

Dubna's Social Workers Reorient Care for Elderly

By Joanne Neuber

Georgiy fit the stereotype of many elderly citizens of the NIS. Living alone on a small pension, he was home-bound, lonely and all but forgotten, now that his family and close friends were deceased or far away and unable to assist him with daily tasks. He lived a modest, quiet life in his cramped, two-room apartment, and rarely ventured out into the often bone-chilling weather that characterizes the climate of Dubna, Russia. Yet, in early 1994, after a 20-year struggle with diabetes, Georgiy made the difficult, time-consuming trek across town on a bumpy public bus to consult his physician, only to discover that the debilitating effects of his illness would require the amputation of his left leg.

" I felt as though my life had ended," he says, recalling his two-month stay in a local hospital-- a time which he describes as "very depressing and lonely."

Medical experts at the Dubna Central City Hospital informed Georgiy that he needed constant medical care to monitor his diabetes and heart disease and to teach him how to walk on his new prosthetic leg. They also told him about a new health care program that was evolving in Dubna--home health care, for which a referral was now possible.

For Georgiy, the decision to receive home health care was a simple one; living in the comfort of his own apartment was preferable to living in an unfamiliar, distant hospital. In just a few months, the 72-year-old World War II veteran had what he terms " a new family" of medical and social workers who provided him with ongoing assistance.

" Had it not been for the help of my team of social workers, nurses, psychologists and doctors, I would not be alive today," he says.

Social support services for the elderly only evolved in Russia in the early 1990s and have been reinforced by a 1995 Russian Health Ministry law calling for greater health and social support to the elderly.

The Dubna home health care program began in early 1992 under the auspices of the Dubna-LaCrosse hospital partnership. The program's core goal is to create a sustainable, cost-effective elderly care program in Dubna that reorients the way services to the elderly are provided.

According to Elena Ignatenko, director of charity services for the Dubna City Health Department and proponent of the home health care program, " the model attempts to make a difference in the quality of life for thousands of elderly in the region by reorienting elderly health care services from their current high-cost, inpatient modalities to a more prevention-based, lower-cost, patient self-management home setting." Ignatenko cites a five-fold cost savings from using less expensive home health care programs rather than inefficient, inpatient care for the elderly.

In addition to being one of the first elderly care programs in Russia, the Dubna home health care program was one of the initial programs there to adapt a Western-style, team-oriented approach to providing care to the elderly, relying primarily on social workers to interface with patients.

Social work education began at the University of Dubna in 1994 and is modeled in part on the University of Wisconsin's four-year, degree-track program in social work. The Dubna program has trained 20 students per year in skilled home care services for patients of all ages. After two years of instruction in social work, students participate in a clinical fieldwork practicum at

actual health care facilities, including the Rebirth Alcohol Treatment Center in Dubna ([see CommonHealth, Spring 1997](#)), area hospitals and polyclinics.

Dubna University's first social workers will graduate from the program this spring, and some of the students hope to work with elderly patients, and look to practicing social workers like Nadezhda Alekseeva for guidance.

Alekseeva has worked as a social worker in Dubna's Left Bank District for the past five years, and regularly travels to see five elderly patients. One of her star patients, she admits, has been Georgiy, because of the remarkable turnaround in his health condition.

" He has made tremendous progress over the past five years; now, he can be seen taking walks near his apartment, despite how icy or cold it may be, and he has learned to take better care of himself," Alekseeva says, explaining that she worked with Georgiy to promote better eating habits. Over time, and through daily visits by the health team, Georgiy has learned how to manage many aspects of his illness himself, and requires only a twice-weekly visit by Alekseeva and a nurse.

Yet, finding enough financial resources to pay for the new home health care program poses one of the greatest stumbling blocks today, Alekseeva says. " The government isn't doing enough to help pensioners," she says.

According to Georgiy, a former Soviet military draftee who fought on the front lines of battle during the World War II, " no veteran should be required to pay for home health care." Since April 1997, he has paid 25 percent of his fixed, \$115 monthly pension to receive ongoing home health care.

Equally challenging is the lack of financial support for the new social worker profession, Alekseeva says. Frustrated by a small salary and challenging working conditions, there are few incentives to working as a social worker, she admits. For example, she must take the bus to visit patients at home, and is often faced with long, cold waits for transport.

" The personal reward of being able to help others keeps me going," she says, adding that she often makes more than the required number of home calls to her patients "so they aren't so lonely...They're like family to me."