Progress Report – Health, Education & Social Services Working Group
Tuesday February 13, 2018

Introduction

A resilient Puerto Rico needs functional ecosystems where communities and government entities are custodians and participants of social and economic development. These actors also need to maintain active roles in the decision-making process that generates additional benefit derived from these actions. Resilient systems tend to demonstrate seven main qualities: reflexivity, ingenuity, robustness, redundancy, flexibility, inclusion and integration. As such, resilience in education, health and the social services sector requires a holistic approach, recognizing and capitalizing on the complexities that make up the education and health services systems and the interdependencies and risks to establish actions to face and recover from acute shock and chronic stress.

Strengthening resilience in education and health systems requires an understanding of the environmental and social determinants of health. A healthy community has been defined as a community that is "... secure, economically safe and environmentally sound" with residents who have equal access to high-quality education and employment opportunities, transportation and housing options, healthcare and prevention and, healthy eating and opportunities for physical activity (Institute of Medicine, 2015). A resilient health system should offer integrated facilities and services that include: monitoring and mitigation of public health risks, including access to quality medical care and adequate emergency medical care and response services (Arup & Rockefeller Foundation, 2015)\(^1\).

Goals and Objectives for the Health, Education & Social Services Sector

**Goals**

Goals can be defined as "the end to which the actions or desires of someone are directed". In this sense, the goals allow to identify and establish the purpose of an aspiration or action to be carried out.

The working group identified goals for the education, health and social services subsectors. These are:

---

Education:
   An open school and part of the community with a curriculum that integrates technological skills that stimulate critical thinking and entrepreneurship.

Health:
   A robust comprehensive health system at the community level, accessible to all, based on scientific evidence.

Social Services:
   An educative, inclusive and fair society that offers safeguards of careful participation in decision-making processes, with access to reliable, current, accurate and integrated information.

Objectives
In turn, an objective can be defined as the point to be reached in order to reach a goal. The objectives tend to be measurable and concrete statements that allow identifying that a goal has been achieved efficiently, effectively or effectively.

The objectives identified during the discussions of the working groups were identified at different times: short, medium and long terms. The following list presents the main objectives identified.

Education:
   - Short term (0-12 months)
     ▪ Define the criteria to be used for school closures
     ▪ Evaluate the curriculum and accessibility to schools
     ▪ Recognize the role of schools as community centers
   - Medium term (1-3 years)
     ▪ Improve unified communications systems
     ▪ Develop a curriculum that adapts to new technologies and a new vision
   - Long term (5+ years)
     ▪ Infrastructure review

Health:
   - Short term (0-12 months)
     ▪ Use the data to learn more about the demography
     ▪ Activate and integrate existing community campaigns that offer services to the community
Emergency management must have a management plan and an emergency response. The plan needs to identify the location of vulnerable people (mobility problems, etc.)

- Medium term (1-3 years)
  - Increase emphasis on risk prevention and reduction
  - Increase responsibility in the system
  - Provide better intrahospital communication
  - Address the increase in opioid overdoses
  - Diversify health campaigns
  - Improve access to mental health services

- Long term (5 + years)
  - Improve unified communications systems
  - Provide prevention services that are community based

Social Services:

- Short term (0-12 months)
  - Make guides of what to do after a disaster
  - Identify the vulnerable members of the population
  - Achieve greater citizen participation in decision making

- Medium term (1-3 years)
  - After identifying the vulnerable members of the population, design strategies on how to help them, for example, consider how elders are being impacted by emigration.
  - Make the statistics public and accessible to increase access to data, information systems, integration and interpretation

- Long term (5 + years)
  - Address disparities in the system
  - Recognize the role of community organizations and non-profit organizations in identifying needs and providing services

Main shocks and stressors identified

The main shocks and stressors identified in this working group were focused from three main perspectives namely: environmental and climatic; physical infrastructure; and social and economic. The main shocks identified include hurricanes, earthquakes, floods, and collapses of electricity and communications services.
The main stressors identified include the rise in sea level; climate change; insecurity in employment; child poverty; economic inequalities; the lack of investment in technology; the decrease in secondary and tertiary education; physical, mental, clinical and preventive health problems; austerity policies directed towards social services; the obsolescence of physical infrastructure, the demographic changes resulting from migration, the absence of a national system of collective transportation, food insecurity, the precariousness of retirement systems, the aging of the population and the dislocation between social needs and availability of services.

Priority areas

**Access and quality of health care.** The health conditions of the general population require a wider attention based on the social, economic and environmental factors that influence health. Community design has been a key factor in the reduction of long-term chronic diseases, and addresses issues of equity related to access and environmental justice. Assistance is needed in the vision of risk reduction.

**Equity in the education system.** After Hurricane Maria, many children from public schools in Puerto Rico have emigrated, which has caused a loss of enrollment of more than 20,000 children. The decrease in enrolled children will result in more schools being closed.

