

# Briefs

## Day Care

### Adult Day Care Thriving in the United States

Results of a recent study by the *National Council on Aging's National Institute of Adult Day Care* (NIAD) of the state of adult day care in the U.S. indicate that this rapidly growing form of care will play an increasingly important role in the long-term care continuum.

Existing day care centers can be categorized into three distinct models of care: 1) those affiliated with a nursing home or rehabilitation hospital; 2) those affiliated with a general hospital or a social service or housing agency; and 3) those serving a single type of clientele such as the blind, the mentally ill, or veterans. At a minimum, centers provide social interaction, exercise, and a hot noontime meal. In addition, nursing observation and supervision, case management, health assessment, nutrition education, therapeutic diets, transportation services, and counseling are likely to be available.

The profile of the typical day care participant is a 78-year-old, unmarried, white female who does not live alone and is functionally independent. As a whole, day care participants were found to differ sharply from typical nursing home residents. They are younger, more likely to be married, less dependent, and less frequently mentally impaired. An average of 20 participants a day attended the centers, with centers affiliated with a general hospital or a social service or housing agency reporting the largest numbers of participants. The frequency of attendance was an average of three and one-half days per week and just under six hours per day.

Participants and caregivers were overwhelmingly satisfied with the care they received. And the greater the number of staff, the more satisfied were the participants with the attention they received and with the center's program. Factors which caused dissatisfaction were noise level and crowdedness. In addition, participants with ill-defined health conditions responded more negatively to a center than did other participants.

Of the centers surveyed, more than half reported holding at least one license, and

more than half were certified. The state health department was the most common licensing agency and the state Medicaid office was the most frequent certifying agency. The most common and costly requirements for regulatory compliance were in staff-to-participant ratios and the skill mix of the staff. Although adherence to such requirements do involve additional costs, regulated and licensed centers are "rewarded" with larger numbers of participants, particularly because individuals who receive subsidized care are more likely to be placed in such centers.

Available data showed that a typical center had revenues of approximately \$140,000 per year and expenses that were slightly higher. Most revenues came from federal sources, with Medicaid being the largest single source. The median cost per participant day was \$29.50 with more than half the expenses attributable to labor costs. According to the investigators, "adult day care currently seems to be a bargain," averaging an hourly cost of \$5. Compared to a general inflation of approximately 100% since 1975, the cost of day care has risen only 40% for the same period.

The study concludes with a very positive prognosis for the future of adult day care.

*Day care appears well positioned to help meet the needs of its clients as well as the growing demand for programs to support the family caregiver. It appears flexible enough to respond to market changes, and has such a favorable cost structure that it is reasonable to assume that it will continue to flourish and change as the needs of its client populations change.*

(W.G. Weissert, J.M. Elston, E.J. Bolda, W.N. Zelman, E. Muntran, A.B. Mangum, *Adult Day Care: Findings From a National Survey*, Baltimore: The Johns Hopkins Press, 1990)

### Japanese Post Offices to House Care Centers for Elderly

Two of Japan's national ministries—welfare and communications—have agreed to add upper stories to post offices for use as day care centers for the elderly. A nationwide plan calls for building welfare facilities including day care centers, atop the existing government-owned post office buildings.

A shortage of such facilities is particularly critical in urban areas where land prices are high and local governments

cannot afford to construct facilities for the elderly.

The welfare ministry plans to provide day care centers with facilities for more than 280,000 elderly users under a ten-year program. (*Japan Times*)

## Dementia

### Removing the Barriers to Utilization of Day Care for Dementia Sufferers

An estimated four million Americans suffer from dementing illnesses. Yet, adult day programs continue to be a largely underutilized resource for those elderly persons living in the community. A National Council on the Aging survey found that, in 1984, only 20 out of 800 day centers across the country had programs designed to serve people with dementia.

These 20 centers were pioneers in the development of behavioral and programmatic techniques appropriate to the needs of their clients. For example, for clients who tended to wander, supervised wandering areas were provided; for those who had lost their short-term memory, they offered periods for reminiscing to take advantage of the participants' long-term memory which was still in tact; and for those who were incontinent, they had timed bathroom schedules to avoid accidents. However, because per capita expenses were high and revenues were relatively low, services were usually limited to a few days per week, or a few hours per day. A lack of substantial public funding also discouraged the development of more centers offering dementia-specific services.

Carolyn H. Asbury of the Robert Wood Johnson Foundation and Rona Smyth Henry of the Bowman Gray School of Medicine in North Carolina now offer some insights into a seeming lack of demand for day care for dementia sufferers and what can be done about it as a result of their involvement in the administration of the *Dementia Care and Respite Services Program* funded by the Robert Wood Johnson Foundation, the Federal Government's Administration on Aging, and the national Alzheimer's Association. Four-year funding of up to \$300,000 per site was awarded to nineteen centers.

The program was designed to determine whether day centers could do three things: 1) expand the range of community and in-home services; 2) serve as a central

community resource for direct service provision and for referral; and 3) become increasingly financially self-sufficient, primarily through private pay revenues.

Many grantees started by conducting market surveys which have revealed what people want and what they would be willing to pay for particular services. In response, the day centers have developed a variety of programs incorporating caregiver suggestions, such as: expanded center hours and a weekend service; in-home respite and overnight center respite services; a "drop-in" resource, where caregivers need only provide 24-hour advance notice; and provision of personal services for an additional charge.

Daily fees average \$32 for day programs and many centers require monthly prepayment. Daily attendance averages 15 participants, with most attending two to three times a week. Emphasis has been placed on the generation of private revenues to cover the costs of expanded services. As a result, nearly three quarters of the centers' operating revenues come from private, out-of-pocket payments, while one quarter comes from public financing (usually Medicaid and Title III of the Older Americans Act.) The grant funding is used to finance the centers' deficits in decreasing amounts as the centers become financially more sound over the four-year grant period.

Surprisingly, despite their efforts at service expansion, all 17 currently funded grantee centers have faced an uphill battle in enrolling participants. With the assistance of marketing experts, three categories of barriers to utilization were identified: caregivers' "internal concerns"—of which there were many—such as, guilt that they need assistance in caring for a family member with dementia; "logistical concerns," such as, lack of transportation; and "financial concerns," such as, the fear that the open-ended nature of day program participation combined with the unpredictability of the illness' duration might deplete family resources.

These barriers to use are now being addressed by the centers. They are working with the local and national press to get their story across to caregivers and have intensified referral efforts by acquainting physicians with the services offered. Many grantees have bought vans or contracted for transportation. And they have begun to work with employers to determine whether center services could be included in benefits packages. Centers are also collecting data,

such as average length of stay, which will allow for better estimation of expenses. Remaining barriers to utilization will be addressed in the final two years under the grant.

Asbury and Henry are hopeful that "If successful, the grantees may help to demonstrate that day centers serving people with dementia and their caregivers can be a lasting, vital community resource for the future." (*Perspectives on Aging*, July-October, 1991.)

### Improving the Quality of Life of Dementia Sufferers in Israel

Is the effort to stimulate institutionalized older persons suffering from dementia an extravagance or the fulfillment of a basic human need? Many institutions caring for such patients must grapple with this question. Unfortunately, when staff and resources are limited, as is often the case, care beyond the basics demands a commitment of time and effort not easily forthcoming.

"It is important to remember that activities which include social communication, creativity, and meaningful occupation of leisure time are important components of a person's life and bring pleasure and satisfaction. The mentally frail lose a considerable part of their ability to participate in activities of this nature and, as a result, reach a state devoid of almost all pleasure and satisfaction," according to Hemda Cohen, of the JDC-Brookdale Institute of Gerontology and Adult Human Development in Israel.

Cohen has developed an approach which enables the staff of institutions to activate and stimulate mentally frail older persons. Not only is the patients' quality of life improved, but the staff's level of job satisfaction improves as well. The techniques she has developed enhance staff understanding of the functional ability of the patients and trains them in new skills which help activate patients to their maximum potential.

