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COMMITTEE PRINT

THE 1961 WHITE HOUSE CONFERENCE  
ON AGING

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BASIC POLICY STATEMENTS AND  
RECOMMENDATIONS

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PREPARED FOR THE  
SPECIAL COMMITTEE ON AGING  
UNITED STATES SENATE



MAY 15, 1961

Printed for the use of the Special Committee on Aging

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(Pursuant to S. Res. 33, 87th Congress)

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## ERRATUM

On page IV of the Foreward, line 13 should read "persons aged 85 or more," deleting "persons aged 75 or more."

## FOREWORD BY CHAIRMAN OF THE COMMITTEE

When Congress enacted in 1958 the provisions for a White House Conference on Aging (Public Law 85-908), to be held in January 1961, it took a major step toward bringing to national attention the problems, potentials—and challenges—of an aging population. Between the time of the enactment of the act and the Conference itself, thousands of citizens, professional and lay persons, engaged in studies, meetings, and conferences in all the States and territories, in preparation for the 4-day meeting in Washington, January 9 to 12, 1961. More than 2,500 delegates met in the Nation's Capital to discuss, debate, and delineate the conditions and needs of the country's aging population, and to work out specific policy statements and recommendations.

The basic outcome of the White House Conference on Aging consists of such statements and recommendations, covering 20 areas bearing on the trends, conditions, and issues affecting America's senior citizens. The Special Committee on Aging believes this part of the report of the White House Conference ("The Nation and Its Older People") to be important enough to print it separately for the use of the Congress, and also in order to give the basic document wider circulation among the public and interested organizations, both public and private.

These policy statements and recommendations cannot truly be considered the final result of a meeting bringing so many individuals together, and represented by more than 300 voluntary organizations. The "outcome" should be indeed a "prelude." The Nation as a whole, including Congress, the legislatures of the States, municipalities, private organizations, and individual citizens, "must convert the Conference findings into specific actions that will help America's older citizens cope with their problems, fulfill their potentials, and make their full contribution to the life and strength of the Nation."<sup>1</sup>

\* \* \*

The concentrated attention, on the part of the U.S. Senate, to the subject matter of the statements reprinted in this document began in 1959 with the creation of a Subcommittee on Problems of the Aged and Aging, and was enhanced in February 1961 by the establishment of a Special Committee on Aging. In the first report of the subcommittee,<sup>2</sup> it was stressed that the issues involved in the "quiet revolu-

<sup>1</sup> From the foreword to "The Nation and Its Older People," by Robert W. Kean, Chairman of the Conference National Advisory Committee.

<sup>2</sup> "The Aged and Aging in the United States: A National Problem," 1960.

tion" in the Nation's population profile do not apply merely to the 1 out of every 11 Americans known as the "aged," those who have passed the age of three score and five years: they apply to all Americans, of all ages.

None of us can be casual about the new developments emerging as a result of the dramatic progress in life expectancy and in technology allowing increasing proportions of older workers to retire for more years than in the past. Today the average life expectancy is around 70 years. In 1900, it was less than 50 years. In the lifetime of today's younger generation, without any further progress in medical science, an average life expectancy of 80-85 will be typical. Even today, there are 1 million Americans aged 85 and over. In fact, this segment of the nearly 17 million persons aged 75 or more increased 60 percent since the 1950 census—the fastest growing part of the country's population.

Our traditional approaches to the "aged" require reappraisal in the light of hard facts. For one thing, past approaches were characterized by a tendency to look at the problem involved—if, indeed, problems were recognized—in a fragmented way. A systematic, coordinated outlook and action policy are increasingly called for as we become more and more conscious of the impact of the aging trend in our society upon the lives of the total population and even upon the policies relating to matters not otherwise considered as directly affected by the emergence of the "problems of the aged."

No fully documented analysis, for example, has yet been made or widely disseminated, that would spell out what new and unique arrangements for a truly balanced continuum of preventive and rehabilitative health services are called for by nature of the health status of an aging population—or what changes would first be necessary in the present organization of medical practice in the United States before such arrangements could be translated into reality.

The same is true with respect to how seemingly unrelated trends and policies, in turn, can and do affect the lives of aging Americans—for example, the repercussions of rapidly changing productive and administrative techniques on the skill qualifications of older men and women, or the effect of urban renewal programs on the housing and community service needs of elderly city-dwellers, etc.

\* \* \*

Each new generation of older Americans is different from its predecessors. It is only to be expected that as each decade rolls by in the future, the new members of the senior citizen population will have greater educational accomplishments, higher standards of living, and different "self-conceptions" than those typifying, for example, more than 5 million Americans now 75 years old and over. That is, they will carry over into their old age the "rising expectations" of all

Americans. It is folly to believe that, merely because of growing old and leaving the labor market, we will passively and obligingly retrench from what we held as standards of self-respect, equality, and security, in our "younger" life cycles.

Some degree of recognition of this dynamic facet of the problems involved is reflected in the important document printed here, as indicated in the Conference Workshops' deliberations on the financing of the costs of increased needs for health care in our old age. The document as a whole will be of invaluable aid to the Special Committee on Aging and its staff, as they continue their active concern with the limitless social, economic, and physical effects of the clear-cut emergence of an aging population.

In the immediate months ahead, the specific topics of nursing homes and related health problems, retirement income, housing, and governmental organization of services for the aged, will preoccupy the attention of the committee. These four topics alone take up nearly one-third of the statements presented in the following pages. It is the hope and intention of the committee that it will set into motion the necessary recommendations, distilled from these statements, that will lead to a corresponding magnitude of action and progress in the everyday lives of today's and tomorrow's elderly Americans.

PAT McNAMARA,  
*Chairman, Special Committee on Aging.*

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## INTRODUCTION

IT IS APPARENT from the list of Section titles that the subject matter of the Conference extended over the entire range of problems and needs of the older population. Delegates were vitally concerned with the income and employment status of older people and with the maintenance of health and the provision of medical services. They explored deeply into the areas of education, family life, free time, recreation, and religion in search of guidelines to the development of new patterns of living for the retirement years. Delegates in eight of the Sections focused their attention on methods of extending knowledge of aging, training professional personnel in the field, and shaping the structure and functions of government and private agencies at all levels better to meet the needs of the increasing long-lived population.

The most discussed problem of all cut across the areas of income and medical care—namely, that of how to meet the costs of the increased need for health and medical services in the later years of life when long-term sickness and disability reach their greatest prevalence. This problem, which had been assuming greater importance and receiving widespread recognition over recent years, came into special prominence during the months immediately preceding the Conference. It was widely discussed within the States in their pre-Conference meetings and by delegates to several of the Conference Sections. Seven Workgroups in the Section to which the matter was assigned by the National Advisory Committee—Income Maintenance—devoted their full attention to the problem. Six of the seven Workgroups voted to support the principle of paid-up health insurance through the Social Security system. Their recommendation was adopted by the Section, and reported to the total Conference at one of its final Plenary Sessions. At the same time, delegates to this and several other Sections strongly urged the extension of preventive services, health and rehabilitation facilities of all sorts, and the expansion of voluntary insurances to increase the amount of coverage and to meet special needs.



## ***The Section Reports***

The work of the delegates was reported in a series of Policy Statements and Recommendations. Each Section was allowed a maximum of about 1,200 words for a statement of the approach or philosophy it believed should be adopted with reference to its aspect of the field of aging. It was anticipated that the major or generalized recommendations of the Section should be incorporated within these statements. The Sections were also free to develop additional detailed or supporting recommendations. It was planned that these two sets of materials would be incorporated, following the Conference, into a single, final Section Report.

The National Advisory Committee believed that this procedure would (1) produce a set of 20 basic statements manageable for presentation to the Conference Plenary Sessions and the news media, and (2) permit the Sections to set forth the specific forms and guides to action they believed to be essential.

The procedures followed in formulating and reporting their statements and recommendations varied considerably from Section to Section. In some instances Policy Statements and major Recommendations are interwoven; in others, they appear as separate parts of the basic report. Detailed and supporting recommendations were also handled in various ways; a few Sections incorporated all of their recommendations in the 1,200-word statement; some, such as Section 5, integrated the supporting recommendations within a single, overall basic document, following the Conference; the majority of the Sections however, maintained the separate identity of the basic Policy Statement and Recommendations and appended a report of supporting material.

The remainder of this part of the Report consists of the 20 Section reports in their entirety in the language approved by the delegates. Minor changes in format have been made in order to achieve as much consistency as possible in the following presentation. The considerable amount of variation that still persists reflects the individuality of the several Sections.

## Section 1. Population Trends: Social and Economic Implications

### POLICY STATEMENT

THE BASIC FACTS as to population trends have been established by research. We know that today the average man or woman can expect to live longer than ever before—into his 70's and 80's. More people will have longer periods of retirement. At age 60 in 1900, for example, a man could expect less than 3 years in retirement. Today he can expect more than 8 retirement years. We have 16 million people over 65 today. This is five times more than we had in 1900 and the number will double in the next 40 years. The number over 75 will triple. At that time the over-65 group will exceed 10 percent of our population. Its numbers will not only be growing but its economic power will be increasing. The health of many in the 65-75 group, both mental and physical, will be good, but because there will be more persons of advanced ages in the total group, there will be many whose health is seriously impaired necessitating nursing or convalescent care. At 65, social competence will still remain high. In the case of women, many will actually be entering the labor market for the first time after 50. Women will increasingly outnumber men at older age levels. Some 50 to 60 percent of those over 65 have incomes of less than \$1,000 per year. About half have assets of less than \$1,000. The most common asset of greater value is a home. Medical costs for those over 65 will be approximately twice that for the average member of the total population. Persons over 65 spend 2½ times more time in hospitals than those under 65. As they pass through the 60's, roles will change. Responsibilities of each person as worker, parent, or spouse will lessen, but those of citizen, friend, church or club member, and user of leisure time may be expanded if he has the desire and capacity and if society expects this to happen and provides opportunities.

The Section felt that a statement of rights and obligations was essential and set this out as a—

## SENIOR CITIZEN'S CHARTER

### Rights of Senior Citizens

Each of our senior citizens, regardless of race, color, or creed, is entitled to:

- (1) The right to be useful.
- (2) The right to obtain employment, based on merit.
- (3) The right to freedom from want in old age.
- (4) The right to a fair share of the community's recreational, educational, and medical resources.
- (5) The right to obtain decent housing suited to needs of later years.
- (6) The right to the moral and financial support of one's family so far as is consistent with the best interest of the family.
- (7) The right to live independently, as one chooses.
- (8) The right to live and die with dignity.
- (9) The right of access to all knowledge as available on how to improve the later years of life.

### Obligations of the Aging

The aging, by availing themselves of educational opportunities, should endeavor to assume the following obligations to the best of their ability:

- (1) The obligation of each citizen to prepare himself to become and resolve to remain active, alert, capable, self-supporting, and useful so long as health and circumstances permit and to plan for ultimate retirement.
- (2) The obligation to learn and apply sound principles of physical and mental health.
- (3) The obligation to seek and develop potential avenues of service in the years after retirement.
- (4) The obligation to make available the benefits of his experience and knowledge.
- (5) The obligation to endeavor to make himself adaptable to the changes added years will bring.

(6) The obligation to attempt to maintain such relationships with family, neighbors, and friends as will make him a respected and valued counselor throughout his later years.

### **Preservation of Roles and Status**

The Section considered at length the question of what roles may be most meaningful to older citizens and ways in which these can be assured. It recognized that any meaningful role is difficult unless sound health and income sufficient to maintain reasonably decent living standards are available. Given health and adequate income, the Section felt that older citizens can be free to adopt new roles and status in our society and develop unusual potentialities because they can be free of physical compulsions, of the need to conform, of the need to compete, and of the need for education for its utilitarian value only. Such a "free" man would, of course, be free to neglect as well as to accept the programs or plans designed for him.

There is strong belief that preretirement counseling is essential to a smooth transition from existing roles of worker and parent to new roles of citizen with free time.

This Section emphasized that the preservation of social roles is too limited a concept, and paid considerable attention to the need for broadening and even inventing new roles. Nevertheless, new roles must arise from a fusion of the past and the future, with a full realization of the dignity and significance of one's past experience. The Section took a strong position on the need for a philosophy which recognizes that gainful employment is no longer the sole symbol or source of human worth, for constructive free-time activity can be a source of values.

### **Population Mobility and Its Implications**

The implications of population mobility for the social and economic aspects of aging may be considered in three parts: (1) Mobility before aging; (2) mobility of senior citizens; and (3) the effects on the aging of the mobility of the young.

The mobility of the person in his youth is an important element in his ability to prepare for the later years and the problems of aging. Although the migration rates of the elderly are relatively low, they have been increasing, as has also been the range and severity of the problem with which senior citizens are confronted. Problems of older persons are often created and augmented by the mobility of younger

persons who move out and tend to create communities disproportionately made up of senior citizens. The mobility of persons in their younger years may deprive them of pensions of employment-connected insurance benefits, and thus leave them with limited or no income in their later years.

The migration of senior citizens, while at a relatively low rate compared with younger persons is more apt to involve difficult problems of adjustments, economic and social. The older citizen frequently has special problems of adjustment in finding suitable housing, employment, and entering into social, political, religious, and recreational activities in his new community. Varying State residence requirements for old age assistance and differences in levels of benefits create many hardships for migratory persons 65 and over and may affect the direction of migratory flow.

## RECOMMENDATIONS

### The Rights of Senior Citizens

EACH OF OUR SENIOR CITIZENS, regardless of race, color, or creed, is entitled to—

The right to be useful.

1. It is recommended that continued participation by senior citizens in civic affairs be encouraged as much as possible. We consider such participation to be to the mutual benefit of the individual, our local communities, the state and national governments.

The right to obtain employment, based on merit.

2. That personal choice regarding retirement (total or partial) be increased by—

*a.* Allowing greater latitude in retirement age and earnings without loss in benefits received from Social Security and other pension plans.

*b.* Allowing contributions to Social Security after age 65 to be applied towards increasing the benefit when one retires.

3. Further study and analysis should be made of the impact on the economy and on the dignity of the individual who wants to work, of the earnings limitation in Social Security.

4. In view of the successful experience of many business firms and corporations which have adopted flexible retirement plans, we recommend that all employers, both private and public (including govern-

ments), consider adoption of flexible retirement policies as opposed to a mandatory retirement age for all employees.

5. It is recommended that there be State legislation to prevent discrimination in hiring of adults due to age.

The right to freedom from want in old age.

6. We recommend that labor, management, and voluntary prepayment plans should be encouraged to continue efforts to extend and improve health insurance coverage and benefits for retired workers and their families.

7. We endorse the principle of voluntary health insurance plans providing group benefits at group rates to retired individuals and their families.

8. We recommend that OASDI should be amended to provide for the payment of hospital, nursing home, home nursing, and outpatient diagnostic services to beneficiaries under the OASDI program. Contributions from employers and employees on an equally shared basis should be increased to pay the cost of such added benefits, so the system will remain on a financially sound basis.

(Yes, 11; no, 8)

Motion to go on record as approving the idea that medical care for the aged be provided through the Social Security system.

(Yes, 12; no, 11)

Therefore, this group records itself in favor, for the immediate present, of a national social security health program for the aged as necessary to supplement existing private and public programs. We also oppose any inclusion of a means test as a qualification for social security benefits as such tests violate the dignity of the individual.

9. That Social Security, old-age assistance, or other pension programs be designed to provide adequate minimum income in old age related to changing economic conditions.

The right to a fair share of the community's recreational, educational, and medical resources.

10. Our educational system should take a further active interest in preparing people for retirement and in encouraging them to participate in educational pursuits during retirement.

The right to obtain decent housing suited to needs of later years.

11. It is recommended that since housing can contribute to or detract from a desirable sense of independence or dependence, programs be encouraged to increase the availability to older persons of housing

located, designed, and financed so as to provide opportunity for exercising personal independence while maintaining social and family ties.

12. In order to help the older person to maintain his independent residence, it is recommended that vital homemaking services, home nursing care, and medical care in the home be initiated, given leadership, and supported financially by local, State, and Federal assistance.

The right to be supported by one's family so far as is consistent with the best interest of the family.

13. A child should be relieved of legal responsibility for the economic support of the parent or grandparent (for, 9; against, 2; more study needed, 2); but children should be encouraged and/or assisted to accept responsibility for the social and economic well-being of their parents, through more favorable tax exemption for contributions to the support of a parent and/or grandparent.

The right to live independently, as one chooses.

14. To maintain the person's independence, programs of rehabilitation and retraining should be provided to all persons with disabilities resulting from accident aging.

The right to live with dignity.

15. Since increased numbers of aging persons will experience dependency because of mental and physical deterioration as a result of increased longevity of life, forward-looking programs should more adequately provide for the efficient, licensed, institutional care of such persons as individuals.

16. Social Security, old-age assistance, or other pension programs should be designed to provide adequate minimum income in old age to changing economic conditions.

The right to access of all knowledge as available on how to improve the later years of life.

17. The governmental agencies and other organizations serving the needs of aging persons should develop mechanisms for more adequate communication and coordination of their diverse activities.

### **Obligations of the Aging**

The aging, by availing themselves of educational opportunities, should endeavor to assume the following obligations to the best of their ability:

Each citizen should prepare himself to become and resolve to remain active, alert, capable, self-supporting, and useful so long as health and circumstances permit and to plan for ultimate retirement.

