Examining the Representativeness of Arbitrarily Selected Samples
便宜的に選んだ介護者標本の代表性
Sugisawa, et. al.
Presentation at the Annual Conference of the Japanese Society of Social Gerontology,2001
老年社会科学 Vol.23, No.2. 2001

1) Compared to randomly selected seniors, those who were receiving health and/or social services had poorer health conditions, and had receiving less social support.
2) Memory problems of those who were utilizing medical facilities were less severe.
3) Caregivers of the two groups did not differ in terms of the related factors to the caregiving stress.

Chronic Fatigue of Family Caregivers of the Elderly Living in Community
在宅における主介護者（家族）の疲労に関する研究
Fukuda, et. al.
Presentation at the Annual Conference of the Japanese Society of Social Gerontology,2001
老年社会科学 Vol.23, No.2. 2001

Caregivers were complaining about chronic fatigue more than the average.

QUALITY OF CARE: 介護の質

Structure of Care Techniques and its Related Factors
介護技術の構造と関連要因の検討
Suzuki, Sato and Nomura
高齢者のケアと行動科学、Vol.7, No.1, 2000.

Subjects: 297 care workers
Methods: Self-administered questionnaire survey
Results: 4 factors were extracted: Empathy, Creating relationships, Respecting others, and Paying attention to the safety of clients

The Quality of Care Provided by Family to the Elderly with Physical Impairments
在宅用介護高齢者に対する家族（在宅）介護の質の評価とその関連要因
Kikuchi, et. al.
老年社会科学, Vol.18, Np.1, 1996.

Subjects: 247 pairs of seniors who are receiving visiting nurse or in-home help services and their family care givers in Tokyo.
Method: The quality of the care provided by families was assessed using the Quality Assessment Scale of Family Care which was developed based on QUALCARE Scale (by Phillips, et. al)
Practice nurses, nurses, visiting nurses, PT, OT, Case workers and in-home help workers administered the scale for each pair.
Results: 1) The quality of care was generally high.
2) Variables related to the quality of care were: whether the senior was suffering from memory problems, the care giver's relation to the elderly (daughter, son, daughter in-law, spouse, etc.), family dynamics, knowledge about care, burn-out symptoms, and the care-giver's coping style.

Developing a Scale to Measure the QOL of the Elderly Living in Community
地域高齢者のための QOL 質問表の開発と評価
Ota. et. al.
日本公衆衛生学雑誌 Vol.48, No.4. 2001.

A scale consists of 6 sub-scales, 19 questions in total.

SOCIAL CLASS:階層

Kyo-shi Survey
京滋自治体調査
京都新聞　April 1, 2001

The Long-Term Care Insurance wields negative impact on those who are suffering from limited income.

> Among those who reduced the amount of services, 40% of those complain about the burden of co-payment.

Co-payment of those who are institutionalized decreased.

公共性**(Publicness)**
Iwanami Shoten, 2000
Junichi Saito
The amount of discursive resources determines accessibility to public sphere.
Informal exclusion of certain people from the public sphere
公共性からのインフォーマルな排除
「言説の資源」が公共性へのアクセスを非対称なものにしている

FINANCE: 財政

Changes of Financial Burden on Clients Before and After Long-Term Care Insurance at Nursing Homes
介護保険実施前後における介護老人福祉施設利用者の個人負担の変化
有村、住居、日高、他
介護福祉研究 Vol. 19, No.1, 2001

Subjects: 94 seniors in two nursing homes in Hiroshima
Results: 1) 4 seniors' monthly co-payment increased after the Long-Term Care Insurance (LTCI) was introduced.
2) Seniors' ADL and the amount of co-payment was related (the more seniors' ADL was low (the seniors need more help), the more the amount of co-payment was high), but the relation disappeared after the LTCI was introduced.