Cohen's approach is described in a manual, *Activating Demented Patients in Institutional and Day-care Facilities*. She focuses in particular on the following subjects:

- guidelines for making a functional assessment and identifying the behavioral characteristics of the mentally frail;
- information about activation principles and activities for the mentally frail;

- guidelines for activating the mentally frail individually and in groups; and
- guidelines for creating a safe, supportive and stimulating care environment.

A trial implementation of the manual in three Israeli institutions has demonstrated that the program has potential for significantly improving the quality of life of the mentally frail. In a three-month follow-up, patient assessments almost across the board showed some degree of progress and improvement. For example, "there was a remarkable decline in violence, crying, shouting and wandering."

In addition, despite the fact that the program made many new demands upon staff, their self-reported satisfaction and morale were significantly enhanced. "The nature of our work has changed and it is much more pleasant and interesting."

Cohen, however, realistically emphasizes that no method, no matter how well conceived, can alone bring about a change in institutional attitudes and practices. It is the "human element" that determines the actual success of a program. Staff who work with older dementia patients "will have to find new ways of working with one another, relying less on rigid definitions of professional boundaries." Once this attitudinal barrier is broken, the successful activation of demented patients becomes possible.

(*Activating Demented Patients in Institutional and Day-care Facilities: A Manual* is available from JDC-Brookdale Institute of Gerontology and Adult Human Development in Israel, JDC Hill, P.O.B. 13087, Jerusalem, Israel for US\$7.)

### Dementias Burden American Nursing Homes

Nursing homes are increasingly becoming psychiatric facilities if psychiatrist Barry Rovner's findings of patient mix in Baltimore nursing homes can be extrapolated to the rest of the United States. Rovner found in a study of 454 new admissions to nursing homes in Baltimore that 67% of patients suffered from dementia, including Alzheimers' disease and damage caused by strokes, and 13% had some other mental disorder, often severe depression. Only 20% were without any psychiatric disorder.

Rovner points to the importance of assessing residents' psychiatric states and developing new therapies to meet their needs. In developing such therapies,

nursing home staff must recognize that behavioral problems can develop from many preventable reasons, including lack of physical activity, urinary tract infection, the side effects of medication or staff's ignorance of patients' limitations, New national nursing home regulations prohibiting the use of psychoactive drugs for the purpose of discipline or convenience add to the urgency of developing new treatments.

Among techniques successfully used in nursing homes in Ohio, where only 2% of nursing homes have been cited for chemically restraining residents, are short walks several times a day, 25-minute activities such as bowling, kickball, or even distributing napkins, frequent small snacks to prevent weight loss, reducing the use of intercoms and lowering voices, fencing in outdoor areas to allow access for residents, and small groupings of furniture in various areas to allow wanderers to rest or meet with others.

*(Older Americans Report, August 30, 1991)*

### **Holland Experiments with Sheltered Housing for Mild Dementia Sufferers**

It is often difficult to house mildly dementing people appropriately—they can no longer live independently, but they are not yet ill enough to be admitted to a nursing home either. They usually end up in a home for the aged where their condition worsens quickly because they have difficulty relating to other people and become isolated and lonesome. As a consequence they have to be admitted to a nursing home in about six months.

In the spring of 1989, an alternative housing program was started in Borger, the Netherlands where five mildly dementing women now live together in a normal townhouse in a quiet neighborhood. Although they need help in their daily routines, they manage very well. They can count on round-the-clock assistance from five part-time workers and four trainees. Housekeeping chores are divided among the five women, including cooking the daily hot meals.

Three of the women had lived in a home for the aged but could not fit in; the other two entered the house after their husbands passed away and they could not manage to live by themselves.

"They lead a pretty normal life" according to the team coordinator, "and



*Photo: Swaebe*

because they are more active no one's condition has deteriorated." In case of illness they can call on the district nurse and, in more serious cases a nearby nursing home. Although the women did not know each other beforehand, they get along very well.

The Borger project is financed through a subsidy of Dfl. 400,000 (US\$212,000) from the provincial government. For the subsidy to continue after a trial period of four years, there has to be clear evidence that the residents are better off here than in a nursing home.

The Borger project is not unique; six comparable projects have been started in many parts of the Netherlands which have met with varying degrees of success. One project closed because of lack of funding. Four other projects are in their trial phase and seem successful—these arrangements are almost 50% less costly than a nursing home placement.

In Eindhoven, a similar experiment has been recognized since 1985 as "normalized living" and is being financed through AWBZ (national insurance coverage for exceptional medical expenses.) The residents are able to remain in this type of

sheltered housing for about six years after which the progression of dementia makes it necessary for them to be admitted to a nursing home. But thanks to "normalized living," the residents remain stable longer, require less hospitalization and retain their dignity. *(LeefTijd)*

### **Stroll Control Lets Nursing Home Patients Roam Safely**

A long-term care facility in the United States in which many of the residents have mental problems evidenced by compulsive walking has solved the problem of restraining patients from leaving the building without the use of tranquilizers and physical restraints. A monitoring system called "Stroll Control" preserves the patient's right to dignity and comfort, while maintaining a safe environment.

At the facility, residents whose wandering could endanger their safety—about 20% of the population—were outfitted with lightweight wrist bands, each containing a microcircuit. The doors to the residence hall were then equipped with

electromagnetic locks. When a wristband-wearing resident approaches a monitored door, the system detects a signal emitted by the microcircuit and the door is temporarily locked.

The system is selective in that it allows free passage of staff, visitors, service and delivery personnel, as well as those patients who are allowed to walk the grounds. In addition, the wrist bands are waterproof, washable and won't irritate or injure the wearer. They are also very economic since each band can operate up to five years without replacement.

Fire safety is a crucial concern for nursing homes. In order to eliminate any chance of accidental entrapment, door locks are automatically de-energized whenever a fire alarm sounds. The locks can also be deactivated from a central location and at the doors themselves. In the year since installing "Stroll Control," the facility has been able to administer fewer drugs with no increase in the number of injuries. (*Government Product News*, 6/90)

## **Employment**

### **Heavy Workload Likely Cause of Disability Among Dutch Seniors**

Disability among Dutch older workers does not seem to be caused primarily by illness, but rather by too heavy a workload. This is one of the major findings of a study done by the *Gemeenschappelijke Medische Dienst* (Joint Medical Services) in Amsterdam in which 1,025 workers of all ages who had become recipients of disability benefits (*Wet Arbeids Ongeschiktheid*—WAO) were interviewed.

Some 68% of those interviewed stated that "assembly line pressure" was a stress factor associated with their request for disability benefits. In addition, older recipients felt themselves in better health than did the younger recipients, further suggesting that physical ailments probably did not determine disability claims.

Another finding was that older women run a greater risk of becoming disabled than do older men. Of all the WAO recipients interviewed, 32% were women—a disproportionate share compared to their participation in the labor force. Twenty-nine percent of these women were single while only 17% of the men were unmarried. Further, women fell into the lowest income

range with 60% of them obtaining incomes of only Dfl.900 (US\$475) per month.

Researchers were left wondering whether heavy workloads and the stresses associated with assembly line pressure were the result of the failure by employers to increase the labor force while shortening the workweek and retaining productivity goals. (*Leeftijd*)

### **Finland Plans for Older Labor Force**

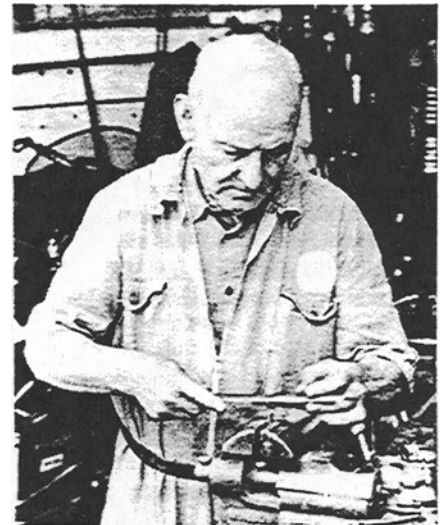
By the year 2000 more than 40% of Finnish workers will be over 45 years old, making Finland one of the five countries with the oldest labor forces in the world. In anticipation of the increased market competitiveness that will result from closer economic union in Europe, researchers and managers in both government and the private sector have begun to cooperate in learning more about older persons' functioning in the workplace and alternative strategies for prolonging their worklives.

