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Chapter 1 : The Changing Economic Circumstances of the Elderly: Income, Wealth, and Social Security

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Download image Why is percent of the SPM the vulnerability threshold? When describing living standards, it is important to understand what thresholds such as the poverty line or the SPM poverty line actually describe. The poverty line was developed and is calculated as an income level adequate to provide the most basic supply of food and shelter. Even the SPM, with its more sophisticated assessment of living expenses and income sources, still only denotes sufficient income for the most basic level of subsistence. Our focus on two times poverty is not idiosyncratic. Yet again, because the official poverty line is crude in its evaluation of true living expenses, particularly for the elderly population, we have to look for a better metric. The authors note that the FPL is an absolute measure set to a fixed historical amountâ€”adjusted for inflation yet otherwise unchanged since the s. As such, it does not reflect changes in overall living standards and thus does a poor job in capturing the relative differences in living conditions for families at different points across the income distribution. For instance, the FPL represented 50 percent of median income for a family of four in , yet it was only 30 percent of median income for that same family configuration in According to the authors, the FPL methodology is outdated, and, because it captures only pretax cash income, it significantly misses how public policy affects poverty rates, particularly if a growing share of public transfers is noncash, as is now the case. The SPM improves on the official federal poverty line by including tax credits and in-kind transfers, thereby showing how policies can reduce poverty. The study questions some of the results generated using the SPM, particularly the finding that child poverty goes down under the SPM framework. The paper also points out that the SPM does not include other important expenses such as transportation costs beyond commuting often a significant expense in rural areas and savings needed for economic security. Finally, ICCED argues that because the SPM is based upon a particular percentile of consumer spending as opposed to, say, median income levels, it is set at a somewhat arbitrary level, the selection of which may have been motivated by political concerns more than by scientific considerations. The index is more comprehensive than the SPM in its appraisal of costs, including food, housing, healthcare, and transportation costs, as well as miscellaneous expenses such as telephone, clothing, and personal care costs and relevant sales taxes. At the time we began our analysis, the measure had only been produced for 17 states, and therefore could not be used to assess elderly vulnerability nationwide. The Elder Economic Security Standard Index threshold the line below which the elderly are considered economically insecure is roughly percent of, or twice, the SPM threshold, on average. Note that WOW has since released Elder Index values for states, counties, and cities throughout the United States; the data are available at www. Both the average and median for single- and two-adult elderly households fall near the 2. This is true for both households renting a home and owning a home with or without a mortgage. The WOW Elder Index measures the threshold below which the elderly are considered economically insecure.

Chapter 2 : Socio-Economic Policies for Elderly (June edition) | Open Library

Socio-economic policies for the elderly / [prepared by the Secretariat]. 2. Socio-economic policies for the elderly / [prepared by the Secretariat].

