

**BENITO JUAREZ NEEDS ASSESSMENT:
FOCUS ON THE ELDERLY**

Final Report

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Introduction

This report presents the results of a qualitative research study to assess the needs of the elderly population in the municipality of Benito Juarez. The authors are a research team from Eastern Michigan University and their community partner, the Director of the “Nohoch-Na” Day Senior Center. They conducted this study at the request of a group of service providers and advocates for the elderly who are committed to improving the quality of life for the elderly in Benito Juarez. This network includes government officials from the Mayor’s Office of the City of Benito Juarez, the President of the Board of the Office for the Integration of the Family (DIF), and members of faith-based and other non-profit organizations. The members of this group were concerned about the high level of need for the elderly, but lacked any qualitative analyses acquired through systematic research procedures to describe the specific needs of this population.

The research team has been in communication with members of this group since 2001 to discuss the development of a qualitative research study to gain insights into the needs of the elderly population in Benito Juarez. Eastern Michigan University supported the study which was conducted in 2004-2005. The results of this research will be used by the network of concerned providers and advocates for the elderly in Benito Juarez who requested this study to help them make the most effective use of the limited resources available to address the critical needs of this population.

Geographic, Demographic and Historical Background

In order to understand the rationale for this study, it is important to understand the background and history of the State of Quintana Roo, its largest municipality, Benito Juarez, and the city of Cancun.

Quintana Roo

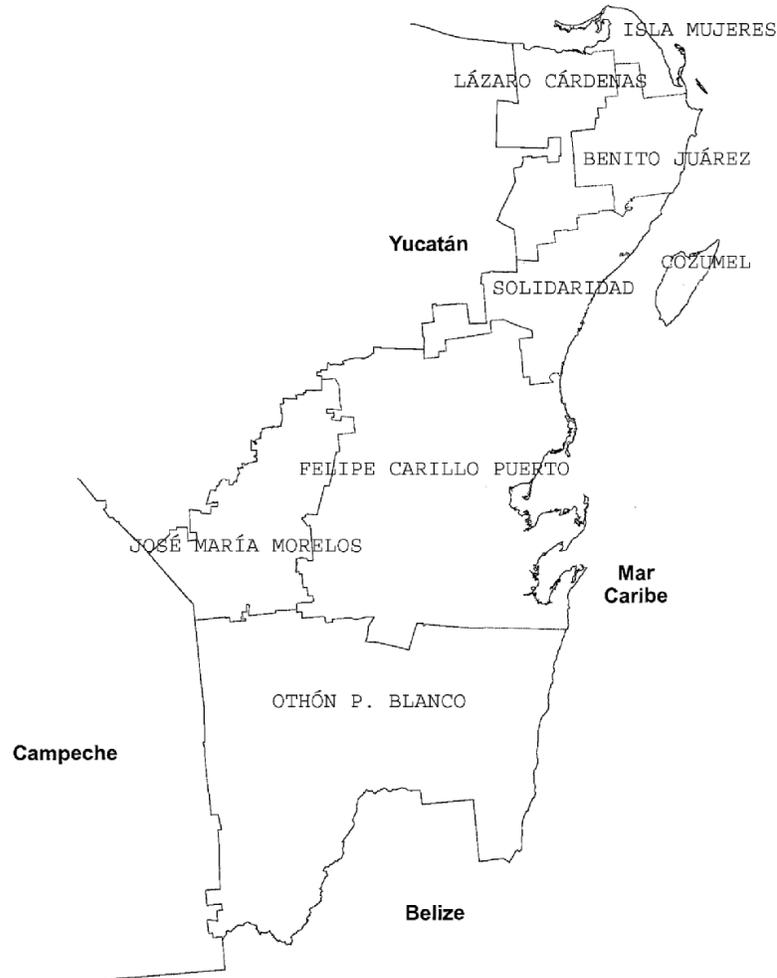
Quintana Roo is located on the eastern side of the Yucatan Peninsula of Mexico (see Figure 1). The population of this state has gone from 88,150 in 1970 to an estimated 1.1 million in the year 2000 according to a strategic plan conducted by the State's Center of Strategic Studies (2000:58), and is projected to double by the year 2030 (Zuniga Herrera, 2005). Migration from all across Mexico has fed this explosive growth in the last three decades, with the majority coming from poor, rural states. Lic. Zuniga Herrera, Secretary General of the National Population Council, indicates that every year about 18,500 people are born in Quintana Roo, and an estimated additional 20,000 arrive from other regions of Mexico and internationally (2005). This migratory phenomenon is of such magnitude that it has impeded an accurate measurement of the total population increase. As a result, population figures can only be reported as estimates (State's Center of Strategic Studies, 2000:66).

Even more significant than the population numbers is the rate of growth the state has experienced. Quintana Roo officially became a State of the Mexican Republic in the 1950s. After that time, its population grew at an annual rate of about 6 percent until the 1970s when the rate increase grew to 9 percent. Since 1980, the population has continued to grow at an annual rate of about 6 percent. To have a reference for the impact of this growth, it must be noted that an annual population increase of 4 percent will double a population in 25 years.

Looking at the aging pyramid, it is projected that by the year 2030, the population of people older than 35 years will predominate (Zuniga Herrera, 2005). Currently, the population of the State of Quintana Roo is characterized as young, with the largest population being 20-24 years old. However, it has a low rate of fertility, low mortality, and a life expectancy higher than the national average (State Center for Strategic Studies, 2000:57). The population of those over 60 years old is growing at an annual rate of 6.8 percent in the state. This is the highest growth rate of this age group in the country (Zuniga Herrera, 2005).

The challenge posed by the state's explosive population growth is intensified by the pattern of the population dispersion. While the majority of the population is concentrated in a few regions of the state, about 18 percent reside in 2,123 areas with less than 2,500 inhabitants. More than half of these areas are dispersed along the highways or far from the cities and 219 are totally insulated (Zuniga Herrera 2005). This situation has serious implications for the elderly population, particularly as it impacts their access to transportation, communication, and medical services, as well as opportunities to market their arts and crafts.

Figure 1
Map of Quintana Roo



Benito Juárez

Quintana Roo is divided into eight municipalities (see Figure 2). The municipality of Benito Juárez, which in the northeastern part of the state, is fairly small in terms of geographic territory; however, it holds the largest population (47.98%) in the state. The population in Benito Juárez has grown at an estimated annual rate of about 8.7 percent since 1970 (State Center for Strategic Studies, 2000:57). From a fishing village of 20 inhabitants in the mostly wild island of Cancun in 1970, Benito Juárez has grown to a population of well over 500,000 in the year 2000 (Zalvidea, 2004).

Figure 2
Map of Mexico



Cancun

A more familiar reference for the location of Benito Juarez is its central city of Cancun. In the United States and around the world, Cancun is known as a vacation resort area of endless beauty, of magnificent beaches, of beautiful luxury hotels and restaurants and, of late, a place where American college students seek enjoyment during their semester break. While this is true, the larger reality places Cancun as the administrative and political offices (mayoral offices) of the entire municipality of Benito Juarez.

Cancun, which indirectly has put the municipality of Benito Juarez and the State of Quintana Roo on the international map, was conceived in 1968 by a special work team of the Bank of Mexico which was searching for an ideal spot in the Caribbean to develop a tourist resort for attracting currency into the country. In 1969, the Bank of Mexico created “Infratur” (now “Fonatur”), an organization to carry out this program which would identify, develop, and integrate two new favorable tourist areas that would strengthen the already strong tourist infrastructure in Mexico. The two areas selected as investment priorities included Ixtapa, facing the Pacific Ocean, and Cancun, facing the Caribbean Sea. While the City Council of Benito Juarez is aware of the significance of the positive economic development derived from the tourist activity and stresses its pledge to guarantee visitor safety, quality of services, and hospitality, it is also trying to address the social and economic issues, needs, and concomitant problems that have been

generated by Cancun's three-decades-old tourist phenomenon.¹ The need of the growing elderly population in Benito Juarez is one of the problems resulting from that phenomenon.