- There is a new policy that is being articulated to bring a budget and bring new funds. Education in Puerto Rico is stratified; and poor children are those who go to public school and parents who can pay, even if they receive scarce resources, put their children in private schools. This generates a class division within education. The closing of the schools, is due to changes in governance and search for savings, it does not take into account what is needed to prepare a citizen full and civic sense. There is an interconnection between poverty and attendance at public schools.
- There must be clear criteria for the closing of schools, so that school closure is not a discriminatory closure.
- We must develop a curriculum that adapts to new technologies and a new vision.
- Higher education does not promote creativity or performance. We only have employee training centers, but when we talk about unemployment, we do not have the mechanisms so that this population can create an effective development of the country.
- The nexus of the schools and their community must be reinforced. After the hurricane, the schools were the refuge and storage centers. The communities organized and fixed their schools. Therefore, we must consider the sense of belonging of the schools to the community.
Communications, and use of data and technology. We need statistics to be available and public. We need to have our information systems updated and that all the information is contained in the same place. It is also important that the goal of having agile and intelligent information systems that facilitate the distribution of aid to Puerto Ricans be consolidated.

- We need to review the roles that are assigned to the agencies. Emergency Management must have a management plan and emergency response. This plan must identify where people are of legal age, people with mobility problems, among others. You have to make a network.
- We need to care for marginalized people and communities. The number of opioid overdoses that result in death has increased in recent months. There is a systematic failure in scientifically based treatments versus high cost treatments. If we give high cost treatments but low performance, money is wasted.
- We need to have intrahospital communications. We must also have transportation logistics and a diversity of sources of support.
- We need to know where the homes with vulnerable people are. Have public policies that are more integrated with the audit. Have the data to be able to make the processes more efficient.

Main issues and concerns

Economy. It is difficult to improve health systems when there is great instability in the economy of Puerto Rico. Puerto Rico needs more equitable attention in terms of financial support for health care, social services and the design of programs that address issues of prolonged economic instability. There is no economic development without education.

Transparency. You need to have confidence in government and institutions. You need a reliable communications system. You need transparency and access to statistics. Design of effective methods and tools taking into account geography, network support and science. Update of information systems. It is essential to have a robust and geographically referenced system to identify where citizens are located.

Migration. There is a constant population displacement, and this dismantles the community. Many elderly people were in Aegis, others in hospitals or shelters. We have as an aggravating point, that migration has affected the family support network. We can think that the people who were in the aegis, were protected, but after the hurricane came the problem of mobility and the difficulty of communicating with the support network of that elderly. It is necessary for these communities of the elderly to be structured and for the registers of aged people and homes to be updated.
Recovery and reconstruction opportunities

The reconstruction of Puerto Rico provides the opportunity to foster a more resilient, healthy and sustainable environment for the country. Some cross-cutting issues that must be addressed in order to promote the recovery and reconstruction of education, health and social services in a resilient manner include:

**Equity and empowerment.** Puerto Rico needs attention to the design of programs that address issues of prolonged economic instability. In addition, greater financing is required for the construction and repair of hospitals, community health centers, health technology infrastructure, schools and basic infrastructure.

**Risk management.** The high rates of chronic diseases can be addressed through the design of the community, as well as the integrated provision of health, education and social services that can take into account the needs of all people and recognize the strong social and environmental determinants of health in Puerto Rico. The resilience of the infrastructure of the health and education system, as well as basic urban infrastructure, can be improved by applying adequate building standards for their locations, sites and types of buildings. The collection of data and the analysis of structural problems should inform public policy decisions and prioritization in decision making. The actions must be monitored and evaluated after they have been implemented to measure their effectiveness and effectiveness.

**Leadership.** The design and implementation of reconstruction strategies require collaboration between experts from multiple disciplines and community leaders, as well as an understanding of the conditions and needs based on the place. Proposals should be based on the strengths of local institutions and initiatives, such as existing networks of community schools and community health centers.
Annex: list of participants of the technical team of the working group

- Ana María García Blanco, Instituto Nueva Escuela
- Carmen Delia Sanchez, Oficina del Procurador de Personas de Edad Avanzada
- Dr. Rafael Torruella, Intercambios Puerto Rico Executive Director
- Janice Petrovich, Red Fundaciones de Puerto Rico Executive Director and Vicepresident
- José “Pepe” Carlo, MD, Professor of Medicine, UPR - Medical Sciences Campus
- Luis A. Avilés Vera, Professor of Medicine, UPR - Medical Sciences Campus
- Luisa Seijo, Professor UPRM
- Marta Michelle Colon, Senior Program Director Children’s Health Fund
- Pedro Colón-Almenas, Intercambios Puerto Rico
- Niurka I. Arce, Oficina del Procurador de Personas de Edad Avanzada