LTCI Remuneration by Institute
施設の介護報酬
Downloaded from Internet

	Total remuneration(yen)	# of clients	Monthly remuneration per client
Kaigo Rojin Fukushi Shisetsu (Social Welfare Institute such as nursing homes)	88,458,000,000	283513	312,000
Kaigo Rojin Hoken Shisetsu (Intermediary Institute)	66,926,000,000	220293	304,000
Kaigo Ryoyo Gata Iryo Shisetu (Medical Institue such as hospitals)	41,496,000,000	102135	406,000

Remuneration Rate by Care Level per Day(yen)

	Personal Care Level				
	1	2	3	4	5
Kaigo Rojin Fukushi Shisetsu	7,960	8,410	8,850	9,300	9,740
Kaigo Rojin Hoken Shisetsu	8,800	9,300	9,800	10,300	10,800
Kaigo Ryoyo Gata Iryo Shisetu	11,930	12,390	12,850	13,310	13,770

Increasing Medical Cost for the Elderly

健保連収支４９００億円の赤字

国保新聞 6/13/01 downloaded

1578 health insurance associations (89.9%) have minus balance in 2001

490,000,000,000 yen short in revenue in total

Primarily because of the increase of retired people

The Total Expenditures from Kokuho for Medical Services was 7,800,000,000,000 yen in the Fist and Second Quarters of FY2000: 0.2% Minus after LTCI

12 年度上半期国保医療費 7.8 億円/介護保険導入で０．２%の微減に

国保新聞 6/13/01 downloaded

Population	Expenditures (April ~ September)
General	2,797,300,000,000 yen (2.1% increase)
Retired	923,200,000,000 yen (7.6% increase)
Over 65 years old	4,177,100,000,000 yen (3.3% decrease)

Betrayed expectation: Transfer Kaigo-hoken was in short of 400,000,000,000 yen
介護保険移行4000億円足踏み
朝日新聞 7/18/01

It was expected that introducing Kigo-hoken would reduce expenditures from the National Health Insurance, since Kaigo-hoken would replace the Health Insurance to cover the cost for social services for the elderly. It turned out, however, that, in the first year of the Kaigo-hoken operation (April, 2000 to March, 2001), the decreased amount of expenditures from the National Health Insurance was less than the expected amount by 400,000,000,000 yen. Hospitals are granted the autonomy to choose to which system, the National Health Insurance or the Kaigo-hoken, to send their expenditure claims, and more hospitals chose the former. The National Health Insurance System generally responds with better reimbursement.

According to the Iryo-hi no Doko (Statistics of Medical Expenditures) published by Kosei-Rodo Sho (Dept. of Health and Labor):

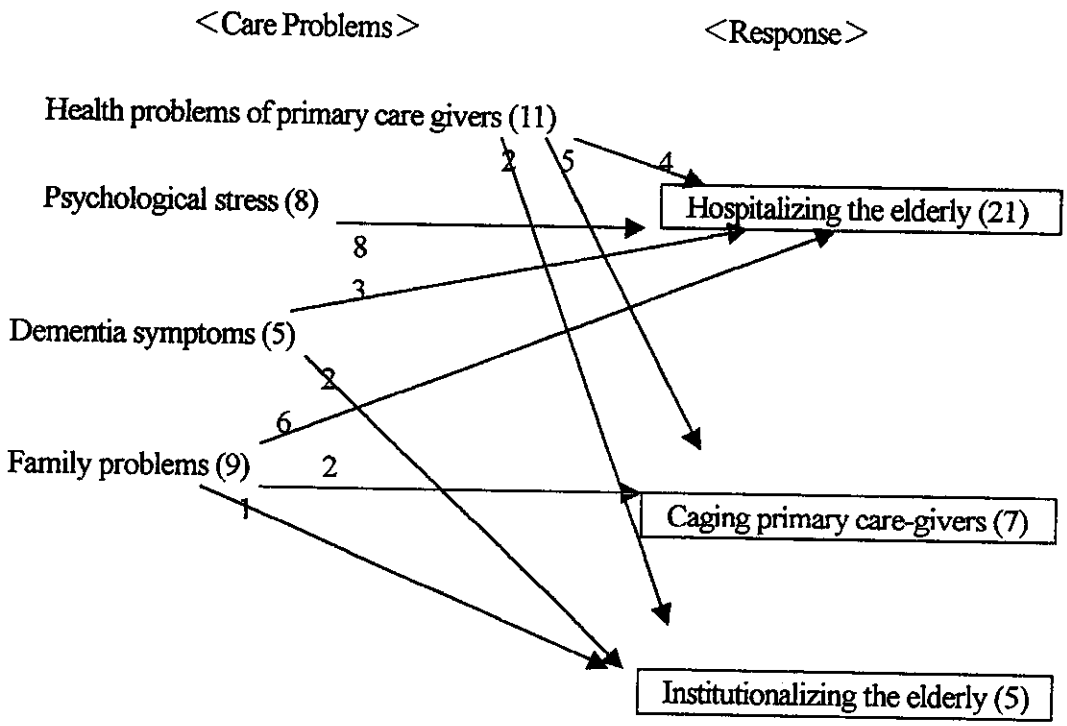
Expenditures from the Health Insurance during the FY2000(April, 2000 to March, 2001):
27,900,000,000,000 yen (decreased by 2.1% compared to the previous fiscal year)
Expenditures from the Health Insurance for those over 65 years old during the FY2000:
11,000,000,000,000 yen (decreased by 7% compared to the previous fiscal year)
Estimated amount of expenditures which were replaced by the Kigo-hoken (expenditures for treatments at geriatric hospitals, intermediate institutions (rojin hoken shisetsu) and visiting-nurse services):
1,700,000,000,000 yen

