Abstracts

Economics and the Care of the Elderly Kenneth Wright

C. H. Mindel, R. Wright and R. A. Starrett, 'Informal and formal health and social support systems of black and white elderly: a comparative cost approach'. *The Gerontologist*, **26** (1986), 3, 279–285.

The study reported here was intended to examine for a sample population drawn from elderly people in Cleveland, Ohio, USA the actual type and amount of support given by large-scale bureaucratic organisations and the more personal idiosyncratic support received from kin and significant others. One basic hypothesis to be tested was that the informal support system of the black elderly would be as supportive or more supportive than the informal system of the white elderly.

The services received by the elderly respondents were classified into four main divisions: home and personal care (e.g. meals, nursing care and homemaker-services); basic maintenance (e.g. financial aid, food, housing); physical and mental health (e.g. medical care, physical therapy, drugs); and social support (e.g. transport, social or recreational services).

The unit cost of each service was provided by the United States General Accounting Office and actual service use was multiplied by these unit costs to obtain a total service cost for both informal and formal care over the study period. The results indicated that racial differences in support received were minimal. Black elderly generally received more supportive services from both the formal and informal support systems than white elderly, but only in basic maintenance services provided by the formal system was this a significant factor.

The study also identified, as other work has shown, that there is a division of labour between the formal and informal support systems. The informal system concentrated its efforts on home and personal care as well as on providing transport and living accommodation. The formal system provided the basic maintenance and health care services. Thus, the authors concluded that the informal care system should not be viewed as an alternative support system but as a supplementary or parallel system to formal support.

J. I. Kosberg and R. E. Cairl, 'The Cost of Care Index: a case management tool for screening informal care providers'. *The Gerontologist*, **26** (1986), 3, 273–278.

The Cost of Care Index was developed in recognition of the need to assist informal carers to assess the problems which might result from discharging their role as care providers or assisting case managers to identify areas for helping families carrying out informal care tasks. Originally the Index comprised 27 items grouped into six dimensions, but factor analysis was used to reduce it to twenty items in five dimensions. These are (1) personal and social restrictions (e.g. lack of social contact, alterations in family relationships); (2) physical and emotional health (e.g. psychosomatic illness, loss of appetite, fatigue); (3) value (e.g. perceived worthiness of providing care); (4) care recipient as provocateur (e.g. recipient is over-demanding or manipulative); and (5) economic costs (e.g. extra expenses, loss of work opportunities).

Although statistical analysis had shown that the Cost of Care Index had high reliability, its validity has still to be determined. Nevertheless, field use of the Index had shown that it was helpful for professionals in decision-making, family screening, peer group interaction and counselling endeavours. The Index can be used in its entirety or with special emphasis on one or more dimensions to highlight specific problems facing carers.

COMMENT

Economists have complained over many years now that appraisals of alternative patterns of care for the elderly have not included the costs of the informal care provided by relatives and friends. Although these two articles have looked at costs of informal care they have used quite different approaches to measuring costs. In the first article the costs are based on accounting costs for the formal services. In the second article costs are not evaluated but the problems that face carers are enumerated and each problem is given the same weight within the Index. Both approaches have some merit, they at least point out that resources used in informal care are not cost-free. Although the first article gives a value, the emphasis is not on a cost-effective mix of formal and informal care but on testing for racial differences in the receipt of care and the substitutability of formal for informal care. But it is the problem-oriented Index in the second which gives case workers information about the way in which formal services may be delivered to keep the

informal supporters happy in their work. This is an area of work into which the economics of altruism and of the family has been slow to enter.

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Social Policy — Margot Jefferys

Meredith Minkler. 'Generational equity' and the new victim blaming: an emerging public policy issue. *International Journal of Health Services*, **16**, 4 (1986), 539–551.

Minkler considers the arguments made by a newly formed US national organisation – Americans for Generational Equity (AGE) – which have had considerable exposure in the mass media. AGE claims that the elderly in the USA, as a result of the successful 'gray' lobby, are now wealthy and powerful; that since they are no longer poor their demands on the nation's limited resources are unreasonable; that if a once-appropriate sympathy is extended indefinitely, their demands for great Social Security payments and more Medicare will undermine the national economy and the resources available to the more needful young poor; that inter-generational conflict is already occurring and is likely to be further exacerbated.

Minkler tackles these claims and their presumptive basis head on. She argues, first, that although the economic condition of the elderly *as a whole* has improved since the 1960s, deep pockets of poverty continue to exist, especially but not exclusively among the women of ethnic minorities. She foresees a disproportionate increase in the numbers of such people among the old, as well as of those who are over 85, who have greater needs for services. Second, she asserts, giving examples, that the redefinition of poverty which has recently taken place covers up the true financial status of substantial proportions of the elderly. She also shows that Medicare provides only 45% of the medical care bill of the elderly, and that recently health care costs have risen at roughly double the rate of the general consumer price index.

A third argument is that AGE makes no mention of the effects on younger age groups of the income transfers to the aged. Such transfers mean that the burden on the young of the medical and social care of their elderly kin is lightened, and Minkler produces evidence from public opinion surveys to show that this is welcomed by old and young alike. She points to inter-generational *consensus* not *conflict* on this score.