



Costa Rica

**The 2018 Aging Readiness & Competitiveness Report:
Small Innovative Economies**

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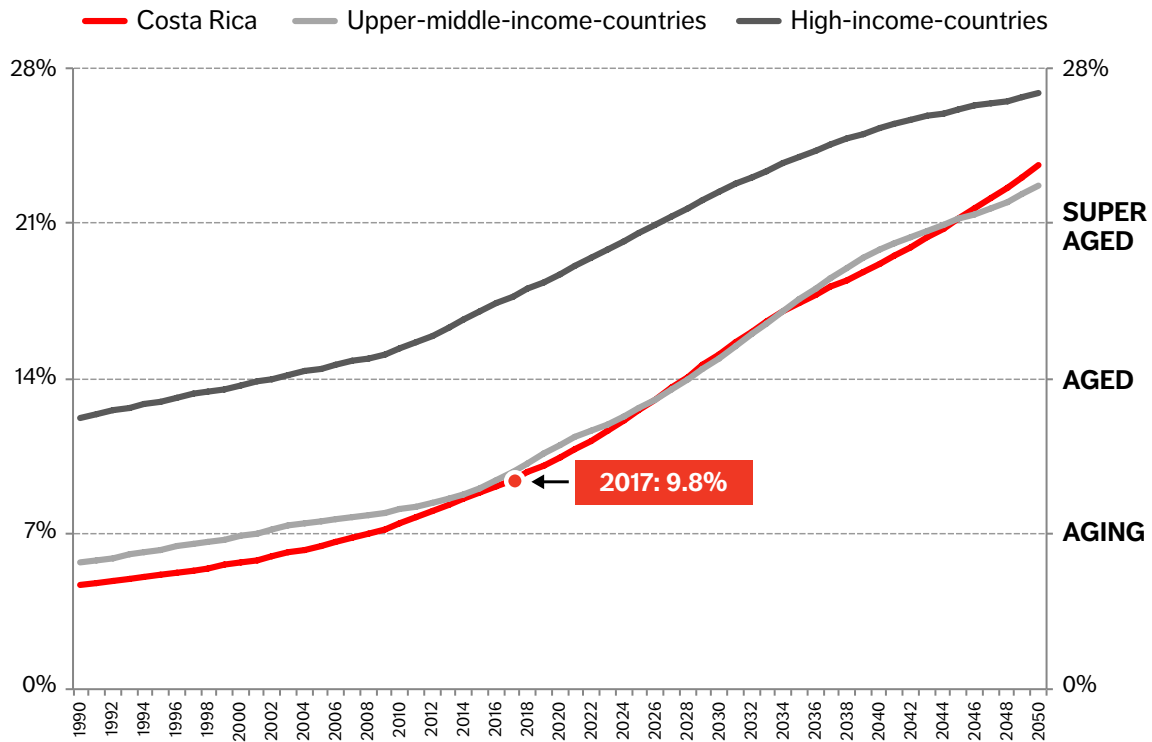
Health Care
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With a long history of political stability, greater than average economic growth,¹ and commitment to social welfare, Costa Rica has become a regional leader, with its proactive approach to human welfare and aging, pioneering broad-based investment in health care, education, and programs for the poor.

Serving the evolving needs of older adults is a source of pride on the part of the Costa Rican people.² The government's focus on enhancing citizens' rights and welfare, and its radical 1948 decision to eliminate the nation's military and instead channel funding to a range of social programs, enabled this small Central American nation to chart a markedly different course than others in the region and become a test-bed for regionally appropriate solutions.

Figure 1. People Age 65 and Older as Percentage of Total Population

Home to the oldest population in Central America, Costa Rica will see its population age 65 and over triple by 2050.



Source: United Nations, Department of Economic and Social Affairs, Population Division

Financial support, ongoing economic and social development, and decreasing fertility rates continue to shift the country's demographic profile along the age spectrum, and to expand the share of older adults in Costa Rica's total population. According to the United Nation's projection, the number of older adults in Costa Rica will triple by 2050 to roughly 1.37 million,³ necessitating the expansion and adaptation

of policies to support this demographic and foster its continued productive engagement in society. Presently considered an aging society, Costa Rica will become a super-aged society in the year 2045 when 21 percent of the population will have reached the age of 65 or older (Figure 1).

In addition to this demographic shift, Costa Rica's social structure is changing—with

traditional, extended family units evolving toward more nuclear arrangements and an increasing number of older adults living independently or with their partners. These trends increase the need for—and the importance of—community social infrastructures able to provide opportunities for social engagement, programs supporting active aging, and an age-friendly infrastructure that enables access and continued mobility for older adults in Costa Rica.

The national government has developed overarching policies with regard to supporting the rights of the aging, through the National Council for Older Adults (CONAPAM or Consejo Nacional de la Persona Adulta Mayor), which provides social care networks and community social infrastructure programs implemented by major non-governmental organizations (NGOs) such as The Costa Rican Gerontological Association (AGECO or Asociación Gerontológica Costarricense). Orchestrating social and skills development programs, these NGOs are critical to service delivery for older adults, working directly with them in their communities on the front lines, and representing an indispensable component of this multilayered structure of support.

Costa Rica's focus on universal health care and its provision of primary care services throughout urban and rural health care networks—by both health care professionals and retired volunteers—contribute to its citizens' longevity and enhanced quality of life. Today, Costa Rica

boasts the highest life expectancy and healthy life expectancy in Latin America.⁴ While its universal health care system is recognized as a global leader, the country's long-term care (LTC) is still in its infancy. Demand for LTC will only increase, putting pressure on the government to work with non-government and private-sector partners to develop and implement an investment strategy for affordable LTC. The recently released National Strategy for Healthy Aging for 2018-2020,⁵ which stems from a collaboration between the Ministry of Health, the Pan American Health Organization (PAHO), and the World Health Organization (WHO) and was implemented by partners such as AGECO, seeks to tackle this challenge.

Overall, Costa Rica is a recognized leader for its progressive efforts to provide comprehensive social support to all its citizens, with social expenditure of the public sector roughly 23 percent of GDP in 2015, the 3rd highest in Latin America and the Caribbean, behind only Brazil and Argentina.⁶ However, social programs are increasingly at risk due to a regressive tax system and growing income inequality, according to the United Nations Development Program (UNDP)⁷ and the Organisation for Economic Co-operation and Development (OECD).⁸ The growing deficit hit 6.2 percent of Costa Rica's GDP in 2017, the highest in 35 years.⁹ Public-sector debt, equivalent to 62 percent of GDP,¹⁰ is threatening the viability of a pension system that already provides limited financial support (Figure 2).

Figure 2. Strong Support for All Citizens, But Growing Fiscal Pressure

23% of GDP for Social Programs



Growing Fiscal Pressure

6.2% of GDP the highest deficit in 35 Years

62% of GDP in Public Sector Debt

But only 13.5% of GDP in tax collection...

4X LOWER

Source: ECLAC, UNDP, OECD, Dinero

The country is undertaking a phased approach to pension reforms, recognizing that the Disabled, Old Age and Death pensions (IVM or Invalidez, Vejez y Muerte)—the predominant pension benefit supporting older adults—is heading for insolvency. Also at risk is the non-contributory pension scheme, which—intended to support the most vulnerable—does not require individual contributions from beneficiaries. Pension benefits are largely unable to provide for older adults’ needs. And given a low

retirement-saving rate, a growing number of older adults are seeking to remain in the workforce. Job portals and skills development programs are expanding, but most older adults who continue to work are doing so in the informal sector where there is less stability and worker protection, according to National Statistics and Census Institute (INEC) statistics.

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Ecosystem for Policy and Social Innovation

For 70 years, Costa Rica has followed a deliberate and consistent approach to social policy and human development, cultivating an ecosystem for innovation based on principles of democracy and universalism, a holistic approach to human welfare and sustainable development, and collaborative engagement.

Key Enablers

With the abolition of the military in 1948, the government turned its focus to internal security and strengthening the nation from within. This included broad investments in human welfare, such as health education and environmental protection for people living in Costa Rica. That commitment, coupled with political stability, has enabled relative peace and social development in an otherwise volatile region.

The unique commitment to human welfare and a **principle of universalism**—that all people, regardless of age, income, or other differentiating factor, should have equal access to high-quality social services as a basic right—encapsulates the governing ethos and as such has been enshrined into the country’s constitution. Costa Rica’s commitment to environmental protection is also part and parcel of this commitment to wellbeing, evidenced by the incorporation of the right to a healthy environment into the constitution as well.

This principle of universalism is manifested by the country’s progressive and wide-reaching commitment to protect older adults. The promulgation in 1999 of Law 7935, the Comprehensive Law for Older Adults¹¹ (Ley Integral para la Persona Adulta Mayor), guarantees everyone age 65 and older equal opportunities and a dignified life. The law regulates the rights and benefits of older adults; the duties of society with respect to health care; and areas of education, culture, sports and recreation, housing, and work. Soon after, the government signed the Madrid International Plan of Action on Ageing 2002 aimed at eliminating all forms of discrimination against older adults, and recognizing that older people should enjoy a life of fulfillment; health; security; and active participation in economic, social, cultural, and political life.¹² These laws provide the foundation for a range of health and wellness programs and services supporting older adults.

“Not only is working with government institutions important, but collaboration with NGOs and foundations are also vital to ensuring that the programs develop.”

—EMILIANA RIVIERA, Director of CONAPAM

The National Council of the Elderly, CONAPAM, serves a critical role by ensuring these laws are implemented and their underlying vision realized. The Council was established in 1999 to promote the care of older adults by public and private entities and to ensure the proper functioning of programs and projects intended to serve them. It fulfills this mandate with the support of various institutions and civil society organizations, which together seek to provide a comprehensive and active approach to aging. “Not only is working with government institutions important, but collaboration with NGOs and foundations are also vital to ensuring that the programs develop. CONAPAM will give some economic support, but these other institutions have to play their part as well,”¹³ said Emiliana Rivera, Director of CONAPAM, underscoring the importance of collaboration among the public, private, and non-profit sectors.

