Briefs

Aging Around the World

Services for the Elderly in Iceland

Icelandic society evolved late from the pre-industrial stage, compared with other developed countries in the West. The speed of transition has left a unique imprint on the nation's social structure and organization. In particular, the public and personal health services that have contributed to the high level of health in the general population have been developed only comparatively recently. Income and social class differences are not as marked as in other developed states with more heterogeneous populations, and like other Nordic countries Iceland has progressively evolved into a welfare state. Yet, despite the commitment to social equity, there is increasing concern over the general condition of the elderly population of Iceland, according to American researcher *G. Darryl Wieland* and *Dögg Pálsdóttir*, Chief, Division of Elder Affairs, Icelandic Ministry of Health.

Iceland's era of industrialization began in the early 1900s concurrent with its political reemergence. In an 1874 ruling Denmark granted Iceland a constitution. In 1918 it became an autonomous state under the Danish crown, but it wasn't until 1944 that Iceland gained full independence.

Industrialization eventually resulted in a great improvement in the nation's living standard and in the health status of the population. It was also accompanied by a massive population shift to urban areas. Housing changed from a predominance of turf-covered huts in 1900 to spacious reinforced concrete single family homes which almost everyone occupies today. The population of Iceland grew from 78,470 in 1901 to 240,120 in 1984, and is expected to rise to 281,800 by 2000. The number of people aged 65 and over reached 10 percent in 1980 compared to 7.5 percent in 1950 and is expected to increase to almost 11 percent by 2000 with the greatest increase among the oldest old. The average life expectancy in 1980 was 79.9 years for females and 73.7 years for males at birth.

With the decline in agriculture, urbanization became very rapid. By 1980, 88.3 percent of Icelanders lived in urban environments, mostly near the capital Reykjavik. Unlike the situation in other countries, this development has generally improved the socio-political status of the elderly. One factor is the traditional respect for the elderly in Icelandic society. "*. . . the elderly are variously respected as witnesses to a revered past and examples of icelandic cultural identity or moral identity in relatively anomic times.*" Another more obvious factor is their continued presence in the workforce. A strong work ethic and a low rate of unemployment have continued to give the elderly productive roles while they are physically able. In 1980, over 70 percent of Icelanders aged 65 to 69 were employed full or part-time, as were over 40 percent of persons 70 to 74, and about 15 percent of those 75. Although retirement from the civil service and some private firms is mandatory at 70, older people are not excluded from other sectors of the workforce, and because of low unemployment, there is no intergenerational conflict over jobs.

Most present-day elderly began their adult lives in the smaller settlements around the rim of the Icelandic island. Today the elderly population of Reykjavik is proportionally higher than in the total population and the disparity is growing. The greater availability of formal and informal services in the city has attracted older people requiring additional supports. In the capital city, the oldest old are one of the fastest growing sub-groups of the population.

Income, Health and Social Services

The modern Icelandic social security system is a product of legislation enacted over many decades and is patterned on other Nordic models. The first national old age insurance acts were passed in 1890 to augment local relief services and supplement private pension funds. This early initiative was followed by gradually increasing national involvement in social welfare programs. After World War II, national programs providing benefits for the elderly expanded as the central government grew and expenditures for health, welfare and education increased with general prosperity. Today, national government outlays on social affairs account for 57% of the total expenditures, and health and social security comprise two-thirds of this amount.

Iceland's basic national insurance system includes social security insurance, worker's compensation and health insurance. Old age pensions are based on the years of residence in Iceland, not on employment history, and are financed largely from general revenues. Full old age pensions are available to those over 67 who have lived in Iceland for at least 40 years. Supplements are provided to bring a pensioner's income up to a minimum level. In addition, a variety of special supplements are available to subsidize automobiles and rent. In addition to the publicly-supported universal pensions, there are a variety of supplementary special pension funds established over the years by legislation and collective bargaining.

National health insurance covers all residents of Iceland including the elderly. It provides hospitalization, long-term care and general medical care at no out-of-pocket expense. Prescribed medicines are subsidized, and at least half the cost of most dental treatment for pensioners is covered. Costs of travel for both patients and health care providers are also reimbursed — a particularly important

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feature in a country where there are severe transportation difficulties in rural areas and remote townships during much of the year.

Specialized health and social services for the elderly developed rapidly after World War II, although mainly as uncoordinated community initiatives to provide institutional care. The chief institutional and residential facilities for older persons are skilled nursing homes and wards, sheltered housing or "service flats," especially in Reykjavik and the larger perimeter towns, and "old people's homes." The latter offer an intermediate level of care between skilled nursing homes and the service flats.

Since 1981 there has been a coordinated government effort to address the needs of the elderly. In that year the national government established a fund to support construction of needed institutional facilities for the elderly, particularly in underserved perimeter areas. As a result, there are more institutional and residential beds per older person 65 or over than in any other Nordic country. In 1982, 8.5% of the Icelanders 65 and older occupied skilled long-term care beds, and another 2.1% lived in sheltered housing. In part to offset the bias towards institutional care, comprehensive legislation came into force in 1983 to coordinate social and medical services for the elderly within the framework of the existing health service system. At each of 72 primary care health centers, all outside Reykjavik, interdisciplinary teams are being created to manage care for the aged and improve their primary health care. In addition, the legislation supports the development of community-based services and alternatives to institutionalization.

