

**The Need For Adult Day Services In La Paz, Bolivia: Perceptions Of Professionals  
Working With Aged Adults**

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FAMILY AND CHILD DEVELOPMENT

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# **The Need For Adult Day Services In La Paz, Bolivia: Perceptions Of Professionals Working With Aged Adults**

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(ABSTRACT)

This research project addressed the need for an adult day services (ADS) program in La Paz, Bolivia. Adult day services are community-based programs that provide a variety of services to functionally impaired adults through an individual plan of care. Adult day services are structured, comprehensive programs that offer services during any part of the day but fewer than 24 hours.

I examined professionals' perceptions and attitudes about the needs of old adults in La Paz and the importance and viability of implementing an ADS program to meet those needs. The political economy of aging perspective provided the theoretical framework for this study. This theory focuses on the way that values and prevalent societal attitudes influence people's views of the aged population and the type of programs they believe should be developed for the care of that population. The review of literature addresses the needs assessment process and the U.S. model for ADS. An overview of the current situation of the elderly population in La Paz is presented in order to portray the context in which new programs for seniors would be developed in that city.

Study participants, who provide a variety of services to old adults and their families in La Paz, completed interviews regarding (a) their perceptions of the needs of the old adults of La Paz, (b) the significance of developing a new program for their care, and (c) the feasibility of implementing an ADS program. I used descriptive and associational statistics to assess the attitudes and perceptions of respondents, the similarities and differences among their responses, and possible influences on their viewpoints. I extracted common themes in answers to the open-ended questions by employing qualitative techniques.

The results of the interviews revealed that although professionals perceive that societal views of old adults are very negative in La Paz, they also believe this segment of the population is in great need of services that provide better, more adequate physical, emotional, social, and medical care than the services that exist today. Professionals also believed that it is crucial to develop new programs that address these issues and they considered ADS to be a viable alternative to institutionalization. However, their ideas about the structure and activities offered by an ADS program were quite different than those of the standard U.S. model. In order for the implementation of an ADS program to be successful in Bolivia it would have to be adapted to the cultural and economic context of that country.

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## **Chapter 1 Introduction**

In this introductory section, I first address the significance of this study by discussing the many functions of an adult day services (ADS) program as a service delivery program, some of the benefits it has had for both aged individuals and their family members, and how an ADS program could benefit the Bolivian population. Then, I give a brief overview of the study, its participants, and the questions to be addressed in this research. Next, I provide background information on ADS programs in order to clarify the history, purpose, and structure of such a program. Finally, I discuss the political economy of aging theoretical framework in order to establish the basis for this research and identify the underlying factors that may influence the results.

### **Significance of Study**

Adult day service programs are a viable alternative to institutionalization or care at home and have proved to be beneficial for aging persons' well-being as well as that of their family members. In the United States, the purpose of an ADS program is to improve and maintain the highest functional level possible of clients, to provide respite to caregivers, to delay or prevent institutionalization, and to improve the quality of life of both old adults and caregivers (Padula, 1983). Adult day service programs are designed to focus on the biological, sociological, and psychological changes that old adults may experience as a result of the aging process. Adult day service programs provide a variety of services that address multiple aspects of an individual's functioning, allowing each participant to receive appropriate care based on assessed needs. Adult day service programs enable participants to continue living at home, allowing them to sustain many of their personal relationships and lifestyle preferences that may otherwise be hard to maintain in an institutional setting.

Many ADS programs exist in the United States, but outside of the United States, in countries such as Bolivia, they are nonexistent. Therefore, this study is grounded in existing research that has been conducted in the United States as the basis for proposing types of programs that might work toward the benefit of the aging population in Bolivia. This study involves a preliminary needs assessment designed to explore the perceptions of professionals about the needs of the elderly population in Bolivia and the extent to which they think an ADS program could meet those needs. The results provide a piece of the information needed to determine the types of new aging services, such as an ADS program, that might be successful in La Paz.

The first step of a needs assessment process, and the focus of this study, is the collection of information from key informants. The key informants in this study were professionals in La Paz who work directly or indirectly with old adults and their families. This enables consideration of the opinions of human service providers with the knowledge and ability to report on community needs. I focused on professionals' perspectives on the issues mentioned because they work as providers to this segment of the population, and they are also important stake holders in the development of any new service delivery program. Professionals refer caregivers and old adults to different services available in the community, they serve as advocates for the development and use of such services, and they help raise awareness about the benefits and services a new program offers. The perceptions that professionals have toward old adults and their needs reflect how Bolivia, as a country, views elderly people, and the prevailing societal values and attitudes about the types of programs that should be developed for their care. Thus, an appropriate first step is an

exploratory study of the perceptions and attitudes that professionals who work with old adults have about the needs of the aging population in La Paz, their opinions about whether they consider that an ADS program should be developed in Bolivia and its viability as an alternative to existing methods of providing care, and whether they recommend such an effort. Possible outcomes include the conclusion that old adults are not being served by all existing services, that existing services are not providing adequate services to serve the population and thus new programs may be needed, that existing programs are not providing services to certain segments of the population, or that a new program would be beneficial (Stanhope & Lancaster, 1988).

#### Definitions

##### Professionals

In this study professionals are those individuals who provide any type of service to old adults and their families in the city of La Paz. These individuals will have knowledge about the aging process and the needs of the aging population in this community due to their extensive work with this segment of the population.

##### Old Adults

For the purpose of this study, I defined old adults as individuals aged 65 and older who are dependent on others to continue living at home instead of moving to an institution. This dependency may be due to a physical or mental deterioration or a disability that limits the person's abilities to perform activities of daily living, rendering them unable to stay at home alone.

##### Activities of Daily Living

Activities of daily living comprise basic activities of daily living and instrumental activities of daily living. Basic activities of daily living (ADLs) include dressing, eating, getting in and out of bed, and using a toilet. Instrumental activities of daily living (IADLs) include preparing meals, grocery shopping, managing one's own money, using a telephone, doing light and heavy housework, and doing laundry. Instrumental activities of daily living involve more complex tasks than ADLs.

##### Institutionalization

In this study institutionalization refers to the placement of old individuals into a nursing home or any other long term care facility due to their inability to continue living at home without the support of family members or friends.

##### Caregivers

Caregivers are family members or friends who have assumed the responsibility of caring for a family member or friend who requires assistance due to a mental or physical disability.

##### Adult Day Services

Programs previously known as adult day care were recently renamed adult day services by the National Institute on Adult Daycare to reflect the fact that these types of programs not only focus on adult care, but also provide multiple comprehensive services. Adult day services (ADS) are defined as:

...a community-based group program designed to meet the needs of functionally impaired adults through an individual plan of care. It is a structured, comprehensive program that provides a variety of health, social and related support services in a protective setting during any part of the day, but less than 24-hour care. Individuals who participate in adult day care attend on a planned basis during specified hours. Adult day care assists its participants to remain in the community, thus enabling families and other caregivers to continue caring for an impaired member at home. (National Institute on Adult Daycare, 1990, p.20)

Heide and Webb (1991) helped explain further the characteristics of adult day care in

comparison to other services.

Adult day care is a group service. It is not in-home companion sitter. Adult day care is designed specifically for impaired people and involves an individualized plan of care. It is not a senior center or senior club. Adult day care is less than 24-hour care. It is not a residential programs such as a nursing home or boarding home. Adult day care is a structured, comprehensive program. It does not allow impaired persons from the community to join in nursing home activities without a separate staff and space for the day care group. Adult day care involves planned participation. It is not, therefore, a drop-in center. (Heide & Webb, 1991, p.5)

Adult day service programs are an important service designed to support caregivers, providing the individual and the family with a feasible alternative to institutionalization, at a much lower cost. They function as respite services that provide safe, secure, therapeutic, and relatively low cost places for dependent family members while caregivers work, go to school, shop, or have some time for themselves to recover from the demands of care giving (Travis, 1993).

History Adult day service programs began in England when day hospitals were used for individuals with disabilities who no longer required continuous hospital care. The concept of ADS was brought to the United States by Dr. Lionel Cousin. By 1969, 12 ADS programs were operating in the United States. Despite the tremendous benefits that existed for participants of ADS programs, the service was slow to catch on until 1972. By 1976, the number of centers in the country began to increase, reaching 300 programs in 40 of the 50 states by 1978 (Travis, 1993). By 1993, approximately 1,550 programs serving primarily old adults in all 50 states were members of the National Institute on Adult Daycare. The greatest factor related to the growth of ADS has been government support through Medicaid reimbursement, Social Services Block Grants under the Social Security Act, and Title III of the Older Americans Act (Heide & Webb, 1991). The continued rapid growth in ADS programs over the years shows the ongoing desire to seek alternatives to expensive hospital and institutional care for dependent old adults (Travis, 1993).

#### Theoretical Framework

This study draws from the political economy theory of aging. This framework is based broadly on the examination of how material conditions, political priorities, societal values, and public policy affect the ways people experience old age in different societies (Hendricks & Leedham, 1992).

A central postulate of the political economy perspective is the notion that aging and old age are directly related to the nature of the society in which they occur and, therefore, cannot be considered or analyzed in isolation from other societal forces and characteristics. (Estes, Linkins, & Binney, 1996, p. 346)

According to this theory, the services developed for old adults depend on the social and political structure of the larger society as well as those of the particular community in which they are implemented. The way people in each society view aging directly affects the perception they have about the needs of old adults, the types of programs that are developed for their care, and the attitudes they have about the types of programs that should be developed in the future. Due to the different social structures, belief systems, and cultures that exist between industrial and developing countries, services for the aged in Bolivia differ greatly from those available in the United States. With respect to this study, the values that prevail in Bolivian society affect the attitudes that professionals have about the needs of old adults in that country. These factors can also play an important role in understanding professionals' perceptions about the needs of old Bolivian adults and the success an ADS program would have in meeting those needs.

The ways in which people define social problems, estimate their scope, and choose which problems are important have changed over time due to shifts in values and lifestyles (Rossi & Freeman, 1993). Communities, societies, and cultures differ widely in the attention they pay to particular social problems. In this study, I am interested in the views that potential stakeholders (Bolivian professionals in particular) have about the needs of old adults, the need to develop new services in La Paz, and their attitudes about adult day services.

## Chapter 2 Background Information

### Profile of the Social Situation in Bolivia

Two fundamental social problems exist in Bolivia today, the persistent rural poverty and the impoverishment of urban areas. In 1992, 4,074,141 people were poor in Bolivia, of which 69.8% were old adults. The most dramatic situation is in rural areas where 97% of homes are poor. To make matters worse, educational and health services are deficient.

Women, children, and old adults have been the most neglected social groups in history, a situation that still continues in Bolivia. Although both women and children have benefited economically in the past couple of years, old adults continue to be seen as obstructing the modernization process (Ministerio de Desarrollo Humano). This modernization process has generated great benefits in the medical arena, but has also produced a greater economic disparity among regions and between urban and rural areas, increasing the inequality among sexes, ages, social classes.

The services that exist for old adults are very few, with some privately owned and others supported by the government. Those that are privately owned are usually small residences which charge fees and are accessible only to individuals who belong to the middle and upper social classes. The large nursing homes are free, but many are overcrowded due to the large number of poor people who cannot afford to any other service to care for themselves or their aged family members. Although some have attempted to develop new services recently, the proposed cost of these has exceeded the perceived needs of and benefits to old adults and these proposals remain unfunded.

### Review of Census Information

In order to present an overview of the situation of old adults in La Paz, an overview of the demographics of the city of La Paz can help draw the picture clearly. La Paz had a population of 1,900,786 in 1992 of which 49% were men and 51% were women (see Table 1). Also, as seen in Table 1, the urban population in 1992 was much greater than that of the rural population and the differences in the number of males and females in rural areas was very small compared to that in urban areas.

**Table 1**  
**Population of La Paz in 1992**

	Total	Males	Females
Total	1,900,786	934,730	966,056
Urban	1,193,821	581,231	612,590
Rural	706,965	353,499	353,466

In 1992 over half of the population was aged 15 to 64, slightly over two-fifths was younger, and only a small proportion was old (see Table 2). Also as seen in Table 2, a greater

percentage of people under 15 and 65 or over lived in rural areas than in urban areas, however, those aged 15 to 64 were more likely to be living in urban areas in 1992. The past two decades have shown a very clear indication that many young people living in rural areas of La Paz have immigrated into the urban areas of La Paz in search of more employment opportunities. This migration partially explains the differences in the percentage of people between the ages of 15 and 64 living in urban areas compared to those living in the rural areas of La Paz. Many young adults who migrated into the city will remain there for the rest of their lives.

**Table 2**  
**Percentage of the Population of La Paz in 1992 by Age and Area**

<b>Percentage of the Population</b>			
	Total	Urban	Rural
Total	100	100	100
0-14	39	37	42
15-64	56	60	51
65+	5	3	4

Economic Activity

In order to give an overview of the economic situation of the population in La Paz, particularly that of old adults, the trends in economic activity given by the 1992 census were used as an indicator of income. The 1992 census defined individuals as economically active if they were aged 7 or over and if they worked, had worked, or were looking for work during the week the census took place. According to the census, half of the population of La Paz aged 7 and over were economically active in 1992, with three-fifths of men and two-fifths of women actively working or looking for a job (see Table 3).

**Table 3**  
**Percentage of the Population of La Paz That Was Economically Active and Inactive in 1992**

<b>Percentage of the Population</b>		
	Active	Inactive
Total	50	50
Males	60	40
Females	39	61

According to the data in Table 4, the total population of people aged 7 and older in La Paz

who were economically active was a slightly smaller group than those that were inactive. Most of the active people were aged 20 to 69 whereas the inactive tended to be children and teenagers. Among those aged 70 or older, nearly equal proportions were in each economic activity category, with the active group slightly larger than the inactive one.

**Table 4**  
**Population in La Paz Aged 7 and Over Who Were Economically Active in 1992 According to Age**

<b>Population aged 7 and over</b>		
	Total Active	Total Inactive
Total	761,288	773,277
7-9	9,502	133,648
10-14	30,065	204,345
15-19	67,847	124,159
20-24	97,240	66,865
25-29	98,745	43,590
30-34	93,721	35,767
35-39	84,049	29,780
40-44	71,181	23,266
45-49	59,496	19,989
50-54	41,985	16,311
55-59	30,278	15,417
60-64	29,194	18,540
65-69	18,321	13,467
70+	29,644	28,133

#### Education

In 1976, nearly one-third of the population of La Paz aged 15 and over was illiterate. By 1992, illiteracy rates had changed favorably, and fewer than one-fifth of the population of La Paz aged 15 and over reported not knowing how to read or write. Since 1976 the situation had improved particularly for women, whose proportion of illiteracy had dropped from over two-fifths to less than a quarter (see Table 5). However, in 1992 a great percentage of rural women still could not read or write and over twice as many rural women as rural men were illiterate. Although the level of illiteracy decreased in both urban and rural areas from 1976 to 1992, over a third of the population in rural areas still did not know how to read and write.

**Table 5**  
**Percentage of Population in La Paz Aged 15 and Over in 1976 and 1992 That Was Illiterate**

Area	1976			1992		
	Total	Men	Women	Total	Men	Women
Total	31.9	17.9	44.9	16.9	8.5	24.7
Urban	15.8	5.7	25.1	9.2	3.5	14.5
Rural	48.1	30.1	65.0	31.2	17.6	44.5

Looking at illiteracy across age groups (Table 6) shows that the groups most likely to be illiterate are the very young and the old. People between 15 and 44 years of age have the lowest rate of illiteracy. In contrast to all the other age groups, those aged 60 and above include more individuals who cannot read and write than those who can.

**Table 6**  
**Number of People in La Paz Aged 6 and Over Who Could Read and Write in 1992**

Age	Illiterate	Literate
Total	235,927	1,337,791
6-14	41,959	382,248
15-29	19,819	475,939
30-44	43,650	292,445
45-59	57,618	124,480
60+	72,881	62,679

The level of education achieved in 1992 by the population of La Paz compared to that of the 1976 Census is as follows: in 1976 about one third of the population aged 6 and over had no education, but by 1992 this figure dramatically decreased to approximately one sixth of the population. In 1976, over two-fifths of women reported having no education, by 1992, women made some advances in this area and under a fifth of the female population of La Paz had no education; Likewise, although in 1976 only a tiny proportion of women had attended college, by 1992 the female population who was attending college had increased almost four times to 4.7% (see Table 7). According to the 1992 census 1,594,690 people were age 6 and over. Of these, 88,260 had completed elementary school, 43,449 had completed middle school, 85,667 had completed high school, and 9,944 had completed college.

