

## Description of Existent Services

In this section we will highlight the services and elderly people who benefitted during year 2008 by the Area Agency. These services were provided in 140 Multiple Activities and Services Centers for Elderly People.

| Multiple Activities and Services Centers (Region D) |                                  |              |                                  |
|---|----------------------------------|--------------|----------------------------------|
| Municipality  | Center                           | Municipality | Center                           |
| Aguas Buenas  | Rafael Lasa                      | Culebra      | Marcelina Díaz Pellot            |
| Arecibo   | Juventud del Ayer                | Dorado       | La Nueva Aurora                  |
| Barceloneta   | Juventud Eterna                  | Fajardo      | Esperanza para la Vejez          |
| Barranquitas  | La Hermandad                     | Guaynabo     | Amelia                           |
| Bayamón   | Ciudad Dorada                    | Guaynabo     | Santa Rosa II                    |
| Bayamón   | El Remanso                       | Guaynabo     | Santa Rosa III                   |
| Bayamón   | Shalom                           | Guaynabo     | Muñoz Rivera                     |
| Caguas  | Club de Oro                      | Guaynabo     | Juan Domingo                     |
| Caguas  | Nuestra Señora de la Providencia | Guaynabo     | Hato Nuevo                       |
| Caguas  | Hato                             | Guaynabo     | Guaraguo                         |
| Caguas  | Cañaboncito                      | Guaynabo     | Camarones                        |
| Caguas  | Pedro La Santa                   | Guaynabo     | Centro Alzheimer (Santa Rosa II) |
| Camuy   | Manuel Acevedo Rosario           | Gurabo       | Huellas de Vida                  |
| Canóvanas   | Eduardo García Carrillo          | Hatillo      | Víctor M. Avila                  |
| Carolina  | Diamantino                       | Juncos       | Renacer                          |
| Luquillo  | Pablo Suárez                     | Las Piedras  | Celia T. Mondríguez              |
| Carolina  | Sabana Abajo                     | Manatí       | Remanso de Paz                   |
| Ceiba   | Narciso Matta Gauthier           | Naranjito    | CADEN                            |
| Corozal   | Petra Marrero                    | San Juan     | Puerta de Tierra                 |
| Cidra   | Eterna Primavera                 | San Juan     | Vista Hermosa                    |

|              |                    |               |                                 |
|--------------|--------------------|---------------|---------------------------------|
| Quebradillas | Wilfredo Iglesias  | San Juan      | Club de Oro/Llorens Torres      |
| Río Grande   | Jardín del Yunque  | San Juan      | María Magdalena Sofía – Cantera |
| San Juan     | Buen Consejo       | San Juan      | El Comandante                   |
| San Juan     | Cupey Alto         | San Juan      | Satélite de Llorens             |
| San Juan     | Las Margaritas     | San Juan      | Centro Caparra Terrace          |
| San Juan     | Las Monjas         | Toa Alta      | Centro Envejecientes            |
| San Juan     | Manuel A. Pérez    | Toa Baja      | Centro Envejecientes            |
| San Juan     | Nemesio R. Canales | Trujillo Alto | Pedro “Tito” Calderón           |
| San Juan     | San José           | Vega Alta     | Juan de los Olivos              |
| San Juan     | Puerto Nuevo       | Vega Baja     | J. Pérez Melón                  |
| San Juan     | Bo. Obrero         | Vieques       | Luisa Guadalupe Guadalupe       |

| Projects or Programs               | Municipality |
|------------------------------------|--------------|
| Programa Auxiliares en el Hogar    | Arecibo      |
| Casa Barranquitas                  | Barranquitas |
| Casa Mamá Margarita                | Cataño       |
| Programa Auxiliares en el Hogar    | Comerio      |
| OPAPI                              | Río Grande   |
| Amistad Misionera en Cristo Obrero | San Juan     |
| Proyecto Macín Yova                | Vega Alta    |
| Centro de Despacho                 | Caguas       |

### Multiple Activities and Services Centers for Elderly People Region II

| MUNICIPALITY  | CENTER                  |
|---------------|-------------------------|
| Aguadilla     | Caimital Alto           |
| Aguadilla     | García Ducós            |
| Aguadilla     | Higüey                  |
| Aguadilla     | San Antonio             |
| Aibonito      | Casa Aibonito           |
| Aibonito      | La Plata                |
| Aibonito      | San Luis (HOPE)         |
| Añasco        | David Chapel Betances   |
| Cayey         | Ramón Frade             |
| Cayey         | Cayey Municipal         |
| Coamo         | Bo. Los Llanos          |
| Coamo         | Coameño para la Vejez   |
| Guayama       | Monserate Bruno         |
| Guayanilla    | HOPE                    |
| Guayanilla    | Centro Guayanillense    |
| Hormigueros   | Julio Pérez Irizarry    |
| Humacao       | Mencita Fontanéz        |
| Jayuya        | Jayuyano                |
| Lajas         | Centro de Lajas         |
| Las Marías    | Centro de las Marías    |
| Mayaguez      | Bo. El Seco             |
| Mayaguez      | Geriátrico Municipal    |
| Mayaguez      | HOPE                    |
| Mayaguez      | La Milagrosa            |
| Orocovis      | Corazones Unidos        |
| Ponce         | Ave. Hostos             |
| Ponce         | Cruz Espada (HOPE)      |
| Ponce         | Hogar Paz de Cristo     |
| Ponce         | Luis Biaggi             |
| Ponce         | Perla del Sur           |
| Rincón        | Centro de Rincón        |
| Sabana Grande | Centro de Sabana Grande |
| Salinas       | Centro de Salinas       |
| San Germán    | Hoconuco                |

| <b>MUNICIPALITY</b> | <b>CENTER</b>                                 |
|---------------------|---|
| San Germán          | HOPE  |
| Utua                | Centro de Utua                                |
| Villalba            | Centro de Villalba                            |
| Yauco               | Primera Iglesia Bautista                      |
| Aguada              | Auxiliares en el Hogar                        |
| Aguadilla           | Auxiliares en el Hogar                        |
| Aibonito            | Casa Aibonito                                 |
| Cayey               | Centro Respiro y Rehabilitación San Francisco |
| Maunabo             | Programa Auxiliares en el Hogar               |
| Mayaguez            | Servicios Sociales Católicos                  |
| Moca                | Programa de Auxiliares                        |
| Orocovis            | Auxiliares en el Hogar                        |
| Ponce               | Servicios Comunitarios Maná                   |
| Rincón              | Programa Auxiliares en el Hogar               |
| San Sebastián       | Unidad Médico Móvil                           |

#### **Administrative Office of the Agency**

The state office is the entity where the Work Plan is developed and implemented at the 78 municipalities that make up the island. This office receives state and federal funds and are distributed to the services centers for elderly people. From here, audits and monitoring are promoted that ensure the good administration of the granted funds.

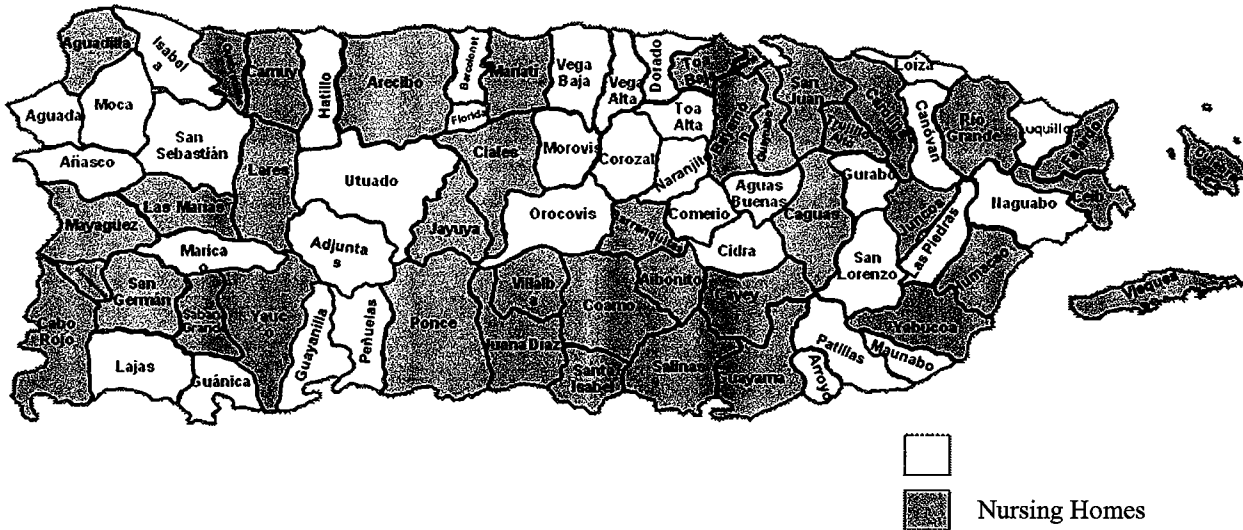
The Work Plan provides direction to the programmatic job in benefit of the elderly, which adds up to **770,251(2009)** persons.

#### **Services Coordinated by the Agency for the Elderly Population**

##### **A. Housing**

Living conditions of the elderly population constitutes an important aspect for analysis of the needs of this population. In Puerto Rico, there are few housing options for the elderly since most live in the community (98%).

## Municipalities with Nursing Homes



For year 2009 we have in Puerto Rico nursing homes in 41 municipalities.

Source: Nursing Homes directory of the Office of the Ombudsman for the Elderly

## Elderly People at Long-Term Care (LTC) Facilities

Long-term care facilities offer services to frail and handicapped elderly people 24 hours a day. These facilities may be ascribed to a government agency: Department of the Family, Mental Health, and Veterans Administration, others are private. This type of facility is classified into institutions whose enrollment is for over seven people. It may be large, medium or small sized. Substitute homes are facilities that house from 1 to six persons.

## Retirement Systems

Based on data provided by the Study on the Social and Financial Situation of Retired Persons of the Government of Puerto Rico for 2003, **86.76** percent of retired people in the island were over 60 years of age. **Ninety-five point eighty-nine (95.89)** percent of those retired from education for 2003 were 60 years and over, **63** percent were retired from the Power Authority (Autoridad de Energía Eléctrica), **97.73** percent of those retired from the University of Puerto Rico were elderly persons, and **87.39** percent of those retired from the Government of Puerto Rico had 60 years and over.

## Sustainment/Nutrition Services

Puerto Rico has 140 Services Centers under the Office of the Ombudsman for Elderly Persons. These are located throughout the 78 municipalities of the island. During 2008, Congregate Nutrition services were offered at the Multiple Activities and Services Centers to **10,267** persons and **2,508,372** benefitted from these services. This includes breakfast-snack and lunch. People who benefitted from the Home Nutrition Services were **8,313**. They received **1,503,845** nutrition services during the year. The beneficiaries of the nutrition service at centers and home amounted to a total of **18,580** participants.

Sustainment services included among others; information and assistance, case searching, home assistance, self-care. Adult daily care, transportation, assistance in transportation, legal assistance, nutrition and housing repairing. Below are the people who benefitted during year 2008 from these services.