Mexico

The situation in Quintana Roo and Benito Juarez needs to be put in the context of the larger demographic context of Mexico, even if this state and municipality do not exactly mirror the country as a whole. The population of Mexico (like most countries in Latin America and the Caribbean) is aging at a very fast rate. Mexico will reach 14 percent of its population over the age of 60 (it is currently at about 7 percent) 2.5 times faster than the United States took to reach this milestone, and up to 5 times faster than some Western European countries. It will reach this level in approximately 2020, while experiencing a doubling of the older population (in absolute terms) about every five years. At the same time the economy as measured by GNP per capita will likely continue at its average historical growth rate of 2.6 percent per year – for the country as a whole. For Mexico to have a per capita income equivalent to the United States when it hit the milestone of 14 percent of its population over 60, the Mexican economy would have to grow at a rate of at least 6 percent every year between 2000 and 2020. Thus the forecast is for a rapid aging accompanied by continued relatively low standards of living and relatively low amounts of government and resources available to expend on services for the elderly.²

The general implications are clear for those concerned with providing for the needs of the elderly and their families. Mexican society will have much less time to prepare for the aging of its population and to put in place an appropriate infrastructure, than did the United States or Western Europe. The per capita resources available for this task will be much less than what was available to these other countries. The elder care system heavy on expensive and professional intensive services developed by the U.S. and Europe will not be available for wholesale application in Mexico, even where it might be adapted for cultural appropriateness. The good news is that Mexico can learn from the experience (successes and failures) of these other countries in its quest to develop its own models that are both culturally appropriate and economically feasible.

Research Design

Methods

Since the goal of this study was to gain insights into the needs of the elderly population in Benito Juarez, the research was designed to acquire data from a sample of respondents

¹ In a serious attempt to address these issues, the State mandated, through its Office of Strategic Studies, the development of a "Strategic Plan for Integrative Development for the State of Quintana Roo 2000-2005." In general, the State statistics included in the Historic, Demographic and Geographical background section of this study were extrapolated from this plan.

² Alberto Palloni, Beth Soldo, Rebeca Wong, "Health Status in a National Sample of Elderly Mexicans," presented at the Gerontological Society of America Conference, Boston, Mass. November 2002.

who could describe their first-hand observations and experiences about the life of the elderly, the institutions that exist to help them meet their needs, and the extent to which their needs remain unmet.

To gain insights from the perspectives of those most familiar with the elderly and their needs, the researchers conducted three focus groups of elderly Benito Juarez citizens, a focus group of family members who are living with elderly parents in Benito Juarez, and a focus group of government-sponsored service providers who work with Benito Juarez elderly and their families on a regular basis. The participants of the focus groups of elderly citizens and their families were drawn from diverse geographical areas, socio-economic status, and family circumstances. Likewise, the focus group of service providers included participants with experience in various zones, diverse elderly populations and a variety of types of needs.

To obtain more detailed insights on both the impacts and deficiencies of services provided for the elderly, the researchers complemented the descriptions acquired in the focus groups with a series of 9 face-to-face interviews of persons who provide services and/or advocate for the elderly in Benito Juarez. Like the focus group participants, these service providers were selected to reflect a broad view of the geographic areas, family structures, socio-economic status and challenges faced by the elderly and their families. These providers worked with the elderly in a variety of (often overlapping) roles including volunteers, persons working in church-sponsored programs, leaders of service clubs, persons who provide medical services to the elderly, and advocates for the elderly, as well as persons working in various levels of government-sponsored programs that provide services to the elderly.

The focus group and interview participants were selected through a process in which researchers provided selected colleagues and contacts in Benito Juarez with a description of the project and its goals and asked them to recruit participants to reflect the specific diversity needed for the study. In collaboration with the researchers, these contacts recruited the participants and scheduled five focus groups (three focus groups of elderly, one focus group of persons caring for elderly family members and one focus group of DIF service providers) and nine interviews of individual service providers and advocates for the elderly to be conducted by the researchers.

These focus groups and interviews were conducted between April 29 and May 5 of 2005.

Protocols

FOCUS GROUPS

The focus groups were held in public locations for two hours. They were conducted by one researcher and one local administrator who are fluent in both Spanish and English. The focus groups were conducted in Spanish and audio recorded with permission of the participants (see Appendix A for copy of the informed consent form).

The researchers began the focus groups by explaining the nature of the project and how the participants could provide valuable information to help accomplish the project goals.

The participants were encouraged to talk openly and candidly in a discussion about their experiences, opinions and ideas. The researchers posed questions about general topics and primarily listened as the participants discussed them (see Appendix B for focus group guide). This relatively loosely structured format allowed the participants more opportunity to express what they felt was important and relevant. At times participants discussed topics in a different order than they were listed in the guide and some topics were included within the context of other topic discussions. The researchers helped keep the discussions focused and ensured that all topics listed in the guide were eventually covered by the end of the meeting. The researchers posed questions whenever something was unclear, a statement needed more elaboration, there was a need to refocus due to “drifting” discussion or they saw that some general topics were not being addressed.

INTERVIEWS

Each interview was scheduled for about two hours. Since the two researchers who conducted the interviews did not speak Spanish, they were conducted through a local interpreter. The interviews were audio recorded with the permission of the respondents (see Appendix C for a copy of the consent form).

The interview was comprised of questions in five categories (see Appendix D for Interview Schedule). Due to time constraints and the need for language interpretation of responses and follow up questions, the interviews were conducted in a relatively tightly structured format. Follow-up questions were only posed when the researchers were unclear about what a response meant or when they believed that the subject misunderstood the question and it needed to be rephrased.

The interview was designed to elicit descriptions of the provider and the population being served by that provider. In some cases the elderly population was a subpopulation of the greater population who was served by the provider. In those cases, the researchers attempted to obtain descriptions of both groups. The interviews also asked questions to obtain a description of the needs that are being served by this provider as well as other providers including the government-sponsored DIF programs. Finally, the interviewers sought to obtain a detailed description of needs that remain unmet as well as the subject’s view about why they are unmet and what it would take to meet them.

Analysis Strategy

All of the focus group tapes were translated into English. The interview tapes and translated focus group tapes were transcribed in English to be used in the qualitative analysis. After reviewing the transcripts, the researchers collaboratively developed three general categorical classifications to answer the research questions. These categories included Description of the Elderly in Benito Juarez, Institutional Structures to Help Meet the Needs of the Elderly in Benito Juarez, and Unmet Needs of the Elderly in Benito Juarez. Once the major classifications were established, the researchers reviewed the transcripts and developed thematic structures within each categorical group. Examples include themes such as “family structure” and “size of the elderly population” in the Description of the Elderly category and “economic needs” and “medical needs” in the Unmet Needs category.

Once the final categories and themes were determined, the transcript narratives were analyzed by organizing the descriptions obtained in the focus groups and interviews into these thematic structures and using illustrations and vignettes provided by the focus group and interview participants to exemplify the analytical themes. The preliminary analysis was submitted to key stakeholders in the Benito Juarez community for their impressions and suggestions. Final revisions were then completed based upon this input.

Analysis of Interview and Focus Group Data

To conduct this study, the researchers performed qualitative analysis of transcripts from focus groups and interviews (see Analysis Strategy above). Although topics were often approached from different perspectives among focus group participants or between one interview subject and another, there were no areas in which any respondents gave contradictory information. Very often there was agreement on issues among almost all respondents and at other times those who addressed an issue indicated similar perceptions of that issue while others did not discuss it or framed it in another context. As a qualitative analysis, it is not the intent of the researchers to provide numerical counts of responses, but rather to analyze the consistent themes that were presented by these reporters.

The primary aim of this study is to gain insight into the needs of the elderly population in Benito Juarez through the voices of those who have the most direct observational and experiential knowledge of that population. It is, therefore, not the intention of the researchers to determine the validity or invalidity of the perceptions of these reporters. Rather, what is important for this study is what their perceptions are and how they impact the lives and needs of this population.

Describing the Elderly Population in Benito Juarez

DEFINITION OF ELDERLY

The interview and focus group participants generally referred to those 60 sixty years and older as the “elderly” or “older” population. This appears to be an accepted standard based largely on the age requirement for government programs that provide assistance for the elderly.³

FAMILY STRUCTURE

Focus group and interview participants consistently indicated that the role of the elderly in the family varies somewhat among the elderly population, but it is virtually always in a context that is much more fragmented than the structure that commonly exists in both the traditional Mexican family and the contemporary ideal of the Mexican family.

³ There was, however, recurring observation by the respondents that this legal definition of “elderly” was inconsistent with the standard applied for employment in which people are often perceived to be too old to work by the time they are 40 years old and often much younger than that--see Unmet Needs below.

Unlike the traditional Mexican family structure that still prevails throughout most of the society, families in Benito Juarez seldom exist in large extended family structures in which the elders hold both honorific and actual “head of household” positions. Rather, as a result of the migration patterns that brought most of the population to this area, the families are small and fragmented. Respondents⁴ often explained that the migration pattern in which young people came to the area for work in the tourist industry often led those who were successful to send for their elderly parents and grandparents to come and live with or near them. This, however, included only a small part of the entire extended family that largely remained in other areas of the country. Elderly respondents, their family members, and service providers consistently described the two prevailing situations discussed below that were generated from this migration pattern.