**Table 7**  
**Percentage of the Population in La Paz Aged 6 and Over by Highest Level of Education Attained**

Level of Education	Percentage of the Population					
	1976			1992		
	Total	Men	Women	Total	Men	Women
Total	100.0	100.0	100.0	100.0	100.0	100.0
None	29.9	18.7	40.7	14.1	8.7	19.2
Elementary	54.7	62.4	47.3	57.5	57.8	57.3
Middle school	9.6	11.7	7.6	18.2	22.0	14.5
High school	1.2	1.2	1.3	1.4	1.3	1.5
College	2.8	4.2	1.3	6.2	7.7	4.7
Other	1.8	1.8	1.8	2.6	2.5	2.8

In sum, the situation of many people living in La Paz seems to have improved since the 1970s. Old adults, however, are still at a disadvantage. With young people migrating into urban areas, old adults in rural areas are left to care for their own needs but with inadequate resources to do so. In urban areas, a significant number of old adults are not economically active. If they have no family, the situation could be worse, because they would be unable to care for themselves or pay for services that could provide care. Also, women are more likely to be unemployed than employed. With women tending to be primary caregivers, this would mean that women could find caregiving financially difficult. This summary shows the current economic and social situation of La Paz and the difficulty of trying to build a better community with the few resources available in the region.

#### Review of the Literature

In this section I discuss the needs assessment process, the role that ADS programs have played in the United States as a service delivery program, and the situation of the elderly population in Bolivia (specifically, La Paz). This will provide information about the needs of the old population in Bolivia and the need for the development of new programs for their care, such as an ADS program. Finally, statement of the research questions and hypotheses clarifies the specific topics investigated in this study.

#### The Needs Assessment Process

The assessment of need is defined as a systematic appraisal of type, depth, and scope of problems as perceived by clients or health providers or both (Stanhope & Lancaster, 1988). Six basic steps exist in the needs assessment process: identifying the client population, identifying the needs to be met, specifying the size and distribution of the client population, setting boundaries for the client group, clarifying the perspectives on the program target, and identifying the program resources (Posavac & Carey, 1980).

#### Client Population

Goldston (1989) stated that the client population in need of ADS programs consists of

adults who are essentially homebound, and who, because of one or more impairments, cannot live at home without supportive services, but who do not require 24-hour institutional care. These impairments may be physical, mental, or emotional, or a combination of these. Frequently economic or social impairments will have contributed to the development of or worsening of the condition (Goldston, 1989). For this study the client population in need of an ADS program is those individuals with disabilities who do not require full time care in traditional institutional environments (i.e., nursing homes), but who are not capable of total independent living and require a protective environment during the day (Trupiano, 1978).

Caregivers and professionals are also identified as potential clients because both play an important role in the care of dependent old adults. Caregivers usually pay for the services available for old adults and usually are the ones faced with the decision to place dependent, old family members in an ADS program. Often, professionals are the ones who refer caregivers and old adults to an ADS program available in the community.

The following sections contain brief overviews of the characteristics of individuals who attend ADS programs in order to present a general profile of typical clients. This will help provide an idea of who would be served by this type of program if it were to be developed in La Paz.

Characteristics of participants of ADS programs. Many participants who attend an ADS program do so thinking they are a burden on their families, having been isolated at home or in a hospital for a long period of time. Most are dealing with some type of disability for the first time and are fearful of being placed in a nursing home (Hide & Webb, 1991).

A national survey done in the United States revealed that about 33% of ADS programs serve at least some participants under the age of 50. On average, however, ADS participants are 76 years old. Seventy-five percent of ADS participants are Caucasian and 16% are African American. About 37% of participants are men (Weissert et al., 1990). Half of the participants require supervision while attending the center (National Institute on Adult Daycare, 1988). Walkers and canes are needed by about 20% of the participants. Seven percent of participants are incontinent and a similar ratio are behaviorally disruptive. Sixty-eight percent of the participants live with a family member or a friend. Twenty-five percent of ADS participants live alone and 7% live in protected service environments such as a nursing home or home for adults at the same time that they are receiving day services (National Institute on Adult Daycare, 1988).

Types of participant disability. Based on two national surveys, conflicting data exist about the number of participants in ADS programs who have some kind of physical or mental limitation. The National Institute on Adult Daycare census survey found that almost 75 percent of the participants required some assistance with basic activities of daily living (Zawadski & Stuart, 1990). In contrast, the Weissart team found only 50 percent of the participants in their survey were impaired in the ability to perform basic activities of daily living (Weissart et al., 1990). Estimates of wheelchair bound participants range from less than 5 percent in the Weissart study to over 11 percent in the National Institute on Adult Daycare sample. Twenty percent of the participants have suffered strokes, which may account for some of this disability. (Zawadski & Stuart, 1990)

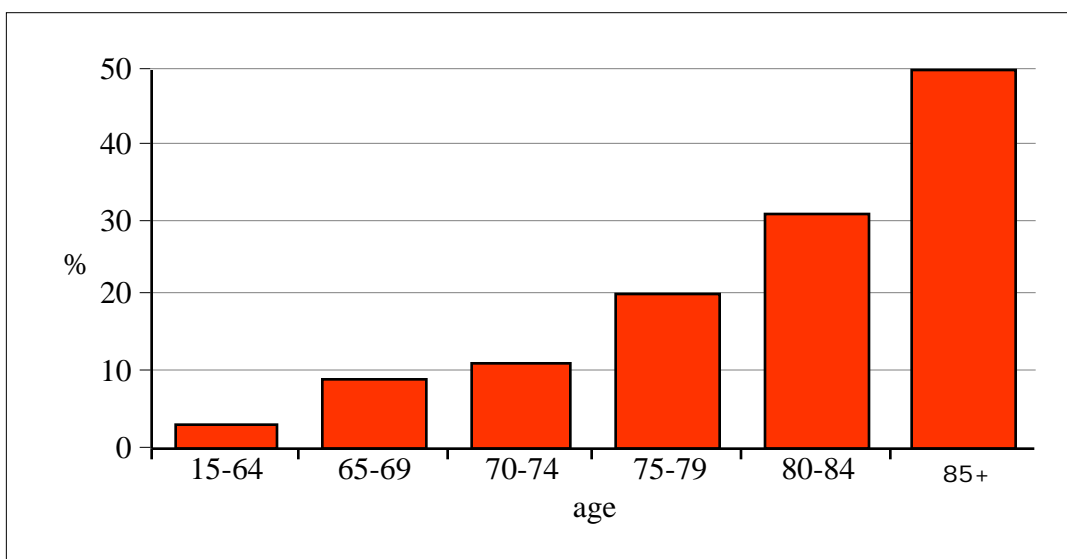
Most individuals who attend ADS programs are old adults who are frail or chronically impaired or they may be at risk for long term institutionalization due to functional dependence, health status or caregiver burnout (O'Brien, 1982). For every person in a nursing home, there are two or more equally old adults who are disabled living with or are being cared for by their families (Brody, 1985). Over 80% of the care provided to impaired old adults is provided by family members, usually daughters or daughters-in-law. A family's commitment to their elder members

is impressive, particularly in light of the fact that the strains of caregiving can be considerable (Hide & Webb, 1991). Caregiving takes a toll on the individual's finances, physical health, mental health, and social life (Brody, 1985). Adult day service programs can help caregivers manage their lives while providing their family members with a safe environment in which to spend the day.

#### Needs to be Met

Old adults are the fastest growing age group in the world today. This trend will continue well into the 21st century. As more people live to old age, it is expected that more will face limiting, chronic illnesses or conditions. These conditions can result in old adults becoming dependent on others for help in performing activities of daily living (see Figure 1). As more people live to experience multiple chronic illnesses, disability and dependency, more family members will face the concern and expense of caring for them.

Percentage of persons needing assistance with everyday activities, by age: 1990-91. Civilian noninstitutional population (U.S. Census Bureau)



**Figure 1.** The need for personal assistance with everyday activities increases with age.

As time goes by, more and more people will be confronted with the responsibility of caring for their parents or spouses. For those who care for a family member with a disability or illness, the situation can worsen and become one that is almost impossible to handle. The stresses of everyday life can overload caregivers and make the responsibilities of elder care even more challenging. Most family members who care for an aging parent or a spouse feel a strong sense of obligation, and the desire to provide care for their relatives by keeping them at home remains strong. The desire to preserve the quality of life of their old disabled relatives encourages caregivers to look for ways to keep their elderly family members out of institutions and in their home environments. The establishment of ADS programs has introduced one form of supportive services necessary to assist families in this effort.

Adult day service programs give old adults (who are dependent on others due to a physical or mental disability) an alternative to institutionalization by providing care plans to meet each person's individual needs in a protective environment while allowing each to continue living at home. Adult day service programs also provides respite for caregivers in order to allow them to maintain involvement in many activities (e.g., work, shop, relax) that they would have otherwise had to abandon in order to take care of their old relative.

As Bolivia's population ages, old adults and their families can expect to be faced the same challenges and responsibilities that many American families have had to confront. Adult day services can offer the necessary services within the community to assist dependent old adults and their families in this effort, at a cost people can afford.

Community need. A study done by Pearson (1988) revealed that nursing home residents perceived they were institutionalized due to: lack of help at home, chronic illness, immobility, surgery, and incontinence. At least 20% of these nursing home residents could possibly have delayed or prevented nursing home placement if other options for care were offered, particularly an ADS program. Because an ADS program has not been implemented in Bolivia, family members and elderly people who are faced with physical or mental decline have been forced to choose institutionalization as the only alternative to care at home. Many old adults who reside in these institutions remain somewhat capable of independent functioning and could possibly be better served in an ADS program.

Studies of the aging population in the United States indicate that about 5% of the old population is in need of supportive services to enable them to continue living at home and functioning at their maximum level of independence. Other studies done in the United States also indicate that a large percentage of persons in long-term care facilities could have been maintained at home if they had access to community-based services such as an ADS program (Goldston, 1989). Because nursing homes currently are the only alternative for Bolivian families who can no longer care for their families at home, perhaps an ADS program would offer the same benefits that it has been providing for many American families.

Professionals. In 1986, the first conference of Latin American gerontologists was held in Bogota, Colombia. Four hundred and fifty delegates met to discuss which type of services and programs would be beneficial for the well-being of the elderly people in Latin America. Among the many services and programs suggested were the establishment of geriatric day centers which would allow dependent or semi-dependent old adults an interdisciplinary form of care, while at the same time allowing families to continue to play an important part in their care (Castañon-Gomez, 1989). This recommendation, made by professionals in the field of gerontology, provides evidence that ADS programs are perceived as a much needed service in Latin America, one that should possibly be implemented.

Caregivers and old adults. Caregivers vary in their opinions about ADS. Some see ADS as a solution to many caregiver problems, whereas others either do not believe ADS to be an alternative to care at home or do not believe that their family member would like to attend. In one study all of the caregivers felt overwhelmingly positive about their relative's participation, they would all recommend ADS programs, they all felt their relative benefited, and they all felt that they could concentrate better at work with their relative in an ADS program (Zaslav, 1993).

Although most investigators have identified the benefits ADS programs have on caregivers, some have also showed the importance of these services in improving life satisfaction of the participants as well (Strain, Shipley & Blandford, 1987). Scott (1993) examined the mother-daughter relationship of seven daughters serving as caregivers to their mothers. The

importance of an ADS program for the mothers was reflected in three major themes: enrichment of the social world, physical and psychological safety, and assistance to caregivers. Major themes for caregivers that denoted the personal meaning of their mothers' attendance at an ADS program were time for self, relief from worry, and delay of nursing home placement (Scott, 1993).

In a study done by Shapera (1990), participants of an ADS program viewed it as important in assisting them to meet their needs by providing access to social outings, individualized care, emotional support, and the opportunity to enhance their self-esteem, confidence, and feelings of belongingness (Shapera, 1990). Adult day services play an important part in keeping old adults in the community and are therefore beneficial not only to old dependent adults, but also to caregivers and to society as a whole.

All these studies show that professionals, caregivers, and old adults perceive ADS programs as beneficial and successful in the United States, helping to improve the well-being of all those they affect. In a developing country such as Bolivia, where nursing homes are the only alternative to care at home, and where care for aged persons is provided primarily by family members, an ADS program would give dependent old adults the specialized care they need, while allowing family members to remain active participants in the caregiving process yet pursue other activities as well.

#### Size and Distribution of Potential Client Population

Population trends. The population of Bolivia, like that of the rest of the world, is aging. According to Robins (as cited in Castañon-Gomez, 1989) the number of the world's population aged 65 and older has increased from 132 million in the 1950s to 256 million in the 1980s.

According to Barca (1986), by 2025, the population of adults 65 and older will reach an estimated magnitude of four times the calculated amount for 1980 in most countries, constituting 11% of the total population of the world. From this perspective, over a period of 45 years, the proportion of people aged 15 to 59 years will gradually increase, while those aged 60 and over will increase at a more rapid rate from 6.4% in 1980 to 10.8% in 2025. Those individuals aged 15 and younger will actually show a decrease from 39.8% to 29% in the same period.

Of the 600 million old people expected to be alive in 2000, 270 million will reside in China and India. Old adults will also rise by 20 million in Brazil and Indonesia and approximately 10 million in Mexico, Nigeria, and Pakistan (Barca, 1986).

By 2000, 600 million people will be aged 60 and above (OMS, as cited in Castañon-Gomez, 1989). Of these, two thirds will be living in developing countries. The population of individuals over 60 is growing in greater proportions than the rest of the population. Thus, between 1980 and 2020, as the total population in developing countries increases by 95%, the population of old adults in these developing countries will grow 240%.

Population profile of old adults in Bolivia. Bolivia is a country with many ethnic, social, cultural, and economic differences, making generalizations about the entire population nearly impossible. Old adults living in the rural tropical lowlands (oriente) experience aging much differently than those living in the high plateau (altiplano). Bolivia's social classes are very separate and their lifestyles are extremely different, partly because lower class adults cannot afford certain goods and services that upper middle class adults can. The majority of the lower class population is employed by upper class people and the money they make is only enough for them barely to survive.

Bolivia had a population of 1,900,786 in 1992, of which 95,039 were 65 and older. As seen in Table 8, the estimated population for Bolivia for 2000 is 9,724,000, of which 489,000 will be old adults. According to the Centro Latinoamericano de Demografía (as cited in Castañon-Gomez, 1989) by 2025, the total population in Bolivia will reach 19,525,000, of which over one

million will be adults aged 60 and above.

**Table 8**  
**Percentage Distribution of Age Groups**

<b>Age Groups</b>	<b>1975</b>	<b>1980</b>	<b>2000</b>
0-14	43.15	43.15	43.54
15-59	51.53	51.34	51.43
60+	5.32	5.21	5.03

Increased longevity contributes to the projected rapid rate of the increase in the population of old Bolivians. Life expectancy in Bolivia in the 1980s was 50.7 years, but by 2000 it could extend to 59.4 years and by 2025 to 67.2 years (Barca, 1987). As people live to be old, they are more likely to experience some type of disability or illness, which in the future will add to the need for services specialized in the care of old dependent adults in Bolivia.

Boundaries for Client Population

In 1989, a total of 93,900 of Bolivia's elderly population lived in urban areas, of which 42,800 were male and 51,100 were female (see Tables 9 and 10). Given that the total urban population is 3,077,300 (Instituto Nacional de Estadística, 1989), an estimated 3.2% of the adults who are older than 65 live in urban areas. The rural population is estimated at 130,900 people, made up of 66,400 males and 64,400 females. With a total rural population of 2,942,800, 2.24% of people aged 65 and older live in rural areas (Instituto Nacional de Estadística, 1989). This growth in the senior population living in urban areas in Bolivia suggests a greater need for developing community support programs to assist semi-dependent and dependent elderly people living in these areas. Adult day services is one of these support services.

**Table 9**  
**Population of Old Adults in Urban Areas of Bolivia in 1989**

<b>Age</b>	<b>Total Urban</b>	<b>Males</b>	<b>Females</b>
65-69	38,100	17,259	20,841
70-74	24,400	11,200	13,200
75-79	16,900	8,180	8,720
80+	14,500	6,090	8,410

**Table 10**  
**Population of Old Adults in Rural Areas of Bolivia in 1989**

Age	Total Rural	Males	Females
65-69	49,500	25,839	23,661
70-74	36,300	18,695	17,606
75-79	18,300	9,827	8,473
80+	26,810	12,114	14,686

Perspectives on Target Program

Perspectives on the ADS programs differ among health providers (Stanhope & Lancaster, 1988). To determine whether any differences on perspectives exist among potential stake holders, professionals who would directly or indirectly be involved with the program's success participated in the present study's interviews. Their opinions and attitudes are essential in exploring the needs of the aged population in Bolivia, the feasibility of developing and implementing new programs such as ADS, the need to redefine the problems faced by the aged population in Bolivia, or the decision either to abandon the idea of developing a new program or to expand an existing one (Stanhope & Lancaster, 1988).