## Services and Persons who Benefitted Year 2008

| Services Categories            |   | TOTAL     |         | TOTAL        |         |
|--------------------------------|---|-----------|---------|--------------|---------|
|                                |   | Services  | Persons | Services     | Persons |
| Personal Care                  | C | 200,862   | 9,996   | 233,357.00   | 15,342  |
|                                | H | 32,495    | 5,346   |              |         |
| Housekeeping                   | H | 481,128   | 2,110   | 481,128      | 2,110   |
| Maintenance                    | C | 374       | 22      | 1,855.00     | 40      |
|                                | H | 1,481     | 18      |              |         |
| Adult Day Care                 | C | 66,908    | 378     | 66,908.00    | 378     |
| Case Management                | C | 400,419   | 14,135  | 513,793.00   | 24,839  |
|                                | H | 113,374   | 10,704  |              |         |
| Nutrition Counseling           | C | 1,864     | 656     | 2,538        | 867     |
|                                | H | 674       | 211     |              |         |
| Transportation Assistance      | C | 128,360   | 3,988   | 161,183      | 5,213   |
|                                | H | 32,823    | 1,225   |              |         |
| Transportation                 | C | 1,607,597 | 7,344   | 1,634,678    | 7,848   |
|                                | H | 27,081    | 504     |              |         |
| Legal Assistance               | C | 385       | 210     | 3,012.00     | 1,025   |
|                                | H | 2,627     | 815     |              |         |
| Nutrition Education            | C | 6,161     | 2,176   | 6,574.00     | 2,382   |
|                                | H | 413       | 206     |              |         |
| Information and Assistance     | C | 188,787   | 114,579 | 190,998      | 115,021 |
|                                | H | 2,211     | 442     |              |         |
| Searching of cases             | C | 838       | 838     | 1,583        | 1,583   |
|                                | H | 745       | 745     |              |         |
| Visiting                       | C | 8,965     | 3,493   | 54,495       | 12,425  |
|                                | H | 45,530    | 8,932   |              |         |
| Housing Repairing              | C | 6,136     | 102     | 6,453        | 158     |
|                                | H | 317       | 56      |              |         |
| Localization                   | C | -         | -       |              |         |
|                                | H | -         | -       |              |         |
| Recreation and Socialization   | C | 4,824,768 | 10,802  | 4,827,403.00 | 11,169  |
|                                | H | 2,635     | 367     |              |         |
| Education and Training         | C | 475,546   | 9,164   | 476,562.00   | 9,813   |
|                                | H | 1,016     | 649     |              |         |
| Other                          | C | -         | -       |              |         |
|                                | H | -         | -       |              |         |
| Congregate Meals<br>Home Meals | C | 2,511,181 | 10,300  | 4,015,026    | 18,613  |
|                                | H | 1,503,845 | 8,313   |              |         |

## **Appendix B. 4**

### **Information of the Offices of the Ombudsman for Elderly People**

#### **Headquarters of the Office of the Ombudsman for Elderly People:**

Physical address: Bldg. 1064 3<sup>rd</sup> Floor  
Ponce de León Ave.  
Stop 16, Santurce

Mailing address: PO Box 191179  
San Juan, PR 00919-1179

Telephone: (787) 721-6121

Fax: (787) 724-1152

#### **Region I Office:**

Physical address: Bldg. 1064 3<sup>rd</sup> Floor  
Ponce de León Ave.  
Stop 16, Santurce

Telephone: (787) 919-7930

Fax: (787) 919-7935

#### **Arecibo Satellite Office:**

Physical address: Ave. 65 de Infantería  
Paula Sanz Building  
Paseo Víctor Rojas (Next to the police station)

Telephone: (787) 878-6354  
(787) 680-7003, 680-7004, 680-7005, 680-7006, 680-7007, 680-7008

#### **Caguas Satellite Office:**

Physical address: Celis Aguilera #59  
and Baldorioty, Caguas

Telephone: (787) 744-8810, 905-7940  
(787) 905-7941, 905-7942

#### **Juncos Satellite Office:**

Physical address: Federal and Housing Programs Building  
Paseo Escuté (Next to the library and Town Square)

Telephone: (787) 905-7131

(787) 905-7132

(787) 905-7133

**Region II Office:**

Physical address: #1241 Hostos Ave.  
Eurobank Building Suite 204, Ponce

Telephone: (787) 841-1180

(787) 841-1181

(787) 259-3143

Fax: (787) 259-3112

**Guayama Satellite Office:**

Physical address: Derkes St.  
Institute of Culture of Guayama

Telephone: (787) 866-6971

(787) 592-7020

(787) 592-7021

**Mayagüez Satellite Office:**

Physical address: #75 Pablo Casals St.  
(Market Place, 2nd floor)

Telephone: (787) 833-2021, 1-800-981-0056

(787) 265-4215, 1-800-981-4899

Fax: (787) 832-5512



## Appendix C. 1

### Result of Public Hearings

Below are the findings of public hearings conducted in Region I for elderly persons.

**Public Hearings  
University of Turabo at Ponce  
Elderly Persons  
March 20, 2009**

### Transportation

#### Needs:

##### *1. At Multiple Activities Centers*

- Lack of official vehicles(Buses) (14)
- Lack of drivers (10)
- No assigned budget for repairing buses or buy license plates. (2)
- Some participants have no access reaching the Center of have to use a private taxi.
- Cost of transportation for recreational activities is too high.
- Buses are too small, no space for everyone so buses have to be hired. (3)
- Drivers who distribute meals need escorts.
- Some participants use their own cars and do not respect the service hours. They do not eat the snacks and impact the statistics.
- Buses have no ramps for handicapped.

##### *2. Needs outside the Center*

- Few public transportation (22): No rural routes in most municipalities, and the use is limited to some residents.
- Have to get up too early in order to be on time. (2)
- Only go to specific places, you have to get to the stop, which sometimes is too far from the residence/place, have to walk too much. Limited to urban area, no flexibility. Don't go from one town to the other.
- High costs (6)
- No public transportation during weekends or afternoons, nights, have a fixed schedule from 8 to 3, if you leave the doctor's office late, there is no way to get back home. (2)
- If the driver does not have enough people for the ride, you have to wait until full, or if not you have to pay for the missing spaces, sometimes you wait over an hour.
- Often, not enough available space in the bus or taxi for wheel chair, walker, etc.

- Poor maintenance of public transportation, seats are torn, no air conditioning, no mirrors.
- Adequate transportation for elderly people is needed. (7)
- Lack of mass transportation outside the metropolitan area.

### **3. *Drivers over 60 years old***

- Relatives do not want their parents to drive due to lack of reflexes and the fear of negligence from the other drivers.
- Parents do not want to depend on their children, because they have their own responsibilities.
- If an emergency happens during the night, they have to do it. They should evaluate their own driving ability. (3)
- During weekends there is no transportation from the center or public transportation, only taxis (there are places where there is no such private service)
- The Department of Transportation and Public Works does not request or justifies the ability of a person who recertifies driving licenses, only a medical certificate is requested, and the doctor signs the documents even though the person does not pass the text.

### **4. *Taxis***

- High costs (3)
- Good hygiene.
- Take too long (2)
- Do not use the taximeter, have a fixed fee.

### **5. *Parking***

- Parking is only for handicapped and pregnancy (1)
- Do not how to use parking meters (2)
- Reasonable prices (1)
- People stay too long at handicap parkings.
- Not enough space for buses or private cars to leave off elderly people in front of hospitals, doctor's offices, and others, so they don't have to walk.
- Narrow streets in the urban area and buses cannot drive through.
- Eligibility requirements for handicap plates are too strict for some.

### **6. *Streets and sidewalks***

- Inaccessible, vehicles park on both sides of the street and big cars cannot drive through.
- No planning, streets are fixed then they have to dig them for passing tubing and other needs. Sometimes they just make temporary fixing which is worse.
- Weighing of heavy trucks is not done and streets are full of holes.

- Street jurisdiction is not defined (Municipal vs. State).
- No lines are painted, white/yellow at rural/urban areas.
- Sidewalks have barriers (architectural, grass, vehicles)

## 7. *Trolley*

- At most Municipalities where there is service, it is limited to Touristic zone, and you have to pay. (2)
- Some Municipalities have no service. (2)
- Don't work to satisfy basic needs, only luxury. (3)
- Only at one of 6 Municipalities that participated of the topic, have Trolley service that reaches counties, hospitals, doctors, supermarkets, churches, etc.

## **Recommendations:**

- That means of collective low cost transportation be created that can be used not only for medical appointments, but for recreation, for example, churches, supermarket, for visiting relatives, drugstore, etc. (3)
- Transportation cost be regulated.
- Multiple Activities Centers should hire more drivers and substitute for when the driver is absent. (4)
- Budget for repairing vehicles, license plates y buying more units. (3)
- Verify with the Department of Transportation and Public Works (DTOP) the requirements to obtain a new license for elderly persons and get handicap plate
- Verify feasibility of having space in front of doctor's offices, hospitals, etc.
- Respect traffic laws, regarding sidewalks, parking, assign more functions to municipal police.
- Build less roads, fix existent ones.
- Verify effectiveness of the Adopt a Road Program.
- Verify the requirements for operating Public Transportation with the Public Service Commission (inspectioning)
- Prepare waiting rooms at public cars terminals.
- Create at all municipalities system of Trolleys (it is free and meet the needs of the citizens) and at Municipalities where it is available, not limit to tourism.
- All service be uniform at the Municipalities ( Not only at the Metropolitana Area, Ponce, Mayaguez and others)
- Should paint and put signs in rural roads.
- More transportation available for elderly persons. (7)
- Offer subsidy or financial assistance to pay for transportation.
- More parking in towns for the handicapped.
- Create a transportation system from communities to the center of each municipality.

- More transportation at different hours. (2)
- Offer more continuing education to drivers on how to treat and respect the elderly.
- Municipalities should have transportation to carry the elderly to doctor's appointments. (6)
- More money for the centers for transportation purposes.
- Sufficient funds for transportation and fixing equipment at the centers.
- Larger buses at the centers.
- Talk to car distributors for donations to the centers.

### **Education**

#### **Needs:**

##### **1. Computer** - All is about technology.

- Centers do not provide training or workshops that focus the use of computers. (4)

##### **2. Automatic Teller Machines**

- Not designed for elderly people (letters too small, have to be fast) considering that Social Security checks is direct deposit.

##### **3. Telephone automatic systems**

- Too many instructions and difficult access.

##### **4. Cellular**

- Cellular phone functions too complicated.

##### **5. Literacy**

- Some people cannot read or write.

#### **Recommendations:**

- Multiple Activates and Services Centers and the community coordinate trainings focusing education of the population in the use of computers and new technological advancements. (8)
- Staff at banks be available to offer orientation on the use of ATM. (5)
- ATM machines be built with color systems or only number for better comprehension, besides big letters for greater visibility.
- Use technical schools, colleges and universities that have computer center for offering workshops.
- Educate and train staff of the centers to listen to the interests and needs of the elderly.
- More education from the staff.
- Educate the elderly on their rights, duties, and responsibilities and if they can become more assertive when claiming their rights and demanding respect. (5)
- Offer workshops on crafts and literacy courses. (2)
- Use community resources to offer workshops (retired teachers and psychologists)
- Create awareness and sensitivity of health professionals and the community on the rights of the elderly. (4)

- Educate elderly persons on managing money.
- Train staff at the centers on aspects of aging.
- Offer literacy workshops.

### Volunteering

#### **Needs**

- Volunteers are not sufficiently trained.
- Little stipend for transportation
- Many elderly have no one and need a volunteer.
- Few staff for caring for the elderly.

#### **Recommendations:**

- The government and other private agencies should conduct activities to acknowledge volunteers.
- The government should give incentives to volunteers. (13)
- Hospitals that have volunteers should offer them free or low cost medical services and medicines. (2)
- The government should identify facilities for volunteers. (Ex. A place for volunteer development and training).
- Conduct workshops at various agencies to train volunteers.
- More volunteer groups should be created to offer services at hospitals. (Many times there are elderly people alone at hospitals, sometimes don't eat because they cannot get up from bed). (3)
- Promote volunteering in schools. (To create awareness in children of the importance of volunteer work in the community.)
- The government should give publicity to volunteer groups. (5)
- Promote religious and community support groups. (2)
- Raise pay to volunteers (Amend the law for Volunteers).
- Provide uniforms, caps, and notebooks to volunteers.
- Create awareness in the community of the need of volunteer services to accompany and offer support to the elderly.
- Use volunteers for recruiting others, no one better than a volunteer to talk and convince others of the benefits of being a volunteer.

### Housing

#### **Needs:**

- There should be more employees and supervision in nursing homes.
- More help programs should be established to help elderly people acquire a living. (3)

- The board of public residentials should include an elderly person.
- Municipalities should assign staff as links with the Office of the Ombudsman of Elderly People to assist in requested services.
- The government should create more special programs to exclusively help the elderly.
- Section 8 Program should be able to allocate an exclusive 10% for the elderly.
- The elderly are paying rents that are too high. (2)
- It is difficult to apply for public housing since the requirements are many.
- Many elderly people who apply for living get their paper backs without explanation for denial.
- People without home or in bad conditions. (4)
- There are times in which the elderly wants to live in a nursing home and if it is too costly, they cannot pay, while also there are places that if Social Security income is below 500- dollars do not accept the person.
- There is need of nursing homes or apartments for the elderly. (2)
- Abandoned houses are being used by crime offenders
- Safety near living places should improve, there is only partial security.
- People who need a living and do not qualify due to income. (4)
- Lack of living places for middle class elderly.

#### **Recommendations:**

- Approval or programs to help buy a house or lot for the elderly. (4)
- Nursing homes should be closet o towns for better access to facilities. (2)
- Special Communities reconstructions should end.
- Do not evaluate couples according to income of both.
- Centers should carry out more activities, music, talks, and games. (2)
- At centers and nursing homes there should be more sensitivity, compassion, warm water, and adequate services.
- Programs should be created so that elderly people can qualify for low cost homes. (5)
- Facilitate the process to apply for help for house repairing. (2)
- Greater fiscalization where funds were assigned for the elderly.
- Construct more low cost living for the elderly. (9)
- Help repair houses and many people need help to pay the rent. (4)
- What old people need is company and facilities, no matter if one has to pay, that we may feel at peace and accompanied.
- More staff at nursing homes.
- More safety at nursing homes. (2)

- Create assisted living projects.
- Help the old in house repairing.
- Destroy houses that are public nuisances.
- Municipalities should have brigades to help fix houses for the old.
- Change income tables so more people can qualify and have adequate living. (3)
- Guild private apartment complexes for the elderly. (5)
- Establish along with Special Communities Projects a time for house repairing.
- Establish and reevaluate income scale to live at an independent living facility. (2)
- Establish a safety system at independent living facilities.
- Build more substitute homes for people without family resources.
- Make more federal funds proposals to construct buildings for the elderly.