This activity is taking place at a time when flexible retirement opportunities encourage early retirement and a shortage of workers already exists in several occupations because younger workers are no longer attracted to these fields. According to Finland's Institute of Occupational Health,

*"Action is urgently needed because the Finnish competence in the uniting Europe will be based on the experience and ability of the older part of the worker population."*

The Institute's Action Program on Health, Work Ability and Well-Being of the Aging Worker is designed to create optimal work conditions for older workers both from the point of view of work content and work environment. There is a recognition that changes due to aging and the large differences that exist between individuals' capabilities after age 45 demand a more individual and flexible organization of work. The hope is that appropriate interventions of this nature will delay premature aging and retirement. Over the next few years, the Institute will be working with selected employers to test alternative modes of job redesign and health promotion for older workers.

Other Institute research/action projects relating to older workers include exploring alternative shift schedules—shift work has



*Photo: P. Copponi and G. Pinnizzotto*

been found to be particularly unhealthy for workers over 40; early recognition of risk factors making for decreased work ability in construction work; aging in the teaching profession; and the development of aging-related teaching materials for the needs of working life that can be used by occupational safety and health officials and work supervisors.

### **Aging Among Quebec's Educators: The Burden or the Power of Years?**

Public discontent with the state of education in Quebec has resulted in some finger-pointing to the steady "aging" of educators as a possible cause for the low morale attributed to them. The average age of educators had increased to 43.5 in 1988 from 32 in 1970-71. It is expected to rise yet further to between 46 and 48 by the turn of the century as a result of the relatively small demand for entry level teachers.

Researchers **Christian Payeur**, **Hélène David** and **Yvon Desjardins**, however, dismiss this charge as unfair scapegoating. Through their survey of 1700 Quebec educators 30 years and older, they found that work conditions and management policies were much more powerful explanatory factors for low morale. Educators did not all age in the same way, and low morale was not everyone's fate as they aged.

Eighty percent of the educators (of all ages) indicated that interesting and useful work, as well as good working conditions and employment security were very

important to them. However, 77% of the teachers indicated they were pressed for time in their work and 90% found it difficult to accomplish their tasks. Seventy-three percent experienced their work as stressful. Nevertheless, the large majority (73%) indicated they would choose the same profession again if starting over, and 68% found their work fulfilling.

Educators could be categorized into four major groupings: 1) those who cared passionately about their work (22%); 2) those who cared about their work but felt tired and wondered how much longer they could continue (31%); 3) those who were generally satisfied (25%); and 4) those who were "burnt-out" but felt they had no choice but to remain where they were (19%). At the same time that there was a positive correlation with feeling "burnt-out" and experiencing less satisfaction as age increased, the highest proportion of educators who cared passionately about their work were in the 50+ group. Similarly, less fatigue was experienced by the 50+ age group than by younger age groups.

Further analysis of the data suggests the importance of looking at where in the educational hierarchy these educators found themselves. For example, the largest proportion of educators who cared passionately about their work taught at the primary school level. Those experiencing the greatest burn-out were at the secondary school and administrative levels. Thus, the evidence suggests that nature of employment and the management of educators' careers are much more critical factors than age *per se* in explaining the degree of demoralization found among Quebec's educators. (C. Payeur, H. David and Y. Desjardins, "Viellir en Education: Le Poids des Années ou la Force de l'Age?" *Options*, Autumn, 1991)

### Computer Training Center for Older Workers Opens in Boston

The first computer training facility designed exclusively for workers 40 and older in the United States has opened in Boston. The center seeks to provide students with a full range of skills required for new employment. The center was set up by Operation ABLE, a non-profit employment service for older persons, with strong support from the local business community. (*Older Americans Reports*, October 11, 1991)

## Health Care

### Curing Yentl's Syndrome

It is not often that literature and medical research meet. This past summer, however, two studies were published which exposed a phenomenon that came to be dubbed "The Yentl Syndrome." It resulted both in self examination by the medical establishment and wide discussion in the U.S. media.

Yentl refers to the 19th-century heroine, created by the writer Isaac Bashevis Singer, who had to disguise herself as a man in order to be able to attend a school of higher Jewish learning and study the Talmud. In this same vein, until now, women have been treated for coronary heart disease in the context of research and treatment geared to the physiological characteristics of men—hence, the Yentl syndrome.

Writing in *The New England Journal of Medicine* of July 25, 1991, Bernadine Healy, Director of the National Institutes of Health, cites the two studies, which appear in this same issue, as evidence that "there is sex bias in the management of coronary heart disease." For example, in one of the studies, Ayanian and Epstein showed that although women had angina before suffering heart attacks as frequently and with a more debilitating effect than men, women underwent cardiac catheterization only half as often. "The problem is," Healy goes on to say, "to convince both the lay and the medical sectors that coronary heart disease is also a woman's disease, not a man's disease in disguise." In fact, myocardial infarction (heart attack) is the leading cause of death among women in the United States. For decades, however, research studies dealing with coronary heart disease have been conducted exclusively on male populations.

The basis for much of this "sex-exclusive" research was the epidemic of coronary disease among middle-aged men which occurred two decades ago. Today, coronary disease is "most evident in older people and at a time in life when men and women are affected with equal frequency." The time has come, Healy writes, for medical research to deal with this new reality. Not only must studies seek to uncover sex differences which influence morbidity and mortality, but conditions particular to older women, hitherto neglected, need to be given more attention.

In a major step, the National Institutes of Health has made a significant



commitment to research on women's health and illness in its recent mounting of a multidisciplinary, multi-institute intervention study, the *Women's Health Initiative*. This study, the largest of its kind ever conducted, will address the major causes of death, disability, and frailty among middle-aged and older women. "The goal of this study is to gather data that will provide women and their health care providers with vitally needed information on the prevention and treatment of [these] diseases and their risk factors, with the ultimate goal of improving the quality of life of women" states Healy.

Of Yentl and her legacy, Healy concludes "[And] it is our hope that the bold and charming heroine Yentl will survive, but that her syndrome will slip back into history as a curiosity of times gone by."

### Confusion Surrounds Estrogen-Replacement Therapy

"The clinical conundrum of postmenopausal estrogen replacement" is how Drs. Lee Goldman and Anna N.A. Tosteson describe the confusion and lack of clarity that still surround the subject of postmenopausal estrogen therapy in their editorial for the September 12, 1991 issue of *New England Journal of Medicine*. This is still the case despite the findings of a study published in the same issue, by Dr. Meir Stampfer *et al.*, the *Nurses' Health Study*, which observed the health and use of

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estrogen by 48,000 nurses over a period of ten years and confirmed the benefits of estrogen therapy.

The conundrum lies in the evidence of an increase in the risk of endometrial (uterine) and breast cancer simultaneous to the decrease in the risk of heart attack and osteoporosis as a result of estrogen therapy. How then, is a woman to decide what course of action, or inaction, to take? She must "weigh the competing risks and benefits so as to provide a more comprehensive assessment of the appropriateness of this therapy" suggest Goldman and Tosteson.

Stampfer's study, as well as other epidemiologic reports, shows, that "women who are given postmenopausal estrogen therapy have a reduction of about 40% to 50% in the risk of ischemic heart disease as compared to women who do not receive such therapy" write Goldman and Tosteson. This is particularly significant in light of the fact that heart attack is the leading cause of death for postmenopausal women. In addition, estrogen-replacement therapy reduces the rate of bone loss after menopause with an associated reduction of about 60% in the rate of hip fracture, thus relieving older women of the pain and immobility related to osteoporosis. Estrogen replacement has also been shown to have a beneficial effect on less tangible issues such as the quality of life, sexual function and well-being of the menopausal/postmenopausal woman.

