.

8. Program for the Proper Use and Management of Medications

This program offers educational talks to the elderly through six health educators who visit the island's municipalities.

9. Hand on Hand Curriculum for the Elderly

It was implemented in high schools and it's directed to teach young people about their aging process and to become sensitive to the elderly population.

10. Fire Prevention Initiative with the Fire Department of Puerto Rico

Fire prevention trainings were developed at the Multiple Activities and Services Centers and at Long-term care facilities.

11. Act No. 190

Allows granting a certification to services providers after taking courses on aspects of gerontology.

12. Occupational Therapists Act

The law was developed and implemented for Long-term Care facilities could contract occupational therapists services.

13. Big People Program

First television program for elderly people.

14. Recreational Plan

Recreational activities for the elderly population are published quarterly on a wide dissemination paper.

15. Caregiver Support Program

The first program in Puerto Rico dedicated to offering assistance to relatives who care for elderly people. It offers support in fostering their task of caring for elderly people that can stay in their community.

16. Summer Encounter for the Elderly

This activity was carried out during five days of the month of August at the Boquerón Vacation Center (Centro Vacacional de Boquerón) in Cabo Rojo. Various educational, recreational, sports, and health clinics activities were offered as well as attractive menus, artistic events, and dancing.

17. Community Empowerment Coordination Program

Meetings with community groups with great social and economic needs to provide the necessary skills for self-care and reclamation of their rights.

18. Study on grandparents in charge of caring or raising grandchildren

There were 1,780 grandparents from 74 municipalities participating in this study with the collaboration of the Department of Education through the Department's social workers and counselors who conducted the questionnaires for the grandparents. The results of the study have given a clearer idea of the characteristics of grandparents and the areas that need attention in helping them with this important task.

19. Economic Equality Study

This study collects statistics from financial aspects related to the elderly population, it analyzes and makes projections that allows for recommendations in the creation of public policy.

20. Friendly Cities

The World Health Organization wants to create friendly cities for the elderly. It has invited Puerto Rico to participate in this Project through the Office of the Ombudsman for Elderly People.

21. First Study on Long-Term Care

It establishes the structure of available services, their demand and needs in Puerto Rico.

22. Services provided by volunteers

Volunteers ascribed to the Agency offer respite services to homes, as well as talks, participation in fairs, orientation and others.

23. Agriculture Markets

Jointly with the Department of Agriculture, since April 2007, the fifth Agriculture Nutritional Market Program for elderly people has been developed. Its main purpose is to improve nutritional health of the elderly by promoting the use of vegetables, fruits, grains cultivated in the island. Approximately 60,000 people 60 years of age and over benefit from this program in Puerto Rico.

24. Integrated Promotion and Prevention Plan

Its objective is to offer information and services of the Agency through the distribution of educational materials visiting the municipalities in Puerto Rico.

25. Legal Division Office

Offer special legal services to the elderly population.

26. Alzheimer's Centers Operation Manual

A Manual was created for the functioning of the Alzheimer's Centers and trainings were offered on its content to directors of Multiple Activities and Services Centers.

27. Interagency Collaborative Agreements

Twenty collaborative agreements have been developed with the purpose of uniting interagency efforts to benefit the elderly population.

28. Visiting Puerto Rico

Program that offer to the elderly the opportunity to visit parks, beaches and other facilities in the island.

29. Visiting the Museum

Program developed in collaboration with the Art Museum of Puerto Rico and offered the opportunity for elderly people to participate in activities and workshops to learn about plastic arts.

30. Programs that offer cultural workshops:

- a. Bells choir
- b. Program on the musical instruments used for dancing Bomba
- c. Program that offers workshops on music therapy, theater, and choir

The process of creating awareness in the general community on the increase in elderly population and what the process of planning the financial, social and psychological aspects of the country entails plays a very important role in achieving the effectiveness while offering our services. Due to this, we pretend to strengthen this task with intensity which to us, is the most important factor in obtaining an effective coordination at the public and private level.

The main purpose of the Ombudsman for the Elderly People is to provide people 60 years and over the mechanisms to satisfy the needs with the services they demand, defend their rights, and improve quality of life. To achieve this responsibility, our Office has conducted activities of great importance in accordance to the objectives we have set.

Assistant Ombudsman for Programs

- **Volunteer Program**

The purpose is to identify people interested in offering their services in benefit of their community dedicated to community services and nonprofit organizations through the recruitment of volunteers. These volunteers are trained to provide home care services or support at the offices of the Agency. This allows the maximization of existent resources.