A new system was introduced in January, 2001, in which those are 65 or older are required to pay 10% of the total cost for the treatment, which seems to suppress seniors' visiting doctors.

FAMILIES／SOCIAL SUPPORT: 家族/ソーシャルサポート

Family support for the Elderly with Memory Problems
痴呆性老人の家族支援
大渕律子
老年社会科学 Vol. 14, Suppl. 1992

33 seniors with memory problems in Koganei-city (from the Koganei Study: 5-year follow-up)



Contents of family problems

Health problems of other family members(4)
Health problems of parents in-law (1)
Divorce (2)
Health problems of other family members (1)
Difficulty with spouse(1)

A Methodological Issue Regarding the Unit of Analysis in the Study of Social Relationships: Analysis Based on Tie or Case
社会関係の研究における分析単位の問題
Koyano, et. al.
老年社会科学 Vol.16, No. 1, 1994

The amount of social relations calculated based on case was higher than the one calculated based on tie.

Shifting the Unit of Analysis from Married Couples to Individuals in Intergenerational Studies
老親子関係の分析単位を個人にすつことの方法論的有効性
Matsuda, et. al.
老年社会科学, Vol.15, No.1, 1993.

Th study explores the importance of using individuals as the unit of analysis, rather than married couples, in assessing social relationships with the elderly, since adult children and children-in-law have different relationships with elderly parents.

Intergenerational Relationships in Families Living with the Elderly
高齢者のいる家族の世代間関係
Shinichi Sato
高齢者のケアと行動科学 Vol.1, 1994

Development of the Generation-Boundary Scale and its related variables.

Children's Conditions which Influence Relationships with Elderly Parents: Analysis Based on Ties
老親子関係に影響する子供側の要因
Koyano, et. al.
老年社会科学 Vol.16, No.2, 1995.

1) Biological children had more frequent interactions with elderly parents than children in-law.
2) Daughters had more frequent interactions with elderly parents than sons.
3) Children living close to elderly parents had more frequent interactions with elderly parents than children living far.

Gender Composition of Children and Living Arrangements of the Elderly
子供の性別構成と既婚子同居の関連
Okamura, et. al.
老年社会科学, Vol.16, No.2, 1995.

Comparison between a ward in Tokyo and a city in Yamagata.
1) More seniors choose to live with sons.
2) In Yamagata, co-residence with married children exclusively meant living with a son.
3) In Tokyo, gender of the co-residing child was a matter of preference.

Relationships between Elderly Parents and Children who are not Living Together
老親と別居子の関係
Yokoyama, et. al.
老年社会科学, Vol.15, No.2, 1994.

Variables related to the frequency of interactions between elderly parents and children who are not living together were gender and the geographical distance.