Program Resources

Available resources. The availability of resources in a community is important in assessing the feasibility and success of developing and implementing a desired program or service. Program resources include employees, facilities, equipment, and financing. The numbers and kinds of personnel available to implement a program, the availability of supplies and up-to-date equipment, and the source and amount of funds to implement a program are important resources that must be available within the community for the successful development and implementation of a program (Stanhope & Lancaster, 1988).

Available services in Bolivia. As seen in Table 11, the type of health care services that people can access vary greatly from urban to rural areas. According to the 1992 census, the largest percentages of people in the urban areas of La Paz obtain their health services from private providers, Social Security department agencies, and Health Department agencies. A small percentage of the urban population obtains health services from pharmacies. Together these four services are serving only 84% of the urban population, regardless of age. On the other hand, in rural areas, people are more likely to acquire their health services from traditional medicine followed by Health Department agencies. The same proportion of the rural population that relies on traditional medicine does not attend to health needs at all, a rate nearly double that of the urban Bolivians who do not obtain health care. Only a very small percentage rural Bolivians acquires their health services from other sources.

**Table 11**  
**Percentage of the Bolivian Population in 1992 by Geographic Location, According to Services Used**

Service	Percentage of the Population		
	Total	Urban	Rural
Health department	16	15	18
Social Security department	15	21	3
Churches	3	3	3
Private services	20	29	6
Pharmacies	9	11	7
Traditional medicine	12	3	27
Other	5	2	9
Do not attend to their health	20	16	27

According to Junta Nacional de Seguridad y Desarrollo Social (as cited in Castañon-Gomez, 1989), in 1983, only 17 nursing homes existed in all of Bolivia (of which only 3 were located in La Paz). Of the 1,340 residents, the majority were women from urban areas (see Table 12 and 13). Given the lack of institutionalized care settings, the greater expense of nursing home care as opposed to community based care for many elders, and the increasing size of the elderly population the likelihood of needing an ADS program in Bolivia in the future is apparent.

**Table 12**  
**Elderly Population in Private Nursing Homes in Bolivia**

Nursing Homes	Total	Males	Females
<b>A. Public Sector</b>			
Maria Esther Quevedo (La Paz)	56	--	56
Rosaura Campos (La Paz)	14	--	14
Santa Rita (Sucre)	16	--	16
Guadalquivir (Tarija)	123	72	51
Trinidad Peralta (Tarija)	33	15	18
Javier Willing (Tupiza)	33	15	18
Marina de Padilla (Riberalta)	20	13	7
San Roque (Potosi)	47	23	24
Cobija -Yolita	35	23	12
<b>Total</b>	<b>408</b>	<b>162</b>	<b>246</b>

**Table 13**  
**Elderly Population in Public Nursing Homes in Bolivia**

<b>Nursing Homes</b>	<b>Total</b>	<b>Males</b>	<b>Females</b>
<b>B. Private Sector</b>			
San Ramon (La Paz)	297	113	184
Buen Pastor (Cochabamba)	71	31	40
San Jose (Cochabamba)	124	36	88
25 de Mayo (Sucre)	105	45	60
Sagrada Familia (Oruro)	131	51	80
San Genaro (Oruro)	19	--	19
Santa Cruz (Santa Cruz)	125	51	74
Corazón de Jesus (Trinidad)	42	15	27
Santo Domingo (Comarapa)	18	10	8
<b>Total</b>	<b>932</b>	<b>352</b>	<b>580</b>

Social trends in Bolivia, and in many other countries around the world today, are making it increasingly difficult for families to provide care for their aging family members. These trends include the growing number of two-earner households, smaller family size, delayed child bearing, and the high cost of health care. More people are living to an age in which they will likely depend on others for care. With advances in medical science that prolong life despite serious chronic conditions, the time period in which adults are likely to need some assistance in activities of daily living is lengthening (Hide & Webb, 1991). Given experiences with service utilization in the United States, these trends in Bolivia suggest that the frequency with which individual families will encounter an ADS program need is likely to increase as well.

Propositions and Hypotheses

The purpose of this study was to explore professionals' perspectives on the needs of the aging population in La Paz, and from those perspectives to assess certain aspects of the feasibility of establishing an ADS program based on those needs.

Propositions

- 1'The attitudes that professionals perceive people in Bolivian society to have toward elderly people are likely to influence professionals' attitudes about old adults, their needs, and who they define as having responsibility for the care of this particular group.
- 2'Professionals' perceptions of old adults in Bolivia and their needs will influence their perceptions of the need to develop new programs for the care of old adults.
- 3'Professionals' perceptions of the need for new services for the care of the old population in Bolivia will influence their acceptance of the development of an ADS program.
- 4'People's perceptions of the need for the development of new programs for the care of elderly people will influence their willingness to use an ADS program (or to refer clients to ADS).

Hypotheses

- 1'The more favorable the societal values toward old adults, the more likely professionals are to perceive old adults as deserving assistance.

- 2 The more likely professionals are to consider the elderly population as needy, the more likely they are to perceive the need for new programs to be developed for their care.
- 3 The more likely professionals are to perceive the need for new programs for old adults, the more likely they are to perceive a need for the development of an ADS program in La Paz, Bolivia.
- 4 The more likely professionals are to perceive the need for an ADS program, the more likely they are to endorse utilization of this service (i.e., refer clients to the program).

## Chapter 3 Methods

In this section, I present the methods used in this study. The description covers sample selection, procedures, measures, and analyses. The final section includes a description of the pilot study and discussion of the limitations of this research.

### Participants

The objective in generating a sample for this study was to include a range of professionals who work directly or indirectly with the aging population in La Paz. The goal was to represent health care professionals, religious leaders, academics, and human service providers in order to have a broad array of providers who would have a stake in the development of ADS. The sample size was limited because of the small population of professionals in the field of gerontology in La Paz.

I interviewed 14 professionals who are leaders in the community, have knowledge about the community, were accessible, and represent the target group (old adults) or are potential consumers or providers of an ADS program (Stanhope & Lancaster, 1988). In other words, the sample comprised key informants who are aware of the needs of the community and are in a position to support the development of new community programs, either by making referrals or by serving as advocates for the development of an ADS program.

I initially developed a list of about 10 professionals whom I knew worked with old adults. However, once I arrived in La Paz, I found that not all of them were willing to be interviewed. Thus, I first interviewed five professionals, namely a clinical psychologist who has written a book on aging in Bolivia, a nurse assistant who works in a geriatric residence, a nun who works in a private nursing home, a director of a senior center, and a director of a public nursing home. These five professionals referred me to another nurse assistant, a priest whose parish supplies lunch to poor old adults on a daily basis, and a social worker who visits various nursing homes to provide emotional support and guidance to old adults. In turn, these three professionals suggested I interview a registered nurse who works in a geriatric residence, a journalist who follows changes in legislation related to old adults in La Paz, and a volunteer who visits a nursing home once a week and assists with activities and meals. One of these professionals also recommended that I speak with the director of an organization whose mission is to fund and support programs related to the care of the aging in South America. However, the person in charge at that organization did not believe she had anything to contribute to this study. Next, as suggested by two of these professionals, I interviewed a lawyer who has specialized in the legal defense of retired persons and veterans, and the owner of a geriatric residence. The owner of the geriatric residence referred me to a nutritionist who provides dietary counseling to various nursing homes.

Four of the participants did not wish to be taped, some due to embarrassment and others because they just did not feel comfortable. In these four cases I took careful notes throughout the interviews. Participants varied in age from young adulthood to late middle age and included both males and females who have lived in La Paz most of their lives.

### Procedure

Because I planned to conduct a project that involves humans as research subjects, I attained approval from the Institutional Review Board for Research Involving Human Subjects (IRB). This review ensures the ethical conduct of any research project and certifies that the human subjects involved in the research will be exposed to the least possible risk. A copy of the protocol submitted and approved by the IRB appears in Appendix A.

I called each participant to schedule the interview. It took approximately half an hour to explain the study and secure agreement from each to participate.

Individuals who agreed to participate in this study received a packet including:

- A cover letter explaining the study proposed and procedures as well as information about the researcher. A sample of the cover letter appears in Appendix B.

- An informed consent for participants to read and sign prior to beginning the interview. A copy of this form is available in Appendix C.

- A statement of my appreciation for their willingness to participate.

Study participants completed an interview that focused on the perceptions of professionals about the needs of the aging population in La Paz, the need for the development of new programs for their care, and the importance and feasibility of establishing an ADS program to meet those needs. I chose the interview method of data collection for this study because it provides opportunities to probe for complete understanding of perceptions and because this approach is more personal than mail or telephone surveys (Rossi, Wright & Anderson, 1983). The interview followed a semi-structured format, with some of the questions formulated as closed response types, while others were open ended. By my use of this format, respondents were free to use their own terms and categories when answering the questions. Also, open-ended questions are particularly useful for probing and for generating ideas (McKillip, 1987). The interviews lasted from half an hour to two hours. Some of the interviews occurred in participants' offices or work places. One interview took place at a participant's home, and two were done in my house.

#### Measures

The sample items in the Commonwealth Adult Day Care Technical Assistance Manual (Travis, 1993) address this study's focus. They provided many questions relevant for interviews on the need for ADS in Bolivia as perceived by professionals working with the aging population of that country. The interview questions also met the goals suggested by Halpert and Isbell (n.d.). They tapped:

- The type of care currently being provided which would complement an ADS program.

- The extent to which old adults and their families use outside resources in their homes.

- The level of interest in an ADS program.

- The number of people who might use an ADS program and the estimated frequency of service use.

- The extent to which professionals would refer clients to an ADS program.

- The extent to which transportation is a major concern or prohibiting factor in the use of an ADS program.

- The type of clientele who should and would be served.

- The structure and content of the an ADS program, services, and activities.

The first questions elicited some background information on each participant including level of education and years of experience working in the field. The second part of the interview dealt with questions about the availability and adequacy of existing services and who should be responsible for providing care and assistance to old adults in La Paz. The third part of each interview dealt with issues of need and demand of ADS in the community, and the structure and content professionals would expect from this type of service. A few of these questions were forced-choice responses or questions that could be answered with a few words. However, most of the questions were presented in an open-ended response format to allow respondents to discuss and elaborate on their feelings and attitudes about an ADS program. A copy of the interview guide and probes is included in Appendix D.

### Pilot Interviews

I conducted an initial pilot interview by role playing the interview questions with a South American professional in the United States. During the pilot interview, the professional suggested changing the wording of some of the interview questions to clarify the intent of my questions and to secure more accurate responses from interviewees. She also suggested that I not speak as a native of La Paz because she thought that some individuals might take offense given that I have been living in the U.S. for many years. I evaluated her suggestions and made minor changes to the interview questions.

Then, I translated the cover letter, the informed consent, and the interview guide into Spanish, along with a copy of the definition of ADS which I gave to each participant prior to each interview; copies of the translated material are included in Appendixes E, F, G, and H. After the material was translated it was checked by another person fluent in both English and Spanish and then it was retranslated to ensure accuracy. Once this was done, I conducted an interview with respondent #1 and then discussed the content of the interview guide and the clarity of each of the questions. Based on his feedback, I made some minor changes to question 2 in part 2 and question 4 in part 3. Specifically, I changed the former into three different questions to permit specification of who should provide which type of care and I changed the latter to conform to the regions of La Paz specifically. I also decided to read some questions (2, 3, 5, and 6 in part 3) as open-ended in order to let interviewees give their own opinions and provide their own answers. Later I revised question 7 in part 3 to be open ended after a few respondents believed the options given were unrealistic for the Bolivian population. In order to address some potential participants' concerns about having enough time for the interview, I revised the cover letter to state that the interviews would take about one-half hour. Finally, I translated all the interview responses to English in order to present them as part of the results of this study.

### Analyses

The interview used in this study yielded data regarding professionals' perceptions of the elderly population in La Paz and their needs. The data also suggest ways that societal values might influence views of old people and their needs in that country. Also, I explored the need for new programs to be developed for the care of the aged and the possibility of implementing an ADS program as an alternative to nursing home care. The statements given by respondents in the open-ended questions provide information about the different concerns professionals in the community have about the development of an ADS program. I summarized these opinions to arrive at conclusions about respondents' attitudes towards the viability of implementing an ADS program in La Paz as an alternative to nursing home care to meet the needs of the aging population in that area. I also analyzed responses to see whether the various professionals hold the same or different opinions on the open-ended questions. This shows both the common themes and the contrasts among and within each group of professionals.

Specifically, once all the interviews were completed, I coded the data by sorting the responses to each of the interview questions, examining the responses, and comparing them for similarities and differences. Then, I grouped different comments that seemed to pertain to the same idea into categories and labeled each category based on common themes contained within it. Finally, I prepared frequency distributions and percentages based on the categories to show response trends for each of the close-ended and open-ended items. These frequency tables provided evidence concerning the influence that perception of societal views held by professionals had upon their views for the development of new services, specifically, ADS.

### Limitation of the Study

An urban area was the focus of this study because 62.8% of the population of La Paz live

in urban areas (Instituto Nacional de Estadística; CNPV-92; Departamento de La Paz). I chose the city of La Paz as the research site instead of any of the other cities in Bolivia for various reasons. First, La Paz is one of the largest cities in the country, with the greatest number of old adults. Also, it is the city with the most nursing home facilities in the country, with the largest number of residents therein. Finally, advocating and promoting a new program and its implementation would probably have greater opportunity of success in the capital city of Bolivia than it would in any other city in the country.

I attempted to obtain a diverse and accurate representation of the perceptions of professionals in La Paz by allowing various professionals to express their own experiences and opinions. The findings of the study cannot be generalized beyond the locality and population specified in the sampling procedure. Nevertheless, these results provide a satisfactory first step in a needs assessment of the feasibility of developing ADS in La Paz because of the variety of professionals contacted.

## Chapter 4 Results

In this section I discuss the results of the 14 interviews that I conducted with professionals in La Paz. I present the results according to the three sections of the interview: characteristics of respondents, views of old adults, the adequacy and availability of existing services, and need for an ADS program. The findings provide a general picture about the needs of old adults in Bolivia and whether an ADS program would be an appropriate means of meeting those needs.

### Characteristics of Respondents

The population of this study was professionals working with or in benefit of old adults in La Paz. Sample members were selected to represent as many different relevant professions as possible. The sample consisted of five males and nine females (N = 14), reflecting the tendency for more females than males to be involved in service delivery. The sample included two certified nurse assistants, a registered nurse, two psychologists, a director of a nursing home, a nun, a priest, an owner of a nursing home, a director of a senior center, a lawyer, a journalist, a social worker, a volunteer, and a nutritionist. Fifty percent of the sample members had a university degree, about 36% had a high school diploma, and approximately 14% had no formal education. Only one of the respondents, the senior center director, had received some training in gerontology prior to her involvement with old adults (see Table 14).

**Table 14**  
**Characteristics of Respondents**

Characteristic			
Respondent	Sex	Title	Level of education
#1	male	Psychologist Ph.D.	university degree
#2	male	Priest	high school diploma
#3	female	Nurse assistant	high school diploma
#4	male	Nursing home director, Psychologist	university degree
#5	female	Owner of geriatric residence	university degree
#6	female	Director of senior center	high school diploma, & a few classes in aging
#7	female	Nun working in a nursing home	no formal education
#8	male	Journalist	university degree
#9	female	Social worker	university degree
#10	female	Nurse assistant	high school diploma
#11	female	Volunteer	no formal education
#12	male	Lawyer	university degree
#13	female	RN	university degree
#14	female	Nutritionist	high school diploma

The services respondents offer to old adults in La Paz varied from spiritual support to legal defense. The majority of the sample members work directly with old adults in long term care facilities, private practices, or religious organizations. Others, such as the journalist, work indirectly with this segment of the population by following recent changes in legislation and reporting them to the general public. Respondents have been employed in their current positions for one and half months to 30 years (see Table 15).