The inclusive nature of the government's approach to policy is further demonstrated in the development of The National Policy on Aging and Old Age, 2011 to 2021, which represents the first intersectoral, nationwide aging policy, crafted by incorporating the input of more than 4,500 older adults.¹⁴

While aging policies are national, they are highly stratified and supported by informal arrangements with local organizations.¹⁵ Implementation of national policies and programs depends on the vast network of agencies and NGOs. Government funding with collaboration of both state and non-state agencies provides the resources to train professional staff and older adult volunteers to provide age-related support services throughout Costa Rica's municipalities. In health care especially, an expanded force of trained professionals in geriatrics and gerontology provide health care services across Costa Rica's communities with the country's Red Cuido, or Care Network, providing a lattice of support across the country.

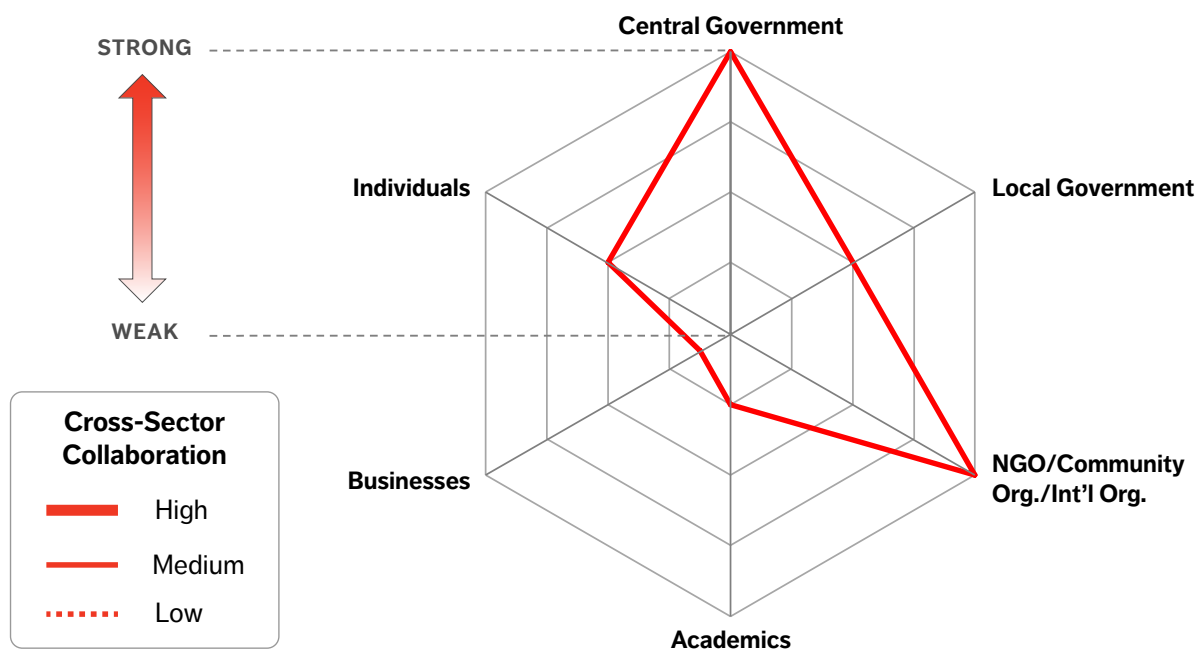
The country's relative stability and espousal of these principles has garnered Costa Rica recognition for its leadership in myriad areas. The country has served as host to the Inter-American Court of Human Rights and the United Nations University of Peace and has taken aggressive action on climate change and committed to becoming carbon neutral. In this context, Costa Rica has proactively **engaged and worked collaboratively with many international governance bodies** such as the Organization of American States (OAS)

and the International Monetary Fund (IMF), to further develop its social and financial policy frameworks aimed at enhancing the welfare of all people living in Costa Rica.

Recognizing the growing demand for health and wellness, for example, and the need for inter-institutional and stakeholder collaboration, the Ministry of Health has worked closely with the PAHO and WHO to create the National Strategy for Healthy Aging 2018-2020,¹⁶ which launched in April 2018 and draws from the WHO's intersectoral strategy on aging. The strategy is broad and incorporates various institutions, including those related to health, education, and civil society, and will engage local NGOs, including AGEKO, for implementation. The strategy includes five primary components:

- **Advocacy:** Addressing public policy actions that better prepare society for aging and foster healthy lifestyles for all ages.
- **Communities and Places:** Enhancing social and community infrastructures that encourage healthy aging through exercise, safety, and mobility.
- **Health Services:** Expanding services to respond to the emerging needs of an aging population.
- **Long-Term Care:** Aiming to develop an LTC system for the country.
- **Research and Evaluation:** Establishing a baseline characterization of the older adult population to measure and track the impact of the interventions.

Figure 3. Driving Forces of Innovation and Cross-Sector Collaboration



The government and its partners also seek to establish alliances with global institutions and aging experts to incorporate best practices and to implement more coordinated and robust programs that are tailored to the unique and evolving needs of Costa Rica’s aging population.

In addition to providing a robust social infrastructure for its citizens, as part of its development strategy and illustrative of its commitment to older adults, Costa Rica has leveraged its high standard but relatively low cost of living, along with

its environment, to **attract foreign-born retirees**. Viewing retirees as important assets contributing to its economy, Costa Rica was one of the first countries to actively court foreign retirees with incentives, including granting pensioners both residency and access to its universal health care system. Costa Rica pioneered these incentive programs knowing retirees from the United States—and around the world—are crucial to its economy.

The New Economics Foundation (NEF), the United Kingdom’s leading think

tank promoting social, economic, and environmental justice, ranked Costa Rica first in its Happy Planet Index.¹⁷ And its ecosystem providing support for older adults has earned Costa Rica the top spot in International Living's Annual Retirement Index.¹⁸ However, as its older population continues to grow, so do the costs associated with providing such comprehensive services. This has policymakers working to identify the means to sustain service so the country can continue to support a high quality of life for retirees. Income inequality is creating additional difficulties for lower-income older adults to secure their basic needs—making it imperative to provide both skills development and support for the meaningful integration of older adults into the economy.

Ongoing reforms designed through close collaboration among government agencies, experts in the field of gerontology, and older adults will be necessary to maintain this leadership and to continue to foster an ecosystem supportive of older adults' continued engagement in society and the economy.

Attributes in Aging-Related Innovation

Evolving from the early focus on health and income security for older adults, Costa Rica's policymakers and NGOs are pursuing a more holistic approach to wellness and wellbeing—expanding their purview to include active aging, mobility and access,

economic engagement, physical security, and protection from abuse. Reflecting this integrated approach, Costa Rica joined a small group of nations to form the Wellbeing Alliance. The Wellbeing Alliance is backed by the International Commission on the Measurement of Economic Performance and Social Progress, which is working to develop more holistic welfare metrics.¹⁹ Costa Rica's government, in conjunction with supporting stakeholders, has integrated this evolved social accounting philosophy to advance a comprehensive approach to aging policy.

This holistic approach to aging-related innovation is evident through integrated projects such as the Age-Friendly Cities initiative, which seeks to increase mobility and access for older adults and to integrate related services using technology where possible. The government is seeking to foster innovation through collaborative partnerships with NGOs and local stakeholders to jumpstart pilot programs that address the needs of older adults and can also be replicated in other locales. The Ministry of Labor's efforts to collaborate with municipalities to foster local entrepreneurship programs catering to older adults is a case in point. Though still in their nascent stages, these efforts are starting to pay off. Historically, the private sector has not been a major player, but new domestic startups are recognizing both a need and a growing market opportunity. As a result, startups are emerging to develop health care solutions and a range of service applications that cater to the needs of older adults.

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Health Care and Wellness

As is true across the region, in Costa Rica, family typically provides the primary social infrastructure for older adults, as multiple generations traditionally live together. In 2017, 85 percent of older adults in Costa Rica age 65 or older lived in households with two or more people, with 15 percent of those families consisting of five or more.²⁰

However, while the prevalence of multigenerational family units has been the norm, that structure is changing. The INEC indicates that for 2017 approximately 15 percent of adults age 65 or over (77,731 adults) live alone, and of those, 61 percent are women.²¹

The number of older adults living alone is also increasing. As they live longer, healthier lives, with higher levels of income, an increasing number of older adults are living independently of their children,²² according to local demographer Luis Rosero-Bixby. Health factors, economic considerations, and social changes are facilitating a cultural shift in Costa Rica, resulting in increasing numbers of adult children living separately from their parents and older adults living alone. Between 2011 and 2017, the number

of adults age 65 and older who lived alone increased 36 percent by 2017, while the number of those age 60 and over increased 46 percent.²³ These societal shifts require a greater attention to—and investment in—an ecosystem of support services enabling older adults to safely maintain their independence and a comfortable quality of life as they age.

Social Engagement

With an increasing number of older adults living independently, isolation, neglect, mistreatment, and abandonment represent growing risks. CONAPAM has recognized the growing risks of isolation, as well as the potential for neglect of older adults. It is currently working with public and private institutions to identify older adults who are at risk, to further develop channels for social engagement.²⁴ Community centers and social engagement programs are expanding to help keep older adults engaged, prevent isolation, address potential mental health issues, and enhance overall wellbeing. Social programs at both national and local levels endeavor to keep older adults socially engaged with each other and younger generations, with an eye toward not only preventing isolation, but enhancing their overall wellbeing.

AGECO was originally founded in 1980 by a combined effort of doctors, professionals, and the business community to study the needs of older adults. In the mid-1980s, well before the formalization of national

programs focused on aging, AGECO began to create programs—and to seek funding for those programs—while promoting the formation of clubs for older adults that would support self-care.²⁵ The organization receives benefits and funding from the Social Protection Board, a welfare organization managed by the government, and partially funded by the national lottery.