1. Meeting the needs of the later years is a shared responsibility resting upon persons in this age group, persons preparing for it, and their families, employers, unions, community agencies, and governments.

2. We recommend that steps be taken to encourage self-reliance and thrift in our younger people to assure the maximum of independence and self-reliance upon their efforts and resources in their older years.

To learn and apply sound principles of physical and mental health. (No recommendations.)

To seek and develop potential avenues of service in the years after retirement.

3. For their individual gratification, their particular group needs, and the national welfare, older people should be encouraged to participate individually in the political life of the Nation at all levels and within various organizations. (A minority group of 8 of 18 wished to add after "various organizations" the phrase "and their own organizations.")

To make available the benefits of his experience and knowledge. (No recommendations.)

To endeavor to make himself adaptable to the changes added years will bring.

4. Since all older people have had the experience of being young people, and no young person has ever had the experience of being old, there should be more effort to encourage young people to understand the problems of older people and to develop a concern for these problems.

5. Since the relationship does not normally involve competition in either industry, social or community intercourse, it should be one of altruistic motivation with the older generation bolstering the hopes and ambitions of the younger, while the younger contribute sympathy, understanding, and material support for the elder.

To attempt to maintain such relationships with family, neighbors, and friends as will make him a respected and valued counselor throughout his later years.

6. Good community planning should encourage the establishment of centers for aging, should promote interest in problems of the aging, and should promote programs designed to assist the aging.



## Preservation of Roles and Status

1. We recommend that the factors that promote aging with dignity, independent decision making, successful retirement, continued independence consistent with capacity, and meaningful social roles be aided and abetted by appropriate services and financial aid from private voluntary agencies and from public social agencies, including expansion of the Social Security system. These services and aids include physical and mental health, a philosophy of social and spiritual living and anticipation of privileges and problems of aging, the psychological value of useful work with or without pay, leisure-time activities in proper relation to work, and suitable use of skills which may be helpful to others, thus enhancing the need of the aged to be needed, wanted, and loved.

## Population Mobility

It is noted that the mobility rate of those over 65 is one-quarter that of the 20-24 age group. While the rate is lower, it is an increasing one and the older citizens who migrate have serious problems. It is also true that the mobility of younger persons may add to troubles of the older group by creating unbalanced communities largely made up of older persons. The same may be true of communities to which older persons move in large numbers.

1. Recommendations were made to prevent penalizing of mobile persons, particularly in the sacrifice of pension rights.

2. The establishment of reception centers for older people was also recommended to meet their special problems.

3. It was recommended that programs underway or contemplated designed to deal with the human problems of depressed areas and of urban renewal and redevelopment areas give careful attention to the special problems of senior citizens.

4. It was recommended that the Bureau of the Census give special attention to providing 1960 statistics on migration by age, and that State and local agencies avail themselves of the opportunity of obtaining special tabulations of the 1960 census designed to meet their policy and program needs.

5. *Varying State residence requirements for Old Age Assistance and differences in levels of benefits create many hardships for migratory persons 65 and over and may affect the direction of the migratory flow. It was recommended that the Federal Government in cooperation with the States give consideration to—*

*a.* The elimination of residence requirements for Old Age Assistance (7 ayes and 4 no's).

*b.* The equalization of burdens of Old Age Assistance among the several States, considering the extent to which they attract persons 65 and over and the financial capabilities of the States.

### **General**

Work Group A-1 wishes to go on record as approving the establishment of a Federal Commission on Aging to implement the recommendations of this White House Conference on Aging. (Yes, 12; no, 9.)

## Section 2. Income Maintenance, Including Financing Health Costs

### POLICY STATEMENT AND RECOMMENDATIONS

THE INCOME SECURITY of older people is an important objective of American society.

The security of older people, like the security of all Americans depends upon a strong, sound and secure economy capable of providing a high level of goods and services. The first principle of a constructive approach to the income maintenance needs of the aged, therefore, is that the measures taken to promote old-age security be in harmony with broad economic objectives.

The second principle of a constructive approach to the income maintenance needs of the aged is that there should be opportunity for productive employment for those who are able and want to work. Employment is frequently more satisfactory for the individual than retirement on a pension, and such employment contributes to the economy and reduces the cost of pensions. We urge a reexamination of policies of compulsory retirement and also urge that industry and Government plan for both the full-time and part-time use of an increasing number of older persons.

Although there is agreement that, to the extent possible, the aged should have a chance to work, it is recognized that on the most optimistic assumptions the number of nonearners among the aged will not only remain very large—about 12 million of the 16 million persons now over 65 have no income from work—but will grow as the number of aged grows. Employment is largely out of the question for the very old, the severely disabled, and for many of the older women who spent their younger years as homemakers. Increasing opportunities for employment of the aged cannot, therefore, be a substitute for income maintenance programs for those who retire.

In providing income for the retired aged we believe that the pluralistic approach we have established in this country, with the individual saving on his own, the individual and his employer joining in private pension arrangements, and the individual and his Government joining in social insurance and assistance programs is the best approach.

Income protection for old age has been made available for practically all workers through Social Security, on terms which reinforce the interest of the individual in helping himself. Differential pensions based on a work record are a reward for productive effort, while the knowledge that the benefits will be paid irrespective of whether the individual is in need, supports his desire to add his personal savings to the basic security he has acquired through the social insurance system.

We believe also that the establishment and development of private pensions should be encouraged and that individuals should be encouraged to save on their own.

Our goal should be, insofar as possible, to prevent dependency. It is recognized, however, that there will continue to be persons whose needs are not met in any other way and will continue to need help through the public assistance program. This program, therefore, should be improved with the view of assuring all aged persons a reasonable minimum level of living under conditions which preserve their dignity and self-respect.

In summary, we favor improvement of job opportunities for those who can and want to work, development of private pension plans and individual savings building on top of the social insurance system, and, for those whose needs are not met through other methods, an adequate system of public assistance.

In furtherance of these general policies, we favor the following specific actions:

### **Old-Age, Survivors and Disability Insurance**

Old-Age, Survivors, and Disability Insurance, now covering 90 percent of all gainfully employed and protecting over 70 percent of the present aged group, should be extended to all who work. The level of benefits should be adjusted from time to time in the future as it has been in the past in order, at the very least, to maintain the purchasing power of the benefit. Beyond this, we believe that the aged should participate in increasing levels of living in the community and that when these increases take place benefits should be liberalized so that the retired aged, too, can participate in improved productivity. Also, as wages rise, the maximum limit on the amount of earnings that is taxable and creditable toward benefits should be reviewed. Benefits for widows should be increased to the same amount as benefits for retired workers. We believe that, by and large, the funds of the Social Security system should be reserved for those who have substantially retired and that the principle of a retirement test should be maintained although some liberalization may be desirable from time to time.

## **Public Assistance**

Public assistance, under which income is provided for those among the aged—now some 2 million—whose needs exceed any income they may have from Social Security or other sources, is an essential residual program.

The present arrangement of joint financing by Federal and State Governments is sound and should be continued. In many States, however, standards of assistance are below minimum needs. States should be encouraged, or if necessary required as a condition of Federal matching, to provide sufficient income for necessary food, clothing, shelter and other essentials (a motion to make this a requirement lost by a vote of 140 to 112). Many needy aged today do not receive income they need because of restrictive residence requirements. Such requirements are undesirable and should be abolished. The Congress should amend the Social Security Act to make women eligible for Old-Age Assistance at the age of 62 (by a vote of 138 to 69). The Federal Government should participate financially in general assistance on the same basis as it does in other categories of public assistance.

## **Private Pensions and Individually Provided Retirement Income and Resources**

The expansion and improvement of private pensions should be strongly encouraged since they can reflect directly in retirement incomes the growth and productivity of various segments of the economy. Tax incentives to encourage private savings for retirement and continuing pension plan development should be expanded. Vesting provisions constitute a desirable improvement. All persons should be encouraged to plan for their own retirement and to build on their own whatever retirement income they can to add to that available under Social Security and private pension programs.

## **Financing Health Care**

The problem of furnishing an adequate level of high quality health care for the aged is so large and so complex that its solution will require the use of a variety of approaches, including individual and family resources, voluntary health insurance, industrial programs, Social Security, public assistance, and a variety of other programs.

Present Federal legislation providing governmental aid for recipients of public assistance and for the medically indigent is desirable and

should be strengthened so as to provide a high-quality health care program. The States are urged to take full advantage of this legislation.

Voluntary health insurance for the aged should continue to be expanded. Industry should be encouraged to expand its health care programs and extend to retired persons the medical care protection afforded to current workers.

Private voluntary effort and public assistance can contribute much to the solution of the problem of health care for the aged. However, they will continue to fall short of meeting the basic medical care needs of the aged as a whole. The majority of the delegates of Section 2 (by a vote of 170 to 99) believe that the Social Security mechanism should be the basic means of financing health care for the aged.

Establishment of a program of health benefits financed in the same way as OASDI cash benefits, would give to the aged the assurance that the costs of essential health care will be met when their working years are over. The mechanism of contributory social insurance, under which contributions are made by workers during their working years will then provide health care to protect them in retirement. Such legislation would help to ease the problems of hospitals, public assistance programs and private philanthropy and would relieve voluntary insurance programs of the burden of carrying this high risk group.

The minority believe that Social Security should not be used to finance health care; that such use would interfere with the physician-patient relationship; that it is unnecessary because of the potential growth of voluntary insurance; and that all needy aged can be cared for by public assistance through the recently enacted Federal program of health care for the low income aged. In addition they believe that the Social Security program should provide for cash benefits and not for services of various kinds.

### **Collection and Analysis of Essential Information**

Provision should be made at all levels of Government to assure an adequate program to collect and analyze all essential information bearing on the income status and budgetary needs of aged persons.

### **Conclusion**

The delegates feel that these principles, conclusions and recommendations can form the basis of a sound program of income maintenance for the aged and that they would, if implemented, go far in assuring to America's senior citizens a more economically secure and therefore happier old age.

## **Minority Report: Financing of Health Care**

It is our conviction that emphasis on the voluntary approach to the financing of health care, supplemented by adequate public assistance for those in need is the only method which is :

- (1) In accord with official expressions of the majority of State Conferences on Aging.
- (2) The only one which allows complete flexibility of action to meet the changing health needs of the aged.
- (3) Capable of utilizing the immediate advantage of present legislation for a cooperative action of State and Federal Government.
- (4) The only one through which diverse segments of our society, including the individual, family, church, social organizations, employers both public and private, labor, and others can be encouraged to participate along with providers of health care.
- (5) The only one which does not unnecessarily further burden the taxpayer.

For these reasons, we believe that the Kerr-Mills Medical Aid for the Aged Law, passed by the last Congress, effectively meets the needs of those of the aged who need help and that proposed alternatives, under Social Security, are unnecessary and unwise.

### **SUPPORTING RECOMMENDATIONS**

#### **Our Aged Population's Share in Expanding Productivity**

1. It is a basic assumption that the individual will assume primary responsibility for self-reliance in old age. In our society, there are many groups and institutions which have responsibility for the assurance of dignity and well-being in old age.

2. The most satisfactory protection for the aging is the continuance of gainful and productive employment, whenever possible. Additional opportunities should be developed in all areas of employment through both governmental and private initiative. Further studies should be initiated on methods of effective elimination of discrimination in hiring based on age.

3. Encouragement should be given to the development and distribution of education programs assisting all of our citizens in preparing themselves for the financing of the period of their retirement.

4. It is reasonable that older people who have contributed effectively to the enhancement of national productivity during their working lives should share in the advantages of a further enhancement of national productivity occurring during the period of their retirement.

5. That, so far as Government intervention is necessary to protect the increasing number of aged persons in our population, it is better that such intervention implement to the fullest extent possible the principle of a self-reliant contributory contract between the whole people and their Government, for example through OASDI, than the principle of needs-test relief to dependent individuals.

6. In an economy characterized by rising wages and salaries it is necessary to give periodic review to the maximum amount of earnings subject to contributions and credited toward benefits under OASDI, since this maximum determines the proportion of the covered payrolls available to finance the program and is a major factor in determining the extent to which the program pays benefits reasonably related to the past earnings of the individual.

7. The level of benefits under OASDI should be reexamined periodically in the light of changing economic conditions with appropriate recognition of the impacts of any change upon the economy.

8. Old age assistance should be continued and its administration constantly improved as a residual method of protection when other methods have not proved sufficient to meet the specific needs of the individual aged person.

### **OASDI: Benefit Levels, Coverage, Eligibility Requirements and the Retirement Test**

1. It is recommended that the Conference express strong support of the OASDI system as being constructed along fundamentally sound and desirable lines, including the principles of financing through employer and employee contributions and providing a basic floor of protection to be supplemented by individual savings and private pensions.

2. It is recommended that Congress should continue its practice of periodically reviewing the system to ensure that benefit levels and the soundness of the financing structure, including the earnings base, be adjusted in accordance with changing economic conditions, including changes in the wage level and living costs.

3. It is recommended that, on a transitional basis, all persons aged 65 and over at the present time who are not eligible for benefits under the OASDI system or any other Federal Retirement System



established by law, and who were employed (or whose spouse was employed) for a substantial period in an occupation that is now covered by the OASDI system shall be eligible for the minimum benefit payment under OASDI. The cost of financing these proposed benefit payments shall be accomplished in such a manner as not to weaken the financial soundness of the OASDI system.

4. It is recommended that the benefit formula for widows be revised from 75 percent to 100 percent of the deceased worker's primary benefit.

5. It is recommended that the coverage of the OASDI system be extended to all areas of employment and self-employment remaining excluded, *provided* that Congress take some account of the prevailing view of the groups involved and of the reasons for the present exclusions. (A motion to delete this recommendation was defeated by 86 to 72.)

6. It is recommended that when increases in benefits are adopted, the present minimum benefit of \$33 a month should be increased to a greater proportionate extent than benefits generally.

7. It is recommended that, since some people are eligible for benefits from both OASDI and one or more other Government retirement and disability systems, Congress should provide for a study designed to determine the feasibility of coordinating OASDI and other governmental benefit systems.

8. It is recommended that careful consideration should be given to the experience which develops under the new "retirement test" of the Social Security Act. If, as a result of this experience, it appears that further changes along the lines of the 1960 revision are desirable, such changes should be made, with appropriate financing changes to keep the OASDI program on a financially sound basis.

### **Public Assistance for the Aging**

It is proposed that assistance to needy aged people should continue as a Federal-State partnership. After 25 years of operation under the Social Security Act, too many OAA recipients are receiving too little assistance to insure a minimum standard of health and decency. To remedy this defect and to come closer to achievement of a decent healthful life and a maximum degree of dignity for public assistance recipients, the following recommendations are made:

#### ***Standards of Assistance***

1. That the Federal Government continue to provide leadership to the States in developing and adopting adequate and proper standards

for the amount of assistance and, for the purpose of assisting the States to achieve such standards, additional Federal matching funds be made available.

2. That the Federal Government maintain recommended standards of minimum living costs for persons in different age brackets geared to the costs, needs, and habits of various areas for use as standards for Federal evaluation of all income maintenance programs.

3. That Congress amend the Social Security Act to allow States, on a permissive basis, to establish a \$50 monthly earned income deduction for each applicant for or recipient of Old Age Assistance.

4. That Congress amend the Social Security Act to provide for Federal participation in general assistance.

### ***Relatives' Responsibility***

5. That State provisions on relatives' responsibility in public assistance be equitable, practical, and designed to contribute to strengthen family life. The contribution required of the family should not be deducted from the assistance payment unless the relative actually pays it. If the relative does not pay, it should be the responsibility of the State to secure the payment.

### ***Residence Requirements***

6. That the ultimate goal be the elimination of all residence requirements.

7. That the immediate goal be a reduction in maximum residence requirements to a period of one year and with the provision that for those applicants who do not meet such a year's residence requirement, 100 percent Federal funds be available to meet the costs of needed assistance.

8. That the formula for Federal participation in the cost of OAA and related services shall include a factor to offset increased costs beyond one year in those States experiencing an immigration of persons over 50 years of age which exceeds the immigration of younger age groups.

### ***Personnel in Public Assistance***

9. That the Congress make permanent the present Authorization in the Social Security Act providing for the training of public assistance personnel and that the Federal Government pay 100 percent of the costs of such training in accord with the practice followed in other Federally assisted programs.

10. That Congress make available funds to educational institutions and to States for the support of training programs.

### ***Social Services for the Aged***

11. That Federal matching funds be made available to State welfare departments to meet costs to develop, secure, or operate consultative, protective, and rehabilitative programs for the aged. These programs should not be limited to assistance recipients.

12. That to provide for effective casework services, Federal matching funds for administration be on the same variable basis as the assistance costs with a minimum of 50 percent Federal financial participation in such costs.

### ***Relationship Between OAA and OASDI***

13. That OASDI represent the basic income maintenance program, with OAA representing a supplementary income maintenance program for those not eligible for OASDI and for those with special needs which bring their total needs to more than OASDI benefit. To further this recommendation, it is recommended that OASDI benefits be increased in accord with increases in costs of living.

### ***Eligibility Age for Women***

14. That the Congress amend the Social Security Act to make women eligible for Old-Age Assistance at the age of 62.

## **Minority Statement on Citizenship Requirements for Public Assistance**

The restrictions against aliens, noncitizens, who are not now eligible for public assistance in certain States, should be removed by Federal law.