**Table 15**  
**Services Offered by Respondents and Experience**  
**Working with or in Benefit of Old Adults**

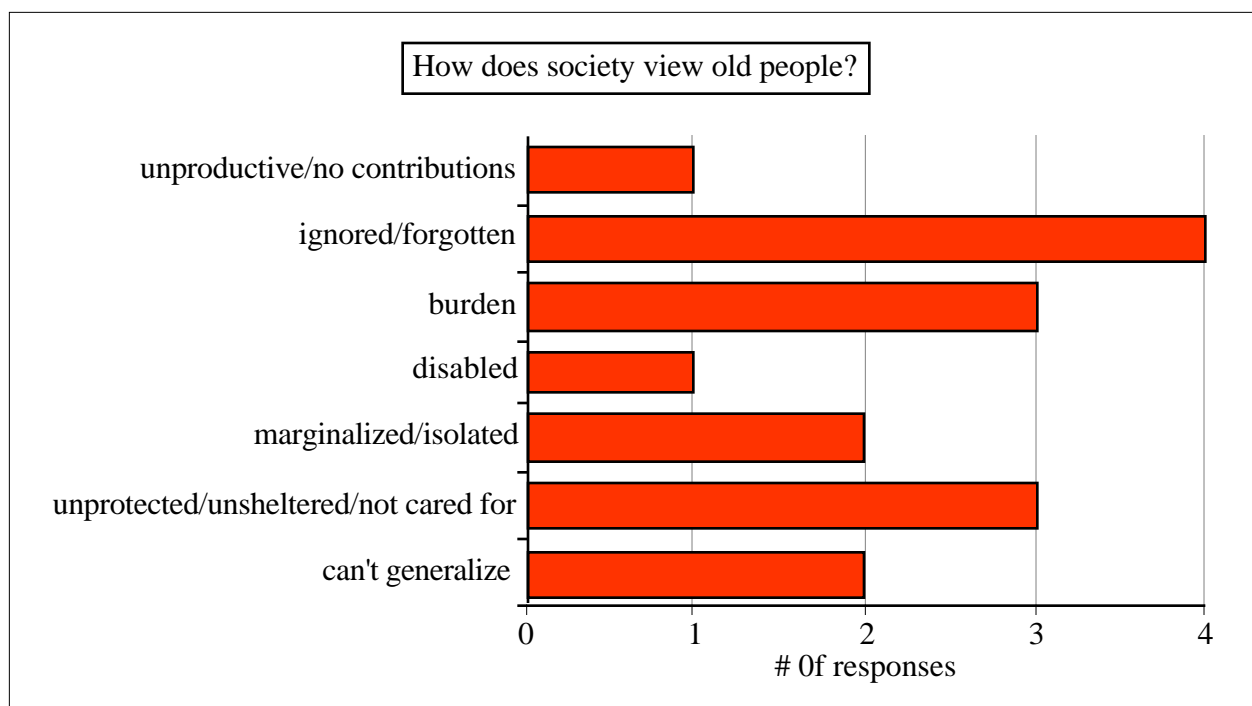
<b>Respondent</b>	<b>Services offered</b>	<b>Experience</b>
#1	psychological	12 years
#2	Spiritual support, guidance, & charity services (free meals)	many years
#3	Personal care, nutrition, & physiological care	2 years
#4	shelter, food, and well being	1.5 years
#5	physical, emotional and spiritual care.	15 years
#6	physical therapy, recreation & adjustment to changes related to aging.	2.5 years
#7	food, shelter and medical attention	20 years
#8	orientation	7 years
#9	emotional support	10-20 years
#10	physiological care, appropriate diet & nutrition	3 years
#11	visit nursing home once/week	4 years
#12	legal defense for retired people, especially veterans	30 years
#13	Personal care, intensive care, & nutritional care	1.5 months
#14	food, and nutritional care	6 years

#### Views of the Aging Population in La Paz

One of the purposes of this study, as indicated in hypothesis 1, was to gain an understanding of the perceptions Bolivian professionals have of the aging population, their needs, and who they define as having responsibility for the care of old adults. When asked how they thought members of society in general view old people, all the respondents gave negative replies. They stated that old adults are ignored or forgotten, unprotected, unsheltered, and uncared for. They also believed people see old adults as burdens on their families and on society. Two respondents, however, did not want to generalize. For example, one of them stated, “We cannot generalize to an entire society opposite ends of a continuum.” Others thought old adults are seen

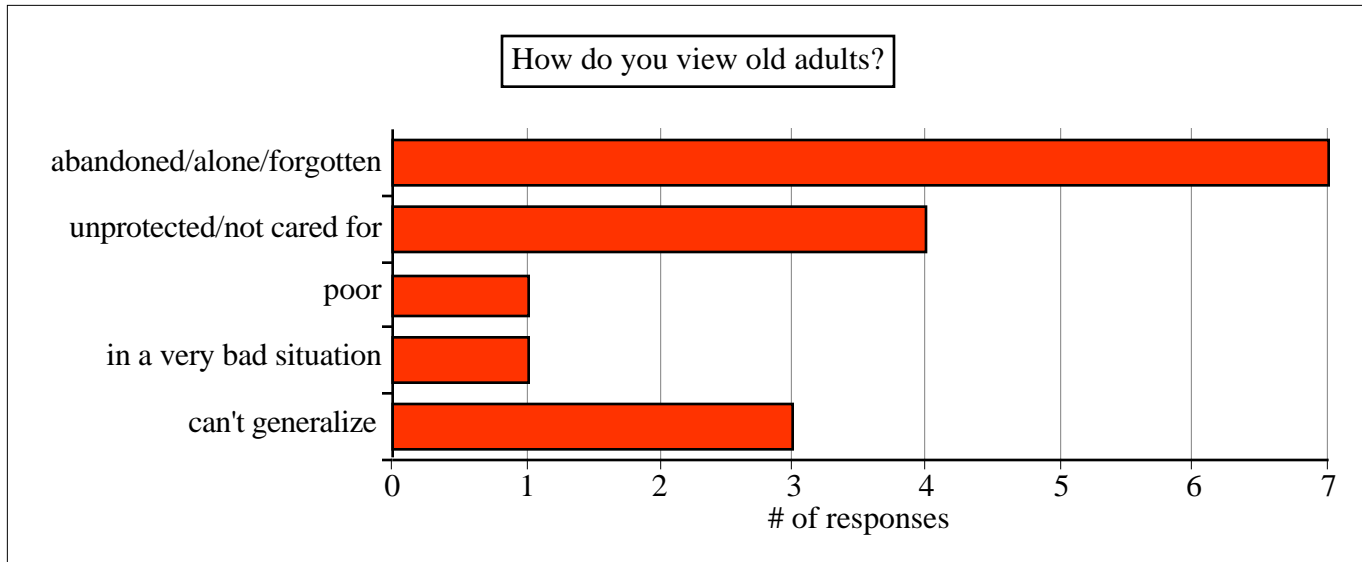
by society as marginalized or isolated, unproductive or making no contributions to society, and even disabled (see Figure 2). According to respondent #1,

“People in this society view old adults as physically deteriorated, without any qualities and unable to contribute to society due to their chronic illnesses when in reality 95% of the population aged 65 leads a very independent life. Eighty-one percent is active within the community, 8% has some difficulty moving around their environment. Only 6% need assistance from others to get around, and 5% are institutionalized, and this figure cannot be representative of an entire group, in any way. It is amazing to realize how these myths and stereotypes are cultivated and perpetuated by a society that does little to understand the reality of this segment of the population.”



**Figure 2. Respondents’ beliefs about how society views old people.**

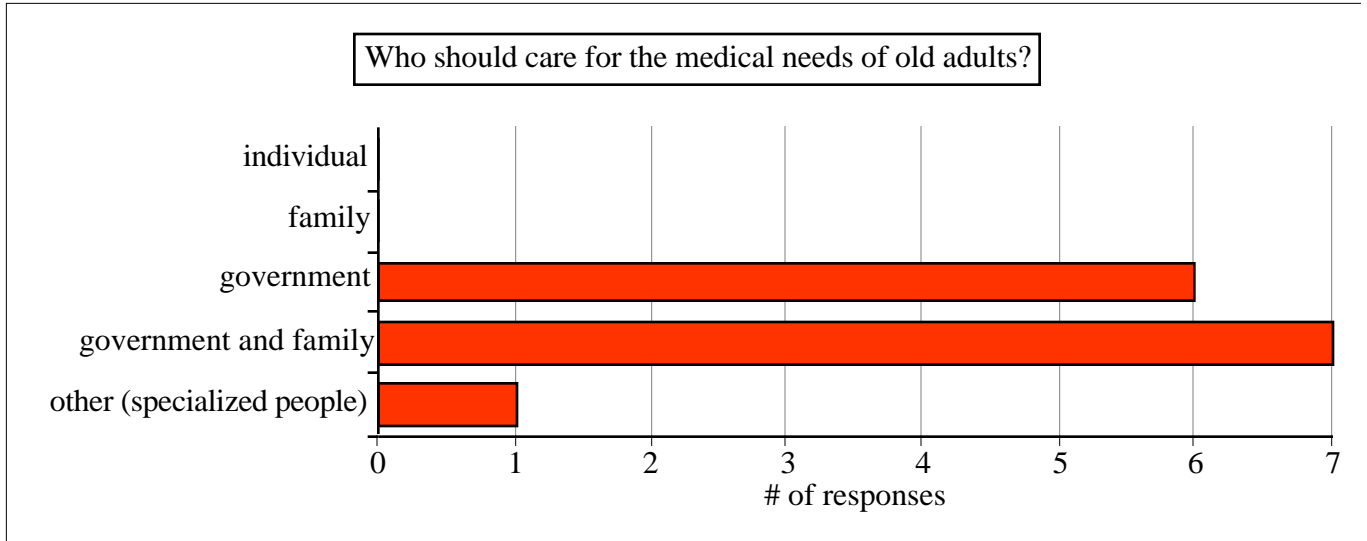
As seen in Figure 3, when reporting on their own views of old adults in La Paz the respondents expressed similar negative images. A few respondents did not want to generalize certain characteristics of old adults to an entire group of people. The rest viewed them as poor or in a bad situation, with the majority of the professionals characterizing old adults in La Paz as abandoned or unprotected, in other words, as needy. If their perception is correct then people in the general society view old adults in a negative way. This would explain why few do little, if anything, to promote the establishment of policies or services for this segment of the population. Thus, professionals see the old adults in La Paz as abandoned and unprotected.



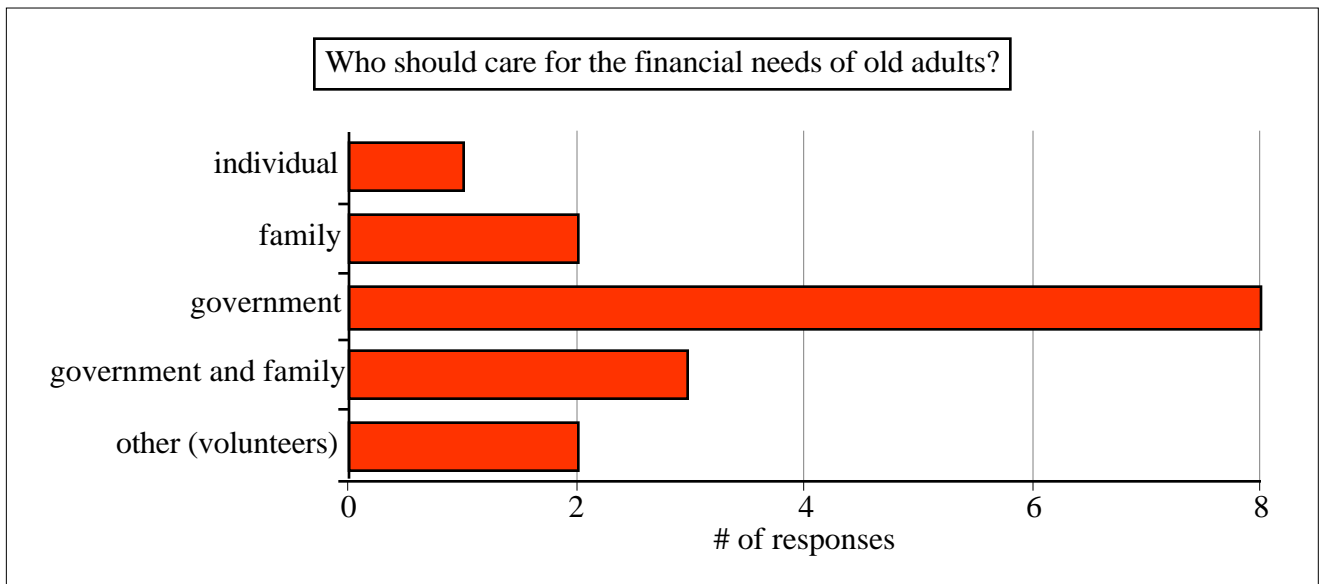
**Figure 3. How respondents, as professionals, view old adults.**

Caring for the Needs of the Aging Population in La Paz

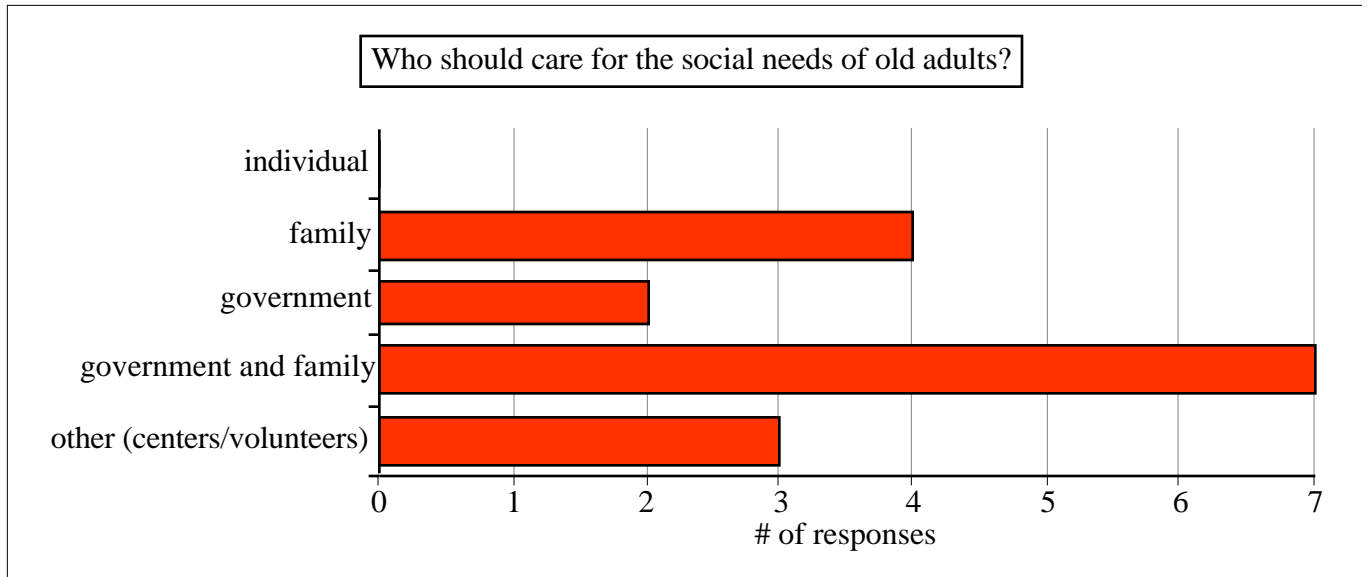
Respondents answered questions regarding who should care for the medical, financial, and social needs of the aging population in La Paz. As Figures 4, 5, and 6 show, the majority of the respondents believed the government should care for the financial needs of old adults, whereas the medical and social needs should be the responsibility of both the government and the family. The family was perceived as playing a crucial role in the social needs of old adults. Nevertheless, none of the respondents thought the family alone should be responsible for the medical needs of old adults. The responses also reflected professionals' opinions that individuals should not be expected to care for their own medical or social needs in old age.



**Figure 4. Respondents' beliefs about who should care for the medical needs of old adults.**



**Figure 5. Respondents' beliefs about who should care for the financial needs of old adults.**



**Figure 6. Respondents’ beliefs about who should care for the social needs of old adults.**

These trends in the responses reflect the Bolivian tendency for family members to feel it is their responsibility to care for the needs of old family members. As respondent #7 said, “The family should assume all the responsibility, it is their duty for all old adults have done for them in their lives. I think they should carry the financial responsibility always, as long as they can.” Similarly, respondent #9 said, “The family should take responsibility because they owe their older relatives at least that much in return for what they have given them throughout their entire lives.” However, respondents also acknowledged that some families do not have the economic means to take on all the responsibilities of caregiving and it is in these situations that the government should contribute. As respondent #10 said, “Most families really do not have the money to place their relatives in nursing homes and sometimes they do not even have enough money to take care of them themselves. The government needs to provide more help than they are now.” Respondent #4 observed,

“In the first place, the family has an obligation, they are there to assume it. But, in some cases, where they have no family or money, the government should help out. It would be very beneficial if the government and other organizations would lend a helping hand in the caring of the old population in Bolivia. These organizations and the government have invested time and money in projects and programs for children and women but have yet to do anything for old adults.”