Unfortunately, estrogen's effects are not all positive ones. As the hormone which produces female sexual characteristics, estrogen acts as a stimulant for the breasts and uterus. The constant stimulation of the breast and uterus tissue created by estrogen replacement may increase the risk of cancer in these organs. To date, data suggest a slight increase (.3%) in the incidence of breast cancer and a 2.4% increase in incidence of endometrial cancer. There is evidence that the administration of the other female hormone, progesterone, in combination with estrogen limits the risks for cancer. However, in addition to lowering these risks, progesterone appears to lower the benefits of estrogen as well. Since there is still too little data to rely on to establish a definitive relationship between estrogen therapy, progesterone and these cancers, medical experts continue to give conflicting advice.

Particularly vulnerable are women with histories of cancer who suffer from the

symptoms of menopause. They must choose between continuing to suffer what for them are the unbearable symptoms of menopause and the risk of breast or uterine cancer. Although Dr. Stampfer writes that "the findings regarding mortality from all causes as well as risk-benefit analyses suggest that, overall, the benefits of postmenopausal estrogen therapy outweigh the risks." He concludes that "the decision must be made by the individual woman and her physician after they evaluate all the relevant benefits and risks."

According to Dr. Lynn Rosenberg, an epidemiologist at Boston University School of Medicine, "most women decide whether to take estrogen by a sort of fear meter, asking themselves which diseases or discomforts they most dread." Fortunately, women will not be left to make choices based upon fear and uncertainty. Next year, The National Institutes of Health, in its Women's Health Initiative, will conduct the most comprehensive study to date which will gather the data needed to provide women and physicians with information on the prevention and treatment of diseases specific to women. Estrogen-replacement therapy will be a major area for investigation. The study, which will be conducted over the next 10 years, promises to clarify the relationship of estrogen to cancer in postmenopausal women. The prospects look good for extricating women from their present state of confusion with more definitive answers to questions which bear greatly on the quality of their later years.

### Ageism Found in Treatment of Older Cancer Patients

A study of prostate cancer patients published in the May, 1991 issue of *Cancer*, the journal of the American Cancer Society, revealed that older men with prostate cancer are likely to receive less intensive medical treatment than younger men with the same disease. This ageist practice is not limited to older men, however, but is also the case in the treatment, or lack thereof, of older women with breast cancer.

This treatment of elderly cancer patients "suggest a universal phenomenon" say the researchers. "We've found it in women and now we've found it in men. . . It looks pretty pervasive."

### Technical Aids and Medical Supplies Offered Free of Charge in Stockholm

Tens of thousands of persons, mostly retirees, borrow technical aids and medical supplies yearly from the County Council in Stockholm. These technical aids are of a high standard and are free of charge. They are returned when no longer needed.

There are about 10,000 different kinds of supplies available on loan—from the basic assortment of special bathbrushes with expandable handles, blocks for raising the bed, high toilet seats, angled cutlery to more advanced telecommunication sets and alarm systems, e.g., the kind that turns the stove off when you leave the kitchen.

Some of the products available through the County Council are on display at the "Technical Aid & Supply Center" in Stockholm which is run by the "Association of the Neurologically Handicapped." There companies rent space and show their various products—e.g., basic technical aids like tools with special handles, handles for pens for rheumatic patients, devices for buttoning clothing and for putting on stockings and more elaborate products such as a kitchen set up for a handicapped person.

The most borrowed products are those that facilitate walking and mobility, e.g., crutches, canes and wheelchairs. Wheelchairs are individually adjusted to the handicapped person in a workshop nearby. Also available are beds that can be raised and lowered easily. The availability of these products makes it possible for individuals to be more independent and to care for themselves at home to a greater extent than before.

This program was started in the mid-sixties and the product supply has been greatly expanded since then. The key person in the program is the district nurse who recommends certain technical aids or products to the client. Doctors and physical therapists also direct their patients to the right kind of medical home product.

However, the equipment available at the Center doesn't reach all in need; 95% of members of one organization for the handicapped reported that the information about available aids and supplies was too scant. To remedy this situation, the "Institute for the Handicapped" plans to produce an attractive catalog which will be available throughout the country at County

Councils and will later be offered for sale. An interactive video to be shown at the Technical Aid & Supply Center which describes the products and how they are used is also being produced. (*Valkommen*)

### First Chair in Geriatrics Created in Germany

The *University of Witten* has appointed Dr. Ingo Fuesgen as Professor of Geriatrics in its medical faculty. This is the first chair of geriatrics to be established in the Federal Republic of Germany. It represents the first instance in which geriatrics is treated independently, and not as a part of the faculty of internal medicine. (*Altenhilfe*)

### Medical Care in the Netherlands

The *Centraal Orgaan Samenwerkende Bonden Voor Ouderen* (COSBO) (Central Organization of Cooperating Leagues for the Elderly) and the *Landelijke Huisartsen Vereniging* (National Association of Primary Physicians) have agreed to cooperate in working towards improving medical care for older persons.

The agreement is critical of the present state of geriatric care and cites the alarming lack of knowledge of geriatric illness among primary physicians. It recommends the establishment of departments of "clinical geriatrics" at universities and the addition of a geriatrician to hospital staffs.

According to COSBO board member, former geriatrician J. Welten, a hospital geriatrician will prevent unnecessary medical procedures as well as unnecessarily lengthy hospitalization. In addition to the improved geriatric care that will result, this should also prove more cost-effective for the hospital.

The agreement also recommended that the primary physician serve as a coordinator of caregiving for elderly patients. (*LeefTijd*)

### Home Care

#### Cooperative Home Care in Italy

The low status and difficult working conditions of home care aides is a problem common to many nations. In Bologna, Italy, a cooperative approach to the problem has succeeded in upgrading the



Photo: UN Photo/John Isaac

dignity of home care work, spawning a similar program in New York City.

The "Cooperative Home Care for Children, the Elderly, and the Chronically Ill" (CADIAI), a privately managed cooperative agency, was originally studied by New Yorkers Lucy and Frank Rosengarten in 1982. The Rosengartens had arrived in Italy with plans to study the experiences of elderly orthopedic patients, but quickly became intrigued with the provision of home care in Bologna, located in the heart of Italy's "Red Belt." (Since the end of World War II, roughly half of Bologna's population has voted for city administrations governed by the Italian Communist Party or by coalitions of Socialists and Communists.)

CADIAI was founded in 1974 by a group of Bolognese women aware of strains on the city's home care services, as well as the plight of "many poor women who were working off the books for meager wages, without benefits, without security." To give home care workers dignity, CADIAI used the principles of group self-management and "cooperativism." Unlike interdisciplinary teams in the United States, usually comprised of a physician, nurse and social workers, CADIAI teams, which included social workers, nurses, home care aides, and administrative staff, all shared in the organization of daily work. Observed the Rosengartens of one of these team meetings, "the following issues were openly and often angrily raised by the aides: wages; holiday schedules, the quality of in-service courses; . . . how to deal with older persons' special needs; determining priorities within severe time constraints; and how to report poor medical care." The chance to be

listened to in such sessions appeared to enhance the aides' sense of personal worth and provided a chance to ventilate pent-up frustrations.

In-service training courses were considered central to CADIAI's goals of professionalizing home care work and encouraging older clients to assume as much autonomy as possible in their life choices. The in-service courses included lectures by outside experts and regular visits to community social service agencies, as well as covering the traditional topics covered in home health aide training courses in other countries.

CADIAI aides worked alongside aides hired directly by the city in providing care to the needy elderly. Compared with CADIAI aides, city aides received the same wages but had a less supportive structure and often handled far larger caseloads, evoking some resentment. Yet city social workers were largely successful in maintaining cordial relationships between the two groups.