We bring aliens into many States to work. They have traditionally made, and continue to make great contributions to the American economy.

It is inconsistent with American public, democratic social policy to exclude these people from public assistance benefits.

## **Financing of Health Care for the Aged**

1. It is agreed that adequate health services should be available to all aged persons irrespective of ability to pay.

2. It is further agreed that the problem of financing an adequate level of high quality health care for the aged is so large and so complex that it will require for solution the utilization of voluntary health insurance, of individual and family effort and resources, and the resources and instrumentalities of local, State and Federal Governments.

3. It is the recommendation of the majority that to assure adequate health care for the aged with certainty and dignity, there should be established a basic program for financing health care for the aged within the framework of the Old-Age, Survivors and Disability Insurance System.

4. A minority oppose the use of the OASDI method.

5. Both those who place major reliance on the Social Security mechanism and the others agree that :

a. The medical assistance for the aged program adopted by the 86th Congress should be promptly implemented by the States.

b. Voluntary prepayment methods should be used to their full potential.

c. In all programs, the individual's freedom, dignity and self-respect should be protected.

d. Individual responsibility, self-reliance and thrift in preparing for later years should be encouraged.

(The vote of the Section was 170 Ayes and 99 Nays.)

### **Private Retirement Income**

1. Vesting is the right of an employee to deferred retirement benefits from his employer's contributions, as well as his own, even though his employment under coverage of a pension plan terminates before retirement. Vesting gives the employee greater security and permits the useful mobility of labor. We recognize that if vesting is made compulsory through enactment of legislation, the growth and development of pensions for more and more employees may be retarded. We therefore recommend that the inclusion of vesting provisions in pension plans should be strongly encouraged as a voluntary action.

2. The Social Security Administration should study the feasibility of noting on a worker's account record that he has a vested pension right based on previous employment, so that upon retirement he may be reminded of all his accrued pension rights. This suggestion is for voluntary reporting by private pension plans and would not involve financing or supervision.

3. Private pension plans should be encouraged by appropriate policies which recognize that such saving for old age is in the public interest.

4. To encourage pension programs, the income should be taxed when received as a pension, not when the monies are set aside.

5. The Congress should be requested to provide by legislation the same tax determinant for self-employed persons, with respect to earned personal income set aside for personal pensions, now provided for employees who are participants in tax-qualified pension and retirement plans.

6. The income allowed as a tax credit for Federal income purposes on retirement income—now \$1,200—should be increased.

7. For aged persons whose medical expenses are large in relation to their income, Federal and State income tax laws should allow a carry-over to succeeding tax years of a deduction of that portion of medical expenses of the limit allowable for the year in which they are incurred.

### **Measuring Resources and Income Needs**

More statistical information is needed for assessing the income position and resources of the aged population.

To carry out these objectives, we recommend the following :

1. That budgets and indices for elderly people be developed. Cooperation and coordination among Federal, State and local agencies is essential. The appropriate Federal Government agency should have the responsibility for organizing and carrying out the studies, data collections and preparation of the budgets and indices. In the event that State or local bodies fail to cooperate in initiating or carrying out their responsibilities, the Federal Government must. Appropriations to finance this work are recommended.

2. That an advisory committee be established to assist Government agencies in the development of the concepts of budgets for the elderly.

3. That a consumer price index for the elderly be established. Once established, continuing research and study should be carried out to evaluate the need for continuing and/or revising the index.

4. That special emphasis be given to making available in summary form statistics relating to income and other resources of aged persons, defined by age levels, sex, family, structure, race and other important variables.

5. That the State and Federal Governments cooperate in making available in summary form statistical data derived from the experience of individual States on such programs as medical care and housing for the aged, and the effects of such programs on the budgets of elderly persons.

6. That implementation of the suggested programs for the development of better measures of the resources and income needs of the aged must in no way interfere with the full continuation of programs to improve the economic and social status of the elderly.

7. That a clearing house be established at the Federal level for the collection and dissemination of data on the aged from Federal, State, and local groups, both public and private, on an annual, continuing basis.

### **Section 3. Impact of Inflation on Retired Persons**

#### **POLICY STATEMENT**

BY DEFINITION a "retired citizen" is one who by reason of age has ceased to work at his customary intensity of employment. He may or may not engage in other types of part-time occupation—either in nonpaid civic or charitable enterprises or paid non-full-time employment. His regular normal earned income, however, has in fact ceased.

He is, from his date of retirement, primarily dependent upon: (1) the accumulated value of his personal economic resources such as savings bank accounts, Government savings bonds and other investment securities, owned rental properties, home ownership, paid-up value of life insurance policies and similar assets; (2) the value of his monthly primary Old Age, Survivors and Disability Insurance pension benefit if his retirement age and work status make him eligible for such benefits. Likewise, if his spouse is eligible or dependents are eligible, these fixed benefits accrue to his financial resources; (3) at present, approximately 8 percent of the individuals over 65 and their families are receiving private pensions supplemental to Social Security. This is a significant source of security to these individuals. This figure will increase, since approximately 30 percent of those not retired are covered by private pensions and deferred profit-sharing plans.

Practically all of the above income sources, excepting ownership of common stocks and rental properties are fixed and not subject to variations in our general economic situation due either to increased productivity and/or inflation.

Hence, we can develop a picture of our average retired citizen (and his spouse or survivors) living upon and dependent upon fixed income.

Whereas, we realize that many of our present generation of senior citizens do not have adequate financial resources, it is not the charge of the Inflation Section to determine exact dollar resources and needs, but rather to make recommendations for steps to be taken in the event such assets as they have are eroded by inflation.

OASDI and OAA were originally designed as a base and as a supplement to private savings, pensions and other holdings. Among the elements having combined to defeat the original aims of the Social Security system are: (1) more people reaching retirement age and living much longer and thus more likely to consume such private assets as they may have had upon retirement; and (2) inflation, which cuts deeply into both assets and income—from whatever source derived.

To illustrate the "Impact of Inflation" since 1949, the U.S. dollar has depreciated in purchasing power at the cumulative rate of 2.0 percent per year. We are not alone, and all over the world, to a somewhat lesser, and in many cases, far greater effect, inflation has bedeviled the fiscal problems of nations and individuals.

A man who retired in this country in 1948 on a \$100 per month pension now has only about \$76 a month equivalent purchasing power.

If an effort is to be made to maintain the purchasing power of retired citizens within reasonable cost and without detriment to other age groups, many areas must be explored. Furthermore, the Inflation Section was unanimous that any of its recommendations involving increased costs should have such costs met on a financially sound basis including any necessary increase in Social Security and other relevant taxes.

## RECOMMENDATIONS

The Inflation Section selected the following recommendations to be reported with the Policy Statement:

1. Old Age, Survivors, and Disability Insurance benefits should be adjusted to changes in prices, wages and productivity.

2. Private pensions and deferred profit sharing plans now cover about 30 percent of the working force. Management should be encouraged to extend coverage to more employees, and where possible, introduce portability features so that retired workers may more and more be protected by private pensions supplementing Social Security. Likewise, the self-employed should be permitted to obtain comparable tax-free coverage.

3. The earnings test and limits on retirees between 65 and 72 discourages the efforts of individuals to supplement, through part or full time work, a fixed income that has been impaired by the inroads of inflation. This section urges modification of the earnings test.

4. Compulsory retirement at an arbitrary age tends to increase the number of years a retiree becomes dependent upon a fixed income



subject to inflationary erosion. The section questions the principle of a fixed retirement age and urges the consideration of measures incorporating some form of flexibility.

5. In recognition of the influence of increase productivity and inflation on the general wage level, it is recommended that the present \$4800 base for computing Old Age, Survivors, and Disability Insurance taxes and benefits be increased periodically in proportion to the increase in the average wage level.

The section recognizes that the impact of inflation is only one of many factors that affect the overall economy. These include the maintenance of full employment and increased productivity, and we recommend that the Congress in making its specific recommendations consider all of these factors.

In making these recommendations, the section expresses its deep conviction that inasmuch as inflation affects adversely the purchasing power of all segments of society, it is a primary responsibility of the Congress, as elected representatives of the people, to develop and adhere to fiscal and other policies which are noninflationary.

### **Minority Statements**

Two minority statements were reported.

(a) That consideration be given to modifying Social Security so that employees who continue to work beyond the age of 65 receive a higher monthly benefit than those who elect to retire at 65, the benefit being proportionate to the number of years worked;

(b) That this group is of the opinion that there is a contribution toward economic security of older persons through the availability of Government savings bonds in limited amounts and of limited negotiability, the redemption value of which would be adjusted up or down by proper price index. We recognize that numerous fiscal and debt management policies and technical details would have to be worked out, and we therefore recommend that appropriate Government agencies give it further study.

### **SUPPORTING RECOMMENDATIONS**

1. In a changing economy Old Age, Survivors, and Disability Insurance benefits should be adjusted to take into account changes in the level of prices. In addition, Congress should direct the Department

of Health, Education, and Welfare to study the problems of what other factors should also be taken into account and make recommendations on this subject.

2. We recommend that these adjustments be made by periodic review (at intervals of not more than two years) by amendments to the Social Security Act, such action to be based on recommendations of an advisory council on Social Security. These adjustments, we recognize, will necessitate increased Social Security taxes.

3. It should be recognized that the purpose of the Old Age, Survivors, and Disability Insurance system is to provide a base of protection appropriate to its wide diversity of coverage and is not meant to take the place of supplementary pension plans, nor to destroy the incentive for private savings and insurance investments, home ownership, and other means of economic security based on individual effort.

4. That Congress and the Department of Health, Education, and Welfare develop a program of modification of Old Age, Survivors, and Disability Insurance earnings limitation which would permit an employed beneficiary to retain a higher portion of his Social Security benefits than do the 1960 amendments.

5. That any arbitrary retirement age is not generally in the public interest and that we support a flexible retirement age in both public and private plans. The group, in passing this recommendation, did so with the understanding it should be subject to adequate safeguards for the interests of both employer and employee.

6. We recommend that self-employed persons be allowed to develop their own retirement plans giving the same tax advantages available to employed persons under industrial pension plans, but up to a limit of 10 percent of their net taxable income and not to exceed \$2500 a year, or a total of \$50,000, provided those people are also covered under the Social Security.

7. That all pension and retirement plans be actuarially sound and that all pension and retirement plans not financed by Federal taxes be fully funded.

8. In making these recommendations the section expresses its deep conviction that inasmuch as inflation affects adversely the purchasing power of all segments of society, it is a primary responsibility of the Congress, as elected representatives of the people, to develop and adhere to fiscal and other policies which are non-inflationary.

## **Section 4. Employment Security and Retirement**

### **POLICY STATEMENT AND RECOMMENDATIONS**

IT WAS EARLY recognized by the Workgroups considering the problems of the older worker, that older citizens in general want to, and should be given the opportunity to take care of themselves as long as possible. This is a basic premise underlying most of the policy statements that follow.

There was general agreement that older workers in the American economy are facing acute problems relating to their employment security. The ever-increasing tempo of industrial advance and the rapidly growing complexity of technological innovations have produced a labor market in which many older workers find themselves on the margins without any secure attachment to a job, or actually displaced and unable to find employment.

There was a consensus that because employment is so important to the older person, not only for self-support and independence but also for healthful living and self-respect, basic economic and other policies should be developed in this country which will create a healthy economy and high levels of employment in all areas and for all persons in the labor market.

### **Retirement**

It was generally agreed that one serious obstacle to the adequate utilization of older workers, that can be remedied through changes in existing employer and union policies and practices, is compulsory retirement at an arbitrarily set chronological age. Employers are urged to continually review their retirement policies for the purpose of finding ways and means of achieving greater flexibility in the range of time of retirement, appropriate to the particular situation—and through such means, utilize more fully the abilities of those persons who are willing and able to continue working beyond the normal retirement age.

It was recognized that the "retirement test" under Old Age, Survivors, and Disability Insurance (OASDI) has been improved through recent amendments, and now provides a small incentive for retired persons between the ages of 65 and 71 inclusive, to continue in employment longer than they would be inclined to under the financial penalties previously imposed. Since there has been little time to assess the effects of those amendments, it was the majority opinion that no further changes be made before there has been time for adequate study and review. A substantial minority, however, favor immediate further liberalization.

Realizing that increasing worker mobility, due in part to changes in the American economy, makes it difficult or impossible for many workers to qualify for pensions commensurate with their years of service, it was held to be desirable that private pension plans contain "vesting" provisions to assure the worker who changes jobs, of some retirement benefits. Where financially feasible, employee rights under some existing plans should be liberalized. Multiemployer pension plans providing for portable pension rights were favored "where feasible." And "to provide protection for worker mobility \* \* \*", the section recommended that OASDI coverage be extended "to all jobs in paid employment and self-employment."

There was general recognition of the need to provide employees with retirement information in advance of retirement and assistance in retirement planning.

## Employment

It was agreed that while there are significant individual variations in all age groups, extensive studies reveal no sound basis for the widespread belief that older workers as an age group are less productive, less reliable, and more prone to accident and absenteeism than younger workers. It was concluded that arbitrary upper age limits in hiring cannot be justified and should be abandoned, and that individuals should be employed on the basis of their personal qualifications.

Management and organized labor are urged to cooperate in reviewing the obstacles that exist, and develop programs to facilitate the employment of older workers in equivalent levels of skill, and to minimize the dislocation of older workers on the job.

There was unanimous support for the proposal that programs in the fields of personnel management, adult training and retraining, vocational counselling and guidance, and rehabilitation be improved and extended, since services in those areas are essential to success in solving the vocational problems of vast numbers of middle-aged and older people.

There was a considerable force of opinion that vigorous action should be taken to combat upper age limits in hiring. A majority favor the adoption of anti-age discrimination legislation by the States, and Federal policies discouraging discriminatory practices. A substantial minority, however, prefer to leave it to the States whether to combat age discrimination through legislative or voluntary methods.

It was recognized that many community educational programs have been effective in alerting the community to the undesirability of age limitations and other obstacles to the employment of older workers, and more activity along this line is recommended at local state and federal levels. A two-thirds majority recommend that Congress authorize the President to appoint a permanent Committee on the Employment of Older Workers to spearhead nationwide effort.

In considering the employment problems of the mature woman worker, the premise was accepted that women work for the same reasons as men, and that they are needed in the labor market; and that consequently, they should be afforded opportunity for equality in being considered for jobs, for promotion, and pay commensurate with their qualifications. It is recognized that many women have left the work force to raise families, and upon their return need counselling, training, retraining and placement services to help them choose and prepare for occupations that will utilize their highest skills. It is also recognized that such women have special retirement problems and are unable to accumulate adequate retirement benefits, and that this problem needs further study.

## **SUPPORTING RECOMMENDATIONS**

### **Flexible Retirement**

1. Whereas there are many considerations that determine the time of retirement from the standpoint of the individual employee or his representative, the employer and the economy; and whereas the relative weights of various factors regarding the time of retirement will differ for individual employees, employers and groups of employers; and whereas these weights will change from time to time, it is recommended that:

a. Employers and employee representatives should be encouraged to study ways of granting greatest flexibility in the range to time, consistent with the circumstances appropriate to the particular situation, during which workers may exercise their option to retire from active employment.

b. There should be no legislation limiting the independent determination of the time of retirement.

2. Whereas there has been little time to assess the effects of the recent changes in the OASDI retirement test, it is recommended that no further change be made until there has been sufficient time for adequate study and review.

### **Pension Plans and Worker Mobility**

1. It is the consensus that it is desirable for pension plans to contain vesting provisions, and that where financially feasible, employee rights under those provisions should be liberalized in many current plans; that the trend toward vesting is good and should be encouraged.

2. Where feasible, portable pension rights, multi-employer pension plans, and deferred profit sharing plans are recognized as serving a good purpose.

3. It is recommended that OASDI coverage be extended to all jobs in paid employment and self-employment, both public and private, to provide protection for worker mobility in employment.

### **Efficiency of Older Workers, and Adjustment to Aging**

#### ***On Modifying Job Requirements***

1. Whereas the opportunities of older persons for employment have been considerably affected by unrealistic job requirements setting unnecessarily high qualifying physical and performance standards, it is recommended :

a. that such standards be carefully reviewed by management and unions to bring them into line with those actually required ;

b. that where jobs have been designed for younger people, they be revamped where possible, to enable older people to produce as effectively; and

c. that current emphasis on speed, dexterity and much physical effort in job performance, be reexamined to determine how jobs can be adapted in these respects, to the capacities of older workers.

2. Since current efforts of management and unions to make jobs suitable for older workers are handicapped by limitations of present

knowledge, it is further recommended that a federally sponsored research program be set up to study such job redesign, and that private and public employers make their experience available to research teams working under this program.

### ***On Extending Vocational Rehabilitation and Sheltered Employment Facilities***

3. It is recognized that many older workers develop disabilities and health problems that interfere with their employability, but that many of these disabilities can be remedied or ameliorated through proper programs of physical and medical rehabilitation. It is therefore recommended that the State rehabilitation agencies broaden their criteria for acceptance for rehabilitation so as not to exclude older workers from their full medical and physical services, solely on the basis of age.