A Follow-Up Study about the Attitude toward Aging among Middle- to Old Aged Women Living in a Farm Village
農村中高年女性の老後意識の追跡研究
Hiroko Sato
老年社会科学, Vol.20, No.2, 1998.

A follow-up Study (1982 and 1993) to examine how the attitude toward the aging impacted the later family cycle pattern.
1) The rate of children who left parents houses in 1993 was higher among children of those who were hoping to maintain independent lives from their children in 1982
2) The rate of children who stayed with parents in 1993 was higher among children of those who were relatively conservative in 1982.
3) The rate of children who cannot find spouses in 1993 was higher among those who expressed strong belief in the traditional value system in 1982.

The Role of Social Network in Increasing the Recognition of Health and Social Services among the Elderly
高齢者の保健福祉サービスの認知への社会的ネットワークの役割
Kobayashi, et. al.
老年社会科学 Vol.22, No.3. 2000.

Subjects: 2447 people over 60 years old, randomly selected nation wide.
Results: 1) Among those who were impaired in IADL, those who had more interactions with children living separately had more information on available health and social services.
2) Among those who were not impaired in IADL, those who had more interactions with children living separately had less information on available health and social services.

Variety of Care-giving Family's Functions by Age Group
主介護者の年齢別にみた家族の機能の特徴
Yamada & Kawahara
老年看護学 Vol. 1, No.1. 1996.
Impact of the caregiving experience to the primary caregiver's family members was different depending on the age of the care-giver.
1) 59 years old and younger: Daughter in-law and children shared the majority as primary care-givers. Relatively wealthy. Caregiving experience served as a positive learning experience for children in households.
2) 60-69 years old: Spouses as primary caregivers. Low rate of using social services.
3) 70 years old an older: Spouses as primary caregievers. Small number of family members living together. Low APGAR (a scale to measure cohesion among family members) score.

高齢者サービス利用満足度

1．介護サービス利用者満足度調査（訪問介護）　目黒区介護保険課の調査

2．特養入居者が定義する「良いケア」とは何か

- サービスとしてのケア
- 人と人とのやりとりとしてのケア
- 身体的安寧としてのケア

ADLが低くなると、「身体的安寧としてのケア」の重要性が増す。

(Care-as-Service, Care-as-Relating, Care-as-Comfort: Understanding Nursing Home Residents' Definitions of Quality.
Bowers, B.J., Fibich, B., & Jacobson, N. The Gerontologidst, Vol.41, No.4, 539-545.)

展開可能性として：高齢者と事業者に同じ項目を使って、ケアのどの側面を重視しているかを尋ねる。

介護の self-efficacy

1．The Task Management Strategy Index
Gitlin,L.N., Winter, L., Dennis, M.P.., Corcoran, M., Schinfeld,S. & Hauck, W.W. Strategies Used by Families to Simplify Tasks for Individuals with Alzheimer's Disease and Related Disorders: Psychometric Analysis of the Task Management Strategy Index (TMSI)
The Gerontologist, No.42, Vol.1,61-69.

2．Revised version of Lawton's Caregiving Mastery Scale.
Lawton, Kleba, Moss, Rovine, & Glicksman.
Measuring caregiving appraisal.
J. of Gerontology: Psychological Sciences, 44, 61-71.

3．REACH

1) 7つのADL領域それぞれについて、介護が必要かを尋ねる（1 or 0)
(入浴、食事、上半身の着替え、下半身の着替え、排泄、整容、寝床の出入り)

2)介護を要すると応えたそれぞれの動作に対して、介護者がどのぐらいconfidenceをもって介護をしているかを5段階で評価してもらう（0：まったく自信がない－4：かなり自信がある)

3)2)に得点の合計÷1)で「介護を要する」とされた項目の数

介護者の満足の3つの源

- 介護の医療的および非医療的課題をルーテイン化し、日々滞り無く達成すること
- 介護について家族間の意見をまとめあげること
- 時折、介護から解放される機会があること

(Hennesy & John (1996) American Indian family caregivers' perceptions of burden and needed support services. J. of Applied Gerontology, 15, 275-293.より)

介護の経済的負担:Cost of Care Index

Kosberg, J., Cairl, R., & Keller, D.(1990) Components of burden: Interventive implications. The Gerontologist, 30, 236-242.