The philosophy and structure of CADIAI mirrors a long tradition of collectivism and collective decision-making in Bologna. A strong Pensioners Union, affiliated with the General Confederation of Labor, actively supports a wide range of home care services. Senior centers, located in all of Bologna's 18 districts, are run by volunteers, and highlight a commitment to integrating older persons into community life. An interesting feature of these centers is their program of arranging visits by older persons to schools, factories, farms, hospitals, and other institutions where they talk informally about their work and life experiences.

The Rosengartens' experience with the CADIAI program subsequently served as the model for the development of a cooperative home care agency in New York City, the *Concerned Home Managers for the Elderly* (described in the *PRIDE Institute Journal of Long Term Home Health Care*, 9/2, Spring 1990.) (Lucy Rosengarten and Frank Rosengarten, "Aspects of Cooperative Home Care for the Elderly in Bologna, Italy," *PRIDE Institute Journal of Long Term Home Health Care*, 9/3, Summer 1990.)

### More Older Persons Need Home Help in Tokyo

The Tokyo Metropolitan Government (TMG) estimates that about 76,000 older

persons in the city need care at home. There are now 1.21 million people in Tokyo 65 years or older, up 190,000 from 1985. More than 80% of care providers are female relatives, usually wives, but the percentage of male care givers (13%), usually husbands or sons, has also gone up from the 5.8% figure of 1985. This reflects the fact that more women are working outside the home and that men are becoming more involved in household activities.

More than half of the caregivers told interviewers they cannot perform their caring tasks well because of their own age, illnesses, jobs or other reasons. (*Daily Yomiuri* 8/28/90)

### Japanese To Set Up Home Care Teams

The Japanese Health and Welfare Ministry has started to provide for the organization of a thousand teams of social workers, nurses and home help providers to assist older persons around the country to maintain their independent life style. The Ministry will appropriate Y1.43 billion yen (US\$11 million) from its current budget to start the ten-year program aimed at promoting the welfare of the aged.

Residential homes for older persons, local municipalities and voluntary groups will be responsible for organizing the teams. The program is designed to provide comprehensive care for seniors who are living alone in order to maintain them in their own homes as long as possible.

(*Japan Times*)

### Honoring Older Persons

#### October 1, 1991—First International Day for the Elderly

The first *International Day for the Elderly* celebrated on October 1, 1991 was marked by events in many countries, including seminars on aging in several major Indian cities, radio discussions and feasting in Sierre Leone, the announcement of winners in a national competition in Japan for older persons with the best ideas for new products serving seniors, and special articles in aging publications in a number of nations. October 1 was designated as an International Day for the Elderly by the UN General Assembly last year.



Much more activity is expected on October 1, 1992—the year marking the 10th anniversary of the UN World Assembly on Aging.

Reports about other activities as well as suggestions for next year's celebration can be obtained from the:

U.N. Office at Vienna  
Centre for Social Development and Humanitarian Affairs  
P.O. Box 500  
A-1400 Vienna, Austria

### New Zealand Organizes Age Appreciation Campaign

New Zealand held a year-long "age appreciation" campaign in 1990 under the slogan, "Let's Hear It From Our Elders," "Let's See It By Our Elders," and "Let's Do It With Our Elders." The campaign, sponsored by the New Zealand 1990 Commission, was tied in with the "Celebration of New Zealand" events and conducted with the support of local government, voluntary and ethnic (Maori) organizations.

The campaign identified New Zealand's elders as an accessible resource who were called upon locally to share their life stories, experience and memories with the young at special events, radio and television programs. National TV spots featured widely-known New Zealand elders, amongst them mountaineer and social activist, Sir Edmund Hillary.

The local print media also cooperated by running interviews and featuring elders

as models of achievement and service to the community.

Senior citizen groups and institutions took part by inviting the young to visit and participate in ongoing programs that demonstrated and passed on skills. Social events, such as a regular program of visits to residential homes, and "adopt a grandparent," as well as "adopt a grandchild" projects were also included. (*Press Release, New Zealand Commission*)

### 1993 Proclaimed European Year of Intergenerational Solidarity

The European Community has proclaimed 1993 as the "European Year of Intergenerational Solidarity." A celebration of intergenerational solidarity won out over a "year of the elderly"—an issue that had divided some European aging groups. The Year of Intergenerational Solidarity follows directly on the economic union of Europe, scheduled for 1992.

### Institutional Care

#### A Residence for Older Persons in the Netherlands Emphasizes Self-reliance

In 1989, the traditional nursing home *Doddendaal*, was reborn as the *Nieuw Doddendaal*, a modern residence which reflects current thinking on the housing and service needs of older persons.

Blending in with the neighborhood as much as possible, the residence is not particularly distinguishable from other apartment buildings in the area. It has 38 apartments which house 40 people. Each apartment has its own foyer, living room, bedroom, kitchen and bathroom. Communal areas include eat-in kitchens, living rooms, a guest room, bathroom, launderette and hobby room. Adjacent to it is a public community center with a coffee shop as well as the offices of associations for the aging, civic associations, a newsletter for older persons and an information booth.

Conforming to the wishes of the "new elderly" for maximum control over their lives, *Nieuw Doddendaal* emphasizes the self-reliance of its elderly residents. Unlike traditional nursing homes, the permanent staff is not a large one. There are two contact persons, a coordinator, receptionist, and night watchman. Various services are brought in from the outside





Photo: Durant Photographers

## European Confederation of Home Owners Established

The owners of private residential homes for older persons in six European countries have formed the *European Confederation of Home Owners (ECHO)*, headquartered in Brussels. ECHO currently represents more than 3,000 residential facilities with about 70,000 beds in England, Germany, France, Belgium, Netherlands and Ireland. ECHO is intended to be an advocacy institution and lobby group for private home owners with the European Community and its various agencies in Brussels. ECHO's President is Anthony Pittaccio of the United Kingdom; Vice President is Ingrid Joslyn of Germany. ECHO's secretariat is at Avenue de la Couronne 218, Boîte 10, 1050 Brussels, Belgium.

## Profile of Institutional Care in the Netherlands

At the end of 1989, 132,600 persons or 6.9% of the 65+ Dutch population, were living in the 1,530 homes for the aged in the Netherlands. The proportion of older persons living in these institutions increases rapidly with age. Thus, only 1% of all Dutch 65-74 years olds in 1989 lived in homes for the aged compared to 9% of those aged 75-84, 34% of those aged 85-94, and 49% of all elderly persons 95 and older. The age breakdown within homes for the aged was as follows: 92% of the residents were 75 years old or older; 76% were 80 years old or older and 47% were 85 years old or older.

In the same year, these institutions employed 53,500 full-time workers. The total operating cost of the elder homes was Dfl. 4.5 million (about US\$2.4 million.) (*Leeftijd*)

## A Bird's Eye View of Germany's Long-Term Care Infrastructure

The German Ministry responsible for care of older persons (Ministry for Youth, Family, Women and Health) has released figures showing 6,608 long-term care facilities in western Germany and west Berlin as of June 1989. The number of beds in these institutions totaled 511,447. Eastern Germany at the time had 1,367 residential and nursing facilities with

when needed. For example, a neighbor can take a resident to a clinic for a check-up; a granddaughter might do the laundry; a caterer could deliver a hot meal; and a visiting nurse could provide a bath and body care.

New residents are assigned a contact person with whom they discuss and arrange for daily needs. This contact person in essence acts as a "manager," coordinating the services of a volunteer or a paid caregiver with the requirements of the resident. Throughout this process, older persons are in charge; they decide how they should be cared for. Guidelines are given to caregivers to facilitate the involvement of the resident. And finally, there is monitoring of the care given to ensure that it is adequate.

Relationships have already been established with caregiving organizations and a nursing home to develop strategies for delaying institutionalization of residents for as long as is possible. With the completion of the initial experimental phase in 1992, it will be interesting to see whether Nieuw Doddendaal's goals have indeed been met. (*Leeftijd*)

## "Cloverleaf" Model of Elderly Care Promoted in Germany

Ludwigsburg County in the German state of Baden Wuerttemberg is pioneering new

methods for older persons' care in Germany intended to assist seniors in maintaining their independence in familiar surroundings. The nonprofit Cloverleaf (*Kleeblatt*) company, founded in 1989 by the ten communities in the county, is building small, decentralized residential homes in conjunction with individual apartments for elders on the upper stories of the garden apartment units.