4. It is also recommended that "sheltered" and other workshops be established or expanded by local voluntary organizations, to accommodate those older workers who for various reasons are unable to compete in the usual work environment.

## **Industrial Change and the Older Worker**

### ***On Attaining Full Employment***

1. It is the consensus that in our changing economy, a high level of employment is a prerequisite for a truly successful program of helping older persons become gainfully employed. An expanding economy will create new alternative jobs for those displaced, offer opportunities for older employees, and provide more incentive for individual personal effort of older workers to make necessary adjustments. Programs and means of helping older employees adapt to these vast economic and technical changes must, however, not be relaxed during periods of less than full employment.

2. It is recommended that labor, management and Government agencies seriously consider the adoption or improvement of personnel planning practices that minimize the extent of worker displacement as a result of technological change. Older workers in particular benefit from such practices as—

a. reassigning and retraining workers within the plant, and so far as possible, using present employees for new jobs, without discriminating on the basis of age;

b. reducing employment through normal attrition, without recourse to layoffs;

c. giving employees notice well in advance of impending layoffs and other changes, to allay anxiety and give the worker time to find new employment;

d. notifying the public employment services in advance of layoffs, so that they can start early to find new jobs for the displaced workers.

3. It is further recommended that more study and publicity be given to techniques whereby many firms have installed new equipment without laying off older employees.

### ***On Providing Job Information***

4. Because job opportunities information is essential to developing effective training and retraining programs, it is the consensus that a national system of local job opportunity forecasting be provided for and properly financed. Federal funds have thus far been available only for pilot studies and have not provided for continuing programs on a nationwide scale. It is, therefore, strongly recommended that—

a. studies be initiated and maintained to develop information on current and future employment trends in local industries and occupations, the information to be obtained in forms that will provide prompt and continuing knowledge of

—present job openings, and anticipated openings 1, 3, and 5 years hence;

—probable layoffs in the next 3, 6 and 12 months; and information about the skills of workers whose jobs are terminated, as needed to set up programs of training and retraining either prior to termination or as soon as possible thereafter;

b. the funds needed for this purpose be provided by Congress from sources other than the present payroll tax.

### ***On Providing Better Training and Retraining Facilities and Methods***

5. Since all known facts point to the need for training and retraining of certain older persons to enable them to compete successfully in the labor market, it is recommended that facilities for such training and retraining be expanded or introduced into schools, state vocational rehabilitation divisions and other appropriate governmental agencies. Private industry is encouraged to establish or expand training and retraining programs. Such training should be commensurate with individual potentialities and should be focussed upon occupations for which there is reasonable expectation for employment in the community.



6. Since there is need for better understanding of the principles and procedures of adult training, it is recommended that the Federal Government encourage by research grants, the development of procedures and tools especially adapted to the training of older persons.

7. It is recommended that unemployed persons engaged in training programs approved by appropriate State bodies, continue to receive unemployment insurance benefits to which they may otherwise be entitled.

### ***On Providing More Adequate Counseling and Placement Services***

8. It is agreed that part of the answer to the employment problem of the older worker is an expansion of the Older Worker program of the U.S. Employment Service and its affiliated State agencies, including the addition of specialists who can concentrate upon the counseling, screening, testing and placement of older workers; the promotion of full-time and part-time jobs for older workers; cooperation with business, industry and industrial development agencies, and with vocational schools and other training agencies in training, retraining and upgrading the skills of older workers; and working with other community groups concerned with older workers. It is therefore recommended that Congress provide the U.S. Department of Labor's Bureau of Employment Security with appropriations that are adequate for these purposes, and that the Bureau allocate and earmark funds and provide the program leadership to carry it out.

9. It is further recommended :

a. that the public employment services make special efforts to secure more part-time employment for older workers, and that this function be appropriately publicized ;

b. that private, non-profit agencies also be urged to provide improved and expanded services to older workers ; and

c. that the older workers themselves be encouraged, wherever possible, to qualify themselves for available job opportunities and assume primary responsibility for finding employment, rather than rely exclusively upon others to find or provide work.

### ***On Providing Emergency Income and Welfare Services for Long-Term Unemployed***

10. Whereas automation, mechanization and technological advance, interstate shifting of companies and industries, declines of certain industries and other factors often leave significant numbers of older workers stranded and without adequate income to maintain standards of decent living for themselves and their families; and whereas the unemployment compensation system is not designed to meet such needs

of the long-term unemployed, and many States have no assistance programs for employable workers even when no jobs are available, it is recommended that provisions be made by local, State and Federal Governments, working together, for the maintenance of minimum family income until older workers suffering from long-term unemployment can, where necessary, complete training programs and succeed in finding new jobs.

11. Since unemployed older workers are prone to be overwhelmed by their personal and economic problems, it is recommended that community social agencies develop welfare services to aid those in need of such services to maintain their morale and initiative in adjusting to their problems and in finding new employment, and that the public employment service expand its present referral activities to these agencies.

## **Age Discrimination in Hiring**

### ***On Programs of Education and Promotion***

1. It is recognized that pertinent studies show that chronological age by itself is not a reliable measure of ability to do the job. There is, therefore, need for an educational and informational program that will correct widespread but false impressions of employers and hiring personnel concerning older workers, and impress them with the facts about their abilities.

2. It is recommended that the President be authorized by Congress to appoint a Committee on Employment of Older Workers, with appropriate staff and funds, to spearhead and direct on a voluntary basis, a nationwide program at national, state, and community levels, to educate employers, labor and other groups concerning the qualifications of middle-aged and older workers, and to promote policies of hiring on the basis of qualified and without regard to age.

### ***On Anti-Age Discrimination Laws and Regulations***

3. It is recommended that the States legislate to prevent discrimination in hiring on the basis of age. It is further recommended that the Federal Government set a good example by amending its procurement policies to eliminate discrimination against 40-plus workers; and that Federal agencies, by executive orders or administrative regulations, endeavor to prevent discrimination against older workers.

## **The Older Woman Worker**

1. To meet the manpower needs of today and tomorrow requires increased interest, responsibility and action at the community level, in the area of employment of the older woman. It is recommended that:

a. Through the formation of local manpower councils with representatives from labor, management, government and education, the community assume responsibility for (1) determining job needs, and (2) providing opportunities for job counseling and placement, education, training and retraining of older women, using such techniques as mass media communications and "earnings opportunity forums," and such facilities as State, local, and Federal employment and labor services, labor organizations, management groups, business and professional groups and voluntary organizations.

b. The resources of government, labor, and management be fully utilized to insure that existing inequalities in personnel practice which prevent the employment, compensation and promotion of qualified older women, be abolished through adoption of codes of business ethics, collective bargaining, and the adoption or amendment where necessary, of civil service laws and regulations. It is the responsibility of the older woman herself to implement this policy by adequate training, suitable qualifications and good performance on the job.

2. To implement the above recommendation it is further recommended that:

a. vocational and educational counseling and guidance programs in public and private employment offices, industry, labor organizations and educational institutions be strengthened and expanded;

b. mature women be recruited and trained to qualify in the educational and vocational guidance and counseling of older women workers;

c. existing facilities both public and private, for such training, be expanded;

d. to overcome the existing shortage of guidance and counseling personnel and to help those who participate in developing healthy attitudes, group guidance and counseling be utilized more extensively.

3. In recognition of the fact that women workers have special retirement problems primarily because their work is interrupted by family and home responsibilities, and they are therefore unable to accumulate adequate retirement benefits, we recommend a special study of this problem.

## **Section 5. Health and Medical Care, Including Institutional Care**

### **POLICY STATEMENT AND RECOMMENDATIONS**

#### **Institutional Care**

A BROAD SPECTRUM of institutional facilities is essential for proper health and medical care for all citizens, especially the aged. These facilities must be provided through orderly planning to prevent duplications and deficiencies. The local area (city, county, or metropolitan) should be used as the planning base.

Uniform definitions of types of facilities should be developed. Each facility should provide, within its defined limits the highest possible quality of service. Institutional care should be provided in a manner which does not discourage care in the home but insures that such care is given at the right time and in the right place. Institutional care should encourage self-reliance and preserve personal dignity.

Quality of care in many institutions can be greatly improved. Licensing laws must be adequate to protect the public and must be rigorously enforced. Essential to improvement of standards beyond minimum levels is a voluntary accreditation program, such as the Joint Commission on Accreditation of Hospitals.

Adequate care cannot be provided without sufficient financing, both for construction and for provision of services. Costs should be kept to the lowest possible level consonant with high-quality care, through planning, efficient management and economical use of facilities. No needed care should be denied because of inability to pay, nor should the financing mechanism create impediments to the proper utilization of the various types of facilities, including the home. Everything possible should be done to encourage voluntary prepayment groups to expand and broaden their coverage for aged individuals and, further, to extend such coverage over the whole institutional care spectrum, and to care in the home. Local, State, and Federal Government financing will be required in increasing amounts to supplement individual resources and voluntary prepayment.

Existing Federal-State matching programs will provide effective, economical, dignified medical care for our elderly citizens who need help. The implementation of such programs should result in the high quality of medical care desired. Compulsory health care inevitably results in poor quality health care.

### **Minority Report on Financing Health Care**

At present, a major factor in the failure to develop adequate health services of good quality for the aged is inadequate financing. The current methods of financing health care for the aged represent a continuation of outmoded methods based on a means test and charity medicine. Public assistance medical care programs have demonstrated the inability of the States to finance, even with Federal assistance, comprehensive programs of high quality medical services.

The newly enacted Federal legislation for medical assistance for the aged continues to require that States assume a major share of the financial responsibility. It is unrealistic to assume that they will be any better able to do this in the future than they have been in the past.

The Section on Health and Medical Care agrees that "Health care should be made available without barriers and with preservation of the dignity of the individual."

In order to achieve these objectives, we believe that the individual should be enabled to pay during his working lifetime for the care he requires after retirement.

It is distressing to be told by organized medicine that the quality of care the individual physician renders will be influenced by the source of payment. We do not believe this is so.

### **Minority Report on Tax Relief Question**

In several workshops the opinion was expressed in conformance with the desire to raise facility standards that additional new facilities must be built.

Despite the liberalization of FHA loans for the construction of private health facilities, practically no new starts have been made.

In times of national emergencies, industry and agriculture with the help of private capital have solved the emergency situation when granted tax relief.

To fill the immediate hiatus for adequate health care facilities, it is therefore recommended that income tax relief be allowed health institutions by permitting accelerated depreciation schedules.

(This minority report was not discussed by the section.)

## Care at Home

Special emphasis needs to be given to strengthening and greatly extending services which will permit the older person to be cared for at home.

Physicians' services are essential to care at home and he should be the coordinator of services provided to the individual. Coordination of an organized program should be undertaken by the agency determined by the community to be appropriate.

Care at home may be provided through coordinated multi-service programs, programs providing a segment of such services or on an individual basis.

Decisions regarding *administrative policies, community action, philosophy and methods of financing* should be made locally. Federal and State agencies have a special responsibility for encouraging communities in developing programs providing effective care at home. Expansion of these services will require additional financing. "Seed money" to launch programs is needed. Maximum income should be developed from patient fees, philanthropy and insurance. Where these do not suffice, the tax dollar must bridge the gap. Patients who are in a position to pay for those services should do so to the extent of their ability.

Payment levels should cover the total cost of the service involved including the administrative expense. Reimbursement to suppliers of service should be at realistic levels. Prepayment and public assistance programs should make specific provision for payment for services in the home. The crucial role of nursing services in chronic illness requires specific provision of payment for such care.

Education and orientation programs should be developed and intensified, aimed at helping the health professions, older people and the public generally to appreciate the advantages, potentials and limitations of services in the home, and the respective role and responsibility each group and individual has therein.

Additional emphasis should be given to *research and evaluation in the organization and delivery of patient care services in the home* in order that such services may be systematically modified to achieve the twin goals of effectiveness and economy.

The services to be considered by the community in organized programs include:

- (1) Nursing services
- (2) Social services
- (3) Homemaker services

(4) Dietary, feeding and dental services—including public education programs aimed at the prevention and relief of nutritional problems which are a major preventable cause of disability in the aged.

(5) Rehabilitation services including physical and occupation therapy.

(6) Equipment loan and transportation services.

(7) Other related services as required.

Personnel shortages should be met by :

1. Continuous recruitment, expanded educational facilities and additional stipends.

2. Review of present functions of specific types of personnel with regard to optimum utilization of skills, job amplification and the intensified utilization of auxiliary personnel under adequate, organized supervision.

3. Expanded refresher training courses for medical and para-medical personnel plus the return of inactive and retired individuals to a job, at least on a part-time basis.

4. Leadership should be given by State Health Departments in appraising nursing care needs and in developing plans to meet those needs.

5. The Older Person should be involved in planning for his care—both on an individual and group basis and his skills should be utilized as far as possible.

6. Each person at this Conference should go home with a firm determination to promote and implement care-at-home programs and stimulate community education in this area.

### **Health Maintenance**

Health maintenance for the aging should include education programs for more healthful living in the area of nutrition and continued physical and mental activity.

The health professions must assume the leading role in this effort, and through recognized mass media, schools, industry, union halls, and those public and private agencies having to do with health needs, prescribe what is best for the preservation of the health of the aging.

Both the aging group and the health professions must be cognizant of the importance of the value of periodic health appraisals and the prevention and early detection of disease and the prevention of accidents.

Recommendations to this end follow :

1. Improved health education in all schools, including professional; improved health education in industry; improved health education in public and private agencies having to do with health of the aging.

2. Better use of mass media by professionals in the health field.

3. Encourage research in motivation toward the adoption of good health practices.

4. Strengthen or organize community health councils to coordinate effects in this area.

5. Physicians, dentists, pharamacists, nurses and all other members of the health services assume a leading role in all health educational efforts.

6. Strengthen at local, State and Federal levels control of advertising and labelling of products and services offered to the aging.

7. Preventive programs should be an essential part of health maintenance for the aging. These programs should be on a community basis and directed to all age groups. They should involve all disciplines interested in problems of the aging and emphasize the early detection of disease processes. All preventive programs should consider the utilization of validated screening programs and research in this area should be intensified. Preventive programs should be based on the essentiality of periodic health appraisals.

8. Health care should be made available without barriers and with preservation of the dignity of the individual.

9. Community health services should be provided in homes to reduce hospitalization.

10. Nutrition programs should be established.

11. Fluoridation of water supplies as a long-range benefit for the dental health of the aging group of the future.

12. The aged should be expected and encouraged to play constructive and productive roles in their families and communities.

13. States and communities should place responsibility for coordination of programs for aging in a single agency.

14. Insurance companies should consider including health maintenance in prepayment plans.



## **Mental Health**

Mental health is adaptability to internal and external change, recognition of self limitations and potential and the maintenance of a variety of sources of satisfaction. Any condition that causes pathological changes in these areas can create mental illness in the individual regardless of age. To provide adequately for the mental health needs of older people consideration must be given to certain positive concepts.

1. The development of a public enlightenment program which recognizes that public attitudes toward mental health can and must be changed. This process of enlightenment should begin with the child in the family and continue throughout life.

2. That the mentally ill aged should receive service in the community from the same agencies and clinics serving other groups.

3. The aged should receive mental hospital service only when they are mentally ill and there are psychiatric indications.

4. Mental health services, in-patient and out-patient, should be organized to allow free movement of patients between services depending on treatment needs.

5. The community should provide a proper psychiatric evaluation of any patient prior to initiating commitment proceedings. If commitment is indicated, plans should be started immediately toward return of the patient to the community. The procedure of commitment should not require a finding of incompetency.

6. Any plans which provide health care or assistance should not exclude the mentally ill. A percentage of all Federal hospital construction funds should be earmarked by the States for mental health facilities.

## **Organization and Community Services**

Implicit in the organization of community health services for the aging are: fact-finding; program planning and implementation; coordination of health services; and proper continuity of care for the chronically ill and disabled.

1. Planning should be on an inter-disciplinary, community-wide basis, whereas program implementation frequently is the responsibility of a single agency. Communities should periodically appraise the status of their health and medical care programs, utilizing community groups with technical assistance and consultation services, most often available from State Health Departments.

2. Coordination of health services is necessary at all levels—local, State, and Federal. At the State and local levels, the responsibility for coordinating services should rest with formally organized, interdisciplinary units. In the Federal Government the responsibility for coordinating health and medical services should rest with the Department of Health, Education, and Welfare.

3. Continuity of health care requires utilization of the mechanisms by which the changing health needs of all persons may be met. Continuity of care implies the concept of progressive patient care in its broadest sense, with the objective, wherever possible, of returning the patient to his home in the best possible health. A major obstacle to continuity of care and coordination of services lies in the fractionation of health services away from agencies concerned primarily with health matters.

4. It is recognized that research studies of unique community organizational structures and pioneering coordination mechanisms are needed, and that the Nation needs to expand its facilities for training personnel to work for the improved health of older citizens.

It is recommended that :

5. Communities periodically study the health needs of their older residents and the total community resources available to meet these needs, as a basis for planning a comprehensive community program. The quality and cost of services should be included in such studies. Factfinding must be followed by interpretation and explanation to all concerned.