Elderly Who Live with Other Family Members

Often the elderly in Benito Juarez live with other family members. This, however, is not the large traditional extended family, but rather a much smaller group consisting primarily of one son or daughter, his/her spouse, their children and the elderly parents/grandparents. This composition tends to put stress on both the elderly and their children. The entire burden of the elderly parents is often the responsibility of one adult child without the support of the rest of the extended family who have been left behind, while the elderly living in these situations feel tremendously burdensome and overly dependent upon their adult children to get even their most basic needs met.

The serious implications of this scenario for these families are legion. It often produces continuous tension among family members, feelings of low self-worth for the elderly and frustration for all family members. Elderly focus group participants who live with their adult children often described their sense of worthlessness and burden even when they played such invaluable roles as caretakers of the grandchildren and providing cooking and housekeeping services for the family.

The focus group of family members living with elderly parents described the frustration of carrying the inordinate weight of providing for their families with so little support. It is noteworthy that the members of this focus group were highly supportive of their elderly parents. Nevertheless, they reported feeling distressed by this situation in which traditional family and cultural values seemed to be disappearing and being demoralized by their inability to restore them.

Elderly Who Live Alone

With even more distressing consequences than those derived from elderly living with their adult children, the other prevailing living situation respondents described was elderly who have been economically and/or physically abandoned by their children.

Some respondents explained that some adult children abandon their elderly parents as a result of the resentment they feel toward parents who had abandoned or mistreated them when they were younger. However, respondents generally attributed abandonment of the

⁴ The term “respondents” in this report refers to focus group participants and/or service providers who were interviewed for this study.

elders to exacerbations of the same stresses that exist in families where the elderly live with their children. Providers described adult children who usually have to work themselves, and who cannot cope with the responsibilities of caring for their elderly parents. When this stress is coupled with parents becoming less able to care for themselves due to diminishing mental and/or physical capabilities, families can become confronted by an impossible situation and may leave the children unable and/or unwilling to provide for their the needs of their elderly parents. In addition to the desolation of living at the barest levels of subsistence and having meager access to any services or resources (see Unmet Needs below), elderly in these situations suffer the ultimate indignity of being designated as worthless in a culture that traditionally places the highest levels of esteem on its seniors. In many cases, this is due to the changed economic and cultural circumstances people face as they have moved from rural villages to an urban situation with an intensely competitive economy where they often live on the margins.

DAILY LIFE FOR THE ELDERLY

Respondents described patterns of daily lives of Benito Juarez elderly that generally reflected a combination of their general health and mobility, their family structure, and how close they live to the central city. Chart 1 depicts the reported relative degree of burden Benito Juarez elderly endure on a day-to-day basis based upon these factors. Though there is not a strict mathematical formula and not all elements provide equal levels of difficulty, as the number and severity of factors in the right-hand column increase, the burden for the elderly person to meet his/her everyday needs tends to increase substantially.

Chart 1
Factors Reported to Affect Relative Degree of Burden in Daily Life
For Benito Juarez Elderly

Lower Burden	Higher Burden
Better physical health	Poorer physical health
Better mental health	Poorer mental health
More mobile/ambulatory	Less mobile/ambulatory
Live with children	Live alone
Live close to central city	Live in more rural area

Focus groups of elderly and their family members in various areas of Benito Juarez consistently reported daily routines for the women that involved cooking, cleaning and childcare. Elderly women and men, even in the outlying rural areas, often also produce crops and/or handicrafts and transport them to markets to sell. As a result of the family structure and economic need, even those who are not well often work long days to help provide for the family’s basic needs.

As difficult as life was for many of these elderly, providers who were interviewed described additional struggles for those who were unable to function even at this

marginal level. A limited number of elderly who are unable to stay alone while their children work but are fortunate enough to be ambulatory may stay at the “Nohoch-Na” Day Senior Center or at the City of Joy during the day. Providers consistently reported that others who are too physically or mentally ill to participate in these programs and/or are unable to get to and from the day care facilities have very limited options. Other than the relatively few who can be accommodated at the City of Joy residential nursing home facility, providers described daily lives of elderly in this group that were focused almost entirely on subsistence. Life was described as even more arduous for those living in rural areas farther away from the central city (see Unmet Needs below).

SIZE OF THE ELDERLY POPULATION

Providers that were interviewed generally indicated that they were not clear about the absolute numbers of elderly either in Benito Juarez overall or within various geographic or social sectors. Estimates were tentative and varied greatly. There was, however, general consistency in their description of the relative size of the elderly population as compared to the rest of the country. Providers indicated that because of the general fragmentation of the extended family in Benito Juarez, the independent, unattached or abandoned elderly comprise a greater percentage of the population than they do in the rest of the country. Moreover, elderly persons in Benito Juarez tend to live either with just one adult child and his/her nuclear family or with none of their adult children (see Family Structure above) while the elderly in the society generally tend to live in large extended family structures. This difference creates a pattern in which the relative proportion of elderly in Benito Juarez is considerably greater than it is in Mexico generally. It was also the general consensus among the respondents that this discrepancy is going to continue to increase substantially in the foreseeable future. This projected explosion in the proportion of elderly in the population is likely the result of a combination of the aging of the population, increased emigration of the younger workers out of the Yucatan for better-paying work and a diminishing influx of young workers into the area.

Institutional Structures to Help Meet Needs of the Elderly

THE FAMILY

Both interview and focus group participants often indicated that adult children in Benito Juarez are becoming more acutely aware of the difficulty, if not impossibility, of meeting their responsibilities to care for their elderly family members within the framework of demographic, economic, political, and social context of the elderly population here. In addition to the strains of fragmented and burdened families struggling to provide for their basic needs and the increasing proportion of elderly in the population (see Describing the Elderly Population above), respondents described the dearth of information and community support available to families to help them in their struggles to care for the elderly in their families (see Unmet Needs below). These challenges stem, in part, from the elderly population trying to survive in a competitive cash economy based on tourism and a lack of social capital as they find themselves in an urban setting still “inventing” supportive and protective shortages capable of responding to new circumstances and challenges.

The family's increasing lack of ability to care for their elderly within the framework that exists in Benito Juarez does not, however, reduce the prevailing sense of responsibility felt by family members. As one respondent described it, "...my mother is sick and is there in the bed...it's my mother, it's part of myself. I can't get rid of that problem because it's my problem, it's my situation, it's part of me." Elderly focus group participants, their family members, and providers were in agreement that though it is difficult and often impossible for families to provide adequate care for their elderly, younger family members often continue to feel psychological torment about their perceived inadequacies in meeting the needs of their elderly members. The citizens of Benito Juarez are increasingly aware that the family needs community support to help them fulfill their responsibilities. However, either they tend to believe that no such supports exist or if they do, they do not know how to access them (see Unmet Needs below).

GOVERNMENTAL INSTITUTIONS

Federal and State Government (The DIF)

Interview respondents estimated that the Federal Government's Department for Integration of the Family (DIF) serves about 400 elderly in Benito Juarez each month. Focus group and interview participants tended to perceive the DIF as a unit responsible for providing a broad array of services (e.g., medical, legal, social, economic) for all citizens, including the elderly. There was, however, a strong consensus among the respondents that the provision of food was the primary function the DIF provided for the elderly and the activity in which it best served the elderly population of Benito Juarez. The "food boxes" consisting of basic food staples that the DIF distributes to elderly citizens was often described as being the most important service they provided. Even in this provision, however, there were many expressions of disappointment and descriptions of marked deficiency (see Nutritional Needs below).

Other areas in which the DIF was perceived to be of great potential value results from its abilities as a government office to use its powers of authority and its organizing capabilities. Because it has the authority of a government organization, the DIF has capabilities that are not available to other organizations or individuals to enforce laws that protect the rights of the elderly. These rights involve such diverse issues as protection from domestic violence, the right to economic support by families who can afford it, the right to receive government assistance programs for which they are eligible, and protection against employment discrimination on the basis of age. Respondents, however, often lamented that the DIF has failed to assume this role (see Legal Needs below).

Providers often indicated that the most significant potential role in which the DIF can provide support for the elderly in this community is through its organizational capabilities. The DIF has the means to reach the population and disseminate information to elderly people and their families. While the respondents perceived serious gaps in the current availability of such information (see Unmet Needs below), they see the DIF as a potentially rich source of such dissemination because it has name recognition, credibility and access to the community. As one provider explained, "What the DIF can do that no

other organization can do is provide people with a known point of contact. People are aware of them and know they can go to them when they need help in their families. Many already have used their services for problems such as domestic violence. The awareness of the DIF exists throughout the entire community.”

