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# Long-Term Care Policies in Latin America: A Systematic Review

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## ABSTRACT

**Objective:** The aim of this paper is to summarize and synthesize recent literature about long-term care policies in Latin America and countries of the region with highest proportion of elderly population.

**Method:** A systematic review was conducted in PubMed, Web of Science and Scopus databases for the period 2010-2015. The keywords were long-term care policies and elderly care for Latin America, Argentina, Chile and Uruguay.

**Results:** Twelve articles were included on the basis of the above criteria in different areas of medical sciences, public health, and planning. The studies encompass bibliographic reviews, analyses of indicators, surveys, and interviews. Four articles deal directly with the situation of long-term care policies and the other eight deals with this issue indirectly.

**Discussion:** There is little scientific production about long-term care policies in Latin America. The lack of research stands in contrast with the high forecasts for demand for such care. It appears, therefore, of the utmost urgency to push for research and policies of this type in the region.

**Keywords:**

Long-Term Care; Health Public Policy; Demographic Aging; Latin America

## Long-Term care policies in Latin America: A Systematic Review

Long-term care (LTC) is defined as material, instrumental and emotional support provided over an extended period of time to people who are limited in their ability to function independently on a daily basis, the vast majority over 65 years of age (United Nations 2008; Organization for Economic Co-operation and Development, 2013).

Over the past twenty-five years, almost all developed countries have implemented long-term care policies (LTCP), and in the last five years over fifteen thousand scientific papers have been published on this matter. However, the research presents certain geographical biases. A quantitative analysis of the past few years indicates that 93.9% of scientific papers about LTCP correspond to developed regions, which account for 37.5% of people over the age of 65. In less developed regions, only 6.1% of this research has been produced, even though such countries account for 62.4% of this population. (Lloyd-Sherlock, 2014).

The figures show that the number of older persons in the world was 841 million in 2013, four times higher than 1950s. The older population will almost triple by 2050 and the 80% of the elderly people will live in the developing world (United Nations, 2014).

Latin America is one such region. This is concerning since in less than two decades' time, the over 65s population is set to double, taking the figure over the one million mark. This process took over half a century to occur in Europe. Currently, this population represents just 7.6% of the total in the region, and the majority of countries still have a demographic bonus, although some of them are in the final stage. (Saad, 2013; Huenchuan, 2013). Argentina, Uruguay and Chile are the three countries with the highest per capita income and highest percentage of elderly people.

According to World Bank data, Uruguay doubles the average for the region (14.2%) and Argentina and Chile will surpass the current levels of high-income countries before 2035.

Various authors point out that Latin America is not prepared for this reality, and that it will face this problem with fewer resources and poorer health than developed countries had when they were in this situation (Economic Commission for Latin America, 2012; Palloni, McEniry, Wong, & Peláez, 2006). This problem must be tackled urgently to ascertain what has been written in this regard and why so little progress has been made. The future of millions of elderly people in Latin America will depend on how health policy decision makers and social services react.

This paper carries out a systematic review of the research published over the past five years about LTCP in Latin America and the three countries mentioned previously.

## METHOD

A systematic review was conducted of recent literature using PRISMA methodology. In the identification stage, a systematic review was carried out of the literature about long-term care policies in Latin America, Argentina, Chile and Uruguay published between January 2010 and March 2015. The databases analyzed were PubMed, Web of Science and Scopus. Two search rounds were conducted: one specific and another general. The first searched for articles related with the terms *long-term care* and *policy* or *policies* for Latin America, Argentina, Chile and Uruguay. This search was repeated for the United States and Europe by way of a comparison. In the second round, the search was expanded to all articles related with *long-term care* or with *elderly care* with the same temporal and geographical scope. No comparison search was conducted for this second round. A total of 74 results were obtained: 16 in PubMed, 19 in Web

of Science and 39 in Scopus. Two studies were added from a similar search conducted on Google Scholar and Research Gate.

The screening stage eliminated 28 duplicate results: six articles that dealt with LTCP in non-Latin American countries, and 17 that did not deal with long-term care. Finally, in the eligibility and inclusion stage, a total of 25 articles were read through in full and reviewed. Of these, 14 were excluded because they dealt with clinical experiments. A total of 11 met the inclusion criteria and were carefully reviewed.

## RESULTS

This article presents a systematic review of recent studies on LTCP in Latin America. This subject matter has been studied in depth in developed countries but has almost been completely ignored in this region. The first search yielded a maximum of 4 results for Latin America, Argentina, Chile and Uruguay. In comparison, the same search for the United States gave 239 results on PubMed and up to 409 on Scopus. For Europe, the results ranged from 53 on Web of Science up to 113 on PubMed (Table 1).