Despite the large growth in programs for the elderly, many formal services are virtually unavailable in most rural areas. The elderly in rural settings and small towns are much more reliant on the informal support of family and neighbors to maintain them at home than are older people in the cities. (Exceptions are towns served by the primary health centers, where the quality of care for the elderly may well have outstripped that received by the urban elderly.) Health education has only lately turned from an acute emphasis to concern with the chronically ill and the rehabilitation problems of the aging population. The need for special geriatric assessment units in Reykjavik's hospitals and the continuing education of providers in the principles of geriatrics is starting to be recognized. Signs of changing expectations among the elderly are appearing as well, particularly in the urban areas, placing unexpected demands on limited resources. And the elderly are becoming more and more aware of their potential as a political force. (G. Darryl Wieland and Dögg Pálsdóttir, "The Development of Health and Social Services for Elderly in Iceland: An Overview," in Ingman, S.R., Gill, D. (eds), *Geriatric Care and Distributive Justice: Cross-National Perspectives*; special issue, *Social Science Medicine* [in press].)

Consumer Issues

Computerized Shopping and Information Service Flourishes in England

For six years now, more than 400 shoppers in Gateshead, England have placed their weekly grocery order and orders for other goods through a set of linked micro-computers or a viewdata (videotex) system (enabling orders to be plaeed via interactive television sets). The Gateshead *Shopping and Information Service* (*S.I.S.*) permits the elderly, disabled and other immobile people, such as single parents with pre-school children, to gain access to modern shopping facilities and the lower prices and greater choice that they generally make available to more mobile members of the community. S.I.S. also provides users with information on local events, benefit entitlements, health hints, etc. S.I.S. "*is essentially a new kind of social service, one made possible by the new information technologies, and a forerunner perhaps of other services to come.*"

S.I.S. operates from focal points within the community, as well as from individual homes. This is partly to reduce costs, but also to encourage those who can, to get out into the community.

> *. . . there are a number of different kinds of ordering outlets to suit the variable requirements of different client groups. Some consumers are completely house-bound, while for others their immobility problems stem from an inability to get on and off buses, to carry heavy bags back from a shop, to spend time away from the home because of dependent relatives, and so on. Some consumers are quite capable of using the technological facilities to order goods themselves, whilst others are dependent on the help of assistants. The service has been designed to be flexible but encourages a degree of self-help wherever possible.*

Two of the original ordering outlets are based on branch libraries each catering to about 80 customers. Each outlet is open for about two hours, four days a week, and the services of a part-time assistant are available. A third is housed in the Centre for the Handicapped, where consumers are brought in by mini-bus or ambulance. A fourth is based at the telephone exchange for Gateshead's Emergency Telephone Information Service (ETIS) in the Social Services Department. Thus, consumers who have been deemed "at risk" and are frequently contacted by telephone through ETIS, may take advantage of these phone calls to place orders for goods, as well. "*Telephone orders through the ETIS are preferable than those direct to the store because of the social contact involved and the trust that has been built up.*" These centers all make use of micro-computers linked to the local Tesco "superstore."

An additional four community outlets are in operation using the viewdata system, as well as three outlets based in individual's homes. The former are all located in sheltered housing for the elderly, where the resident warden can provide assistance in ordering goods. "*Sheltered housing complexes are especially well suited for the general operational characteristics of the service, for not only do the members know each other well and can give each other assistance in ordering but their concentration in one place (residentially) reduces the time normally taken for delivery to individual homes.*" Four more outlets based in sheltered housing will soon be added.

The outlets located in individual homes permit elderly or infirm neighbors to easily access the service. Several more of these "street service points" are scheduled to open soon "*so that the service can be extended in a more dispersed way rather than being focused on areas of concentrated need.*" Once the orders are placed, deliveries are made within 24 hours, mostly to the homes of consumers. There is no charge for the delivery "*so that the real benefits of potentially cheaper shopping are realized.*" Goods are paid for either at the time of ordering or delivery.

S.I.S. is a costly service to operate, but these costs have been mitigated by a number of benefits in addition to direct service to consumers. For example, "*the service provides an effective substitute for the use of home helps in shopping, leaving them free to undertake other duties and to cater for a greater number of people in need.*" In addition, S.I.S. is purposely more labor intensive than it needs to be because it is providing training for unemployed persons in aspects of both new information technology and conventional retailing. "*The trainees, under supervision, effectively run the service for the immobile consumers.*"

Despite the costs and the experimental nature of the service, "*the durability of the scheme over the last five years and the dependency on the service that has now built up by several hundred consumers means that the Gateshead S.I.S. is effectively here to stay....The Gateshead S.I.S.... can offer a real alternative to assisted shopping — and one that retains the sense of independence in decision-making that many consumers prefer.*" Both the Tesco company and Gateshead's local government have declared their continuing support for the program.

What changes can be expected in the future? Further technological refinements will permit the viewdata system to be extended throughout the service, replacing the linked network of micro-computers. Other interactive services will probably be added. The chemist already provides a prescription service. "*The scope for offering more shopping opportunities (from other retailers, particularly in the non-food trades) should increase as the customer base expands.*" Finally, the addition of more trainees will permit S.I.S. to cater to up to 1000 consumers. ("The Gateshead Shopping and Information Service: An Update," paper presented at a Eurolink-Age seminar on Older People and Technology, Strasbourg, November 1985)

American Retailers Cater to Older People

An unusual match between public services for the elderly and American retailers has begun in the United States where, for example, exercise classes and other courses are being offered through popular department stores. As part of the *Older Adult Service and Information System* (*OASIS*) now operative in nine centers around the country, some 21,000 elders are charged minimal fees for weekly exercise, painting, and other classes, as well as lecture series, such as stress management, local history and financial planning. While retailers claim they are providing the programming as a public service, they also profit from the increase in sales that result from participants' taking the time to shop before or after class. Stores in the OASIS program offer two special discount days a year, through which participants benefit from a 10% cut in prices. The centers have also sponsored fashion shows and make-up demonstrations using store staff.

