

# UT News

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\*\*\*\*UTHSCD study on elderly healthcare  
to be used in congressional hearings

DALLAS--"Elders are being released 'quicker and sicker' from hospitals back into the community," says Dr. Karen Harlow, a gerontologist at The University of Texas Health Science Center at Dallas. As a result, family members and communities at large are bearing the brunt of trying to care for the elders.

Harlow and Dr. Laura Wilson, chairman of the Department of Gerontology and Geriatric Services in the university's School of Allied Health Sciences, have recently completed the first assessments of an ongoing study of elders' unmet health care needs that will form the basis of two hearings in the U.S. Congress.

The Senate will address potential changes in the Older Americans Act in support of home health care services. "Medicare and Medicaid often do not fund these services," Harlow says. The House will look not only at home health and personal care, but at all community-based services supported by the Older Americans Act, a federally-funded program that supports agencies for the elderly.

The study focuses on the impact of cost-containment policies on community long-term care for the elderly, including such services as home health care, transportation and social services, in seven states -- Texas, Massachusetts, Arkansas, Maryland, California, Michigan and Montana. Findings of the study are based on responses from 21,000 randomly sampled elders, age 60 or older, from five of the seven states. Data from Michigan and California will be analyzed later this year.

"Ours is one of the few reliable studies that even addresses the issue of unmet needs," Wilson says.

The study encompasses information on the use of formal and informal support services for all elders, including post-hospital and home health care services. The need for nursing and skilled care has increased substantially under the present national policies, says Harlow.

Hospitals are responding to cost-containment policies which were intended to make them cost-efficient. Instead, say the researchers, costs have shifted to the community and to untrained family members, with many having to forego vacations and sometimes retire early in order to care for a sick parent or spouse.

The study also illustrates the need for institutional services outside of nursing home care, including respite care, adult day care and other services for caregivers of elders. In addition, says Wilson, the study draws attention to the need for redistribution of funds for some community-based resources.

"We are a society that usually reimburses for institutional care such as hospital and nursing home care," she says. "But probably the major outcome of a study like this is to rethink allocations of support related to community-based care."

(More)

The study follows elders over a period of several years, allowing projection of future needs. "By picking up the pre-retirement age group (55-64), we'll be getting a better feel for the problems that minorities will face," Harlow says. "A change in age criterion, for eligibility at 70, has been proposed. We feel that is not appropriate. The groups it would affect the most are minorities. They have shorter life expectancies and earlier health problems."

This summer, during an applied research fellowship awarded to Harlow by the Gerontological Society of America, Harlow and Wilson, co-investigators of the study, will prepare testimony for the hearings based on the ongoing research being conducted from The University of Texas Health Science Center at Dallas.

Harlow and Wilson have high hopes for the study's impact. During the spring of 1985, the department of gerontology and geriatric services conducted a pilot study on the impact of cost-containment on community-based long-term care. Consequently, changes were made in the Older Americans Act which will increase budget allocations for services to frail elders.

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Distribution: AA,AB,AC,AF,AF1,AG,AG1,AH,AI,AM,SC,SL

Note: The University of Texas Health Science Center at Dallas comprises Southwestern Medical School, Southwestern Graduate School of Biomedical Sciences and the School of Allied Health Sciences.