This resource provides easy access to the policy documents, reports and briefings that are raising the profile of issues around the support of older people and the implications of an ageing population. The initiatives and documents are listed chronologically with the most recent at the top. Centre for Ageing Better - Age-friendly and inclusive volunteering: Review of community contributions in later life 19 October The Centre for Ageing Better has published Age-friendly and inclusive volunteering - a review of community contributions in later life. Making a contribution to our communities is good for us. It improves social connections, enhances our sense of purpose and self-esteem and as a result, increases life satisfaction, happiness and wellbeing. The report confirms findings of earlier research that poorer and less healthy people in later life face barriers to contributing within formal organisations but this is less marked for informal volunteering. Skills for care - The state of the adult social care sector and workforce in England 24 September Skills for Care have published The state of the adult social care sector and workforce in England , setting out the characteristics of the entire adult social care workforce in England including age, gender, ethnicity and specific job role information. Key findings for adult social care include The staff turnover rate was Workers had, on average, 8. The vacancy rate was 8. The majority of these vacancies 76, were care workers. A fifth of all workers , jobs were aged over 55 years old. Prior to the National Living Wage, care worker hourly rates increased by around 13p 1. The launch of the NLW saw the average hourly rate increase by 20p 2. This slow down occurs in several countries, for both men and women, but is particularly noticeable in the UK and for the 65 to 79 age group and is more noticeable for women than for men. Most notably there was a sharp increase in deaths in , which led to the first reduction in UK life expectancy at birth of the 21st Century. Mortality rates have worsened among those aged 15 to 54 years since in the UK, this contrasts with children aged 0 to 14 years who are continuing to show improvements in mortality rates. The rise in mortality rates for people aged 90 years and over reflects increases in mortality rates for mental and behavioural disorders, such as dementia. At the country level, England and Wales have seen a greater slowdown in overall mortality improvements for males compared with Northern Ireland and Scotland. The slowdown in mortality improvements at the oldest ages is seen for males and females and across all four UK countries but patterns in mortality at the younger ages are more complex and vary by sex and between the UK countries. The reports note that "As mortality rates for males in Northern Ireland and Scotland have traditionally been higher than in England and Wales they may have seen less of a slowdown in improvements because the gains made by males in England and Wales might not yet be fully realised in Scotland and Northern Ireland. The document set out a new strategic vision for the Centre for Ageing Better, with a clearer focus on people approaching later life and at risk of missing out on a good later life. The strategy aims to make changes that mean that more people enter later life free from disability, financially secure, supported by friends and family and with a purpose. The strategy outlines four priority goals Safe and accessible homes: By , an increase in the proportion of people aged 50 and over who report they feel they belong to their neighbourhood. Long-term funding of adult social care. The report finds that, in its present state, the social care system is not fit to respond to current needs, let alone future needs predicted as a result of demographic trends. The discussions about how to reform social care and how to raise the additional funding required, needs to be informed by the following framework: The report supports the provision of social care free at the point of delivery as a long-term aspiration. In principle, the personal care element of social care should be delivered free to everyone who has the need for it, but accommodation costs should continue to be paid on a means-tested basis. Given the scale of the additional funding likely to be needed, a combination of different, local and national, revenue-raising options will need to be employed: There should be a continuation for the foreseeable future of the existing local government revenue streams and in the medium term, there should be a reform of the council tax valuations and bands to bring them up-to-date. In the future, as other funding streams develop, the contribution from council tax and business rates to social

care funding could reduce. This can either be as an addition to National Insurance, or through a separate mechanism similar to the German model. The funding derived from the Social Care Premium should be placed in an appropriately named and dedicated fund. The fund should be regularly audited and required to publish its spending and accounts. Those aged under 40 should be exempt from the Social Care Premium, and it should also be paid by those over the age of The principle of having an earmarked fund that the public could see is for social care could be extended to funding of the NHS. To remove the catastrophic cost of care for some people, and to spread the burden more fairly, the report recommends that an additional amount of Inheritance Tax should be levied on all estates above a certain threshold and capped at a percentage of the total value. The report states that, to make progress on reform, a cross-party approach on reforming social care funding is now essential and suggests that a parliamentary commission offers the best way to make progress on this issue. Next steps for social care funding reform outlining a number of models for the future funding of social care. The report does not make recommendations but tries to identify the advantages and disadvantages, impact and consequences of adopting each option. The options considered are Retaining the current system would involve minimal disruption to the administrative system, compared with implementing a new model, and no transition costs. The cap and floor model prioritises protecting people from having to sell all their assets or facing catastrophic lifetime care costs. Free personal care for all older people with eligible needs would remove one of the systematic barriers to integration with health. The policy position on healthy ageing incorporates a number of recommendations: Governments across the four nations should take a whole system approach to positive ageing that starts at the beginning of the life course Investment in public health must be increased. Cuts to public health budgets must be reversed. NHS England needs to ensure that prevention forms a key, mandatory and funded part of all Sustainability and Transformation Partnership and Integrated Care System plans Reform of the social care system is needed urgently to ensure a system that is safe and sustainable. A more strategic approach is needed to deliver appropriate housing provision for the ageing population. National and devolved governments and local authorities should look at future proofing transport systems while ensuring they are appropriate for the ageing population Employ more positive rhetoric when discussing ageing to avoid negative stereotyping around older people and their abilities. Work with businesses to look at how best to support the ageing workforce and support older adults to re-train and continue lifelong learning. Invest in prevention of modifiable risk factors to help to reduce cases of dementia. The report emphasises that inequalities in later life can be the product of cumulative disadvantage over time and socioeconomic status in early life has a strong bearing on future health outcomes. It advocates a whole system approach to supporting older adults through joint working between local authorities, health and community partners. It notes that further cuts in public health expenditure will have a negative effect on services for older people. The report emphasises the importance of prevention: At the primary prevention level this means supporting health promoting behaviors starting with pre-birth and the early years and continuing throughout the life-course. At the secondary and tertiary levels, it means delivering initiatives to ensure older people are living as healthily as possible, are connected to their communities and can access services including screening, immunisation and health checks. The map also displays NHS England-reported data showing the number of delayed discharges of care from hospital arising from housing issues across England. Between January - December , NHS hospital trusts reported over , days lost to the NHS due to delayed discharges from hospital arising from a housing or related issue. The main groups affected by delayed transfers of care are older people, people with mental health problems, and people experiencing homelessness. Further details are available on the Housing LIN website. Older people are diverse and their housing needs and options are varied, reflecting their age, tenure, geographical location, income, equity, health and individual preferences. This gives rise to a range of issues - from home maintenance, adaptations and repairs, to access to financial advice, and to housing supply. The report makes a number of key recommendations The existing FirstStop Advice Service should be re-funded by the Government to provide an expanded national telephone advice service The coverage of Home Improvement Agencies HIA should be expanded so there is access to at least one HIA with a handyperson service in each local authority area. A range of measures to help older people overcome the barriers to moving home should be implemented The National Planning Policy Framework should be amended