6. Each State establish an official State governmental unit of recognized stature, with direct access to the Governor and legislature, and with representation from voluntary, governmental, and other groups, which should :

a. Be staffed with qualified geriatric personnel

b. Coordinate existing health and medical services for the aging

c. Continuously study needs and evaluate programs and stimulate and promote additional services and programs for the aging

d. Serve as an information center to list health and health-related services available to the aging within the State

e. Encourage and assist local communities (or appropriate geographic units) to provide inter-disciplinary Health Councils with similarly qualified staffs to coordinate services, carry out studies, evaluate programs, promote additional services, and provide information centers about services for the aging.

7. The Federal responsibility for the coordination of Health and Medical services for the aging be lodged in the Department of Health, Education, and Welfare, which agency should encourage and assist the States in the health and medical services functions which have outlined as being the responsibility of each State, and assemble good State experiences relating to coordination of health and medical services and share these with all States to serve as suggested patterns of procedure.

8. There should be recognition at all levels (local community, State and Federal) of the broad concept of aging as being a continuing process for each individual during his entire life span, and that long range educational programs should be developed to encourage each individual to live in a manner that will contribute to an effective and healthful life before as well as after the age of 65 years.

9. Since comprehensive health services include preventive, diagnostic, therapeutic, and restorative services, all of these services should be available to all citizens. This can best be accomplished through the efficient utilization of the communities' own resources, supplemented by State and Federal aid only when truly indicated. The availability of comprehensive medical care is a right of every citizen.

10. To assure uniformly high quality of health services, recommended standards should be formulated at State and Federal levels wherever feasible. These standards should be interpreted at the regional or local level.

11. Since continuity of health care requires that some form of a central coordinating organization should be available in each community, or group of communities, and be well publicized, this organization should be responsible for correlating community health resources for the aging and making them available to individuals in rural as well as urban areas.

12. Federal funds for project grants should be made available to support research and demonstrations in community organization for the provision of health and medical services for the aging.

13. Ways to solve the critical shortages of all kinds of health workers should be intensively explored. These shortages are especially acute for trained personnel to work in programs for the aging. The training of volunteers and voluntary agency workers should not be overlooked.

14. Federal, State and local programs in the field of health and medical care should be administered by medically oriented agencies.

## **Section 6. Rehabilitation**

### **POLICY STATEMENT AND RECOMMENDATIONS**

#### **General Statement**

**REHABILITATION** is the only hope for those afflicted with and disabled by chronic or degenerative conditions until such time as specific means are found to prevent and cure them. The rehabilitation program must be dynamic and total, designed to meet the physical, emotional, social, and vocational needs of the chronically ill and disabled.

Only a fraction of those needing these services can secure them due to the lack of facilities, personnel, financial resources, and knowledge as to the opportunities available through such dynamic rehabilitation. In an effort to meet these deficiencies and promote understanding, the following recommendations are offered by the Section on Rehabilitation.

#### **Recommendations**

1. Vocational rehabilitation services must be improved and expanded so that older disabled persons may maintain or regain their ability to work and secure suitable employment. This requires staff increases; greater public understanding of career opportunities in rehabilitation; additional funds specifically allocated for the vocational rehabilitation for the aging; creation of more job opportunities for qualified older workers; continued exploration of methodology for maximum utilization of the work skills of beneficiaries receiving Social Security disability benefits; and the enactment of Federal grant-in-aid legislation to help communities establish rehabilitation workshops meeting acceptable standards to provide diagnostic and therapeutic services, and terminal employment for those not capable

of competitive work. Such workshops should be eligible to secure Federal surplus property on the same basis as schools and hospitals.

2. Qualified teachers must be provided and well-structured units concerned with the teaching of rehabilitation principles need to be established or expanded in schools of medicine, dentistry, nursing, and in departments of psychology, education, and other related disciplines, both on the graduate and undergraduate level.

3. Hospitals and rehabilitation centers should have adequate outpatient and inpatient facilities for the rehabilitation of the aging. Rehabilitation services could well be a condition of accreditation for hospitals, particularly those with approved internship training programs.

4. Facilities offering long-term care should be required to have minimum rehabilitation services to be licensed or otherwise approved. Staff training programs should be available. The fee structure should be such as to encourage the provision of rehabilitation services. These facilities should be encouraged to affiliate with organized and approved training programs for the improvement of their nonprofessional staff. Persons with practical knowledge may serve a useful purpose to supplement the services of professional workers.

5. Geriatric rehabilitation must begin with the first professional exposure and persistently continue in the institution or institutions to which the patient is subsequently admitted. Prompt and comprehensive rehabilitation evaluation must be made at the earliest possible time to determine the patient's future needs.

6. Admission of emotionally disturbed older people to psychiatric institutions should be preceded by a thorough evaluation by qualified medical personnel.

7. A Federal grant-in-aid program should be established to help States develop programs designed to inculcate rehabilitation practices in governmental, nonprofit, and proprietary institutions providing long-term services to handicapped older people. This would involve research, demonstration, and training of personnel.

8. Communities should develop additional supporting services and facilities such as home care programs, homemaker services, day hospitals, patient clubs, halfway houses, foster homes, and preventive clinics for well older people. Careful attention to the training of the aging in the use of prosthetic and self-care devices would enable many of them to lead more independent lives.

9. State councils of representatives of public agencies concerned with rehabilitation services to seriously handicapped older people should

be established. Local councils should be organized also to serve as centers for public information, referral, and planning services.

10. Public assistance agencies should be given the financial resources to implement the provisions of their laws for self-help and self-care to include persons who are not recipients of public assistance. They should strengthen the rehabilitation concept in their medical care programs. State rehabilitation agencies should utilize existing authority to provide more rehabilitation services to older people. Arbitrary age limits where they exist should be removed. Public health agencies should be more adequately financed in order to allow them to assume a greater responsibility in the field of rehabilitation and related services.

11. Voluntary and other health insurance plans should provide inpatient as well as outpatient coverage for rehabilitation services in hospitals and in rehabilitation centers.

12. As one means of strengthening rehabilitation efforts, consideration should be given to the establishment of a National Institute of Rehabilitation.

13. Research should be encouraged to identify administrative and organizational patterns through which rehabilitation services can be provided effectively for older people. In this and other fields, voluntary effort must be encouraged at all levels and individual community initiative emphasized. Churches, schools, libraries, and other public and private institutions should be alert to the needs of older handicapped people within the scope of their own activities. There should be a Federal grant-in-aid program to help communities establish rehabilitation facilities as well as workshops.

14. To promote the well-being of persons suffering visual loss and maintain their integration as members of society, there are available a considerable array of valid processes. These consist of two major kinds—(a) means of sight preservation and restoration, including visual aids and (b) means of self-management as blind individuals. For the first of these the combined talents of medicine, optometry, and social work require special facilities and training under the aegis of properly constituted public health programs. For the second, resources of rehabilitation are required, particularly skills in self-management as developed in rehabilitation centers for the blind, as well as the liberal use of such motivation measures as reader and guide service. Pragmatically sanctioned treatment and care as developed in various existing programs for the blind can be serviceable to the aged population, if expanded. There is need to learn more about the true function of work, leisure, and recreation in the lives of aging persons with vision loss.

15. There is both ignorance and complacency with respect to the serious problems presented by hearing loss among the aging. There is great need therefore to point up the problems of the hard of hearing and the deaf, and to stimulate public concern.

16. We need to establish a system for casefinding in both urban and rural areas and to promote the training of professional and technical personnel. Hearing aids and training in their use should be provided as needed. We need also to devise special plans for job placement and job maintenance for our older people with hearing impairments.

17. Appropriate safety provisions for those older individuals with hearing loss should be incorporated in housing planning. Deaf persons requiring institutional care should be provided appropriate accommodations in institutions serving the aged.

18. Several million of our older citizens are dependent on others for meeting the normal demands of daily living. They cannot travel, feed themselves, dress, communicate adequately, or move about without aid. If they were provided modern rehabilitation services, many could once again learn to live their lives in independence and with greater dignity. Some could return to work. The benefits from rehabilitation services would extend not only to these disabled persons alone but to their families and to society as a whole. A Federal grant-in-aid program should be established to provide the rehabilitation services they need that would lead to independent living.

## **SUPPORTING RECOMMENDATIONS**

Until specifics are found to prevent and treat degenerative cardiovascular disease, cancer, arthritis, and the other disease enigmas, and until accidents can be prevented that plague the health of our people, especially the aged, the only hope for those afflicted with or disabled by such conditions is rehabilitation. Such a program must be dynamic and total, designed to meet physical, emotional, social, and vocational needs of the chronically ill and disabled.

Only a fraction of those needing these services can secure them due to the lack of facilities, personnel, financial resources, and knowledge as to the opportunities available through such dynamic rehabilitation. In an effort to meet these deficiencies and promote understanding, the following recommendations are offered by the several work groups on Rehabilitation.

## Vocational Rehabilitation of Older Disabled People

It is universally recognized and agreed that every effort must be made by the individual and community to keep our aging in the community with equal rights and opportunities for maintaining self-respect, dignity, and economic independence. It is with the greatest conviction that the delegates expressed the belief that, toward this objective, vocational rehabilitation is a most important phase of the professional service programs.

The delegates agreed on the following recommendations and urged their acceptance by the Section and the total White House Conference.

1. Vocational rehabilitation services should be improved and expanded so that older disabled persons may maintain or regain their ability to work and secure suitable employment.

2. Staffs should be increased to provide specialized services to older disabled persons through the establishment of special programs in the national offices of vocational rehabilitation, in the State offices, and in other public and voluntary agencies.

3. Additional funds, both public and voluntary, should be allocated for program development and services in behalf of vocational rehabilitation for the aging.

4. Local, State, and national organizations interested in and concerned with the problems of the aging should initiate programs of education to create more job opportunities for qualified older workers.

5. There is great and urgent need to more fully implement the existing vocational rehabilitation laws so that older persons may obtain their full share of the authorized services.

6. Legislation should be enacted and funds appropriated to encourage the establishment, expansion, and support of community-based, client-centered rehabilitation workshop opportunities for the aging, which shall provide under sound professional and administrative standards, vocational diagnostic and therapeutic services, and terminal employment for those who cannot be moved into competitive employment.

7. A program should be developed and supported under national standards to provide such services for the aging as are presently available and authorized under the Vocational Rehabilitation Act, that will lead toward achieving increased capacity for self-care and independence.

8. Although progress has been made in improving the implementation of the disability benefit features of the Social Security Act, it is recommended: That in the interest of the individual and the com-



munity at large, that the National and State agencies concerned with this law continue to explore the methodology for the maximum utilization of their respective skills in order to carry out the intent of the law.

9. Every effort should be made through a cooperative program at the national and local level to bring to the attention of the community at large the opportunities for professional careers in all phases of rehabilitation work and that appropriate steps be taken at all levels to maintain a competitive position for attracting qualified prospective employees to the rehabilitation field.

### **Rehabilitation in the Practice of Medicine**

1. Qualified teachers and well-structured units concerned with the teaching of rehabilitation principles should be developed in schools of medicine, dentistry, nursing, and in departments of psychology, education, and other related disciplines, both on the graduate and undergraduate level.

2. Consideration should be given to making a medical rehabilitation service a condition of accreditation for all hospitals with approved internship training programs.

3. Adequate outpatient and inpatient facilities for the rehabilitation of the aging should be established in hospitals and rehabilitation centers.

4. Physical, psychiatric, and general psychosocial evaluation of aging disabled persons should be established to minimize institutional placement.

5. Additional supportive community facilities such as home care programs, day hospitals, patient groups, halfway houses, and foster homes should be developed.

6. Well-rounded diagnostic and rehabilitation services augmented by supportive care facilities should be developed for persons who can no longer benefit from definitive treatment.

7. A total rehabilitation point of view should prevail in the care of the aged who have severe hearing or visual loss or other severe impairments.

8. Federal and State programs of assistance to the blind require that medical evaluation should be made to insure proper diagnosis and treatment of remediable eye diseases and injuries.

9. Special consideration should be given to malnutrition and inadequate hydration in the aging.

10. There should be a greater development of cardiac and pulmonary work evaluation units.

11. More careful attention should be paid to the training of the aging in the use of prosthetic and self-care devices.

12. The Public Health Service should consider the establishment of a National Institute of Rehabilitation.

13. Voluntary and other health insurance plans should provide in-patient and outpatient coverage for rehabilitation services in hospitals and in rehabilitation centers.

### **Rehabilitation and Related Services Within Institutions**

All institutions in the Community of Health, including psychiatric, should be encouraged to provide *optimal rehabilitation* appropriate to their settings. The way lies largely through education and training supported by existing funds at various community levels.

1. The Joint Commission on Accreditation of Hospitals should require that adequate rehabilitation services be available to those institutions it accredits.

2. Persons with practical knowledge may serve a useful purpose to supplement the services of professional workers.

3. Facilities offering long-term care must apply simple rehabilitation services to be approved or licensed. Training programs should be available, and payment structured to encourage such services.

4. To implement the preceding recommendation, certain facilities may serve as clinical affiliates in training programs for nonprofessional personnel in cooperation with hospitals, universities, training institutions, and health departments.

5. Medical centers, university hospitals, and rehabilitation centers should provide teaching and afford rehabilitation services for complicated disabilities. Geriatric rehabilitation should be encouraged in the local general hospital; only complicated disability cases should be transferred to a large rehabilitation center.

6. Geriatric rehabilitation must begin in the facility of first admission and be continued in any other institution to which the patient is transferred.

7. Prompt evaluation, physical, psychiatric, and general psychosocial, should be made to determine therapeutic needs.

8. To assure total rehabilitation planning, adequate aftercare services is an integral part of the program.

9. We urge the establishment of "well-aged" clinics.

10. Before commitment to a psychiatric institution for "senility," a patient should have a thorough evaluation by physicians experienced in geriatrics.

11. Coordinated community planning is essential to this program. Good working relationships should exist between official and nonofficial community agencies and all pertinent institutions.

12. Continued search for improved procedures should be encouraged through research and demonstration projects in institutions.

### **Organization of Community Services To Meet the Needs of the Disabled**

When the term "handicapped" or "disabled" is used in this report, it includes physical, mental, or social conditions.

The initial responsibility for action to meet the needs of older people lies at the local community level. This report emphasizes the need to explore and encourage such resources before turning to State or Federal sources for support.

This work group recognizes that rehabilitation potential exists for all persons regardless of age or degree of disability, and urges upon the Conference a positive attitude toward the achievement of significant restorative gains. Further, this work group understands that comprehensive services are not available in many areas. However, we commend to the Conference the encouragement of community action for the aging disabled individual based on those services which may be currently available, with the hope that gaps may be recognized and positive action taken toward filling unmet service needs.

1. The handicapped aging individual himself must be brought into full participation in the planning of all programs to meet his peculiar needs.

2. Local councils with representatives of public and voluntary programs providing services to older handicapped individuals should be established to disseminate information, identify and plan for meeting total needs, and provide for centralized counseling and referral services. Such councils should be established by local health and welfare councils or similar groups and should be staffed to assure continuity and effectiveness of services.

3. Local communities should establish home-care programs (including homemaker services) in order to assure the handicapped older individual the optimum degree of independent living. Federal and other funds should be available for research and demonstration in this area.

4. Schools and public libraries have a particular responsibility and should assume leadership in offering and organizing educational services to older people in the community.

5. State rehabilitation agencies should take advantage of existing laws to provide more vocational rehabilitation services to the older handicapped individual. Arbitrary age limits should be removed where they exist. Staff training should emphasize services to older people.

6. Public assistance agencies must be given the resources to implement the provisions of their laws with respect to self-help and self-care. This includes counseling and casework service to assist aging persons to recognize the need for and accept rehabilitation services from all available sources. Federal participation in the cost of such services should be available regardless of whether the aging person is a recipient of public assistance. Rehabilitation services should be made an essential part of public assistance medical care as well as medical aid to aging persons not receiving old-age assistance.

7. Public health agencies should be more adequately financed in order to allow them to assume a greater responsibility in the field of rehabilitation and related services.

8. States should set up councils with representatives of all tax-supported programs providing services to older handicapped individuals to identify needs, plan to fill gaps in services, and cultivate such services to assure maximum supplementation of efforts.

9. Federal grants-in-aid should be established to give support to the development of qualified workshops for handicapped persons regardless of age.

10. A Federal grant-in-aid program should be established through which rehabilitation shall be provided for seriously handicapped individuals to enable them to achieve a maximum degree of independent living.

11. The definition of units eligible for surplus property under Federal law should be expanded to include workshops.

12. A Federal grant-in-aid program should be established to help States develop programs to include rehabilitation practices in governmental, nonprofit, and proprietary institutions providing long-

term services to handicapped older people. This would involve research and demonstration and training of personnel.

13. Research should be stimulated to identify community administration and organization patterns through which rehabilitation services to older handicapped people can be provided most effectively.

### **Vision Loss Among the Aging and the Aged**

1. It was the consensus that to promote the well-being of persons suffering visual loss and maintain their integration as members of society, there are available a very considerable array of valid processes. These are under legitimate disciplines which require support and promotion from society, the professions, legislatures, and executives in Government as well as private organizations. These processes consist of two major kinds—(a) means of sight preservation and restoration, including visual aids; and (b) means of self-management as blind individuals. For the first of these the combined talents of medicine, optometry, and social work require special facilities and training under the aegis of properly constituted public health programs. For the second, resources of rehabilitation are required, particularly skills in self-management as developed in rehabilitation centers for the blind, as well as the liberal use of such motivation measures as reader and guide services. With due respect for research possibilities, it was clear that pragmatically sanctioned treatment and care as developed in various existing programs for the blind can be serviceable to the aged population, if expanded. With respect to the possibilities of study and research, the need to learn more about the true function of work, leisure, and recreation in the lives of aging persons appears of paramount importance since the conventional is extremely rigid in this important area and, therefore, requires the most searching re-examination under present-day conditions.