OASIS was started as a result of a survey indicating that the elderly preferred to participate in activities at shopping centers over any other location, including schools, universities and senior centers. A series of lectures provided around the city of St. Louis by a local university drew the greatest attendance when held at a popular department store. Elders were intimidated by university sites and wanted to avoid the stigma of being old that participation in senior centers gave them. Public monies permitted the first OASIS center to get started. The *May Company*, owner of the national retail chain, now covers most of the program's cost, although some local social agencies continue to make contributions. Four more OASIS centers are scheduled to open this year.

Sears Roebuck & Co., the nation's largest retailer, as well as *Montgomery Ward*, another major retail chain, both provide low-cost membership in senior clubs, which provide a variety of discounts on products and services. While discounts have been offered to the elderly by many stores for years, the motivation used to be recognition of the elderly's lower economic status. This perception has been replaced by an awareness that the elderly represent "a major opportunity market."

According to the 1980 U.S. census, there are more than 60 million Americans over age 50. While they represent about 25% of the population, they control 50% of the discretionary income and 77% of all financial assets. Many older Americans have more money to spend for luxury items than other segments of the American population even though their income may still be less than their pre-retirement earnings. This is largely due to the fact that their children are grown, their mortgages are paid, and they receive special tax benefits. In addition, they are healthy and active.

The success of these new marketing strategies is attested to by the 400,000 members recruited by Sears Roebuck during the first year of its Mature Outlook program. By 1988, it expects to have two million members. (*The Washington Post*, January 26, 1986)

Family Relations

Co-Residence Declines in Japan

According to figures recently released by Japan's Health and Welfare Ministry, the ratio of older persons living with their adult children declined by a relatively high 3% in a single year. This brought the incidence of co-residence down to 69% at the end of 1984. At the same time, a survey conducted by the Ministry determined that 86% of elders living with their children would like to continue this living arrangement, while 43% of those maintaining independent households would prefer to live with their children.

While the degree of co-residence in Japan is still extraordinarily high compared to other western industrialized nations, this progressive increase in independent households among the Japanese elderly does place increasing pressure on local governments to develop appropriate community services. (*Public Innovation Abroad*, March 1986)

The "Extended" Family Survives in Modified Form in Germany

According to psychologist *Ursula Lehr*, a study of multigenerational families in West Germany challenges some common stereotypes about loneliness, isolation and lack of competence among the very old, and the disintegration of the family in the modern world. Much of the new information was obtained from a recent study conducted by Lehr and colleagues at the *University of Bonn* that turned up an unexpectedly high number of five-generation families. A prediction by gerontologists that demographic pressures would result in four and five-generation families becoming more common was, in fact, dramatically confirmed when newspaper ads placed by the University in search of research subjects for a five-generation study produced hundreds of responses.

A Woman's World: The world of the very old is very much a woman's world. The vast majority of responses (402 of 411 families)

identified great-great grandmothers, whose average age was 90.5 years. Only 15 of the five-generation families surveyed had great-great grandfathers. Their average age was 87.5. Because of the greater life expectancy of women and their earlier age of marriage, there are also more mother-daughter-generation sequences than mother-son-generation sequences. Only in the first generation is the proportion of male and female children roughly balanced.

Living Arrangements: Almost one-third (32%) of the five-generation families all lived in the same city or town, but generally, great-great grandparents lived in the same place as only one or two other generations (49%). Only 4% lived in areas where no other member of the five generations was present. The majority of great-great grandparents lived in rural areas (50%) or in small towns (26%).

The great majority of the fifth generation lived in private homes; only 10% were in homes for the aged or nursing homes. The majority (54%) lived with the family of a daughter (50%) or son (4%); 6% lived with grandchildren, who were grandparents themselves; 4% still lived with a spouse. Over one-fourth (26%) lived alone and managed their own households. In only five cases (1.2% of the cases) were all generations living in the same household.

Fitness: The very old proved to be a remarkably fit group — 78% were found to be mentally active; 14% suffered mild impairments, and 8% showed some symptoms of deterioration. Fifty-four percent were in good physical health; 25% suffered from poor vision. Only 10% — mainly those living in homes for the aged and nursing homes — were in very, very poor health.

Family Interaction: The large sample of five generation families provided an excellent opportunity to study the interactions between distant generations. More than two-thirds of the great-great grandparents were found to have close personal contacts with their children, meeting with them at least once a week. Personal contacts with grandchildren were also very frequent — 48% met grandchildren at least weekly. Even contacts with great grandchildren and great-great grandchildren were more frequent than expected. In each case, about 35% of the great-great grandparents had personal contacts at least weekly.