Whereas the government has limited capacity to implement programs, AGECO is a primary resource for older adults, providing a range of social engagement programs including a National Network of Senior Adult Clubs, comprising 18 regional networks throughout the country, 104 clubs for older adults and serving more than 3,000 people (Figure 4). AGECO's efforts also include volunteering opportunities for those age 50 and older along with educational programs in support of active aging to help keep older adults mentally and socially engaged while keeping them informed about key issues related to health, wellness, and safety. Volunteering opportunities include those at libraries, museums, social centers, and environmental organizations.²⁶ The NGO has developed relationships with organizations supporting older volunteers over the past 20 years with 35 institutions currently taking part in the program.²⁷ According to Fabian Trejos, Director of AGECO, "It is a program that the older adults take seriously and are very motivated to lend their time."²⁸

The Gerontology Institute of Formation (IGEF), also created by AGECO, offers socio-education programs to promote

Figure 4. National Network Supporting Older Adults



Source: AGECO

dignified and active aging.²⁹ The IGEF provides training on topics related to active aging through lectures, workshops, and courses in technology, physical fitness, languages, the arts, and integrated health. Today, 15 percent of the funds for these and other AGECO programs comes from older adult participants themselves through suggested donations rather than explicit fees. “It is important the older adults do not take AGECO as a gift, but that they help to support the organization. They have to do something symbolic, and this voluntary contribution has been very successful as it gives the older adults a feeling of control and allows them to also have a say in what is important to them,”³⁰ said AGECO Director Fabian Trejos. Remaining support comes predominantly from the private sector. AGECO has developed strategic

“This voluntary contribution has been very successful as it gives the older adults a feeling of control and allows them to also have a say in what is important to them.”

– FABIAN TREJOS, Director of AGECO

alliances with companies such as Bayer, TENA, OptiClinic, and La Piedad, all product and service providers catering to this demographic.³¹

While AGECO addresses long-term social needs, CONAPAM is focused on acute needs through its Red Cuido, or Care Network,³² established as part of the Chinchilla Miranda government’s plan 2010-2014 to provide urgently needed social support for older adults identified by social services or hospitals as being homeless or in other exceptionally vulnerable circumstances. Red Cuido established goals of providing daily recreational activities, community health and wellness programs, housing for those in extreme poverty, and an additional pension for the extremely poor population that otherwise would not receive coverage from the income-based pension plan. It provides services through a network of community homes, groups of older adults, daycare centers, and churches all working in coordination with municipalities and the Costa Rican Social Security Fund

(CCSS). To meet the growing need for these services, and to realize the goals laid out in the National Policy of Aging 2011-2021, the government increased the program's funding in 2015 and augmented it with social development funds and taxes on liquor, beer, and cigarettes. In 2016, the Red Cuido program served more than 15,000 adults.³³

In addition to these programs, the government also provides subsidies and financial support that enable older adults to access social programs and broader social engagement. Approximately 100,000 older adults receive assistance through the Fund for Social Development and Family Allowances (FODESAF), which falls under the Ministry of Labor and Social Security and works on social protection, housing, education, and health. The FODESAF also finances programs and services to state institutions and other social sector entities that are authorized to provide supplementary contributions to families and to implement social development programs.³⁴ According to the Law for Social Development and Family Allowances (Ley 8783 de Desarrollo Social y Asignaciones Familiares), at least 0.25 percent of these funds must be allocated to support older adults and those with disabilities, with up to 50 percent of that amount allocated to cover the payroll costs of specialized personnel in charge of assisting older adults in both daycare or permanent centers regardless of whether they are public or private.³⁵

Physical Infrastructure and Age-Friendly Cities

The growth of the older population and its desire for independent living are putting accessibility top of mind for policymakers, urban planners, and other stakeholders. While infrastructure upgrades and programs specifically focused on expanding access and mobility are emerging, underdeveloped physical and connective infrastructure still represent significant challenges. The Equal Opportunity Law for People with Disabilities (Law no. 7600 of 1996) requires public places and transport enable access for people with disabilities.³⁶ This law has been a foundational policy to help ensure physical infrastructure is constructed or upgraded to facilitate access for older adults. However, the law's application and enforcement across the country has been varied; greater effort is necessary to improve access and to enhance mobility across Costa Rica's cantons, or districts.

After the 18th World Congress for Gerontology in Río de Janeiro in 2005, CONAPAM³⁷ developed Costa Rica's Age-Friendly Cities program. The program follows the protocol and adapts the design developed by the World Health Organization in recognition of the critical and growing accessibility needs of older adults, with 76 percent of this population living in urban areas.³⁸ The program was tested from 2006 to 2007 in Hatillo, a district

with one of the highest concentrations of older adults. For CONAPAM to make Hatillo a model of the Age-Friendly Cities program, planners recognized the need for collaboration among the central government, local authorities, and the range of local organizations already working with older adults—including service providers and local developers. The concept spurred related initiatives including Friendly Clinics programs in Heredia, San Carlos, and San Rafael de Puntarena.³⁹ In 2010, a strategic alliance was made with the Board of Health of the National Hospital Geriatrics and Gerontology (HNGG), the Pension and Retirement Board (JUPEMA), as well as CONAPAM.⁴⁰

These alliances are leveraging national and local resources—adapted to the needs of each city—to implement Age-Friendly strategies across Costa Rica’s cantons, with funding coming from the central government, local municipalities, and private investors.⁴¹ While the WHO program offers a comprehensive framework that municipalities can follow, each municipality varies in how it chooses to incorporate aspects to enhance the quality of life for older adults within its unique community. Cities across Costa Rica are being designated as “Age-Friendly” and being recognized for specific areas of focus. One city of note is Curridabat, deemed the first Age-Friendly City in Latin America for those with dementia.⁴²

Access to Transportation

Within cities and rural areas, safe and low-cost access to road-based transportation services is central to enhancing older adults’ mobility. Given that virtually all transport in Costa Rica is road-based, with growing congestion and traffic crashes as the 2nd leading cause of premature death in the country,⁴³ safety and accessibility programs for older adults are even more crucial.

The Equal Opportunities Law for People with Disabilities (Ley de Igualdad de Oportunidades Para Las Personas Con Discapacidad, Ley 7600) of 1996⁴⁴ provides the legal underpinning for transport access, requiring preferential access for older adults on road, maritime, and air transport, and calling for the elimination of architectural barriers.⁴⁵ Public transportation is subsidized by the government, ensuring affordability and access to the general population. By law, older adults gain access to city transportation of less than 25 kilometers for free, transportation between 36 to 50 km at a 25 percent discount, intercity transportation for no less than a 30 percent discount, and transportation of more than 50 km at a 50 percent discount. Since 2010, train rides for older adults have been free,⁴⁶ with the range of transportation subsidies representing the primary policy tool enabling mobility.

With respect to physical accommodation for older adults and the disabled, government-funded service upgrades to public modes of transportation are occurring—albeit unevenly—across the country through Age-Friendly Cities, along with state and municipal investments. A 2015 inspection of bus fleets across the country, for example, found 100 percent compliance with Law no. 7600 in the region of Huetar Norte, the northernmost region that borders Nicaragua, but just 23 percent compliance in Pacifica Central.⁴⁷ The inspections generally found increased access for older adults in terms of ramps and preferential seating, but implementation is inconsistent and needs greater effort in guarantee accessibility to all buses.⁴⁸

Despite the law on the books and transport benefits provided, transportation-related challenges are the chief complaints among older adults and where instances of maltreatment have been increasing. Bus drivers have reportedly not accepted older adults' exemption cards, illegally retained their identification cards, shown disrespect and a lack of patience, and limited access to service for older adults.⁴⁹ To address these concerns, information campaigns from government and advocacy groups have been conducted with older adults and transportation companies to increase the awareness of the benefits conferred by law and to improve overall safety and treatment. In 2016, a partnership between CONAPAM, the Public Transportation Council (CTP), and the 9-1-1 Emergency Service

was established to facilitate incident reporting and to ensure that incidents of maltreatment received priority attention.⁵⁰ Officials are also sanctioning companies to ensure the rights of older riders. In 2018, a bus company providing service between Heredia and San José was sanctioned and lost its permit to operate because it discriminated against older adults.⁵¹

Access to Buildings and Housing

In addition to transportation, there remain multiple access barriers for older adults in both public buildings and housing. While new buildings generally comply with accessibility regulations, such as the newly redeveloped airport in San José, access to public buildings and spaces has been reportedly slow and incremental.⁵² In order to understand which issues represent the greatest barriers for older adults, the National Council for People with Disabilities (CONAPIS) is conducting a survey of older adults with disabilities in order to gain a deeper understanding and develop a more informed strategy to accommodate this group's needs.⁵³

With respect to housing, the Comprehensive Law for Older Persons of 1999⁵⁴ contains multiple provisions calling for dignified and safe conditions adapted to older adults' needs. The law firmly establishes the role of the state in the provision of preferential financial

instruments and subsidies to support older adults with the purchase or remodeling of their homes. It also directs the National Institute of Housing and Urban Development and local municipalities to ensure that the construction of public, commercial, service, or entertainment establishments provides for the special needs of older adults in accordance with the recommendations established by the National Council for the Elderly. In projects of public interest, the law requires that preference be given to older adults and provides for preferential interest rates on housing loans. In addition, housing subsidies for older adults without family member support, and who predominantly rely on self-care, are also provided for in the 1986 Law of the National Financial System for Housing and Creation of the Mortgage Housing Bank (BANHVI).⁵⁵

These government requirements and programs are complemented by outside efforts. Organizations such as the Joint Institute of Social Assistance (IMAS),⁵⁶ which is funded by the public and private sectors, religious organizations, and other groups, provide human and economic resources to poor and highly vulnerable segments of the population. Though not exclusively for older adults, IMAS offers economic subsidies and technical assistance for the expansion, remodeling, or repair of homes—services that are directly applicable to those needing to adapt their living environment to facilitate aging in place.