2. It is essential that in any program of health care, Congress should consider broad aspects of rehabilitation. The group unanimously favored a program of rehabilitation for self-care (independent living) with proper safeguards.

### **Hearing Loss Among the Aging and the Aged**

1. It is disturbing to this group that essentially nothing on this problem has been pinpointed in State reports. The problem of hearing loss is far greater than this lack of attention suggests. Therefore,

our educative effort must be relatively greater to bring it into proper perspective.

2. We face a problem of ignorance and complacency rather than emotion and controversy. We urge that concern be shown at National, State, and local levels by active promotion and financial aid to programs (including the use of "seed money" for new ones) specifically designed to—

*a.* Identify the problem of the hard of hearing and the deaf and define the public interest in it; establish a system for casefinding these individuals in urban and in rural areas; and promote the training and provision of professional and technical personnel to organize group functions, render accurate diagnosis and provide properly regulated training services. Where hearing aids are indicated, their provision and use should be facilitated.

*b.* Devise the best means for keeping these people on the job, if possible; placing elsewhere, if necessary; and for initial training and placement of those who are not working. There is great need for the skills of special workers aware of the needs of the whole individual.

*c.* Promote the concern for curriculum and teaching in our professional schools as well as in speech and hearing, and rehabilitation centers and for the promotion of research as part of the major educative effort.

*d.* Recognize the need for safety provision for those with hearing loss, especially in planning new housing.

*e.* Encourage efforts to provide our senior aged deaf citizens comfortable separate accommodations in institutions or homes serving the aged.

*f.* Alert churches, schools, libraries, and other public and private institutions to the needs of older people who have hearing impairments.

## Section 7. Social Services

### POLICY STATEMENT

**SOCIETY** has the obligation of meeting the challenge of old age by adapting its institutions to help the older person to utilize the gift of longer life as a personal and social asset, and to provide assistance and care appropriate to specific needs as they may develop. A stable and well-functioning society makes it possible for its members, regardless of age, to fill the following basic human needs:

The means for securing adequate maintenance, including food, shelter, and clothing.

Maintenance of physical and mental health, with support and care by other human beings in the event of ill health.

Opportunity for continued usefulness and meaningful activity.

Opportunity to participate in the life of family and community as fully as ability and desire dictate.

A reasonable measure of individual choice in the way these needs are to be satisfied—choice about where to live, to work, and how to use leisure time.

These needs are shared by all of us, but we satisfy them in different ways depending on our cultures, religions, and life histories.

Older persons for the most part have the capacity to lead independent and useful lives, enriched by a lifetime of experience, but as a group they encounter great obstacles to the satisfaction of these needs. These may include: sharply reduced income, ill health, physical handicaps, loss of family and friends, unsuitable living arrangements, loneliness and isolation from community affairs.

Some of us are able to avoid or overcome these difficulties alone or with help from the family. For a great many, however, effective resolution of these difficulties can be achieved only in part by the individual or family effort. A great many problems encountered in aging require some degree of external help. It is to provide this help as it is needed that our social services have developed.

The social services are a flexibly organized system of activities and institutions to help individuals attain satisfying standards of life and health, while at the same time helping them develop their full capacities in personal and social relationships. For older persons, they are those organized and practical activities which conserve, protect, and improve human resources. These programs include: financial assistance, casework and counseling, information and referral, friendly visiting, group activities, and protective services.

The social services represent a practical expression of man's interdependence.

Old age has always been a protected condition of man, and these social services are one expression of our intention to carry forward this tradition in a form appropriate to our modern society.

The family is primary in providing help to older persons in adapting and adjusting the process of aging because of the continued importance of family ties and responsibilities to older persons. Changes in our present-day society have created difficulties for older persons and their families as they seek to maintain and strengthen family relationships between the old, the middle aged, and the young of today's extended family. A distinctive attribute to social services for older persons is the focus of the total family.

In general, social services have been developed—

To help older persons continue to live out a way of life normal for each of them in their own homes if possible.

To provide care and protection away from home when that becomes necessary.

To help families make workable plans which satisfy the requirement of both family and aged parents, especially when physical or mental illness is involved.

To contribute essential professional services and skills upon which other community services depend for completion of their tasks.

To help provide opportunities for older people to use their wisdom and experience in planning and skills in useful activities.

To help persons of all ages prepare for their later years.

The planning, organization, and administration of social services for the aging should be based on the following principles:

1. There should be as great a degree as possible of determination by the community of the manner in which services are organized and administered for the people who live there.

2. In planning, high priority should be given to services which will enable persons to continue to live in their own homes, or will



make it possible for them to return to their family or to independent living when feasible.

3. Communities should provide a wide range of services under public and private auspices to enable older individuals and families to cope constructively with the social, physical, emotional, and economic problems which are beyond their capacity to resolve independently.

4. Services should be available to all persons without regard to income, race, citizenship, or residence.

5. Care outside the family setting should be available for persons for whom this is appropriate and should be provided in such a way as to safeguard as much as possible the individuals' opportunity for a satisfying life.

6. Services should be provided by persons who are fully qualified by professional training and experiences, and by trained volunteers under professional direction.

7. Special emphasis should be given to the development of preventive services which will reduce the incidence of problems requiring community action.

8. There should be a continuing program of evaluation and research to determine how well the services provided are meeting the needs of the older person, and to test and develop new treatment skills and knowledge.

9. A special effort should be made to obtain factual data from the older persons about their interests, needs, and types of activities and services required.

## SUPPORTING RECOMMENDATIONS

### *Financial Service*

1. Recognizing that adequate income is essential for the physical, mental, and social well-being of older persons, we recommend that old-age assistance grants be provided in all States at a level compatible with decency, dignity, health, and social functioning, and adjusted to the impact of inflation. Special needs of older persons in relation to housing and living arrangements, medical care for prevention, alleviation and physical rehabilitation, transportation, telephone, and participation in family, church, and community life need to be recognized in financial assistance planning. Federal funds should be pro-

vided all States and territories on an equitable basis. To this end the inequitable limitations pertaining to Puerto Rico and the Virgin Islands should be eliminated from the Federal public assistance laws.

2. It is further recommended that old-age assistance be free of restricting technicalities that deprive certain elderly individuals of assistance for such reasons as residence, relatives' responsibility, and citizenship requirements; that the categories be eliminated; that Federal funds be available for general assistance; and that public assistance in general be on a total family basis.

Residence and citizenship requirements exclude needy older persons, and residence requirements in particular often create bars to older persons and their families being together or in close proximity, thus contributing to the weakening of family ties and responsibility. Similarly laws and practice which enforce or assume support from adult children and in many places with little or no regard for the needs and responsibilities of adult children and their young, weaken family relationships and family responsibility, and are destructive to the older persons and the families of their adult children. Such requirements should be removed from State laws and practice. A Minority Report referring to No. 2 will be found at the end of these recommendations.

### *Personal and Family Counseling*

3. Personal and family attitudes and problems underlie most of the difficulties of older persons. Casework and counseling service is the basic service most generally needed and should be available where necessary to all aging and their families. Counseling service should be made possible through a shift in program emphasis and/or expansion and creation of services in both public and private existing agencies and institutions, both through the use of additional staff and adequately trained staff. Where these facilities do not exist, new public or private agencies should be developed. Each community should plan to provide this service through the best means, depending on the situation in the particular community. These services should be made available regardless of economic or residential status. Public services, such as public assistance and Old Age, Survivors, and Disability Insurance, require special attention to assure that services are available to the older persons included in these programs.

### *Protective Services*

4. It is recommended that social agencies, legal aid and bar associations, and the medical profession increase their cooperation and continue their study of ways to facilitate the provision of protective services. The professions of social work, medicine, and law should make their services available to older persons who are in need of social

protection because they are, for one reason or another, unable to manage their own affairs. These professional services should be offered in such a way that they are mutually supportive to such older persons and sustain all potentials for independence. Guardianship laws and practice should be studied with a view to assuring not only legal protection but personal protection and care for mentally incompetent older persons.

### ***Information and Referral Services***

5. Older persons and their families are often stymied in their planning because of lack of information. Therefore information and referral services should be established at the community level, utilizing existing agencies wherever possible to help older persons and their families identify and use the resources of the community to meet their individual needs. Such a service would provide data regarding unmet needs in the community and serve as an additional source for directing the development of new services in the community. Essential to such a service is continuous, wide, and effective publicity and interpretation of such services. Special planning is necessary to assure that such interpretation readily reaches and is meaningful to older persons and their families.

### ***Services to Older People at Home***

6. The priority objective of all social services should be to enable older persons to remain in or return to their own homes. Greater collaboration between social agencies and medical facilities and personnel is urgently needed to assure that no older person is placed or remains in an institution unless it is established that needed care cannot be provided in his own home. Essential in such collaboration is the participation and choice of the individual and his family in decisions about where his social and medical needs can best be met. Skilled homemaker service in both urban and rural communities is essential to such planning. Mobile food services and transportation should also be included.

### ***Homemaker Service***

7. Many older persons can remain in or return to their own homes with the aid of homemaker service. Homemaker service can help older persons to use their capacities to the fullest degree in personal and home care and for a more satisfying life. Because of these unique values, homemaker service should be available in every community. It is recommended that public and voluntary social agencies give a high priority to the development of homemaker services with standards for the recruitment, training, and supervision of homemakers.

## ***Volunteer Services—Friendly Visiting***

8. Citizen volunteers have a unique and important role in the provision of needed services. Therefore there should be increased recruitment and training of volunteers. Religious, civic, and fraternal groups, and older persons are excellent sources. Certain essential qualities in volunteers should be sought; e.g., availability for continuity of service, understanding and a genuine liking for older people. Volunteer services to be effective should include professional direction, training, and supervision. This recommendation applies to rural as well as urban areas. Special attention should be given to the unique and rich contribution of older persons in volunteer programs.

## ***Foster Home Care***

9. Foster home care is designed to meet particular needs of older persons and can be used to obviate placements in institutions. Therefore foster home care should be widely extended to care for those individuals who need the support of a substitute family setting. This should be done under a range of sectarian, nonsectarian, and public auspices. Appropriate standards should be established for the approval of such homes. Since personal and social care is the major function of foster homes, standards should cover the specifics essential to a high level of such care. The responsibility for State standards and approval of homes should rest with the State welfare departments.

As foster home care programs increase they provide an additional substitute for institutional care. Furthermore, such plans provide more satisfactory living experience for older persons, as well as providing for personal preference and individual needs.

## ***Standards for Institutions***

10. The whole question of institutional care requires urgent examination because of the totality of their impact on older persons within the institutions, the proliferation of commercial homes with little regard to geographic spread or need, the lack of standards, the inadequacies of care, and the large amounts of public, voluntary, or family money devoted to such care. There were concerns in relation to many areas of institutional care. Institutions\* should provide more than custodial and sanitary care. Public and private organizations should develop programs to broaden institutions to insure that the social and psychological, as well as physical, needs of the aged are met. Present State regulatory statutes relating to minimum standards of operation of institutions should insure that institutions are classified in accordance with the services actually provided.

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\*Institution is meant to include hospitals, nursing homes, homes for the aged, boarding homes, or multiple care facilities.

11. Social services should be an integral part of institutional care, and a closer coordination between the services and facilities is needed. Some of the specific needs are: broader representation of social service agencies to provide improved intake and admission procedures of institutions and other services; assistance of social services in tailoring facilities to individual needs. It was further recommended that both proprietary and nonprofit institutions be recognized as an integral part of community resources for meeting the needs of older persons, and that they and other community resources be coordinated to provide a continuum of services and care for the individual older person. Continuing counseling and casework service should be provided older people in institutions and to their families.

Special attention needs to be given to collaboration with mental health facilities in assisting older persons to return to their communities and have the supportive help to enable them to function adequately within the family and community setting.

### ***Joint Planning and Action***

12. Planning and coordination on the National, State, and local levels is essential to assuring the further development of services for older persons. Efficient planning demands the active partnership of National, State, and local agencies, and between public and voluntary agencies. It is recommended that on the local level, overall community planning councils or facilities be established where none exist, to study and analyze needs and resources, to make plans for providing and extending services, and to coordinate existing agencies; that this coordination be extended between the community, county, and State services for aging where they exist; that in the community planning process, whether at local, State, or Federal level, the dignity of the individual and strengthening of family life be safeguarded. Every State should have established on-going mechanisms to promote the development of local community planning, and to promote and coordinate the development of needed services throughout the State—making maximum use of existing State agencies and other resources. Older persons should be encouraged to participate fully on the Federal, State, and local levels in the planning and development of services.

### ***Social Work Personnel and Training***

13. There is urgent need in public and voluntary social agencies and in institutions servicing the aged for well-trained and qualified staff in great numbers in order to make possible more manageable caseloads and adequate social services. Increased opportunities must be provided for professional training through scholarship funds to meet present needs as well as greatly increasing needs in the coming decade.

Equally important are more adequate salaries to attract and retain well qualified staff.

14. National, State, and local organizations and agencies, and professional groups serving older people, should plan for, arrange and support the recruitment, training, and financing of such increased staff and facilities. However, the need is so great, significant progress cannot be made without Federal appropriations for the training of social workers.

15. More emphasis should be placed on improving and extending educational opportunities for personnel engaged in working with older people.

### ***Auspices—Public and Voluntary***

16. Older persons in need of any of the social services should be furnished these by society. For nationwide coverage the services of both public and voluntary social agencies are required, and the development of both should be encouraged. Social agencies have a primary and initial responsibility for such developments. Each social agency is therefore urged to reexamine its responsibilities for services to older persons and initiate planning to develop new and extend present services, both within the agency and within the community.

Sectarian and nonsectarian voluntary social agencies have a special contribution to make through leadership in community interpretation and planning, and providing specialized services such as homemaker service, foster home care, protective services, volunteer programs, and provision of consultation to other community services. For many older persons sectarian agencies can make a unique contribution particularly in such services as foster home care.

17. Because of its current scope of responsibility in relation to older persons and its nationwide operation, public welfare has a major role in State and local community leadership and in the provision of needed social services. The public welfare agencies should be so structured legally and so financed by Federal, State, and local funds that they can furnish whatever social services older people require, including those where financial need is not involved and the service can be paid for, particularly where voluntary services are not available to meet such needs. Through its assistance payments, public welfare has a direct effect upon the development and standards of services under other agency auspices; e.g., institutional care, foster home care, homemaker service, and recreational programs. It therefore should give particular attention to the adequacy of such payments in relation to good quality standards of these services.

18. Social services are also essential in related programs designed to meet other specific needs of older persons; e.g., housing, recreation, courts concerned with legal protections, legal services, educational programs, and labor union service programs. Increased attention should be given to extending social services in these programs or securing them from the social agencies of the community. Industry and trust companies are increasingly aware of the need for assistance from social services in retirement preparation and in dealing with individual problems. Social agencies have a responsibility to learn about these needs and to collaborate with industry and trust companies in the development of needed programs and services.

### ***Demonstration***

19. Demonstrations are essential to develop knowledge about the administration and effectiveness of a particular service and to develop support for the service and its establishment as an on-going community activity. It is recommended that every public and voluntary social agency carry out at least one demonstration of a social service needed in their communities, and that emphasis be continued on this method of promoting and developing social services for all older persons in need of them.

### ***Research***

20. It is recommended that there be more encouragement of and coordination of social research at every level pertaining to strengthening of family life, with particular emphasis upon gaining increased understanding of the social aspects of the aging process, what older persons want for themselves, and the effectiveness of the social services provided. Research in relation to aging process should recognize the differential stages and include the three stages of the sequence of aging: middle years, retirement period, and period of diminished functioning. In such research particular attention should be given to the middle years, since so little research has thus far been directed to this important stage in the sequence of aging. Social research should be directed at problems and issues around the ways in which older persons can be assisted, with particular attention paid to new mechanism of program development and coordination.

## **Minority Report on Financial Services**

Recognizing that financial income is essential for the physical and emotional social well-being of older persons, we recommend that old-age assistance grants be provided in all States at a level compatible

with decency, dignity, health, and social functioning adjusted to the impact of inflation, and be free of restricting technicalities that deprive certain elderly individuals of assistance for such reasons as residence, relatives' responsibility, and citizenship requirements. It is further recommended that the categories be eliminated; that Federal funds be available for general assistance; and that public assistance in general be on a total family basis.

### ***Position Statement***

The minority voting on the above recommendation approve said recommendation in the following particulars:

That old-age assistance grants be provided in all States at a level compatible with decency, dignity, health, and social functioning adjusted to the impact of inflation.

The minority objects to the remainder of said recommendation for the reason that the means suggested require an irresponsible assumption by the Federal Government of duties owed the aged citizen by the respective States.

The minority believes that the responsibility of financing and supervising general assistance programs rests with the States; that the elimination of "categories of assistance," residence and citizenship requirements, and the responsibility of relatives to dependent family members preempts this responsibility.