Interestingly, the fifth and fourth generations of the families already had closer interactions in their early and middle adulthood than exists today in most families of younger generations. *Lehr* speculates that:

> *These cohorts have had special socialization influences. Historical and epoch-making events, social and technological change may influence changes in family-related values and aims. And this . . . may have its impact on the degree of familial interaction.*

When there is a wide separation between generations, the patterns of exchange are very complex and show both giving and receiving forms of behavior between the old and the young. (Ursula Lehr, "The Five-Generation Family: Interaction, Cooperation and Conflict," paper presented at the XIIIth International Congress of Gerontology, July 1985, New York City)

Moderate Family Interaction Makes for Better Quality of Life in Old Age

A 15-year longitudinal study following a group of older Germans born at the turn of the century has found a better adjustment in old age among women who increased their participation in activities outside of the family than among those who remained strictly family-centered. Psychologist *Ursula Lehr* explains, "*moderate intra-familial intergenerational interaction with high quality*" — i.e., a high degree of cooperation and relatively few conflicts — is preferable to intensive but often conflict-ridden involvement with family members:

> *Those aged persons who scored low in family roles but high in extra-family role-activity (such as in the roles of friend, acquaintance, club member) had a higher IQ, higher general activity, a higher degree of the feeling of being needed . . . they (also) reported . . . less conflicts and more positive cooperation with their children.*

By contrast, persons who had increased their participation in family life as either parents or grandparents, showed decreasing scores for general interests, general activity, responsiveness and mood.

While serious conflicts were found in only 8% of the cases studied, these were most common in intergenerational households and, interestingly, issues of dependence and autonomy continue to rank high among the very old as among much younger parents and children. From the old parent's point of view, help offered by a child is often seen as intrusive unless it includes the possibility of reciprocation. According to Lehr:

> *The family can threaten the position of family members by taking functions from them. The family can encourage . . . family members by allowing them to take responsibility, that is, exerting functions and fulfilling assignments.*

The fifth generation great-great grandparents, for example, fear the possibility of becoming children in the eyes of their own dominant adult children. At the same time, the fourth generation great grandparents fear becoming dependent again on their parents, especially if the latter moved into their household. "*They perceived the help of their parents not only as an intrusion into their lives but as a hindrance (to) becoming autonomous, as well.*"

Finally, members of the fourth generation sometimes found themselves having difficulty coping with their own aging process, especially when their parent was viewed as a particularly successful role model for a healthy aging! "*A very competent parent had protected them from the 'hard tasks' of daily life.*" Where older parents had died during the course of the study, the surviving children (often great grandparents in their own right!) indicated "they now had to solve the 'developmental tasks' of becoming an 'adult' and a 'parent' respectively." (Lehr, "The Five-Generation Family: Interaction, Cooperation and Conflict, op. cit.)

Housing

Update on Granny Flats

The temporary, portable, low-cost, self-contained housing unit for older persons known as "granny flats" or annexes has found its greatest success in the state of Victoria in Australia where it was first developed. Some 4,500 prefabricated annexes have been built for placement on the property of adult children or others as a way of combining both independence and family companionship for older persons. A number have also been successfully moved for reuse to another site when they were no longer needed by their residents, allaying

the fear of some that they would become a permanent feature of a neighborhood.

Australia's granny annexes are panelized units which can be built for about US $14,000. The units are in great demand, and they may now also be purchased from private builders. These must, however, be sold to the Housing Ministry when they are no longer needed in order to guarantee their temporary nature.

Granny annexes have received the greatest acceptance in countries where the projects are publicly supported. The idea is usually not popular at first and is often restricted by zoning ordinances because of concern about the visual impact of temporary housing and their effect on property values. In the case of the state of Victoria, the Housing Ministry had the authority to pre-empt local zoning ordinances. Popular support was then gained by assuring citizens that the granny annex would be tied to a specific occupant and moved from the site once it was no longer needed.

The Australian model has now been adopted by New Zealand and more recently, by the province of Ontario in Canada. The Ontario version of the granny annex is called *Portable Living Units for Seniors* (*PLUS*) and is being funded as a three-year demonstration project in three Ontario communities by the provincial Ministry of Housing. The Ministry chose to work with municipalities willing to make a commitment to the project and establish local committees for applicant selection, rezoning and site approval. In all three communities, temporary use zoning bylaws have been enacted for the duration of the demonstration.

As in most cases in Australia, the Ministry owns the units and rents them at market rates ranging from Canada $300-350 monthly. The units are factory-built and transported in halves to the host lots. The manufacturing price of one or two-person units runs between $34,000-$37,000, but the price is expected to drop with bulk production. Currently, there are 12 units in place.

The Ministry expects to conduct an evaluation examining the technical aspects of PLUS' operation, costs, the regulatory process and the impact on the neighborhood, the host family and the elderly themselves.

In the United States, *ECHO housing* (*Elder Cottage Housing Opportunity*), as the granny annexes are called, have aroused considerable interest, but relatively little action has resulted. Currently, there are less than 100 units in use. Zoning obstacles are only part of the problem. In California, where enabling legislation permitting ECHO housing has been on the books since 1981, over 20 communities have passed ordinances designed to accommodate such units, yet no actual projects have been started. The problem seems to be lack of interest in both the public and private sectors in providing ECHO housing on a rental basis. One private builder, *Coastal Colony Corporation* in Pennsylvania, has only sold about eight units in nearly four years of production. Their 1985 price was about US $20,000.