In addition to government and non-governmental support, innovative solutions are being developed to address the unique housing needs of Costa Rica's older adults, who most commonly have difficulty walking or climbing steps and visual or auditory impairment, according to INEC.⁵⁷ Student-generated proposals for age-friendly housing units, designed in collaboration with engineers and with input from those suffering from disabilities, have garnered the attention of the BANHVI.⁵⁸ Proposed in 2017 by a civil engineering student at the University of Costa Rica with support from staff, the proposals may be the basis for more age-friendly housing options and further innovation in the sector.

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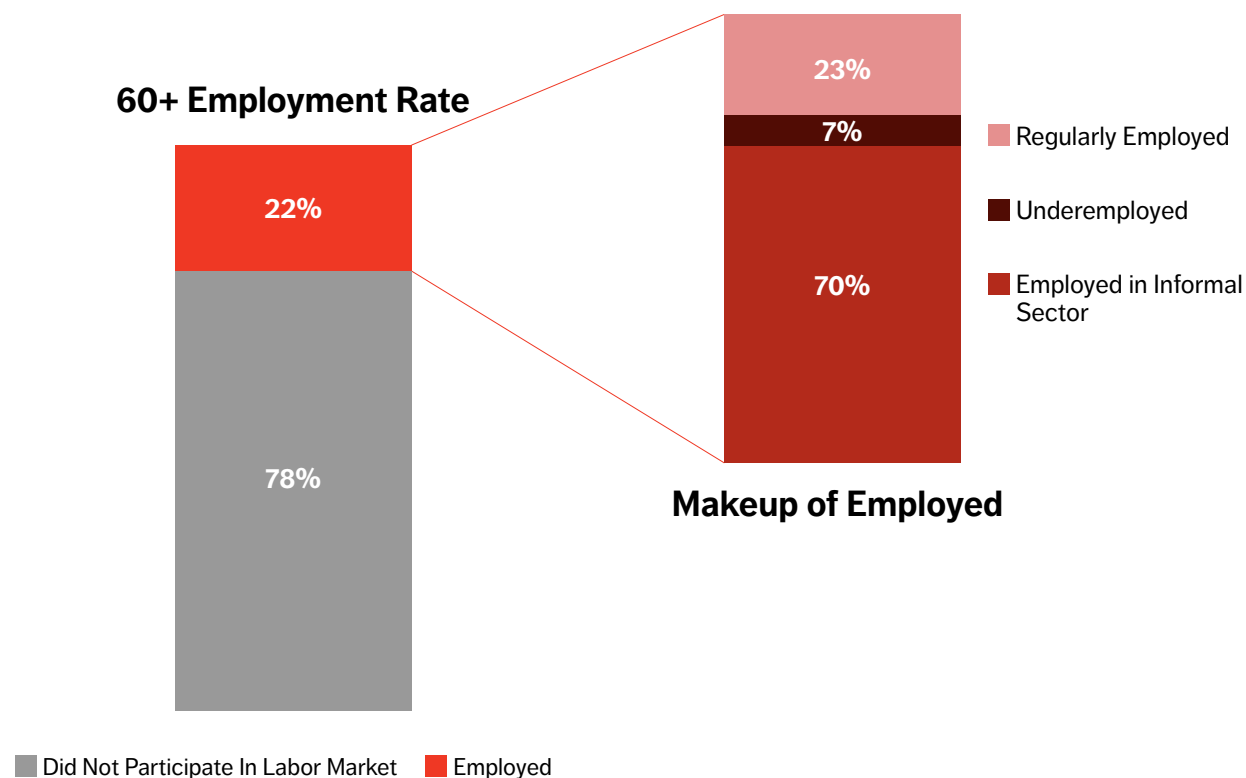
Health Care and Wellness

While Costa Rica is at the leading edge on a range of aging issues, it lags in enabling the continued productive engagement of older adults, who have traditionally been supported within a family unit and by the national pension system.

As the share of older adults grows, these supports are coming under strain, requiring both systemic reform and a holistic approach to enabling continued workforce participation.

According to INEC statistics from the first trimester of 2018, which measure employment rates for the population age 60 and older (70 percent of whom are 65 or older), nearly 78 percent did not participate in the labor market. Of those employed, 7.1 percent were considered underemployed, and 70.4 percent were employed in the informal sector (Figure 5).⁵⁹ Programs to keep older adults productively engaged are expanding, but additional skills development and direct support will be needed

Figure 5. Employment Breakdown of the Older Population



Source: INEC

as Costa Rica seeks to maintain economic competitiveness as its society ages.

Broad-Based Pension System Provides Foundational Support

For decades, Costa Rica’s pension programs have provided an important source of financial support for older adults. A subsidized state-run pension system was established in 1941, and today the country’s pension scheme is made up of

both a contributory scheme and individual retirement accounts.⁶⁰ The public pensions system is part of the Disability, Old Age, and Death Benefits Social Security System, which is a pay-as-you-go earnings-related system of support administered by the Social Insurance Fund.⁶¹ The IVM scheme covers the disabled, older adults, and death pensions. For adults age 65, this scheme provides financial support to those who have made at least 300 months of contributions over the course of their working lives. If a person does not comply with the 300 installments, at age

65 they can opt for a proportional pension provided they have paid at least 180 installments.⁶² Older adults can qualify for early retirement—women at 59 years and 11 months if they have made 450 installments and men at 61 years and 11 months if they have made 462 contributions.⁶³

For those older adults who have not contributed to and do not qualify for an IVM pension and are living in poverty or extreme poverty, the government provides a non-contributory social pension called El Régimen no Contributivo de Pensiones (RNC) as a safety net. This means-tested program was established in 1974 as part of Law 5662 on Social Development and Family Allowances and subsequently modified in 2009⁶⁴ to provide support to low-income older adults. Adults are eligible to receive benefits at age 65; however, widows in economic distress are eligible at age 55.⁶⁵ According to expert interviews, the pension systems are not able to provide adequate financial resources for the growing population of older adults. Over time, individuals' contributions to the IVM have not been sufficient to provide financial security in retirement. According to Pension Watch, only 31 percent of older adults age 65 and older receive a contributory IVM pension. Another 18 percent of those age 65 and older are receiving social pensions.⁶⁶ According to multiple experts, older adult pensions—contributory or non-contributory—are largely unable to provide the income necessary to meet older adults' needs. The complexity of forms, waiting lists to receive benefits, and lack of local branches from which to withdraw benefits

represent real barriers to older adults obtaining financial support.⁶⁷ Such barriers have contributed to nearly 51 percent of older adults in Costa Rica receiving no pension at all.⁶⁸

Recognizing that a significant number of people are falling outside the system and the growing needs of the poor, reforms have been introduced to better target support for the most vulnerable. In 2017, the Board of Directors of the CCSS approved a reform to the non-contributory pension scheme to streamline procedures and utilize data to more effectively assess socio-economic circumstances, identify those with the greatest need, and prioritize pension benefits for older adults who are in poverty or extreme poverty. The CCSS also amended language that had previously placed limitations on older adults that possessed property, understanding that those individuals may own assets but not receive income from them.⁶⁹ The number of people receiving this assistance is increasing considerably, from just over 77,185 people 10 years ago to 112,558 today.⁷⁰

Official demographic statistics project Costa Rica's population in 2020 will have 43 retirees for every 100 active workers, with that ratio rising to 61 percent by the year 2050.⁷¹ This growing number of retirees along with liabilities for disability and death pensions is set to drain Costa Rica's coffers, with revenues in the main fund projected to be insufficient to cover liabilities as early as 2024, and reserves exhausted between 2027 and 2030.⁷² The

issue has raised international attention, with the IMF expressing concern that the state-run, defined-pension schemes are under extreme stress and require urgent changes in order to be sustainable,⁷³ with older adults meanwhile seeking to secure additional, reliable sources of support.

The CCSS has been working to tackle the issue and has proposed pension reforms to put the fund on a more sustainable financial course, including increasing the retirement age from 65 to 70,⁷⁴ slowly raising the worker-employer-government contribution to 26.4 percent of the worker's salary up from 9.2 percent, and/or decreasing the pension benefit from 60 percent to 40 percent of the average wage of retirees.⁷⁵ The CCSS Board of Directors already approved a 1 percent increase in workers' contributions as of June 2017, but the CCSS is receiving pushback from labor groups and public-sector trade unions for additional reforms that place more burdens on workers.⁷⁶

Reform proposals continue to be part of an ongoing dialogue between the CCSS, Superintendencia de Pensiones (SUPEN), the mathematics faculty of the University of Costa Rica, and the International Labour Organization (ILO). This group produced a series of recommendations in November 2017 that it believes will extend the IVM regime for at least 20 years.⁷⁷ According to a government-issued statement, the recommendations maintain the retirement age of 65 but suggest studying adjustments to the retirement age for different groups of beneficiaries within the system. They

propose a salary reference as an average of the last 240 months, transfers to Banco Popular at 0.25 percent, and a funding transfer from the state to the IVM program of USD 104.5 million adjusted for inflation starting from 2018. Further, the group's other recommendations include maintaining favorable retirement treatment for women, recognizing their disadvantages in the labor market, and adjusting the programs every five years as necessary.⁷⁸ While the CCSS has the legal authority to make some direct changes, others require a change in law,⁷⁹ with further changes to the system pending.