Table 1. *Results of the Systematic Review in Electronic Database*

	PubMed	Web of Science	Scopus
First round			
Latin America*	2	4	3
United States	239	212	409
Europe	113	52	63
Second round	14	15	35

\*Latin America, Argentina, Uruguay and Chile

The 11 articles that met the criteria were published in as many journals. According to Wrb of Science and Scopus, the areas of knowledge covered by these journals were Gerontology and Geriatrics, Medicine/Miscellaneous, Multidisciplinary, Neurology, Nursing, Planning & Development, Public Administration and Public, Environmental & Occupational Health.

Three studies examine Latin America from a regional-comparative perspective with other developing or developed regions (Lloyd-Sherlock, 2014; Shetty, 2012; Gomez & Cursio, 2013). One study compares 18 Latin American countries with 15 developed countries (Matus-Lopez & Rodriguez-Modroño, 2014). Two studies compare Mexico, Peru, Cuba, Venezuela and the Dominican Republic with other developing countries such as China, India and Nigeria. (Mayston et al., 2014; Ferri et al., 2015; Sousa et al., 2010). Two studies examine the national reality of Argentina (Lloyd-Sherlock & Redondo, 2009; Serrani, 2010), other looks at Chile (Garrido, Romo, Espinoza, & Medics, 2014) and another tackles Uruguay (Figueredo-Borda & Zabalagui-Yarnoz, 2014) (Table 2)

Table 2. *Characteristics of LTCP's Studies*

	Description	Coverage	Methodology	Results*
Ferri et al. (2015)	Study about the prevalence of self-reported stroke, stroke-related disability and dependence	Peru, Mexico, Cuba, Venezuela, Dominican Rep., China, India	Cross-sectional survey to individuals aged 65 and over	Study about the prevalence of self-reported stroke, stroke-related disability and dependence
Figueredo-Borda & Zabalegui-Yárnoz (2014)	To explore the perception of care of the elderly in long-term care centers	Uruguay	In-depth interviews with administrators, caregivers, and residents in nine LTC centers	Care of the elderly in nursing homes is perceived as a duty. The study reveals barriers to the care of the elderly and need of policies in long-term care provision
Garrido et al. (2012)	To compare formal and informal	Chile	Cross-sectional survey to 21	There are not many differences between formal and informal care. In both cases the

	caregivers' oral care practices of dependent elderly		formal caregivers and 18	practices are not adequate
Gómez & Cursio (2013)	The study proposes conceptual framework of geriatrics and gerontology practice in Latin American	Latin America	Based on review of the literature	Primary LTC model for the majority of older people in the region is home-based family with some support provided by government and religious agencies
Lloyd-Sherlock & Redondo (2009)	To examine the quality of care provided by old age homes in developing countries	Argentina	Survey to 304 residents of 101 establishments of LTC	LTC sector is mostly an unregulated private sector with low quality of care. Rights, autonomy and dignity of older people are often neglected.
Lloyd-Sherlock (2014)	To assess the global geographical distribution of published research on LTC and relates this distribution to the demand for LTC	World	Regional classification of 1,417 LTCP's articles identified by a systematic review.	There is very high geographical discrepancy between shares of global older population and shares of PubMed studies on LTC. In 2010, less developed regions accounted for 62.4% of people aged 65 years and older, but only 4.5% of relevant studies. Latin America 7.7% and 0.4% respectively
Matus-López & Rodríguez-Modroño (2014)	The study tries to answer two questions: Do Latin America government's time to react for LTC demand? Do they have financial resources for this?	18 Latin American countries and 15 developed countries	Comparison of indicators for Latin American countries in 2013 and developed countries when they established or reformed their LTC systems	The majority of Latin American countries have time to react to the ageing of their population owing to a favorable demographic bonus. However, Argentina, Brazil, Costa Rica, Chile, and Uruguay were in similar situations to rich countries when they established their LTCP, but with fewer economic resources
Mayston, R. et al. (2014)	To explore the economic impacts of dependence, and the social relations between household members and others in their network	Peru, Mexico, China, Nigeria	Surveys to 6,678 families with older people.	As the proportion of older people with needs for care rises rapidly in these countries, this neglected policy area is likely to become increasingly salient for families. This issue must be placed on national and international agendas
Serrani (2010)	To assess whether the differences in making decisions between the institutionalized elderly and those living in the community	Argentina	Interviews to 80 individuals aged 65 and over. 50% from institutionalized center	The main topics in not-residents were family, support and socio-political issues. The main topics in individuals residing in the long-term care facility were authority, personal coherence and family with negative bias. The elderly living in care homes feel neglected
Shetty (2012)	To report about aging in developing countries	Developing regions: Asia,	World report based on descriptive	Developing countries are ageing quickly and they do not have care policies in place. Developing countries will need to devise

