TRENDS & *Ideas*

Adolescents with Special Needs

Street youth suffer from myriad illnesses such as malnutrition, sexually transmitted diseases, and respiratory infections. But a lack of relevant services and insurance and legal barriers to obtaining consent for treatment often prevent homeless adolescents from receiving the healthcare they need, reports Deborah J. Sherman in *Public Health Reports.*

In 1990 Sherman studied three primary care clinics that serve street youth in San Francisco. Registered nurses or nurse practitioners took the histories of 214 homeless young persons (128 women, 86 men) who visited any of the three clinics. Sherman hoped the findings could be used to educate shelter workers "about the potential health problems of the population they serve." Another goal of the study was to identify needed legislation that would improve homeless youths' access to healthcare.

The care usually available to street youth is often not relevant to their special needs, the author writes. The study found a higher prevalence of certain conditions in homeless youth compared with other groups of young people. For example:

• More than 8 percent of the homeless

Sim Gellman

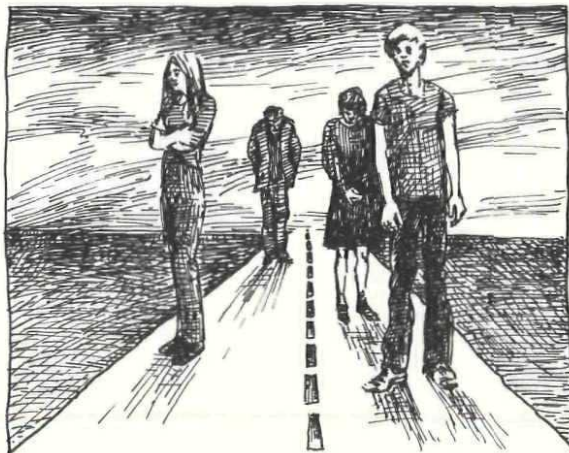had anemia (versus 2.2 percent in a Minnesota survey of adolescents).

• Forty percent of the homeless (versus 8 percent of the Minnesotans) had a sexually transmitted disease.

Despite these health problems, Sherman notes that 98.6 percent of the homeless youths appeared healthy to the providers. She advises that shelters be given technical assistance "to revise intake forms to include health-related questions along with linkages to providers of care."

The study also revealed that many of these dispossessed young people come from abusive homes. Sherman reports that 75 percent of the youths stated that they had multiple family-related problems at home, as opposed to only 10 percent to 15 percent of the general adolescent population. Many had been physically abused (36.5 percent) or sexually abused (30.5 percent). Reuniting them with their families may be impossible. "This presents barriers to service because of the questionable legal status of youths outside the guardianship of the family," notes Sherman.

She points out that adolescents cannot legally consent to treatment or receive private insurance. Even though 48.5 percent of the youths reported they had medical coverage, 23.2 percent did not know what type. And they do not have the appropriate documentation to qualify for entitlement programs. "Some methodology needs to be sought [for these youths] to access Medicaid or private insurance," says Sherman.

Although a large majority of both the American public and the U.S. medical community agree that all Americans should have a right to healthcare, the consensus breaks down when it comes to ethical questions regarding resource allocation and treatment.

In a survey commissioned by St. Joseph's Hospital and Medical Center, Phoenix, the McLean, VA–based Wirthlin Group polled 1,017 adults and 200 representatives from the medical community about their attitudes on certain ethical issues in medicine. Joseph J. DeSilva, St. Joseph's president and chief executive officer, explained that his facility sponsored the survey because "the current debate on healthcare reform touches on [ethical] issues, especially in the area of resource allocation."

Significant majorities of the medical community (82 percent) and the public (90 percent)

Daunting Differences

agreed that hospitals have an obligation to treat every individual regardless of ability to pay. But a key area of disagreement involved whether healthcare dollars should be spent only if a patient is likely to survive. Seventy-two percent of physicians, but only 48 percent of the general public, agreed that a patient's chance of survival should have a bearing on treatment decisions. In addition, 72 percent of the public versus 46 percent of the medical community said that patients should have the right to choose experimental treatments without the approval of the Food and Drug Administration.

DeSilva believes these differences could be a

stumbling block on the road to healthcare reform. "The divergence of opinion only adds fuel to the fire of the healthcare reform debate," he says. "If ethical dilemmas such as access and resource allocation are to be resolved, it is crucial that the medical community and the public reach a consensus on solutions to these issues."

The survey also revealed important differences between the medical community's perception of itself as an ethical body and the public's perception. Only 17 percent of the general public believed medical professionals are very ethical, compared with 42 percent of the medical community. In fact, 5 percent of the public believed that the medical community was not ethical at all. These discrepancies suggest that reform efforts may also have to address the erosion of public trust in healthcare providers.

The Trouble with Aging

Companies Ease Workers' Burdens

As U.S. workers' responsibility for child and elder care increases and federal support for day care programs erodes, corporate America is taking steps to fill the vacuum.

In September, 109 corporations joined in a partnership to improve the quality and increase the availability of these services in communities throughout the nation, the *Wall Street Journal* reports. Sue Shellenbarger and Cathy Trost describe the partnership as "the biggest example of a trend toward corporate collaboration in easing employees' work-family conflicts." They add that the venture "reflects the crumbling of a longstanding idea in U.S. business that work and family issues should be kept separate."