介護のうえで一番困ることは何か

27%　問題行動

17%　介護から解放される機会が十分に無いこと

Segall & Wykle (1988-1989)

介護と文化について

(ilworth-Andersn, P. & Wiliams, I.C.
Issues of Race, Ethnicisty, and Culture in Caregiving Research: A 20-Year Review (1980-2000)
The Gerontologist, Vol.42, Mo.2,2002 より)

４つの研究領域がある

- ソーシャルサポートの構造や交流頻度、サポートへの満足度等が ethnic group によってどの様に異なるか。
- 介護の否定的効果（抑うつ、介護負担、役割葛藤、ストレス、人間関係の悪化）等が ethnic group によってどの様に異なるか。
- コーピングが ethnic group によってどの様に異なるか。
- 文化が介護体験にどのように影響しているか（多くは ethnicity を文化の代替概念として用いており、それはそれで問題)。

「文化が介護体験にどのように影響しているか」について

理論化は十分にされていない。実証的な知見を基に調査枠組みが定められている。

下記の３つの論文はモデルを使っている。

- The stuructural model of caregiving dynamcs を使用
  Lawton, et.al(1992)　*The dynamics of caregiving for a demented elder among Black and White families.*　J. of Gerontology: Social Sciences, 47,S156-164.
- ストレス - コーピングモデルを使用
  Strong, C.(1984)　*Stress and caring for elderly relatives: Interpretations and coping strategies in an American Indian and While sample.*　The Gerontologist, 24,251-256.(入手済み)
- The cultural pluraism モデルを使用
  Thornton, et.al.(1993)　*Sociodemographic correlates of the size and composition of informal caregiver networks among frail ethnic elderly.*　J. of Comparative Family Studies, 24, 235-250.　(全国レベルで代表性のあるサンプル)

概念枠組みを設定しているもの

- ストレス - コーピングモデルを基にした contextual approach を採用（５つの要素に分けて…　統計的調査項目として整っている。)
  Dilworth-Anderson, et. al.
  1999a　*The contexts of experiencing emotional distress among family caregivers to elderly African Americans.*　Family Relations, 48,391-397.
  1999b　*Family caregiving to elderly African Americans: Caregiver types and structures.*　J. of Gerontology: Social Sciences, 54B, S237-S241. (地域的に代表性のあるサンプル)
- Cultural-Justification for Caregiving Scale.
  Dilworth-Andersonet, al. (1995)　*Cultural-Justifications Caregiving Scale*　Unpublished.
  However, it is used in:
  Dilworth-Anderson, P., et.al. (1999a)　*The contexts of experiencing emotional distress among family caregivers to elderly African Americans.*　Family Relations, 48,391-397.

Dilworth-Anderson, P., et.al (1999b) *Family caregiving to elderly African Americans: Caregiver types and structures.* J. of Gerontology: Social Sciences, 54B, S237-S241.

- 医療人類学的視点から

Fox, et.al. (1999) *Take up the caregiver's burden: Stories of care for urban African American elders with dementia.* Culture, Medicine, and Psychiatry, 23, 501-529.

- グラウンデッドセオリーを用いて意思決定過程の社会学的モデルを導き、今後の調査枠組みに示唆的。

Hicks, et. al.(1999) Decision-making within the social course of dementia: Accounts by Chinese-American caregivers. Culture, Medicine, and Psychiatry, 23,415-412.
(対象は中国系アメリカ人)

主な知見：

文化によって介護体験の内実は異なる、誰が介護をすべきかの決定や、介護者と他の家族成員と（ケアに関わる）社会資源との関係性(拡大家族が介護に負う責任に対する考え、インフォーマルサポートの多寡、フォーマルサポートの利用状況など)が異なる。

1)文化によって規定される規範・価値

何をもってお互いさまとするか、親子の互いに対する義務、老親への責任に対する考え方が文化によって異なる。

Ex: スペイン系では拡大家族メンバーも介護に責任を持つと考えられる。
韓国では介護は嫁の務め。
American Indians では、介護は育ててくれた親への恩返し。