to emphasise the key importance of the provision of housing for older people To facilitate the delivery of new homes, specialist housing should be designated as a sub-category of the C2 planning classification, or be assigned a new use class. Councils should publish a strategy explaining how they intend to meet the housing needs of older people in their area All new homes should be built to the Category 2 Building Regulations standard so that they can meet the current and future needs of older people. UK Government - Announcement of a green paper on care and support for older people - Summer 17 November Damian Green, First Secretary of State and Minister for the Cabinet Office, has announced a green paper on care and support for older people to be published by Summer The green paper will set out plans for how the government proposes to improve care and support for older people. The government has promised to work with independent experts, stakeholders and users to shape the long-term reforms that will be proposed in the green paper. A number of independent experts have been invited to provide advice, and support engagement, in advance of the green paper. The full expert panel is made up of The report finds that reductions in benefits, including means testing winter fuel payments or removing the triple lock on pensions are regressive and unlikely to fill the funding gap. Solutions sought would need to be, sufficient, inter and intra-generationally fair, and politically achievable. The report concludes that increased taxation in the form of, for example, increased National Insurance Contributions or Inheritance Tax, would be a sufficient and fair way to fill the funding gap, but may not be politically achievable. In parallel, a YouGov survey was commissioned of more than 1, people across the UK who had retired in the last five years, and more than 1, who are anticipating retiring within the next five years. Key findings of the survey include Women worry about retirement more than men and are more likely to get involved in the local community after retirement. The evaluation report found that the courses, which had focussed on the psychological aspects of retirement, had resulted in improved attitudes and outlook in terms of: Learning from councils meeting the housing needs of our ageing population which provides an overview of recent policy and practice developments and shows how local councils in England are addressing the housing needs of their ageing populations. Having a clear vision: Promoting and integrated approach to housing, care and health Supporting older people to return to their homes after hopital care including practical assistance to reduce the likelihood of falls. Sustaining older people in mainstream housing Commissioning and providing home improvement agency type services across council boundaries offers scope for economies of scale that can support and foster innovation in improving existing housing. This paper estimates the impact of increasing the female state pension age in the UK from 60 to 63, between April and March , on the incomes of women aged Women from lower-income households are found to have experienced a relatively greater cut to their net incomes, and the poverty rate among women aged is found to have increased by 6. The increases in poverty rates are greater among groups for whom income poverty is more prevalent: The report finds no evidence of any increase in the likelihood of women reporting being deprived of important material items, potentially suggesting that many affected families have smoothed their consumption, and avoided increased levels of deprivation, despite the large reduction in income caused by the reform. Both a full report and an Executive Summary are available. The study confirmed previous research that unmet need for social care is widespread. The data from ELSA and HSE showed over half of older people with care needs had unmet need for support with at least some of their difficulties and this cut across all groups regardless of wealth, age or other socio-demographic factors. In-depth interviews found that, while participants did not often report unmet need with basic activities of daily living, where they did not have support, carrying out these activities could take a disproportionate amount of time and lead to pain and exhaustion. Where support was available it was often precarious. Secondary analysis showed that the only significant factors which predicted the development of care needs over a ten-year period were being younger and healthier at the start, living alone or being widowed and having difficulties with personal care rather than more general activities of daily living.

