

A case study of the elder care functions of a Chilean non-governmental organization

Javier Pereira, Ronald J. Angel, Jacqueline L. Angel*

University of Texas at Austin Austin, TX, USA

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Abstract

This paper examines the history and role of a faith-based Chilean nonprofit organization, *Hogar de Cristo* (Christ's Home), in providing elderly care in the context of recent economic and sociopolitical changes in the country. Chile has been at the forefront of market-based reforms in the delivery of social services and its experience provides insights into the intersecting roles of the state, the market, and the non-governmental sector in addressing basic human needs. Based on in-depth interviews, archival data, and field observations, we investigate the institutional, political, and social factors that account for the organization's success. These result from a number of factors including a capacity to adapt to changing client needs, the successful adoption of an entrepreneurial style of management and outreach, and the building of trust through effective public relations. Although conditions unique to the situation of this faith-based organization in a highly Catholic country may account for its success, the experience of *Hogar de Cristo* provides useful lessons for the future of elder care policy in the Americas.

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Introduction

The population of the world stands on the threshold of a demographic revolution unparalleled in human history. The growing number of elderly persons, and the increasing proportion of the population that they represent, present developing as well as developed nations with a wide range of

problems related to the care and support of a dependent older population and the need to ration scarce resources among age groups. Nowhere is this situation more urgent than in the nations of South America, in which populations will age rapidly well into the twenty-first century (Palloni, McEniry, Wong, & Peláez, 2006). By 2025, at least one-fifth of the populations of 15 countries in the western hemisphere will be 60 or older (Chamie, 2005). In a period that will likely be characterized by slow or no economic growth national, regional, and local governments will face increasing difficulties in providing all of the support their citizens need (Pierson, 2001). This new demographic reality

*Corresponding author. Tel.: +1 512 471 2956;
fax: +1 512 471 1835.

E-mail addresses: jpereira@mail.utexas.edu (J. Pereira),
rangel@mail.la.utexas.edu (R.J. Angel), jangel@mail.utexas.edu
(J.L. Angel).

requires novel approaches to the care of older adults, including the formulation of public policies that increase the use of non-governmental organizations (NGOs) in providing support services.

In this paper we focus on Chile, which like other Latin American nations has traditionally looked to the family as the primary source of care for the elderly. This reliance on the family, though, is today strained by profound social changes that undermine the family's care giving capacities. Where the family cannot cope, the state and market provide the only alternatives. Yet despite Chile's embrace of the neoliberal economic agenda, market-based solutions to elder care have not been, nor are they likely to be the answer. Institutional long-term care is simply too expensive for the majority of families or for the nation as a whole. In 2002 fewer than 2% of elderly Chileans resided in nursing homes (Marin, Guzman, Miguel, & Araya, 2004). Although this percentage may increase among the middle class in the future, for the poor other solutions must be found.

Today fewer older Chileans live in extended families than in the past, and like other developed and developing nations Chile has experienced a rapid growth in female labor force participation (De Vos, 2000; Duryea, Edwards, & Ureta, 2001). By 2003 women made up 36% of the Chilean labor force (United Nations, 2005), and 42% of women between 15 and 60 were engaged in paid activities (CASEN, 2004). Other social trends, including a decline in fertility and the increased urban segregation of the poor, have undermined the mutual support capacities of extended social networks and eroded the care-giving capacities of entire communities (CELADE, 2001; Kaztman, 2001). These changes occur in conjunction with increases in the prevalence of disabling chronic conditions. Data from the Survey of Ageing and Well-being in Latin America reveal that in Chile 68.1% of women and 57.8% of men 60 and over suffer from poor health (Palloni, Pinto-Aguirre, & Pelaez, 2002). Approximately one out of every two (46.8%) Chilean women and one of every three men (38.4%) over the age of 75 experience some difficulty in performing instrumental activities of daily living, such as managing money or preparing meals.