"Categories" serve to highlight and pinpoint the individual needs of particular groups requiring assistance. The elimination of categories of assistance would tend to obscure these pressing needs and create competition between groups having different needs and problems.

The majority recommendation combines such programs as Aid to Dependent Children, Blind Assistance, Disability Assistance, and Vocational Rehabilitation, with general assistance programs and poor relief. It is apparent that eligibility for assistance in each of these programs is dependent upon different factual circumstances. The problems of the deserted mother are not ordinarily related to those of the elderly person in search of a comfortable and dignified life. Programs relating to the blind or disabled are not in any way related to assistance programs for able-bodied persons needing temporary relief. We believe that it is wrong to state as a matter of public policy that family members have no enforceable obligation to their dependents.

We believe that the needs of the aged will be best served by programs based upon realistic financing. It is fatuous for this Conference to describe inflation as an enemy of the fixed income and to suggest as a cure a policy of support by Federal funds which could only induce further inflation.



We recognize that there are inequities resulting from present residence requirements, but we affirm the belief that these situations can be worked out within the States and between the States.

We recognize that the majority recommendation is prompted by recognized administrative difficulties raised by those things they recommend abolishing, but we believe that such problems should be and can be worked out within and between the States themselves.

Under the guise of doing something for our needy and aging and with the promise to erase inequities now existing in the various aid programs, the majority recommendation will place the Nation under a socialistic Federal dole. We believe that the problems thereby created dwarf in magnitude the administrative difficulties found in the restrictions of the categorized funds. The recommendation of the majority will make, as a permanent part of American life, programs of temporary assistance and will have a debilitating effect upon the very things this Conference has said needs reenforcing, such as individual responsibility, strengthening family ties, encouraging, initiative, and useful living.

The minority objects to the majority recommendation for the further reason that said recommendation includes a recommendation concerning general assistance, which area of public concern is not related to the purposes for which this Conference was called.

We of the minority do recommend that in order to provide the financial income for the physical and emotional well-being of older persons, that each State reexamine its programs with the view to eliminating the inequities raised by residence and citizenship requirements, and to work in concert through interstate compacts and executive agreements to effect old-age assistance programs that will be at a level compatible with decency, dignity, and health.

## Section 8. Housing

### POLICY STATEMENT AND RECOMMENDATIONS

THE WHITE HOUSE CONFERENCE on Aging, devoted to the proposition that adequate housing is essential to the happiness, health, and welfare of the aging citizen, and hence to the welfare and security of the Nation as a whole, urges a program of action to create a condition in which the aged will be provided such living accommodations as will enrich their way of life and offer a future to the many who now have none.

Solving the problem calls for an integrated attack by private industry, philanthropic organizations, and Government at the local, State, and Federal level. It is the feeling of this Conference that a coordinated approach, carried forward in an atmosphere of informed and aroused awareness, is essential to the success of such an endeavor.

There must be a realistic recognition that housing for old people is a relatively new, challenging, and an unusually complex field. While utopian goals are understandable, achievement of immediate needs can be accomplished by sound application of existing tools, with achievable changes and improvements which we hope the recommendations of this Conference will inspire.

Adequate housing means housing which the aging can afford, which meets the special physical needs of the aged, and which is designed to avoid isolation from the rest of the community or an institutionalized feeling.

A keystone of the long-range approach is the need for continued study, planning, and statistical data. Appropriate agencies should foster studies in depth in urban and rural communities, and promote the exchange of vital information.

The consensus of delegates reflects confidence that real progress can be achieved provided there is a sober, hard-headed determination to implement these considerations with specific programs of action.

One recurrent theme in the workshop sessions was the realization that the housing needs of the aged are varied now and will be constantly changing. Methods of meeting problems should be flexible

Therefore many suggestions of delegates, which today failed to impose themselves in the final recommendations, may indeed be pertinent on another occasion.

The delegates, representing diverse elements of business, Government, and society, agreed on the need for identifying those avenues and agencies which practically and quickly can be put to work to bring about a solution of the critical housing needs of the aging.

In essence, this Conference establishes the following principles and objectives:

1. All aging people—regardless of race, creed, or national origin—should be adequately housed in a suitable neighborhood of their choice, and supplied with community facilities and services at rents they can afford.

2. There is, and will continue to be, a need for an increase in all types of housing. Although factual information is limited, there is evidence that this need exists in many communities throughout the country.

3. The aging have special needs as to both their housing and their total environment. Integral parts of this problem are the planning and developing of facilities for the aged, such as transportation, shopping, medical and hospital facilities, utilities, churches, cultural outlets, and congenial neighbors.

4. To promote meaningful progress toward the stated goals, an earnest effort is required to insure that (a) the needs of the aged can be incorporated automatically in all community planning, including urban redevelopment projects; (b) local zoning laws and building codes can be revised and adjusted to eliminate inhibiting redtape, to clear the way for advancement of housing for the aged, and to guarantee health and safety standards; (c) private builders, developers, and mortgage bankers will be encouraged to take the lead in creating housing for the aged in their respective communities; (d) Government agencies will broaden and expand present laws, or where pertinent, interpret existing regulations so as to expedite the building and financing of needed low-rent housing for the aged.

5. While specialized building units and conversion of existing units are to be encouraged, the isolating of homes for the aged should definitely be discouraged.

6. Active groups be set up at every level of government that is responsible for (a) providing information relative to housing to eligible older people, and (b) informing the public of matters concerning this subject and thereby fostering broader community interest and understanding of the problem.

7. While many specific recommendations were made concerning steps the Federal Government should take, the consensus was its immediate movement should include: (a) the expansion and liberalization of federal mortgage insurance and long-term loans, (b) the organization and conduct of a broad research program, (c) the expansion and extension of the public housing program for the elderly of inadequate income as well as of the new direct loan program.

It was agreed that, while the basic responsibility for working toward this goal of adequate housing for the aged should rest with the individual first and private enterprise next, each local community is obliged to recognize the problem—if it has one—and then lead and assist in every way toward dissolving all local impediments.

State and Federal Government programs should supplement this grassroots responsibility to make this truly a national effort. The conferees agreed that in the case of the financially incapable persons, some form of local tax abatement is in order, but they generally looked with disfavor on the idea as a general proposition where those of financial competence are concerned.

An integrated approach to erase the housing problem requires, at all levels, among all elements of society, an enlightened recognition of the problem, coupled with dedication and zeal. This too requires an heroic effort to compromise differences, conflicting interests, and political and ideological theories—a big order to meet a big challenge.

Granted this spirit and determination, which certainly manifested itself among the delegates assembled, it was agreed that the goals outlined are attainable because the methods for achieving them are feasible.

The problem of properly housing the aging is everyone's problem.

The delegates confidently believe that with a course of action as charted above, great strides can be made toward solving housing problems. And as public understanding and involvement spread, the possibilities for achieving the kind of life our Nation would ideally like to see for all our aging citizens will approach realization.

## **SUPPORTING RECOMMENDATIONS**

### **Housing in Relation to Community Planning**

#### ***Need for Studies and More Reliable Data***

Existing data on needs, demand, and supply of housing for the elderly are fragmentary and unreliable to the extent that intelligent planning is not possible. Therefore, it is recommended:

1. That appropriate community bodies undertake surveys of present conditions and needs in sufficient depth to permit adequate planning for housing in a wide price range.

2. That the responsibility for helping these community bodies be assigned to the highest possible level of State government, preferably a specially established *commission on aging* which would be properly representative, including representatives of the Housing and Home Finance Agency (HHFA) and its constituent agencies.

3. That the HHFA (or an appropriate Federal agency) be requested to compile an inventory of the major housing resources for the elderly so that quantitative needs may be determined and correlated with ability to pay, thereby providing a basis for determining the extent to which cooperative private and public effort may be required to reach effective solutions.

4. That there be established in the HHFA (or preferably in the proposed Department of Urban Affairs): (1) a clearing house for local and State experiences in conducting community studies, and (2) a research and consulting unit whose staff would be available to advise in the carrying out of studies on the housing needs of the aging.

5. That communities take full advantage of such clearinghouse and research and consulting unit, and of the consulting services of private, voluntary, professional, business, religious, and labor organizations.

6. That there be established an adequately financed and nationally coordinated program of research at all levels of Federal, State, and local government; and that private agencies interested in the welfare of the aging coordinate their efforts with such public research units.

### ***Overall Needs and the Housing Supply***

Although there is need for reliable data on housing needs, demand and supply, there exists in almost every community an obvious shortage of dwelling units suitable to the needs of old people. Therefore, it is recommended:

1. That the Federal program of direct loans to nonprofit organizations for the construction of housing for the elderly (sec. 202 of the Housing Act of 1959) be continued and expanded; that there be authorized and appropriated the sum of \$100 million per year for the fiscal years 1962 and 1963; and that the use of the direct loan program be encouraged where local financing is not available.

2. That the Federal program of mortgage insurance on housing specially designed for the elderly (sec. 231 of the Housing Act of 1959) be continued.

3. That the Federal program of low-rent housing (Public Housing Program authorized by the U.S. Housing Act of 1937, as amended) be expanded to authorize an increased number of dwelling units for elderly persons.

4. That State-aided housing programs be encouraged—including the establishment of new programs and the expansion of existing programs in the State—to the end that housing is financially within the reach of both middle and low income groups.

5. That the States give consideration to programs of long-term loans backed by State-pledged bonds.

6. That the maximum term of FHA Title I type loans be set at a level sufficiently long to effect lower monthly payments.

7. That housing be made available to all elderly persons—without regard to race, creed, or national origin.

8. That particular attention be given to the housing needs of the unattached older person.

9. That private enterprise and privately supported nonprofit groups—civic, religious, and fraternal—be encouraged to sponsor housing suitable to the needs of elderly persons, making use of existing and new Government programs.

10. That private philanthropy in local communities recognize its responsibility for adequate housing of the elderly and that it support local projects with local resources, considering Federal assistance as a supplement to local efforts.

11. That all Government officials in charge of housing and redevelopment programs be urged to make aggressive efforts to simplify procedures and streamline the mechanics of operations to the end that individuals and organizations in the community will be encouraged to make use of such programs.

12. That mortgage bankers be encouraged to provide pioneer leadership in seeking solutions to the problems of financing housing for older persons.

13. That the Urban Renewal Administration make land available in redevelopment areas at markdown prices to nonprofit sponsors of housing for the elderly.

14. That, because of their experience, local public agencies be permitted to sponsor housing for the elderly under the direct loan program (sec. 202 of the Housing Act of 1959), particularly that housing which would be above the level of public housing, but below that of private rental housing.

## Minority Report

Further study should be given to this proposal with respect to whether or not it might involve local government action in an area of housing in which private enterprise might be able to function adequately.

### ***Overall Framework for Community Planning; Housing Standards and Regulatory Efforts***

#### ***It is recommended:***

1. That housing be distributed throughout the community in such a way that individuals in their old age might retain contacts with younger relatives and friends, and that they might remain a part of the total community—as citizens and contributors thereto; further, that such distribution of housing apply to the location of quasi-household types as well as independent dwelling units.

2. That, since the housing needs of the elderly are so great as to preclude their being fully met within the foreseeable future, since, in addition to housing, older individuals require multiple services to satisfy their social, recreational, and health needs, and since they face a general reorientation at the time of their retirement from a work status, the Federal Council on Aging undertake studies which would lead to the establishment in all major cities of *community centers*, the objectives of which would be—

(a) to direct via educational techniques the desire of old people to continue to actively participate in community life; -

(b) to furnish stimuli for new interests and occupations;

(c) to provide aid in areas of personal needs which cannot be found in their present habitat; and

(d) to provide a central referral station.

It is believed that such community centers would produce over the years the reliable experience and data which are necessary for continuing improvement of our housing and community development programs.

3. That developers, who propose “retirement villages” on the basis of attracting numbers of elderly residents into a community, assume responsibility for determining that there is existing or that there will be provided reasonable access to basic community services, including medical and hospital facilities, shopping, cultural, recreational and social facilities, transportation, fire and police protection, and dependable utilities; further, that reasonable access to such basic community

services be made a condition for participating in Federal or State housing programs.

4. That social planners work closely with physical planners toward assuring that there is housing available which is suitable to the total needs of the older population

5. That multiunit structures be dispersed in neighborhood areas rather than concentrated in institutional-like projects.

6. That the HHFA investigate current zoning ordinances and subdivision regulations as they pertain to housing for old people; and that it summarize for use at the community level such information as would be of assistance in securing suitable housing in appropriate locations in each community.

7. That the Congress assign to the HHFA (or to the proposed Department of Urban Affairs) the responsibility for establishing guidelines for planning adequate housing for the elderly in metropolitan areas.

8. That the HHFA, in cooperation with the Federal Council on Aging and other appropriate Federal agencies, review and evaluate existing standards, and that it establish recommended minimum standards of housing for the elderly.

9. That the States be urged to designate an appropriate authority or citizens committee to draft model zoning ordinances and subdivision regulations which will permit and encourage the development of housing for old people on a planned basis.

### ***Neighborhood Conservation, Rehabilitation, and Redevelopment***

In line with the recognition that housing for old people is inextricably a part of the broader fabric of the community, it is recommended:

1. That the HHFA modify its criteria for evaluation of community *workable programs* as to the adequacy of their plans for relocation so as to assure that elderly persons may find, or are provided with housing suitable to their needs; further, that all governmental agencies responsible for land clearance of residential areas be similarly directed to give special attention to the relocation of elderly persons in housing suitable to their needs.

2. That in all major redevelopment projects involving predominantly residential reuse of land, special consideration be given to housing for elderly persons; and, more specifically, that elderly residents who have been displaced be given the opportunity to continue to reside in the same general area.



3. That comprehensive community planning be undertaken by more municipal and other governmental planning units, and that special consideration be given in comprehensive plans to housing for elderly persons.

4. That insured mortgages and governmental funds be made available for the rehabilitation and improvement of the dwellings of the elderly in those urban areas that have programs of community rehabilitation and conservation.

5. That in those planned rehabilitation and conservation districts in which it has been established that local codes are being positively enforced, the Federal Housing Administration (FHA) be directed to insure, on favorable financial terms, mortgages on rehabilitation and improvement of homes of elderly persons.

### ***Organization, Education, and Dissemination of Information***

Because there is a lack of specific information on governmental program policies and on local experience, and in order that the potentials of present and future programs may be known to a concerned public, it is recommended:

1. That the Congress authorize and direct the HHFA and its constituent agencies to greatly expand their information programs; further, that State Commissions on Aging (or similar bodies) be made a part of such programs.

2. That the Congress greatly strengthen the Federal Council on Aging, with particular emphasis on its program of dissemination of information.

3. That the States establish, as a part of their commissions on aging or similar bodies, an information dissemination unit.

4. That private and governmental informational programs direct a portion of their effort toward the individual citizen and his own plan for housing in retirement.

5. That the HHFA and its constituent agencies make more extensive use of advisory committees—broadening membership at the national level; that they establish counterpart advisory committees at regional and district levels; and that necessary funds be appropriated for travel and per diem expense of committee members.

6. That, in the case of new programs, regional and local offices of the HHFA and its constituent agencies conduct workshops to assist sponsors in applying for loans.

## **New Houses and Apartments**

### ***Physical Design and Construction, the Housing Market***

It is urgent that the production of individual houses and apartments for the elderly keep pace with the need. To do this, all sectors of the building industry, both private and public, must play an active part. Toward this end, it is recommended:

1. That a "Guide to Building" be compiled which points out desirable design features and outlines appropriate standards for housing for older people.

2. That communities be encouraged to adopt building codes based on performance in order that structures may be more efficient and that they review building codes with particular consideration of those items which would reduce the cost of construction.

3. That housing for young as well as old people incorporate those aspects of design and construction known to be beneficial to older residents; and that it seek emotional and spiritual uplift in both individual quarters and communal facilities.

4. That housing for the elderly be located convenient to basic community facilities and service.

5. That, in new subdivisions, consideration be given to the inclusion of dwelling units for the elderly on a higher density basis than is usually observed for younger families.

6. That the FHA examine its minimum requirements for elderly housing under section 231 with a view to permitting greater flexibility of design.

### ***Financing***

Several factors appear as obstacles to the construction of housing for the elderly at reasonable rentals: the high cost of land, high interest rates, high level of real estate taxes, the short term of mortgages, and high building costs. In order to overcome some of these obstacles and thereby increase the supply of housing available, it is recommended that certain modifications be accomplished in the existing programs of housing for the elderly, including—

1. That sponsors of housing projects under section 231 of the Housing Act of 1959 be required to file narrative and financial reports setting forth a statement of program, design standards, financial feasibility, and other pertinent data for distribution to individuals and organizations interested in undertaking similar projects.

2. That the FHA insure mortgages upon application by limited-profit corporations (acceptable to the FHA and local agencies) in behalf of which local government waives taxes and accepts pilot payments; that such mortgages have a maximum term and a rate of interest such that resulting rents will be above that of public housing but below that of the bulk of rental housing on the market.

3. That because great difficulty is being experienced by nonprofit and profit sponsors in getting necessary information and cooperation during the stages of FHA field office processing, a special assistant for housing for the elderly be appointed in each FHA zone to coordinate the efforts and to facilitate the application procedure up to and including the issuance of a commitment.