Nevertheless, there are a few encouraging signs of activity. In the state of Iowa, a bill has been introduced into the state legislature which would permit the establishment of ECHO housing and, as part of a grant from the Federal Government, Iowa's Commission on Aging will build and display an ECHO unit around the state. A county in New Jersey is also exploring the need for ECHO units and may purchase several for lease. And the *American Association of Retired Persons* (*AARP*) has developed design standards for ECHO units, as well as a model ordinance for communities. AARP recommends that to overcome zoning restrictions, permits be issued on a case-by-case basis, with a stipulation for removal when the units are no longer needed. Copies of: 1) *ECHO Housing: A Review of Zoning Issues and Other Considerations;* 2) *A Model Ordinance for ECHO Housing and* 3) *ECHO Housing — Recommended Standards for Construction and Installation* are available from:

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For further information about granny annexes, see also *Ageing International* Spring 1977, Winter 1981, Spring 1981 and Summer 1985. (*Newsletter*, Canadian Association of Gerontology, Vol. 12, No. 3, 1985)

Accessory Apartments Spread in the U.S. and Canada

Accessory apartments are an ideal way for older people living in a large underutilized home to turn unused space into additional income. The tenant may also be a source of companionship, security and assistance. Accessory apartments created in the homes of adult children can, like "granny flats," permit parents to maintain their independence without living alone.

Accessory apartments are separate, second living units created in a single family home from surplus space, usually having their own kitchen and bathroom, as well as sleeping and living areas. At most, the entrance, yard and parking may be shared with the main house.

Data from the U.S. 1980 census indicate that between 1970 and 1980, there may have been as many as 2.5 million conversions of single-family houses in order to create accessory apartments. No data, however, are available on how many of these conversions involved elderly homeowners. In Canada, Ontario's Minister of Housing inaugurated a *Convert-to-Rent* program in December 1985 to assist 1000 elderly homeowners of single-family homes to add new rental accessory apartments. Homeowner applicants can obtain up to $7,000 in 15-year interest-free loans to finance the conversion of their surplus space into accessory apartments.

A 1982 survey conducted for the *American Association of Retired Persons* of homeowners in two areas of the country where zoning ordinances had permitted accessory apartments for some years showed that they were generally very satisfied with the conversions. Half of the tenants provided services such as shoveling snow, taking out garbage, raking leaves and household repairs. Further, two-thirds of the homeowners indicated they would be willing to request assistance from their tenants if they were bedridden for a week or more.

Obstacles to the creation of accessory apartments include the substantial investment that must often be made in financing the conversion. However, if the monies are available, the investment can usually be recovered over time through rent, depreciation and income tax deductions.

More serious obstacles to widespread use of accessory apartments are zoning restrictions limiting neighborhoods to single-family homes. In the U.S., zoning interpretations vary dramatically from state to state, although the restrictions are in no way as severe as those limiting the construction of "granny flats."

Some areas are considering age-related zoning changes, permitting only older persons living in underutilized homes to undertake these conversions. Elsewhere, limitations are being placed on the number of conversions in any one neighborhood. Ideally, these ordinances would permit the elderly homeowner to live in either the main home or the converted apartment, and would permit only owner-occupied homes to be converted in order to prevent investor speculation and preserve the character of the neighborhood. (Patrick H. Hare, "Accessory Apartments: A New Housing Option for the Elderly Homeowner," paper presented at the annual meeting of the Gerontological Society of America, San Francisco, November 1984, and Helen E. Hedges, "Legal Issues in Accessory Apartments: Zoning and Covenants Restricting Land to Residential Uses," American Association of Retired Persons, 1985)

British Homeowners Helped Through Staying Put Project

Since 1981, more than 900 elderly homeowners in various parts of Britain have been helped in their desire to remain in their own homes through the *Staying Put* project, a voluntary sector initiative established by the *Anchor Housing Trust*. Utilizing both paid staff and volunteers, some of them retirees themselves, *Staying Put* provides elderly clients with free counseling on making repairs, improvements or adaptations to their homes, helps clients secure the necessary funding to proceed with plans, and organizes the usually complex team effort required to complete a successful adaptation or renovation effort.

While local governments provide a variety of home improvement and repair grants to homeowners, eligibility requirements and scarcity of resources sharply limit participation in these programs. A very attractive feature of *Staying Put* is that interest only loans are made available to elderly homeowners through the *Abbey National Building Society* to supplement public grants or to substitute for them where the applicant cannot meet eligibility requirements. Repayment of the loan is deferred until the house is sold or inherited by others. Further, public assistance is available to help pay the interest payments where this is required.

Britain has invested considerable public resources into sheltered housing for the

Courtesy of Maintenance Central for Seniors

elderly, but relatively little into programs that enable the elderly to remain in their own homes — where the large majority would like to remain. In Britain, as in a number of other industrialized countries, a large proportion of the elderly live in owner-occupied homes and have considerable equity tied up in them. Many elderly homeowners, however, do not have the resources or the energy and organizational know-how to make necessary repairs or adaptations to their homes, which, to a far larger extent than for younger age groups; may lack basic amenities such as hot water and inside toilets. The situation, in fact, is getting worse, according to University of York researcher, *Rose Wheeler*. Between 1976 and 1981, for example, the proportion of households lacking a bath that were headed by someone of retirement age rose from 39% to 47%. Further, in 1982, 336,000 pensioner owner-occupied households were in receipt of the means-tested supplementary pension. Such households are particularly unlikely to undertake needed changes on their homes.