The total infrastructure of the residential homes will be available to tenants, who can also activate call buttons in each apartment unit in case of emergencies. Besides taking their meals in the residential homes if desired, tenants can obtain a "meals on wheels" service and be cared for by nurses and physicians in case of medical problems that do not require hospital care.

A rehabilitation center for patients leaving hospital care in the regional center of Ludwigsburg will be connected to one of the residential facilities in the city.

The cloverleaf homes are funded as a joint project by the individual communities (30%), the county (20%) and the state of Baden Wuerttemberg (40%). The remaining 10% comes from payments by prospective residents or from subsidies from social welfare agencies for low-income older persons. The entire project will cost DM 40.8 million (about US\$24 million) and will provide several hundred units of housing. (*PRO 32*)

140,020 beds. Of the west German homes, 2,154 were privately owned and operated, 3,484 were operated by voluntary agencies and 970 by municipalities. There were no privately operated homes in eastern Germany.

Some 140,000 persons are employed in western Germany's day care and residential care sectors. They provide care to seniors in the more than 6,600 long-term residential facilities and 3,000 day care centers. Ninety-one percent of the caregivers are women, of whom 41% are 29 or younger, 26% are between 30 and 40, and 31% older than 41 years.

*(Altenheim and Altenpflege)*

## Intergenerational Relations

### How Children See Grandparents Varies Around the World

A Swiss foundation, which operates a residential home for the aged in Lausanne, obtained a response beyond its expectations when it issued an international appeal for drawings by grandchildren of one or more of their grandparents. "Draw your grandfather or grandmother as you see them, their habits, their daily activities and how they make you laugh." So read requests that were sent to the 20 native countries of residents and staff of the Lausanne home. Within six months, the appeal yielded some 15,000 drawings from Eastern Europe, India, Southeast Asia and Latin America. Participants ranged in age from three to fourteen years.

Despite the wide geographic and ethnic spread of the responses, universal human themes emerged from the drawings, but there were also poignant dissimilarities. While the prominent role assigned dogs, cats and birds as companions of the old was a common element, there were differences in the way the elderly were depicted in different cultures. In Asian and Latin American submissions, the elderly were surrounded by their families, and portrayed as transmitters of learning and experience. Drawings from Western nations, on the other hand, showed them as independent figures, rarely inserted in a family circle. Often they were depicted looking sad and lonely.

In addition to monetary awards, winners received an invitation to visit Switzerland for a week together with the grandparent they had depicted. *(Zeitlupe)*



Photo: Linda Bartlett

### Plan Combines Nurseries, Old Age Homes in Tokyo

Pre-kindergarten schools in Tokyo undergoing renovation are now being given financial incentives to incorporate housing for seniors within their grounds. The plan will be subsidized by the Tokyo Metropolitan Government, as part of a series of measures intended to accommodate seniors who have been waiting for admission to residential homes for years.

At present, there are 138 homes for the aged in Tokyo, and over 5,000 seniors are on waiting lists for admission, more than twice as many as five years ago.

*(Daily Yomiuri)*

### Foster Grandparents for Children of Single Mothers in Berlin

Two Berlin districts have teamed up to realize a foster grandparents project for the children of single mothers. The idea came from Dr. Hilde Balluseck, a social worker, and is being carried out under the aegis of the Berlin chapter of the *Deutscher Frauenring*, a national womens' group in Germany. The aim is to help working mothers who are raising their children

without outside assistance, while at the same time to provide a meaningful activity and new contacts for older persons, people who would like to assume the role of a foster grandparent.

The first meeting, at which the grandparent is introduced to the parent, takes place at the office. After that all arrangements are worked out between the two parties involved. The social worker provides an advisory function only and seeks to resolve problems should they arise. The hope is that long-term contacts between the "grandparents," the single mother and her children will be established. *(Presse-und Informationsdienst der KDA)*

### "Gromuki" and "Grovaki" Created in Switzerland

The Swiss have known about *Muki* (*Mutter/Kind*—Mother/child) gymnastics for quite a while, but the canton of Glarus has pioneered a fun-filled and intergenerational contact promoting a new fitness technique, the *Gromuki* and *Grovaki* events. These bring grandmothers and grandfathers (*Grossmutter/Kind* and *Grossvater/Kind*, i.e., *Gromuki* and *Grovaki*) and their own or other grandchildren together for gymnastics classes that promote fitness and mobility

while also providing sociability and entertainment for young and old.

A special program that complies with some overlapping needs of both groups and takes into account their differences in stamina and mobility has been worked out by Gromuki pioneer **Maria Brunner**, who runs the canton's senior gymnastics classes. The group she organized recently includes ten women and five men aged 65 to 85 who bring along their own or "borrowed" grandchildren for a lively hour of physical exercise. The local kindergarten serves as a source of supply for "borrowed" grandchildren. (*Zeitlupe*)

### Older French Handymen Pass On Their Skills

Every Wednesday in the French village of Clion-sur-Seugne (population 742) youngsters meet with retired handymen to learn skills useful for modern rural life. The village children learn to drive tractors, paint, do light carpentry and simple plumbing, solder and engrave, graft trees and use mowers. These and other such skills are being passed down from generation to generation, creating ties of respect and caring between the young and the old.

The "Seniors Club" initially launched this intergenerational program (*Association brico-loisirs*) in an effort to attract new members and to give the club a more interesting and stimulating agenda. The group equipped the former rectory, extending alongside the 12th century church, converting it to the meeting place for their workshops. The seniors also established a "Museum of Old Tools" on the premises. Enlisting village youngsters in sufficient numbers to make the workshops viable, they chose a weekly schedule to accomplish their goals.

The relationship between the elders and the youngsters is a reciprocal one, with men and women who are retirees and "who have the time and know things" offering their skills and the youngsters lending a helping hand to those in need. For example, when an older woman could not climb a ladder to replace a light bulb in her house, a young workshop participant did it for her. Although rendering services such as this is not an expectation imposed upon the young, the club members see such acts as an added benefit to their activities.

The lives of both generations are enriched by this endeavor; the elders have the joy of feeling active and the young learn

things that no one else wishes to teach them. (*Notre Temps*)

### And in Germany the Young Instruct the Old

Seniors at a Stuttgart High School are believed to be the first in the country who have given a new meaning to contact between the generations. Whereas voluntary groups and institutions nationwide have been promoting the concept of the older persons passing on their knowledge and experience to the young, these high school students are using their free time to instruct seniors in subjects of their choice. The experiment has the approval of the regional school board. The joint high school/seniors working group is directed by a retired teacher who reports that the average age of the instructors is 18 and that of the students 76.

A favorable student teacher ratio of 15 to 1 is maintained. Courses are offered free of charge to seniors. Representative subjects include foreign languages, history, natural sciences, and computer literacy. Art history and music are also offered.

The young instructors are full of enthusiasm and good ideas. They are very much concerned with the progress of their students and follow up the instructional sessions with hour-long small group discussion seminars. The experiment is said to be making an unusually effective contribution to the aim of mutual understanding and appreciation among the generations. (*PRO*)

### Frankfurt Hobby Exchange Attracts Young and Old

Since its founding in 1987, Frankfurt's *Hobby Exchange for Active Older Citizens* has succeeded in arranging hundreds of intergenerational contacts. A primary goal is to provide older people with opportunities for passing their experience, wisdom and skills on to younger individuals while avoiding isolation and remaining in touch with younger generations.

Of those who have participated in the Exchange's activities, 25.7% have shown interest in travel, 24.5% in conversing in foreign languages, 18% in hiking and 10% in walking. Other activities listed in the Exchange's activities inventory are computers, chamber music, card games, dance, frisbee and Japanese *origami* paper folding.

