DEATH AND BEREAVEMENT AROUND THE WORLD

Volume 5: Reflective Essays

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This final volume of *Death and Bereavement Around the World* reflects on some major themes: death and after-life, religion and spirituality, rites and rituals, secularist approaches, cultural variations, suicide, and other issues. The first few chapters describe progress in end-of-life care, including some new tools to evaluate hospice care (chapter 1); what children know, when they know it, and how parents can respond to questions, with some guidelines for support by schools (chapter 2); the importance of ritual (chapter 3); and gender differences in death customs around the world (chapter 4).

The transcript of a 1997 interview of John (Jack) Morgan by Pittu Laungani is presented as chapter 5. The following chapters discuss death systems and suicide (chapter 6); HIV/AIDS, including the role of cultural and economic factors in the spread of the disease (chapter 7); and grief and bereavement in the developing world, taking the AIDS pandemic as a specific challenge (chapter 8). Chapter 9 covers issues related to dying and death in Romania. In chapter 10 the focus is on the various functions and uses of names in a cross-cultural context. Roadside memorials as a pivotal healing strategy are the topic of chapter 11. Chapters 12 and 13 focus on spiritual experience with loss.

The final chapter presents some conclusions, and in the Epilogue, Mary Ann Morgan honors the life, career, dying, death, and achievements of John (Jack) Morgan. The "Final Word" includes the words of Pittu Laungani, from a book published just weeks before his death in February 2007.

FACTORS AFFECTING NURSING HOME USE OF OLDER WHITES AND HISPANICS: A REVIEW OF THE CHARACTERISTICS OF CARE RECIPIENTS AND CAREGIVERS

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ABSTRACT

This article reviews the research literature dealing with factors affecting the use of nursing home by older Hispanic Americans and Whites. A modified and expanded version of Andersen's (1995) Behavioral Model is used as a conceptual framework for the review. Special emphasis is given to differentiating elderly care recipient and caregiver characteristics for systematic review. Four factors including predisposing, enabling, need, and cultural factors are found to have direct and indirect effects on nursing home service use. On the basis of the review, suggestions are made for future directions in research on nursing home use.

There has been a significant increase in attention paid to the cultural diversity of older persons in the United States. This parallels the increasing numbers of racial/ethnic minorities in the elderly population. Historically, the number of

minority elders has been relatively low, as a result of lower life expectancies and trends in immigration. Current estimates suggest, however, that the proportion of minority elders will more than double in size between 2003 and 2050, going from 17% to 39% (U.S. Bureau of the Census, 2004). Older Hispanics, the focus of the present article, will show the largest increase, being projected to increase in numbers by 221% between 2003 and 2050.

The demographic trends mentioned above suggest that formal long-term care will become increasingly important in the next decades and formal long-term care service use will become more common even among Hispanic older adults. For many years it has been recognized that members of racial/ethnic minority groups make less use of institutional long term care than would be expected on the basis of their overall numbers (e.g., Wallace, Levy-Storms, Kington, & Andersen, 1998). However, over the past decade this lower utilization has been changing, with African Americans being closest to achieving parity. Hispanics have not to date demonstrated similar increases, despite disability and disease rates that generally exceed those of non-Hispanic Whites (e.g., Dunlop, Manheim, Song, & Chang, 2002; Johnson, Kuchibbatala, Sloane, Tanis, Galanos, & Tulsky, 2005). While this continuing low rate may result from positive factors such as a strong tradition of family solidarity and caring in the Hispanic community (e.g., National Research Council, 2006), it may also result from barriers to utilization that have the potential for strain and disruption. The generally high levels of distress and burden reported in studies of Hispanic caregivers, as compared to other groups, certainly suggests that long term care should receive more consideration by Hispanic families (e.g., Adams, Aranda, Kemp, & Takagi, 2002; Aranda & Knight, 1997).