An evaluation of the operation of *Staying Put* conducted by Wheeler and associates found that "*we need to consider and carry out adaptations much more readily for elderly people than we do at present.*" Over half of the 243 applicants that the researchers talked to experienced disability or chronic illness that made their homes difficult to manage. Stairs were the most common obstacle, with a downstairs toilet being a high priority item. A walk-in shower was also desired in order to make bathing safer and easier. Home insulation was also a major need in a country where many older persons die from hypothermia each year.

The majority of those interviewed had gone ahead with the home improvements suggested by their *Staying Put* counselors at an average cost of £2500 per household. Most were very happy with the results and made it clear that, without the counseling and construction management organized by *Staying Put*, they would not have gone ahead on their own with their plans.

The *Staying Put* teams were of crucial assistance in two major areas. First, they were able to overcome the homeowners' nervousness about taking out another mortgage. Counselors met with both the elderly client and family members who were likely to inherit the home, and assured them that the repairs or adaptations would, in fact, increase the value of the home while increasing the comfort of the homeowner during his or her remaining lifetime. Second, counselors were able, in many cases, to successfully organize local government environmental health and housing staff, occupational therapists and sometimes social workers in various phases of the building works.

In fact, *Staying Put* project teams who were most successful in their work were "interventionist" in their approach. They were able to provide comprehensive advice to clients on future housing, heating and mobility needs, were skilled in ways to involve relatives in the project plans, and had developed good working relationships with local government officials and special services, such as occupational therapists.

> *Interventionist project teams showed that, with adequate advice and counseling, sound case management, and imagination in overcoming the barriers to building work, the proportion of clients failing to proceed can be drastically reduced.*

Staying Put researchers recommend that the kinds of assistance offered by the project become more widely available through the support of local government housing departments. Further, serious consideration should be given to liberalizing the requirements for publicly-supported home improvement grants for which the disabled are eligible. Older people having difficulty climbing stairs can usually not qualify for this assistance even though preventive action to deal with this problem may well help prevent their becoming more disabled in the future. "*In a sense, for housing alterations to be of greatest value to the elderly, they need to be carried out early in the life of an individual's housing problems.*"

Finally, the researchers recommend that the various helping professions, such as occupational therapists, who come into frequent contact with elderly homeowners, obtain further training so that they can recommend meaningful housing adaptations to their clients and/or refer clients to the appropriate authorities for further action. (Rose Wheeler, "Staying Put: A New Dimension in Housing Policy," *Housing*, September 1984; *Staying Put Research Project: Final Report*, University of York, March 1985)

Ireland Promotes Housing for the Elderly

The Government of Ireland is encouraging local housing authorities to allocate at least 10% of their new housing to the specific needs of the elderly. In addition, housing authorities are urged to design housing for the general population which could be adapted easily to the needs of tenants as they age. (*UN Bulletin on Aging*, Vol. X, No. 3, 1985)

Institutional Care

Asylums for Latin Elderly Need Upgrading

Historically, the word "asylum" connoted a place providing humanitarian aid and shelter to persons who were helpless or in need. Today, in many Latin American countries, they have degenerated to providing relatively squalid living conditions to the abandoned, isolated, poor and sick elderly. Their expansion coincided with urbanization and the resulting breakdown of many extended families who previously had assumed most of the responsibility for the care of older relatives. According to Mexico's *Dr. Samuel Bravo-Williams*, 10%-15% of Latin America's elderly now live outside of family settings.

The prevailing public image of asylums, according to Williams, is very negative and, in his opinion, justifiably so. Older people with no financial resources are often placed in asylums against their will and even those who go willingly find that the asylums are hardly adapted to their needs.

Asylums are characterized by crowded living conditions, lack of privacy, inadequate health, medical and recreational facilities, a shortage of trained personnel, and a generally dull and unattractive environment. Shared sleeping quarters in large dormitories force the relatively well elderly to mix constantly with the physically and mentally frail, as well as the dying. This "*daily cohabitation generates continuous tensions which undermine the tolerance, patience and comprehension of other people's problems and even of our own.*" Once placed in an asylum, relatives and friends rarely come to visit an older person. While asylums have tried to change their name in recent years to "home for the aged," "manor," "villa," etc. the public has not been fooled into thinking that living conditions there have materially changed.

Many asylums are in converted mansions run by religious organizations, often the Catholic church. Obstacles to mobility often exist, including stairs and doors not wide enough to permit passage by wheelchairs. Ventilation and illumination are generally poor. Even facilities that have been purpose-built to serve as asylums have usually not taken into account the special problems faced by many older persons in moving through their environment. While large chapels and oratories can be found in most asylums, there is usually no provision for medical care.

Despite these oppressive conditions, Bravo believes the asylums are badly needed. In Mexico, he estimates that there are only 50 beds for every 1600 older persons in need of such shelter. Rather than abolish them, Williams proposes they be upgraded to conform with modern planning principles. Once this is done, additional asylums can be built which are truly purpose-built to the needs of the elderly.

Bravo suggests that new buildings should accommodate from 60-100 persons and provide both open and built-up spaces — a standard of 60% open and 40% built-up for suburban areas, the reverse for urban areas. Access to all parts of the home should be easy for both residents and staff. Dormitories should be abolished in favor of a variety of rooms ranging from 1-6 beds; this would permit the grouping together of persons with common conditions and facilitate care by staff. A doctor's office and nursing section would be mandatory, and a separate reception room to greet family and guests would be provided. Finally, space should be made available to pursue vocational and avocational interests. (Dr. Samuel G. Bravo-Williams, "Old Age, Housing and Assistance in Latin America," paper presented at the 13th International Congress of Gerontology, New York City, July 1985)

Home Residents Operate Cable TV Facility in Germany

Live transmissions over a closed circuit television system operated by residents in a large home for the aged in Cologne are one of the most successful innovations introduced by seniors for seniors in the Federal Republic of Germany.