(*KDA Presse-und Informationsdienst*)

## Isolation

### Japanese Government Acts to Reduce Isolation Among Older Persons

Japanese retirees are often at risk of becoming isolated in their communities following retirement because they have spent so little of their working life at home. The result is that their communities may seem strange and unfamiliar which, if combined with the stress of their loss of work roles, may result in premature aging and symptoms resembling senility.

The Ministry of Health and Welfare has now committed itself to training individuals who can provide advice on healthy and worthwhile post-retirement lifestyles to older employees and retirees.

In a second effort, the Ministry is sponsoring a program to establish community facilities for seniors in local government buildings to improve communication amongst them and to encourage their involvement in community activities. Under the Ministry's program, retired workers who are interested in a more active role will be trained in leadership skills to help persuade their peers to become involved in community activities.

(*Japan Times and Daily Yomiuri*)

### The Friendship Line

Most developed countries have established programs and services which provide assistance to elderly persons with tangible and quantifiable needs. The intangible, yet very real, sense of isolation and loneliness that so many older persons living alone experience is an area often neglected. To address this need in France, the organization *Les Petits Frères des Pauvres* (Little Brothers of the Poor) created the "Friendship Line" (*Ecoute-Amitié*), a telephone communication program, ten years ago. In the intervening years, the program has expanded to several French cities with the local branches forming the "National Friendship Line Federation."

The initial contact is made by the older person. Most calls come from those over 75 years of age for whom the telephone is a primary means of interaction with the outside world. An estimated 70% of those who call *Ecoute-Amitié* suffer from loneliness and simply need someone to listen to them, someone to talk to and confide in. Often, the callers use some

pretext for calling, but in actuality they are seeking someone with whom they can form a relationship.

Trained volunteers serve as "listeners." In order to be accepted as a volunteer, an individual must make a commitment to work regular shifts, take a training course, cooperate with existing social services and community organizations, and most importantly, show respect and discretion in their relationships with clients. They also must visit their clients at home on occasion.

Training is essential for this telephone service. Volunteers must learn how to listen and respond appropriately without becoming too emotionally involved. Callers tend to be repetitious and sometimes even aggressive as a result of their loneliness and frustration. The training provides volunteers with strategies to cope with these difficult situations.

In addition to the availability of *Ecoute-Amitié* during the work week, arrangements have now been made to add a weekend service to address the needs of elderly persons who are alone on these days. (*Gérontologie*)

## Pensions

### **Portability of Pensions Becoming Increasingly Important International Issue**

The increasingly important issue of pension portability across national boundaries was highlighted by Efraim Lifschitz of the *Israeli Association of Senior Citizens (IASC)* of the General Federation of Labour in Israel at the recent board meeting of the International Federation on Ageing in London.

Israel serves as a good example of a country that must deal with the consequences of a lack of international consensus around this issue. With the unprecedented influx of immigrants from the Soviet Union this past year, 17% of whom were elderly, Israel has experienced an increase of 10% in the number of older persons. While it is not easy for any new immigrant to put down roots in a new country, according to IASC, the difficulties for the elderly Soviet immigrant in Israel are multiplied sevenfold. In addition to the usual hardships encountered in the process of absorption into a new society, the elderly immigrant must deal with problems unique to the aging. In Israel, not only are employment opportunities few, but with

emigration, Soviet immigrants lose the pension rights they were entitled to in the Soviet Union after decades of participation in its labor force. Elderly immigrants are thus forced into a state of economic dependency.

Israelis are hopeful, however, that improved relations between the government of Israel and the Soviet government will offer the opportunity to request the payment of pensions to those who rightfully are entitled to them even after they have emigrated.

The need for implementing some scheme for assuring the portability of pensions is certainly not unique to the Israeli situation. With the great flux in national borders and national identities that the world is currently experiencing, as well as the increased mobility of the world's labor force, older people who are caught in these situations face the real possibility of a loss of their pensions. The International Federation on Ageing will be examining this issue to determine the possibilities for international action.

### **Can Pension Systems be Harmonized in a United Europe?**

With western Europe on the eve of economic integration, many questions have been raised about the compatibility of present pension systems with a unified market that seeks to abolish impediments to labor force mobility. Differences in national pensions systems also have serious implications for the competitiveness of national economies.

A conference held at the University of Bremen's Center for Social Policy last year was a first effort to examine the future of supplementary old age pensions, both public and private, in a more integrated Europe. Supplementary pensions are based on earnings and are provided in addition to the state-supported basic pension. They may be provided through the state system and require employer and/or employee contributions or be voluntarily provided through the private sector. In the case of Switzerland, the private, occupational pension is even mandated by government. A few systems even allow for lump sum payments upon retirement.

D. Kessler of France expressed the view that only if the Common Market itself made a unitary system with common contributions and benefits possible over the long-term could the final obstacles to the

free movement of labor be overcome. It was his view that this is not an unrealistic goal because, despite differences between countries, national systems show a degree of structural similarity. They all aim at the retention of a relatively high standard of living and have similar starting ages; most also have provisions for early retirement. Others believed harmonization could eventually be brought about through an improved coordination of the separate systems.

P. Gommers of the European Commission felt, on the other hand, that harmonization of supplementary pension systems was neither necessary nor possible as long as ways could be found to eliminate obstacles to pension transferability across national boundaries. It was acknowledged that considerable difficulties lie in the path of cross-national transferability of private occupational pensions, including differing vesting provisions, legal traditions, regulations determining survivors' benefits, and taxation policies.

It is clear that the harmonization of pension policy will remain a vital issue on the European agenda for some time.

(*Staatswissenschaften und Staatspraxis*)

### **Status of Latin American Pension Systems Precarious**

Throughout Latin America social security systems have either gone bankrupt or are finding themselves in dire straits as the cumulative result of the crushing foreign debt, economic decline and soaring inflation of the 1980s. Large numbers of pensioners in countries such as Brazil, Argentina and Uruguay which have historically old social security systems that provide widespread coverage find themselves in poverty in old age despite work records and contributions of 40 years or more.

In Brazil, for example, 9 million of the nation's 12 million retirees receive half of an average minimum salary or about US\$35 a month. In Argentina, pension levels are now at half of what the law requires and pensioners have organized regular demonstrations in front of government buildings chanting "Jubilados humillados!" ("Humiliated retirees!"). But for family support and unreported jobs, there would be many more homeless retirees than is now the case. The immediate culprit has been the inability of governments to index pensions to keep up

## Eligibility Requirements and Value of Sponsored Pensions in Selected EEC Countries 1989

Country	Retirement Age	Conditions	Minimum Annual Pension in ECU <sup>1</sup>
Belgium	M 65/F 60	45 years payment	5820
Denmark	M 67/F 67	40 years payment	9250
France	M 65/F 65	37.5 years payment	4500
Greece	M 65/F 65	35 years payment	3540
Ireland	M 65/F 65	special conditions	6495
Italy	M 60-65/F 55-60		3304
Luxembourg	M 65/F 65	40 years payment	6430
Netherlands	M 65/F 65	50 years insurance	4128 — 8236
Portugal	M 65/F 62	37 years payment	994
Spain	M 65/F 65	35 years payment	3800
United Kingdom	M 65/F 60	36 years payment	4775

<sup>1</sup>ECU: accounting unit in the budget of European Institutions possessing the classic attributes of a currency. The value of the ECU on 24 April 1989 was 7.04 French francs.

Source: *Le Courier du Corps*

with the double-digit inflation that has taken place. Behind this lies the problem of increased life expectancy combined with inadequate contributions from the active labor force both as a result of cheating and other evasion and a declining dependency ratio. In the 1950s in Argentina, seven workers paid in for every pension; now the ratio is 1.8 to 1. Finally, government may have contributed to the crisis by borrowing from retirement trust funds for other purposes.