The utility of a case study

In this paper we examine the role of one faith-based NGO in Santiago to assess its role in providing

care to the elderly. The objective of this case study is both to understand the magnitude of emerging problems in the realm of long-term care in a fairly affluent Southern Hemisphere nation and to detail one potential response. Within this context we wish to understand the emerging distribution of responsibilities among the state and other organizations, as well as the specific conditions under which the NGO sector can address certain long-term care needs. For welfare theorists, this case sheds light on the conditions under which NGOs may be particularly well suited to address the particularistic needs of specific groups and even address more general social service needs (Esping-Andersen, 2003; Huber, 1996). For institutional theorists the case illustrates effective strategies for building organizational autonomy in a resource scarce environment, for mobilizing internal and external resources, and for the efficient alignment of institutional goals with public policy objectives (Meyer & Scott, 1992; Scott, 1995).

Our objective might be usefully summarized in terms of Stake's (1994) description of the "instrumental" case. The label refers to the fact that the "case" is of interest not necessarily because it is representative or typical of a class, nor because it may be useful for generalization, but because it provides useful insights into a specific problem or it provides an opportunity to refine a theory. The case represents an opportunity to frame and investigate a new domain or an old one from a new perspective (Stake, 1994). The unique aspects of *Hogar de Cristo* as an organization, far from representing obstacles to understanding important social processes, provide an excellent opportunity to identify those conditions under which the contribution of a non-governmental and nonprofit organization can be feasible and effective. Of course given the uniqueness of any particular organization, specific generalizations concerning an entire service sector must be made cautiously. Nonetheless, case studies provide the detailed assessment of a variety of factors in context that more of an overview analysis might miss.

The data for this case study were collected during two summers of fieldwork in Santiago, Chile, in 2003 and 2004. Several data sources were used to examine the role of *Hogar de Cristo* in long-term care provision. First, we compiled information from published and unpublished sources concerning the history, evolution, services, and present situation of *Hogar de Cristo*. Specific information about the organization's elder care objectives and activities

was provided by directors and secretarial staff. A recent report by the organization consisting of a thorough review of its elder care giving philosophy and the model of service delivery proved particularly useful (Lowick-Russell, Parga, & Carmona, 2004).

Second, in-depth interviews with *Hogar de Cristo*'s staff and directors were conducted in Chile during two summer visits to Santiago. The first author conducted seven interviews with *Hogar de Cristo* personnel, including high-level officers of the organization. This data collection effort was part of a larger project focused on the role of NGOs in the provision of health services in the Southern Cone. The project's fieldwork also included in-depth interviews with members and directors of health related NGOs (12); governmental health service providers including municipal and ministerial services (9), public health administrators and officials (7), users and clients of health services (18), academic informants and consultants (11), and one representative of the most important Chilean NGO association (Acción). Third, interviews were preceded or followed by direct observations at four different facilities in Santiago, including the central headquarters of *Hogar de Cristo* in Estación Central. Lastly, two former employees of the organization living in the city of Austin, Texas also served as a valuable source of information for checking data and provide additional insights.

In what follows we present the information collected from these sources and examine the origin and mission, the administrative structure, staffing and funding sources of *Hogar de Cristo* and provide information concerning aspects of its institutional capacity and effectiveness in dealing with the social problems of the elderly. In Chile institutional long-term care is simply too expensive for the majority of families or for the nation as a whole. Less than 2% of the elderly population is institutionalized in formal or informal residences (Martin et al., 2004). Neither the state nor the market is able to mount sufficient and adequate responses to address the health and social service needs of the elderly. In this context of limited state or market services *Hogar de Cristo* and similar organizations offer the hope of addressing at least a portion of the problem.

Chilean old age policy

Even though Chile is well ahead of other Latin American nations in addressing the problems of the

elderly, Chile has only recently begun to develop a formal approach to assessing their health and social needs. The most notable characteristics of the Chilean social welfare system stem from the privatization initiatives in health and social security that were begun during the 1980s and that have led many to view Chile as a model of market reforms. As part of these reforms the Pinochet government reduced social spending and embarked on a policy of maximal privatization of all services (Huber, 1996). Yet the limited possibility of market solutions to the problem of elder care in a nation with relatively low family incomes and assets led the Pinochet government to introduce some limited governmental initiatives. For the most part these were based on a paternalistic and traditional approach.