- **Caregivers Support Program** (Title III E) This is the only program in Puerto Rico dedicated to offering help to relatives who care for elderly people. It seeks to offer support in their continued task fostering that the elderly remain in their community.
- **Share with a Grandparent Program** It has the purpose of developing in the society a positive perception on the aging process, assist the elderly in acquiring a better psychological adjustment during this process and enhance the image of the elderly.
- **Adoptive Grandparent Program** is a program established since 1975 in Ponce. Since October 1st, 2008 our agency sponsors this program. It recruits volunteers 60 years of age and older to serve children with special and exceptional needs at school and institutions.
- **Older Company Friends Program (PAMA, Spanish acronym)** is a special program that allows people 60 years of age and over offer volunteer respite services to caregiver relatives diagnosed with Alzheimer's disease. This program has 13 stations services.
- **Programs Move more... improve your health! and You Can...improve your health!**
A promotional campaign in the media has been carried out for these programs emphasizing prevention of obesity, hypertension, and diabetes. It consists of a combination of nutritional goals and routine exercises goals to improve the health status of the elderly. It also offers excursions, recognition activities and gifts.
- **Transportation Program Senda** has been implemented in 33 difficult access municipalities such as Jayuya, Aguas Buenas, Maunabo, Las Marías, Isabela, Vega Alta, Guayanilla, Orocovi and Patillas, among others. It is directed to elderly people or dependents of elderly people with limited functions or handicapped. The project offers access to social and health services through a bus that provides free transportation to participants who live at distant communities and of difficult access in the municipality. The vehicle provides transportation to various places such as health services centers, doctor's offices, banks, and government offices, including those most visited by the population, such as: Department of the Family, and Medical Assistance. This program receives support from staff of the municipality.
- **Polyphony Bells Choir Program** this health promotion program was founded in 1991. It is a musical nonprofit institution that receives funds from our Agency. Its mission is to contribute to the integral development of the elderly and to impact communities through music, love, and service. This activity stimulates psychomotor skills. The program is established at the Multiple Activities and Services for the Elderly at Puerta de Tierra in San Juan, at the Municipal Library in Bayamón, and at the Multiple Activities and Services Center in Trujillo Alto.
- **Multiple Activities and Services Center for Elderly Persons (CASM, Spanish acronym)** Services offered through CASM with our funds have as a main objective to promote the integral health of people 60 years and over with great financial and/or social needs. It offers a congregate nutrition service which offers breakfast, lunch, and a snack within a social environment at least five days a week. It also offers nutrition home service providing lunch at home to people 60 years of age and older and their spouse that, for some physical or health condition cannot attend the CASM. Other services offered are: Socialization and Recreation Service, Home Assistance, Transportation, Health, Education and Social Service. These services were provided throughout the 140 Multiple Activities and Services Centers for Elderly People.
- **Day Care Centers for People with Alzheimer** There are two day care centers for people with Alzheimer located in the municipalities of Cidra and Cayey. At these centers, services are offered five days a week. The main objective is to offer respite to relatives of people diagnosed with Alzheimer's. Some of the services are the following: congregate nutrition services (breakfast, lunch, and snack), recreation and socialization, social and health services, and others.

Assistant Ombudsman for Education and Community Relations

- **The State Health Insurance Assistance Program (SHIP)** Is a program sponsored by the Health Systems Financing Federal Administration. Its objective is that the elderly population in Rico receives information and orientation on the benefits of Medicare, Medicaid and Medigap; through fairs, trainings, seminars, and promotional campaigns.
- **The Puerto Rico Fraud Alert Project (ALF, Spanish acronym)** offers education, counseling, and orientation to fight fraud, abuse and misuse of health services provided by Medicare. It has 14 volunteers offering services in the island.

Assistant Ombudsman for Protection and Defense

It oversees that state and federal laws that protect the rights of the elderly are followed. This office has three components:

- **Community Area**
This program has the function of receiving, attending, and directing complaints that harm the rights of the elderly.
- **The Ombudsman for Long-Term Care Facilities (LTC) Program** is directed to defend the rights of the residents of these facilities known as nursing homes.
- **Assistance to Crime Victims Program (PROVIEN, Spanish acronym)**. This program is supported with funds granted by the Department of Justice. Its main purpose is to investigate and direct complaints from elderly people victims of abuse classified as an offense.

Legal Affairs Office

The Legal Affairs Office purpose is to investigate and provide remedy before the actions or omissions that harm the rights of the elderly. This office has the faculty to act on its own behalf and in representation of the elderly as individuals or as class in defense of the rights warranted in Act No. 121 of July 12, 1986, as amended, known as the Bill of Rights of Elderly People of Puerto Rico.