Expanding the Productive Opportunity

Financial vulnerability coupled with increasing life expectancy for both men and women⁸⁰ are major factors extending the working lives of older adults and the need for suitable employment and supplemental sources of income. Like many other countries evaluated for this study, Costa Rica is attempting to reduce the financial burden associated with its pension system, but a more holistic approach is needed to leverage the skills and productive capacity of older workers, as well as to enable them to remain meaningfully engaged in the labor force. According to several experts contacted for this study, fostering programs to help enable older adults who are willing and able to remain in Costa Rica's workforce will be crucial to both individual welfare and the health of the broader economy.

Recognizing that the pension system is providing limited financial resources, and that many older adults want or need to continue working, government and advocacy organizations are developing programs to help older adults remain in or re-enter the workforce. The Ministry of Labor and Social Security (MTSS) is working in collaboration with AGECO and 22 other organizations to identify effective ways to support and assist older adults who choose to remain in the labor force out of a desire to remain productive and engaged as well as to secure additional income.⁸¹

Focus on Entrepreneurship

While there is limited job training, job retraining, or targeted support for the job placement of older workers, there has been a recent focus on supporting older entrepreneurs. The MTSS is collaborating with municipal chambers of commerce, educating them about the impacts Costa Rica's changing demographic composition will have on the economy, and identifying ways to continue to engage the aging population in local labor forces.⁸² For example, in October 2017, the MTSS signed a five-year cooperation agreement with the municipality of Cartago's Department of Recreation and labor agencies to implement a project focusing on the entrepreneurship of older adults.⁸³ The collaboration seeks to develop local networks that will provide the necessary training to support older adult entrepreneurs. The program will also help them acquire the knowledge and develop

the skills necessary to launch their own businesses. Partners will create workshops and training programs on topics including art, design, cooking, and tutoring while drawing on skills from the previous career experiences of participants.

According to Marcela Jimenez, Director of Adult Programs with the MTSS, the Ministry is looking to replicate this kind of model throughout the country, recognizing that the national government can provide guidance and resources but that the local government is best positioned to directly work with older adults: "Local governments know the members of their communities more than anyone. They know where they meet, what is important to them, and what activities are best for them, much more than the national government knows. For this reason, we work with the municipalities and local governments." Jimenez emphasizes that these collaborations can create a local support network among enterprising older adults where they can share ideas and give support to people in similar situations.⁸⁴

Entrepreneurship has also been the focus of education programs. The Technological School of Costa Rica (TEC), for example, has been expanding its Education Project for the Elderly since 2005, through the School of Business Administration and the Network Center. The program offers free courses and workshops for older adults in eight categories, including computer skills, English, written expression, and entrepreneurship. An additional program called "Putting Life Into the Years" focuses on active aging. Participation in these

“Local governments know the members of their communities more than anyone. They know where they meet, what is important to them, and what activities are best for them, much more than the national government knows”

– MARCELA JIMENEZ, Director of Adult Programs with the MTSS

programs has been expanding, reaching 120 registered per semester in 2016 and jumping to 300 per semester in 2017.⁸⁵

TEC’s Attitude E is a nine-month program focusing on entrepreneurship, enthusiasm, empowerment, and empathy and is available to older adults for free as part of an effort to provide tools and motivation to older adults seeking to start their own businesses. Instructors donate their time and knowledge to the students. TEC graduated its 3rd class in February 2018. Those who participated in the program indicated that it provided them with skills to better manage their businesses, as well as tools to develop businesses in areas as varied as organic agriculture and traditional cuisine.⁸⁶ These ongoing programs are not only helping to extend older adults’ careers, but empowering them to do so on their own terms.

Providing Direct Connections and Combatting Discrimination in the Business Community

The MTSS is working to develop employment tools for older adults, including an online job portal.⁸⁷ In 2015, the Ministry and TEC developed a digital platform to better match older adults with available work opportunities. After two years, more than 350 older adults age 65 and older sought jobs through the platform. However, only 11 businesses offered opportunities.⁸⁸ Limited engagement by the business community continues due to lack of awareness and the prevalence of age discrimination.⁸⁹ While age discrimination is illegal and there is an Office for the Protection of Older Persons with the National Ombudsman office, older workers’ jobs tend to be unstable, informal, and poorly paid, resulting in little to no enforcement capacity.⁹⁰

To address these issues, the Ministry of Labor is working to more proactively engage with businesses to educate them on shifting demographics, the importance of hiring older adults, and the value that people within this demographic can bring to the workplace and the economy. Eduardo Gamboa, Head of the MTSS Department of Recreation, Promotion and Social Assistance, which includes older adult services, highlighted this type of activity as part of the Ministry’s new vision for developing productive opportunities for older adults. Gamboa cited the local

children's hospital as one organization that hires older adults from ages 55 to 75, which allows them to remain active and engaged, and to have additional sources of income.⁹¹

To complement government efforts, AGECO and the National Forum for Elder Persons (Foro Nacional de Personas Adultas Mayores or FONAPAN) are working collaboratively to develop a dedicated institute⁹² that would provide national advocacy exclusively focused on the needs of older adults and work more directly with municipalities to address issues related to pensions, age discrimination, workplace opportunities, and other issues. Complementing the work that CONAPAM has done to date, FONAPAN seeks to strengthen management capacity to more directly take on the needs of older adults. Work on this initiative is in its earliest stages, with more work needed to support skills development among older adults and integration into the workforce and economy in meaningful ways.

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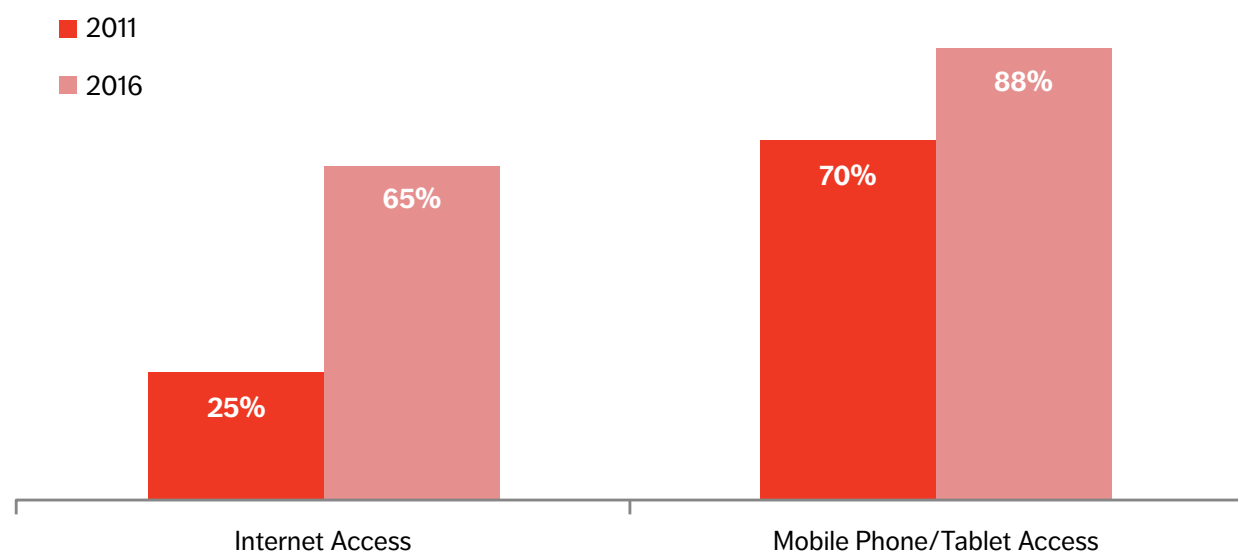
VI

Health Care and Wellness

Costa Rica made pioneering investments in an expansive communications infrastructure network in the 1990s. This laid a foundation for digital and technological engagement of its older population today.

The government fostered “CR net,” a project to establish the connective backbone of the country serving everyone in Costa Rica, regardless of location,⁹³ making it the first in the region to link to the internet.⁹⁴ Today, Costa Rica has an 85 percent internet penetration rate, the second highest for Latin America after Chile,⁹⁵ and is working to ensure digital inclusion across its population, including tailored programs for older adults at all four of the country’s universities. Programs are dispersed but growing, as older adults increase their demand for, and utilization of, mobile technology—particularly for social connection and health services. While private-sector participation in this space has been limited to date, local tech-focused startups are emerging due to growing market opportunities.

Figure 6. Technology Penetration Increasing among Older Adults



Source: María Dolores Castro Rojas, Ann Bygholm & Tia G.B Hansen, 2018

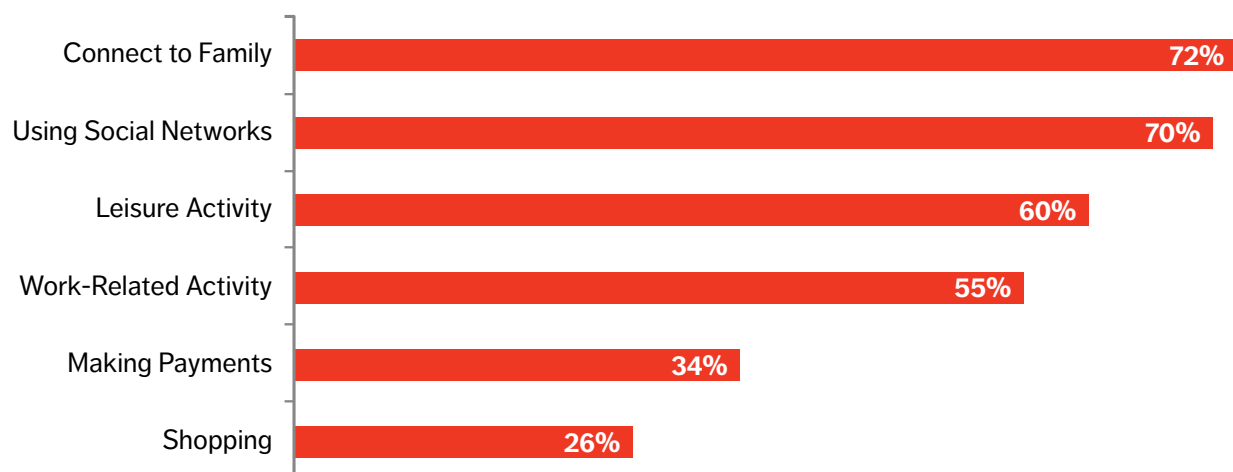
Narrowing the Digital Divide

The concurrent expansion of the older adult population, along with improvements in internet and telecommunication services in Costa Rica, provides new opportunities for social engagement and the means to enhance older adults' quality of life in terms of health, learning, entertainment, and hobbies. And, over the past several years, older adults' access to and utilization of technology has increased considerably.