Several participants noted that the DIF-sponsored Nohoch-Na Day Senior Center, which provides social assistance to elderly people in the Cancun area, is a unique organization providing a sorely needed service. This organization provides custodial care as well as recreational, educational, and nutritional services to about 14 elderly people each day who are fortunate enough to be able to get transported to and from the center and participate in the activities. The participants are primarily elderly people whose children have to work but do not want to leave them alone during the day. Though funding for the center was cut from the budget, it continues to be operated using donations and volunteer staff. Although the number of persons served is relatively small and reflects a select group, providers indicated that this is one type of service the community desperately needs on a much greater scale to begin to fill the gap in helping families to care for their elderly members. While the center provides a variety of services including such benefits as helping them learn about better nutrition, providing nutritious food each day, exercise sessions, artistic classes, and recreational games, one provider summed it up by explaining that “what Nohoch-Na does best is provide the elderly with dignity.”

Elderly and family member focus group participants as well as providers that were interviewed often discussed a discontinued DIF-sponsored food assistance program. This program was designed to provide citizens over the age of 60 with a food voucher worth about 800 pesos to buy groceries each month. Several focus group and interview participants indicated that these vouchers were given only to political supporters of the government. While the authors have neither validated nor invalidated this assertion, what is most meaningful for this study is that many people from different segments of the community believe this is true. This belief reinforces the idea that the government does not care about its elderly citizens. As one service provider described it, even when the elderly do have trust in the government, they become discouraged and demoralized when they feel the government is continually unresponsive to them because they do not merit attention and care. “(Again) I knocked at the door and nobody opened it.”

Several elderly, family members and service providers demonstrated similar interpretations of their perception of a government that does not care about its elderly population. They consistently described this perceived phenomenon as a reflection of the values of the greater society. Respondents explained repeatedly that other segments of the society, such as children and young mothers, were deemed by Mexican society in general to be more entitled to assistance than the elderly population.

There was also a consensus among the respondents that this attitude was the result of the strong Mexican tradition and culturally embedded belief that families take care of their elderly; it is not the province of the government to do this. The problem is exacerbated by the fact that even when help is available, it often does not occur to the elderly or their families that such resources could exist. One service provider explained that “this is not

part of the cultural consciousness.” Another suggested that “these people need to get information and...some alternative options.”

Local Government (The Delegations)

Service providers explained that the Delegations are an administrative unit of the local government infrastructure to provide services for areas that are remote from the center of Benito Juarez (“rural areas”). However, the local government’s purview here is administrative only; they do not provide funding for this unit. The Delegation services are supported by donations. Providers reported that the Delegations serve about 500 elderly people per month in Benito Juarez.

One service provider explained that sixty percent of the population in Benito Juarez lives in remote areas that do not have basic services and a large proportion of them are elderly. This population “is without basic services: no electricity, no running water, no drainage, no sanitation, no roads.”

Several respondents described the rural areas as the most desolate areas of Benito Juarez in which the elderly are especially burdened with daily subsistence. One service provider described the living conditions of elderly in rural areas who are not heads of household but live with their children. “They have a very restricted living space, usually just a bedroom,” though they do have such basic elements as a stove or chair in the house. This provider indicated that those living alone in the rural areas do not have even these basic amenities. Respondents explained that the government as well as private organizations are aware of the needs of the elderly in these remote areas, but there is little incentive for them to support areas that do not have the potential to bring a regular economy and produce tax revenue.

Providers indicated that the Delegations provide food, medical and economic services to the elderly in these impoverished areas. The Delegation team takes food and health care providers go out to these areas at least once a week to provide health services. The Delegation teams also help to find programs to get cash donations for the elderly in the remote areas. Providers indicate that while these services provide only a meager and grossly insufficient level of services and care (see Unmet Needs below), it produces an added benefit by conveying a message to these elderly that someone cares and is reaching out to help them. One provider indicated that since the Delegations have been going to the area, the elderly in these communities “are taking better care of their health, better care of their nutrition. They also participate more—they are more social.”

Allocation of Resources

Focus group and interview participants consistently indicated that the resources provided by the government to meet the needs of the elderly citizens in Benito Juarez are woefully inadequate. There was general agreement in their description of three primary causes for this situation. The first reason often cited was the lack of value for helping families to care for their elderly members (see Federal Government above). Secondly, respondents pointed to a gross lack of funding to meet the needs of the elderly population. One service provider explained that this was at least partly the result of inaccurate Census data on which DIF-sponsored programs are based. These figures project “definitely less than

half” of what is needed. In addition to lack of materials, this situation also results in insufficient staffing to provide the services. Thirdly, respondents explained that even when services are available, elderly citizens often do not have access to them as a result of insufficiencies in resources like information and transportation. One service provider summed up some of the underlying multifaceted deficiencies when discussing inadequate health care services for the elderly: “They need more medical facilities, but even if they had them, there isn’t enough medical staff to treat them—even if they could get there.”

OTHER ORGANIZATIONS

Faith-Based Organizations

The Home for the Elderly “Oasis of God the Father” (in the City of Joy)

The Home for the Elderly is a care home operated in the City of Joy complex by the Discalced Carmelite Sisters. Service providers reported that it provides residential and nursing care for approximately 30 residential clients and 3 day care beneficiaries on a daily basis.⁵ In addition to the nuns tendered by the Carmelite order, it is supported primarily by funds from the City of Joy Foundation, Caritas Quintana Roo and individual donations.

Respondents reported that while residents whose families have the means to do so are required to pay a monthly rent of 5,000 pesos, very few actually pay. Some cannot afford to pay it, but even of those who can, only about 5 percent actually pay. Elderly, family members and service providers repeatedly explained that although it is part of Mexican law that adult children are responsible for the economic support of their elderly parents if they are unable to support themselves, this law is rarely enforced (see Legal Needs below). Respondents indicated that the 95 percent of adult children of the residents who are able to pay the rent avoid it either by “trickery” in which they pretend to be someone other than the son or daughter of the resident or by outright abandonment. Interview respondents estimated that about 20 percent of the residents of the Home for the Elderly have been completely abandoned and do not ever have anyone come to visit them. They reported that the majority of the others have visitors who either cannot afford to pay the rent or use deceit to avoid paying it.

Several respondents described the Home for the Elderly as a refuge of compassionate and competent care for the elderly. One service provider described an environment where “the nuns are so tenderly, so loving and so affectionate. They are also trained professionals...they (have) motivation to love and to take care of (the elderly), to be with them, to clean them, to do everything for them.” Another explained that the nuns “give, give and give and they don’t expect anything in return.”

Respondents noted, however, that staffing by the nuns also presents some challenges both in continuity and in service provision. Since the nuns are rotated every year or so, there

⁵ Between the times the study was conducted and this report was published, the City of Joy opened a new wing and increased its capacity. However, at the time this data was collected, these were the numbers of clients being served here.

is a nearly continuous need for training. Also the religious order is contemplative and therefore restricted in the amount of time the nuns can be outside of the convent. This means they need more paid or volunteer staff who can drive so they will be available when residents need to be taken to the doctor or other appointments. Respondents also reported that the home needs more assistance with transporting food so the residents can have a more of the “natural diet” foods that they need.

Even with plans to double their capacity with the new wing, there may still be serious funding and staffing deficiencies. Service providers suggested that the DIF could play a pivotal role in helping the Home for the Elderly to increase its resources by helping to identify those families who can afford to pay the rent for their parents and enforcing the law that requires them to pay it. This is one of the ways in which providers believe that the DIF has unique abilities as a government office to use its powers of authority and its organizing capabilities (see Federal Government above).

The Catholic Parishes

While respondents did not identify any programs specifically or exclusively for elderly people that were provided through the 12 Benito Juarez parishes, they did describe food and medical programs that were generally available. Service providers estimated that about half of the recipients of these programs are elderly, and the total number of elderly served by these programs was estimated to be about 600 persons per month.

Respondents described the food program (despensas) in which a food box is placed in a central place in each parish so people can come and take what they need. This program is effective for providing food to those who can access it. However, some providers indicated that there are often elderly who are physically unable to access the food and though their family members make commitments to participate in distribution of these items, many do not follow through. Some respondents explained that if families would follow through on their commitment to pick up and deliver food from the parishes, elderly like those at the City of Joy would have access to a higher quality diet.