Given the fact that race/ethnicity is consistently a predictor of nursing home placement (Wallace et al., 1998), the aims of the present study are to integrate findings from the previous research on factors associated with nursing home use of older Hispanic Americans and non-Hispanic Whites, as well as to suggest limitations of current research and future directions in research on nursing home use.

CONCEPTUAL FRAMEWORK

The vast majority of studies on health care utilization rely on a single conceptual model of service use: the Andersen (1968, 1995) Behavioral Model of Health. The Andersen model, developed to study determinants of health service use for the majority White population, has been used frequently in studies of nursing home placement and race/ethnicity (e.g., Dunlop et al., 2002; Gupta, 2002; Mui & Burnette, 1994; Wallace et al., 1998). This model provides a comprehensive framework in explaining nursing home service use for the elderly and includes three factors predicting health care use:

1. predisposing factors (propensity to use services, such as age, gender, and education);
2. enabling factors (resources available to the individual, such as income, living arrangement, and social support); and
3. need factors (physical and mental health conditions or illness, such as chronic conditions, functional limitations, and depression).

Despite its relevance, in applying the Andersen model to explain service use in racially or ethnically diverse elderly groups, a number of researchers report that the model pays insufficient attention to cultural factors (e.g., Bradley, McGraw, Curry, Buckser, King, & Andersen., 2002; Kim, Jang, Chiriboga, & Polivka, 2006). Andersen (1995) has also recognized that only by careful integration of cultural variables could the model begin to explain service utilization for ethnic minorities in their social contexts. As a result, considerable attention has been paid to incorporating cultural factors such as values, beliefs, and acculturation as part of a modified and expanded Andersen (1995) Behavioral Model (e.g., Kim et al., 2006; Kuo & Torres-Gil, 2001).

Given the abovementioned limitations and concerns of the Andersen model, an analytic model for the present article is based on a modified and expanded Andersen (1995) Behavioral Model and is presented in Figure 1. Predisposing, enabling, need, and cultural factors included in the analytic model are expected to have direct and indirect effects on nursing home service use. In addition, in order to review factors associated with nursing home use more specifically and systematically, this analytic model differentiates between elderly care recipient and caregiver characteristics. It includes a special emphasis on not only an inclusion of cultural factors but also on differentiation between care recipient and caregiver characteristics that may help to explain nursing home use in older Whites and Hispanics.

FACTORS AFFECTING NURSING HOME USE OF OLDER WHITES AND HISPANICS

Before addressing the central task of reviewing factors associated with nursing home use among White and Hispanic older adults, rates of nursing home use in both groups will be addressed first. As noted earlier, differences between elderly Hispanic and White care receivers in the rates of nursing home use have been widely recognized. Older Hispanic Americans have been found in most studies to be significantly less likely to be institutionalized in a nursing home setting than older Whites (e.g., Johnson et al., 2005; Mausbach, Coon, Depp, Rabinowitz, Wilson-Arias, Kraemer, et al., 2004; Yaffe, Fox, Newcomer, Sands, Linquist, & Dane, 2002). One population-based study of long term care placement among diverse racial/ethnic patients with dementia provides an example (Yaffe et al., 2002). This study found that Latino care recipients were significantly less likely
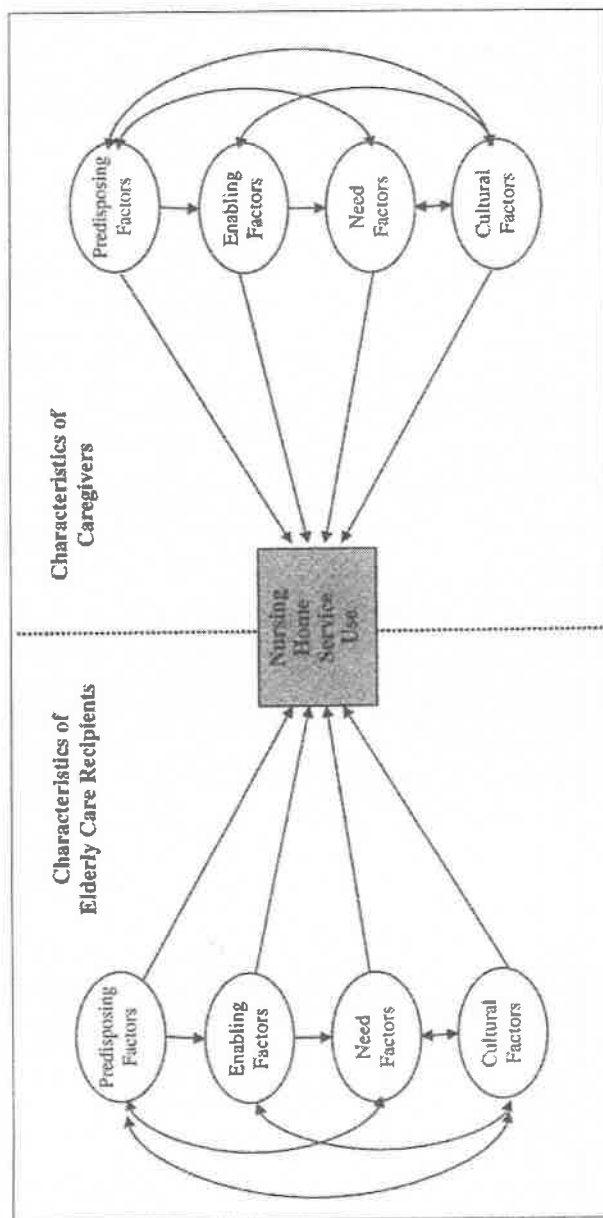
Figure 1. Conceptual model of nursing home service use.

