TRENDS & Ideas

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YOUTH AND AGING

Meeting Intergenerational Needs

Throughout the United States, educators and specialists in child care and aging are collaborating to create "intergenerational solutions" that bring the young and the old together to the benefit of both.

Aging Today describes a number of pilot programs designed to bring these populations together. One such program, Linking Lifetimes, now operates at 12 different sites throughout the United States.

Coordinated by the Center for Intergenerational Learning at Temple University, Philadelphia, the program pairs volunteers aged 55 or older with troubled youths in not-for-profit, government, and educational programs. The volunteers serve as mentors to the youngsters, fulfilling such roles as teacher, challenger, role model, social supporter, resource supporter, and companion.

Another model program—Senior Partners in Child Day-Care—uses "volunteer grandparents" to assist at child care centers in five communities in rural Minnesota, helping to meet a need created by the growing numbers of working mothers. Under a contract with the not-for-profit Child Care Resources and Referral, the Southeastern Minnesota Area Agency for Aging (AAA) arranged for training of the volunteers.

Dan Conway, who oversees the program for AAA, explains that one of the program's major accomplishments has been to calm fears among staff at child care centers that "seniors would just give them another person to manage."

Midsize and small centers have indicated a need for technical assistance in recruiting and training volunteers to work with children. For more information, contact Conway at Southeastern Minnesota AAA, 121 N. Broadway, Room 302, Rochester, MN 55906 (507-288-6944).

The rapid increase in the number and variety of intergenerational programs has created a need for mechanisms to help put those involved in them in touch with one another. In the past decade, a number of intergenerational program networks, organized at the state level, have come into existence. The Illinois Intergenerational Initiative recently released a *Directory of Intergenerational Programs*, which identified 300 such programs in Illinois.

Last year, a conference sponsored by Generations United and the Kansas Intergenerational Network brought together representatives from 9 state networks and 11 programs aspiring to initiate networks. A 30-page summary of the conference, *Forming State Intergenerational Program Networks National Meeting*, is available from Mainstream, Inc., PO Box 47054, Topeka, KS 66647 (913-266-6422).

MEDICAL EDUCATION

Poor Progress for Blacks

Although the academic credentials of minority medical school applicants have improved steadily in recent years and the proportion of blacks in the general population has grown, the percentage of black student admissions has not increased appreciably since 1974, according to a *New York Times* article.

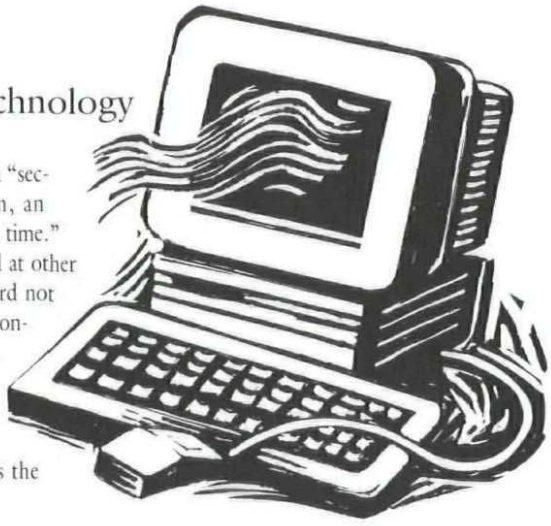
Robert E. Tomasson reports that the most striking racial trend in medical school admissions has been the decline in the number of black men enrolling. Twenty-three percent fewer black men were enrolled in 1990 than in 1971. This decline has been offset somewhat by an increase in admissions of black women, but the overall acceptance rate for blacks has been declining relative to that of other applicants.

Joan Y. Reede, MD, who directs the minority faculty development program at Harvard Medical School, suggests that perceptions may play a role in these trends. She points out that black men, according to the stereotype, can appear threatening, while black women are often viewed as "church-going" persons committed to taking care of the family.

