Mexico

Long-term Care

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Key facts

- About 6.2% of the Mexican population is over the age of 65 (OECD average is 15%), while 1.3% of the population is over 80 (OECD average 3.9%) (National Statistics Office, 2010 Census).

Background

Mexico is a federal state with 31 states and 1 federal territory. Spending on health care approaches 6.4% GDP[1] (informal payments may not be counted). A long-term care (LTC) system, aimed at care for elderly people is absent at federal level, and states are left with the task and responsibility to chose what services if any, they provide. However, available data refer to the federal level only. Currently, the majority of the older population lives with their close relatives, and most of the long-term care is provided at home by family members, mostly women. Nevertheless, changes in fertility rates, rural-urban migration within Mexico and international migration, women's increasing participation in the labour force, have changed family composition and may pose future challenges to household care availability and support.

Benefits and Eligibility

Currently, there is a lack of formal LTC services and benefits such as tax incentives or monetary support or respite care for informal carers. For workers attached to a social security institution, leave schemes do not provide any special arrangements for family carers. Although there are some small studies on informal care and care giver burden, a country wide study on care giving for older adults and its associated burden is urgently needed. Private LTC-insurance schemes are in place, but little is known about premiums, coverage and provisions. As these schemes are expensive, a small fraction of the population accesses them.

Funding and Coverage

Services available for the older population in Mexico are scarce and scattered among the different institutions that provide them. In terms of health services and health care provision, the older population has to access health services as any other (age) group of the population, through the Mexican Health System. Social Security institutions provide services to nongovernment employees (and their families) through the **IMSS** (Mexican Institute of Social Services) and for government employees (and their families) there is the **ISSSTE** (Institute of Social Services for State Employees)**.**

Seguro Popular as a part of the ***Sistema Nacional de Protección Social en Salud*** is an income tested healthcare insurance and provision for others, and it is intended to cover approximately 45% of the population (Sistema Nacional de Protección Social en Salud, 2010).A small subset of the population is covered by private insurance.

There are few government provided services for the elderly and currently most of the strategies that cater to them are an extension of poverty reduction programmes or other social care strategies. There are some private (for profit and not-for-profit) institutions offering services such as day-care and institutionalisation for those who cannot take care of themselves and have no one to take care of them. The main health and social care services are described below:

- INAPAM (National Institute for the Elderly) is a national institution with local representations promoting the integral human development of senior adults. It offers different services to the affiliated such as career placement, training, day care centres, cultural centres, shelters and day residences, socio-cultural activities, health education, educational and psychological services, among others, as well as training for people 65+ to become 'certified elderly caretakers'. Few of residences provide comprehensive care to the elderly without family support or financial resources to be independent.
- The National System for the Integral Development of the family (SNDIF) is a major public family welfare institution. In 1999, DIF provided care for 2000 elderly people in sheltered homes, asylums and related nursing homes. In 2010, DIF had four homes for the elderly, covering on average 470 individuals. It

[1] 2009 data reported to OECD by national sources, General Direction for Health Information (DGIS)

also is responsible for the "Day Residence Program" (Programa de Atención de Día), which provides day care for over 100 individuals.

- As a result of studies that show the unresponsiveness of prevailing hospital systems towards rehabilitation in the case of mental problems and within the context of health system reforms, in 2005 the Ministry of Health developed a model of care for the mentally ill that would provide multi-level care, working with patients at all stages of illness. This model named *Modelo Hidalgo*, seeks to provide opportunities for reintegration into society, and to minimize the degree of institutionalization. It was initially implemented in seven states (2008) and is currently being further developed to generate a national model that can be built into the overall health system at the state level.
- There is a *Consejo Nacional para las Personas con Discapacidad (CONADIS)* which was created in 2005 through the General Law for disabled. It aims to promote the social inclusion of persons with disability, under the principle of equality. This entity developed the National Program for the Disabled 2009-2012 and there is also the *Norma Oficial NOM-233-SSA1-2003*, that establishes the infrastructure requirements to facilitate the access, transit, and use of disabled people in health centers and hospitals of the Health National System. In 2001,the *Programa Nacional de Accesibilidad a Inmuebles Públicos* was established to to adapt Federal Government buildings to disabled needs. *Redes de Vinculación Laboral* and *Programa Abriendo Espacios* (also within the National Program for the disabled 2009-2012) operated by the Employment General Coordination and the Employment National Service, are both aimed at making getting a job easier to the disabled and the elderly.
- IMSS currently runs the Home Care for the Chronically Ill Programme (Atención Domiciliaria del Enfermo Crónico -ADEC). The programme was established in the late eighties and is aimed at caring for patients with chronic, degenerative diseases and their complications; including temporary disability or permanent disability that prevents them from going to the hospital or clinic on their own. Currently, the programme operates in 33 state-level delegations, including a total of 183 first level clinics (Unidades de Medicina Familiar) that cater to approximately 90 patients per month.
- Finally, there are three specific poverty reduction strategies that have focused or extended their services towards the older population.
  - **Programa 70 y Más -** provides non taxed MXN 500 (USD 41) a month delivered bimonthly to those at least 70 years old and living in a locality of ≤ 30,000 inhabitants and **not** a claimant of *Oportunidades.*
  - **Oportunidades** - provides monthly non taxed MXN 305 (USD 25) (per older adult), aimed at supporting families in poverty; senior claimants (*in beneficiary families)* are required to attend a bimonthly medical consultation.
  - **Catastrophic Expense Protection Fund -** (through SSA program of Seguro Popular), aimed at covering specified health interventions. Eligibility: not being covered by ISSSTE or IMSS, and suffering from ailments such as TBC, haemophilia, tumours.

Lately an increasing number of civil society organizations (nongovernmental organizations) have been created; many of them work on topics related to aging population. These organizations perform a wide range of activities, including those supporting the interests of disabled and elderly individuals.

The current legal framework seems quite extensive but does not seem to enhance or regulate LTC in itself. Most laws from the Official Mexican Norms (NOM) are directed towards hospital care, for the disabled. Only one is directly aimed at 'the provision of social services to children and the elderly2. In 2002, the Law of the Rights of the Elderly was enacted to underpin the national public policy to promote the rights of the elderly.

Workforce

Incoming migrant carers are not an issue in Mexico (but there are possible issues with *outgoing* migrants to the USA, own qualification FTJ). There are no special benefits for LTC recipients / carers. What money transfers are available, are in the shape of measures tackling poverty and/or bad medical condition.

[2] NOM-167-SSA1-1997 (Norma official para la Prestación de Servicios de Asistencia Social para Menores y Adultos Mayores.

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