

VOLUME 21, NUMBER 3

JANUARY 18, 1974

DURHAM, NORTH CAROLINA

Pre-retirement Program Established

Duke Paves the Way For Road to Retirement

Let's say that Mary H. has been a secretary at Duke Medical Center for 25 years. She will retire next year. Mary thinks about her retirement years often and needs answers to questions and help with problems she may face in the near future. What exactly does Mary need to know about retirement?

Retirement today need no longer be an unpleasant end of a career, but a specific period in human development. It is a period of life for accomplishment.

Retirement from paid employment is an established part of the pattern of life in the United States today with the 65-and-over age group accounting for nearly 20 percent of our total population.

In recognizing the difficulties of Mary's retirement and those of other retirees, Duke, as both an educational institution and a leading employer, has developed a Pre-retirement Planning Program.

According to Ms. Lee Elmore, training resources assistant in Employee Relations and the Training Department, and coordinator of the new university Pre-retirement Program, Mary probably isn't aware herself of what she needs to know

"Most people really don't think about their retirement needs until they are educated to the possibilities," Ms. Elmore said.

"Many young couples plan for their child's education years in advance," she added, "sometimes saving for college tuition when he is still a toddler. We should have a similar anticipatory attitude toward our retirement, which, for most of us, will involve an average of 15 years."

The Pre-retirement Planning and Counseling Program, which will be conducted this year on a pilot basis, is designed to prepare Duke employes for

PRACTICAL APPROACH TO HEALTH CARE-The National nstitute

retirement and to instill a sense of anticipation and appreciation of the opportunities that retirement holds.

"There are problems and pitfalls in all areas of retirement from budget needs to what to do with increased leisure time," Ms. Elmore explained. "Retirement for the average individual is going to give him approximately 2,000 hours of additional free time per year.

"People who have already retired have encountered these problems, but pre-retirees haven't. What our Pre-retirement Program hopes to do is to make pre-retirees aware of the experiences of those who have already retired and give them the benefit of some of the best solutions others have applied to the problems."

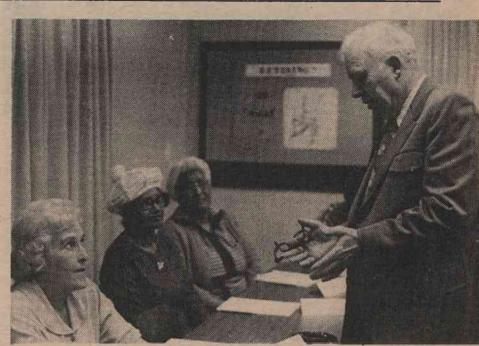
As a pilot project which began in October, 30 Duke employes who will be retiring next summer are attending eight two-hour lecture-discussion sessions on subjects ranging from Duke's benefits for retirees, Social Security, financial planning and legal problems, to physical and mental health, family relations, choosing a place to live, using your leisure time and finding ways to increase your income.

Those people participating in the project will receive lectures from outstanding experts, many of whom are Duke faculty and staff members. They also will be on hand to answer questions and correct any misinformation the pre-retiree may have.

Dr. George Maddox, director of the Center for the Study of Aging and Human Development, presided at the first session on Oct. 24, where he spoke on "The Challenge of Later Maturity."

Other quest lecturers include Dr. John Nowlin, assistant professor of community health sciences; Dr. Eric Pfeiffer,

(Continued on page 2)



SOCIAL SECURITY BENEFITS FOR THE RETIREE-Dewey Lambert, former field representative with Social Security, who retired after 30 years, addresses a group of employes who are participating in the university's new Pre-retirement Planning and Counseling Program. These employes, who will be retiring this summer, are attending eight two-hour lecture-discussion sessions to learn about the pitfalls and opportunities that retirement can bring. Three of the members of the group are, left to right, Alice Wheeler, secretary in the Department of Anatomy, and housekeepers Nancy Parker and Mildred Love. (Photo by Dale Moses)

Guatemalan Training School Brightens Health Prospects

In Guatemala almost three and a half times as many infants die before reaching the age of one year as do infants in the United States in proportion to the population.

The average life span among the Indian population in the Central American republic is 47 years as compared to 70 years in the United States, and the general mortality rate is almost double that of this country.

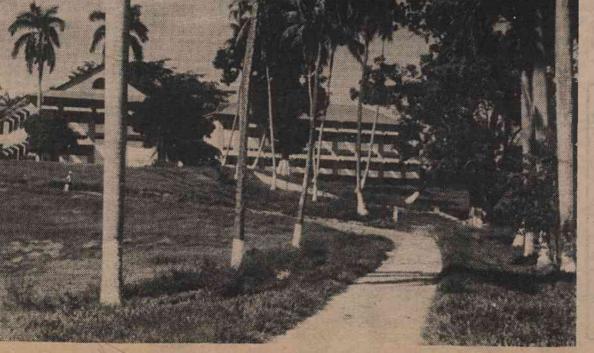
Dysentery, skin infections and respiratory and parasitic diseases, all but eradicated here, are rampant in rural areas of Guatemala.

It is ironic that almost all of the serious health problems of a country slightly smaller than North Carolina could be alleviated by the most routine preventive medicine and treatment and, until recently, little was being done to establish the kind of health care that Americans take for granted.

Two Durham residents, one a field director with the U.S. Agency for International Development (AID) and the other manager of the Duke University School of Medicine's Central Teaching Facility, are helping Guatemala take what will in effect be a giant step toward establishing a rural health care delivery system for all of its people.

Dr. E. Croft Long, formerly professor of community health sciences and associate director of undergraduate medical education at Duke and now with the Rockefeller Foundation and AID, is acting under the philosophy that the facilities necessary for the prevention of diseases which constitute the major health hazards of Guatemala are simple and inexpensive compared with those needed to cure the conditions once they occur.

Training Health Personnel, situated on a 10-acre site overlooking the mountains in Quirigua, Guatemala, was established with the help of Dr. E. Croft Long, formerly a Duke faculty member, and J. Edward King, manager of the School of Medicine's Central Teaching Facility. Health technicians trained here will be utilized to offset Guatemala's shortage of medical manpower in rural areas.



As a result, he is working toward the establishment of a broad program of rural health assistance, while at the same time stressing the fact that such a program must be coupled with other efforts to break the poverty cycle which is usually the basis for most modern day community health problems in developing nations.

"Guatemala's medical problems are compounded by a maldistribution of health personnel," Long said. "According to figures published in 1969, of the country's 1,200 doctors, 1,000 are working either in Guatemala City or in the regional capitals. This leaves 190 doctors who are working in municipal capitals and only ten in the rural areas," he added.

(Continued on page 3)