It was not until the 1990s after the return of democracy that formal policies that dealt with the elderly were introduced. Today a range of public programs address a wide range of needs among the elderly from the need for legal assistance, recreation, health care, access to the web and library resources, financial assistance, and much more. The general philosophy informing the new policy initiatives has been to encourage *autovalencia* (self-reliance), and *envejecimiento sano y activo* (healthful and active aging). These objectives continued to stress non-governmental approaches and were to be achieved through flexibility in policy design and decentralization of control, with the state's role moving more toward regulatory oversight. The culmination of this changing policy environment was the creation in 1999 of the *Servicio Nacional para el Adulto Mayor* (National Service Agency for Mature Adults).

Despite these new initiatives in public policy focused on the elderly the overall approach remains inadequate given the extent of the need. Most fundamentally, since new programs are designed primarily for fairly self-reliant individuals with defined and limited needs they do not address the needs of the impoverished and dependent elderly with multiple and complex problems. They often fail to take socio-economic or cultural differences, or differences in physical and mental health care needs into account. (Lowick-Russell et al., 2004). It is specifically in response to these shortcomings that *Hogar de Cristo* identifies its service delivery niche. Of course *Hogar de Cristo* is not the only organization serving the needs of the elderly poor. Several other organizations, both Catholic and

non-Catholic, run nursing homes and provide elder care. Yet *Hogar de Cristo*'s size and programmatic breadth and its geographical and quantitative coverage make it unique. As an independent but influential and powerful faith-based organization it has been able to develop culturally specific and integrated responses to the needs of specific subgroups.

The privatization of health care services during the Pinochet regime entailed the development of a for-profit private health sector consisting of institutions called ISAPRE's or *Instituciones de Salud Previsional* (Health Providing Institutions). This system covers the middle class, which could afford to pay for services. Although the plan was successful in fostering a private health care market, privatization could not address the needs of the poor nor provide long-term care for the elderly (Rojas, 1998). Growing levels of need for long-term care that neither the state under National Public Health Fund (*Fondo Nacional de Salud*, FONASA) nor the market could address created a service vacuum in which NGOs and grass-roots organizations began to define their new roles. After the end of the military dictatorship, elected governments actively encouraged the growing presence of NGOs, which were only tolerated by the Pinochet government, in social services. This included policies that strengthened the NGOs' capacities and that actively encouraged their involvement in providing social services. Presidents Aylwin, Freire, and Lagos increased the amount of social service funding funneled through these organizations. During the early years of the democratic restoration (1990–1993) the Chilean government's financial support of NGO activities increased by approximately 600% (Cancino & Vergara, 1996).

In Chile today the mobilization of civil society organizations to address the needs of the elderly is proceeding apace. A national network of municipal *clubes de ancianos* (elder clubs), which was founded in the 1960s and gained visibility during the 1980s and 1990s promotes self-help and provides services and assistance to the elderly. According to data from the *Comité Nacional para el Adulto Mayor* (National Committee for the Elder Persons) there were 7897 elder clubs in 2005 with a membership of approximately 245,290 individuals. The Catholic Church alone sponsored 1859 *Clubes Parroquiales del Adulto Mayor* (Parish Elder Clubs) that promote social integration and mutual support for more than 60,000 elder persons. (SENAMA, 2005). However,

few of these organizations provide health care of any sort (CISOC, 2001).

Hogar De Cristo's origin, organization, and structure

Within this group of service providers, *Hogar de Cristo* stands out. Among other unique features, the organization offers the full range of residential assistance, including in-home assistance, day-care centers, assisted living residential homes, and for those with no family options, nursing homes. This array of services is provided without direct assistance from the state. In Chile today the "elder clubs" and *Hogar de Cristo* can be seen as more than new organizational forms. Rather, they represent a social movement with grass-root origins that has emerged to address the needs of a growing population of impoverished elderly persons. Although NGOs have become an increasingly important part of the health care landscape worldwide, little is known about the nature and extent of their operations or about their effectiveness in providing services (Edwards & Hulme, 1996).

Hogar de Cristo was founded in 1944 by a charismatic leader, Father Alberto Hurtado, a Jesuit priest who felt compelled to respond to the large number of homeless people in Santiago. The elderly were not singled out as a particular focus but have come to represent a large fraction of the clientele served. In addition to its mission of ministering to the needs of the poor, *Hogar de Cristo's* activities include advocacy and public relations aimed at raising the public's awareness of the problem of poverty in Chile. By 1951 the organization had already provided shelter to 700,000 people and distributed 1,800,000 meals (Erlick, 2002). Since its beginning *Hogar de Cristo* has become professionalized and has adopted managerial, administrative and fund-raising strategies that have allowed it to increase private donations and avoid dependency on the state or on the Catholic Church. In 2002, nearly 32,000 people received services daily (AmeriSpan, 2004). In Santiago alone, 2654 clients aged 60 and over receive services on a daily basis.