Chapter 3 : Cultural and Socio-Economic Factors on Changes in Aging among Iranian Women

2 Social, Economic, and Demographic Changes among the Elderly The population of the United States is growing older, a phenomenon widely noted and described, with significant implications for the nation's health, social, and economic institutions.

It is necessary to understand the past demographic and socioeconomic trends to better estimate the future size and characteristics of the older population as well as to forecast their demand for services and the extent to which those demands can be met. Analysis of the demographic and socioeconomic trends of the elderly population will also help identify data needed to make informed policy decisions related to the health of the future elderly population. The Changing Demographic Structure of the Population The distribution of the population in the United States has shifted rapidly in both the number and proportion of the population age 65 and over. This subgroup has grown faster than the rest of the population in recent decades, will continue to grow at a more rapid rate for the remainder of the twentieth century, and is expected to continue to increase well into the next century. Between and the population age 65 and older more than doubled, from During this year period, the percentage increase in the number of elderly was 74 percent larger than for the population under age 65â€" percent compared with 62 percent. For the oldest-old, age 85 and over, the rise was the largest, a percent increase from , in to 2. Population Forecasts The size of the elderly population today and in the near future is relatively simple to estimate: A small portion of the total elderly population is accounted for by net migration, which is not as accurately counted as births and deaths. These estimates are subject to increasing uncertainty as we move further into the future. Birth rates were relatively high in the early part of this century, low in â€", high in the postwar years â€", lower again in â€", and slightly higher in more recent years. Throughout, there have been important variations by age of mother, birth order, and race. Death rates, meanwhile, have declined or remained level throughout the twentieth century, although at rates that varied by age, race, and sex. Declines in mortality rates have been consistently greater for women than for men and, since , almost as large for the oldest-old as for young-old ages 65â€"74 females. Current indications are that the declines in mortality rates are continuing National Center for Health Statistics, a. The future population has been estimated by the Bureau of the Census on the basis of a completed cohort fertility of 1. Should there be great advances in medical care or unpredictable epidemics, the estimated size of the elderly population might be considerably different. The middle series estimates a steady rise in the elderly age 65 and over , from The number of oldest-old will continue to grow rapidly in the next 50 years, from 2. The progression of the postwar baby-boom cohort, those born from to Siegel and Davidson, may be seen in the peak for the 65â€"74 age group in , for the 75â€"84 age group in , and those age 85 and over in The oldest-old population group was 1 percent of the total population and 9 percent of the elderly in ; by , this group is projected to increase to 5 percent of the total population and 24 percent of the elderly. The accelerated growth within the elderly population of those age 85 and over has shifted attention to this subgroup and its unique set of needs. The oldest-old are at risk for chronic illness, tend to be functionally dependent, and have greater needs for medical, social, and support services. Forecasts by Sex At birth, every cohort has a small excess of males but, owing to the higher death rates for the male population and the more rapid improvement in mortality for women, there is a large excess of women at older ages. In there were The Census Bureau population projections show that the sex ratio of the population age 65 and over will continue to fall in the next few decades, but more slowly than in the past, reaching 64 males per females in the year Siegel and Davidson, Subsequently, the trend will change, so that by the year the sex ratio of the elderly population will be 69 men per females. The sex ratio declines rapidly with increasing age: For the latter group, the ratio of men to women is projected to fall between and , from 44 men to 36 per women. Since the vast majority of the oldest-old are female, many of the health, social, and economic problems of this group are those of women. Forecasts by Race In , 12 percent of the white population was age 65 and olderâ€"a much larger proportion than the 8 percent of the black population Siegel and Davidson, The Census Bureau attributes the difference to higher fertility of the black population and secondarily to higher mortality at ages below The Census Bureau projects that the black