## **Health**

### **1. Nutrition**

#### **Needs**

- *Elderly people who attend centers*
  - Juices offered in the menu are citric.
  - Most meat offered is red or pork.
  - Menu does not provide options for vegetarians.
  - No diet for diabetics, they eat regular diet.
- *Persons from the community*
  - Elderly people who do not attend the centers it is difficult for them to eat fruits and vegetables due to high cost.

#### **Recommendations**

- Include nectar juices in the menu..
- Include chicken and fish in the menu.
- Offer varied menu.
- Evaluate the menu at the centers periodically.
- Evaluate the alternative of offering discounts in prices for fruits and vegetables for the elderly.

### **2. Lack of sensitivity and adequate treatment by health professionals**

#### **Needs:**

- Not all patients are treated alike. (2)
- Do not want to make referrals. (2)
- Lack of knowledge of the Rights of the patients and of health facilities.

**Recommendations:**

- Treat everyone alike.
- Create an Electronic referral system.
- More direct doctor-patient communication.
- Investigate doctors who do not give referrals.
- The elderly should receive adequate explanations and documents should be written with big letters.

**3. Waiting time when receiving health services****Needs:**

- Poor medical system, long waiting hours. (2)
- Lack of staff at emergency rooms

They have to get up too early to take a turn and occasionally, the doctor gets there late or after long waiting the doctor has to leave and nobody attends patients.

- Amount of patients doctors see at one day. (2)
- Long waiting hours to be attended . (2)
- You have to wait too long to get an appointment, sometimes even six months.

**Recommendations:**

- Emergency rooms should offer preference turns for the elderly.
- Have more staff at emergency rooms.
- Appointments should be by the hour. (2)

**4. Exercises and Health****Needs:**

- Eliminate the program Puerto Rico in shape from some municipalities.
- Lack of motivation by staff of the centers.
- Lack of recreational alternatives at centers and other places.

**Recommendations:**

- Offer again the program that was so beneficial for the elderly.
- Offer other programs attractive for the elderly.
- Offer social alternatives along with other centers.
- Offer alternatives to improve mental health of the participant, like: music lessons, billiard, etc.
- Activate the You Can, Improve Your Health Program and do regional activities.



- Give prizes for the amount of stops at activities.

## **6. Medical Insurance**

### **Needs:**

- High cost of services. (2)
- Strict affiliation process and requirements.
- Too much billing and they bill for services not offered.
- They make them sign documents and strategically change them from insurance plan.
- Provider refers medical equipment not needed.
- Untrue promises from medical insurances (offer services without referral and then request them to receive services)
- Apply for medical insurance card before offering services and bill without offering the services.
- Changes in insurance coverage.

### **Recommendations:**

- Regulate medical services costs.
- That doctors can request referrals from other doctors or plan.
- Consult the patient on what services were offered before billing.
- Send summary of services received every month.
- Offer orientation to sales people that if the beneficiary has a tutor, only the tutor should sign and make decisions regarding changes or plan affiliation.
- Offer orientation to relatives regarding that they should accompany the beneficiary when receiving plan orientation.
- Supervise providers.
- Billing forms should be signed after receiving care. .
- Offer more orientation to people on how to avoid fraud.
- Offer orientation to participants of the centers regarding the different existent plans. Offer orientation on their rights when going to hospitals, treatment centers or doctors' offices.
- Improve the system and that the amount the plan offers be greater.

## **7. Requirements of the Medical Assistance Program**

### **Needs:**

- Referral systems.
- Repetitive application documentation every year.
- Low income scale.

**Recommendations:**

- Eliminate referral system.
- Request only documents with change of information each year.
- Revise salary scales regarding cost of living and medical expenses so not to eliminate the benefit to someone who does not qualify for a couple dollars.

**8. Cost of Medications and Medical Equipment****Needs:**

- High cost of medicines. (7)
- Not all medical equipments are covered. (2)
- Medical insurance regulates medicines the patient should take.
- Get a 9-1-1 ambulance is difficult, long waiting until they come from other towns.

**Recommendations:**

- Regular medication costs. (3)
- Broaden medical equipment coverage.
- Only the doctor should determine the treatment a patient needs.
- Have an ambulance at each town.
- More control and supervision with medical equipment.

**9. Polypharmacy****Needs:**

- Overmedicated patients.
- Patients take various medications for the same condition.
- Bad medication use.

**Recommendations:**

- Doctor should request evidence from the patient of medications being taken.
- Doctor should require patient to bring previous treatments.
- Educate the patient on side effects of medicines.

**9. Mental Health****Needs:**

- Few staff at centers that work with Alzheimer's patients.
- High medication costs for mental health conditions.
- Few services for patients with mental conditions.

- Detrimental conditions at places where services are provided to these patients.

**Recommendations:**

- More escort staff available to work with patients with Alzheimer's.
- Regulate medicine costs.
- Each municipality should at least have one facility to offer services for patients with mental conditions.
- Improve conditions at the centers that offer services to these patients.

**10. Disease Prevention and Health Promotion**

**Needs:**

- Few orientation resources.
- Lack of information programs.
- Lack of trained staff.

**Recommendations:**

- Offer workshops on disease prevention.
- Train more staff.
- Easy access to information material.
- Offer immunization at centers and that they take us to medical appointments.

**Caregivers**

**1. Support to caregivers**

**Needs:**

- Supplements for incontinence
- Nutritional supplements
- Special medical equipment – lifts and equipment to facilitate care
- Nursing services – cleaning ulcers, giving injections, etc
- More housekeeping services needed. (18)
- Training to caregivers in area of nursing (6) – train caregivers on techniques that facilitate care, avoiding lesions and anxiety for the inexperienced caregiver. In addition, train in topics of hygiene for infection control and avoid ulcer formation.
- Offer orientation or mediation among family members (children) – family support is of utmost importance, some children did not know that by law they have to help.
- Life line – many did not know of this emergency service. Most of them agreed on that they could pay this service for only \$15.00 to \$30.00 per month.
- Support groups – are of great benefit, but the population of caregivers find it difficult to find someone to leave their relative with.

- Services that help in managing emotions or liberating tensions.
- Training caregivers in using special equipment
- Offer orientation to caregivers on the stages of Alzheimer's disease and how to deal with the patient.
- Cost to the caregiver for required documents at agencies in order to receive services – some caregivers find it difficult that agencies offering services like equipment or diapers require medical certifications. Presently, some doctors charge for each medical certificate requested.
- Constant absences from work by caregivers – due to diseases that require a lot of care, caregivers have no option than to miss work and this affects their leave of absences and salary.
- Elderly persons with few resources cannot pay a housekeeper.
- What to do with caregivers who are in worse shape than the person being care for in terms of health.

#### **Recommendations:**

- Incentives – that the government implement financial distance (example: tax return discounts) to all caregivers of elderly persons.
- Special leave licenses with pay – establish special laws which pays those leaves of absence when caring for a relative (with proof).
- Psychological services – if there is no legislation for these purposes, create a law that makes mandatory for medical insurances to provide psychological services. That OPPEA collects data from non profit or for low income Agencies that may offer such help for caregivers.
- Emotions of caregivers – That the state or municipal government create recreational and exercise workshops like CAMPIRA, cultural activities or tourism for caregivers. The caregivers understand they can attend 2 to 3 times per week and the activities should not extend longer than 1 1/2 hours.
- Medical certificates – it was proposed that the government create legislation to limit the cost or establish a minimum rate for certificates since these are requested when obtaining services.
- Recruit more housekeeping staff. (18)
- Coordinate housekeeping services with INSEC, municipality and federal programs.
- Extend the schedule of the housekeeping service.
- Coordinate volunteering programs for caregiving services.

## **2. Grandparents caring for minor grandchildren**

#### **Needs:**

- Family support
- Financial support – to cover school costs and clothing
- Assistance in homework, more so if computers are required

#### **Recommendations:**

- Training to grandparents – offer computer lessons, internet lessons to train grandparents that assist grandchildren with homework.

- School without walls – offers the chance to help minors with homework at school simplifying the task for grandparents. Give priority to children with academic and/or financial needs.

### **Service for Elderly People**

#### Services at Multiple Activities and Services Centers for the Elderly

##### **1. In the area of Nutrition**

###### **Needs:**

- Confectioning menus vs. available staff
- Lack of foods of the season to complete suggested menu
- Problems delivering meals by food provider
- Menus are limited to some specific foods. Participants wish variety. For example, do not limit to only offering coffee. (2)
- Lack of trained staff to work in the kitchen

###### **Recommendations:**

- Demand compliance with Regulations or Programs instructions by regulating agencies to comply with the number of staff vs. enrollment at the center.
- Make changes in menu to substitute season foods without constituting an observation from the regulating agency. (2)
- Centers should have varied options of food providers to supply meals the Centers need at the moment. Minimize requirements for biddings.
- Offer a variety of foods so participants may chose preferred foods. For example, buffet-type.
- Train kitchen staff with workshops for confectioning meals and manipulating them.

##### **2. In the area of Health**

###### **Needs:**

- Lack of equipment in the area of nursing to offer health services. The centers need glucometers and strips, appropriate equipment to take vital signs, and medications.
- Assign an ambulance for all centers to attend to emergencies that may occur.
- Include as a requirement in the Centers, the appointment of a full time graduate nurse and a practitioner at the Multiple Activities and Services Centers.
- Maintain escorts at the Centers assigned to the area of health to offer direct health services to participants of home nutrition.
- A set of regulations is necessary to work with health services of home participants.

###### **Recommendations:**

- Conduct pertinent actions with different public and private agencies for assigning funds for acquiring health equipment, medications, and ambulances adapted to the elderly.
- Implement regulations or instructions from programs from regulatory agencies for the Multiple Activates and Services Centers with two nurses, one of them a graduate nurse and the other an assistant.

- Implement regulations or instructions from programs from regulating agencies for the Multiple Activities and Services Centers to assign escort staff to offer health services for participants of home nutrition.
- Create an emergency protocol for the intervention of cases in the area of health for participants of home nutrition.
- Offer better maintenance to restrooms at the Multiple Activates and Services Centers.
- Authorize nursing staff to give some medications.

### **3. In the area of Transportation**

#### **Needs:**

- Appoint prepared and/or trained drivers to attend elderly people or keep a substitute driver in case of absence and/or vacations of the assigned driver. (2)
- Maintain adequate vehicles and in good conations at the Centers and it is necessary to have a vehicle according to the number of participants in the Centers.
- Municipal vehicles used to offer services for the elderly are not adapted to this population.
- Creation of new public or private programs to offer transportation services for the elderly, not only for health needs, but social needs of the person.
- Many need help for medical appointments.

#### **Recommendations:**

- Conduct pertinent actions with public or private entities to make a collaborative agreement to offer transportation services. Offer orientation to entities on adequate vehicles to offer service to elderly people.
- Appoint a driver per vehicle, and by the number of participants at the Center.
- Offer trainings and/or workshops for drivers of the Center on topics related to the elderly.
- Create laws to regulate cost of transportation service for the elderly.
- Create new public or private programs to offer transportation service for the elderly, not only for health needs, but for social needs.
- Regulate the use of the SENDA bus, so services for community elderly are coordinated through the center.
- That at the centers for the elderly there be drivers to move people to different activates since the directors have to appoint staff to do that job and some tasks are not completed.

### **4. In the area of Social Work**

#### **Needs:**

- Due to the financial situation, work hours of employees in the social were reduced.

#### **Recommendations:**

- Professional training for staff in the social area.

## **5. Recreation and Socialization**

### **Needs:**

- Lack of employees to offer crafts lessons to participants of the home.
- Lack of trained staff to offer crafts lessons with a therapeutic scope for frail people at the Center.
- Lack of materials for crafts lessons at the Centers.

### **Recommendations:**

- Request funds from proposals for acquiring materials and equipment for physical efficiency activities.
- Appoint trained and prepared staff to offer physical efficiency activities and crafts for the elderly.
- Maintain substitute staff at the Center for participants who cannot go to activities outside the Center.
- Maintain a source bank (volunteers) at the Center to offer crafts lessons, music, and therapeutic exercises to participants.
- Broaden recreational services between centers, offer more regional activities apart from the Summer Encounter..
- Plan activities such as day excursions, movies and share with other centers.