National survey data indicate that *Hogar de Cristo* is the most trusted organization in the country (CERC, 1996). Although religion remains an intrinsic part of the organization's life, employees, volunteers, and those who receive help can be of any religion. *Hogar de Cristo* offers membership and the organization has strong membership support,

which is a major factor that allows it to remain financially independent. Membership has continued to rise since the option was made available in the early 1970s. During the last six years membership has almost doubled in Santiago and more than tripled in the rest of the country. In 2004, *Hogar de Cristo* had close to 650,000 members which represent slightly over 3% of the Chilean population of 15 million.

With few exceptions, community-based NGOs are best suited for providing frequently needed and relatively inexpensive services on a time and resource limited basis (Pereira & Angel, forthcoming). Such assistance might include providing or preparing food or temporary shelter, assisting with small monetary subsidies, providing medical supplies, or training family members to assume care giving responsibilities. *Hogar de Cristo* is somewhat exceptional in that it provides a certain amount of long-term care which is by definition time and resource intensive. The inclusion of medical services in the organization's structure such as vision, hearing and dental care, as well as psycho-social assistance related to chronic diseases, addresses the most seriously unmet health needs of the elderly in Chile (Marin & Wallace, 2002). Nonetheless, for the most part its mission focuses on the bounded needs of specific sub-populations with the ultimate goal of assuring adequate provision of culturally competent care based on an intimate knowledge of and capacity to work in these communities.

Perhaps the most important questions that arise, though, relate to the effectiveness of NGOs, including *Hogar de Cristo*, in particular problem areas. In the domain of elder care we might operationalize the *effectiveness* of the delivery model in terms of the extent to which NGO intervention prevents institutionalization and provides viable community options for support. In the case of severe functional incapacity when independent living is no longer possible certain NGOs like *Hogar de Cristo* might provide institutional care. While temporary or occasional support services are probably provided by all such organizations, only a few are capable of providing full institutional care given its cost. Offering a range of services from home care to residential care represents the ideal since the need profile of the population varies from those with minimal needs to those who are completely dependent.

From the perspective of institutional theory, we may see *Hogar de Cristo*'s full range of services as

an adaptive response to a changing elder care environment, where purposive institutional design, resource control and management, and the avoidance of dependency are key factors in effectiveness (Meyer & Scott, 1992; Scott, 1995). Theorized as incomplete social systems, NGOs in general and *Hogar de Cristo* in particular, are challenged to "manage dependency" as they seek the resources to reproduce institutional structures and maintain legitimacy at the same time that they retain autonomy in order to accomplish their care mission in a changing environment. The successful resolution of the tension between resource acquisition and the need to maintain autonomy requires some degree of professionalization in terms of organizational structure, management, and the supervision and skills of the care providers. High levels of specialization and expertise, training of staff and volunteers to provide high-quality services, and the advancement of a professional institutional environment emerge as salient institutional features that may allow for effectiveness and service scaling-up. The successful NGO, then, must combine the often conflicting needs of organizational professionalization and bureaucratization and the desire to remain close to the community and clients on which its unique approach is based.

Hogar de Cristo's level of professionalization is revealed in the organization of its service domains and other aspects of its service delivery and accountability. In each of its service domains coordinators oversee different programs and activities that employ professionals, educators, psychologists, social workers, and volunteers. Administratively, a nine member board of trustees, the most senior of whom is a Jesuit priest, oversees national operations. All members of the board are volunteers and their duties include assuring that the activities of the organization conform to the mission statement, the approval of new programs and areas of intervention, and the creation of subsidiary organizations. In addition to the national board, the organization relies on regional boards of directors whose purpose is to foster local support and develop an understanding of local needs. The regional boards of directors are appointed directly by the national board and are responsible for the progress and administration of local projects. Because of its size and complexity, *Hogar de Cristo* has two executive directors, one in charge of managing social programs and the other responsible for administrative oversight. Both directors report

to the board of trustees. Approximately 2500 staff members and 7000 volunteers carry out the organization's work (AmeriSpan, 2004). Two related but privately managed entities consist of a funeral home and a housing division that has built 440,000 housing units for low-income families in Chile (The Nonprofit Enterprise and Self-sustainability Team, 2000).