population of the future will continue to be a younger population than the white, although improvements in mortality rates for elderly blacks are expected. By , 19 percent of the total white population compared with 12 percent of the black population is projected to be age 65 and over U. Department of Health and Human Services, b. Geographic Distribution of the Elderly Population Older persons tend to move far less often than younger persons, remaining in the state, county, or local area where they settled during their adult years. Between and , their rate of interstate migration was 3. Between and , the largest numerical increases in elderly people were in the states of Florida, California, and Texas. Growth of more than 50 percent in the number of elderly in that decade occurred in Arizona, Florida, Nevada, New Mexico, Alaska, and Hawaii. In , almost half the elderly were living in eight states: Short-term population projections to the year by the Bureau of the Census show significant differences in rates of change in the population of the four regions of the United States. The West and South will be the fastest-growing regions from to , increasing 45 percent and 31 percent, respectively. The North Central region is projected to lose population during the same period. The elderly population in all regions, however, is projected to rise, ranging from a 12 percent increase in the Northeast to a 60 percent increase in the South and West Taeuber, These geographic data imply differential use of medical care services by region. For example, in the Northeast and North Central regions, the number of nursing home beds will need to increase by 44 percent. In the South and West, the number of nursing home beds will have to more than double to meet the needs of the projected elderly population Rice, Marital Status and Living Arrangements Among the most important social characteristics affecting the welfare of the elderly are those that pertain to their marital status and living arrangements. Elderly men are most likely to be married; elderly women are most likely to be widowed. In , 79 percent of elderly men and 39 percent of elderly women were married. For elderly women, the proportion of widows increases rapidly and remains at a high level: Marital status has a direct bearing on the living arrangements of the elderly. Among elderly men, 82 percent live in a family setting and more than 74 percent are married and living with their wives. A very different situation exists for elderly women; 55 percent live in a family setting and only 36 percent are married and living with their husbands. In short, women age 65 and older are more likely to be widowed than married and living alone rather than with husbands. The number of elderly women living alone has doubled in the last 15 years, and projections by the Census Bureau show a substantial increase up to in the proportion of households with an elderly female living alone or with nonrelatives Siegel and Davidson, This trend has important implications for housing needs and the demand for institutional care. With the decline in the proportion of the elderly living with relatives likely to continue, there will probably be a greater need for the provision of social support and health services by the community or other public sources. Education The level of educational attainment of the elderly population is currently less than that of the younger population. This educational gap by age group has narrowed since and is expected to nearly close in the next decade, due to increased compulsory secondary school requirements, as well as educational opportunities made available by the G. A lower proportion of foreign-born in the future elderly population due to changes in immigration will also serve to increase the educational attainment of the elderly population. The greater education of the future elderly population implies a change in demand for services: Income The income of the elderly has improved over time. According to the Congressional Budget Office, "After accounting for inflation, the average cash income of families with elderly members increased by nearly 18 percent during the year period from to , the latest year for which detailed data are availableâ€”while the average income of unrelated elderly individuals rose by 34 percent" Gordon, The income of younger families also rose in this period, but not as much as for the elderly. Average elderly family income was 68 percent of average nonelderly family income in and 78 percent in For unrelated individuals, the elderly-to-nonelderly income ratio was 50 percent in and 60 percent in The poverty rate among the elderly also declined in â€”, from 25 percent to 12 percent, but in an additional 9 percent of the elderly had incomes of not more than 25 percent above the poverty level. In incomes were below the poverty level for 9 percent of elderly men, 15 percent of elderly women, and 36 percent of elderly black women. Social Security benefits are the largest single source of money income for the elderly nearly 40 percent , followed by earnings, property income, and private and public pensions. The most significant change in source of income for the elderly population since the s has been a decline in the importance of earnings and an increased reliance on retirement