## **6. Education and Training**

### **Needs:**

- The literacy course offered by the Department of the Family is not offered at every town and/or does not reach the Centers from rural areas.
- Lack of education and training of the staff that administers the Multiple Activities and Services Centers regarding how to work with the elderly.
- Lack of social skills, lack of knowledge on rights, image of the elderly person is not productive to society.
- There are centers for elderly people without teachers, there is a lot of illiteracy.

### **Recommendations:**

- Promote that the Department of Education continue the literacy program, recommend the Centers to conduct a Case Searching Plan that includes the promotion of the literacy program as part of the services of the Center.
- Request from the Department of Education to evaluate the requirements to request services from the literacy program, since these are limitation for the elderly.
- Train staff at the Center to conduct new activities when receiving new participants with new needs.
- Recruit new teachers for the centers and be paid with punctuality.

## **7. Escorts**

### **Needs:**

- It is necessary to maintain escorts at the Centers to offer transportation assistance services in health and social areas to elderly people of the center and the community.

**Recommendations:**

- Submit proposals to private or public entities to appoint escorts or keep a bank of resources (volunteers).

**8. Home assistant****Needs:**

- Few staff for Home assistant service, wage increase for this staff.
- Private housekeeping services are costly.
- Extend Home assistant services to people in the community, do not limit to participants of home nutrition and participants of the Centers living in underserved conditions.
- Not limit Home assistants to offering service to only one person, but that the employee can move to other scenarios when deemed necessary.
- Maintain at the Centers a Home assistant for light services for participants who need it.

**Recommendations:**

- Submit or create proposals to public or private entities for creating new Home assistant Programs.
- Submit legislation to increase salary of Home assistants, when this staff comes from programs that only pay stipend.
- Evaluate requirements for participating in the Home assistant program and that the employer be available to move the staff from one home to another.
- Municipal entities should offer service to deal with the demand for this service at the Centers.
- Create legislation to control excessive cost of private housekeeping services.
- Prepare staff to work with people with Alzheimer.

**9. Services with Great Demand****Needs:**

- Recreation – closing of programs by the Department of Recreation and sports and at the municipalities have affected the services at the Centers, since there are no recreational programs.
- Lack of preparation of the centers to offer various recreational alternatives.

**Recommendations:**

- Home assistants – increase staff
- Nutrition- funds
- Health- have a nurse at the Centers to offer orientation to the community on the use and abuse of medications.
- Creation of new programs to offer recreational services and cultural activities for participants of the Center and the community.



- Create a sub-center to offer services to elderly people in towns with only one Activity Center.
- Evaluate the requirements of people who request services at the Centers and give priority to people with low financial resources.
- Educate the people on the needs of the elderly on topics like abuse, dignified treatment, and others.
- Greater information in the media on the needs of the elderly. Advertisements in which the people learn to respect and value the rights of the elderly.
- Offer orientation to the elderly to meet the requirements to participate in the Center.
- Create legislation to reduce the cost of health certificates and medical certificates for the elderly.
- Give priority to the elderly at all places where they request services.
- Charge for nutrition services at the Center for participants who can pay for them.
- More technology for the elderly,
- Evaluate high copays from private insurance plans for the elderly.
- Reevaluate services offered at the centers.
- Offer services to the communities, reach the old, not have the old search for services. Look for more accessible places for the old, go to where the need really is.
- Improve facilities of the centers.

### **Financial Security and Baby Boomers**

#### **Needs:**

- The cost of meals is high and difficult to pay for other needs (Baby Boomers).
- Do not qualify for assistance like the Nutritional Assistance Program (Baby Boomers). (3)
- Use medications not covered by medical insurance and have to pay from their pockets. (6)
- Get calls from different insurance plans. This is confusing and they receive bills without having an insurance. (3)
- Get calls selling services and fraud calls. (5)
- Grandparents that the court makes them pay alimony to grandchildren. (2)
- Life insurance agents visit the elderly to offer services, then after they pay the policy and submit a claim, there is no such insurance agency. (3)
- Elderly people offer financial aid to their children victims of abuse.
- Cost of power and water utilities increases and get no reasonable subsidy. (5)
- Rate for 911 is high. When they need an ambulance it comes in after hours of waiting and they get billed \$50.00 because they don't have medical insurance coverage.
- Federal and state reimbursement for people receiving Social Security is not received when a caregiving sibling or relative requests it.

- Lack of sufficient income to cover costs. (9)
- Baby boomers want to contribute money but there are no mechanisms for volunteer funding.
- Baby boomers need more educational activities.
- If baby boomers keep on throwing money away they will never have financial security or medical insurance to cover when the time comes for Social Security benefits.
- Have not finished paying Social Security.

#### **Recommendations:**

- Evaluate subsidy fee from the Water Authority and Electric Energy Authority. That it be adjusted to the personal financial need.
- That the energy bill be according to use and not estimated.
- That medications be less costly, since many medications are prescribed for life and their cost is difficult to pay.
- Reevaluate the income scale of the elderly so they may qualify for nutritional or financial assistance.
- That the Office of the Ombudsman for the Elderly have available ambulance services through the municipal office.
- Evaluate the income tables and amend the law that makes mandatory for grandparents to pay alimony for grandchildren, this way their income is not affected nor their personal needs.
- Offer orientation on how to avoid fraud in telephone calls and/or home visits.
- Offer orientation on the rights and laws protecting the elderly.
- Federal and state reimbursements should be directed to people receiving Social Security regardless if they claim it or not.
- Create awareness on people to save money.
- Offer a complement based on the amount received from Social Security.
- Increase food stamps.
- Use Baby Boomers as resources at the centers.
- Promote or establish the creation of accounts for centers to manage through monthly financial reports.
- Offer workshops for preparing various activities for recreational leaders.
- Provide technology for baby boomers who are the ones that from now on will enroll in the centers. Focus services on this population.
- Do not fire public employees.
- Increase pensions for those retired from the government and for others based on annual cost of living.
- Have the possibility of a part time job for additional income to Social Security or the pension.
- Invite staff from the Department of Labor, universities, and others to offer orientation to participants of the centers.
- Offer some working hours so people can finish paying their Social Security.
- The government should conduct a needs assessment for residences.

## **Open Forum**

### **1. Elderly Person Living Alone**

#### **Needs:**

- In health, there is no one to administer medications. (2)
- Care, there is no one to do chores, provide meals on time, personal hygiene, tutors are needed for their income or to assist in managing their money.
- Housekeeping is needed.(2)
- More recreation needed (crafts)

#### **Recommendations:**

- Orientation for children (2)
- Orientation from neighbors and acquaintances, church, nonprofit groups
- Sporadic visits by trained people on the subject to nursing homes to assist in their problems.
- Create programs for people to visit the old.
- Continue to increase services at the multiple Activities and Services Centers to offer company and keep them busy.

### **2. Veterans**

#### **Needs:**

- Have to pay for medication
- Pension and compensation without waiting period
- Difficulty in offering services: medical appointments and discrimination to Puerto Ricans
- Lack of orientation of the services by Veterans Administration

#### **Recommendations:**

- Seek orientation from the Veterans Administration
- Self-orientation and for relatives through the Centers or groups, or the Office of the Ombudsman for Veterans.
- That veterans do not have to pay for medications.

### **3. Abuse**

#### **Needs:**

- Psychological assistance
- Make the elderly join a nursing home

- Abandonment
- Steal belongings, their house, their money
- Abuse from government agencies or private entities.

**Recommendations:**

- Reinforce self-esteem (seek multidisciplinary teams, support groups, community professionals)
- Go the Multiple Activities and Services Centers and have professionals assist in their needs.
- Education for children (abuse prevention)
- Report claims to agencies or neighbors.
- Education to the old by agencies, centers, and others
- Implement strong laws to avoid elderly abuse.

#### **4. Safety**

**Needs:**

- Eliminate barriers
- Lack of illumination
- Lack of equipped restrooms
- Lack of safety due to the use of candles

**Recommendations:**

- Do not leave them alone
- Go to appointments with them
- Call them on the phone (monitoring)
- Have safety guidelines

#### **5. Wandering**

**Needs:**

- There are people living in the streets due to problems and relative do not care for them. (2)

**Recommendations**

- Offer orientation to relatives to help these people move forward.
- There should be places that are safe where these people sleep. (3)

## **Employment and Technology**

### **Needs:**

- Personal and professional improvement studies for elderly people.
- Literacy workshops, Internet, laws for elderly persons, music, theater, and painting
- Lack of preparation of the staff in gerontology. This does not allow good management of people 60 years of age and over.
- Update the technology (Internet) at the Multiple Activities and Services Centers for Elderly People.
- Few people use cellular phones because they don't know how to use it.
- These people do not have the skills in managing the ATM.
- Discrimination by sex.
- Don't find a job at their age. (4)
- A lot of identity theft.
- Relatives do not go to orientation on laws, regulations and get upset if something affects them. Is it possible for relatives to become involved by having them sign an official document or contract?
- Computers Internet and cable are needed at the centers. (2)
- We need employment to increase our income.
- The program Big People cannot be watched at the center
- Fear of technology use by the elderly.

### **Recommendations:**

- Development and leadership studies.
- More information on radio and TV.
- Digitalize footprints in the ATM or other system.
- Better prepared staff at the Multiple Activities and Services Centers for elderly people in gerontology.
- More challenging activities and change of routine at the centers.
- Work for people who only need a few points for Social Security. (3)
- Same type of activity for men and women (Ex. Mother's Day, Father's Day)
- Offer talks by community leaders on health and rights of the elderly, beside other important topics.
- Have programs for people who wish to continue studying. (5)
- More education on how to use new technology. (2)
- Offer orientation to the elderly at the center on how to use technology. (2)
- Digitalize the use of ATM cards and avoid forgetting PIN number.
- Have a project like the one in Cabo Rojo to find jobs without discrimination.

Below are the results from the state public hearing to collect the needs and recommendations made by professionals working or offering services to the elderly population.

**State Public Hearing  
Turabo University at Cayey  
March 13, 2009**

Audience: Professionals working or offering services to the elderly population.

**Service to the Elderly People**

Services at the Multiple Activities and Services Centers for Elderly People

**1. Nutrition:**

**Needs:**

- Use of red meat in the menu cycle.
- Confection of menus vs. available staff.
- Knowledge on an adequate nutrition of the participants.
- Food left overs in moments of crisis.
- Use of nutritional supplements.
- Waiting time for evaluating the needs of nutrition services at home when referred by another agency.
- No special diets for participants of home nutrition.
- Lack of assistants at home.
- Municipalities do not offer services through the multiple activities and services centers.
- No visible coordinated services for the elderly population.
- Few knowledge on services offered by the municipal government.
- More centers with new activities.
- Lack of financial aid.

**Recommendations:**

- Revision of the menu cycle taking into consideration the tastes and preferences of participants, health conditions, cultural factors, and total number of available employees for preparing them.
- Increase orientation to participants on the importance of food intake.
- Have available the use of nutritional supplements for participants who do not eat all types of meals at the Center.
- Speed up the waiting time in case evaluation.
- Consider the participant's health and dietary recommendations for nutrition service.

**2. Health Services and Social Work**

**Needs:**

- Excessive documentation and difficulty obtaining documents from government agencies.
- Evaluation of cases and priority of services.
- Lack of commitment from relatives when obtaining documentation.
- High cost of health certificates.
- Service coordination varies among participants in the metropolitan area from other towns in the island.
- Medications are too costly. (2)
- Difficulty searching official documentation.
- Large population and few resources to cover basic needs.
- We're losing the old way of living.

**Recommendations:**

- Coordinate with laboratories and doctors to obtain discount in health certificates.
- The creation of an agreement with the Department of Health is a state responsibility so the participant can obtain low cost or free health certificates.
- Approve funds from proposals so participants that do not have financial resources can receive help in obtaining health certificates.
- Government agencies should have flexible schedules and internet Access for obtaining documentation.
- Join efforts so a technician from the Department of the Family attends to various participants at the Center on the same day.
- At municipal offices where services are offered for the elderly there should be trained staff on the available services, since the requested service is delayed due to referrals from the Center.
- Create law projects that require taking three hour credits in gerontology courses for all professionals.
- That health insurances improve prescription coverage for the elderly.
- Create services that respond to the actual needs of this population. (2)
- Make agreements between agencies to obtain documents for the elderly that are required to get services.