There's been a notable trend in increased penetration of information and

communications technologies (ICT) among this demographic, evidenced by comparing statistics from the 2011 Costa Rica census and a 2016 survey by the Institute of Social Studies in Population (Instituto de Estudios Sociales en Población or IDESPO).⁹⁶ According to the 2011 Costa Rica census, 24 percent of older adults in Costa Rica had a desktop computer at home, 19 percent had a laptop, 25 percent had internet access, and 70 percent had a mobile phone.⁹⁷ These rates expanded considerably within just a few years, with 57.5 percent having access to a computer (51 percent utilization), 65 percent having access to the internet (55.5 percent utilization), and 87.8 percent having

Figure 7. Technology A Major Factor In Enhancing Social Connection



Source: Castro Rojas M.D.,
Bygholm A., Hansen T.G., 2016

access to a cellular phone or tablet (85.8 percent utilization) (Figure 6).⁹⁸

The relationship between socio-demographic characteristics and ICT usage in the census data shows a dramatic access disparity between older adults living in urban areas at 93 percent and those in rural areas at just 8 percent. The majority are in the 65-to-74 age group, 42 percent of whom were using a mobile phone; with 22 percent in the 75-to-84 age bracket and 10 percent in the 85-and-older group.⁹⁹ Based on the survey, the vast majority of those utilizing the internet were doing so to connect with family and were using social networks such as Facebook and Twitter (Figure 7). The results underscore the powerful role that

communications technologies are having in enhancing social connection among older adults.

The urban-rural disparity in access to technology has left those in rural areas with less exposure to and guidance in their technical literacy skills. This in turn causes feelings of intimidation and technology avoidance.¹⁰⁰ “The barriers to learning ICT are very emotional, including mostly shame and fear. With ICT the relationship with age and knowledge is reversed; it is the younger people that have the power in reference to ICT. This is very hard for older people,”¹⁰¹ said Dr. Castro-Rojas, psychologist with the E-Learning Lab and Center for User Driven Innovation in the Department of

“The barriers to learning ICT are very emotional, including mostly shame and fear. With ICT the relationship with age and knowledge is reversed; it is the younger people that have the power in reference to ICT. This is very hard for older people.”

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Communication and Psychology at Aalborg University, Denmark, who previously worked with AGEKO and other Costa Rica-based NGOs focused on aging. Other barriers include technologies that are not age-friendly, a lack of training and support to familiarize older adults with technology, and the overall cost of the technology itself.¹⁰²

National Plan for Science, Technology and Innovation

Despite these challenges, the government and stakeholders are working to strengthen digital infrastructure and connectivity. Costa Rica is one of the few Latin American countries with a Ministry of Science, Technology and Telecommunications (MICITT), whose primary responsibility is to align innovation and development.¹⁰³ While

Costa Rica continues to more effectively integrate advanced technology throughout its economy, the Ministry plays an important role in guiding technology-related policies and has been a primary driver of innovative programs for the digital inclusion of older adults.

The National Plan for Science, Technology and Innovation (PNCTI)¹⁰⁴ for 2015 to 2021 created an intersectoral framework for fostering innovation, with initiatives expanding digital literacy for the overall population, including older adults. The second five-year-plan, developed in 2015, focused on the development of the telecommunications sector across three pillars: digital economy, digital literacy and digital inclusion for all populations. Each pillar outlined its goals and described how to meet them via projects to be developed and implemented by the year 2021. Projects are focused on the areas of education, health, the environment, water, energy, food, and agriculture.

The digital inclusion pillar, called Costa Rica Digital, is funded by the National Telecommunications Fund (Fondo Nacional de Telecomunicaciones or FONATEL) whose goal is to bring internet and telecommunications to communities still lacking service.¹⁰⁵ Expanding digital access and inclusion across generations is recognized as being critical not only to the wellbeing of older adults, but to the health of the country. “As technology is rapidly changing, the inclusion of everybody, including older adults, will help us grow as a country,” said Angelica Chinchilla, Director

of Evolution and Telecommunication Markets at the Ministry of Science, Technology and Telecommunications.¹⁰⁶

Costa Rica Digital includes five programs: Connected Communities, Connected Households, Smart Community Centers, Free Public Wi-Fi, and Connected Schools. “Our goal for the first part of 2018 is to have 65 centers across the country for older adults to access technology; and in 100 percent of all communities by 2021,”¹⁰⁷ said Chinchilla.

Chinchilla asserts that Smart Community Centers (Centros Comunitarios Inteligentes or CECIs) represent the program most relevant for older adults. Launched in 2006, CECIs are community meeting centers located across the country that seek to reduce the digital divide through expanded internet access and training.¹⁰⁸

The CECIs focuses on reaching older adults, homemakers, people with disabilities, and others at social risk. For older adults specifically, CECIs provide services for those who make use of centers where many congregate to meet their peers, live in long-stay homes, utilize daycare centers, and live in shelters. And a joint MICITT-CONAPAM project equips CECIs with computers and internet connectivity. CECIs seek to provide technological empowerment to older adult communities by providing access to knowledge and information and are growing steadily.¹⁰⁹ CECIs cover 98 percent of Costa Rica and have already trained over 5,000 people with computing skills, ranging from

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– EMILIANA RIVERA, Director of CONAPAM

basic computer literacy to more advanced courses.¹¹⁰

“The idea [with the CECIs] is that in every community, older adults can access technology and computers,”¹¹¹ said Rivera. Rivera considers the program to be a success story that’s having considerable impact on the wellbeing and connectedness of older adults, particularly in rural areas where residents typically have no internet access. “Older adults are continuously asking for more courses and training, which is why we bring this population into the CECl projects and provide a means to help them develop their digital skills,” added Chinchilla.¹¹²

NGOs and Universities Advancing Tech Inclusion Initiatives

Foundations, NGOs, and universities are also working to increase the digital inclusion of older adults. The Omar Dengo

Foundation was an early leader. Created in 1987 by academics and entrepreneurs in Costa Rica to improve the quality of education in Costa Rica using digital technology, it has been a primary force advancing tech inclusion for older adults. The NGO received an initial investment from the U.S. Agency for International Development, followed by investments from bilateral organizations, private companies, foundations, and individuals. In the 1990s the foundation started implementing technology training for the aging population. Some of the courses are taught at the Omar Dengo facility in San Jose, with others taught offsite. To date, the Foundation has provided services to 4,100 older adults.¹¹³

According to Eduardo Monge, Project Manager at Omar Dengo, the organization led what is now a growing movement to enhance technical skills among older adults. “There are other programs, and we are not the only ones providing these trainings, but the [Omar Dengo] Foundation was one of the first organizations that created a program specifically for older adult citizens in the early 2000s, and we are considered the pioneers,” Monge said.¹¹⁴

The Foundation also trains older teachers who did not have technology training as part of their secondary or post-secondary training. According to Monge, the training largely targets older adults who are still in the workforce as a form of professional development.¹¹⁵ However, those trained could become ideal ICT teachers for other older adults.

In addition to these large-scale programs, the National University of Costa Rica has a longstanding Program for the Comprehensive Attention of Older Persons (Programa de Atención Integral de la Persona Adulta Mayor or PAIPAM). In 1996, the program started as a free awareness class from the General Studies Center of the National Universidad titled “The Contribution of the Elderly Adult Person,” intended to eliminate the myths and stereotypes about aging that negatively affect intergenerational relations. And, at the time, older adults participated in the extension projects designed in the course.¹¹⁶

By the year 2000, the course aimed at older adults had become a regular program of the University’s humanities department,¹¹⁷ with volunteers from the community and students from the University teaching courses. Today there are 700 adult students and 57 different courses for them. “We have received a lot of demand for courses on how to prepare for life in an increasingly digital society. We give courses in computation that includes [sic] Word, PowerPoint, and others,” said Dr. Maribel Fernandez, Director of PAIPAM.¹¹⁸ PAIPAM further seeks to enhance older adults’ quality of life through activities and projects that connect the generations while fostering the values of understanding, respect, and solidarity.¹¹⁹

Other public universities also offer courses in technology, as well as other subjects, to older adults, including the Institutional Program for Adults and Older Adults

from the University of Costa Rica, the Gerontology Program at the Distance State University, and the AGAPE Program at the National Technical University. Concerns remain, however, that there needs to be more support for these programs in terms of both funding and course offerings.

“Right now, these programs have very little money and human support for what is needed. Although there are opportunities for older adults to learn in Costa Rica, they are not enough, since demand is high in relation to the amount that are offered. Additionally, even though some courses are free, others carry a cost, which, for many older adults, renders participation infeasible,”¹²⁰ said Fernandez. NGOs including AGECO are working to fill the gaps, offering courses in software programs, multimedia, and use of the internet.¹²¹

While efforts have been made to expand the reach of these programs, the majority are in urban areas and in the Greater Metropolitan Area (GAM) that includes San José, Alajuela, Cartago, and Heredia, which together includes approximately 60 percent of the country’s population. Despite a law providing for older adults’ right to education, it has not been enforced to ensure that opportunities for technology training extend to all parts of the country.

Private-Sector Engagement Limited but Growing

Although Costa Rica has initiatives to attract foreign direct investment in the technology sector, relatively few are focused on older adults. To date, businesses and investors largely focus on younger generations who are presumed to be more digitally savvy.