A number of Latin countries are now looking with interest and envy at the reforms introduced in Chile by the late military junta in the early 1980s. The government there essentially abandoned the public system for a privately administered pension fund. Individualized private accounts have now accumulated a total of US\$8 billion, equivalent of one-fourth of Chile's GNP. The money cannot be touched by government and forms an important source of funds for Chile's capital market. (*Los Angeles Times*)

### Substantial Pension Increases For East Germans

The minimum social security pension in the eastern part of Germany has been raised by about 15% to reach the minimum level of DM 544.50 (about US\$363) now in force in the western states of the Federal Republic. The extra payments will add DM 3.9 billion (US\$2.6 billion) to the costs of the old age pension system. Under the pension reform for older persons living in what was formerly East Germany, pension recipients will receive up to 70% of their former average income. The 70% maximum

replacement income is paid upon the completion of 45 working years. (*Altenhilfe*)

### Denmark Tightens Pension System

Motivated both by a search for economy and equity, Danish state-supported pensions now are no longer indexed to a price index but to wages instead. Further adjustments will only take place once a year.

At the same time, married individuals have received an increase in their pension so that it will equal that received by single persons. However, to avoid instances of married persons divorcing so that they can take advantage of the higher personal deduction offered to single pensioners, access to the higher deduction is now prohibited to cohabiting pensioners. Single pensioners must sign a solemn declaration that they are not sharing bed and board. (*Aeldre Sagen*)

### A Profile of Japanese Pension Benefits

The two-tier Japanese pension system provides for a universal monthly national pension of Y50,000 (US+333) adjusted annually to the Consumer Price Index (CPI). Together with occupational pensions paid by companies, pension payments for retired workers stand at an average of 69% of the average salary of the currently employed.

Companies traditionally offer employees lump sum payments on retirement which are multiples of the final monthly salary. This can work out to more

than three years pay or an average Y20 million (US\$138,000). While part of a company's lump sum payment is sometimes converted into a monthly pension, retirees generally opt to receive their retirement funds entirely as a lump sum because the first Y22 million are not taxable if the person has worked for a total of 40 years.

Recent statistics disclose that average savings at retirement are in the Y15 million (US\$100,000) range. This means that the average employee receives roughly half of his/her retirement funds from pension and social security benefits, the other from personal savings. (*Look Japan*)

### Politics

#### Older Germans Form Strong Electorate

Similar to the experience of other industrialized countries, older Germans participate in elections to a disproportionately greater extent than do younger age groups. In the 1989 elections for the European Parliament, for example, voters over 60 accounted for 30% of the votes, yet voters over 60 currently comprise 28% of the electorate. Demographic projections indicate that their percentage will increase to 44% by 2030.

The participation rates for seniors is even higher among the ruling political parties in Germany—the conservative Christian Democratic Union (CDU) and their Bavarian ally, the Christian Socialist Union (CSU). In the same European Parliament elections 37.9% of the CDU and 36.3% of the CSU voters were over 60 (Socialists 28.6%, Greens 5.1%).

In the major cities of the Federal Republic where the population is older on average than elsewhere in the country, the proportion of older voters' support is even higher. In Hamburg, for example, the CDU received 50.3% of its votes from members over 65, in Bremen 52.5%.

A publication opinion survey by *Forschungsgruppe Wahlen* revealed that voters over 60 have a clear "law and order" orientation. Priority goals are law and order (60%), protection of free expression of opinion (10%), greater influence of citizens on government decisions (13%). Compared to younger voters, seniors show a strong national orientation. A total of 85% of the seniors are "proud to be German" compared to 42% of younger voters, and 81% would like to hear the national anthem played at major public events (as against 38% among voters under 25); 78% of the older persons like to see the national flag displayed more often compared to only 36% among those under 25.

(*Presse-und-Informationsdienst der KDA*)

### CSU Considers Senior Union

The Christian Socialist Union (CSU), Bavaria's part of Germany's ruling Christian Democracy Union (CDU) is planning the formation of a Senior Union, based on the consideration that one out of six Bavarians will be over 65 in the year 2000. The initiative, according to CSU Secretary General **Huber**, aims to bring about greater political participation by senior citizens.

A policy paper sent by party headquarters to local and regional branches of the CSU calls on party activists to expand their activities among seniors beyond inviting them for coffee and meetings with candidates during election campaigns. Rather, they are asked to maintain regular contact, invite seniors in their area to various cultural and political meetings with transportation provided and to seek out their views on various issues. (*Altenhilfe*)

### Research

#### German Research Ministry Launches R&D Program to Aid Elderly

West Germany's Research and Technology Ministry has launched a multi-pronged

research and development program designed to improve domestic appliances, emergency communication systems and traffic safety for the elderly. The program carries the title "R&D for Active Aging" and will be funded in the range of DM 50 million (US\$28 million) over the next three years. Specific applied research fields include household technology. Included in this category are small, labor-saving domestic appliances, food preparation utensils, microwave ovens, dishwashers and garbage compactors. Home security and emergency call systems are another priority, along with household aids for the wheelchair-confined. The traffic safety component of the research program includes personal mobility aids that take account of diminished strength, reaction time and visual acuity, plus improved public transit facilities that are designed with the elderly in mind. (*PRO*)

### Dutch Strengthen Gerontological Research

*NESTOR* is the Netherlands Program for Research on Aging established in 1988 to strengthen the position of gerontological research in the Netherlands. By promoting interdisciplinary research, *NESTOR* seeks to promote independent functioning of older persons and to improve their quality of life. *NESTOR* also seeks to collaborate and coordinate research at an international level. *NESTOR* was created by the Ministries of Education and Science and of Welfare, Health and Cultural Affairs. Write: *NESTOR*, P.O. Box 1287, BG Nijmegen, NL-6501, Netherlands.

### Travel

#### Older Travelers Take Few Special Health Precautions

When it comes to traveling for pleasure, most older travelers—even those with chronic medical problems—see neither health considerations nor age itself as important factors in their planning and decision-making. Some do, however, make an effort to stay healthy amidst the travel-related stresses of time-zone changes, unfamiliar food and unaccustomed exertion.

These are among the findings of a survey by **Doris M. Alford** (Institute of

Gerontic Nursing, Dallas, Texas) of 170 Americans over age 55 who had recently traveled outside the continental United States. Nearly two-thirds of those surveyed were women and half of them had made more than five trips during the previous four years.

While describing themselves as generally healthy and relatively free of physical difficulties or handicaps, those surveyed did not seem to be robust. Nearly all were afflicted with at least two of the 33 chronic diseases listed in the questionnaire. The most prevalent conditions were hypertension (1 person in 4), arthritis (1 in 7), and congested sinuses (1 in 11).

Most of the travelers made no effort to build up their physical endurance, change their bedtimes, adjust their diet, or practice packing their luggage to test the weight they could carry. Two-thirds carried wheels for the luggage. Three-quarters of them prepared health kits to take along. More than half of the travelers brought medicines and used them during travel. But less than 20% obtained professional medical advice before travel.

**Alford** notes with concern that some older travelers visit "all parts of the globe while taking very powerful drugs . . . not knowing what adverse effects these drugs could have on their well-being." Illness abroad can have serious economic and medical consequences for travelers.

While traveling by air, most of the travelers selected their foods sensibly, but did not avoid alcoholic or caffeine beverages. They took too little water, exercise and sleep. During ground travel, they often neglected proper and safe food intake, including handwashing. Despite this, four-fifths of the older travelers remained healthy during travel, but 1.2% had illnesses that interfered with their trips.

After returning from travel, some older travelers became ill with self-limiting conditions; in the 76- to 80-year old group, nearly a quarter were so affected. In the entire group, 2.4% had to seek medical care. Very few travelers sought medical advice after travel, even if they had been ill while traveling. **Alford** notes: "By not reporting illnesses . . . important diagnostic data could have been lost if latent diseases showed up months later." Half of the travelers who took prescribed medicines regularly before travel failed to resume their medication after returning home.

(**Doris M. Alford**, "Health Behaviors of Older International Travelers," paper presented at the XIVth World Congress of Gerontology, Acapulco, June 1989)