than Caucasian care recipients to be institutionalized over a 36-month period. As another example, Mausbach and colleagues (2004) found evidence that Latinas delayed institutionalization significantly longer than their Caucasian counterparts. Similarly, cognitively impaired Latinos were found to be only half as likely to experience early institutionalization as Caucasians (Gaugler, Kane, Kane, Clay, & Newcomer, 2003).

There are a number of factors associated with nursing home service use of older adults. The decision to place a patient in a long-term care facility is complex and is based on elderly care recipient and caregiver characteristics and the sociocultural context of elderly patients and caregivers (Yaffe et al., 2002). Previous studies have shown that predictors of nursing home use in the overall population of older adults include characteristics of the elderly patient, such as their advanced age (e.g., Wallace et al., 1998), fewer social support network (e.g., Dunlop et al., 2002), and comorbidities (e.g., Smith, Kokmen, & O'Brien, 2000). Predictors also include characteristics of the caregiver, such as caregiving burden (e.g., Yaffe et al., 2002) and health conditions of the caregiver (e.g., Buhr, Kuchibhatala, & Clipp, 2006; Fisher & Lieberman, 1999).

In order to help organize and better understand the multitude of reported factors that have been reported to affect nursing home use, it may be meaningful to differentiate predictors of nursing home use between care recipient and caregiver characteristics, based on the suggested four major factors:

1. predisposing;
2. enabling;
3. need; and
4. cultural factors.

Predisposing Factors

Predisposing factors reflect the propensity to use services, independent of personal circumstances and experiences that may cause the need for service use. Predisposing variables such as age, gender, and years of education have been shown to affect decisions with regard to nursing home placement (e.g., Dunlop et al., 2002; Yaffe et al., 2002). Comparing predictors of nursing home use between diverse racial/ethnic groups, some researchers have also used race/ethnicity as a predisposing factor (e.g., Mui & Burnette, 1994; Yaffe et al., 2002).

Characteristics of Elderly Care Recipients

Predisposing factors associated with nursing home use include a number of elderly care recipient characteristics. Age and race/ethnicity of elderly care recipients have been shown to be consistent effects on nursing home service use. Advanced age of elderly care recipients has consistently been associated with an increased risk of nursing home placement in both Whites and Hispanics (e.g., Angel, Angel, Aranda, & Miles, 2004; Dunlop et al., 2002). A number of studies

have reported older age to be the strongest predictor of nursing home service use (e.g., Miller & Weissert, 2000; Smith et al., 2000). In this respect, it is relevant to note that because racial/ethnic minority populations, especially the Hispanic and Asian subgroups, often have significantly lower proportions of people aged 65 and over, the lower proportions of minorities in long-term care facilities may in fact not be disproportionate to their demographics.

