**Lessons from Other Societies**

Aging Policy and Programs in the Netherlands and Sweden

A few years ago, AARP assessed quality-of-life issues for older people and the larger society in sixteen wealthy democracies (the nations of North America and Western Europe, along with Australia and Japan). Each nation was rated (on a scale of 1–5, with 5 being the highest score) on seventeen criteria, including life expectancy, health care for the elderly, pension coverage, and age-discrimination laws. Of the sixteen nations, the Netherlands ranked first, with a total score of 64, while Italy ranked last, with a score of 48; the United States was thirteenth, with a score of 50. Despite its immense wealth, then, the United States lagged behind most other democracies. Because a “perfect” score would have been 85 (17 × 5), even the Netherlands fell short of an ideal quality of life as measured by the AARP indicators.

Why did the United States not rank higher? The experience of the Netherlands and Sweden, both of which have longer life expectancies than the United States, points to some possible answers. In the Netherlands, everyone at age 65 receives a full pension that does not depend on how much money they earned while they were working, and everyone thus gets the same amount. This amount is larger than the average American gets, because Social Security does depend on earnings and many people earned fairly low amounts during their working years. As a result, Dutch elderly are much less likely than their American counterparts to be poor. The Dutch elderly (and also the nonelderly) have generous government insurance for medical problems and for nursing home care; this financial help is much higher than older Americans obtain through Medicare.

As one example, the AARP article mentioned an elderly Dutch woman who had cancer surgery and thirty-two chemotherapy treatments, for which she paid nothing. In the United States, the chemotherapy treatments would have cost at least $30,000. Medicare would have covered only 80 percent of this amount, leaving a patient to pay $6,000.

The Netherlands also helps its elderly in other ways. One example is that about one-fourth of that nation’s elderly receive regular government-subsidized home visits by health-care professionals and/or housekeepers; this practice enables the elderly to remain independent and avoid having to enter a nursing home. In another example, the elderly also receives seven days of free riding on the nation’s rail system.

Sweden has a home-care visitation program that is similar to the Netherlands’ program. Many elderly are visited twice a day by a care assistant who helps them bathe and dress in the morning and go to bed at night. The care assistant also regularly cleans their residence and takes them out for exercise. The Swedish government pays about 80 percent of the costs of this assistance and subsidizes the remaining cost for elderly who cannot afford it. Like the Netherlands’ program, Sweden’s program helps the elderly to remain independent and live at home rather than enter a nursing institution.

Compared to the United States, then, other democracies generally provide their elderly less expensive or free health care, greater financial support during their retirement, and home visits by health-care professionals and other assistants. In these and other ways, these other governments encourage “active aging.” Adoption of similar policies in the United States would improve the lives of older Americans and perhaps prolong their life spans.

*Sources:* Edwards, 2004; Hartlapp & Schmid, 2008; Ney, 2005