Some attribute this to the fact that the older generation is not the largest group in Costa Rica. “The potential market [of aging and older adults] has been overlooked. There are a lot of startups and entrepreneurs, but they are looking at larger, global markets,”¹²² said Roberto Sasso, President of the Technological Research Club of Costa Rica. However, this is slowly changing, and businesses entering the market are offering training, as well as new tech-based products and services catering to the older adult demographic.

The International Center for Technology Transfer (El Centro Internacional de Transferencia Tecnológica or CEINTEC) is a private company dedicated to the training of older adults. Its integrated technology literacy program is designed based on pedagogy specifically focused on older adults. CEINTEC offers courses ranging from computer and internet use, social networks, and online shopping, as well as Word, Excel, and PowerPoint.¹²³ CEINTEC also provides corporate and business training working with groups including

advocacy organizations, pensioners' associations, and unions while helping to support older adults and employers adapt to more technologically advanced workplaces.

Other companies, such as Toch Mobile,¹²⁴ are recognizing the need and the market opportunities associated with the growing population of older adults. This local company was founded in 2011 and is dedicated to developing communication technologies specifically designed for older adults. Through targeted research into the needs of this demographic, the company developed a product called Ecosistema Ángel, or Angel Ecosystem, that provides a medical alert system with geolocation that immediately calls family or emergency contacts and conveys pertinent information about the older adult.¹²⁵ Toch Mobile has grown over 25 percent in the past five years. Beyond Toch Mobile, businesses related to physical therapy, housing, and health service platforms for older adults are seeking to expand in the country.¹²⁶ Cost, however, remains a barrier for many and limits use of these technologies.

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Health Care
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In the 70 years since Costa Rica took its pioneering 1948 decision to eliminate funding for the military, the country has demonstrated its leadership both regionally and globally through the prioritization of universal health care and equal rights for all its residents, including older adults.

This focus has in part contributed to the high quality but relatively low cost of health care and wellness programs for older people in Costa Rica and continues to attract an increasing number of older foreigners to the country for retirement. Today the country is grappling with how to innovate and adapt in order to maintain access to care in the face of new challenges, from the growing need for LTC to rising rates of obesity and dementia.

A Leader in Universal Health Care

Costa Rica has a single national health insurance system that covers the vast majority of residents and attracts retirees from abroad who are able to benefit from the system. “Universal health coverage is key to the health of Costa Rica,” said Rocio Saenz, former Minister of Health and former Executive Director of the Costa Rica Social Security Fund.¹²⁷ According to the World Bank, Costa Rica is one of the few countries that has fully integrated a two-tier system common in Latin America, which has historically had separate health care for those employed in the formal sector and another for the poor and uninsured. Costa Rica integrated the system financed by both payroll taxes and general revenues, to offer access to the entire population through a common network of providers.¹²⁸ This program, which protects the poor without the pitfalls of a more fragmented system, plus an intense focus on developing the primary health care system, is broadly recognized as a success story in terms of improving overall health outcomes.¹²⁹

The public health system in Costa Rica has strong national coverage; it is divided into 1,000 health sectors, each of which has basic health teams consisting of a general practitioner, an assistant nurse, and a technical assistant in primary care—who are able to deliver care at the local level,¹³⁰ according to Collin Payne, Researcher and Assistant Professor of Demography at

“Universal health coverage is key to the health of Costa Rica.”

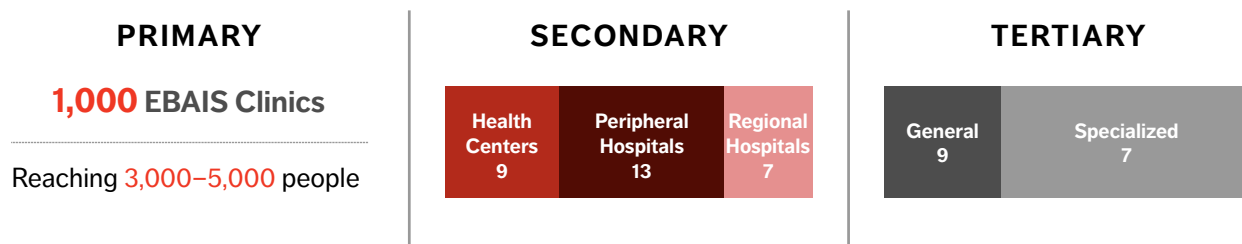
– ROCIO SAENZ, former Minister of Health and former Executive Director of the Costa Rica Social Security Fund

the Australian University. The 2011 census demonstrates the high rate of coverage, as 86 percent of the overall population, and 96 percent of older adults, were recorded as being covered by the public health insurance and care system.

The few uninsured individuals, largely a self-selected healthier group, can obtain health care for a subsidized fee or no fee if social workers verify that a patient has no means of paying.¹³¹ The public health system in Costa Rica is notable for prioritizing access regardless of income. Delivery of primary health care, particularly to remote or poor populations, has been singled out as a key factor in extending livelihoods and reducing mortality in Costa Rica.¹³² “The approach to health care is based on the holistic geriatric care principle of not only caring about physical illness but also including psychological health, activity, and social wellbeing, thus making it a preventive-care approach,” according to Payne.¹³³

The CCSS-funded health care system offers three levels of care (Figure 8):

Figure 8. Three-Tiered Health Care System



Source: AGECO

Primary Care: Basic Comprehensive Health Care Teams (Equipos Básicos de Atención Integral en Salud or EBAIS) were created in 1994 and represent the first level of care in Costa Rica. There are over 1,000 EBAIS clinics, which provide both primary and preventive health care to all the individuals in a community, usually numbering between 3,000 and 5,000 people. A typical EBAIS is made up of a physician, a nurse, a medical records technician, and a pharmacist technician. Comprehensive and integrated care of the older adults is part of the EBAIS system.

It is this EBAIS system that has helped put Costa Rica on the list of the top health care performers in Latin America and the Caribbean, with life expectancies and infant mortality rates at levels similar to those of the European Organization for Economic Co-operation and Development (OECD)¹³⁴ countries. “There is a lot of effort that goes into preventive care, and it is what sets Costa Rica apart from other countries in

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– DAVID REKHOPF, Assistant Professor of Medicine, Primary Care and Population Health at Stanford University

the region,”¹³⁵ said David Rekhopf, Assistant Professor of Medicine, Primary Care and Population Health at Stanford University.

Secondary Care: The secondary level of care is provided by hospitals where appointments may be made with pediatricians, gynecologists, general surgeons, and internal medicine physicians, providing specialized consultations, hospitalization, and medical and surgical

“The approach to health care is based on the holistic geriatric care principle of not only caring about physical illness but also including psychological health, activity, and social well-being, thus making it a preventive-care approach.”

– COLLIN PAYNE, Researcher and Assistant Professor of Demography, Australian University

treatment. A network of 29 hospitals, 9 health centers, 13 peripheral hospitals, and 7 regional hospitals provide these services.

Tertiary Care: The third level of care provides specialized services and complex medical and surgical treatment. There are nine third-level care hospitals in Costa Rica: three general hospitals, and six specialized national hospitals for women, children, geriatric care, psychiatry, rehabilitation, and ambulatory care.

With older adults growing as a share of the population and the projected life expectancy at birth set to reach 81 years by 2025, Costa Rica has recognized the need for more specialists in the field of geriatrics and gerontology to enable a future in which all hospitals and health services employ at least one consultant geriatrician with formal

training, according to demography expert Collin Payne.¹³⁶ The primary response to this is centered at the National Hospital of Geriatrics and Gerontology Raúl Blanco Cervantes, which is dedicated exclusively to older adults.

“In Costa Rica, the network of 29 hospitals are training 132 doctors dedicated to the geriatrics field as part of a five-year program that physicians enroll in after obtaining an M.D. This program and the hospital will be the best in Latin America for geriatrics in the next five years,”¹³⁷ said Dr. Fernando Morales, the hospital’s director. The country’s focus on geriatric medicine is leading the region and creating programs that could be adapted to other countries.

“Costa Rica is really one of the only countries in Latin America that is conscious of the aging population and has acted quite fast, especially when it comes to [medical] technology. The country has really invested and taken the time to become equipped with the best technology and is one of the best in Central America,” said Mariana Romero of Global Health Intelligence.¹³⁸

In addition to providing high-quality care to older adults living in Costa Rica, the system is a magnet for foreign retirees, who can access care under the system for approximately USD 95 per month per couple.¹³⁹

Collaborative Health Care Networks

Although significant advances have been achieved with demonstrably positive results,

challenges remain—notably, the increasing numbers of retired older adults who depend on government support and the effect on the public budget of the rising costs of retirement and health care. In response, the government is seeking more effective ways to promote and support preventive health care programs for older adults, to enhance awareness of self-care, and to foster additional health-related volunteering throughout the country.