With regard to the effect of race/ethnicity, studies examining nursing home service use have found that membership in a racial/ethnic minority group was a risk factor (Dunlop et al., 2002; Wallace et al., 1998; Yaffe et al., 2002). For example, Mui and Burnette (1994) found that Hispanic ethnicity was one of the significant predisposing factors for nursing home service use. Yaffe and colleagues (2002) also reported Hispanic ethnicity to be a risk factor for nursing home placement.

The reported effect of gender and education in risk of nursing home placement has varied. With regard to the gender effect, for example, while Angel and colleagues (2004) found that being a Hispanic male is a risk factor for nursing home placement, Dunlop and colleagues (2002) identified being a Hispanic female to be a significant risk factor for nursing home use, after controlling other predisposing factors such as age. These differences may actually be reflecting subgroup differences within the overall Hispanic population. Thus, Angel and colleagues were studying Mexican American elders, while Dunlop and colleagues were studying overall Hispanic elders. While several studies report that women are more likely to be placed in nursing homes than men (e.g., Colerick & George, 1986; Dunlop et al., 2002), there are at least three non-mutually exclusive reasons:

1. greater longevity of women;
2. the fact that caregivers of female relatives tend to be employed daughters who are also mothers and thus have competing obligations; and
3. the greater likelihood of having a living spouse is for men an important protective factors for nursing home placement.

The leveling effect of education on nursing home service use has received much less attention in the literature, and may be an underlying reason for both racial/ethnic and gender differences in placement. While some studies report that more educated elderly care recipients have an increased use of nursing homes (e.g., Wallace et al., 1998), other studies did not find a significant effect of education on nursing home service use (e.g., Mausbach et al., 2004). Still other studies examining nursing home use did not even bother to consider levels of education as a possible predictor of placement (e.g., Angel et al., 2004; Davis & Lapane, 2004; Yaffe et al., 2002).

Characteristics of Caregivers

Certain caregiver characteristics with respect to predisposing factors have also been found to be associated with institutionalization in both Whites and Hispanics. There has not been much research on caregiver characteristics with regard to nursing home placement in Whites and, especially, Hispanic Americans, but the limited literature suggests that caregivers who are younger, male, and non-Hispanic White are more likely to institutionalize their care receivers in nursing homes (e.g., Yaffe et al., 2002).

One of the important predisposing factors regarding caregiver characteristics is the caregiver's relationship to the care recipient. Researchers consistently report that the caregiver's relationship to the care recipient has significant effects on nursing home service use. Specifically, spousal caregivers appear to be most determined to keep their relative in the community (e.g., Tomiak, Berthelot, Guimond, & Mustard, 2000), meaning that spousal caregivers are less likely to institutionalize their care recipient in nursing homes. For example, Tomiak and colleagues (2000) reported that having a spousal caregiver decreased the risk of nursing home placement while having a non-spousal caregiver was a risk factor for placement. As another example, Scott and colleagues (1997) also found that older adults with child caregivers were 4.8 times more likely to be institutionalized than older adults with spousal caregivers. In this study, it was also found that older adults with non-relative caregivers were 9.3 times more likely to be institutionalized than older adults with spousal caregivers (Scott et al., 1997). Focusing on Puerto Ricans, Delgado and Tennstedt (1997) found that daughters were the major resource for older Puerto Ricans and were providing a wide variety of helping services for extensive lengths of time. They also reported that Puerto Rican families typically care for their elders and prefer to do so in the home rather than in an institution. Given these facts, we can assume that institutionalization may be delayed for older Puerto Ricans with adult daughter caregivers, although the authors did not report the effect of being a daughter on institutionalization.