2)文化によって規定される認知と意味の解釈

それぞれの病気に与えられた文化的な意味付けは、介護者と介護を必要とする人の関係を定める文脈として機能する。

Ex: スペイン系では痴呆とは、「気がふれた」もしくは「悪い血（遺伝？）」による。
このような痴呆にまつわる解釈は、家族外の資源に助けを求めることを抑制する。
上記 Fox の論文を読むべし。

Clark & Huttlinger(1998)

メキシコ系アメリカ人対象

育ててくれた親への「恩返し」と、「お互いさま」の感覚（子供のときから間関係の基本として教える）が大切。

Cox(1993)

白人と黒人を比べて、黒人は牧師や友人に相談する割合が高く、インフォーマルサポートも多く受けていると感じていると同時に、もっと助けが必要だと思っている。子としての義務を強調。

Cox(1999)

サポートグループへの参加や、介護に関する情報や照会サービスの必要性に対する認識と利用度で、黒人と白人では微妙な差。黒人では介護に関して家族成員間の意見が一致しないことを強調。

Cox & Monk (1990a,b,c, 1993a,b,c、1996b,c)

インフォーマル・フォーマルサポートの利用の仕方が、黒人とスペイン系で異なる。

友人や親戚と会う頻度や手段的サポートの頻度と抑うつ等の関係。

Deomling&Smerglia(1992b)

黒人と白人の比較。配偶者の有無と高齢者どの同居の有無および高齢者の健康状態によって、高齢者が介護に関わる意思決定に参加するかどうかが異なる。

他の親族や専門家は、意思決定において重要な役割を果たしてはいない。

Delgado&Tennstedt(1997a)
プエルトリコ系アメリカ人では別居子が副介護者としての役割を果たす。
Delgado&Tennstedt(1997b)
プエルトリコ系アメリカ人で、結婚している息子が介護者としての役割を担う。
娘は無制限に介護役割を引き受けるわけではなく、限界を定めている。
Fredman, Daly & Lazur 91995c)
白人は、配偶者が介護者となる割合が高い。(Remember that the family structure in the US is monotonous!)
Haley et.al. (1996 b,c,d)
黒人の介護者の方が白人よりも介護に対する不安が少ない。
Henderson & Gutierrez-Mayka(1992a)
スペイン系では、介護は女性の仕事という考え方。
Henessy & John (1996)
American Indians. 多くの介護者は拡大家族の一因で、同じ価値観を共有している。
Hicks & Lam (1999)
Chinese Americans.
介護の意思決定に関わる人は、大きく４つのグループに分類される：家族、介護事業者、社会福祉関係の専門家や機関、要介護者本人。意思決定のプロセスには3種類:primary, diffuse, and catalytic.
関係者の関係は、allies か competitors に分かれる。
Hinton&Levkoff(1999)
African Americans, Chinese Americans & Irish Americans の介護者は、アルツハイマーは人を変えてしまうと述べる。
一部の Chinese Americans は、年をとれば誰にも起こることとして対応。
Latinoes は、アルツハイマーに対して一定の医学的知識を持ちながらも、寂しさや喪失体験等が発病に関連していると解釈。
Ishii-Kuntz(1997)
Koreans：親への経済的支援は子供の義務と考える
Levkoff, Levy & Weizman (1999)
サービス利用に至るまでのプロセスを四段階に分けて分析。各段階の行動が ethnicity によって異なる。
Miller & Kaufman (1996)
ケアにおいて何が重要と考えているかが ethnicity によって異なる。
Nkongo & Archbold (1995)
介護者を引き受けた理由は３つのカテゴリーに分類できる：家族の義務・責任として（家族だから、自分の親もそうしていたから)、関係性（好きだから、恩返し、尊敬しているから)、個人的理由（愛他精神、生き方の問題として、宗教上の理由、施設に不信感がある)
Sterritt&Polorny(1998)
African Americans:介護は伝統、介護は会い、介護は女性の務め
Stommel, Givernm & Givern (1998)
白人の介護者はひとりでその役割を担う。黒人は、介護責任や家事を他の介護者と分担。