

## **International Perspectives on Care for Older Adults**

As aging populations increase throughout the world, societies are having to examine the way in which they care for their frail senior citizens.

Globally, nations are grappling with how best to deliver care within the changes and strictures of economic costs and productivity, health provision care and costs, cultural and ethnic differences and traditions, changes in the way societies view their elderly and the increasing political voice that older adults have in planning their futures.

### **Western nations**

In the U.S., and in many European countries, there has been an attempt to move away from the institutional traditions of the early part of the past century. Historically, the chronically ill had been herded into large, impersonal and sometimes abusive settings away from view.

The moral landscape changed with improved economic conditions and the voice of women following the World Wars. As a result, roles within the family changed and a move toward a more individual approach in health care gained approval for those unable to care for themselves.

Countries like Sweden, Norway, Denmark, the UK and Australia have attempted to balance the cost of state care with a broader mix of private and community-based care.

### **Developing nations**

Institutional care for the elderly is rare in developing nations in Asia, Africa and Latin America. Although economic migration to urban areas has broken up the extended family, they are still likely to have a large family, somewhat guaranteeing that care remains a family issue. However, many countries are having to address how long-term care needs of elders will be met in the future. Religious and other non-profit organizations tend to be the only institutional care available. Most families cannot afford private care and there are few state funded facilities exist.

### **Japan**

In Japan, the older population is growing faster than in any other industrialized country. Although the extended family is being broken up with societal changes, the family commitment to older adults remains a strong tradition. However, there are changes and now older adults live alone. Greater wealth and financial independence means that increasingly supportive health care services and institutional care are being used. Government strategies are looking at the professionalizations of care, heightened health promotion and prevention and enriched lifestyles for old people in their society.

## **China**

China, with one of the fastest growing economies, remains bound to family and their local formalized community providing care within the limited health and medical facilities. Government policy is to reinforce traditional customs. Hospital care is for short-term acute care only and although the central government has little input, it is trying to encourage local communes and communities to implement a more formalized structure to provide supportive services and nursing care from within their local areas for the old frail people.

Changes in the elderly population is not an issue for some countries. In Malawi, most people die in their early 40s (41 years on average), in Zimbabwe life expectancy is 37.9 years. In the U.S., we can expect to live to an average 77.9 years. We are the lucky ones.

**Source:** [http://alzheimers.about.com/od/professionalresources/a/International\\_C.htm](http://alzheimers.about.com/od/professionalresources/a/International_C.htm)