Enabling Factors

Enabling factors explain differences in the resources available to the individual in using health care services. In previous research, income, health insurance coverage, living arrangements, marital status, social support, and caregiver physical and mental health have been shown to affect nursing home service use (e.g., Angel et al., 2004; Buhr et al., 2006; Davis & Lapane, 2004; Dunlop et al., 2002).

Characteristics of Elderly Care Recipients

Enabling factors associated with nursing home use include a number of elderly care recipient characteristics. Previous studies have shown that living arrangements prior to placement are one of the significant predictors of institutionalization and living alone is a risk factor for placement in both older Whites and Hispanics (e.g., Angel et al., 2004; Smith et al., 2000; Yaffe et al., 2002).

For example, on the basis of the Hispanic Established Populations for Epidemiological Studies of the Elderly (H-EPESE) data, Angel and colleagues (2004) have argued strongly that one of the main "push factors" into a nursing home for Latino elders is isolation. In this study, the author found that Hispanic elders living alone were twice as likely as those living with others (married or unmarried) to have used a long-term care facility. This latter finding should be considered in the context of the fact that Hispanic families tend to be significantly larger than non-Hispanic White families, with the result being that the chances of being isolated are reduced (e.g., National Research Council, 2006). On the other hand, Hispanic families are less likely than those of non-Hispanic Whites to be fragmented, single parent families (National Research Council, 2006). This latter fact represents a competing vulnerability since, as already noted, those who are married are less likely to be institutionalized (e.g., Dunlop et al., 2002; Mui & Burnette, 1994; Wallace et al., 1998).

Financial resources are one of the important enabling factors affecting nursing home service use, and include income, assets, and health insurance in both Whites and Hispanics. For example, using a nationally representative data, Dunlop and colleagues (2002) showed that the likelihood of nursing home service use decreased with lower income, fewer assets, and those holding only Medicare or Medicare plus Medicaid, compared with those with greater economic access resources. The authors also pointed out that this finding may reflect that those with fewer resources have less access to higher quality nursing homes, which require private payments beyond that covered by Medicaid (Dunlop et al., 2002). It is noteworthy that although the mentioned financial resources are associated with nursing home service use, these factors had little impact on the lower nursing home use by older Hispanic women.

Other service uses, as well as service use history, such as informal helpers, in-home care service use, and community-based service use, have also been found to predict nursing home placement, although these factors have received much less attention in the previous research. For example, Mui and Burnette (1994) found that a positive attitude toward nursing home care was the most powerful predictor. In this study, risk factors of nursing home use included fewer informal helpers, more in-home service use, and more community-based service use.

Characteristics of Caregivers

Enabling factors associated with nursing home use include several caregiver characteristics, and previous research has reported that caregivers with fewer sources of social support (e.g., Buhr et al., 2006), greater financial resources (e.g., Yaffe et al., 2002), role conflict (e.g., Montgomery & Koloski, 1994), and less positive aspects of caregiving (e.g., Mausbach et al., 2004) are more likely to choose nursing home placement for their elderly. One of the biggest predictors of nursing home placement regarding caregiver characteristics is the level of

support a caregiver can access that helps relieve the stress they are experiencing. For example, previous research showed that lack of assistance from spouse and other family members can be a crucial point in the decision of institutionalizing the elderly in a nursing home (e.g., Buhr et al., 2006).

Another caregiver characteristic that is associated with elderly patient admission to a nursing home included number of hours provided for care recipients. For instance, one study (Yaffe et al., 2002) found that dementia caregivers who provided at least 90 hours a week were more likely to institutionalize their elderly patients in a nursing home. The physical and mental health status of caregivers has also been associated with nursing home care placement for the elderly. A number of research showed that caregivers who have poor health increased the likelihood of nursing home placement.