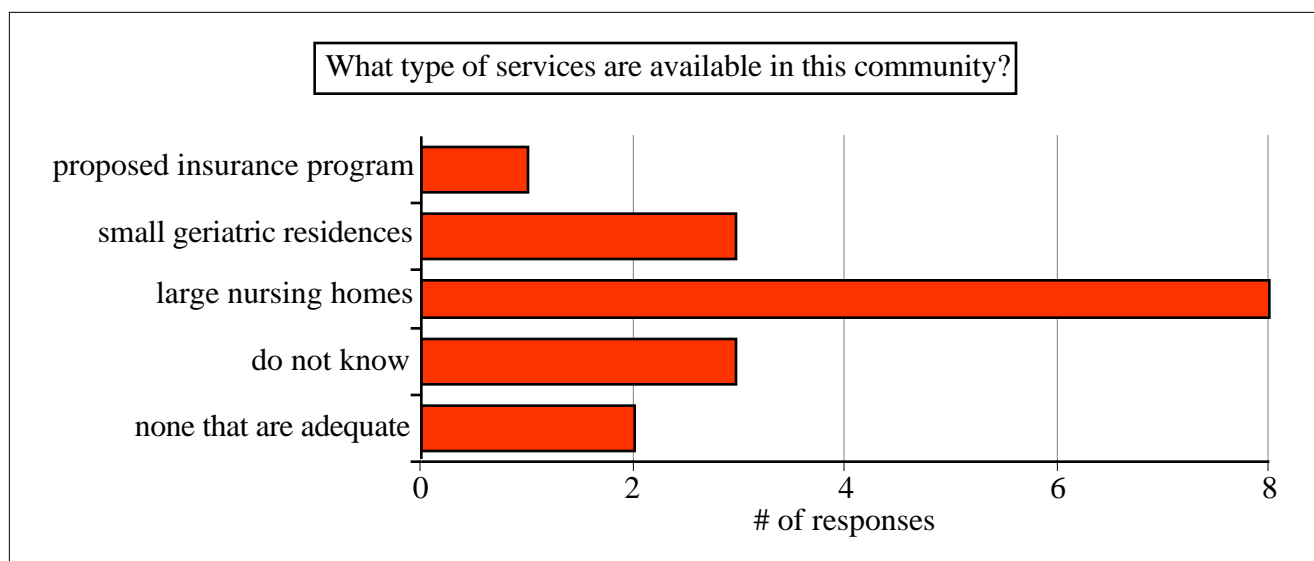
Similarly, respondent #13 said, “It should be the government who takes on this commitment because there are people with no means of paying for services and they need assistance. If the government is not going to help then who will?”

Hypothesis 1 was not supported by these results. Even though the professionals believed most people in society hold negative views of old adults, they nevertheless did favor the development of new services for old people. According to the political economy of aging theory (proposition 1) professionals are influenced by the attitudes of the society in which they work. Perhaps their recognition of the negative characterization of old people also influenced their opinion

that the government should play a crucial role in subsidizing services for old adults.

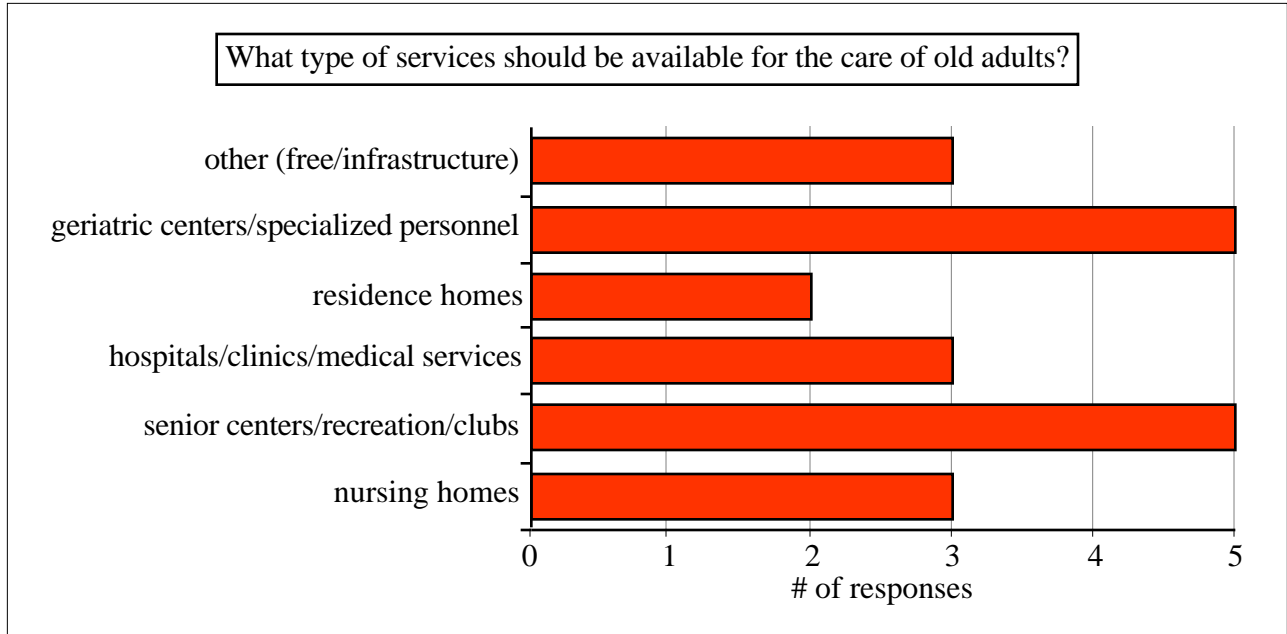
#### Availability and Adequacy of Existing Services

Hypothesis 2 concerned the views of professionals about the extent to which old adults need assistance and about the need for program development. In order to establish their opinions, I asked questions about the services available in the community for the care of old adults, and the overall adequacy of the physical, emotion, social, and medical care they believed is provided by such services. Surprisingly, three respondents were not sure what services are available or did not know if any type of services for old adults existed in the community. A great majority (eight respondents), however, knew of a couple of nursing homes located throughout the city, and some knew of the existence of other services besides large nursing homes (see Figure 7).



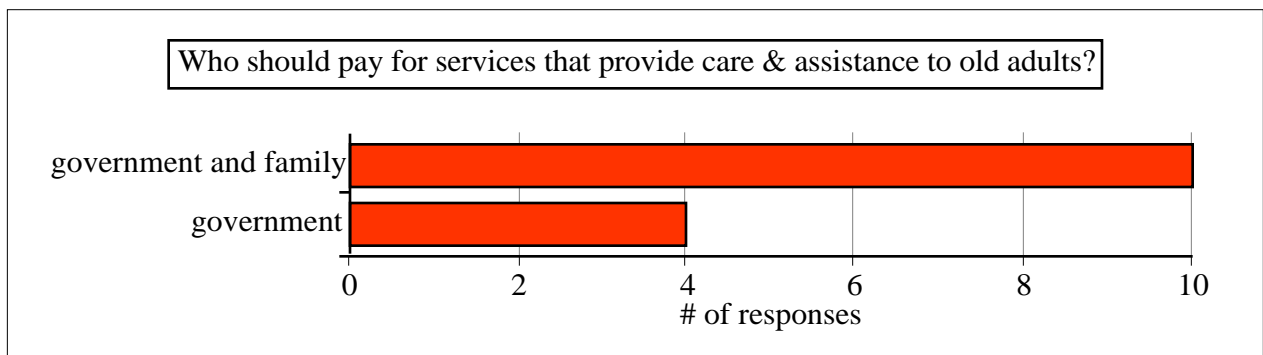
**Figure 7. Respondents' identification of community services available to old adults.**

The professionals who participated in this study also indicated the type of services they believe should be established in La Paz for the care of old adults. They gave many different responses reflecting a high perceived need for diverse services for elders in this community. For example, respondent #1 said, "We need centers that provide multidisciplinary programs which offer preventive care and specialized personnel." Respondent #10 said, "The government or organizations should establish more nursing homes because the few we have are so crowded with people there is not enough staff to take care of all of them adequately, and they keep bringing more people in every day." Respondent #4 believed what is needed is infrastructure, and specific places for the care of old adults with specialized people in the field of gerontology and geriatrics. Respondent #9 thought the development of recreation facilities where old adults can remain active and occupied were needed in the community. See figure 8 for other needs.



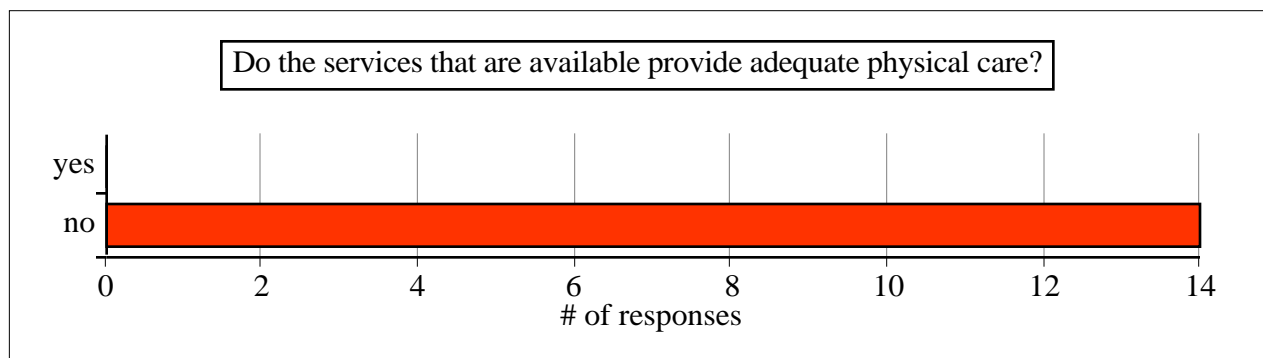
**Figure 8. Respondents' identification of needed services.**

As shown in Figure 9, when asked who should provide care and assistance to old adults in La Paz, approximately 71% of the professionals interviewed believed the government should. Respondent #1 stated, "The government should guarantee care and assistance to old adults." Twenty-nine percent of respondents believed both the government and the family should provide care and assistance to old adults. Specifically, they believed the government should help if and when the family is unable to, as expressed by respondent #7: "The government should be responsible when a person's family is unable to." Respondent #10 also shared this belief when she stated, "I think those who can pay should pay, and those who cannot the government should help out."

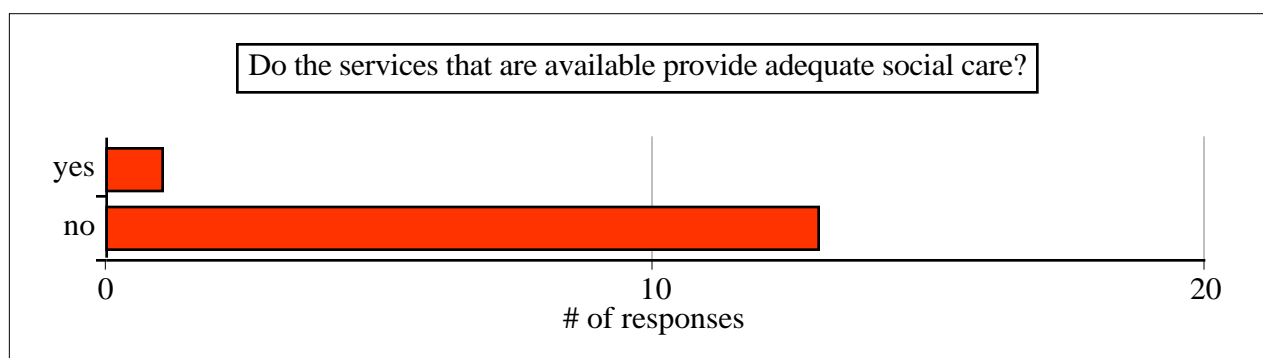


**Figure 9. Respondents' beliefs about who should pay for services that provide care and assistance to old adults.**

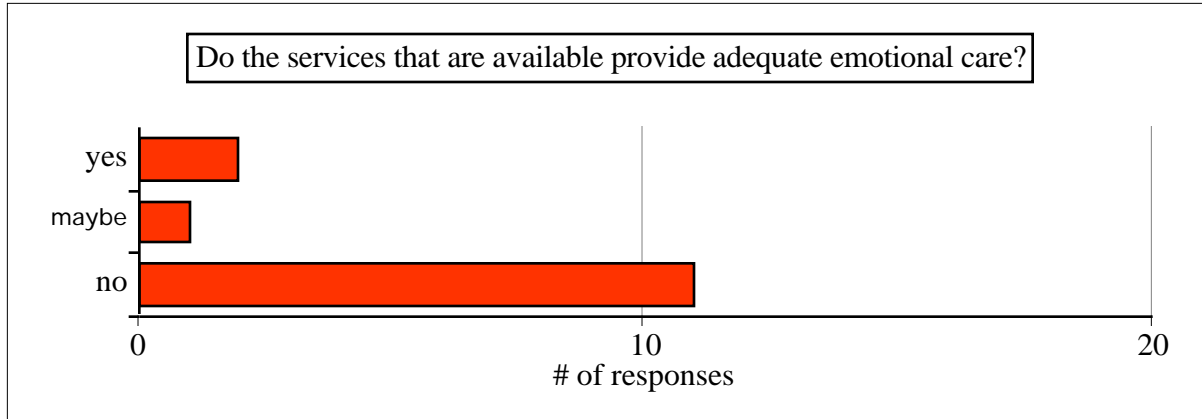
During the interviews, respondents also provided their views on the adequacy of existing services within the community. As I anticipated, an overwhelming majority of respondents believed the existing services in La Paz do not offer adequate physical, social, emotional, or medical care (see Figures 10, 11, 12, and 13). Physical care was unanimously thought of as being inadequate. In fact, during the course of the interviews, many professionals expressed the view that this was mostly due to the lack of people specialized in the field of gerontology and geriatrics. As respondent #7 said, “We cannot expect that a doctor that treats middle aged people knows how to treat an aging individual. We need people who know the cause and the best treatment for these diseases in order to help people live longer, healthier lives. Even a physical therapist needs special training in aging to be able to provide an appropriate treatment for certain ailments old adults might have. You cannot treat a 15- year-old and a 75-year-old for the same thing the same way. Older adults require special care that only people specialized in this field can do well and right.” A majority believed social (93% of respondents), emotional (79%), and medical care (64%) were not adequate due in part to the same reasons. A few respondents asserted that the providers of the available services met these needs to the best of their capacity.



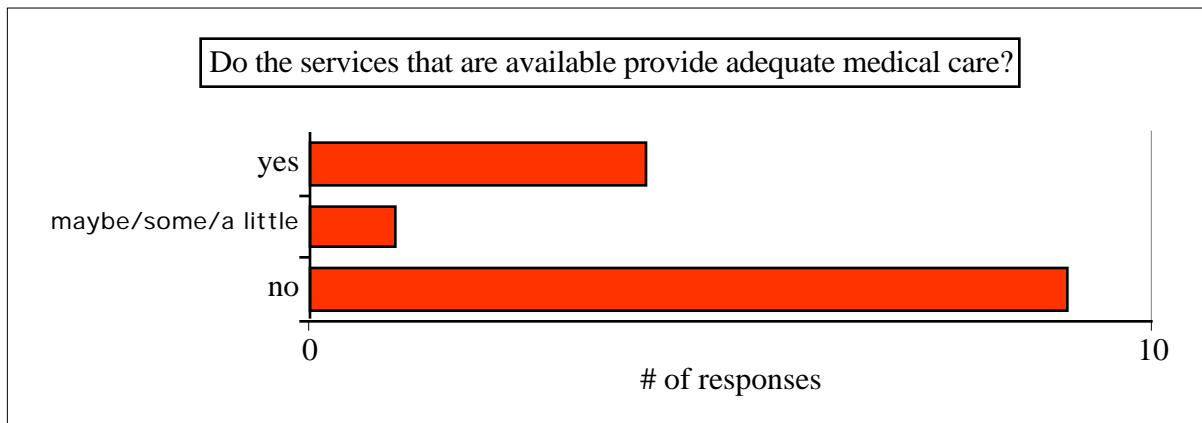
**Figure 10.** Respondents’ evaluation of the adequacy of physical care.