This division between administrative and service delivery functions has been identified as a major factor in *Hogar de Cristo's* overall success. This organizational feature has been necessary to reduce the risk of losing contact with the community. The complex structure of *Hogar de Cristo* and the reliance on regional boards and affiliates appear to enhance the organization's ability to retain much of its grass-root focus. The organization has established more than 50 affiliates in the various regions of the country, including three in the Santiago metropolitan area itself. Although its decentralized nature may have contributed to the organization's success, the board is currently moving toward a more centralized model of governance as a means of exerting greater control over the regions.

A great deal of importance is given to the recruitment, training, and monitoring of volunteers who on average devote four hours a week of their personal time. A specific department under the supervision of the social service director receives requests for volunteers from different programs and is charged with the responsibility of recruiting and training individuals to serve. Each service domain includes an individual who is in charge of monitoring the performance of volunteers. This position is necessary since problems with volunteers arise from a lack of preparation and conflict between volunteers' desires and the needs of the program. All of these features reflect an organization that has reached a size that requires a great deal of internal coordination and administration.

Assessing client's needs and targeting services

Hogar de Cristo's core objective in elder care is to mobilize and strengthen the social resources available to an older individual, his or her family, and community in order to increase autonomy and avoid dependency to the maximum possible extent. Even a large organization like *Hogar* faces serious limitations in what it can do and *Hogar* has developed a formal policy of targeting services to those in greatest need. This targeting is based on a

screening instrument used to identify mental health problems, physical disabilities, chronic illnesses, and income adequacy, cultural factors associated with deprivation and marginality, domestic violence, past and present alcohol and drug abuse, and the degree of access to basic services. A lack of social support and an inadequate income are two factors common to all individuals who receive help from *Hogar de Cristo*.

Given the clearly negative impact of physical or mental problems on the independence and well-being of the elderly, these domains represent major concerns. In addition to those with such problems, those considered to have the highest need include elderly couples and individuals with low levels of autonomy who are living alone, elder persons who are providing care to a disabled family member, and older persons living in families that lack the economic resources to provide for the older person's needs (Lowick-Russell et al., 2004). This formal targeting of services is based on the recognition that the elderly do not comprise a homogeneous population. For certain individuals, especially those who were unable to save or accumulate assets during their working years, old age brings with it the serious risk of poverty and illness. Those with the fewest social and economic resources are the individuals that are often not well served by poorly coordinated government programs. Within the population in need each individual's situation represents a combination of unique factors that require personalized intervention strategies. In order to address complex needs individuals with a wide range of professional skills and knowledge of the community participate in the elder care programs.

Among *Hogar de Cristo's* key operational characteristics that have contributed to its success are the organization's capacity to scale up services quickly, its ability to reach out to new target populations, and its ability to widen the scope of interventions without compromising the quality of the services provided. This flexibility reflects the unique structure of the organization that incorporates specialization and professionalization and a vertical administrative hierarchy with flexibility in defining problems and employing volunteers. The increasing share of the elderly among the organization's target population and the growing challenge it faces in providing assistance to families in the community who care for elderly individuals require new adaptations. In response to the growing need

for long-term care and the desire for elders to remain in the community with dignity and respect, *Hogar de Cristo* offers a continuum of care that covers the full range of needs, from nearly complete reliance on community and family members to institutionalization. The four options that make up the continuum include: (1) in-home assistance; (2) day care centers; (3) self-managed residential homes; and (4) protected residential homes. On a daily basis the organization serves 2654 older individuals through these programs in Santiago. Several factors are considered when determining an elderly person's eligibility for admission to residential programs. These include age (one must be 60 years old or over); income (one's family income must be lower than the poverty threshold, which was 40,000 Chilean pesos in 2005, or approximately 68 US dollars per month); available housing quality and safety (one must be homeless or living in substandard housing or the victim of mistreatment/violence); and health (suffering from alcohol abuse, and/or afflicted with a disease or health problem) (Lowick-Russell et al., 2004).