Service providers also described medical services that were organized by some of the parishes to provide diagnostic services and medicines. Doctors volunteer their services for these programs, but this generally consists of 15 to 20 doctors providing limited volunteer hours and some medicines and not organized clinics. This is often the only medical attention some of the elderly receive.

Respondents explained that the resources to provide services through the parishes in Benito Juarez come from a number of sources. One primary source is from the faithful through collections and the special “gift boxes” the priests ask them to provide for special occasions such as Christmas, First Friday of the month, Confirmations, First Communion, etc. The faithful usually respond to these requests even if they can only contribute a package of beans or rice. The other major resource is from volunteers such as the doctors who donate time, materials and medicines.

Support/Social Organizations

When focus group and interview respondents were asked to identify organizations other than those described above who were providing support services to the elderly in Benito Juarez, they tended to know of few, if any, such resources. Three such organizations for which some respondents were able to provide information were the Golden Years Club, the Quintana Roo Institute for Women, and the Indigenous Mayan Council.

The Golden Years Club

The Golden Years Club is a social club for elderly citizens (60 years or older). The Club provides a variety of classes and workshops in areas such as crafts and embroidery as well as social and cultural activities like dancing and theater each weekday from 8 a.m. to 1 p.m. Though membership changes frequently, at any given time the club has approximately 250 members. The members are primarily widows.

The local government had previously supported the club, but this support was cut from the budget the previous year. As a result, participants are now required to pay 60 pesos per month for membership in the club. Other support comes from donations, primarily from one hotel in the area. When elderly people who would like to participate cannot afford to pay the membership fee, they speak to the President. "If someone can't pay they talk individually to (the President) and if there are problems...they can raise a little bit of money to help cover their expenses. The biggest problem for those kinds of people is transportation to get them (here). They're not able to help them enough unfortunately." One service provider explained that many more elderly would participate in this program if there were more information in the community about it and if more elderly people had access to transportation to get there. This provider estimated that as many as 400-500 people would be likely to participate under those circumstances.

This provider indicated that the club also needs better staffing and training to meet more of the needs of the participants. The need for psychological services and psychological support is particularly acute. "A lot of people would like to be able to help more (but) they don't have the knowledge to be able to."

The Quintana Roo Institute for Women

The Quintana Roo Institute for Women is a government sponsored office that is linked to a national network of organizations. In the state of Quintana Roo, this organization provides a variety of advocacy and referral services for women throughout the state. The office servicing Benito Juarez is located in Cancun, where it provides a number of services, including legal advocacy, for victimized women and children. On average, this organization provides legal advocacy to approximately 20-25 elderly women per month. They provide them with such services as representation before the Human Rights Commission, referrals for other types of services, and acting as intermediaries with landlords. Their elderly clients are generally victims of violence and/or abandonment.

Service providers indicated that the majority of elderly women seeking assistance here are attempting to escape domestic violence. They are usually living apart from their children or living with children who neglect and/or abuse them. They have no other place to turn for physical or legal protection. This organization assists them in navigating

the legal system as well as helping them with referrals to access other services (e.g., medical, psychological) they often need as well.

Another issue that often brings elderly women to this office is eviction from a rental property. Often these women have been abandoned by their children and they either live alone or with their elderly husbands. Others may have property or the means to buy property but due to rampant age discrimination in lending (see Legal Needs below), their children often own all their assets. Elderly women in these situations come to this office for help when their children take their home or other assets.

Service providers indicated that many more elderly need these services, but they do not access them largely because either they do not know about them or they have been so demoralized by their experiences that they do not believe that the government will be responsive to their needs in any case. One provider explained that another impediment for the elderly to seek needed services is the difficulty maneuvering a bureaucratic morass that requires them to go from one place to another in a confusing process. This provider estimated that if these barriers (lack of information, demoralization, and bureaucratic hurdles) were removed, there would probably be at least 200 elderly women per month seeking this organization's services. This indicates that at least 10 times more service is needed than is currently being provided.

The Indigenous Mayan Council

The Indigenous Mayan Council is an organization that consists of about 10,000 members of Mayan people living in the Yucatan peninsula. This organization primarily provides medical, educational and spiritual support as well as advocacy to get economic, social and medical services for the Mayan population in the Yucatan regions. Much of their efforts are focused on working with governmental authorities to get them to provide services to the Mayan community. In Benito Juarez, the organization works with about 1,500 women and about 900 men. About half of these (1,200) are elderly. They are funded exclusively by donations.

Service providers indicated that the Mayan population are among the poorest people in the region and have also experienced the strain of the family disintegration that is common throughout the region. These providers explained that the elderly have even greater difficulty getting their needs met as a result of three additional factors. One of the primary problems cited is the discrimination against indigenous people. It is particularly difficult for the elderly in this regard since so many of them do not speak any Spanish. A second reason cited for the extreme difficulty encountered particularly by elderly Mayan people in this area is their "gap in development." Their primary source of income is to make and sell their handicrafts. "This provides income and it also helps to preserve the Mayan culture." These service providers suggest that they need more assistance to help them develop these skills and market their products. A third problem related to the other two is that the elderly Mayan population lacks adequate access to food and medicine. These providers indicated that the DIF makes it very difficult for them to access services. "They make them go here and there and that's bad." They often cannot get to the right places and frequently feel denigrated because they are Mayan and often do not even

speak Spanish. “The DIF needs to go out and work directly in the communities.” This provider echoed the experiences of many other service providers who participated in this study by observing that “government programs often do not reach us.”

Unmet Needs of the Elderly in Benito Juarez

ECONOMIC NEEDS

The most intense assertion repeatedly expressed by participants in this study was that economic need is the greatest source of suffering for the elderly population in Benito Juarez. “They are living in dire poverty.” They explained that incomes for the elderly are generally so meager they cannot even provide for the most basic needs. Many have no income at all, and those who have pensions receive an average of about 1,200 pesos a month, “which would barely feed one person, barely.” There was also a strong consensus among respondents that the persistence of this need is grounded in two pervasive barriers for the elderly: lack of employment opportunities and inability to retain economic assets and support.

Almost every person who participated in this study lamented the deleterious effects of the age discrimination in employment. As a result of their extreme poverty, the elderly who are able almost always want to work, but they are unable to find employment due to rampant age discrimination by employers. While many respondents indicated that there are laws that prohibit such discrimination, they are not enforced and it is almost unheard of for anyone over age 40 to get hired or maintain a job. Even when they do get support from their children, this increases their sense of dependency and burden on their families. Elders, their families and service providers often indicated that one of the best sources of employment for the elderly was to produce and market handicrafts or crops. Many elderly are very willing to work long hours to accomplish this, but often find it impossible because of a need for supplies and/or transportation.

One service provider explained that the lack of employment opportunities intensifies other problems in the elderly person’s life. “Often elderly who are already suffering psychologically and economically due to family problems, abandonment, and lack of access to services are also denied work when this could help to mitigate many of their problems.”

The other cultural feature that helps sustain impoverishment among the elderly is their inability to control their economic situation. Respondents described policies that allow banks and lending organizations to refuse to give any credit to older persons. They cannot get loans or credit no matter what their assets or ability to pay. They must get it through their children. This makes the elderly even more dependent and is another factor in the demoralization and humiliation that they endure. Respondents also described multiple experiences in which adult children took away the pensions and/or homes of their elderly parents. Though many of the respondents indicated that there are laws that require adult children to provide economic support for their elderly parents, they consistently indicated that these laws are almost never enforced and most elderly are not even aware that they have this legal protection (see Legal Needs below).

NUTRITIONAL NEEDS

Respondents often described nutritional deficiencies for the elderly even though they acknowledged that there are major programs from both governmental and nongovernmental sources to address this issue. Elderly and providers explained that many elderly had such a small income that they couldn't provide for their nutritional needs and, in particular, lacked sufficient protein in their diets. More vulnerable populations like the Mayans, those living in the outlying areas and those who were abandoned by their families tend to experience even greater nutritional need as their opportunities to access cash or food are severely limited.

It is noteworthy that so many respondents described food programs for the elderly that were not successful in accomplishing their primary goals. Reasons given for this shortfall in the DIF-sponsored programs included allegations of cronyism which resulted in only political supporters getting a voucher for groceries (see Federal Government above), a charge of 5 pesos for the monthly food boxes (despensas) that many elderly could not afford to pay, and boxes that were missing food items when they did receive them. One provider also explained that in many cases the food that was provided in these boxes did not contain the types of food that many of the elderly were able to eat as many have special dietary needs due to illnesses and the general state of their health. Providers also described distribution problems with the food boxes collected through a church-affiliated program. It was often difficult for the elderly to access these boxes and even when families committed to helping with the distribution, they often did not follow through (see The Parishes above).

