

Growing Old in New Democracies

By Barbara Ruben

Seventy-four-year-old Olga stands on a Minsk street corner selling newspapers and what few knick knacks she has left in her home to supplement her meager pension, which supports both her and her middle-aged son, who is an invalid. When Juda's husband, who farmed all his life in rural southern Hungary, died she was left without means of support and far from health care resources. And when Georgiy, a 72-year-old widower, lost his leg to diabetes, he became isolated in his two-room apartment in Dubna, Russia, unsure how to traverse a seemingly overwhelming number of obstacles.

As nations of the NIS and CEE struggle to set their new democracies on course, the more than 48 million elderly of the region have seen their traditional safety net fray. Reductions in pensions, health care systems whose only means of long-term care is hospitalization, and a sharp increase in such non-communicable diseases as cancer, heart disease and diabetes have all contributed to a bleak outlook for many entering old age.

Governments and NGOs are just beginning to take stock of the problems and make the first strides to provide health care and social services for elderly in the NIS and CEE, a group that is expected to increase by 45 percent by the year 2025 (See ["Aging Populations Signal a Demographic Sea Change"](#)).

For example, in late May, AIHA partners will sponsor Croatia's first National Conference on Aging in Biograd, at which health care professionals from across Croatia, Hungary, Latvia and Slovakia will participate in discussions on elderly care services, geriatric rehabilitation and community health initiatives in geriatrics. In October, the London-based organization HelpAge will hold a conference in Slovenia to address issues affecting the elderly across the NIS and CEE. And the United Nations has declared that 1999 will be the Year of the Older Person, with a special focus on policy and advocacy that helps improve both the health and socio-economic outlook for the aging.

Home Care Moves Toward the Forefront

Projects by partners and other NGOs are also helping transform care and quality of life for the elderly. For example, the advent of home care and social work in Dubna has changed Georgiy's life. Through an outgrowth of the Dubna-LaCrosse, Wisconsin partnership, social workers and nurses visiting his home have helped him adjust to his prosthesis and accomplish everyday tasks.

"When there is home care available, we see a couple of things: people are able to stay in their homes much longer and their attitudes improve," said Sandra McCormick, vice president of Lutheran Hospital in LaCrosse.

For McCormick, home care has come to the forefront not just because it has the potential to save large amounts of money over costly hospitalization, but because changes in Russian society are making it more difficult for family members to provide all the care needed for elderly relatives. "We are beginning to see some of the characteristics of a competitive society with more and more demands to get ahead," she said. "To survive financially people are taking on second jobs. This undermines what they can do or the time they have to take care of the elderly."

The partnership between Vac, Hungary and Winston-Salem, North Carolina also focuses on home health care. In 1996, Vac Municipal Hospital started the region's first home care agency, which now employs more than a dozen part-time health professionals, most of whom are

nurses. Hungary's aging population and a need for more economical and efficient care prompted the shift to home care, according to Ella Molnar, RN, director of Vac Home Care.

Rural Elderly Combat Isolation

Isolation compounds problems for older people living in rural areas. In every country of the NIS and CEE, the percentage of those over age 65 in rural areas is higher than the percentage of those who are younger. In Romania, for example, only about 40 percent of elderly women live in urban areas, while 55 percent of women of all ages live in urban areas. In Georgia, only 48 percent of those over age 65 live in cities, and in Hungary 58 percent live in urban areas.

Juda moved to one of the few nursing homes in CEE located outside urban areas. The facility in Bekescsaba, Hungary is surrounded by cornfields, and volunteers and residents help harvest vegetables and take care of livestock. It is run by the non-profit Filia Foundation.

"Most of the residents come from rural areas where the land and the animals were a part of their lives. Filia gives these people an opportunity to continue their favorite activities and by doing so to continue reaching self-fulfillment," said Renata Kurthy, who volunteers at the home.

At the same time, the rural location brings with it another set of problems. "There are fewer supporting organizations and businesses in rural areas. Therefore in these areas the waiting lists [at the nursing homes] are always longer," Kurthy said. "In addition, nowadays young people move to the big cities and the elderly stay at home in rural areas and therefore need more outside care."