All residents are invited to participate and provide suggestions for the operation of the system, and among the major achievements has been increased participation in overall home activities. This results from the up-to-date coverage of home activities available to all, including the bedbound, the encouragement of participation through surveys and response programs, and providing residents an opportunity to voice their opinions on the topics of the day.

Typical programs include surveys of the daily press, local weather reports, upcoming events of possible interest to residents both inside and outside the home, discussions with the chef over the daily menu, religious services, talk shows, reports on excursions, and the like. A high point was the coverage given to the cable TV facility by a national television program directed to elders around the country.

Social service professionals who have received special training by television personnel in the operation of the cable system assist the residents in its operation. (*Altenpflege*)

Community Groups Open Up Long Term Care Facility

County Commissioner *Wolfgang Maenner* in West Germany's Main Taunus County was bothered by the monotonous daily routine faced by the 140 residents of the county's long-term care facility in Bad Soden. Television was the only entertainment available to the frail and handicapped seniors who make up the majority of the retirement home's occupants, a situation paralleled in may long-term care facilities whose elderly inhabitants are generally unable or unwilling to leave the home for a break in the monotonous routine of institutional living.

To cope with this problem, *Maenner* began talking with clubs and hobby groups in the county, inviting them to show off their skills or put on a performance at the home. The response exceeded his expectations. Every group welcomed the invitation and went out of their way to put

on a first-rate performance. Within a few weeks, *Maenner* was able to organize a schedule of fortnightly performances for the balance of the year, including such events as a Spanish folk dance group, a karate demonstration, a wine tasting, an amateur theatrical performance, and a pottery demonstration by a ceramic artist who presented the home with work executed on its premises.

The outside events brought into the facility not only were welcomed by residents, but have helped them become more involved with the community and provided topics for discussion. Weekly film showings in the lounge, staged by the county recreation office, and the inclusion of the residents' hometown papers and newsletters among the periodicals available in the reading room are also helping to keep residents in touch with the life outside their walls. (Courtesy of the *Council for International Urban Liaison*)

Rural Aging

Impact of Aging on Rural Productivity

With the exception of a few countries, it is the population of the developing nations that is aging most rapidly. Within the next 40 years, the increase in the aged population will be twice as large in developing countries as in industrialized ones, according to demographer *Philippe Fargues*. This is largely due to large projected declines in fertility rates. "*One of the paradoxes of the aging process is that it does not result from the prolonging of individual lives but rather from the decline of its young people.*" The result is that a country like China with its rigorous family planning policy will, after 2025, have a similar population profile to that of Europe.

When the effect of both internal and external migration is considered, "*it seems clear that rural populations will grow old more quickly than urban ones.*" This holds true even in countries where fertility rates remain high. It is younger people who migrate to the cities and to other countries in search of better opportunities. The old typically remain behind, and where they do migrate to urban areas, must often compete for family resources with the demands of young children whose support costs are much higher in urban than in rural areas. In Black Africa, the elderly "*represent a proportion of the total population nearly two and a half times higher in the country than in the city.*"

Photo: UNESCO/BOUCAS

According to Fargues, "*the aging of producers in the low capital-intensive agricultural sectors of many developing countries could imply a lowering of the productivity of labor*"; this potentially has serious implications for the stability of food production in these countries. During the "Industrial Revolution" that today's developed countries experienced, the depletion of younger people in rural areas was compensated for to a considerable extent by the introduction of machinery, which permitted older farmers to sustain or even increase production levels. This is often not the case in the rural areas of today's developing nations.

Even internal migrations between rural areas can decrease a country's self-sufficiency in food production. Thus, one reason for the 250% increase in cereal imports by the Ivory Coast — an agriculturally rich nation — between 1974 and 1982 was the movement of young farmers from the north of the country, devoted largely to subsistence agriculture, to the south, where they became planters of export crops, such as coffee or cocoa. "*Such migrations accelerate the aging process among the remaining population of the abandoned region, without any balancing contribution to domestic food production.*" During this period, Ivory Coast's north lost 11% of its farmers' population, and in males aged 20-24, the loss reached 36%. In turn, the proportion of farmers over age 45 rose from 27% to 33%. "*In agriculture with a strict division of labor according to sex and age, aging and feminization caused by emigration have swift repercussions on production.*" (Philippe Fargues, "Agricultural Productivity and the Ageing Process," *Ceres: The FAO Review*, January-February 1986)

Training

Training of Elderly Care Assistants Accelerates in Germany

The number of training institutions for geriatric care providers, particularly in long-term care institutions, has increased markedly in the Federal Republic of Germany over the past few years in response to the growing older population.

Most of these schools are associated with voluntary sector organizations and under the current two-year program provide 1,400 hours of classroom work, 1,000 hours of occupational training and a half-year internship. While course content remains heavily oriented toward medical and nursing subjects, over the years there has been a shift to incorporating more knowledge from social gerontology, including psychology, sociology, law, animation, and the like.

There has been some talk of extending the program to three years if additional resources become available. The program is supported by training subsidies from both the federal and state governments.