MEDICAL NEEDS

Many respondents reported serious deficiencies in meeting the medical needs of the elderly. While some framed these problems as a result of shortages in medical staff, most respondents described them as a consequence of access barriers. Clearly the problems with accessibility are at least partially related to the staff deficiencies.

Respondents who rated the general medical care provided for the elderly in Benito Juarez indicated that overall it was "fair" and provided some basic medical care for some segments of the population. Some elderly focus group participants and their families reported that medical care is provided free either through medical insurance or public welfare. These respondents as well as providers who were interviewed, however, explained that these programs often fall short of getting the medical needs met for many segments of the elderly population.

Elderly focus group participants indicated that even when they have "coverage" for medical care, they need to pay for some health care costs such as their medicines. In addition, when those living in the outlying areas require hospital services that are only available in Cancun, they must bear the cost of the ambulance transportation and the additional costs incurred as a result of the higher cost of care in the Cancun hospital.

Respondents consistently indicated that the single factor most responsible for the deficiencies in meeting the medical needs of the elderly here was lack of access to medical facilities, medical staff and medicines. With profound shortages of clinics, staff and supplies, the medical “coverage” becomes largely irrelevant. Respondents indicated that these shortages exist throughout the region but, characteristically, they are more felt more intensely among those in the outlying regions and those who do not have the support of family members.

Respondents also often discussed the need for greater access to residential nursing home care as well as adult daycare programs for the elderly. The array of benefits that such facilities can provide (see Psychological Needs below) includes access to medical care for those whose families are unable or unwilling to provide care for them on a day-to-day basis.

PSYCHOLOGICAL NEEDS

Several providers described the severe lack of resources to meet the psychological needs of many elderly in Benito Juarez. The providers indicated that the elderly population desperately needs an increase in the availability of institutions such as the Home for the Elderly to alleviate this deficiency. One provider explained that the Nohoch-Na day care center was originally intended to provide for desperately needed residential care, but due to lack of funds, it was not possible. Rather than not use the facilities at all, it was decided to take advantage of what was available and use it as a day care center. While respondents indicated that this center has provided a tremendous service for a segment of the elderly population, the service abyss for those who need more intensive care due to physical and mental impairments remains unaddressed.

Providers frequently indicated that there is also a sizable elderly population throughout Benito Juarez who need psychological services even though they may not need residential treatment. Due in large part to the difficulties of subsistence, the lack of support they perceive from families, and a sense that they have no value or recourse in society, there is increasing evidence of disorders such as depression, anxiety, and neurosis among the elderly. Providers indicated that available services to treat these disorders are sparse and even when they do exist, people are rarely aware of them.

Providers also lamented that the elderly who suffer from such debilitating psychological disorders as dementia or schizophrenia not only lack sufficient treatment facilities, but because such places as the adult day care center or social clubs such as the Golden Years club are unable to provide services for people with such severe disabilities, this population has severely limited access to social, educational and recreational services as well. Even the mildly impaired, who could benefit greatly from such programs, are often excluded because staff are not trained to deal with their particular needs or limitations.

LEGAL NEEDS

Interview and focus group participants frequently identified legal needs of the elderly that leave them without recourse to address many of the injustices to which they are subjected. The respondents attribute many of these problems to the need for both legal and bureaucratic reforms. They see legal reforms as crucial in such areas as enforcing

laws that prohibit employment discrimination on the basis of age and laws that require children who are able to support their elderly parents as well as the enactment of laws to prohibit creditors to discriminate on the basis of age.

Respondents, however, consistently indicated information and access are the most salient factors for the meeting legal needs of the elderly more effectively. The elderly tend to be largely “unaware of their legal rights...and when they are aware (of them), they do not know how to go about getting them protected.” This problem is exacerbated by the feelings of low worth and lack of responsiveness much of the elderly population experiences (see the Quintana Roo Institute for Women above).

Conclusions

The participants in these focus groups and interviews presented a remarkably coherent composite description of an elderly population that is increasingly unable to function within the social and economic infrastructure in Benito Juarez. The respondents also provided a consistent and cogent description of how these disturbing conditions have been perpetuated and continue to escalate. This scenario began with the explosive growth of the population in the region that was produced by the abrupt emergence of the enormous tourist industry and the concurrent burgeoning employment opportunities. The ensuing migration produced a growing proliferation of fragmented families which had splintered away from the large extended family structure that was integral to the Mexican social structure and cultural values.

The bewilderment and despair resulting from this fissure resonated in the voices heard in this study. The elderly and their family members feel a sense of profound inadequacy because the family in this altered form is increasingly unable to meet the needs of its elderly members. Since it is a firmly inculcated belief here that it is the responsibility of families to take care of their members, there is little cultural acknowledgement of the need for institutional supports for the family. As a result, families are finding it increasingly impossible to care for their elderly and they have a limited concept or knowledge of any alternative or supportive resources that may exist outside of the family.

The combination of the rampant population growth and lack of consciousness about a need for systemic social supports has produced a society that has been virtually incapable of developing a service infrastructure needed to meet even minimal needs of the elderly population as it continues to grow at an unprecedented pace. One service provider indicated that this situation was analogous to an “avalanche.”

Analysis of the discussions from the focus groups and interviews clearly demonstrates a severe lack of needed services for the elderly in every area of their lives and across all regions of Benito Juarez. What may be even more salient, however, is the pervasive description of barriers to accessing services that do exist. Analysis of the focus groups and interviews repeatedly reveals an infrastructure that has frequently failed to provide adequate dissemination of information, law enforcement, and a service delivery system.

These inadequacies produced a situation in which elderly continue to be deprived of needed goods and/or services that are actually available.

The focus group and interview analyses indicate that elderly and their family members often lack information or education about available services. In addition, they are frequently completely unaware that services such as legal advocacy, government-sponsored programs, or medical services are available. In many cases, they do not even know that there are laws which would protect them. Providers and elderly often described the impediments to services caused by the bureaucratic labyrinth that must be followed to access the services. In addition, when products or services do exist, there is often inadequate means of getting them to the elderly who need them. This situation generally has the greatest negative impact on those in outlying areas and those who have been abandoned by their children. Thus, there are such commodities as medical services, medicine, and food available that do not reach those who need them the most. Given the breadth of inadequate access to information and service that exists here, it is little wonder that virtually every single elderly person and family member who participated in the focus groups strongly declared that they frequently felt that there was no one to turn to when they were in need of help.

Participants in this study provide a strong and consistent portrayal of an elderly population in Benito Juarez who are becoming more and more isolated, neglected and underserved as their families become less able to provide for their needs, institutional services are largely nonexistent and those that are available often do not reach them. As the number and proportion of elderly in Benito Juarez continue to soar in the foreseeable future, without comprehensive systemic corrections, these problems will reach even greater levels of intensity.

Recommendations

The enormity of a situation like the one described in this report often appears to be too hopelessly overwhelming to address. Such an erroneous supposition would guarantee continued escalation of this social disintegration. Fortunately, however, there is a cadre of concerned and hopeful providers and citizens who are ready and willing to work in a deliberate effort to make changes to improve the quality of life for the elderly the Benito Juarez community. The conclusions derived from the collective observations and experiences that were provided for this study support the recommendation of three simultaneous approaches to begin this endeavor. They include improving access to services, providing greater supports to families, and demonstrating the impact of programs.

PROVIDING SUPPORT

Participants in this study repeatedly expressed a frustration with families' inability to provide for the needs of their elderly members. There was far less indication of family neglect or indifference than there was of families who simply did not have the resources to provide what they wanted to provide for their elderly parents and grandparents. Rather than attempting to create costly institutional services to address all the needs of all the

elderly, many needs of many elderly could be addressed much more efficiently by providing supportive services to families who want to care for them. These support services could include such diverse areas as training for specific medical care, temporary respite care services for family members who become overwhelmed with the intensity of care, “support groups” for family members to share common feelings and experiences, and consultative services to help families learn about options and to allow them an emotional release. While an effective support system of this type would require some professional and community member involvement, a large segment should include the family members themselves. A commitment by families to participate in “trading” respite care, in “support groups” and in providing consultative and training services would be of value both to the families receiving the services and to those who provide it.

