

Sweden's early baby boom provides lessons for US

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Sweden, like much of Scandinavia, is known for its high quality care for older adults. Most importantly, the system helps to keep older adults independent. With the growing demand brought on by aging baby boomers however, the government has been challenged to maintain this high level of services.

In response, the government has become instead more efficient and surprisingly the proportion of older adults with the greatest needs – the disabled population receiving no help - has barely declined, according to a study led by Temple University researcher Adam Davey in the July issue of *Ageing and Society*.

“Sweden’s baby boom happened earlier than in the United States, giving us a sneak peek at what our own future might look like,” said Davey. “As we’re faced with an aging population, it’s important to look to other countries for their successes and models.” Davey, a gerontologist, studies issues related to aging populations including caregiving networks and retirement trends.

Davey found home and community services for older adults in Sweden are now more tightly associated with needs and families have also become more involved, particularly for people with low to moderate levels of need. By targeting services towards people with the moderate needs, they can live more independently longer. These services include visiting homemakers and meal delivery services.

“Sweden has always been a leader in protecting the independence of older adults. It appears that they are remaining effective by looking for ways to increase the efficiency of the care they provide,” Davey said.

Despite the large differences in the types and extent of services available from one part of the country to another, Sweden's system of old-age care seems broadly equitable although the quality of care could not be fully assessed in the study, he said.

Another strength of the Swedish system is that it operates at a fairly local level. Sweden, with a population of 9 million, is organized into 290 municipalities, each of which has nearly complete control of how it provides services for older adults. The municipalities can decide how best to meet changing needs, and how needs may change in the future. Similar services in the United States are determined by a mix of federal, state, and local responsibility, and some may be covered by programs such as Medicare and Medicaid.

The U.S. needs to promote and further develop home and community based services to help older adults remain as independent as long as possible, Davey said.

“Right now, there is simply no good way to evaluate what works and what doesn't in the United States as a whole,” Davey says. “The system is fragmented and not well coordinated. It's important to learn as much as possible from systems that are working under the kinds of demands that the U.S. is likely to see in the near future.

In long range retirement planning, aging adults in the U.S. should evaluate availability, accessibility, and quality services in the area they plan to retire. There is tremendous variability in different parts of the country and even within states, Davey said.

Information about the financial resources a state devotes to services for its aging population offers some indication of their level of development and commitment. The Administration on Aging maintains national and state profiles at www.aoa.gov/prof/agingnet/napis/napis.asp. Davey also recommends National Association of Area Agencies on Aging and the Eldercare Locator as resources.

“It’s important to know what services are available in your area, their costs, and ways to get help” he said. “Information is increasingly available, and is worth consulting even before a need may arise.”

Source: Temple University

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