**3. Transportation:****Needs:**

- Handicapped people cannot participate of many activities due to inadequate transportation. (4)
- High cost of gasoline, maintenance, and deterioration of vehicles.
- Few employees in this area.
- No service for activities conducted during weekends and participants cannot attend due to lack of transportation.
- Need of call and travel service.
- Lack of transportation for medical appointments. (2)

**Recommendations:**

- Transportation with ramp for people with physical limitations. (2)
- Greater commitment and sensitivity from relatives, employees from centers and the community.
- Establish smaller centers at different areas so the transportation service is more effective.
- Assignment of additional funds for gasoline, parts, and repairing for centers that serve rural areas.
- Increase number of drivers.
- Offer transportation out from regular hours or established days.
- Create more of this type of service (SENDIA). (2)
- Coordinate with drivers and/or AMA – to cover extra routes especially in distant or rural areas.
- Create system of municipal trolleys for distant areas.
- Give incentive to drivers with federal or paired funds to provide this service. (2)
- Modify Schedule of the AMA for punctuality of routes.

**4. Services to home participants:****Needs:**

- Payment of utilities.
- High cost of medications, food, and basic services.
- Do not qualify for services from the Department of the Family due to present scales.
- Incentive for programs for caregivers and respite is low and payment takes too long. In addition, the time of service is short for the problems of the elderly.
- Subsidy for basic services is too low.
- Centers make participants go daily.

**Recommendations:**

- Not suspend basic services like water, electricity for not paying.
- Flexible payment plans for water and electricity; evaluate each step individually.
- Make relatives responsible for basic services.
- Use the lists of the Nutritional Assistance Program and health reform when suspending water and power services.
- Subsidy should be the same for the elderly.
- Services at the agencies should have preference turns.
- Offer volunteer service for the blind, that someone can read bills, letters, documents and others.
- Coordination with high schools for student to visit and offer home company, reading, and other. Create an alliance with the Department of Education to establish volunteer programs at each high school.
- Revise scales of the Department of the Family so they do not pair the cost of living.
- Improve caregivers and respite programs in terms of time of service, incentive and qualification.
- Foster volunteer work and interagency alliances.
- Persons should attend the center when they wish and not be made to go.

**Financial Security and Baby Boomers****1. Financial Planning****Needs:**

- Illiteracy in elderly people did not contribute to saving.
- Baby Boomers retire but have to look for another job since the amount they get is not enough for their needs. (5)
- Most Baby Boomers still have financial needs: loans, mortgage, care and teaching of grandchildren, older children still living with them, children studying at the university and others. (2)
- Private agencies have no retirement plans.
- Services at the centers are not in accordance with the needs and interests of Baby Boomers. (2)
- Saving is not promoted. (3)
- Elderly people with health problems are not allowed to plan their finances.
- Retirement process is not seen as a part of life for the elderly. (2)
- Assisting to centers is an alternative for saving electricity, water, food, transportation costs, and others.
- Poor alimentation due to high costs which causes malnutrition.
- No planning of income to cover needs. (8)
- Abilities and strength are not considered for employment.
- Do not qualify for benefits from the nutrition assistance program and others.
- Identity theft. (2)
- Avoid visiting the bank.
- Lack of information on needs of Baby Boomers. (2)
- Lack of bank products that assist in planning life after retirement.
- High cost of basic needs.
- Depression symptoms before retirement.
- Law Project for financial benefit of the retired.
- Difficulty managing ATM.
- Exploitation of income in the elderly.
- Access to caregivers without due permission.
- Accepting life styles.

**Recommendations:**

- Education and training to learn to save for retirement. (3)
- Centers should offer activities according to preferences of Baby Boomers. (3)
- Offer orientation to employees for planning for retirement. (6)
- Promote the Employment Help program to plan financial activities. (2)
- Offer orientation on reverse mortgage plan for the elderly.
- Educate on long-term care insurance. (2)



- Differences between accounts.
- Increase financial assistance for them. (3)
- Seminars to centers.
- Stimulate Banks to adapt to the new needs of this growing population by creating products that supplement the styles of Baby Boomers (credit card, low interest loans, programs consisting of points). (2)
- Create laws to offer incentive for retirement programs.
- Establish a study to collect the profile of Baby Boomers.
- Offer orientation to the population on saving and money management. (2)
- ATM especially for the elderly, few buttons and options.
- Create awareness on the pharmaceutical industry on the reality of financial situation.
- Establish agreements with LTC facilities to make families take their financial responsibility.
- The government should create LTC facilities paid with funds from the government.
- Increase in Social Security.
- Controls at Banks when authorizing users.
- The municipality of Vieques presents this income situation. Most people receive a minimum income and few deductions.

## **2. Financial Exploitation and Fraud**

### **Needs:**

- Financial exploitation mainly occurs by family members, friends and people they know.
- When financial exploitation occurs from children, the elderly do not want to make a case in court.

### **Recommendations:**

- Create education and orientation programs oriented to prevention of financial exploitation and fraud.
- The Office of the Ombudsman for the Elderly must continue the Medicare Fraud Alert Program, since it has been very successful.

## **3. General Comments:**

- In all topics discussed during the process, the importance of family orientation on their responsibilities with the elderly was highlighted.
- It is necessary to promote sensitivity on the relatives, employees, and the general community towards the elderly.
- Promote a culture of savings.

## **Education**

### **Needs:**

- Trained professional personnel in gerontology. (2)
- Recruit enough trained staff to work at the Multiple Activities and Services Centers for the Elderly
- Housekeeping offer better service
- Center do not count with an adequate educational structure to offer services to professional participants. (5)
- Develop intergenerational activities
- Literacy Program (4)
- Music, art, dancing, jewelry, flowering, cooking, etc.
- Continuing education courses. (4)
- Most people lack knowledge and don't have enough education for getting employment. (2)
- Few employment available for people wanting to work.
- Computer courses.
- Education for minors being raised by grandparents.
- Training to understand our population. (2)
- Dissemination of material should be massive.
- Educate young people on elderly abuse.

## **Recommendations**

- Train more professionals in the field of gerontology. (2)
- Select human resources with an adequate academic preparation to work with the elderly at the Multiple Activities and Services Centers
- Offer training to housekeepers
- Develop educational activities at the centers directed to participants that are professionals. (4)
- Programs in which the elderly actively participates in activities jointly with children and youth. Activities in which the elderly visit schools in close by communities. (2)
- Programs to train people according to needs of present market.
- Programs to develop skills in reading and writing through the Department of Education. The courses should have continuity and it is necessary to develop a regular curriculum for the elderly.
- Offer lessons in music, dancing, art, jewelry, flowering, cooking and others for participants of Multiple Activities and Services Centers. (2)
- Take continuing education for professionals participating in the centers. (2)
- Foster in universities studies focusing on the elderly population both in the social field as well as in the clinical.
- Develop the Golden University, a place where people over 60 years of age become authors of public policy to attend to the situations that affect this sector of the population.
- Train interested people in the community in sharing with elderly people and to support the work of these centers and to commit private enterprises and academics in this social responsibility and prepare and action plan.

## **Employment and Technology**

### **Needs:**

- Develop employment programs for the elderly. (4)
- Many elderly people need to work to complete the time required for receiving benefits from Social Security.
- Difficulty in the use of ATM machines. (2)
- Difficulty in the use of cellular phones.
- Difficulty in the use and management of computers. (4)
- Difficulty with answering service.
- Discrimination against the elderly at employment.
- Lack of experience at various sectors of the country. (before retirement of this population).
- Lack of knowledge of the population before new technology. (6)
- Lack of leadership in new enterprises and businesses, which comes from experience and acquired knowledge throughout the years.
- Limited employment opportunities for people 60 years and over. (3)
- Center participants with computer knowledge don't have places for developing abilities.

### **Recommendations:**

- Elderly people can do volunteer work with stipend.
- Work oriented to the elderly so they can pay and receive benefits from Social Security.
- Develop programs in which the young give orientation to the elderly in the use and management of technological equipment in the market. (5)
- Identify staff in banks to help the elderly when having difficulty using ATM machines. Also, that banks develop special systems for the elderly. (2)
- Meet with cellular distributors or marketing department from these companies to explain the need of bringing to the market non sophisticated equipment for this population, examples offered by participants: cellulars for making and receiving calls only, create direct lines without too many digits.
- Offer computer lessons for the elderly. (4)
- Facilitate the phone answering service.
- Continue to use Baby Boomers as resource for counseling in enterprises and government.
- Promote incentives to companies that employ the elderly.
- Create technology centers with two or more computers with internet access.
- Train small businesses in elderly people to make money, offer employment, and services.

- Find scenarios or physical facilities where a product can be sold, this way get income for the elderly who cannot pay for services.
- Create small business with capacity to resell a product to other municipalities.
- Find new trade services in the areas of medicine, education, banking, and food.

### Transportation

#### Needs:

- Difficulty transporting elderly people. (4)
- Rural areas without transportation. (7)
- Lack of vehicles at centers for the elderly.
- Transportation need for medical appointments. (9)
- No legislation on elderly drivers.
- Public transportation is for a limited amount of time.
- Lack of knowledge on services. (2)
- Chief complaint was to get documentation required to apply for transportation services.
- High taxi rates.
- Requirements are not promoted nor enough promotion to the transportation program Senda.
- Too much documentation when applying for transportation services. (2)
- There are elderly persons still driving and causing traffic accidents. (3)
- No appropriate coordination in transportation services.
- Non-adapted vehicles.
- Lack of sensitivity of service staff (drivers).

#### Recommendations:

- Increase service “call and travel” of the AMA. Extend the city train and offer greater discounts for the elderly.
- It is recommended that at each center or municipality there is a bus with capacity for thirty (30) or more people.
- That a telephone line exists for the elderly to call for transportation for medical appointments (3).
- Access to an integrated collective and modern transportation system.
- Have available and adequate and accessible transportation. (2)
- Foster the creation of fleets specifically for the elderly. (2)
- The municipalities should establish trolleys for medical appointments with routes and preestablished sidewalks at a low cost.
- Coordinate with the municipalities or nonprofit foundations.
- Receive ample education on the services.
- Give more promotion to transportation services like Senda Transportation Program. (2)
- The Office of the Ombudsman should foster the existence of transportation services for the elderly at all municipalities.
- There are vehicles that offer services for medical appointments that charge and not authorized by the Commission.
- Relatives of elderly people should accompany them to medical exams required for license renewal.
- Educate drivers on traffic safety.
- Create legislation directed to establishing a maximum limit age to drive or to establish strict criteria when getting a drivers license. (2)

### Caregivers

#### Needs:

- Respite for people who take care of patients with Alzheimer.
- Need of home assistants. (3)
- More housekeepers. (3)
- No limit to service.
- More grandparents taking care of grandchildren.
- Lack of state collaboration and the nonexistence of public policy intended to supporting caregivers. (2)

- Tired caregivers become abusers.
- Few caregivers available. (3)
- Time to work. (2)
- Lack of money. (2)
- Difficulty moving the caregiver and need of medical attention.
- Long-term housekeepers.
- Emotional load, not enough support.

#### **Recommendations:**

- Develop respite programs for caregivers of patients with Alzheimer.
- Create more home assistant programs. (3)
- Have available a housekeeping program more extensive in time for elderly who need it.
- Availability of services during the night.
- Establish protocols to support family members who have patients with Alzheimer's.
- Create a fringe benefit with the employer to offer time for attending caring needs.
- Nursing service by appointment, routine follow up.
- Offer talks or support groups to create awareness for caregivers.
- Offer only one housekeeping service during more time than at the present time.
- Create support groups that specialize in mental health that visit communities. (2)
- Create a fund from to nourish services like housekeeping and supplies (diapers).

### **Health**

#### **1. Nutrition**

##### **Needs:**

- Excessive nutrition or malnutrition
- Lack of knowledge of the aging process
- High cost of food
- Incorrect positions when feeding a bedridden person
- At the centers: imposing menus, food is discarded, food too soft or too hard, some menus are too heavy and others too light
- Lack of knowledge on how some foods interfere with medications
- Don't feed people who cannot swallow

##### **Recommendations:**

- Educate the caregiver, relatives and the elderly on nutrition of elderly people
- Educate for prevention
- Continuing education courses to train caregivers
- Expert consultation when making decisions
- Good presentation of meals and of quality
- Teach to read the label
- Communicate with nutritionist to establish menus
- Discount cards (vouchers) for buying food
- Reevaluate menus sent by OPPEA
- At the centers: individualize menus according to the needs of participants; by health condition, if denture is lost, if difficulty swallowing.
- Train to get the most out of food
- Reinforce regulation in the area of gerontology (courses, training)
- Overseeing that laws are followed

## **2. Lack of sensitivity**

### **Needs:**

- Lack of supervision at centers and places that care for the elderly
- Recruiting staff by need and not by vocation or by qualities for caring for the population served.
- At the centers: staff is not trained to attend to crisis situations
- We are losing the old ways of our elderly.