Another area in which supports would help to provide some impact is in the area of employment. While such large-scale reforms as enforcement of employment laws are important long-term goals, such reforms will take long-range planning in a complex political collaboration that spans national, state and local levels. Participants in this study, however, suggested possible short-term supports that could ameliorate some of the more dire economic problems for the elderly. These participants indicate that many of the most isolated and impoverished elderly in Benito Juarez need supports to help them produce and market their handicrafts or crops. Some need some help in accessing supplies, but most need assistance in transporting the products to market them. Such supports would provide many of the poorest elderly with desperately needed income as well as the consequent psychological benefits of increased dignity and sense of accomplishment.

IMPROVING ACCESS

The most prudent strategies to address a problem that is embedded in such an underfunded, understaffed and overwhelming context involve approaches that are likely to produce the greatest yield for the resources expended. An attempt to immediately increase the production of all goods and services to the level needed by the elderly population in Benito Juarez, for example, would inevitably be cost prohibitive and destined to fail. Increasing access to goods and services that already exist, however, would provide substantial improvements much more efficiently.

Participants in this study provided resounding testimonials citing the deficiencies in information about existing services for the elderly in this community. Improving dissemination of information and education about existing services and how to access them would effectively increase service provision since knowledge about them would lead to increased acquisition. Dissemination and education programs could include information about a broad array of issues such as legal rights, legal services, food programs, medical services, and medical supplies. For greatest impact, such dissemination programs would be developed and implemented through a collaboration that includes the local government, community organizations, and individual volunteers. Members of such a collaborative, however, must remain aware that while there is undoubtedly some excess service capacity that is not being fully utilized, this excess is not infinite. Therefore, some care must be exercised to assure that sudden surges in demand do not overwhelm the service providers.

The other dimension of access deficiency that was frequently described in this study was the delivery of goods and services. Feasible programs to provide improvements in this deficiency may include coordinating the delivery of existing commodities such as food, medicine, medical services and legal services. Like the delivery of information, a concerted effort to improve the delivery of existing commodities could produce substantial enhancements to the daily lives of the elderly here. To maximize benefits from this endeavor, the coalition that develops and implements these programs should include families of elderly citizens in addition to persons from the government, community organizations and community volunteers. To provide the greatest impact, the delivery systems would include transportation to services for those who are able to get to them and outreach in which services are delivered to those who are not. The latter type of service is imperative for those who lack mobility and/or live in outlying areas.

In addition to the direct tangible impacts to be derived from these types of programs, such outreach and education can potentially provide incalculable psychological benefits to elderly persons and their families. It would be difficult to overstate the impact of this benefit on a community in which much of its elderly population feels completely unvalued, unwanted, and unseen.

DOCUMENTING NEED AND DEMONSTRATING IMPACT

Some of the long-term services--such as residential care, adult daycare services, and medical clinics--that this study indicates are desperately needed will require substantial increases in funding commitments and political will. Multiple sources will need to be tapped in continuous strategies for accessing such resources. Some of the most important tools that can be included in the development and implementation of these strategies is demonstration of need, a realistic plan to address the need, and empirical evidence of how the plan meets the goals and objectives of the stakeholders. It is, therefore, imperative, that the network of organizations and individuals who are working to improve the infrastructure that provides for the needs of the elderly in Benito Juarez ensures continuous systematic documentation of needs, monitoring of services and programs and evaluation of the impact of all of these efforts. This documentation and assessment must be implemented at both the individual as well as the population level. This will enhance the ability of decision makers to focus resources on those most in need and in the most appropriate way and setting. Such documentation will also provide the persuasive evidence-based case for demonstrating how the proposed programs and services are in the interest of the community and, by extension, of those with vested economic and political interests in that community.

SOCIAL CAPITAL AND INSTITUTION BUILDING

In reading the above recommendations we need to keep at least two points in mind. First, the interviews and focus groups indicate that the need, the immediate potential demand, is several times greater than the current demand and the current capacity to meet the many needs of the elderly. Second, the demographic trends discussed at the beginning of the report clearly indicate that the rapid growth rate of the aging of the Mexican population will far outstrip the growth in the economy. Doing business as usual or modeling a system of care for the elderly after the United States or Western Europe is not

a viable option for the longer run. The conclusion is that new organizations and institutions need to be created, ones that will recognize and organize current resources in such a way as to magnify their effectiveness.

Social capital refers to connections among individuals – social networks and norms or reciprocity and trustworthiness that rise from them (Putnam, 2000). It also refers to the institutions (formal organizations and long standing, formal relationships) that are part of this social capital that underpins society (The World Bank, 1999). Together they are what makes cooperative action possible (Cohen and Prusak, 2001). To deal with the dilemma posed above the people and institutions of Benito Juarez need to explicitly focus on issues of social capital formation and institution building. In terms of social norms and relationships Mexican culture provides a strong base of norms that call for the care of elderly within a community and family network. Attention needs to be paid to supporting such existing family networks, but also creating “substitutes” that “mimic” or act like the old networks – but adapted to a new urban and economic situation. The focus of this next set of recommendations is on institution building.

There are many volunteer efforts taking place in terms of providing food, medical care, economic opportunity, and general support to individuals and families. They are however, as respondent after respondent told the researchers, not adequate in volume or frequency and reliability, nor are they always responsive to the particular need or circumstances of the individual elder and their family. This indicates that new resources and new institutions or arrangements need to be created. The following provides examples of this.

- **Provision of Food.** Church food boxes and periodic distributions by government agencies can be supplemented or replaced by the creation of a network (a chain) of cooperatives that provide reliable access to a range of foods. “Cooperative” as used here includes not only the poor elderly but the business community, particularly the hotels and restaurants that have huge stocks of food that goes to waste but could be captured for this new distribution stream.
- **Health Care.** Volunteer service by physicians and other health professionals can be organized into managed, community based clinics. These clinics could also provide, in a decentralized network, a range of other social work, nutrition and preventive services. The most critical principle to be followed in expanding health care is the continuum of care. Services provided must be delivered as close to the individual as possible, support the individuals’ normal living arrangements and life activities to the extent possible, and progress to greater intervention, dependency and economic cost only as the persons health needs absolutely dictate.
- **Economic Opportunity.** This can range from the creation of cooperatives of elderly who jointly market (with professional assistance) their handicrafts to coalitions of educators, social workers, and business people of good will who seek to build non-tourist related industry in Benito Juarez.

- Home Based Care. While nursing homes are needed by some, a continuum of care needs to be developed. Home delivery of meals, chore help, visiting nurses, and progressive levels of congregate or assisted living arrangement need to be in place as alternatives. These represent new social capital or institutions that, in many cases, involve only reorienting current services and resources.

This is only a small sample of how the focus on the building of social capital might work. Note that all of these possibilities are community based and depend on organizing the cooperation many small organizations and individuals into new cooperative efforts that are more systematic and managed to be more adequate to the need, reliable, and responsive.

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Appendix A

Focus Group Informed Consent forms

[All consent forms presented for signature were written in Spanish]

**Consent to Participate in Focus Group of Elderly Residents Family
for
The Benito Juarez Need Assessment Project**

I understand that the purpose of this focus group is to help the DIF learn more about the needs of elderly citizens in Benito Juarez so that they may serve them better.

For approximately two hours during the focus group, I will be invited to discuss my experiences, opinions, and ideas on topics about the elderly in Benito Juarez.

I will not be asked to talk at any time or about any subject unless I choose to. I can leave the group at any time with no consequences.

My participation will have no effect on any services I or anyone in my family receives from the DIF or any other source now or in the future.

Anything I say in the group will be confidential. Neither I nor anyone in my family will ever be identified in any reports or descriptions of the focus group discussions. Results will be reported so that participants will not be able to be identified.

I agree not to discuss anything I hear in the focus group or identify any of the participants to anyone outside of the group.

The group will be tape recorded to help the researchers get an accurate record of what is said in the group.

The tapes will be transcribed with no names or identifying information and then the tapes will be permanently destroyed.

Until the tapes are transcribed, they will be kept in a locked cabinet and only the researchers will have access to the cabinet.

The results of this study will be provided to the Desarrollo Integral de la Familia and other agencies who collaborate with them to help them serve the needs of the elderly population more effectively.

This research protocol has been reviewed and approved by the Eastern Michigan University Human Subjects Review Committee and if you have any questions on the approval process, please contact either Dr. Patrick Melia or Dr. Steven Pernecky at 01-734-487-0379.

I HAVE READ AND UNDERSTAND THE STATEMENTS ABOVE.

I AGREE TO PARTICIPATE IN THE FOCUS GROUP.

(Name)

(Date)

**Consent to Participate in Focus Group of Elderly Residents Family
for
The Benito Juarez Need Assessment Project**

I understand that the purpose of this focus group is to help the DIF learn more about the needs of elderly citizens in Benito Juarez so that they may serve them better.