Need Factors

Need factors refer to health conditions or illness and include chronic conditions, functional limitations, self-rated health, and depressive symptoms. According to Andersen (1995), the need variables explain the most variation in utilization of health care services. Wallace and colleagues (1998), for example, found evidence that need variables were the primary predictor of nursing home use. In this study, need variables had the largest betas in not only nursing home use but also other long-term care use such as paid home care use and unpaid home care use. Tomiak and colleagues (2000) also found evidence for the greatest impact of need factors on nursing home entry after age.

Characteristics of Elderly Care Recipients

A variety of need factors regarding care recipient characteristics have been examined to explain nursing home service use of elderly care receivers. One of the primary risk factors for institutionalization is levels of cognitive impairment in both Whites and Hispanics (e.g., Angel et al., 2004; Dunlop et al., 2002). Severe cognitive impairment or the presence of a dementia is even more highly associated with nursing home service use. For example, Angel and colleagues (2004) showed that diminished cognitive capacity is a clear risk factor for institutionalization, as well as death among Hispanic older adults. Similarly, Yaffe and colleagues (2002) also found that as many as 90% of individuals diagnosed with dementia became institutionalized before death.

Greater physical and mental health limitations of elderly care recipients have been shown to be consistent predictors of nursing home service use (e.g., Angel et al., 2004; Dunlop et al., 2002; Wallace et al., 1998; Yaffe et al., 2002). These variables include functional limitations, chronic diseases (e.g., diabetes, health disease, and arthritis), self-rated health, and depressive symptoms. For example, the decreased activities of daily living (e.g., eating, toileting) have been a strong predictor of institutionalization, as well as death among both Whites (e.g., Scott

et al., 1997) and Hispanics (e.g., Angel et al., 2004). Behavioral problems such as wandering behavior and agitation also increased the risk for nursing home placement. Older adults with comorbidities are more likely to be institutionalized.

Characteristics of Caregivers

Certain caregiver characteristics with respect to need factors have also been found to be associated with institutionalization in both Whites and Hispanics. The most common need factor regarding caregiver characteristics is the caregiver burden: previous studies have noted that the stress or burden experienced by the caregiver was related to their decision to place their elderly in nursing homes (e.g., Gaugler, Edwards, Femia, Zarit, Stephens, Townsend et al., 2000; McFall & Miller, 1992; Yaffe et al., 2002). Physical and mental health conditions of caregivers can be a risk factor for nursing home use. For example, caregivers with poorer functional limitations, higher depressive symptoms, and higher burden are more likely to institutionalize their care recipients.

Cultural Factors

Culture, as the beliefs and values of a group, could be the cause of the observed race effect on formal long-term care service use to the extent that Hispanics have stronger family bonds or other culture-bound resources. A number of researchers suggest that Latinos view institutionalization more negatively and may be less likely to terminate the caregiving role than other cultural groups (e.g., Phillips, Torres de Ardon, Komnenich, Killeen, & Rusinak, 2000). Several explanations for their views have been raised, encompassing care recipient and caregiver perspective. The literature in general suggests that Latino elders may prefer familial support to formal support services (Crist, 2002) and they also view nursing homes as a place of last resort (Johnson, Schwiebert, Alvarado-Rosenmann, Pecka, & Shirk, 1997). Latino adult children have reported to experience greater role satisfaction than their Caucasian counterparts (Phillips et al., 2000). Cultural factors include cultural values such as familism and collectivism and acculturation, and Hispanics who have higher acculturation and lower familism values are more likely to use nursing homes. However, there has not been much literature examining cultural effects on nursing home placement.

Characteristics of Elderly Care Recipients

As mentioned above, one study based on a national sample by Dunlop and colleagues (2002) found that the lower rate of nursing home use by older Hispanic women persisted after accounting for predisposing, need, and access factors. In their study, the authors suggested that the lower propensity of Hispanic women to be placed in an institution may reflect a cultural commitment

to keep older family members in the community but could equally reflect a lack of access due to family structure, language, and cultural factors (Dunlop et al., 2002).