**Figure 11.** Respondents’ evaluation of the adequacy of social care.



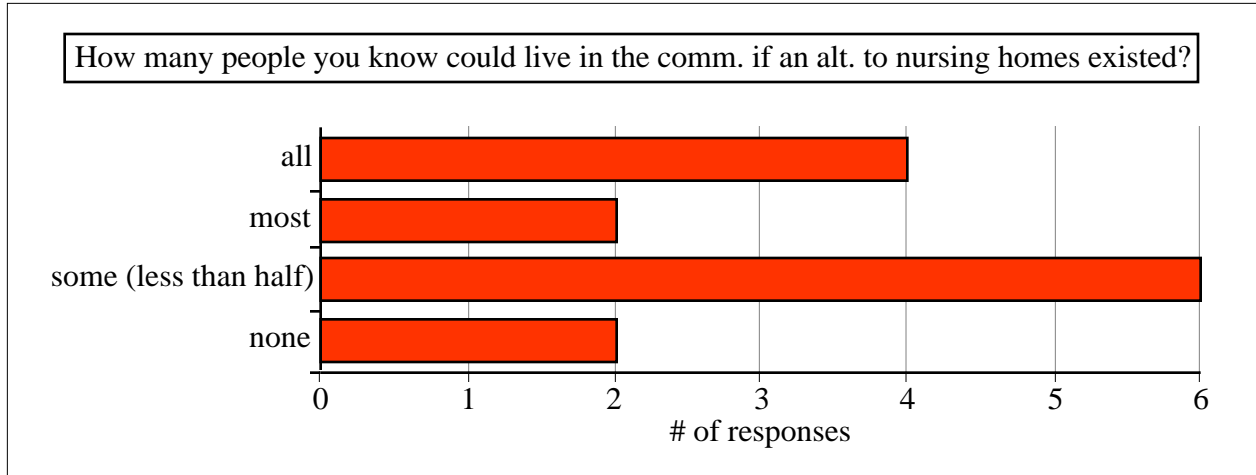
**Figure 12. Respondents’ evaluation of the adequacy of emotional care.**



**Figure 13. Respondents’ evaluation of the adequacy of medical care.**

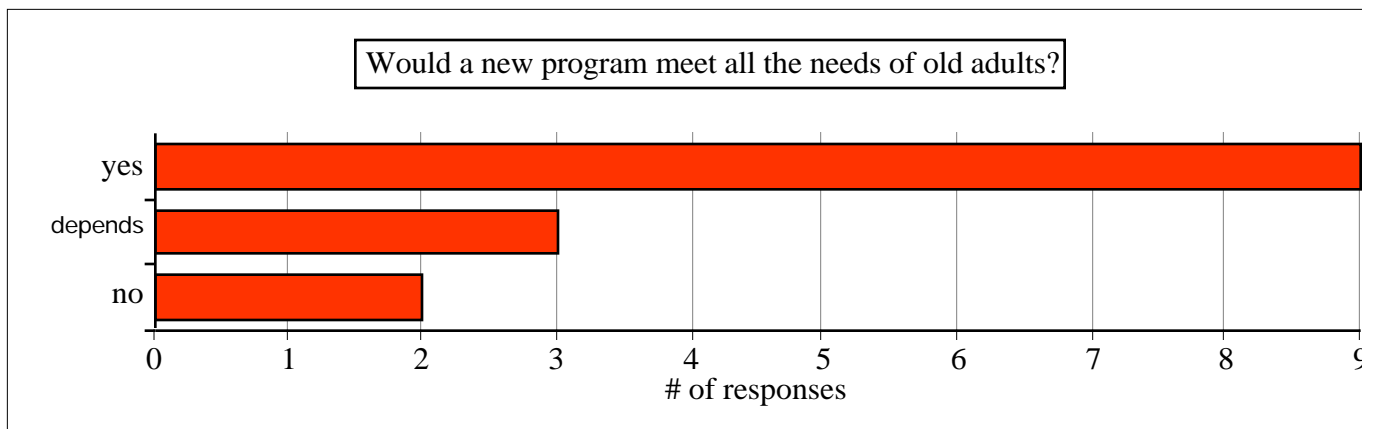
#### Views on ADS

The purpose of the last section of the interviews, as indicated in the third and fourth hypotheses, was to gather information about professionals’ views on developing new services in La Paz, specifically ADS programs, and to ascertain their opinions about the structure and services it should provide if such a program were to be developed. As shown in Figure 14, the tabulation of how many of the old adults each respondent knew would be able to continue living in the community if an alternative to nursing home care existed revealed the highest proportion (43%) of the respondents believed only some would. In contrast 29% believed all the old people they knew would be able to live in the community, 14% believed most of the old people they knew would be able to live in the community, and another 14% believed none would be able to because most of the old adults the respondents know do not have the resources to live outside of a long term care facility. As respondent #7 said, “The people we have here do not have the means to live in the community. If they had more money perhaps, but as it is they wouldn’t survive out there.”



**Figure 14. Respondents’ assessment of the extent to which an alternative to nursing homes would reduce institutionalization.**

As Figure 15 shows, the majority of respondents (9 of 14 respondents) believed a new program could meet all the needs (physical, social, emotional and medical) of old adults in La Paz. A few (three respondents) believed the successful implementation of a new program would depend on the services, alternatives, and the goals it would offer, and only two respondents believed a new service would be unable to meet all the needs of old adults in La Paz. Respondent #7 said, “I think it would be hard. There have been projects that have been proposed and yet nothing has been done. I think it would be almost impossible. There are people who have opened their homes to people but it is a minimum number of people and there exists a need for much more. This home can hold 500 people and we do not meet all their needs.” Respondent # 10 believed Bolivian society does not care enough about this subject for a program to ever be able to meet all the needs of old adults successfully.



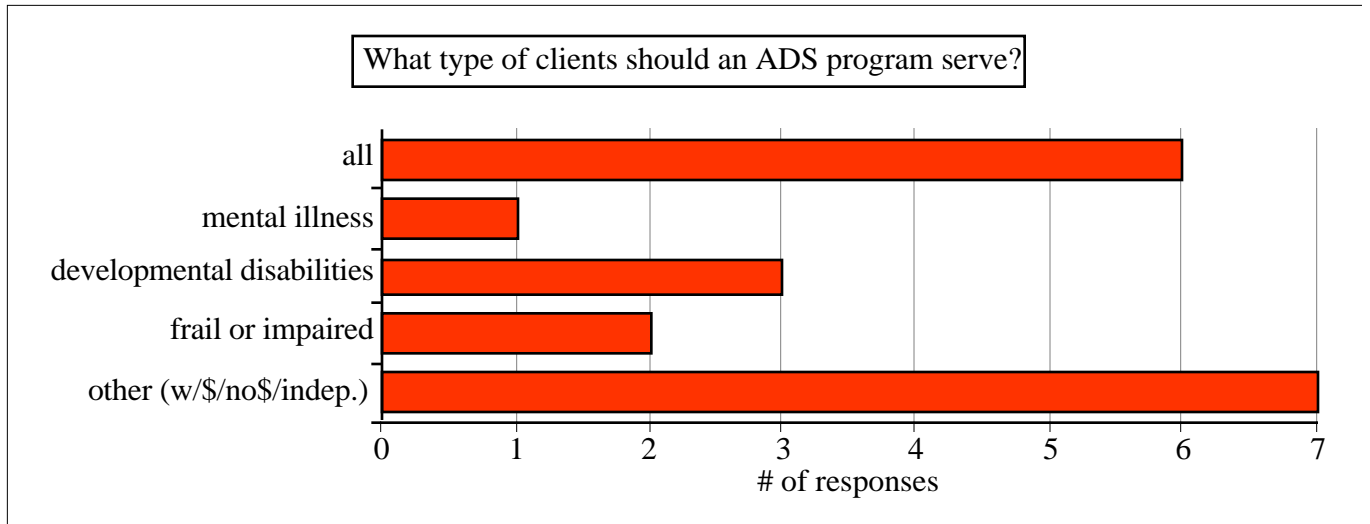
**Figure 15. Respondents’ perceptions of whether a new program would meet all the needs of old adults.**

The research findings indicated that 100% of the sample believed an ADS program is much needed service in La Paz. All 14 respondents believed the service should cost less than \$35 dollars per day. This figure, based on the average daily cost of an ADS program in the United States, was quickly dismissed by all the respondents, given that only 15% of the population makes more than \$200 a month, making it very difficult for the majority of the population to be able afford a \$35 a day service. The average cost in La Paz for privately owned geriatric residences is \$280 a month and large nursing homes are free. Because more people can make use of the free service, its utilization is greater than that of the expensive service. Therefore, all of the respondents thought that in order for an ADS program to be successful and available to anyone in the community, it should be a free service or that eligibility should be based on a sliding scale, from nothing to various fees, depending on each individual's available financial resources (i.e., means tested).

They all believed an ADS program should draw participants from all areas; the ideal would be having a facility in every area of La Paz. The vast majority of respondents (71%) believed an ADS program should be open 7 days a week, and 79% believed it should be open more than 8 hours a day (i.e., 24 hours a day). Thirty six percent of the sample members believed an ADS program should serve adults aged 51 or older, another 36% believed it should serve adults aged 65 or older, and about 28% of the sample believed it should serve people of all ages. Approximately 43% of respondents believed an ADS program should serve anyone, with any type of impairment or disability.

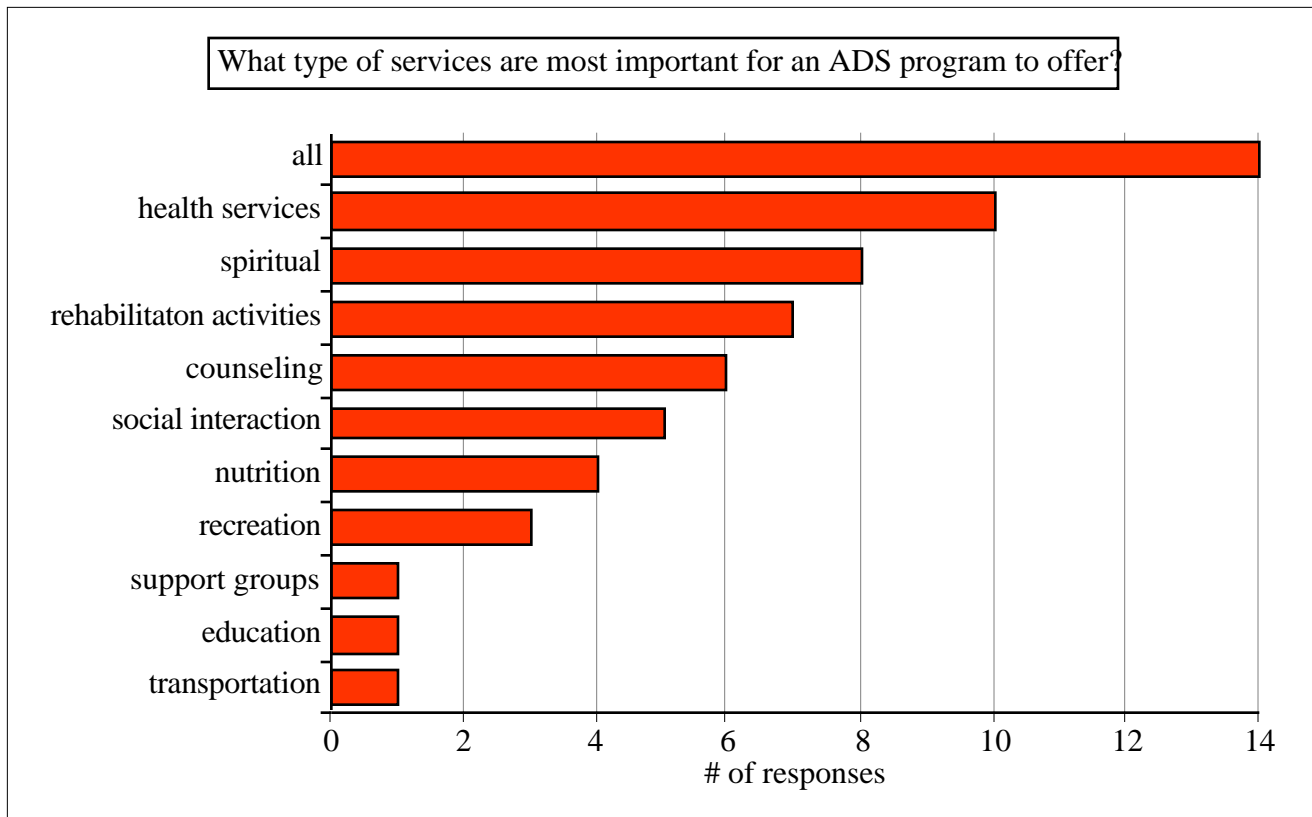
The majority of respondents (50%), however, believed it should serve people who are independent. In fact, according to a study done in La Paz by Castañon-Gomez (1989), of males between the ages of 55 and 65 none is dependent, and of those between the ages of 60 and 65, only 3% is dependent. Among women between the ages of 55 and 60, 1.4% is dependent; between 60 and 65, 3.8% is dependent, and between 65 and 70, 4.5% is dependent. The majority of women were dependent due to motor vehicle accidents and not to the natural aging process. Therefore, it seems reasonable for an ADS to serve primarily independent old adults.

Some believed ADS should serve people who can afford it. Others thought it should primarily serve people with little or no money because those with money will be able to afford nursing home care which is already available (see Figure 16).



**Figure 16. Respondents' assessment of appropriate candidates for an ADS program.**

In response to the question about the type of services they thought an ADS program should offer if it were to be developed in La Paz, all respondents believed all the services were needed in order for the program to meet all the needs of old adults. When asked which they considered to be most important they believed health services, spiritual activities, and rehabilitation activities were the most important services an ADS program should offer (see Figure 17).



**Figure 17. Respondents' identification of important ADS program components.**

When asked how many people whom they know would have benefited from an ADS program, responses varied from none to all of people they know. Also, participants stated that none to all of the families they knew would be interested in an ADS program for their dependent family members. All of the respondents said they would refer people to an ADS program if one existed in the community. The majority (71%) believed the major and maybe only barrier that would prevent individuals from using an ADS program would be lack of money, reflecting the fact that most people would not be able to afford to pay for this service. Many respondents believed it would be easy to get organizations to finance the program or offer operating grants.

These findings supported hypotheses 2, 3 and 4 in that they showed that the perception of need influenced professionals' beliefs that new programs were needed for the care of old adults. This in turn affected their perception of the need for ADS programs and their willingness to endorse the utilization of this service.

#### The Effects of Professional Experience

I believe the nature of the work each professional was doing affected the way she or he viewed old adults. Each interviewee works with a certain segment of the old adult population which also influences their perceptions. For example, the nurse assistants did not think intergenerational activities would be beneficial to either old adults or children, whereas the director of the senior center believed it was not only important to teach children from an early age about the aging process but also that interaction with old adults would be therapeutic for both. Based on the

extensive research that respondent #1 has done as part of his job, he knew what percentage of the population was disabled and that depression is common among those who are retired. On the other hand, the registered nurse and the nun could only base their limited knowledge about aging on the experiences they have had with the few old adults with whom they work directly.

Also, I think a difference in perspectives existed between those professionals that ended up working with old adults out of need and those who became interested in the field and had some training or did some research on old adults. For example, the nurse assistants had no training in aging but they were hired to help old adults in a geriatric residence with their basic activities of daily living. The nun entered the convent when she was ten and through her different missions as a nun ended up working in a nursing home in La Paz. On the other hand, the senior center director became interested in the field of gerontology and went to Argentina to take a couple of courses on therapeutic activities for old adults in order to be able to open a senior center with the financial support of an international organization. Much in the same way, one of the psychologists became interested in old adults through his work as a clinical psychologist and started researching depression and stress in old adults. He has written a book, and has been very involved with the Bolivian Gerontological Society, promoting the study of aging and preventive care for old adults throughout Bolivia.

In summary, the responses of professionals working with old adults in La Paz reveal perceptions of many unmet needs and many gaps in elders' formal and informal support systems. Professionals believed an ADS program is needed to alleviate some of the problems with lack of formal services. The findings of these interviews, however, reveal that the overall structure of an ADS model would have to be adapted to the Bolivian culture and economic context, in order to be completely effective in meeting the needs of old adults in La Paz.

## **Chapter 5**

### **Discussion and Interpretation**

#### Overview of Study's Purpose

The purpose of this project was to assess the need for ADS in La Paz, Bolivia. Professionals who work in some capacity with the elders of La Paz reported on their perceptions of societal attitudes toward old adults and the importance and viability of implementing an ADS program in the community to meet elders' needs. They expressed opinions about who should be responsible for the care and assistance of old adults, the overall adequacy of existing senior services in La Paz, whether new programs should be developed as an alternative to institutionalization, whether an ADS program would be an appropriate means of meeting those needs, the extent to which people in the community would be likely to utilize this service if it were available, the extent to which professionals would refer clients to an ADS program, the type of clientele that should be served, and the preferred structure, content, services, and activities of an ADS program.

#### Discussion and Interpretation

The political economy of aging theory was used to make a connection between the views of the general population about elderly members of society and the likelihood of ADS programs being accepted and developed in Bolivia. The first hypothesis, that the more favorable the societal views towards older adults, the more likely people would be to accept the development of new programs, was not supported by the results. The clearest finding in relation to this hypothesis was that although professionals in Bolivia reported fairly negative societal views towards old adults, they strongly believed that new programs could and should be developed for the care of old adults. Perhaps the political economy of aging theory only implies that a relationship exists between societal values and the need for new services, and says nothing about the direction of that relationship, as I had originally assumed when I developed the hypotheses. It may be that the study respondents, recognizing that people in society hold negative impressions of elderly members, are prompted by their human service professional orientation to seek solutions to the problems of neglected elders. Thus, a revised version of the hypothesis should state, the more negative the perceived societal views towards older adults, the more likely gerontology professionals are to endorse programs for that group. It is also important to recognize that predictions derived from political economy theory must be adjusted for the particular society under investigation, in relation to the culture, economy, and prevalence of policies and programs targeting specific subgroups.