For approximately two hours during the focus group, I will be invited to discuss my experiences, opinions, and ideas on topics about the elderly in Benito Juarez.

I will not be asked to talk at any time or about any subject unless I choose to. I can leave the group at any time with no consequences.

My participation will have no effect on any services I or anyone in my family receives from the DIF or any other source now or in the future.

Anything I say in the group will be confidential. Neither I nor anyone in my family will ever be identified in any reports or descriptions of the focus group discussions. Results will be reported so that participants will not be able to be identified.

I agree not to discuss anything I hear in the focus group or identify any of the participants to anyone outside of the group.

The group will be tape recorded to help the researchers get an accurate record of what is said in the group.

The tapes will be transcribed with no names or identifying information and then the tapes will be permanently destroyed.

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The results of this study will be provided to the Desarrollo Integral de la Familia and other agencies who collaborate with them to help them serve the needs of the elderly population more effectively.

This research protocol has been reviewed and approved by the Eastern Michigan University Human Subjects Review Committee and if you have any questions on the approval process, please contact either Dr. Patrick Melia or Dr. Steven Pernecky at 01-734-487-0379.

I HAVE READ AND UNDERSTAND THE STATEMENTS ABOVE.

I AGREE TO PARTICIPATE IN THE FOCUS GROUP.

(Name)

(Date)

**Consent to Participate in Focus Group of Providers
for
The Benito Juarez Need Assessment Project**

I understand that the purpose of this focus group is to help the DIF learn more about the needs of the elderly citizens in Benito Juarez so that they may serve them better.

For approximately two hours during the focus group, I will be invited to discuss my experiences, opinions, and ideas on topics about the elderly in Benito Juarez.

I will not be asked to talk at any time or about any subject unless I choose to. I can leave the group at any time with no consequences.

My participation will have no effect on any services I nor anyone in my family receives from the DIF or any other source now or in the future.

My participation will have no effect on my employment with the DIF or any other employer now or in the future.

Anything I say in the group will be confidential. I will never be identified in any reports or descriptions of the focus group discussions. Results will be reported so that participants will not be able to be identified.

I agree not to discuss anything I hear in the focus group or identify any of the participants to anyone outside of the group.

The group will be tape-recorded to help the researchers get an accurate record of what is said in the group.

The tapes will be transcribed with no names or identifying information and then the tapes will be permanently destroyed.

Until the tapes are transcribed, they will be kept in a locked cabinet and only the researchers will have access to the cabinet.

The results of this study will be provided to the Desarrollo Integral de la Familia and other agencies who collaborate with them to help them serve the needs of the elderly population more effectively.

This research protocol has been reviewed and approved by the Eastern Michigan University Human Subjects Review Committee and if you have any questions on the approval process, please contact either Dr. Patrick Melia or Dr. Steven Pernecky at 01-734-487-0379.

I HAVE READ AND UNDERSTAND THE STATEMENTS ABOVE.

I AGREE TO PARTICIPATE IN THE FOCUS GROUP.

(Name)

(Date)

Appendix B

Discussion Guides for Focus Groups

[All focus groups were conducted in Spanish]

**Benito Juarez Need Assessment Project
Focus Group Guides**

Elderly Residents Groups

How would you describe your daily life?

What kinds of assistance are you getting (e.g., medical, transportation, food, housing, etc.)?

Who is providing that assistance? How is it helpful to you?

Do you get assistance from your family members? If so, what kind of assistance and from which family members?

What would you like more assistance with?

What changes could help make your life nicer and more enjoyable for you?

What has prevented these changes from occurring? What might help to get the changes?

Have you ever felt like there was no one to turn to when you needed some service or help with something?

What has changed in your family or community that has made life more difficult for you?

How would things have been better before these changes occurred?

What tasks or roles do you play in your family?

How difficult or stressful is it for you to perform these tasks/roles?

What advice do you have for making changes in the community that would help the elderly to enjoy a higher quality of life?

Family Group

How would you describe your daily life?

How would you describe the daily life of the elderly person in your family?

What kinds of assistance are your elderly family members getting (e.g., medical, transportation, food, housing, etc.)?

Who is providing that assistance? How is it helpful to him/her? How is it helpful to you?

Does your family get assistance in caring for the needs of the elderly person in your family? If so, what kind of assistance?

What would like more assistance with?

What changes could help make life nicer and more enjoyable for the elderly person in your family? For you and other members of your family?

What has prevented these changes from occurring? What might help to get the changes?

Have you ever felt like there was no one to turn to when you needed some service or help for the elderly person in your family?

What has changed in your family or community that has made life more difficult for your family? How would things have been better before these changes occurred?

What tasks or roles does your elder play in your family?

How difficult or stressful is it for him/her to perform these tasks/roles?

What advice do you have for making changes in the community that would help the elderly to enjoy a higher quality of life?

Provider Group

How would you describe your organization? (mission, type of services, size)

What types of services do you provide for the elderly?

How would you describe the population you serve? (locale, size, character)

What changes have you seen in the population you serve?

What is the family structure of the population?

How does that structure relate to their need for services for the elderly?

Who else do you see providing services in your area or to the population you are serving? How effective are they?

Are there some services that only the DIF can provide?

What is the unmet need in your area or for the population you serve?

What are the barriers to meeting those needs? (i.e., why are they not being met)?

What suggestions do you have for making changes in the community that would help the elderly to enjoy a higher quality of life?

Appendix C

Interview Informed Consent forms

[All consent forms presented for signature were written in Spanish]

**Consent to Participate in Interviews
for
The Benito Juarez Need Assessment Project**

I understand that the purpose of this interview is to help the DIF learn more about the needs of elderly citizens in Benito Juarez so that they may serve them better.

For approximately two hours during this interview, I will be invited to discuss my experiences, opinions, and ideas on topics about the elderly in Benito Juarez.

I will not be asked to talk at any time or about any subject unless I choose to. I can end the interview at any time with no consequences.

My participation will have no effect on any services I or anyone in my family receives from the DIF or any other source now or in the future.

My participation will have no effect on my employment with any employer now or in the future.

Anything I say in the interview will be confidential. I will never be identified in any reports or descriptions of the interviews. Results will be reported so that participants will not be able to be identified.

The interview will be tape recorded to help the researchers get an accurate record of what I say.

The tape will be transcribed with no names or identifying information and then the tape will be permanently destroyed.

Until the tape is transcribed, it will be kept in a locked cabinet and only the researchers will have access to the cabinet.

The results of this study will be provided to the Desarrollo Integral de la Familia and other agencies that collaborate with them to help them serve the needs of the elderly population more effectively.

This research protocol has been reviewed and approved by the Eastern Michigan University Human Subjects Review Committee and if you have any questions on the approval process, please contact either Dr. Patrick Melia or Dr. Steven Pernecky at 01-734-487-0379.

I HAVE READ AND UNDERSTAND THE STATEMENTS ABOVE.

I AGREE TO PARTICIPATE IN THE INTERVIEW.

(Name)

(Date)

Appendix D

Interview Schedule

[Interviews were conducted through an English-Spanish translator]

Benito Juarez Need Assessment Project Interview Schedule

- I. General Description of Service Provider (volunteer/organization)
 - What is your main mission in doing this work?
 - What types of services do you provide?
 - What are your sources of revenue for performing these services?
 - Approximately how many people do you serve (e.g., daily/monthly)
 - How many people are involved in providing these services?
 - How did you begin this service (i.e., what motivated it)?
 - How long have you been doing it?

- II. General Description of the Population Being Served
 - Where do most of your clients live?
 - What is the approximate size of the population you serve?
 - Approximately how many elders live in the area you serve?
 - What is the character or composition of the population you serve? (e.g., age, income, language)
 - What changes have you seen in this population (e.g., number, composition of clients, types of need)?
 - What is the family structure of the population you serve?
 - How does that structure relate to their need for services?

- III. Others Providing Service to this Population
 - Who else do you see providing services in your area or to the population you are serving?
 - How effectively do you think the DIF is meeting the needs of the population you serve?
 - What does the DIF do best?
 - Are there things that only the DIF can do? If so, what are they?

- IV. Unmet Needs of the Population
 - What is the unmet need in your area or for the population you serve?
 - What are the barriers to meeting those needs? (i.e., why are they not being met)?
 - What would it take to meet those needs?

- V. Request for Referral
 - Who else should we talk to (to learn more about the population you serve and their needs)?
 - What else should we go see to more clearly understand the challenges for the elderly here?