income from Social Security, public and private pensions, and assets. Noncash benefits are estimated to be 10 percent of the income of the elderly, the most important ones being Medicare, Medicaid, food stamps, and publicly owned or subsidized housing. Although asset ownership including savings and home ownership is fairly common at the time of retirement, the value of assets owned by the elderly is low. Current expenditures by the elderly are highest for shelter, followed by food, transportation, and health care, which, surprisingly, uses less of the budget than transportation. These expenditures must be considered along with available economic resources in planning and developing public policies for the elderly. Labor Force Participation Sharp declines have occurred in the last few decades in the labor force participation of men age 65 and older: This trend is associated with an increase in voluntary early retirement and a drop in self-employment. With the growth in retirement programs, more older workers have been financially able to retire earlier. Projections by the Bureau of Labor Statistics BLS show a continued decline in labor force participation of elderly men at least up to Fullerton, The proportion of older women in the labor force has increased moderately since , due to economic necessity, more education, changes in social roles, and increased divorce rates that result in more women heading their own households. BLS projections show a moderate decline in the labor force participation of women age 65 and older and a continued increase for women age 55â€”64 up to Siegel and Davidson, Part-time employment is now an increasingly important source of employment for the elderly: Age at retirement and labor force participation of the elderly have a direct effect on retirement programs and economic dependency. The age of eligibility for Social Security and other pension benefits will affect the age of retirement for many elderly, which in turn affects their level of income and economic dependency. The projected decline in labor force participation rates of older persons will lead to a continued rise in the ratio of older nonworkers to the working population and an associated increased dependency. The Social Security Act of advanced the age of retirement from 65 to 67 for payment of full benefits. The change is to be phased in from age 65 in , to 66 in , to 67 in It is uncertain what effect the law will have on actual age at retirement. Dependency Ratio The social support systems now in place reflect the current balance between the size of the working population and the retired. The trends for people to live longer and for families to have fewer children are changing the shape of the elderly dependency ratioâ€”the population age 65 and over divided by the population ages 18â€”64, the working population. This ratio has risen steadily, from 11 per in to 19 per in , and it is expected to reach 22 in The expected leveling off or slower increase in the next several decades will be followed by a sharp increase between and , when the baby-boom cohorts will reach old age; the ratio is expected to be 29 per by and 37 per by Siegel and Davidson, At the same time, projected low fertility rates will result in fewer young persons and, thus, a declining young dependency ratio, defined as the population under age 18 divided by the working population, ages 18â€” The total dependency ratio, the sum of the young and elderly ratios, is a crude index of the total burden on the working population of its support of both old and young dependents. The total dependency ratio has declined since , but it is expected to increase in the next century, and the increase in the elderly dependency ratio will be greater than the decline in the young dependency ratio. The elderly are primarily supported by publicly funded programs while, except for public education, mostly private i. Since the elderly will be the most rapidly growing age group and more costly, the change in the dependency ratios will be a major policy issue for both Social Security and the hospital insurance programs under Medicare that are financed by payroll taxes Rice and Feldman, In addition to the unknown effects of advancing the age of retirement to 67 for payment of full benefits, fully effective in , other social and legislative changes in the next 50 years may change the relationships between the working and the retired populations, significantly changing the elderly dependency ratio. Morbidity Patterns There is considerable conjecture and controversy regarding future morbidity patterns.