The types of services the organization provides to community residents include transportation to health care facilities, help with medications, legal and financial assistance, and help with food, household items, clothing, and other daily necessities. Another intervention model is embodied in social support programs that are focused on the prevention of isolation. These programs are based in day care centers that provide educational services, recreational activities, occupational therapy, family intervention, nutritional and health information, transportation to and from the centers, assistance with hygiene and hairdressing, laundry services, household repair, temporary care and other services as needed. These services overlap and complement those of the independent living initiatives.

The most ambitious and extensive interventions are part of the organization's housing and assistance programs, which include institutionalization in the most serious cases. *Hogar de Cristo* is perhaps unique in actually providing long-term care in its own facilities. These programs are geared toward those elderly individuals who are too impaired or who do not have the family resources to live in the community. These residential services, which are offered on a temporary or longer-term basis depending on need, are provided in housing units. The residents receive the full range of services

offered by the other programs. In Santiago a total of 1260 people receive services in these residential facilities (Lowick-Russell et al., 2004).

Hogar de Cristo's success has led to an increasing demand for its elder care services. To help fill the gap, HC has supported the work of service delivery entities, by signing *convenios* (contractual agreements) with third party organizations through which they supervise, monitor, and fund elder care services. These subcontracts include such ancillary service providers as foundations, parishes, other NGOs, and religious congregations. These third parties administer aspects of the service delivery programs and in certain cases they also contribute funding and infrastructure. For the most part, though, *Hogar de Cristo* funds the subcontractors and provides supervision, consultation, and assistance with the targeting through its centralized screening procedures for determining who receives services. Such subcontracted services represent a large share of the total number of individuals served. In 2003, for example, while 831 individuals were housed in *Hogar de Cristo's* own long-term care homes, 378 were in subcontracted home situations. Of the 606 individuals receiving day care services, 335 were served by subcontractors.

Reflecting its high level of professionalization, *Hogar de Cristo* employs best practice management techniques and innovative fund-raising strategies. The fact that the organization receives relatively little of its funding from the state makes it an exception to other NGOs in the region. Indeed many NGOs have become little more than state agencies, a fact that has resulted in much criticism (Gideon, 1998). Although *Hogar de Cristo* is a faith-based organization, it does not receive direct funding from the Catholic Church (The Nonprofit Enterprise and Self-sustainability Team, 2000) although it does receive funds from all of the national and international Catholic fund-raising sources. Most of *Hogar de Cristo's* financial support comes from private donations rather than public funds or private grants (Nonprofit Enterprise and Self-sustainability Team, 2000). In 1998, 82% of the organization's expenses were funded through its internal income generation strategies: 47% from membership donations, 15% from fee for services (including 10% from contacts with Chilean Government), 4% from sales of products, such as holiday and greeting cards, 6% from rental property income, and 10% from licensing agreement royalties (Nonprofit Enterprise & Self-sustainability

Team, 2000). The organization also co-owns three supermarkets (Nonprofit Enterprise & Self-sustainability Team, 2000). In 2002, the foundation created a private enterprise, *Providencia SA*, to assume the responsibility of collecting monthly dues, a move that shifted responsibility from voluntary collectors to paid professional subcontractors.

An important source of revenue is a funeral home founded in 1954. The project was begun in response to the fact that many Chileans could not afford to pay the burial expenses and other costs associated with the death of a loved one. The funeral home has contracts with *Parque del Recuerdo* (Memory Park) cemetery, *Prever* (a funeral service company), and *Cinerario Hogar de Cristo* (a crematory). One of the most effective fund-raising mechanisms is the selling of *Coronas de Caridad* (Crowns of Charity), which are memorial cards that convey expressions of love for a departed loved one and serve as replacements for traditional funeral wreaths. These cards have become a national symbol throughout Chile and are a valued vehicle for expressing affection while supporting the work of the organization.