Collaborative networks including CONAPAM, the CCSS, the Ministry of Health, the Joint Institute of Social Assistance, municipalities, families, and older adults work together to identify critical health and wellness challenges, and to design programs to best meet their needs. Government-funded programs must be compliant with the framework offered by CONAPAM and strictly follow the existing guidelines for the management of public funds, but they are stakeholder driven and community based. “It is the collaboration among stakeholders that defines actions, interests, and programs, helping us to guarantee adequate care, satisfy older adults’ needs, and enhance the quality of life for those in advanced stages of life,” said Morales.¹⁴⁰

Supplementing its robust primary health care services addressing the needs of the entire population, Costa Rica has pioneered several initiatives for older people, with a focus on the most vulnerable. In 2010, CONAPAM developed a national community-based care network called the Progressive Attention Network for

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– MARIANA ROMERO, Global Health Intelligence

Comprehensive Elder Care in Costa Rica (La Red de Atención Progresiva para el Cuido Integral para Personas Adultas Mayores).¹⁴¹ The Network was launched explicitly for people 65 and older who are low-income or come from poor communities and who have a range of geriatric problems, lack support networks, have dependency problems, or are at social risk. The program seeks to enhance the quality of life of older adults and is funded through 2 percent of FODESAF, which is about USD 3 million annually.¹⁴² FODESAF, which was created in 1998, is a permanent social welfare fund financed by national resources and contributions from the public and private sectors.¹⁴³

Leveraging the talent and skills of older adults within their communities,

networks train retired teachers and other retirees to serve as unpaid community health volunteers. The Retired Teachers' Association (AVA or Asociación de Viudas Amigables), for example, represents 40,000 retired professors and teachers who are leaders in their communities and are often engaged as informal health volunteers.¹⁴⁴ Training includes three-day workshops that focus on older adults' health, means of integrated community-based care, and methods to identify and assess those in need. Community-based volunteers make monthly home visits or visit on an as-needed basis, and assist with nutrition, personal hygiene, and taking medication. In addition to the volunteer-based care, the program provides food supplements, free medicine, and a subsidy of USD 100 monthly for domiciliary care. In 2015, the total cost of the program was USD 14 million and is funded by an alcohol and tobacco tax specifically for that purpose and a 5 percent tax on the wages and salaries of workers in both the public and private sectors.¹⁴⁵

As of 2016, the program had reportedly established 50 community care networks reaching every province and enrolling over 5,000 volunteers providing care to roughly 10,000 people age 65 and older.¹⁴⁶ According to Morales, the program has been extremely successful but needs to expand to 100 networks. However, objectives can shift with changing administrations, and expansion has not yet been identified as a focus for the future.¹⁴⁷

The universal focus of Costa Rica's health care policy sets it apart from other countries

in the region, with the government working to make sure that no one is left behind and that older adults are not left isolated. "Costa Ricans are extremely proud and grateful for all they have, and are sincerely happy people because they feel like they are taken care of," according to David Rehkopf, Assistant Professor of Medicine, Primary Care and Population Health, at Stanford University.¹⁴⁸

Stella Bolaños Varela, the 2017 winner of the Pan American Health Organization Award for Health Services Management and Leadership Services for her leadership in the development of people-centered models of care, underscored the benefits and impacts associated with CONAPAM's Progressive Network. She highlighted Costa Rica's unique community-based system and the benefits of being part of a local care network emphasizing that the social networks provide information, advice, and protection. The social-medical interaction among older adults is enabling volunteers to remain engaged while helping others live independently for longer, elevating a sense of independence and personal worth.¹⁴⁹

"We are working in the communities to provide sustainability and continuity of care through teams of people, including municipalities, NGOs, and people within the community that are able to continue to provide care, reducing costs while trying to maintain a high quality of care. It is very difficult to achieve universal care for all. You have to go slowly and with a spirit of solidarity," said Bolaños Varela.¹⁵⁰

In addition to the CCSS-supported local health care networks and services, the CCSS funds the Golden Citizen Program, which provides discounts to older adults for use at stores, service providers, and other vendors. The program also helps older adults access treatment in areas such as ambulatory care, pharmaceuticals, and hospitalization.¹⁵¹ Today, 75 medical centers are involved in the program. In addition to the services provided by the CCSS, the Ministry of Culture and Sports also funds free exercise classes for older adults, helping to contribute to their overall health and wellbeing.

Dementia and Alzheimer's

In 2010, the Ministry of Health estimated 30,000 people in Costa Rica were suffering from Alzheimer's disease and projected that number could increase by 445 percent by the year 2050.¹⁵² Within the past eight years, that number has notably grown. Costa Rica's Alzheimer's and Dementia Association (ASCADA or La Asociación Costarricense de Alzheimer y otras Demencias Asociadas) estimates that between 35,000 and 50,000 older adults in the country suffer from some type of dementia today.¹⁵³

Recognizing the growing prevalence of this disease, in 2014, the government developed The First National Alzheimer Plan of Costa Rica with the help of CONAPAM, the Technical Secretariat of Mental Health of the Ministry of Health, and the Vice Presidency of the Republic of Costa Rica.

It was the first plan for a low- or middle-income country aimed at enhancing the quality of life of people with dementia, their caretakers, and their families while reducing the adverse impacts of dementia,¹⁵⁴ and it helped put Costa Rica at the forefront of dementia response and care. The plan is based on seven fundamental principles:¹⁵⁵

1. Human rights of people with dementia
2. Empowerment and participation of people with dementia and their caregivers
3. Practices based on scientific evidence for risk reduction and dementia care with research in the public and private sector
4. Intersectoral collaboration in the public health response to dementia
5. Health, social, and community coverage for dementia
6. Equity in public health responses in relation to dementia
7. Care, prevention, promotion, and rehabilitation in the treatment and development of dementia care

"Costa Rica is definitely the leader and pioneer in terms of programs for Alzheimer's both regionally and worldwide. Many of our programs have set the guidelines and methodologies that are implemented at the international level, including the Alzheimer's Plan,"¹⁵⁶ said Dr. Norbel Roman, President of ASCADA. According to PAHO, Costa Rica's plan has allowed the development of public health policies and actions specifically targeting the disease, while others have

“Costa Rica is definitely the leader and pioneer in terms of the programs for Alzheimer’s both regionally and worldwide. Many of our programs have set the guidelines and methodologies that are implemented at the international level, including the Alzheimer’s Plan.”

—DR. NORBEL ROMAN, President of ASCADA

failed to address it. In fact, Costa Rica’s leadership was recognized by Alzheimer’s Disease International, awarding former President Luis Guillermo Solís Rivera the Honorary Ambassador award for his contribution to the fight to reduce the global impact of dementia.¹⁵⁷

As part of its efforts, ASCADA has partnered with cities such as Curridabat, where it has worked with the city council to advance community awareness campaigns and offer trainings to medical practitioners, caregivers, and dementia patients.¹⁵⁸ Dementia diagnosis has increased because of increasing number of older adults getting screened for the disease and greater awareness in communities of symptoms of

the disease. The success of the program led to the development of a local Carer’s Center, which encourages the introduction of more therapeutic interventions, medical treatments, and accommodation specifically for people living with dementia by both the government and ASCADA.¹⁵⁹ According to Roman, one of the reasons ASCADA has been so successful as a leader in this field is because the association does not depend on the national budget for its operations, but rather on the engagement by, and donations from, private and public entities, as well as industry-specific organizations.¹⁶⁰

The government of Costa Rica spearheaded additional efforts to counter Alzheimer’s with the establishment of The Memory Clinic in The National Geriatrics and Gerontology Hospital (NGGH) in San Jose. This was the only Memory Clinic in the country dedicated exclusively to the evaluation, diagnosis, and treatment of memory disorders, mild cognitive impairment (MCI), and dementia. It has been operating under international protocols since February 2007.¹⁶¹ It provides a multidisciplinary geriatric service for patients from any part of the country and consists of two geriatricians, one neurologist, a psychiatrist, a clinical psychologist, two mental health nurses, a pharmacist, and a microbiologist.¹⁶² Other community-based and clinical memory centers are being developed through CONAPAM and the National Plan for Alzheimer’s Disease and Related Diseases.¹⁶³

Lifestyle Challenges to Health Care and Wellness

The health care system is also facing new challenges from increasing health risks such as obesity, heart disease, and high cholesterol across the population, including older adults, as fast food becomes a larger part of the diet of those living in the country.¹⁶⁴ In addition to existing preventive care programs, experts reiterated the need to include diet and healthy-eating advocacy across age groups, including older adults, to foster long-term health and wellbeing, but this is not being adequately addressed today.

“Although the life expectancy of Costa Ricans age 65 and older and is one of the highest in the world, this will worsen with time because unlike the present generation of older adults, the next generation 15 to 59 is being brought up on fast foods and not as much physical activity, especially with the digital age,”¹⁶⁵ said Dr. Luis Rosero, retired Professor at the University of Costa Rica and founder and former Director of the Central American Population Center.

“Everyone is living longer, but this is not necessarily a blessing because people are aging with unhealthy lifestyles. They are not eating properly. Obesity, heart disease, kidney failure, and high blood pressure are some things that are ailing older adults—all of which can be traced back to fast food,”¹⁶⁶ said Katya de Luisa, a senior affairs family consultant.

Growing Need for Long-Term Care

While Costa Rica has developed extensive health care networks for primary care, LTC is still in its infancy. While most long-term care is still provided by families, with an increasing percentage of women entering the labor force combined with a general change in family composition, there is a growing need for more formal LTC structures.

Experts note that although society always encourages people to stay in their community, there is still a need to address the increasingly urgent issue of long-term care.¹⁶⁷ “The fact that older adults are living longer is the result of the great investments that have been made in this country—from the universal health care system to the pension system. But with this long life, the country must assume certain programs. Communities, municipalities, and the government all have to come together to find solutions,”¹⁶⁸ said Dr. Rocio Saenz, former Executive President of Costa Rica’s Social Security Fund and Costa Rica’s former Minister of Health.

One expert notes that there are long-term programs developing, but they are not very well established and need more regulation.¹⁶⁹ “It is not necessarily only the responsibility of the Ministry of Health. There need to be agreements with well-established institutions with specific

responsibilities for better care,”¹⁷⁰ said Dr. Mario Cruz, advisor to PAHO’s Costa Rica office.

But financial resources and capacity at these institutions remains weak. “The nursing homes are very small, underfunded, and understaffed. There has to be more education of the workforce as frequent staff turnover has made the environment very unstable,” said de Luisa.¹⁷¹

While LTC is a more recent area of concern, the Ministry of Health has recognized the need for inter-institutional and stakeholder collaboration due to its growing demand and is working closely with both PAHO and WHO in the development of the National Strategy for Health Aging 2018-2020. The Ministry is also continuing to engage in these dialogues to formulate Costa Rica’s longer-term LTC strategy.

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