		Africa, Latin America	statistics and opinions of experts	health policies for long-term care, and fast
Sousa et al. (2010)	To investigate the prevalence and correlates of dependence among older people from middle-income countries	Peru, Mexico, Cuba, Venezuela, Dominican Rep., China, India	Cross-sectional survey to 15,022 individuals aged 65 and over	The demographic and health transitions will lead to large increases in the numbers of dependent people in middle-income countries. The development of long-term care policies should be urgent priority

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\* *Related to long-term care policies.*

The methodologies vary, using surveys, interviews, literature reviews, analysis of indicators, and economic models. The samples of the surveys and interviews range from 23 to 15022 and the respondents are the elderly, dependents, and/or caregivers.

#### Increasing demand of long-term care

The majority of the articles indicate that there is a major dearth of research on this issue relating to Latin America and developing countries in general, which stands in contrast with the evolution of the elderly and dependent population (Lloyd-Sherlock, 2014; Mayston et al., 2014; Matus-López & Rodríguez-Modroño, 2014; Shetty, 2012; Sousa et al., 2010). The health of the elderly in Latin America is no better than that of the elderly in rich countries, and technological advances are increasing survival rates of medical interventions. (Ferri, Schoenborn, & Kalra, 2015). With a significantly shorter life expectancy than in rich countries, the rates of dependency in the region currently reach 10% of the over 65s population. (Mayston et al., 2015; Sousa et al., 2010) Facilities for LTC are urgently required. (Sousa et al., 2010; Ferri et al., 2015).

One of the main characteristics of Latin America is that its population is ageing much faster than it did in developed countries (Matus-López & Rodríguez-Modroño, 2014; Shetty, 2012). Even when the region still enjoys a demographic bonus, some countries are already entering a critical



zone. The increase in the elderly population is not the only factor urging the implementation of LTCP; another factor is the weakening of informal care owing to the integration of women into the labor market and the declining fertility rate (Matus-López & Rodríguez-Modroño, 2014).

#### Diagnosics, Diffuse Services and Quality of Care

There are few national diagnostics of the situation of the elderly in developing countries (Mayston et al., 2014). Where studies have been performed, they show that the informal care of dependents falls mainly to families (Gómez & Cursio, 2013). The sector is mainly private and unregulated, with a significant presence of religious agencies and the government playing a supporting role (Figueredo-Borda & Zabalegui-Yáñez, 2014; Lloyd-Sherlock, 2009). Funding is based mainly on out-of-pocket expenditures, and even affects the consumption of food within families (Mayston et al., 2014).

Centers are not designed to provide care services for dependent individuals. Institutional care centers are a mixture of assistance and retirement homes. They take on the elderly who have problems of dependence or economic problems. In Argentina, for example, half of the residents do not go to live there because they need help carrying out basic activities of daily life, but rather because of poverty or problems of homelessness (Lloyd-Sherlock, 2009). The services provided are characterized by a low level of professional qualification and specialization. Carers have a low level of education, and their attitudes and practices are not as they should be (Figueredo-Borda & Zabalegui-Yáñez, 2014; Garrido et al., 2012). The elderly feel neglected by their families (Serrani, 2010). Almost a third of them feel they did not have any involvement in the decision to check them into a care home (Lloyd-Sherlock, 2009).

## DISCUSSION

The systematic review conducted of recent studies about LTCP in Latin America indicates that there is a clear lack of research in this area. On average, the number of studies carried out for this same period and subject is 87 times lower than for United States and 21 times lower than Europe. Furthermore, little analysis has been conducted into the situation of dependent elderly individuals in the region and the countries studied. The few studies that exist describe care provision based mostly on the informal family environment. Formal services have low cover, lack specialization, are poorly regulated, and have no controls in place over the quality of care provided. The long-term care market is chiefly private, with a major stake held by religious agencies and low levels of direct intervention from the State.

Further analysis is required that applies more exacting academic standards, carrying out censuses of private establishments and regulating quality. Furthermore, in countries with a lower demographic bonus, progress needs to be made in advancing proposals to deal with the present and future demand for LTC. The situation in terms of policies and research seems to be lagging behind the current problem and the imminent future.

### Limitations

The main weakness of this systematic review is the low number of studies available. A greater number of analyses are required to obtain a broader picture of the situation in Latin America. Furthermore, studies published in non-academic journals or documents, and not cited in journals of impact, were not included. Although this latter type of bibliography does not ensure the quality of information, it might leave out other less reliable but nonetheless useful data.

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