International Business Machines Corporation (IBM) initiated efforts to create the partnership early in 1991. The decision to assemble the accord was part of a five-year program—the American Business Collaboration for Quality Dependent Care—begun by IBM in 1989 to raise $25 million in donations from U.S. companies to invest in community day care services. Large corporations joining the partnership include Amoco Corporation; the Allstate Insurance Unit of Sears, Roebuck & Company; AT&T

Company; and Xerox Corporation. Many smaller companies signed on to the agreement as well.

A major factor motivating the initiative was data indicating that employees' needs for dependent care will be even more acute in coming years. For example, an internal survey at Eastman Kodak revealed that 75 percent of the company's workers will have child- or elder-care responsibilities in the next five years.

The partnership has planned 300 projects. It will spend $14.5 million, nearly 60 percent of its funds, to build or expand child-care centers at 25 sites throughout the United States. Other initiatives include projects to increase school-age and elder day care and efforts to improve child-care quality and training and family day care.

In addition to the corporate participants, 28 cities, states, and agencies have joined the partnership. Their inclusion reflects business leaders' awareness that only by involving the community can U.S. companies effectively address the nation's intensifying dependent-care problems. "Even the largest companies," the authors write, "have found it impossible to solve employees' complex child-care and elder-care problems alone."
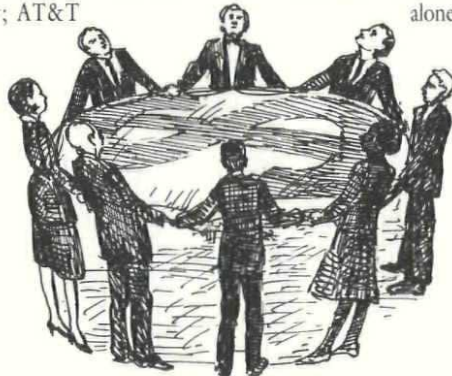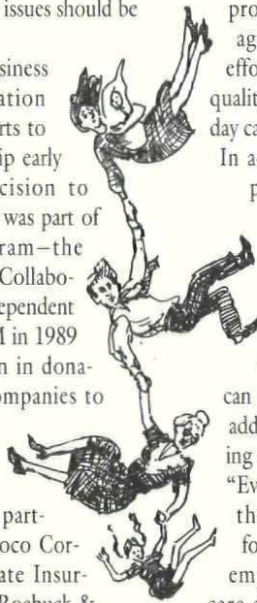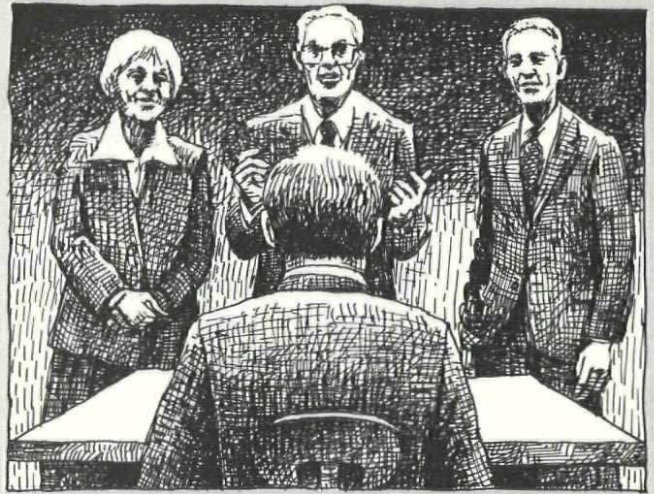
To deal effectively with the aging work force, employers need to plan appropriately and take action now before age-related problems become rampant in the workplace. However, most employers are not doing such planning because the tools to understand employees' concerns about aging have been unavailable, until now, writes Clifton E. Barber in *Aging Today*.

Barber's pilot study for Colorado State University's Gerontology Interdisciplinary Studies program used the Delphi method to identify key issues related to the aging work force and to identify specific concerns of employees in Colorado.

The Delphi method is a research tool previously used for program development and similar forms of needs assessment in technology and higher education. Barber's study used a series of three questionnaires to collect data from human resource directors and others in business who had dealt with aging work force issues.

The study found that employers believe the most important issue is to find ways to use older workers' current skills. But the most important issue for employees is to have information on living wills or guardianships involved in caring for an aging spouse or parent. Employers ranked helping employees with dependent care concerns 11 out of 15.

Employees ranked second finding and selecting appropriate professional care givers for elderly family members. Employers, on the other hand, put helping older workers deal with technological change second on their list.

Employees' third-ranking issue was the desire for flexible hours, notes Barber. This did not even make the employers' top-15 list; their third issue was "designing and implementing health insurance programs and medical benefits to meet the needs of older workers."

Barber's study also revealed how employees prefer to be trained. Most employees said they preferred "workshops and seminars, followed by education/training delivered through teleconferences and videotapes," he observes.

The Delphi method could help healthcare organizations learn what their employees believe to be the most important issues related to age in the work force. Barber warns that a Delphi study could cost thousands of dollars and could take two to three months for data collection and analysis.

But, he says, relying on untested assumptions could be more costly because "(1) employers may deal ineffectively with the problems involved, and (2) their inadequate efforts may have a detrimental effect on the quality of life of older workers and their contributions to society."