PANORAMA

URUGUAY

Demand for Support Services for Functional Dependence

Process of Demographic Aging

Uruguay is one of the oldest countries in Latin America and the Caribbean in terms of having gone through what is known as the "first demographic transition" – marked by sustained declines in fertility and mortality rates – before and at a slower pace than the rest of the countries in the region and even some developed countries (Rofman, Amarante, and Apella 2016). Therefore, the older adult population accounts for a significant share of Uruguay's age structure in the total population.

The latest available data show that 19 percent of Uruguay's population is over 60 years old (United Nations 2017), compared to 11 percent for the region. If fertility and mortality trends continue as they have, the share of this age group in the country's total population is expected to reach 28 percent by 2050. The population aging index, which reports the share of the population over 60 years of age relative to the number of children under the age of 15, is 89 older adults for every 100 children, more than twice the regional average. This indicator is expected to almost double by 2050, reaching 165 older adults for every 100 children under the age of 15.

The increase in life expectancy brings, as a consequence, not only an increase in the proportion of the older adult population among the total population, but also an extension of old age, which is reflected in an increase in the share of older people among the elderly. The population that is over 80 years old is 4 percent of the total population, but people in this age

group represent 22 percent of adults over 60, a figure that could increase to 25 percent by 2050 (United Nations 2017). All these indicators reflect an aging population structure that is expected to continue aging in the coming decades.

Dependency

These demographic changes, although excellent news, entail challenges that should not be ignored. One of the main challenges will be in the area of long-term functional care support services. From a biological point of view, aging implies a progressive reduction of physical and mental capacity, and an increased risk of contracting diseases (WHO 2015). Therefore, as people get older, they are more likely to start having difficulties in the normal activities of daily life and become "dependent" on the support or help they can receive from others. The greater the proportion of older adults in a population, the greater the need and demand for these types of services.

In Uruguay, data from the 2013 Longitudinal Survey of Social Protection (Encuesta Longitudinal de Protección Social - ELPS) show that 11 percent of the population over 60 years of age has a certain degree of functional dependence, and this proportion increases with age, reaching 24 percent among those over 80.

It is also observed that as people age the degree and type of help they need becomes more intense. For example, 72 percent of people over 60 who have difficulties in carrying out ADLs need help to carry them out, and 83 percent of them need help on a regular basis. Among those older than 80, these figures increase to 80 percent and 89 percent, respectively.

Epidemiological Profile of the Elderly Population

Functional dependence data become even more relevant if the epidemiological profile of the Uruguayan population and its risk factors are taken into account. In this sense, as the population ages, the importance of chronic or noncommunicable diseases increases as regards infectious diseases as the main cause of illness and death (WHO 2011). Uruguay has not been exempt from this phenomenon: 81 percent of the burden of mortality and morbidity in the country can

Table 1. Presence of Difficulties by Age and Sex among Persons over 60 Years of Age (percent)

	ADLs		IADLs		Total (IADLs + ADLs)	
Age	Men	Women	Men	Women	Men	Women
60+	4.6	7.9	6.6	13.9	7.3	14.5
60-69	2.8	3.3	3.8	6.4	4.4	6.8
70-79	5.1	7.5	7.6	13.7	8.1	14.6
80 and over	10.0	16.7	13.7	27.6	15.1	28.0

Source: Prepared by the authors based on data from the Uruguayan Encuesta Longitudinal de Protección Social (2013).
Note: Basic activities of daily living (ADLs) include eating, going to the toilet, changing and maintaining body position, dressing, and moving around the home; instrumental activities of daily living (IADLs) include personal hygiene, moving out of the home, taking care of one's own health, performing housework, participating in society, and making decisions. The percentage of ADL refers to people who have difficulties in at least one type of activity, that is, the percentage of adults over 60 who respond "Yes, always" or "Yes, moderately" to the question "Do you usually have difficulty performing the following activities...?"

be attributed to chronic diseases, and among the population age 70 and over, this figure increases to 90 percent (WHO 2016).

In recent years, there has been an increase in the prevalence of certain risk factors for chronic diseases among the population under 65, such as obesity and hypertension. If the trend continues, it is expected that this worsening of the risk factors of the population will translate into an increase in the importance of chronic diseases. Due to their characteristics (prolonged duration, difficult remission), these types of diseases have important consequences in terms of the support needs of people. But even if the prevalence of chronic diseases remains constant, the pressures of the demographic process will cause these needs to increase even more in the near future as the population ages.

The Role of the Government in Long-term Care

The increase in demand for long-term care support services occurs in a context in which the possibilities of covering these needs informally through the family (and within it, mainly by women) are compromised. In

this sense, the increase in female participation in the labor market and the changes in the family structure that have occurred in recent years limit the network of relatives and nearby persons available to provide support, contracting informal care offerings (Aguirre 2009). Added to this are the changes in social norms and values that accompany the growing autonomy of women. In this sense, little by little, we see in societies a departure from the collective belief that women are solely responsible for care tasks.