As we noted, *Hogar de Cristo's* fund-raising capacity is so highly developed that it has, in practice, become a foundation that it serves as a source of funding for other organizations, NGOs, and grass roots, projects. In recent years international donor agencies have reduced their contributions to intermediary NGOs in Latin America. In this environment *Hogar de Cristo's* capacity for self-sufficiency in fund raising has persisted and makes it stand out within the NGO domain. *Hogar de Cristo* employs a very detailed system of accountability. Every unit keeps detailed records of all services provided, persons served, and money spent. This information is transmitted to a central accounting department which compiles the data. The detailed system of accountability enables the organization to calculate the daily cost of the different services provided to recipients, including the elderly. The informational system is very important for planning, identifying inefficiency and waste, and identifying effective and ineffective programs. Since the organization raises the majority of its funds from the general public, public accountability is more of an issue than governmental accountability. The public favorably views the organization because of its reputation and commitment to service (The Nonprofit Enterprise & Self-sustainability Team, 2000).

Discussion

This case study produced several insights related to the political and cultural environment in which this particular organization operates, as well as its effectiveness in the problem domains it addresses. Although the role of the state as a funder, supporter, or even as an obstacle to the accomplishment of the organization's mission is not overtly discussed in the organization's discourses and practices, it must be acknowledged in our analysis. No matter how self-reliant *Hogar de Cristo* may appear to be, it is clear that the operational environment in which it carried out its functions is profoundly shaped by the state. The state's influence and even its defining function are manifested through several mechanisms. These include the state's policy of the privatization of service delivery, the decentralization of services and a greater emphasis on municipal administration, and democratization which creates greater opportunities for civil society in framing and addressing social problems.

The evolution of civil society in Chile, though, has changed the relationship of the entire non-governmental sector to the state. This changing relationship might be characterized as a shift from an adversarial posture under Pinochet to more that of allies of the state in the provision of social services. In 2004 the national health system, FONASA, and *Hogar de Cristo* entered into an agreement designed to expand the social safety network and health coverage to older individuals in poor households. Recipients of the national anti-poverty program "Chile Solidario" or eligible patients 60 years of age or older may be transferred after discharge from public services to an *Hogar de Cristo* facility. As part of this agreement, within five days of an individual's discharge from the public facility *Hogar de Cristo* assumes responsibility for the provision of integral medical treatment to those with any of a select set of the most common illnesses. In this way *Hogar de Cristo* clearly augments the limited caring capacity of FONASA and furthers the privatization initiative that has formed the core of Chilean social policy since the Pinochet administration. In addition to complementing the care giving functions of FONASA *Hogar de Cristo* engages in community outreach to inform the population about the new benefits of Chilean health reform (Plan AUGE). In conjunction with the medical school at the Universidad

Santiago de Chile, *Hogar de Cristo* is participating in a national campaign to inform poor communities about eligibility criteria and the group of pathologies that are covered by Plan AUGE. The new Chilean President, Michelle Bachelet, has stated elder care priorities that are clear extensions of the system in which *Hogar de Cristo* plays a major role.

Despite the state's role in defining the organizational environment in which *Hogar de Cristo* operates and the increasing cooperation with the government in providing services to the elderly, we must reemphasize the uniqueness of *Hogar de Cristo* in the extent to which it has been able to avoid economic dependency on the state. Many NGOs function largely as state agencies in carrying out mandates funded by governmental agencies (Arellano-Lopez & Petras, 1994). It may well be the case that *Hogar de Cristo* will move further in this direction in the future. Its independence from the state does not come without costs though; perhaps most notable is the fact that even given its size *Hogar de Cristo* does not have the resources to adequately address the full range of needs of poor elderly Chileans. Even as it has expanded its services in the area of elder care, the limitations of *Hogar de Cristo's* reach makes the inherent limitations of such a non-state approach obvious. Most high-tech and complicated medical services remain in the domain of public hospitals. An excessive focus on medical services runs the risk of stretching the limits of an NGO and draws its attention away from the broader range of needs that it can effectively address. If we characterize potential NGO activities along a "labor-intensive–technology-intensive" continuum, our case study makes obvious the difficulties that even the most sophisticated and developed NGOs face in defining its role at the "technology-intensive" pole of service delivery. Rather, in health and social services they seem best suited to the "labor-intensive" pole where social services and less complex medical care are required.

Hogar de Cristo is also unique in the extent to which it has been able to avoid the difficulties that emerge with the need to compete with other organizations for scarce resources, including funding. As we noted, *Hogar de Cristo's* relationship with other NGOs and similar organizations is one of sponsorship or contractor. The position of the Catholic Church in Chile represents a major source of social and cultural power, and *Hogar de Cristo's* institutional survival is assured by the unique

conditions that grant it a great amount of popular support, a large contributing membership, and a favorable and valuable public image. Whether aspects of this organizational success could be adopted by or transferred to other non-governmental organizations remains to be seen.