### **Recommendations:**

- At the centers: continuing education for the staff (from the person in charge to the driver and maintenance personnel)
- Reinforce supervision at the centers
- Mandatory workshops at the centers for crisis management and intervention.
- At all courses and workshops, integrate the human aspect and sensitivity
- OPPEA should interview participants of the center to become aware of their feelings
- When recruiting staff, make sure the person has a commitment with the population being serviced, there should be vocation.
- Emphasis in Alzheimer's patient behavior
- Promote sensitivity
- Create awareness of the importance of the elderly for the government and citizens.

## **3. Waiting time**

### **Needs:**

- At medical appointments the waiting time is too long. However, the length of the consultation is brief. (4)
- Quality of the service is affected when caring for too many people

### **Recommendations:**

- Patients should take their food and medications
- Audits for verifying how many people are seen each day, searching for quality in service
- Indicate patients the actual time of the appointment
- Search for solutions with the College of Physicians and health professionals who care to elderly people.
- Seek legislation to make insurers offer coverage to people 60 years and over.
- Negotiate with ASES on primary physician, eliminate it.
- Make health providers to make appointments by the hour or that the doctor is at the office at the time he is offering patient care.

## **4. Exercise and Health**

### **Needs:**

- Health professional does not set an example for others
- Most programs don't reach the mountain or difficult access areas
- Gyms with few or no knowledge of exercises appropriate for the elderly
- Health prevention activities.
- Medication problems. (2)
- Great amount of population needs medical equipment.
- Lack of an efficient medical insurance. (2)
- Many don't want to manage referrals to specialists.
- Little or no access to evaluations due to not being able to move.
- High costs of deductibles for medications. (2)
- Lack of home services. (2)
- Most elderly people present health conditions, some receiving treatment and others lack of follow up.
- Bed ridden participants.
- Hospitalization statistics by conditions in independent elderly. (nursing homes, caregivers etc.)

## **Recommendations:**

- Preventive education to help lower medical costs and improve chronic health conditions (lower medication dosages can be achieved). (2)
- Information sheets with basic information that should be known regarding exercise: intensity, frequency and duration.
- Offer orientation to the elderly on financial resources, residential place and health condition. Example: what clothes to wear, where to exercise, how to do it, etc.
- Collaborative agreement between the Department of Health and OPPEA
- Health professionals should be part of the process, be role models. Classify by risk levels.
- Learn to measure progress.
- Educate gyms
- Create awareness on the importance of exercising for the population.
- Be inclusive and not non exclusive. Exercise at three scenarios: wheelchair, bedridden and ambulatory.
- For OPPEA to design program and integrate it in all agency programs for five days in the previously described scenarios.
- Motivate, give awards, be creative (search for home alternatives if equipment is inadequate).
- Exercise and nutrition go hand in hand. It is necessary that the physical trainer and nutritionist know of each others topics for offering good service.
- Offer programs throughout Puerto Rico.
- More financial resources to meet the needs of home assistance. (2)
- Also create a temporary emergency place to enroll the elderly while transferring from their place of living if underserved situation should occur.

## **5. Medical insurance**

### **Needs:**

- Much difficulty with coverage for Medicare Platinum and health reform because of referral needed from primary physician. Insurance does not pay if not the primary insured. (2)
- When calling tele-consult of medical insurance, a graduate nurse does not answer, symptoms are entered in a computer and it provides a diagnosis.
- People 60 years and over are not accepted into a private plan, even if they can pay for it. They don't qualify for health reform nor qualify for Medicare. (3)
- Enrollment from elderly people into a Medicare Advantage by relatives without their consent. Services are affected. (2)
- High cost of medical insurance. (2)
- Proliferation and confusion in information offered by medical insurance. (2)
- When the period for changes in medical insurance, companies stalk the elderly and cause confusion when they have to make a selection of a plan that is convenient.
- Medicare fraud.

### **Recommendations:**

- Education and orientation with interagency scope.
- Create an alliance between the Office of the Insurance Commissioner and OPPEA.
- Submit legislation (in the legislature of Puerto Rico) for people over 60 years of age that medical insurance plans do not accept.
- Creation and broadening of the health plan. (2)
- Eliminate intermediate steps in health reform.
- Regulate the advantage plans companies.
- Orientation plans for clients on the constant changes in medical insurance.
- Establish an information center that elderly people can trust (3)
- Conduct information and educational activities on health prevention
- Other programs should be eliminated or to have in the agency an allocation for special cases.
- Work with schedules and appointments.
- More benefits for Medicare participants.
- Increase health insurance coverage.

## **6. Medications:**

### **Needs:**

- High cost in medications and deductibles.
- Pharmacists offer no orientation to patients when they hand in their prescriptions drugs.

### **Recommendations:**

- Increase health educator's population.
- Use of primary physician.
- Medication reconciliation: patient data sheet, important to include allergies. To hand in to services providers, physician, etc.
- Orientation from the Colegio de Farmacéuticos to its members to educate old people when dispensing medications

## **7. Mental Health**

### **Needs:**

- Equal treatment to senile dementia patient and to others with another mental health condition or Alzheimer's
- Special attention for mental health diseases.

### **Recommendations:**

- Promote workshops, courses to physicians and other health professionals providing elderly care.
- Housekeeping services, caregiver support (occult patient).
- Continuous studies.

## **Housing**

### **Needs:**

- High cost of housing. (2)
- Insecure housing. (7)
- Support nursing home facilities for different social and community groups. (2)
- Training programs at these housings. (2)
- Eliminate architectonic barriers.
- No harmony between population characteristics and that of housing development. (3)
- Don't have an estimate of needed units.
- Broaden financial income levels to qualify for independent living.
- Many without owning a house. (2)
- Grandchildren appropriating of grandparents houses.
- Elderly people who cannot pay a house and have to move out. (2)
- Pay total amount of housing.
- Minimum preparations.
- Patio cleaning.
- Deteriorated structures. (4)
- No assisted housing options. (2)
- Information on the benefits or housing resources provided by Shodo Organization does not reach citizens from Vieques.
- Lack of a plot for building a house
- No nursing home (for receiving services)
- Lack housing facilities for handicapped. House abandonment – elderly people become anxious and depressed when knowing they have to abandon their homes to go to independent living.

## **Recommendations:**

- Build more independent living or low cost housing. (4)
- Build more safe housing and elderly people have better quality of life. (4)
- Develop independent living projects.
- Offer tools for modifying the house and turning it into an apartment.
- In places where there is a house, there should be entertaining programs and education for the elderly. (2)
- Establish financial assistance programs to help pay for housing. (3)
- Orientation to centers.
- Create incentive programs for repairing or negotiate with contractors and/or independent providers preparing directories as reference. (2)
- Maintain interagency communication to know and facilitate reconstruction services for houses (municipal or state). (2)
- Involve private enterprise.
- Increase funds to municipalities.
- Housing adapted for these clients. (2)
- Provide housing in boardings (join families).
- The office for the Administration of Independent Living should remain open during weekends for continuous supervision. Part of the funds, can be allocated to cover training for housekeepers to offer better quality of life for the elderly.
- Create volunteer groups (Community) with the purpose of assisting in the basic home needs. This way, the elderly is not forced to abandon their homes.
- The School of Architecture recommends that we make a manual with the needs of the people, for example assisted living, multiple use centers, etc. This serves the purpose of not causing more depression, maximizing space and community services.
- Cooperatives – Generate services at a lower cost
- Program with the Municipal government- Assist, according to demographic characteristics of the municipality, in planning the placement of the services. For example, placement of centers that have been abandoned and used them for day care services.
- Establish a place, like a residential place where the elderly can be relocated and at the same time facilitate medicine and food services in the same place.
- Don't create multifloor livings, it is difficult for the elderly to go up and down the stairs. Independent living should be in compliance with ADA.
- Look for elderly people who have retired from engineering, architecture, that may inspect the independent living and see if they are in compliance with all requirements from ADA and ARPE.
- Independent living should offer more orientation regarding the rights and housing requirements. (2)
- Middle class does not qualify for independent living. It has been presented to the Department of Housing on Act 173 on assigning more funds to the program, this way more people can qualify for independent living.
- Establish an emergency plan for independent living.
- Each independent living should count with an emergency power generator and a water tank.
- It would be very effective to establish that fire fighters or the police visit independent living to maximize safety.

## **Caregivers**

## **Needs**

- Many elderly people only eat food from the center (breakfast, snack and lunch), provided from Monday to Friday. Some are malnourished.
- Many old people live by themselves and cannot fix meals.
- Participants from the center live by themselves and do not know how to deal with their diets adequately.
- Housekeeping service is too expensive.
- Many relatives are not aware of the elderly and only visit them to ask for money or favors.
- There are people who care for the elderly without the necessary training for the job.
- The elderly have many needs and few resources for housekeeping.



- The number of people with Alzheimer is increasing and at the centers we don't have trained staff to care for them, they require much supervision.
- The municipal government of San Juan has begun a pilot project to provide participants of the Multiple Activities and Services Centers a cell phone only to dial emergency numbers, among them 9-1-1.
- There are many cases in which elderly people have many health conditions and are raising grandchildren and great grandchildren.
- Lack of education on health conditions affecting caregivers.
- Lack of time for themselves.

### **Recommendations**

- The Life Line service is needed for elderly who are by themselves.
- Offer more housekeeping services.
- Offer more training for housekeepers on caring for the old. (2)
- Services for the elderly caring for grandchildren should be increased.
- Educate population on the importance of the elderly and their contribution to society. This should occur since an early age.
- Offer more nutrition services for the old to avoid malnourishment or create mechanisms for relatives to show more responsibility for them.
- Incorporate school curriculum on aging and identify cases at school in which children are in charge of caring for grandparents to offer the needed orientation for grandmothers and grandchildren in case of conflict, develop managing tools.
- Implement caring license for caregivers.
- Provide more respite program hours.

### **Open Forum**

#### **Needs:**

- Abandonment and negligence preclude our elderly population from maintaining their capacities for every day functioning.
- The elderly population is fearful to report perpetrators.
- There are elderly people that are abused by family members.
- Abuse toward the elderly increases each day. (3)
- Awareness needs to be created on abuse and conduct ample coverage campaigns in the media to educate and prevent against abuse.
- Little information in the media on elderly abuse and the law. (2)
- Massive education (TV, radio, press) (2)
- Wandering elderly.
- Loneliness (3)
- Many elderly people live alone, but they have families. Many relative don't want to take care of them.

### **Recommendations:**

- Educate people on their rights and the mechanism to use when violated, especially educate the elderly population.
- Train staff (professionals, caregivers and the public) who care for the elderly on the legal implications of committing abuse.
- Conduct campaigns to make people more sensitive, orient, educate on the problems of the elderly. The campaign should be presented in at least three media: radio, TV and written press (example: Spaces for peace, builders of peace, animal abuse, domestic violence against women, etc.)
- Develop values and positive principles that stimulate healthy living.
- Promote attention of the elderly for members of the community and relatives. (3)
- Eradicate negative attitudes and perceptions toward aging.
- Promote the use of alternate activities as mechanisms for managing tense situations occurring in everyday life like responses to care and daily assistance of the dependent elderly.
- Apply for programs on mediation and conflict from the court as resources for managing negligence complaints.
- Establish prevention and detention protocols from possible financial exploitation cases of elderly people and offer it to the Multiple Activities and Services Center for the Elderly, independent living, Home Care, Hospice, long-term care facilities, institutions, substitute homes, nursing homes, etc.

- Banks and financial institutions should orient on the rights of the elderly.
- Establish effective responsibility and coordination between agencies in situations of abuse.
- Foster a positive image towards old age.
- Increase publicity on abuse to the elderly and the law that supports them in the radio, TV, newspaper.
- Emphasize the responsibilities of relatives on a safe home, nutrition, and quality of life. (2)
- Create programs with places for bathing and eating.
- Create support groups at urbanizations and/or neighborhoods coordinating with Agricultural extension programs (Extensión Agrícola) to offer talks, visits or meetings to help them fight loneliness.
- Offer company.

## **1. Veterans**

### **Needs**

- There is lack of knowledge from the elderly on services and benefits.
- Many veterans are victims of financial exploitation due to high pensions.
- Few places to receive the necessary attention in the island.
- The system is not ready for veteran population changes and their war related medical conditions, for example: Korea, Vietnam and Middle East
- Lack of planning and public policy.

### **Recommendations**

- Establish more centers for women veterans.
- Effective rehabilitation systems and with a multidisciplinary group throughout the island.
- Establish support services and orientation to veterans and their families, including widows and orphans.
- Foster the participation and involvement of veterans in activities.
- Strengthen funds from entities that serve veterans to ensure services.
- Conduct studies focusing the needs of this population. (2)

## **2. Wanderers**

### **Needs**

- Lack adequate housing, live in the streets or sleep in public places not adequate or live in temporary shelters or institutions offering transitory services.
- Lack of financial resources, social denial, and lack of social interest and family support.
- Many tenants make use of the Eviction Law to make elderly people leave their homes for not paying and underserved living conditions.
- Victims of citizen insensitivity and discrimination.
- The media has reported incidents of abuse and violence.
- Many have unattended mental health conditions.
- Wandering population is increasing that are women.
- Many have substance abuse related conditions.
- Are neglected by family members and friends.
- Lack of support from social systems.
- Number of wandering population in Puerto Rico is not published.