Robert G. Petersdorf, president of the Association of American Medical Colleges, points to "dwindling financial aid and perhaps a less-than-hospitable climate for minorities on many college campuses" as reasons for the lack of increase in black admissions. Black students are also likely to begin their careers with a greater debt burden than average.

TECHNOLOGY

A New Wave of Computer Technology



Although computers became a staple of American business in the 1980s, they made it into only 15 percent of American homes because of their limited usefulness for all but business applications. But as John Schwartz reports in *Newsweek*, a second revolution is upon us that promises not only to bring computers into our homes but to make them an inescapable part of our daily life.

He notes, first, that powerful computers are now small enough to be used in places they could not be used in before. The second important trend, according to Schwartz, is the "digitalization" of communications media, which for the first time allows computers to work effectively with many forms of video or audio technology.

At Apple Computer, researchers have already developed hardware and programing that enable a personal computer to understand relatively complex spoken commands—and, when appropriate, even to reply. And the day is not far off, Schwartz contends, when such computers will be found in "just about every appliance from a home-security system to a car."

According to Schwartz, the factor that will separate the "next revolution" in computer use from its predecessor is that it "will involve computers that consumers will actually be able to use—and might *need* to use." Developments in communications technology, most notably the introduction of fiberoptic lines, promise for the first time to make vast quantities of information available to the average consumer. Data and news services will become cheaper and more sophisticated, and computers will be able to search these networks to assemble a daily "newspaper" tailored to an individual's needs and interests.

Perhaps the most dramatic changes the next revolution will bring will involve digital television. The possibilities include on-screen conversations between viewers, video shopping, and access to extensive video libraries and educational programing.

But as with any technological advance, the pending computer revolution may also have its drawbacks. New York University professor Neil Postman, author of *Technopoly: The Surrender of Culture to Technology*, fears that the digitalization of television will serve only to make the tube more mesmerizing than ever. "You'd never have to go out and meet anyone," he says. "Is that great? It's a catastrophe!"

Others, however, like Apple Chairman John Sculley, see the new technology as offering a "second chance" for the medium, an opportunity "to do it right this time." In fact, researchers at Apple and at other computer firms are working hard not only to make these high-tech wonders widely available to the general public but to develop the kinds of uses for them that ensure, as Schwartz puts it, that "the content is as good as the picture."

HEALTHCARE DELIVERY

Dial-a-Doctor

Substituting over-the-phone consultations for some office visits may reduce healthcare costs and in certain cases even improve quality of care, according to a two-year study reported in *JAMA*.

The study population consisted of 497 men aged 54 or older who received treatment at the Veterans Affairs General Medical Clinic, White River Junction, VT. John Wasson, MD, and colleagues divided the patients into two groups. One continued to receive usual care, visiting the clinic at the normal recommended intervals. The other scheduled regular visits only half as often (e.g., return in six, rather than three, months), but they had three telephone contacts with their physician between clinic appointments.

A follow-up survey two years after the study commenced revealed that the second group were as satisfied with their care as the first. Survey results indicated no significant differences in the overall health status of the two groups.

However, Wasson and colleagues did discover notable differences in the groups' utilization and healthcare costs. Telephone-care patients had 19 percent fewer total clinic visits (scheduled and unscheduled) than did usual-care patients. They also used 14 percent less medication and spent 28 percent fewer days in the hospital and 41 percent fewer days in intensive care. Estimated total healthcare expenditures for telephone-care patients were 28 percent less.

Moreover, for patients who reported that their health was poor or fair at the beginning of the study, the telephone-care approach appeared to have been more effective than the normal protocol. Thirty-three percent of the telephone-care group reported that they were capable of greater levels of activity at the end of the study period than at the beginning; only 14 percent of usual-care patients reported similar improvement. Study results also suggested that telephone care may decrease mortality for chronically ill patients, although the study population was too small for this finding to be conclusive.

The authors conclude that telephone care may become an increasingly attractive option for patients, providers, and payers if further studies involving different populations reveal similar benefits. They note, however, that the approach "will not be widely adopted unless changes are made in current reimbursement policies that encourage office visits and test ordering and do not pay for telephone care."