Chapter 4 : Centre for Policy on Ageing - Policies on Ageing -

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Open in a separate window 3. The data showed that the past lifestyle was as a predictive value as current lifestyle among the older women. About the effect of previous cultural and socio-economic status on current lifestyle, one participant said: I have the same inheritance income now. But it is not so good. However, I could handle my life by renting a house and so on. Also a retired participant expressed the importance of previous economic status: Since I had a job during my youth, I do not need to ask my husband to give me some money to buy something every day. Now I am at old age. I have 6 grandchildren, one bride, two girls and their husbands. I have to buy birthdays gifts for all of them. Now, my husband and I pay our salaries one by one to provide the gifts. When we were young, we were away from each other. Another participant also expressed about previous companion status: Our children lived separately in their own house. My husband was an employee of department of education. He was also poet and religious singer. We have always visited others at home and our house was a center for interaction with others. Come and go in our house is continued up to now. If only 5 people come to our house a day, we ask from ourselves: Another elderly housewife woman expressed about previous employment: I know what is good for me or not. Using my knowledge, I could help myself and my friends. I do my daily work and I take my blood pressure pills by myself. I will seek the doctor if my attempts are failed. Having a job really causes someone to be mature. Working is really prefect. I taught all people around the world are perfect. Most participants believed that changes in physical, mental and social status were influenced by their lifestyle. A participant said about the style of rural activities: After getting up in the morning, we prepare food for the workers. We also have livestock and farming. Summary, we have some cattle that make us busy. The day that we have workers on farm, I have to work hard. Activities in village are too much and so difficult, while the income are too low. We wake up early morning, say prayer and then go at work until sunset. We work, workâ€¦work even we feel pain, we still work. It is just my only mistake in regimen. The quantity of my diet is not less than before, because doing hard work in the village needs lots of energy and eating more consequently. I prepare all of my needs by myself. For example, when I invite my children in fasting month, I make food. Then they wash and dry the dishes; either my bride or my girls. Now we live easier than the past we did. Already the work was very hurt and the life was very difficult. All family members lived with together. There were no facilities in the past. Now everything is ready. When the guests arrive, we are happy. This minor subcategory was formed by presence and type of companions. About necessity of companion, a participant said: An elderly needs to go outdoors, prefers to be with family members, to be with a partner and friends, not to leave alone, to be stable for living. If not, frequent thinking will lead to mental illness. About the type of companions, an elderly woman stated: Someone who is suffering from stress and anxiety for anything, such as fear of crossing the road, or always suffering from conflict to do or not to do something, make me stressful. I try to have less contact with anxious people. Sometimes it is impossible to detach yourself from others and it bothers me. Another elderly woman said: About the effect of gender on attitudes and beliefs a participant believed: Could I go outdoors at 12 midnight? I have to stay home. These differences cause emotional stress. Being free makes men to be health more than women. If a single woman survives to years, she could live alone without thinking about getting married, but a man cannot do so. If I had died, my husband would have married. The men need partners to live. What we concluded from the data is that, having right and positive ideas can influence the application of proper strategies which lead to reduction of negative changes. An elderly woman stated about the beliefs and attitudes of health care and therapeutics: Because we always have so much work to do, that causes that we ignore ourselves. Doctors are available, however we are careless to go to their office. I often eat non-baked dinner. I have a glass of milk. Some foods like butter and jam are forbidden for us. Of course, I am not diabetic. They mentioned it as an etiological factor for aging-related injuries and diseases. One of the participants said about the great responsibilities of women: Maybe just difficult baby deliveries cause low back pain in mother. About 90

percent of carriage, housework and shopping are done by women in households. Well, heavy burden of housekeeping is on the shoulders of women. Certainly they are much better than us. Responsibility of a woman as a mother or housewife is very different. With someone like me who worked all day long; I had responsibility of home and kids. I had responsibility for supervising their educational classes and their lessons. I think men had no problems like we have. Their responsibility seems not to be much featured at home. Most participants were complaining of rising healthcare costs in this age. One of the elders said: I am a widow and have no extra income. We must live with employee salary. But within days we should pay for the pills which controls the pain and avoids bone deformities and builds bone materials. I have no financial problems now. About the financial support of children, an elderly expressed: My boys and girls are supporting me financially. They give financial aid to me monthly. God bless my husband. I am benefited from what he prepared for me in the young age. I have already paid money for my children to get married. Now they are independent and there is no need for my support. Today, my life is better. I have no debit.

Chapter 5 : Socio-Economic Policies for Elderly: Oedc: calendrierdelascience.com: Books

Socio-Economic Policies for Elderly by Oedc, June , Organization for Economic edition, Paperback in English.

Chapter 6 : Formats and Editions of Socio-economic policies for the elderly. [calendrierdelascience.com]

Barbara Gray and Bernard Isaacs, Care of the Elderly Mentally Infirm, Sweet and Maxwell, Spon (Booksellers), Andover, x + pp. Â£ paper; Alison J. Norman, Rights and Risk: a discussion document on civil liberty in old age from NCCOP, The National Corporation for the Care of Old People, London, 96 pp. Â£ paper; Organization for Economic Co-operation and Development, Socio.