On the basis of the H-EPESE data, Angel and colleagues (2004) examined the impact of disability, cognitive status, and social support on nursing home use in older Mexican Americans. The authors did not consider cultural factors such as acculturation in their study. Given that the Hispanic-EPESE data is a national representative sample and includes the acculturation variable developed by Hazuda and colleague (1988), it might be better to consider the cultural impact on nursing home placement using the acculturation scale. More importantly, individual differences in the levels of acculturation may affect nursing home use.

For example, one study has found the impact of cultural factors on preference for formal long-term care service use among Koreans (Kim et al., 2006). They reported significant interaction effects between age and cultural values (collectivism and filial expectation) on preference for formal long-term care utilization: older age and higher levels of traditional values decreased the likelihood of formal long-term care services. In this study, cultural values contributed to better understanding Korean adults' care preference. Given the limited literature on cultural factors associated with nursing home use among Hispanic older adults, future research should pay enough attention to these issues.

Characteristics of Caregivers

There is only one study examining how cultural factors may influence caregivers' decisions about nursing home placement (Mausbach et al., 2004). Comparing Latina and Caucasian female caregivers, Mausbach and colleagues (2004) explored which caregiver and care-recipient characteristics predicted institutionalization. They reported that Latinas were less likely to institutionalize their relatives with dementia over an 18-month period. In this study, having a positive view of caregiving appeared to differentiate institutionalization patterns between Latina and Caucasian female caregivers. Latinas with more-positive views of caregiving were the least likely to institutionalize, and an inverse relationship was found between acculturation level and positive views of caregiving. This suggests that having more-traditional cultural values plays a role in Latina's decision to delay institutionalization. Given that this study did not consider male caregivers and a number of studies showed gender differences in cultural values and attitude toward caregiving in the previous studies, however, future studies may need to examine the replication of these findings in male caregivers, in particular Latinos. In addition, given the limited literature on cultural factors, future research should focus on acculturation measure and other cultural values (familism, individualism-collectivism, or filial piety) as predictors of nursing home placement, as well as a number of health service uses (in-home care use, hospitalization, or community-based long-term care service use).

DIRECTIONS FOR FUTURE RESEARCH

As discussed above, there exist various kinds of factors affecting nursing home service use among White and Hispanic elders. In this review article, factors associated with institutionalization in racially or ethnically diverse groups were understood and analyzed by applying the proposed analytic model of nursing home service use. With special emphasis on not only an inclusion of cultural factors but also differentiation between care recipient and caregiver characteristics, the proposed analytic framework provided a broader understanding on racial/ethnic differences in nursing home service use, as well as the role of culture on institutionalization. Additionally, the proposed analytic model will serve as a basis for future studies to extend the topic to other health service utilization research areas.

With the increased attention to cultural diversity and dramatic growth of elderly population, there has been a greater demand for formal long-term care services. Given the identified predictors and risk factors associated with nursing home service use of different racial/ethnic group in the present review, it may be possible for us to predict the future demand for formal long-term care and potentially develop interventions that delay or prevent the institutionalization. In addition, the identified risk factors for nursing home placement can provide an idea of how long a racially or ethnically diverse older adult may need and when institutionalization will be necessary for family members (family caregivers), practitioners, and even researchers.

As mentioned earlier, previous studies have reported differential rates of nursing home utilization across diverse racial/ethnic groups, with significantly lower rates among Hispanic elders. The reasons underlying these differences remain unclear. While they may signify a greater willingness on the part of the Hispanic family to keep family members in the community, a lack of access and even the perceived stigma of placement may lead to under-utilization. The generally higher levels of burden reported by those Hispanic family members who provide caregiving, as compared to non-Hispanic Whites and African Americans, certainly suggest that a case could be made for under-utilization.

Despite the considerable implications of this literature review on factors associated with nursing home placement in older Whites and Hispanics, some limitations and directions for future research should be noted. Most importantly, one major limitation for studies on nursing home service use is lack of literature: especially lacking is about Hispanic older adults. For future research, it may need to do research on nursing home placement in general as well as research on placement for older Hispanics. With respect to some methodological concerns on the literature review, the majority of studies have used cross-sectional design and non-representative sample to identify predictors of nursing home service use. Thus, it may need to use longitudinal data and representative sample for future research.