Recognizing this reality, the Uruguayan government created an Integral Care System (Sistema Integral de Cuidados - SNIC) in 2015, becoming the first country in the region to implement a policy of this type. With Law 19,353, which created the system, the state incorporates the issue of care into the public agenda and assumes the responsibility to participate actively in the design of solutions to respond to the challenges imposed by demographic and social changes.[1] It also proposes to reduce the social inequalities that appear as a consequence of the unfair division of labor that assigns responsibility for care mainly to women, as part of their traditional gender role, devalues that work, and renders it invisible to society (System of Care 2015). The SNIC is conceived as a set of comprehensive policies covering functional long-term care that includes entirely new services, as well as the coordination, consolidation, and expansion of some existing services.

Among the benefits designed for the elderly population with functional dependency are subsidies for hiring a personal assistant and for contracting telecare service, and the development of a new offering of day centers. These benefits are aimed at specific segments of the population, defined on the basis of age and the degree of a person's dependence. The determination of the subsidy granted depends on the level of per capita income of the household. In addition, the SNIC aims to improve the quality, regulation, and oversight of long-stay centers. Caregivers are also part of the target population of the system, which aims to improve the professionalization, recognition, and appreciation of care tasks.

[1] See the "Creación del Sistema Nacional Integrado de Cuidados (SNIC)" December 8, 2015.

Supply of Long-term Support Services

The creation of the SNIC has served to revitalize the private provision of such services and to revalue work in care, especially regarding that which involves personal assistance services at home. Table 2 briefly summarize the provision of care services, including the

Table 2. Participation of Sectors in Long-term Care Services

Type of Service	Public Sector	Private Non-profit Sector	Private For-profit Sector
Residential services	• Qualification /Fiscalization • Transfer to non-profit residences • Availability of beds • Transfers to long-stay centers due to relocation • Care + quality	• Provides services	• Provides services
Personal assistance at home	• Subsidy for purchase of professional care	• Provides services (not yet implemented)	• Provides services
Day centers	Public sector provides services in partnership with civil society organizations		
Telecare service	• Subsidy for contracting the service	• Provides services	• Provides services
Other services supported by information technology	n/a	n/a	• Telemedicine services (incipient)
Services for caregivers	• Training	n/a	• Training
Other services	• Active aging • Targeted health services	• Active aging	• Personal assistance companies (in facilities and in homes) • Active aging

benefits offered by the SNIC and other public services outside the system, as well as the services provided in the private and non-for-profit sectors.

The analysis of the country's long-term support services offers evidence of a limited but expanding market. The "traditional" services provided by long-term residences and home caregivers are incorporating other services, such as telecare and day centers, that are expected to promote autonomy and help delay (or avoid) institutionalization, providing tranquility and relief to the family members traditionally in charge of these tasks.

Regarding the use of existing services, around 3 percent of the older adult population lives in long-stay residences, either for-profit or non-profit, although the former constitutes a larger proportion. The average price that must be paid for a place in a private residence is US$800 monthly, although the range varies widely depending on the quality of the services offered. Meanwhile, 13 percent of dependent seniors living in their homes receive help from paid personnel hired specifically for the task (ELPS 2013). The coverage of the services offered by the SNIC is still incipient: the latest data show that only 2 percent of the dependent elderly adult population receives any type of benefit.

Even so, as in most countries of the world, the responsibility for care in Uruguay falls mostly on women in the family. As can be seen in Table 3, both in the case of men and women, about 80 percent of those under 70 believe that older adults should be cared for either exclusively by their family, or by the family in conjunction with personnel hired for the task.

Achievements and Challenges of the Care System in Uruguay

Although the implementation of the SNIC is changing the care culture of the country little by little and has fostered co-responsibility and appreciation of care work, Uruguay still has a long way to go. In addition to some specific challenges that have to do with the design and implementation of certain benefits, one of the main challenges is the increase in coverage for other age groups, which implies, without a doubt, a significant commitment in terms of budgeting.

Table 3: Preferences among the Population under 70 years of Age regarding the Care of Older Adults, by Socioeconomic Status (percent)

	Income Level	High	Medium	Low	Total
Men	Family+staff hired	32.7	30.8	28.9	30.5
	Hired staff	15.3	15.4	8.7	12.4
	Family	36.7	44	56.4	47.3
	Institution*	14.3	8.8	4.7	8.6
	Does not know	1.0	1.1	1.3	1.2
Women	Family+staff hired	47.9	30.9	27.8	34.0
	Hired staff	12.5	9.5	6.5	8.9
	Family	31.3	50.0	55.6	47.6
	Institution*	6.3	8.5	8.9	8.1
	Does not know	2.1	1.1	1.2	1.4

Source: Prepared by the authors based on Batthyány, Genta, and Perrota (2012).
* Includes long-stay residences or quality day centers.

Another challenge has to do with the provision of training for long-term care providers that, as of today, is insufficient in terms of available places and the offering of specialization courses (for example, to treat different pathologies), which today is non-existent.

Finally, the system faces a great challenge in terms of communication. One of the main objectives in the coming years should be to educate the population not only regarding the benefits offered, but also about the principles that guide those policies, in particular with regard to the right to receive quality services, co-responsibility, and the valorization of care tasks. This would also revitalize the demand for personal assistants, especially at the highest socioeconomic levels (which do not receive subsidies), where there is a high percentage of people who decide not to use the benefit even though they are eligible to receive it. Communication should highlight the advantages of hiring a personal assistant through the system, with the training and quality of service that implies, regardless of the level of subsidy received.

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