The question takes on vital importance since enhancing the capacity of civil society to deal with the problems of aging populations represents a major challenge for the nations of Latin America and the rest of the world. Under the leadership of President Ricardo Lagos, and now Michelle Bachelet, the Chilean government has made health care reform a major priority (Apablaza, Pedraza, Roman, & Butala, 2006). In theory, the newly implemented health reform plan (Plan AUGE) has granted free universal basic health coverage to all Chileans over the age of 60 suffering from a select set of illnesses in public clinics and hospitals. Currently in Chile a large fraction of the poor population is covered by the public system FONASA, while a smaller, younger and richer fraction of the population is privately insured by the new private ISAPREs that we mentioned earlier, or other private plans (Rojas, 1998). These two systems differ not only in terms of the age and income of their beneficiaries, but in terms of health service utilization patterns as well. The shift of individuals from the ISAPREs to the FONASA as they age represents a potentially serious increased burden for the public system.

During the 1970s in the context of the highly politicized Pinochet regime, *Hogar de Cristo* adopted a position of political neutrality as a strategy to effectively engage in service delivery and to counteract some of the negative effects of the government's neo-liberal economic and social service reforms. With the upsurge of participatory politics in the post-dictatorship era (Paley, 2002), the organization cautiously adopted a more contentious language characteristic of the rights rhetoric that pervaded Chilean social programs of the 1990s. While remaining loyal to its politics of neutrality, the organization progressively adopted a public stance that draws greater attention to the rights and aspirations of socially excluded elder groups. In the year 2005, *Hogar de Cristo* published the results of the study entitled "Aspirations and Expectation of Mature Adults," in collaboration with the Universidad del Desarrollo to publicize the demands of the organization's elder recipients.

Conclusion

We end then with the question with which we began. Is *Hogar de Cristo* so unique as to offer few generalizable findings, or can it provide wisdom on how faith-based or other civil society organizations can function effectively in this one domain? Might there be limits to what such organizations can do, especially those that do not have the cultural, social, and fiscal capital of *Hogar de Cristo*? The answers to these questions require that we identify universal processes and the unique history, politics, and economics of specific nations. Today NGOs like *Hogar de Cristo* are helping to address new and emerging needs of the poorest of the poor for several reasons. Perhaps the most important reason is that the state, even the Chilean state with all its institutional capacities, is not well suited to assure quality routine care in a timely and culturally competent manner for the elderly population. State functions revolve around such clearly national issues as defense, the regulation of commerce, international relations, and providing high-cost technical health care. Much of what low-income elders need is low-cost, non-technical, and best provided by trained volunteers and employees who are in close contact with the person. When no family members are available or able to do so someone else must assume the role of care giver. The decision as to who that will be and what daily assistance should be provided cannot be decided effectively or efficiently by an administrator of a state agency who does not know the person or his or her situation. Such a task is best carried out by a “case manager” who knows the community and who can come to know the individual and his or her situation.

The financing of long-term care for the elderly raises serious issues of sustainability and tax burdens for all nations. Although community care may be desirable in terms of maintaining a person’s quality of life, even community care is expensive and at some point the state may reach a limit to what it can do. An additional problem that undermines the support capacity of the community in many nations is segregation. Segregation based on income in Chilean cities has resulted in residential areas that are very different from one another. Patterns of urban segregation that reflect the limited housing choices for poor elderly Chileans bring with it the risk of serious isolation. Many older individuals are trapped in neighborhoods that lack the institutions that buffer against deprivation.

Hogar de Cristo has evolved as an organization to respond to changing demographic landscape in which a growing number of older individuals will need long-term care. We might ask, though, whether this organization or others can continue to address the needs of a growing older population. *Hogar de Cristo* is providing for the poorest of the poor, but in the future it might be called upon to address the needs of the near-poor elderly, greatly increasing the potential burden. Like the state, an aging population might simply overburden the capacities of the NGO sector to provide all of the response asked of it. Future research should examine interactions between the state and the NGO sector in the domain of elder care. In the absence of NGOs the public health care sector might well be overwhelmed.

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