In light of the usefulness of the proposed analytic model in explaining nursing home placement, additional research is needed to explore racial/ethnic differences not explained by the measures included in the previous research. It may need to include qualitative research to identify relevant variables that can be systematically measured in future research. Qualitative methods explore the salience, relevance, acceptability, and dimensions of various constructs within and across racial/ethnic groups. These methods can help identify missing constructs in the health care disparity area. These methods can also help to understand the extent to which a concept is appropriate and complete within a diverse group and whether it has the same meaning across groups. Future research efforts may therefore focus on qualitative methods.

One major limitation for studies looking at the role of race/ethnicity in affecting nursing home service use is the lack of data that explicitly measure acculturation and cultural values. These are excluded variables that reflect racial/ethnic phenomenon and are correlated with included measures. Their exclusion potentially biases the reported coefficients of included variables. In order to solve the limitation, more measures of acculturation and cultural values should be considered for future study. With increasing attention to disadvantaged racial/ethnic minority populations, more research is needed to examine the impact of changing environments and culture over time.

With regard to acculturation measurement issues, it should be noted that acculturation is not a unidimensional but a multidimensional construct. Based on review articles, studies examining the effects of acculturation on nursing home placement have used only language acculturation. Acculturation scale should include lifestyle behaviors (e.g., preference for food, ethnicity of close friends), health beliefs, norms, cultural values (e.g., familism, collectivism), and attitudes along with language-based acculturation. In addition, since acculturation is a fluid construct, health care disparity studies need to examine how changes in acculturation affect health service use over time. Lastly, acculturation process can affect health service use differently. Thus, acculturation might need to be defined differently for diverse ethnic groups as a result of the complex interplay between educational, language, financial, and social factors.

For future research, we need to consider both care recipient and caregiver characteristics at the same time, as well as to identify interaction effects of predictors for nursing home placement, such as age, gender, income, and cultural values. In terms of cultural diversity issues, we need to specify cultural subgroups for future research. For example, Hispanics have several cultural subgroups, such as Latinos, Mexican Americans, Cuban Americans, and Puerto Ricans. Those cultural subgroups have variability in terms of cultural values, history, and levels of acculturation which might affect nursing home placement. Furthermore, we need to include diverse racial/ethnic groups for future comparison, including Asians (more specifically Chinese, Japanese, and Korean), African Americans, and Hispanic Americans.

In sum, this review has identified a number of factors associated with nursing home placement of White and Hispanic older adults. Given that there may exist several factors not identified in previous studies, much more research is needed. As the elderly population becomes more diverse, programs and services for older adults should require greater flexibility to meet the needs of a more diverse population. If we want to optimally understand and assess predictors of nursing home placement among racially or ethnically diverse groups, we need to take into account the sociocultural contexts in which it operates.

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FROM "TRUST SOCIETY" TO THE "RISK SOCIETY"? THE CASE OF AGING AND WELFARE IN EUROPE

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ABSTRACT

This article explores the concepts of "trust" and "risk" that both are theoretical tools and arguably major facets of "late modernity." During the 1970s, the use of the notion "risk" was mainly confined to "natural sciences," when the concept was used to analyse and improve the "security" of technological systems. It was not until the 1980s and 1990s that social science based "disciplines" discovered the importance of the topic in relation to changes affecting modern society. Sociological conceptions of trust and risk are rapidly changing theoretical knowledge bases of social gerontology. A sociologically informed gerontological understanding of transition of a trust society to a risk society illustrates the interconnectedness of an aging population and social welfare. Risk is more than a calculation of costs and benefits, it is a theoretical mechanism for weighing different sets of political and economic orientations which impinge on the positioning of older people and aging populations. The article takes to task what we understand by trust and risk. Drawing from examples in Europe, the article assesses how the transition from a trust society to a risk society has implications for how older people are made welfare subjects in contemporary society.