Filia, which opened in 1989 after three elderly people donated their land and farmhouse, now has 55 residents, with a waiting list of 30. Private rooms cost \$700 per month, but rooms that house up to five patients are free, with the residents paying 80 percent of their pensions to Filia to cover room, board, health care and transportation to the city.

Facilities for long-term geriatric care are relatively rare across the region, even in urban areas. The St. Petersburg City Geriatric Center opened in 1994. Offering both home and in-patient long-term care, it is the first such center in St. Petersburg, Russia. Moscow Oblast's first hospice opened that same year. And this spring, the Institute of Oncology and Radiology, a partner hospital in Bishkek, Kyrgyzstan, plans to open the city's first long-term nursing center.

Several programs funded by USAID also address care for the elderly. A program coordinated by the Salvation Army and the Counterpart Alliance for Partnership created a senior center in Odessa, Ukraine that offers nutritious meals and medical, psychological and legal help for elderly residents. These organizations have also started a home care program for single elderly residents of Ternopil, Ukraine.

To facilitate transformation of the health care system so that it better utilizes resources to care for the elderly, AIHA and the Association of University Programs in Health Administration (AUPHA) hosted a four-day conference on long-term care for health care administrators and educators in Moscow last year. Sessions focused on home health care, nursing roles and sociological dimensions of aging.

"Our first goal was to identify the issues of long-term care in Russia, and to compare and contrast management issues in the US and Russia," said Bernardo Ramirez, AUPHA's vice president. "I think that in the NIS, they focus immediately on the medical side of long term care, which is important, but not all-encompassing."

A Growing Need for Services for Aging Women

Increasingly, those needing this type of care are women since they far outlive men in many nations. As they age, their quality of life plummets. For example, Olga, who lives in Minsk, has not been able to afford new clothes for the last decade and rarely visits a doctor. She lives in a two-room apartment with her son, who is bed-ridden.

In an effort to reach out to Olga and thousands of other women, the US-based NGO Gray Doves International networks with religious institutions and NGOs across the NIS and CEE. US Volunteers, who are often retired, put together packages of clothing, medical supplies and toiletries targeted to individual women.

"These women have a feeling of being forgotten by their countries. They're all alone in the world, so to speak," said Barbara Johnston, Gray Doves' director. "They just don't have the social services, and medical care has become something out of the realm of possibility for many of them. I think that, in their eyes, to receive something from another elderly woman helps validate them."

AIHA's Women's Wellness Centers are also focusing part of their programs on older women's health. For example, when partners at the Woman and Family Center--which preceded the AIHA women's health program-- at Savior's Hospital for Peace and Charity in Moscow began enhancing its program this year, it chose what it calls "mature women's health" as the main new focus.

"A lot of mature women do not have access to fancy gynecological clinics as they can not afford it. The clinic saw a great need for that as many clients were interested in such programs," said center Director Alexander Marachev, MD. "As far as I know there is no center dealing with these kinds of problems in a comprehensive way in Moscow or elsewhere in Russia."

The program currently includes breast cancer screening and education for post-menopausal women and has an endocrinologist and cardiologist on staff to work primarily with older women. Over the next year, the center also plans to focus on osteoporosis and incontinence issues. Center staff are now developing an interactive journal in which older women can monitor their own health and report changes and symptoms to their doctors. This summer, the center plans to hold a mature women's health seminar for physicians and other health professionals.

The Chisinau, Moldova Women's Wellness Center offers classes for older women to learn more about their changing health needs, from information about hormone replacement therapy to diet and exercise. The classes also try to instill a sense of responsibility in women for their health. Center Director Boris Gilca, MD, attends the first session of classes for older women. He asks them to name differences between a 60-year-old woman in Moldova and one in the United States.

"The women start saying that women of this age in Moldova look tired, they're sick, they have humps, they don't move well," he said. "Those in the US, they say, are active in sports, they go mountain climbing, they drive a car."

When Gilca asks the women to explain the differences, they respond that the US is a rich country where women have the means to live healthier lives.

"But I tell them no," he said. "I tell them that they can improve their situation with education, by taking steps to improve their own health."