Of the more than 3,000 graduates entering the employment market each year, at least 90% find employment in homes for the aged and other long-term care institutions. (Gerhard Brockschmidt, "Altenhilfeplanung von 1983-1990," *Berufsverband Altenpflege*)

Gerontology Training for Leaders

Israel's *Brookdale Institute of Gerontology and Adult Human Development* and *ESHEL*, a voluntary organization promoting planning and the development of services for the aged, have jointly organized a "National Leadership Course in Gerontology." The course provides one

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payment is fee-for-service, which third-party payers may reimburse selectively. Health services may be provided by family doctors, office or hospital-based specialists, or out-patient emergency departments of hospitals. Visiting nurses play a much more limited role than do Britain's community nurses; only rarely are they attached to physicians' practices. Coordination of long-term care is the exception to the rule.

Hospital beds in the U.S. are rarely used for geriatric assessment and rehabilitation or for use by day hospitals — in contrast to the U.K. where this is now common practice. Yet, acute hospital and nursing home care are the two major components of health services for older persons that are publicly financed; hence, the not surprising emphasis in the U.S. on cost-containment for these institutional services.

However, concern in the U.S. with the rising costs of health care is serving as a strong incentive to explore community based strategies for preventive care as developed in Edinburgh, with Rochester serving as a leader in this field. Britain, in turn, might look more to the U.S. for models of long-term care involving multi-level institutional services for persons who can no longer remain at home. (William H. Barker, "Development of Innovative Health Services for the Frail Elderly: A Comparison of Programs in Edinburgh, Scotland, and Rochester, New York," *Home Health Care Services Quarterly*, Vol. 5, No. 3/4.)

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study day per month in different aspects of gerontology to senior staff in key agencies, such as the Ministry of Health and the Ministry of Labor and Social Affairs. (*Highlights*, Brookdale Institute of Gerontology and Adult Human Development in Israel, No. 3)

Age Concern Institute of Gerontology Founded in U.K.

Until recently gerontology in higher education in the United Kingdom was characterized by enthusiastic but scattered efforts by individuals in many academic settings around the country. Now, for the first time, a multi-disciplinary teaching and research center has been established—the *Age Concern Institute of Gerontology*—through the joint efforts of Age Concern England and King's College London.

King's College was chosen because of its School of Medicine and Dentistry, its strong departments in biological sciences, law, nursing, nutrition, education and geography, and its close relationships with the Institute of Psychiatry and the London School of Economics and Political Science. The rich experience of Age Concern England in social research and evaluation, service practice, training, policy analysis, publishing and advocacy contributes a complementary expertise.

The Institute seeks to foster understanding of the aging process through research, teaching, public lectures and seminars and links with statutory, voluntary and private planners and providers to the elderly.

Officially opened in January 1986, the Institute has already taken over the Age Concern Research Unit, influenced the creation of a new chair in health care of the elderly within the School of Medicine and Dentistry, developed several research proposals, and elicited the interest of a wide range of faculty in the development of gerontological research and teaching.

For further information, *write*: Age Concern Institute of Gerontology, King's College London, Chelsea Campus, 552 King's Road, London SW10 OUA, England.

Comparative Gerontology Subject of AGHE/ IFA Survey

A joint survey recently completed by the *American Association for Gerontology in Higher Education* (*AGHE*) and the *International Federation on Ageing* (*IFA*) indicates considerable interest in the study of aging in other countries among the almost 250 member institutions of AGHE—all gerontology programs in American colleges and universities. (AGHE's institutional members probably include the majority of gerontology programs in the U.S.).

Of the 154 respondents, 61% were incorporating some international content in their courses or other activities or planning to do so. Thirty-four schools are offering courses with a primary emphasis on cross-national aging - about a third of these relate to the anthropology of aging. Other subjects covered include health of the elderly, public policy and aging, aging and human development, religion and aging, etc. Thus, an international interest can be seen to cross disciplines—from anthropology to gerontology, from sociology to psychology and religion.

Sixty-four schools are incorporating some international content as a secondary emphasis in one or more courses. However, the amount of international content was often quite small, "no more than 5%" according to one respondent. International content was often incorporated in basic courses such as the "introduction to gerontology" or the "sociology of aging." A larger number of students is enrolled in courses with a secondary emphasis on international issues than in those where there is a primary focus. This is not surprising, however, in light of the fact that the former are often general introductory courses which may be a mandatory part of the curriculum.

Some twenty-one schools are planning or would like to add new courses incorporating international perspectives.

Many schools were experiencing difficulty finding appropriate course materials in comparative gerontology and thought AFHE and IFA could play a role in identifying or preparing bibliographies, course outlines and listings of audio-visual materials. A number proposed workshops and seminars focusing on aging in other countries as part of major gerontological conferences. A recommendation directed specifically at AGHE was that it form a special interest group around instructors with an interest in comparative gerontology.

IFA and AGHE have started discussing ways these two organizations can be responsive to some of the needs identified in this survey.

This survey was undertaken as a follow-up measure to the Vienna International Action Plan on Aging approved by the 1982 U.N. World Assembly on Aging and later by the General Assembly. The hope was that the study might lay the groundwork for an increased focus on the situation of the elderly internationally.

A copy of the study, including a listing of contacts at schools offering some international content in their gerontology program is available through the IFA. *Write*: International Federation on Ageing, IFA/AGHE Survey, 1909 K St., NW, Washington, D.C. 20049.