### **Recommendations**

- Coordination of multidisciplinary services directed to giving attention in only one facility to the main causes and needs of this population.
- Educate the community to achieve a more sensitive and receptive attitude towards wanderers.
- Provide financial resources to strengthen and broaden offered services.
- Active and committed collaboration from various sectors of the community.
- Housing must be found for them.
- Agencies should be more flexible when requesting documentation to this population.

- There has to be a money allocation to help the elderly population at the Multiple Activities and Services Centers for the elderly.
- Educate all sectors of services and the general community to make them more sensitive on a just treatment to this population avoiding abuse.
- Establish a plan of action that provides solutions and options to health conditions.
- Conduct prevention campaigns that contribute to make the citizens more sensitive on the situation.
- Establish a program to improve their life conditions and prevent wandering of the elderly.
- Conduct studies focusing the needs of this population.

### **3. Safety**

#### **Needs**

- Every person 60 years of age and over must have Life Line for safety.
- Education at all levels for identity safety.
- Support systems take too long, not enough and are not taken into consideration.
- Ambulances require medical insurance cards at all times.
- No specific statistics of how many elderly are without services.
- It depends on the Census to know the elderly population.

#### **Recommendations**

- Develop an orientation program on the elimination of fire risks at elderly homes in coordination with the multiple Activities and Services Centers for the Elderly and the Fire Department.
- Ensure that the patrol program or preventive patrol include independent living homes, long-term care facilities, and multiple activities and services centers for the elderly.
- Public agencies should have more influence on identity theft.
- Improve housing structures for adaptation.
- Have a timer to turn off electric devices (example: the stove).
- Establish obstacle free spaces.

#### **Volunteers**

#### **Needs**

- Payment for volunteers is too little without benefits.
- The Department of the Treasury takes too long to pay volunteer suppliers.
- Lack of activities and training to volunteer groups. (2)
- Few volunteers (2)
- Lack of initiative and motivation from the younger population. (4)
- Volunteer work is not promoted among the elderly. (2)
- Caregivers without credentials.

#### **Recommendations**

- Foster volunteer work. (4)
- Have available funds. (2)
- Pay attention to service requests according to the needs. (2)
- Create teams and offer orientation. (3)
- Minimize the number of documents for incorporating volunteers.
- More promotion and incentives and facilities for volunteers. (3)
- Basic credential control.

***Public Hearing, February 27, 2009***

Place: Metropolitan University

Region I

Audience: Participants from the Multiple Activities and Services Centers for the Elderly and elderly people from the community

**Transportation**

**Number of participants:** 16 participants

**Needs**

- Don't know there is public transportation in Cupey and how to get to the terminal.
- Lack of safety in public transportation, they accommodate too many people considering the space provided.
- Not enough buses for going to medical appointments and other chores.
- They have to walk distant areas from their home to take a bus from the Metropolitan Authority (Autoridad Metropolitana de Autobuses - AMA). (3)
- Waiting time at bus stops is long, approximately 30 minutes. At some stops, there are no stalls or seats, making it difficult to wait. (4)
- Besides problems of the transportation system, the roads are in terrible conditions. In addition, sidewalks are cracked and occupied by vehicles making it impossible to walk.
- The Call and Travel Program does not reach all sectors of Cupey.

In the case of the Centers:

- When they have a medical appointment, the bus of the Center takes them but cannot wait for them because the visit takes too long. (3)
- When a vehicle of the center breaks, it takes a long process for repairing. This affects offering the service to clients.
- The center at Cupey is distant for many people living in the city.
- Occasionally, drivers do as they wish and rush participants. (5)
- Drivers are not trained on their duties and how to improve service. (3)

**Recommendations**

- Greater transportation facilities for people with mobility limitations for more access to services (example: transportation for doctor's appointments, laboratory, etc). (6)
- Put cover and seats to the bus stop stall. (2)
- More routes for public buses and AMA buses and preventive maintenance for optimum functioning.
- Open another center accessible to people from Cupey living in the city.
- Extend the service Call and Travel to all sectors of Cupey (Metropolitan Area).
- Acquire vehicles, buses ride with difficulty in rural areas and/or the city.
- Trolleys to take elderly people to bus stops or train station.
- Facilitate the process for repairing a bus.
- More buses in the municipalities to take elderly people to do their chores.
- Limit the number of people that a AMA bus accommodates; no people should ride standing to avoid accidents.
- At the centers, verify status of vehicles that function adequately at least 80%. To have ramps for handicapped and air conditioning. (4)

## **Education**

**Number of Participants:** 20 participants

### **Needs**

- Literacy program. (2)
- Cooking lessons and plate confectioning.
- Computer lessons. (4)
- Sewing lessons.
- Woodworking lessons.
- Horticulture lessons
- Crafts lessons
- Decoration lessons
- Make up and personal care lessons
- Gardening lessons
- Singing and music lessons.
- English lessons
- Participate in outings and cultural trips
- Electrician and plumber lessons
- Flowering lessons
- Refining lessons
- Government agencies should identify staff to facilitate activities of elderly people at those dependencies.
- Physical efficiency programs
- Develop community leaders
- Lack of knowledge on the rights of elderly people. (5)
- Education program for proper use of medications and orientation their regarding costs. (2)
- Orientation on Social Security
- Orientation to improve food habits
- Orientation on home safety

### **Recommendations**

- Offer literacy lessons at the Multiple Activities and Services Centers
- Design cooking lessons and plate confectioning
- Offer computer training for the elderly at the centers, schools and public libraries using examples offered by them: learn computer to chat with family members living abroad. (8)
- Offer sewing lessons
- Woodworking workshops
- Offer horticulture lessons
- Design crafts workshops
- Develop painting programs
- Offer decoration courses
- Offer make up and personal care lessons
- Offer gardening lessons
- Develop education on singing and music programs
- Offer English lessons
- Visit different points of tourist interest in Puerto Rico and provide transportation
- Offer electricity and plumbing lessons for women
- Offer flowering lessons
- Conduct refining workshops
- Each government agency should train staff to facilitate activities of the elderly person at the dependency.
- Develop physical efficiency programs and offer them in different places.

- Identify community leaders that can orient the elderly
- Orient the elderly on the rights they are entitled to.
- Develop education programs for the proper use of medications and offer orientation regarding their costs. (2)
- Offer orientation on Social Security benefits
- Develop physical efficiency programs and offer them in different places
- Develop programs and educational activities on good nutrition
- Orient elderly people on home safety

### **Employment and Technology**

**Number of Participants:** 17 participants

#### **Needs**

- Lack of employment (5)
- Lack of transportation (5)
- If they find a job, they get a raise in the rent (no motivation for finding a job).
- Help those that don't have Social Security find a job. (2)
- Have nothing on what to retrain on
- If training opportunities exist in the community, there is no transportation
- They wish to train to be able to compete with young people
- Age (discrimination due to age). (2)
- Competing with young people is unjust
- Need training in computers and crafts
- ATM – all are different (difficult to use, are different, don't know how to use, they have to ask children or grandchildren). (3)
- Difficult to call Social Security, Medicare, health plans, etc. where a machine answers. (4)
- Cellular phones ring tones are too low, numbers too small. (2)
- Don't know how to use machines that some hospitals use in the emergency room for registration
- Computer lessons (3)

#### **Recommendations**

- Work program for retired people (examples: caring for children, work in small businesses, etc.)
- Wish to work up to 65 years of age or until they feel useful
- No obligatory retirement due to age
- That ATM machines be all alike and easier to use
- When calling automatic systems there be an option of talking to a person without the long and little understood process. (4)
- That a cellular phone be designed for elderly people
- They like to learn to use the Internet and have electronic mail for making payments, reading, buying plane tickets, and other buys. (3)
- A law so that each company employs a number of elderly people. (2)
- Messages on job discrimination for elderly people
- Courses for updating elderly people on the use of technology, although they know that technology advances at a fast pace
- Create opportunities for contributing, for example as teachers offering lessons in crafts to students, and others
- Increase transportation routes. (3)

## **Open Forum**

**Number of Participants:** 13 participants

### ***Wanderers***

#### **Needs**

- Housing needs (3)
- Abandonment by family (2)
- Neglected by the family and community
- Use and abuse of alcohol in old wanderers. (3)
- Lack of services and medical follow up. (2)
- Lack of activity and too much leisure time

#### **Recommendations (*Wanderers*)**

- That the government help them find a house. (2)
- Organize health clinics
- Integration of community organizations. (3)
- Organize recreational and art activities
- Support groups
- Work on spiritual life

### ***Veterans***

#### **Needs**

- Housekeeping and support services. (5)
- Lack of attention from health care providers at Veterans Hospital
- Prevention and follow up in the area of health. (2)
- Overmedication
- Follow up on the social area
- Delivery of medications to the home without due follow up

#### **Recommendations (*Veterans*)**

- That the Ombudsman for the Veteran continue overseeing their rights. (2)
- Provide housekeeping services for Veterans living by themselves and that need assistance. (5)
- Improve health services. (4)

### ***Abuse on Elderly People***

#### **Needs**

- Abandonment by family members. (3)
- Elderly people abused by children, but don't want to submit a complaint
- Relatives only interested on income of the elderly. (3)
- Loss of sensitivity and values. (4)
- Physical restrictions at substitute homes and institutions

### **Recommendations (*Abuse*)**

- Education activities, orientation, and prevention in the community. (3)
- More involvement of the government. (2)
- That the Office of the Ombudsman for the Elderly keep open. (5)

### ***Elderly Living Alone***

#### **Needs**

- Lack of attention on part of relatives. (4)
- Some cannot perform basic daily living tasks (personal hygiene, food, medications, appointments). (3)
- Lack of resources. (6)
- Be heard. (4)

### **Recommendations (*Elderly living alone*)**

- Housekeeping services. (6)
- Promote physical activity. (3)
- Self-care on those living alone
- Integration of the community as resources. (2)

### ***Safety***

#### **Needs**

- More vigilance from the police. (2)
- Knowledge of safety measures

### **Recommendations (*Safety*)**

- Rounds by police in the communities
- Orientation in the communities on safety aspects
- Use neighbors as resource and support. (2)
- Assure homes
- Change daily routine for not being victim of a crime

### **Health**

**Number of Participants:** 10 participants

#### ***Needs***

- Proper feeding. (3)
- Balanced diet
- More hygiene
- Lack of first aid equipment. (5)
- More health education needed
- Need referral all the time
- One gets more sick
- Long waiting at offices, often the doctor comes in late. For example, the person takes a turn at 6:00 AM and the doctor arrives at 10:00 AM and the elderly leaves at 2:00 PM. (11)
- Wait for people to leave the clinic to offer referral



- At the doctor's office, they give priority to sales people instead than beneficiaries. (4)
- It's not fair the charges of doctor's for completing forms that request diet certificate or use of medications.(6)
- Use Spanish when writing literature and in Medicare mail
- Lack of knowledge of pensioned beneficiaries of changes in health plans
- Lack of knowledge of regular beneficiaries of dates in which health plans change
- The service provider can be deceiving by charging money even when the plan covers the costs. (2)
- The benefits of supplementary plans are not present
- High cost and increase in medication copays. (3)
- Lack of orientation on how to get over-the-counter medications. (2)
- Lack of orientation on the use of Medicare Platinum cards
- Lack of orientation on changes of health plan of the government of Puerto Rico. (2)
- Lack of knowledge on how to enroll in Medicare Platinum
- Lack of knowledge on when a health plan is necessary and why
- Benefits are offered through veterans and this causes problems
- Lack of knowledge of the study of medication seeking plan
- No medication coverage at the middle of the year
- Lack of knowledge of the possibilities of change to have medication coverage
- Knowledge of use of medications for life
- Self-medicate others
- Knowledge of side effects
- Community pharmacies offer no education to the beneficiary on effects of medications compared to chain pharmacies
- The pharmacy dispensed wrong medications
- Lack of sensitivity from the centers companions
- Lack of knowledge on Alzheimer's disease; employees should offer orientation and educate participants of the center
- Lack of knowledge on how to manage mental health conditions in the community
- Lack of sensitivity from health care providers for beneficiaries. (2)
- Have knowledge on medical tests to be performed
- The doctor resists practicing a Pap smear due to the age of the beneficiary
- Lack of knowledge of medical tests
- Laboratory services are too expensive. Also, health certificates are expensive. (4)
- Lack of education on medical services
- More physical activity and exercise. (2)
- Requirements for obtaining services from the Medical Assistance Program (Reform), qualifying numbers are too high for all the medication expenses the elderly have. (3)