The second, third and fourth hypotheses, were supported by the positive responses to the questions about developing new programs for the care of old adults. The respondents tended to view old adults in La Paz as needy, requiring more adequate physical, social, emotional, and medical care than is currently being provided from formal services. Their responses indicated that they believed these needs could be met through the development of new programs, such as ADS. Given that all of the respondents were in favor of implementing a new community service, such as an ADS program as an alternative to institutionalization in Bolivia, it makes sense that they were very willing to refer clients to such a program.

The views professionals had about old adults in La Paz also influenced who they defined as having responsibility for the care of old adults. Professionals strongly believed the individual should not be responsible for his or her own medical, financial, or social needs primarily due to the families' obligation to assume this responsibility. However, the majority of the respondents felt

the responsibility should be assumed by either the government alone or the government and the family together in cases where the family cannot afford the responsibility on their own. In 1992, 20% of the Bolivian population did not attend to their health, so it makes sense that people are not going to want to pay a lot for an ADS program if they do not seek basic health care. The willingness to pay for a service is based not only on available money but also on the overall cultural context of having, utilizing, and paying for services.

Some contrasting views were also apparent from the interviews. Although professionals believed people in Bolivian society view old adults in a negative way, they asserted that organizations and other professionals would be willing to support and finance the development of a new program for the care of old adults. I think these opinions may reflect a perception that other professionals, but not necessarily lay people, would be likely to endorse the development and funding of services for society's elders. I also think that perhaps professionals believed organizations and professionals would finance an ADS because they are convinced this would be one of the only ways that the program could be a free service which would enable widespread participation. A subsidized program is highly desirable given that the only barrier professionals thought would prevent individuals and families from utilizing an ADS program would be lack of money to pay for the service. In the past, programs have been developed to assist women and children throughout Bolivia. The development of programs that provide assistance to other population groups such as those indicates an openness among lay people and politicians to programs that provide services to people in need and enhances the likelihood of developing services for elders in the future.

#### The Need for New Services

The professionals who were interviewed believe the existing formal services of La Paz are too limited or inflexible to meet all the needs of old adults comprehensively. All of them perceived ADS to be an essential service for the aged population. However, some respondents did not think many people whom they knew would make use of such a service. They felt these individuals and their families would continue to use long term care facilities instead of switching to another program. Respondents believed families have learned to accept the programs they are utilizing and moving their dependent relatives back home after having them in a long term care facility could be perceived as an inconvenience families are no longer willing to live with. Therefore, an ADS program cannot be considered as the only solution for the needs of all old adults in La Paz. This finding also suggests the need for a public information campaign about the benefits of ADS and other aged-related programs, which would target both the public and practitioners.

Although I used the U.S. model for ADS as the basis for this study because of the success and acceptance it has had in that country, the results revealed that in order for a program like this to be adapted into Bolivian society, its structure and activities would have to be changed to accommodate that specific cultural and economic context. The majority of ADS participants are those individuals at risk of institutionalization. However, the majority of respondents of this study identified target groups for ADS as those who are physically independent as well as those with any type of physical or mental disability or limitation. Also, all of the respondents believed an ADS program should draw participants from all areas of the city. The vast majority of respondents believed an ADS program should be open 7 days a week and the others believed it should be open more than 8 hours a day. There was quite a difference in respondents' opinions about what age groups an ADS program should serve. Their responses reflected each individual's conception of "old" and the extent to which each one believes an ADS program is needed for more than just the aged population. These findings show that if new programs are developed in La Paz, they need to target a variety of individuals. Perhaps a variety of programs is needed to care for different

individuals. Those with disabilities might need a facility that provides assistance, while those that remain independent might just require a place to go and socialize for a couple of hours a day.

In general, the results of this study demonstrated that a program such as ADS is needed in La Paz. Just as with ADS development in the U.S., however, criteria for ADS must be established in keeping with Bolivian culture. The program goals and objectives need to be determined according to who the target population will be, which needs will be addressed, and how best to meet them.

#### Recommendations

The results of this study led to many recommendations for the future planning of education programs, ADS delivery, and research. First, people need to be aware of the growing needs of old adults in La Paz. Greater awareness could be accomplished by training more professionals in the field of gerontology. They should be the ones who raise awareness about the aging issues prevalent in that society, and the government should have a role in promoting such an effort by supporting the training of additional practitioners. The services they provide would be much more comprehensive and they would be most aware of which needs should be addressed.

Second, the government should also become more involved in promoting preventive care and the well being of old adults and offering scholarships for those who wish to pursue a career in gerontology. Representatives of various institutions interested in the problems facing old adults in Bolivia asked the president to sign a resolution that could later become law. The purpose of this resolution was to guarantee assistance and protection to old adults 65 and over with no economic means by providing them with free health, social, and legal services, and by promoting educational programs in gerontology and geriatrics. If this resolution does become law it will make a great start towards the development of new programs, such as ADS, in Bolivia.

Third, it is necessary somehow to target those people who are not making use of the available services (i.e., people who get their medical attention from witch doctors or who do not attend to their health), educate them about the implications this has, and promote the utilization of existing services. This way, if an ADS program or any other new program were to be developed in La Paz, these people would know the benefits of utilizing formal services available in the community and would be more inclined to make use of them.

Fourth, professionals and researchers must also consider the experiences of other countries with significant older populations in order to offer their communities adequate care for their old family members. By learning of the struggles of other countries to provide appropriate care for their aged populations, Bolivian professionals can educate themselves and develop solutions to the perceived existing problems of old adults in Bolivia.

Fifth, the extent to which current and future services in La Paz are meeting the needs and expectations revealed by this research project must be evaluated. In order to assess the need for ADS in Bolivia better, future researchers should also gather information from caregivers, lay people, and older adults at a national level on the extent of need for new services, the probable acceptance of new services, and the ADS structure needed to meet the needs of the old population in this country best.

Sixth, although respondents were given the definition of ADS before each interview, their ideas about the structure of this program were quite different from the standard ADS definition. People in La Paz are only familiar with nursing home types of settings and the concept of ADS might still be difficult for them to grasp. Perhaps this is why their opinions about the structure, potential clients, and activities of ADS programs resemble those of a nursing home or senior center more so than that of an American ADS program. This finding also suggests the need to

educate people about what ADS is and what it is not before it can be considered as an alternative to long-term care.

Finally, additional research needs to be done with representatives of other professions, such as medical doctors and politicians at a local and national level. Additional research would present a broader picture of how different professionals view old adults, their needs, and the services that should be developed for their care. It would also provide a better assessment of the societal views that prevail in Bolivia.

### Conclusion

People in Bolivian society were perceived by professionals as viewing old adults in negative ways. Perhaps these common views can explain why little progress has been made towards a greater advancement in formal service delivery programs and aging-related policies within La Paz. Also, because some professionals viewed this segment of the population as so needy, they tended to support the idea of developing new programs for the care of old adults, in particular for ADS.

Throughout this study, much concern has been focused on the development of new service delivery programs for the care of old adults in La Paz. However, it is essential that the current service delivery system be further evaluated before any drastic changes are made. The goal should be for formal care to supplement and not replace informal care, and for new services to be available to every individual. Although professionals believed that the development of ADS is needed and it would be relatively easy to find organizations that would be willing to fund such a project, I believe that progress and change in the service delivery system in Bolivia can only be accomplished gradually. Introducing new services for old adults into a country with limited experience in gerontology programs will take time.

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## Appendices

## **Appendix A**

### **Protocol for IRB approval**

#### **Justification of Project**

In this research project, I will assess the need for an adult day services (ADS) program in La Paz, Bolivia based on the needs of the aging population in that area. The purpose of this study is to gather information from professionals about the perceptions and attitudes they have about the needs of old adults in Bolivia (specifically, La Paz), and the importance and viability of implementing an ADS program in La Paz to meet those needs. The political economy of aging perspective will provide the theoretical framework for this study, it will provide the rationale of how the values and attitudes that prevail in a society can influence how the aging population is viewed, and the type of programs that people believe should be developed for their care. The needs assessment process will provide information on the ADS model and an overview of the current situation of the elderly population in La Paz, in order to establish a need for a new, better program, like an ADS program, to be developed in that city.

#### **Procedure**

The participants selected for this study will be professionals who work with the elderly population in the city of La Paz, by providing a variety of services to old adults and their families. Snowball sampling will be used to select the professionals to be interviewed in this study. I will start with a sample size of about 10 professionals, however, I will not necessarily limit my sample to these individuals. If I become aware of other professionals besides the ones mentioned, or if one of the professionals suggests someone with whom I should speak, such persons will be invited to join the study. These professionals will first be contacted by phone, at that time an appointment will be made to conduct the interview in their office. The goal is to have a sample representative of the professionals who work directly or indirectly with aged adults including: health care professionals, religious leaders, academics, and other workers in other domains of human services. The sample size is limited because of the small number of gerontology professionals in La Paz. I anticipate that participants will vary in age, from young adulthood to late middle age and will include both males and females who have lived in La Paz most of their lives. The interviews will explore the perspective of professionals towards the needs of the old population in the city of La Paz, the significance of developing a new program for their care, and the feasibility of implementing an ADS program in that city (see interview protocol in Appendix A). The interviews will be audio taped and should not take more than an hour to complete.

#### **Risks and Benefits**

The health or mental well being of the subjects will not be in jeopardy as a result of this research project.

#### **Confidentiality/Anonymity**

The audio tapes will be transcribed, they will kept in a locking file cabinet when not being used for transcription or analysis. The identity of each participant will be known only to the researcher and Dr. Blieszner, code numbers will be used in reporting their comments. After the thesis defense, once the interviews are conducted and the data is recorded, all the audio tapes will be destroyed. The information that they provide will be kept confidential and will be used for research purposes only. No identifying details or personal information will appear anywhere in the final report. Before conducting the interview each participant will sign an informed consent statement that explains the project and their rights. The signed statement will be kept separate from any other information. Participation will be entirely voluntary and subjects can withdraw at any

time.

**Informed Consent** see Appendix C

**Biographical Sketch**

Julieta Holguin is a candidate for a Master of Science degree in Family and Child Development at Virginia Polytechnic Institute and State University with a concentration in Adult Development and Aging. She is also fulfilling the requirements to receive the Graduate Certificate in Gerontology from the Center for Gerontology at Virginia Polytechnic Institute and State University. She received her Bachelor of Science degree in Psychology from Virginia Polytechnic Institute and State University in May, 1990. She has been working at the Virginia Tech Adult Day Services in Blacksburg, Virginia as a graduate assistant for the past two years. While in Bolivia, she worked in a small nursing home in the city of La Paz as an activities director.

Rosemary Blieszner is professor of gerontology and family studies in the Department of Family and Child Development and Associate Director of the Center for Gerontology at Virginia Polytechnic Institute and State University, Blacksburg. She received the Ph.D. from The Pennsylvania State University in Human Development--Family Studies with a major concentration in adult development and aging and a minor in sociology/social psychology. Her doctoral education was supported by the U.S. Administration on Aging and the National Institute on Aging. Her research, funded by the U.S. Administration on Aging, U.S. Department of Health and Human Services, AARP Andrus Foundation, Virginia Tech ASPIRES Program, Virginia Tech Women's Research Institute, and Virginia Tech Educational Foundation, focuses on family and friend relationships, life events, and psychological well-being in adulthood and old age. She is co-editor of *Older Adult Friendship: Structure and Process* (Sage, 1989), co-author of *Adult Friendship* (Sage, 1992), co-editor of *Handbook of Aging and the Family* (Greenwood Press, 1995), and author of numerous articles published in *Journal of Gerontology*, *Journal of Marriage and the Family*, *The Gerontologist*, *Family Relations*, *Journal of Social and Personal Relationships*, *Journal of Geriatric Psychiatry*, and others.

## **Appendix B Cover Letter**

Dear \_\_\_\_\_,

A research project will be conducted in La Paz. The purpose of this project is to determine if a need for services for old adults exist in this community. This research is supervised by faculty at Virginia Polytechnic Institute and State University in Blacksburg, Virginia, U.S.A. and will be conducted by me, a native of La Paz.

I am requesting your involvement in this investigation. Success of this study depends on the willingness of people like yourself to participate. Any information you provide will be confidential and will be used for research purposes only. No details or personal information will appear anywhere in the final report.

For the research project you are asked to participate in an interview. It will take about half an hour of your time.

Your agreement and participation are earnestly requested and greatly appreciated.

Sincerely,

Julieta Holguin,  
Master's of Science Candidate

## **Appendix C Informed Consent**

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

### Informed Consent for Participants of Investigative Projects

Title of Project: The Need for Adult Day Services in La Paz, Bolivia.

Investigator(s): Julieta Holguin, Rosemary Blieszner, Ph.D.

#### **I. The Purpose of this Research Project**

The purpose of this research project is to explore professionals perspectives' on the needs of the older people in La Paz, Bolivia. The goals of this study are: to determine whether professionals believe that new programs should be developed as an alternative to nursing homes for the care of old adults, and to assess their opinions about whether adult day services programs would be an appropriate means of meeting those needs. 10 to 20 people will be participating in this study.

#### **II. Procedures**

You have been asked to participate in this study because you are a professional who works directly or indirectly with the elderly population in the city of La Paz. By signing this consent form you are agreeing to be interviewed about the needs of the old population in the city of La Paz. You will be asked some background questions, and questions regarding the needs of the old adults in La Paz, whether these needs are met by existing services, and whether an alternative to institutionalization needs be developed to meet those needs. The interview will be audio taped, it will take place at your office or at another location convenient to you, and should take approximately an hour to conduct.

#### **III. Risks**

There are no known risks involved in being part of this research project.

#### **IV. Benefits of this Project**

The results of this research project will help shed some light on the current situation of the elderly population in Bolivia. Information gained from this study will help determine whether the needs of the older population in Bolivia are being met by existing services, and whether an ADS program is perceived by professionals to be an alternative to institutionalization which would benefit the aging population in Bolivia.

#### **V. Extent of Anonymity and Confidentiality**

The audio tapes be transcribed, they will kept in a locking file cabinet when not being used for transcription or analysis. The identity of each participant will be known only to the researcher and Dr. Blieszner, code numbers will be used in reporting comments. After the thesis defense, once the interviews are conducted and the data is recorded, all the audio tapes will be destroyed. The information that they provide will be kept confidential and will be used for research purposes only. No identifying details or personal information will appear anywhere in the final report. No names will appear in the final report. Furthermore, all the information gathered from the interviews is to be treated as part of a research project and will be pooled with other information to learn about the need for adult day care services in this community.

**VI. Compensation**

Other than our sincere appreciation, there is no compensation to be earned from participation in this research.

**VII. Freedom to Withdraw**

You are free to withdraw from the study at any time without penalty. Also, you are free to decline to answer any question without penalty.

**VIII. Approval of Research**

This research has been approved, as required, by the Institutional Review Board for Research Involving Human Subjects at Virginia Polytechnic Institute and State University, and by the Department of Family and Child Development.

**IX. Subject’s Responsibilities**

I voluntarily agree to participate in this study.

**X. Subject’s Permission**

I have read and understand the Informed Consent and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent for participation in this project.

If I Participate, I may withdraw at any time without penalty. I agree to abide by the rules of this project.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Should I have any questions about this research or its conduct. I may contact:

Julieta Holguin

(540)953-2007

\_\_\_\_\_  
Investigator

\_\_\_\_\_  
Phone

Rosemary Bliezner, Ph.D.

(540)231-5437

\_\_\_\_\_  
Faculty Advisor

\_\_\_\_\_  
Phone

(540)231-9359

\_\_\_\_\_  
H. Thomas Hurd, Chair  
IRB Research Division

\_\_\_\_\_  
Phone

## **Appendix D**

### **Interview Guide**

#### Interview Guide: Assessing the need for an ADS program

#### PART 1: Characteristics of Respondent

These first few questions deal with your personal Characteristics.

1. Please state your job title:
  
2. Indicate respondent's sex:
  - a. Male
  - b. Female
  
3. What is the highest level of education you have attained?
  - a. primary school
  - b. some high school
  - c. high school diploma
  - d. some university or college
  - e. university degree
  - f. no formal education
  - g. no answer
  
4. What is the name of your employer/organization/agency?
  
5. Please list the types of services you provide to old adults.
  
6. How long have you personally been working with or on behalf of old adults?

#### PART 2: Views of the Aging Population

Now, I'd like to ask you about some of the views you, as a professional, have about the aging population in this city, their needs, and the adequacy of services that exist in our community.