## Recommendations

- Snacks for diabetics (before lunch). Should be given priority.(2)
- Buying first aid equipment. (3)
- No preference to sales representatives
- More orientation to doctors on side effects of drugs
- More orientation from community pharmacies for beneficiaries
- No self-medication and that the person visit the doctor for proper treatment
- There should be facilities for caring people with Alzheimer's disease
- Open mind regarding managing people with Alzheimer's
- Create a sensitivity training for companions of the center who suffer from Alzheimer's. Create facilities for people in the early stages of the disease.
- Training on mental health condition
- Offer more education on the rights of the beneficiary

- More orientation on the benefits of Medicare
- Appointment of staff in charge of recreation and sports at the centers
- More motivation for participants to perform exercises in the community
- Collaboration with other agencies for performing exercises
- More physical activities that promote integration of the centers to aid in the mental health of the participants
- Offer more health fairs

### **Financial Safety and Baby Boomers**

**Number of Participants:** 13 participants

#### **Needs**

- They understand it's not enough what they get, since they have many things to pay and are short on money. Cost of living is too high. (13)
- Social Security increase is negligible, they have to pay consumer taxes
- There is a need for the services of the centers, since there they receive food and then they don't have to pay for that and use the money on other things. (4)
- When grandchildren visit them, they sometimes ask for money and if they have they give them or put aside an amount for them when they come. They give money to grandchildren because they are good to them and go with them on chores. (2)
- There are elderly people caring for grandchildren and they have to help them since they have no one and they won't leave them alone.
- They receive phone calls saying they have won a trip and ask for their credit card number, and thus fraud takes place with the credit card.
- People visit their homes and identify as health plans representatives and make them sign and provide their Social Security number for committing fraud.
- Also, fraud takes place when the elderly does not know how to use the ATM machine and ask others to withdraw their money. (2)
- Elderly people pay for assistance received from relatives when this should be done for love.
- Relatives disappear when they really need someone; if there is no money, they forget about them. (2)
- Elderly people justify their relatives, they always have an excuse for not taking care or help the elderly. Too paternalistic. (2)
- Help children with expenses.
- Rents are too high.
- Boomers have created a dependency on consumerism and is not the same for the elderly
- There is more consumerism now than before.
- Public assistance program qualification is complicated. (3)
- They indicate there is no immediate response when applying for service. (3)
- Government employees don't like to work, they ignore pending work or leave it for later.
- Being focused on cost of living and pending bills, they ignore their health.

#### **Recommendations**

- They are willing to help the center to which they belong to with the costs of some programs so the center's expenses are reduced. (12)
- It has to be figured out the way in which the participant can help offer services. Participant's income can be considered and share the costs.
- The centers should provide varied activities such as: trips, cruises, outings, etc. considering help from participants.

- It was suggested that a varied buffet be offered so participants can have at least two meal options for breakfast or lunch.
- Services should be refocused according to the needs and interests of the participants.
- Volunteering and micro enterprises may be implemented to obtain money for offering services according to the needs.
- There should be varied activities, not doing the same things every day. To provide different types of courses on a flexible schedule, so if one cannot attend at one hour can attend at another.
- Centers should be developed within living complexes for more opportunities for sharing in community environment and for better sharing.
- Independent living facilities should modify their cost requirement for residents, since they take gross income of the participants to assign monthly or annual cost.
- It is advisable to have an ID card with no Social Security number on it or other information that may be used for committing fraud.
- Justice should be stricter for people who abuse and have no responsibility and use the elderly.
- Expenses should be controlled and evaluate the way money is used and for what. Should learn to manage income. (2)
- Facilitators from public agencies should thoroughly investigate or supervise, people lie to obtain services that do not correspond to them. (5)
- Service should be quicker, by implementing a telephone call system or having more research staff on the field.
- Use more generic medications so the money assigned by the insurance provider may be used more wisely, allowing money to last longer to each participant of the program.
- Learn to deal with situations and changes that come up each day, and have better quality of life.
- Baby Boomers should plan their financial aspects; and avoid financial insufficiency.
- Not paying taxes and financial equivalence is recommended. (7)
- Elderly people have the capacity of being productive in their work place and can still work.
- The centers should have computers to promote interest and education in technology. (4)
- Elderly people should be up to date in technology changes and avoid staying behind.

### **Services for Elderly People**

**Number of Participants:** 11 participants

#### **Needs**

- Vehicles are broken and lack steps for easy access. (4)
- Greater attention to the needs of the elderly who attend the centers.
- To take us to do our chores (appointments, buying, services requests). (3)
- More staff is needed in the kitchen of the centers.
- The centers serve light snacks. (3)
- Services offered are not really adapted to the population. (7)
- Lack of well prepared recreational leaders. (3)
- Foods at the centers are cold and the trays are dirty. (5)
- There is no priest or spiritual counselor that visits the center more consistently.
- Personal articles and money of the participants disappear at the centers. (2)
- Lack of emergency primary necessity equipment at the centers. (6)
- At the centers, diabetics have no preference when receiving breakfast or lunch. (2)
- There is a need to increase the number of vehicles to avoid long trips. Some, due to their condition, get dizzy.
- We don't share activities with other centers.
- More caring services provided by housekeepers are needed. (7)

## **Recommendations**

- Increase the number of doctor's visits to the center. Have greater access to medical services, by increasing the hours the doctor visits the center or having substitute doctors for alternate days.
- Obtain bigger buses to avoid long and frequent trips (save gas). Buses should be adapted for people with physical impairments. In addition, make adaptations so the elderly can get in easier. Add escorts. (2)
- Increase kitchen staff at the centers.
- Increase recreational activities for women (in addition to crafts) at the center.
- Train staff who offer care to the elderly at home.
- The government should hire more physicians that make commitment with home visiting.
- Private agencies should implement express service to attend to elderly people and have chairs so the elderly don't have to stand in line to wait for their turn.
- Elderly people should get subsidy to buy gas, they are the ones who less use this product.
- Elderly people should get subsidy for buying homes.
- Metropolitan Authority routes should be evaluated to cover areas that don't get this service.
- There should be negotiations with business people for job opportunities for the elderly (increase the number of elderly on private businesses).
- Supervision at the cents should be improved as well as the assessment of needs.
- The centers should improve food management. (2)

## **Housing**

**Number of Participants:** 11 participants

### **Needs**

- Ramps are needed in private homes.
- High cost of construction materials for adapting houses. Ex. tubs.
- No Access to services due to limited income. Ex. Woodworkers, painters, plumbers and electricians, and others. They charge the elderly more.
- Difficulty obtaining professionals to do jobs. They charge in advance and don't do their job.
- High cost of long-term care homes.
- Few independent living homes and many are full. (2)
- Housekeepers are needed so the elderly can stay living in their home longer. (9)
- The elderly with two pensions don't qualify for independent living homes. Income should not exceed \$800.00 monthly.
- Too much bureaucracy and too much documentation to fill out. And more yet for those without transportation or family resources to help them move around.
- Strict regulations at the independent living homes, visitors are not allowed after 9:00PM or having a car.
- Independent living homes located in areas of difficult public transportation and access to malls.
- Little opportunity for the elderly to buy their own house. They are too expensive. (3)

### **Recommendations**

- Funds for improvement of houses including ramps.
- More housekeepers so the elderly does not have to go to board and care. (8)
- Consumer tax should not be charged when buying materials for home improvement.
- OPPEA should prepare a list of accredited professionals who do jobs at reasonable costs for the elderly. They should be honest and certified.
- Board and care. More help for homes. Tax return subsidy.

- Build more independent living homes in areas where there is transportation and closet o malls. The AMA route should be available.
- Increase monthly income to qualify for independent living homes.
- Help for transportation and to speed up applications at the independent living homes.
- Regulations of the independent living homes should be evaluated and modified.
- Develop projects so the elderly can buy their own home or subsidy for house rental.
- It is recommended that the elderly should not be charged for health certificates.
- Medical equipment needed, for example, walkers. Health reform should contribute or cover the costs.

### **Volunteers**

**Number of Participants:** 12 participants

#### **Needs**

- Today, people don't go out and don't know their neighbors, community integration is necessary.
- Many times, people don't accept volunteers.
- The community needs leaders to help the elderly cooperate with others to help and orient them.
- The most important thing is to avoid loneliness in the elderly. Their children have to work and leave them alone and could benefit from volunteer company.
- People without family and/or income should get help from volunteers.
- Lack of transportation for volunteers.
- Volunteers need training because they may be willing to do something and still don't know how.
- Sometimes, the family is not willing to receive volunteers.
- Many times, volunteers help with sick people, and the family wants to use them as slaves.

#### **Recommendations**

- Identify churches and other entities with volunteer services.
- There should be family integration to participate.
- Offer orientation to relatives on volunteer service.
- Volunteers should have a list of duties and good supervision.
- Leaders should be well trained to perform an effective task and have available time. People should be loving, caring and interested in the community. They should show love, patience, good will and no interest. (2)
- Volunteers should be trained in gerontology to help the elderly who are alone and sick.
- Identify volunteers and use them for housekeeping and/or caregivers of people with Alzheimer's.
- Educate relatives, including children and young people, on the concept of volunteering and urge them to help the elderly. Instruct students regarding elderly people and their needs since first grade. (3)
- Many elderly people get hit by cars because they cannot cross the streets. The community should be urged to help the elderly when crossing the street.
- The person has to be receptive to volunteering.
- We should take others problems as if they were ours and think that others also help us and our families. Love your neighbor.
- Offer orientation to each volunteer for performing an effective job.
- The government should serve as facilitator in trainings and orientation to volunteers.
- Housekeepers should take psychological tests before being sent out to work.
- Instead of taking the elderly to nursing homes, there should be volunteer programs to take care of them in their homes.
- You can simply do volunteer work by listening to others in need.
- Volunteer bodies can be formed to help people go to appointments, go shopping, pay bills, etc.

- Benefits that could be received and stimulate volunteers:
  - ❖ Transportation for getting to places.
  - ❖ A volunteer ID.
  - ❖ Orientation and training.
  - ❖ Identifying needs within the community.
  - ❖ Orientation using the media.
- Recommendations to achieve motivation in community leaders:
  - ❖ Money incentives
  - ❖ Access to health services
  - ❖ Recognition of volunteer work
  - ❖ Recognition as volunteer of the month

### Caregivers

**Number of Participants:** 11 participants

#### **Needs**

- Supervision and help with lunch offered to the elderly and the medications the need.
- Follow up on expenses of caregivers using money of the elderly (financial exploitation).
- House cleaning of the person being cared for. (4)
- Company and support for the one cared for. (3)
- Duties of the caregiver before the needs of the one receiving care.
- Medical services at home. (6)
- Home recreation for the one cared for, for those who can move around and the bedridden. (4)
- High costs of necessary services for the one being cared for. (7)
- Situations of the caregivers with their employers due to absences regarding the ones they offer care.
- Creation of incentives for caregivers. (2)
- Managing emotions of caregivers and the ones they care for. (3)
- Help in raising grandchildren when financial limitations, of health and education are encountered.
- Difficulty in obtaining required documentation for receiving services. (3)

#### **Recommendations**

- Provide talks and training for the caregiver, for example, on the aging process, managing emotions and family values. Also to develop fairs of services for caregivers and the people they care for. (4)
- Create awareness in society of the responsibilities with the elderly and the creation of saving plans for old age. "Our old people are not a burden". (5)
- Offer orientation to the elderly population on the process of obtaining government documents.
- Create work plans with caregivers.
- Recreation.
- Plan a caregiver festival
- Limit housekeeping services to a maximum of 2 hours to attend the need of administering medications and lunch.
- House cleaning. (6)
- Take into consideration Young people to perform activities in the home.
- Offer service from 6 to 8 hours divided into turns for those with extreme or delicate health conditions.
- Fund pairing from OPPEA and persons in charge of care.
- People who offer company services in the home.
- Have Access to physicians or nurses for evaluations in the home. (5)
- Benefit from the service of trained staff who visit the house to offer exercises and therapy for people who are receiving care.

- Create a Help Fund. (6)
- Legislate fringe benefits making the employer aware of the needs of caregivers for offering attention to the people they are caring for (offer reasonable time for caregivers to be absent without taking time off from their job). (3)
- Create support groups in the community to assist in the needs of people who require care. (3)
- Create pairing of funds for the needs of grandparents raising grandchildren.
- Activity to collect clothing for grandparents raising grandchildren.
- Have staff at OPPEA that help caregivers or those who need care get required documentation at government offices and offer reasonable time to obtain them. (4)
- Reduce costs when obtaining government documentation. (7)