1. How do you think our society views old people? **PROBE FOR STATUS, CONTRIBUTIONS, NEEDS OF ELDERS**
  
2. Who should care for medical needs of the aging population of our country?
  - a. government
  - b. family
  - c. individual
  - d. otherPlease explain your answer:
  
3. Who should care for financial needs of the aging population of our country?
  - a. government

- b. family
- c. individual
- d. other

Please explain your answer:

4. Who should care for social needs of the aging population of our country?

- a. government
- b. family
- c. individual
- d. other

Please explain your answer:

5. What are your personal views of old people? PROBE FOR WHAT THEY CONTRIBUTE TO THE COMMUNITY AND HOW.

6. What services are available in our community for old adults?

7. What type of services should be available for old people in our community?

8. Who pays for services that provide care and assistance to old people?

9. Do the services that are available in our community provide adequate care to meet the physical needs of old adults?

- a. yes
- b. no

Please explain your answer: PROBE FOR HOW THEY THINK THESE NEEDS ARE MET OR NOT

10. Do the services that are available in our community provide adequate care to meet the social needs of old adults?

- a. yes
- b. no

Please explain your answer: PROBE FOR HOW THEY THINK THESE NEEDS ARE MET OR NOT

11. Do the services that are available in our community provide adequate care to meet the emotional needs of old adults?

- a. yes
- b. no

Please explain your answer: PROBE FOR HOW THEY THINK THESE NEEDS ARE MET OR NOT

12. Do the services that are available in our community provide adequate care to meet the health needs of old adults?

- a. yes
- b. no

Please explain your answer: PROBE FOR HOW THEY THINK THESE NEEDS ARE MET OR NOT

13. How many of your clients or old people whom you know do you think would be able to live in the community if an alternative to nursing home care existed?

14. Do you think that a new program would meet the needs of old adults in our community better than the services that are already in place? PROBE FOR HOW THIS WOULD BE ACCOMPLISHED

- a. yes
- b. no

### PART 3: ADS

These next few questions will deal with need for an ADS program in our community. So that we are in agreement about what is meant by adult day services, I would like to provide you with a definition of the program: Adult day services is a general term for community-based programs designed to meet the needs of functionally impaired adults through an individual plan of care. Centers provide a wide range of health, social, and related support services. A key feature of this type of care is that services are provided fewer than 24 hours a day and in a group setting outside a person's home. Participants attend the program during the day and return home at night. The purposes of an ADS program is to maintain each client's highest functional level possible, to provide respite to caregivers, to delay or prevent institutionalization, and to improve the quality of life of both old adults and caregivers (Padula, 1983).

1. Do you believe there is a need for adult day services in our community?

- a. yes
- b. no

Please explain your answer: PROBE FOR WHY THEY THINK THERE IS/IS NOT A NEED FOR THIS PARTICULAR KIND OF SERVICE

If adult day services were developed in our community...

2. What type of clients do you think should be served? Tell me yes or no for each of the following:

- a. adults who are frail or impaired
- b. adults with developmental disabilities
- c. adults with mental illness
- d. people with Alzheimer's disease
- e. Others (specify: \_\_\_\_\_ )

3. What age group(s) should the program serve?

- a. 18-29
- b. 30-50
- c. 51-64
- d. 65-79
- e. 80+

4. From what areas should the program draw participants?

- a. zona sur
- b. zona norte

- c. zona central
- d. ciudad del alto

5. What should be the minimum number of days an adult day services program should be open?

- a. one day/week
- b. two days/week
- c. three days/week
- d. four days/week
- e. five days/week
- f. six days/week
- g. seven days/week

6. What should be the minimum number of hours an adult day service program should be open each day?

- a. four hours/day
- b. between five and eight hours/day
- c. more than eight hours/day

7. Given the fact that most adult day service programs in the United States cost an average of \$35 for a 10 hour day, what range of daily fees would be acceptable to potential clients in our community?

8. All of the following programs and activities can be offered at an adult day service program either by contracting for services or by hiring staff to provide the care. Assuming a center could arrange for the following services, which one(s) should the center offer? Tell me yes or no for each service.

- a. respite care for families
- b. rehabilitation activities  
(physical therapy, occupational therapy, speech therapy)
- c. health services
- d. social interaction
- e. transportation
- f. education
- g. counseling
- h. nutrition
- i. recreation
- j. spiritual
- k. support groups for family members
- l. other (Specify: \_\_\_\_\_)

9. How many of your clients during the past year would have benefited from participating in an adult day service program if one were available in our community? PROBE FOR HOW AND IN WHAT WAYS THEY WOULD HAVE BENEFITED

\_\_\_\_\_ (specify number) out of \_\_\_\_\_ number

10. How many of your clients' families during the past year would have been interested in an adult day service program for their dependent family member?

\_\_\_\_\_ (specify number) out of \_\_\_\_\_ number

11. Would you refer an individual or a family caring for an dependent adult to an adult day service program if it were available in our community?

a. yes

b. no

Please explain your answer:

12. What barriers in our community would prevent individuals or families caring for dependent adults from using an adult day service program?

13. What specific advocacy, government, or service groups in our community do you think might support the development of an adult day service program?

14. Is there anything else that you would like to add that would assist us as we consider the development of an adult day service program in our community?

15. Are there any other people in our community whom I should speak with about the needs of the aging population in our community and the types of services required for their care?

## **Appendix E**

### **Translated Cover Letter**

Estimado Señor(a),

Como parte de mi tesis de maestría, un proyecto de investigación será llevado a cabo en La Paz. El propósito es determinar si existe en esta comunidad la necesidad de servicios para el cuidado de la tercera edad. Esta investigación está supervisada por la facultad del Instituto Politécnico y Universidad Estatal de Virginia en Blacksburg, Virginia, U.S.A. y será conducida por mí, que nací y me crié en La Paz.

Requiero de su participación en este proyecto, el éxito de este estudio dependerá de la voluntad y deseo de cooperación de personas como usted. Cualquier información proporcionada será confidencial y aplicada para propósito de este proyecto. Ningún detalle o información personal aparecerá en el informe final.

Para esta investigación, se le pide a usted participar de una entrevista que durará aproximadamente media hora.

Su aceptación y participación en este proyecto será muy apreciada.

Sinceramente,

Julieta Holguin

Postulante al Masterado en Ciencias del Desarrollo Adulto y de la Vejez

## **Appendix F**

### **Translated Informed Consent**

INSTITUTO POLITECNICO Y UNIVERSIDAD ESTATAL DE VIRGINIA

Consentimiento de Participantes de Proyectos de Investigación

Titulo del Proyecto: La Necesidad de Centros Diurnos Geriátricos  
en La Paz, Bolivia.

Investigadoras: Julieta Holguin, Rosemary Blieszner, Ph.D.

#### **I. Propósito de este Proyecto**

El propósito de este proyecto es explorar la perspectiva de profesionales sobre las necesidades de la tercera edad en La Paz, Bolivia. El objetivo de este estudio es determinar si gente profesional cree que nuevos servicios para el cuidado de la tercera edad deberían establecerse como una alternativa a asilos, y evaluar sus opiniones con respecto a centros diurnos geriátricos. Entre 10 a 20 personas participarán en este estudio.

#### **II. Procedimiento**

Usted ha sido elegido para participar en este estudio por que usted trabaja directa o indirectamente con personas de la tercera edad en La Paz. Al firmar este formulario de consentimiento, usted está de acuerdo a ser entrevistado sobre la necesidad de establecer nuevos programas al servicio de la tercera edad. Se le hará preguntas sobre su experiencia en este campo, las necesidades de la tercera edad, y si alternativas a asilos o casa de reposo deberían establecerse para servir mejor al geronte Boliviano.

La entrevista será grabada y se efectuará en su oficina o sitio de trabajo o en cualquier otro lugar conveniente para usted y durará aproximadamente media hora.

#### **III. Riesgo**

El participar en este proyecto no presenta ningún riesgo para usted.

#### **IV. Beneficio de este Proyecto**

Los resultados de este proyecto ayudarán a iluminar la presente situación del geronte Boliviano. La información obtenida ayudará a determinar si las necesidades de la tercera edad en La Paz son servidas por los diferentes servicios existentes, y si gente profesional cree que centros diurnos geriátricos serían una alternativa adecuada a asilos o casas de reposo que beneficiarían a la población geronte de esta ciudad.

#### **V. Anonimidad**

Las grabaciones serán transcritas y guardadas bajo llave cuando no esten siendo usadas para transcribir o analizar. La identidad de cada participante será conocida solo por las investigadoras de este proyecto, códigos serán usados para reportar comentarios. Después de la defensa de tesis, cuando todas las entrevistas hayan sido transcritas, todas las grabaciones serán destruidas. La información que se recabe permanecerá confidencial y será usada solo con el propósito de este proyecto. Ningún detalle o información personal aparecerá en el informe final. Toda la información será tratada como parte de esta investigación y será combinada con otra información para evaluar la necesidad de implementar centros diurnos geriátricos en La Paz.

#### **VI. Compensación**

En cuanto a este proyecto no tiene fines de lucro.

**VII. Libertad de Retirarse**

Usted esta en plena libertad de retirarse de este proyecto en cualquier momento. Asi mismo, tiene derecho a no responder a cualquiera de las preguntas sin consecuencia alguna.

**VIII. Aprobación de este Proyecto**

Este proyecto ha sido aprobado, como es requerido, por el Institutional Review Board for Research Involving Human Subjects del Instituto Politécnico y Universidad Estatal de Virginia y por la Facultad de Desarrollo de la Niñez y la Familia.

**IX. Responsabilidades del Participante**

Voluntariamente acepto participar de este proyecto.

**X. Permiso del Participante**

He leído y entendido este formulario de consentimiento y las condiciones de este proyecto. Todas mis preguntas han sido aclaradas. Reconozco lo anterior y doy mi consentimiento voluntario de participar en este proyecto.

Estoy de acuerdo con seguir las reglas fijadas para este proyecto.

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha

Si tuviera alguna otra pregunta sobre este proyecto, puede contactar a:

Julieta Holguin (591)2-770464  
\_\_\_\_\_  
Investigadora Telefono

Rosemary Bliezner, Ph.D. (540)231-5437  
\_\_\_\_\_  
Investigadora Telefono

(540)231-9359  
\_\_\_\_\_  
H. Thomas Hurd, Chair Telefono  
IRB Research Division

## **Appendix G**

### **Translated Interview Guide**

#### Parte 1: Características del Participante

Estas primeras preguntas se refieren a sus características personales.

1. Porfavor indique cuál es su título:
2. Indique su sexo:
  - a. masculino
  - b. femenino
3. Cuál es el máximo nivel de educación que usted ha recibido?
  - a. primario
  - b. medio
  - c. bachiller
  - d. estudios universitarios
  - e. diploma de universidad
  - f. ninguna educación formal
  - g. ninguna respuesta
4. Cuál es el nombre de su empleador/organización/agencia?
5. Dígame los tipos de servicios que usted ofrece a los gerontes de esta ciudad.
6. Cuánto tiempo hace que usted trabaja con o en beneficio de la tercera edad?

#### Parte 2: Perspectivas Sobre la Tercera Edad

Ahora quisiera hacerle unas preguntas de cómo usted, como profesional ve a la tercera edad en este país, sus necesidades y lo adecuado de los servicios que existen para su cuidado en ésta ciudad.

1. Cómo cree usted que la sociedad en general ve al los gerontes?  
STATUS/CONTRIBUCIONES/NECESIDADES
2. En su opinión, quién debería cuidar de las necesidades médicas de la tercera edad?
  - a. el gobierno
  - b. la familia
  - c. personal individuales
  - d. otroPorfavor explique su respuesta:
3. En su opinión, quién debería cuidar de las necesidades financieras de la tercera edad?
  - a. el gobierno

- b. la familia
- c. personal individuales
- d. otro

Porfavor explique su respuesta:

4. En su opinión, quién debería cuidar de las necesidades sociales de la tercera edad?

- a. el gobierno
- b. la familia
- c. personal individuales
- d. otro

Porfavor explique su respuesta:

5. Cómo ve usted al geronte en este país?

6. Qué servicios existen en esta comunidad para el cuidado del geronte?

7. Qué tipo de servicios deberían existir para el cuidado del geronte en La Paz?

8. Quién debería pagar para el cuidado y asistencia del geronte en este país?

9. En su opinión, usted cree que los servicios que ahora existen para el cuidado de la tercera edad en esta ciudad ofrecen el cuidado físico adecuado?

- a. si
- b. no

Porfavor explique su respuesta:

10. En su opinión, cree usted que los servicios que ahora existen para el cuidado de la tercera edad en esta ciudad ofrecen el cuidado social adecuado?

- a. si
- b. no

Porfavor explique su respuesta:

11. En su opinión, usted cree que los servicios que ahora existen para el cuidado de la tercera edad en esta ciudad ofrecen el cuidado emocional adecuado?

- a. si
- b. no

Porfavor explique su respuesta:

12. En su opinión, usted cree que los servicios que ahora existen para el cuidado de la tercera edad en esta ciudad ofrecen el cuidado médico adecuado?

- a. si
- b. no

Porfavor explique su respuesta:

13. Cuántos de los clientes o gerontes que usted conoce piensa que podrían vivir en la comunidad si existiera una alternativa a asilos y casa de reposo?

14. Usted cree que un programa nuevo podría ofrecer todos los servicios necesarios para el cuidado del geronte Boliviano?

- a. si
- b. no

### Parte 3: Centros Diurnos Geriátricos

1. Usted cree que existe la necesidad de establecer centros diurnos geriátricos en esta ciudad?

- a. si
- b. no

Porfavor explique su respuesta:

Si centros diurnos geriátricos serían establecidos en La Paz...

2. A qué tipo de clientes cree usted que debería servir?

- a. gente frágil o con impedimentos
- b. gente incapacitada
- c. gente con enfermedades mentales
- d. gente con Alzheimer's
- e. otros

3. A que grupo de edades cree usted que un centro diurno geriátrico debería servir?

- a. 18-29
- b. 30-50
- c. 51-64
- d. 65-79
- e. 80+

4. A qué áreas debería servir un centro diurno geriátrico?

- a. zona sur
- b. zona central
- c. zona norte
- d. ciudad del alto

5. Cuántos días a la semana debería estar abierto un centro diurno geriátrico?

- a. un día a la semana
- b. 2 días/semana
- c. 3 días/semana
- d. 4 días/semana
- e. 5 días/semana
- f. 6 días/semana
- g. 7 días/semana

6. Cuántas horas al día debería atender un centro diurno geriátrico?

- a. 4 horas al día
- b. entre 5 y 8 horas al día
- c. más de 8 horas al día

7. Cuánto cree usted que sería razonable cobrar por un servicio como este?

8. Todas las siguientes actividades y programas pueden ser ofrecidas por un centro diurno geriátrico. Asumiendo que un centro pueda adquirir los siguientes servicios, cuáles cree usted que debería ofrecer?

- a. actividades de rehabilitación
- b. servicios médicos
- c. interacción social
- d. transporte
- e. educación
- f. ayuda psicológica
- g. nutricionista
- h. recreación
- i. espiritual
- j. grupos de apoyo familiar
- k. otros

Cuáles considera más importantes y porque?

9. Cuántos de sus clientes del año pasado podrían haberse beneficiado de un centro diurno geriátrico, si uno existiera en esta comunidad?

cuántos          de cuántos

10. Cuántos de los familiares de sus clientes cree usted que se interesarían en un centro diurno geriátrico?

cuántos          de cuántos

11. Referiría a personas a un centro diurno geriátrico si uno existiera en esta ciudad?

- a. si
- b. no

Porfavor explique su respuesta:

12. Qué obstáculos existen en este país que prevendrían que la gente haga uso de un servicio como este?

13. Qué organizaciones gubernamentales, no gubernamentales en esta ciudad podrían ayudar a establecer un centro diurno geriátrico?

14. Hay algo más que usted desee agregar que nos asistiría en considerar el establecimiento de este tipo de program en esta ciudad?

15. Hay alguna otra persona con la que usted piense que yo debería hablar sobre este tema?

## **Appendix H**

### **Translated Definition of ADS**

Centros diurnos geriátricos son programas establecidos dentro de comunidades para servir a gente mayor que sufre de algún tipo de limitación, ya sea mental o física, por medio de un plan individual de cuidado. Este plan individual de cuidado toma en cuenta las necesidades de cada persona, su personalidad y aptitudes.

Centros diurnos geriátricos son programas multidisciplinarios que ofrecen una variedad de servicios médicos y sociales en un ambiente protegido durante parte del día pero menos de 24 horas.

Personas asisten a estos centros durante el día y regresan a su hogar por las noches. Centros diurnos geriátricos permiten a familiares seguir formando parte del cuidado de gente de la tercera edad.

Centros diurnos geriátricos son servicios establecidos para brindar al individuo y su familia una alternativa a la institucionalización del geronte. Estos centros tienen la función de ofrecer ayuda a los familiares que trabajan o tienen obligaciones que los privan de formar parte del cuidado de sus seres queridos durante el día.

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