4. That a "short form" application be developed for use in the case of housing projects of 50 dwelling units or less (sec. 231 of the Housing Act of 1959); that there be provided by FHA one booklet setting forth procedure, minimum property requirements, and the rules and regulations of the program; and that statutes and regulations be modified to simplify procedures, to reduce the cost of application and inspection fees and other charges.

5. That terms on FHA mortgage insurance on mobile home courts be extended to at least 15 years.

6. That the HHFA issue more firm and definite commitments (under sec. 202 of the Housing Act of 1959) such that these can be used in obtaining construction loans; further, that the HHFA consider the advisability of making direct construction loans to cover the period of interim financing.

7. That the States consider partial real estate tax abatement in the case of housing projects for the middle-income older population.

8. That techniques be devised to facilitate transactions, as well as to make less costly the "exchange" of homes by older persons.

9. That the Congress authorize the FHA to insure condominium interests.

10. That, where necessary, States be encouraged to modify statutes to permit the investment of pension funds in Federally insured mortgages on housing for the elderly.

11. That, since many States observe the provision of suitable housing for middle income elderly persons is a serious problem, specific effort be made toward providing housing at rentals which they can afford to pay.

## **Hotels, Residence Clubs, Boarding and Foster Homes, and Congregate Facilities**

### ***Needs and the Supply of Group and Congregate Housing Types***

There is a great variation between localities as to needs for congregate facilities. Present statistics as to needs and available facilities are inadequate. It would appear the best way to relate demand and supply is through advisory local and State planning groups established for that purpose. Therefore, it is recommended :

1. That local agencies be used as the primary source of statistical information and that better methods be found to produce such data.
2. That no attempt be made to limit arbitrarily the number of congregate facilities by localities.
3. That recognition be given to the fact that there is presently occurring a much more rapid increase in the "older" old age bracket (i.e., those 75 years of age and over compared to those less than 75).
4. That specific effort be made to develop facilities for the care of people discharged from mental institutions, or those who are in mental institutions only because of the lack of more suitable facilities.
5. That congregate facilities provide all of the services needed by the elderly and be under the control of a central management—even though the different functions are physically separated; and that the independence of each resident be encouraged as far as possible.
6. That, because the isolated facility is unsatisfactory in today's economy, institutions be located convenient to available community services, such as social, recreational, and rehabilitation services, and to religious and cultural facilities.

### ***Sponsorship, Financing, and Administration of Group and Congregate Housing Types***

Without meaning to interfere with the present relationships of Federal and State assistance programs, we believe that basically the individual and his family must continue to have primary responsibility for housing of the elderly. Therefore, it is recommended :

1. That the Federal Government assume its responsibility when individual and other local avenues (church, civic, local, and State government) prove inadequate.
2. That Federal programs for financing congregate housing for the elderly (including both the Hospital Construction Act program and housing programs) be critically reviewed for the purpose of establishing more realistic standards with resulting greater flexibility in design

and lower construction costs; that procedures for obtaining Federal mortgage insurance be simplified; that more authority in this regard be allocated to the local offices of the Federal agencies. In this connection, the appointment of a special commission of experienced and qualified individuals is suggested, with instructions to produce recommendations for consideration by the new administration and the current session of the Congress.

3. That Federal definition of terms relating to the various types of institutions and care be formulated so that there can be a common understanding of terms generally in use for allocation of funds and available financing.

4. That, because there is a need for the protection of those who have invested in their own care (i.e., resident investors), standards of care can be improved.

5. That welfare payments for care should be more realistic and in proportion to the cost of care in order to encourage upgrading of the institution.

6. That there be a general adoption of the principle of "pay as you go" in preference to the lump-sum payment for life care.

7. That Federal and State income taxes and local property taxes not be imposed upon nonprofit or charitable housing facilities for the elderly.

8. That nonprofit corporations which sponsor housing for the elderly be made eligible for the receipt of Federal surplus property.

9. That consideration be given to the authorization of higher loan-to-value ratios on conventional loans, and of longer maturities on loans; further, that there be a revision of the present Federal Home Loan Bank Board regulations and those State laws which limit investment in these types of properties.

### ***Public Responsibility, Licensing and Regulation of Group and Congregate Housing Facilities***

#### ***It is recommended:***

1. That every congregate facility for the care of the aged be licensed by appropriate State agency according to the type of care given; that established standards apply with equal force regardless of type of sponsorship or the number of persons cared for; that appropriate regulations regarding fire, safety, etc., also govern quasi-households not giving care; and that there be adequate State and local financing to implement these regulations.

2. That the community assume responsibility for providing complete program of services, such as health, social, and recreational services for those facilities which do not provide care.

3. That persons operating private placement registry services for out-of-home care be regulated by appropriate State license.

4. That a program of certifying or licensing those administering congregate facilities for the aged be developed in order to give some assurance of the qualifications of those in charge of carrying out responsibilities assumed; and that appropriate regulatory agencies give leadership in educational programs to develop better administration and more qualified staffs.

5. That zoning regulations in most of our urban areas be modified so as to recognize that congregate housing facilities for the elderly are primarily living accommodations, even though they may include components of medical or nursing care.

### **Housing for Individuals of Inadequate Income**

One of the more important needs of older persons is adequate housing of all types, within their ability to pay, and in areas in which they desire to live. A considerable number of elderly individuals and families need some form of subsidy or financial assistance in order to secure appropriate housing.

Because methods of financing and constructing housing are of such crucial importance in the case of the provision of housing for individuals of inadequate income, existing Federal and State housing programs have particular significance. For this reason, certain recommendations appear below, even though they may have been previously stated in another context.

#### ***It is recommended:***

1. That all methods of financing, construction, and operation which are available through existing Federal and State housing programs be continued, expanded, and improved in order to—

a. Assure an increased supply of public housing with additional subsidy through Federal, State, and local legislation for elderly citizens of inadequate income.

b. Provide for more liberal requirements as to sponsorship in the case of FHA-insured mortgages on both profit and nonprofit housing.

c. Provide that a greater number of dwelling units may be achieved under the direct loan program now administered by the HHFA.

2. That the Urban Renewal Administration be encouraged to consider, where feasible, plans for housing of the elderly when proposed by private, nonprofit, or public sponsors.

3. That in order to augment the supply of housing, philanthropic, charitable, fraternal, religious, labor, and other organizations—at National, State, and local levels—be encouraged to participate fully in housing programs designed to meet the continuing need of the elderly.

4. That Federal, State, and local levels of government be urged to consider the reduction or waiver of various kinds of taxes, and the granting of other concessions where such action would increase the supply of housing available within the means of the elderly.

5. That programs and laws dealing with retirement incomes from public and private systems be analyzed with a view to raising incomes, and hence the ability of the elderly to pay for housing.

6. That State legislatures be urged to enact enabling legislation (where necessary) to permit the formation of local housing authorities without restrictions which might hamper the solution of the problems of housing low-income elderly persons; and that, where such restrictions do exist, State legislatures be urged to remove them.

7. That management of private or public housing for the elderly maintain close relationship with community health and social agencies—utilizing existing community facilities to the fullest extent; and where suitable facilities or services are not available to meet a particular need, the management take the initiative in developing them. Such services would include: information and referral service; rehabilitative services (physical, psychological, and social); educational, recreational, and cultural activities; and homemaker and housekeeper service.

8. That local and State zoning ordinances, building codes, and planning and land use laws be examined so that those which hamper the provision of decent and economical housing for elderly may be revised.

9. That local communities be urged to establish organizations or affiliations of citizens and groups interested in the improvement of housing for the elderly, and that the delegates to this Conference undertake, individually and collectively, the responsibility for implementing the recommendations of this Conference.

10. That in the planning and construction of additional public housing, the needs of low-income elderly persons be recognized; similarly that housing authorities be encouraged to convert units in existing

housing by installing facilities determined to be essential to the needs of elderly persons.

11. That homebuilders, real estate, and mortgage lending institutions be urged to meet with public housing officials and public interest groups in an effort to reconcile differences on public housing.

12. That unrealistic criteria for determining financial feasibility, as are now used by Public Housing Administration (PHA) and FHA in connection with income standards, be eliminated.

13. That in order that recipients of old-age assistance may be able to obtain adequate shelter and household furnishings either in public housing or in private housing, public funds be made available in amounts related to current costs of living.

14. That public funds for the payment of rent in the case of old-age assistance recipients be sufficient to pay operating costs, exclusive of debt service on the unit occupied.

15. That the direct loan program of housing for the elderly (sec. 202 of the Housing Act of 1959) incorporate a tenant eligibility requirement based on a reasonable level of income.

### **Living Independently—Potentials and Problems**

Independent living in all areas, rural and urban, for all persons regardless of race, creed, or national origin is of great value and should be encouraged and preserved. Living arrangements must, however, take into account individual differences and this makes personal counseling services extremely important if proper plans are to be made. Further, housing plans must be altered many times during a person's lifetime as needs, capacities, and interests change.

To give the aged freedom of choice is the goal of the Housing Section of the Conference. These goals for the aged are, however, inseparable from the housing goals for all people. In fact, housing design, construction, and financing plans should take into account the total lifespan.

In order to provide real alternatives to the strictly institutional facility (home for the aged, nursing home, State hospital), it is recommended:

1. That functional design be used in the construction of new, and the modification of old single-family homes and apartments.

2. That commercial, nonprofit, and governmental developers and planners be urged to recognize these same elements of safety and convenience.



3. That research groups continue to study housing design with a view toward the accommodations of the aged.

4. That community auxiliary services such as homemaker, meals-on-wheels, home nursing, friendly visiting, and shopper services be established as part of the community plan to support independent living.

5. That medical and paramedical, recreational, educational, and health programs be developed within the reach of elderly citizens; that these stress the preventive aspects of medicine, including nutritional information.

6. That through suitable transportation, the aged person be enabled to keep in contact with friends, community activities, and the church.

7. That counseling and informational services be established and made known to the aged, and that such services be extended to all economic levels.

8. That because the principal resource for counseling and informational service to the aging is the Federal-State public assistance staff, Federal, State, and local governments establish as a matter of policy that the services of these workers not be limited to financial aspects nor to the public assistance recipients exclusively; and that they provide funds to implement this policy.

9. That institutions for the aged and hospitals, private and public, sectarian and nonsectarian, be encouraged to reach out into their communities to provide supportive help, recreational opportunities, case-work counseling and referral services, and that these extramural services be coordinated with those of other community agencies.

10. That informational, coordinating, planning, and advisory services be developed at all levels—State, county, city, and rural; that a State agency with primary interest in the total needs of the aging, and having broad authority and statewide contact points, spark the development of local interest and, where necessary, local services.

11. That housing and public health standards relating to the aging be established and enforced.

## **Section 9. Education**

### **POLICY STATEMENT AND RECOMMENDATIONS**

**EDUCATION FOR AGING** is related to each aspect of aging and is a part of the lifelong learning process. Education for everyone about aging will influence community attitudes and actions with respect to aging problems. Education for older people enables those who need and want educational activities to enrich their lives and continue their usefulness in a democratic society. Older people can make contributions to the education of others. The Nation should take advantage of the experience and skills of older people in our population.

The conservation, development, and utilization of the abilities and skills of older people have become a matter of national concern. The public interest requires that Federal legislation be enacted which will empower the U.S. Office of Education to cooperate with States, communities, public and private schools, institutions of higher education, and public and private libraries to stimulate the development and operation of educational programs about, for, and by the aging.

The initial stimulation of educational programs for, about, and by the aging should be through institutions that have public responsibility for education, that in combination, have nationwide coverage and that have the confidence of all groups. These institutions are public schools, institutions of higher learning, and libraries. In some cases the only complete nationwide coverage will be a Federal agency. For example, communication between talented older people and employers who can and want to use capable retired people could well be channeled through the U.S. Employment Service which has offices in all sections of the country. Universities and colleges are among the best equipped organizations to carry on the research needed in the aging process and in the needs and interests of the aging, and to conduct studies relevant to total community effort in education for the aging. Public and private schools have the opportunity to develop, through a strong program of adult education, education for the aging in all of its aspects. Public and private libraries can pro-

vide both the materials, information, and references services on aging for all interested agencies and segments of the population, and appropriate facilities, services, and programs for the aging and those who work with the aging.

All of these National, State, and local agencies working together can develop a program of education that will cover the Nation with an initial program of education and counseling to be augmented by other agencies such as churches, labor organizations, industry, major voluntary organizations, organizations of older people, and other private and public community organizations and agencies, which even now are doing outstanding work in the field of aging in some localities scattered throughout the country. The situation demands that such a program be stimulated on a nationwide basis. This can be done best initially by organized Federal and State agencies, and through public and private schools, universities, and libraries with adequate funds to promote and develop leadership in communities in all States in all sections of the country.

Legislation should empower and direct the Office of Education to cooperate with State departments of education, institutions of higher education, and libraries, in developing active programs for the identification and development of potential leaders for education of the aging in public and private schools, in junior and senior colleges, libraries, senior citizen groups, unions, industrial organizations, and all other agencies concerned with education of the aging. It should be the duty and obligation of all cooperating agencies to promote and operate broad and diversified education programs for older people. These programs should include: health education; education to enrich the outlook and interests of senior citizens; occupational education; education to increase knowledge and understanding of the aging process; and education and other related services designed to help older people to discover and develop their capabilities and to enhance the value of their potential contribution to society.

Opportunities for continuation or reentrance into formal education should be expanded. The State should provide adequate funds to carry out the program on the local as well as the State level. The Federal Government should participate, not only in providing leadership development but also in providing funds on a matching basis. The Adult Education Section of the U.S. Office of Education should be strengthened and enlarged, so that leadership and assistance can be provided to the States in the development of a coordinated educational program for older adults.

This Section summarized its deliberations by agreeing that as a Nation we realize that continued planning and preparation is needed to insure the well-being, the strength, and the happiness of the older adult, his family, and his society. People need to prepare for the later

years through continuing education as they prepare for earlier periods of life. Older adults can make a substantial contribution to the education of others. It is clear that national leadership is essential, that State leadership must be developed and expanded, and that there must be coordinated efforts among all agencies involved in education of older people. It is equally clear that the U.S. Office of Education, State departments of education, public and private schools, universities, and colleges, and public and private libraries—given adequate funds—are in the best position to develop a nationwide program of education for the aging. They are in a position—given adequate resources—to conduct the needed research, develop materials, identify and train needed leadership, conduct pilot programs, and to otherwise assist communities and such private and public agencies as may wish to contribute to and participate in such a program.

## **SUPPORTING RECOMMENDATIONS**

### **Increasing Knowledge and Understanding of Aging and the Aged**

1. Each level of government (local, State, and National) shall designate or create an agency to coordinate activities of all governmental agencies concerned with increasing knowledge and understanding about aging and to work with nongovernmental agencies in the same area.

2. Each State commission or committee on aging should help each community to develop some central organization that will take responsibility for disseminating information and providing leadership in their program of education about the aging. An important part of the program would be developing community awareness, utilizing all existing resources such as schools, libraries, voluntary agencies, etc., that persons with training and knowledge relating to aging be encouraged to offer their services in this program.

3. Each community shall have a central information and referral center responsible and responsive to the needs of the aged. Such an agency should enlist the cooperation of all interested groups in taking an inventory of community services for the aging and the aged, and coordinating the planning to fill the gaps.

4. *a.* The Federal Government should expand its existing technical, consultative, promotional, and advisory services to the States in this field.

b. Congress should strengthen the U.S. Office of Education with adequate funds and staff to coordinate and augment and develop its program for education and research in relation to aging.

5. The Federal Government should provide leadership in the field of increasing knowledge and understanding about aging through grants to the States to be available on a matching basis.

6. a. Federal, State, and local governments should provide funds for education about the aging and for research and training of professional and lay persons.

b. National, State, and local nongovernmental agencies should continue and expand their support of this program about aging.

7. Universities and colleges in the States should establish institutes to serve as focal points for their work in aging. The functions of these institutes would be to encourage the development of research and training by all appropriate units within the institutions, and to offer courses, procure funds for research and training, and collect and disseminate information about developments in this field.

8. Universities and colleges educating professional personnel should accept the responsibility to provide courses, course content, and other experiences necessary to develop competencies to work with older persons.

9. Schools at all levels should examine their curriculums to determine their adequacy in developing positive concepts about the aging process and the potentialities and needs of older persons.

10. Every effort shall be made to educate the public as to the variety of patterns under which aging occurs and thus change the stereotyped image of an aged person. This can best be done through the media of mass communications and related public relations programs as a supplement to the work of educational institutions.

11. Mass media (particularly television, radio, and the press) should accept greater responsibility for education about aging; and National, State, and local agencies should develop programs and materials to be used by these media.

12. Federal, State, and local agencies should recognize and utilize local cultural and social variations.

13. Both Government and industry should adopt a policy of a flexible retirement age. Retraining programs shall be provided where these would be useful.

## Education for Older Adults

### *Program Priorities*

There is an urgent need for quality education for everyone of all ages on a continuing basis; an essential part of this comprehensive program of continuing education is that of specialized programs designed to meet the particular needs of the aged segment of the population; these specialized programs should be designed to help older adults:

1. Understand the physiological and psychological changes which occur in the normal aging process and to develop wholesome attitudes toward aging and modified forms of living in the later years;

2. Achieve and maintain a current knowledge of the world about them and assume their responsibilities for participating in and influencing public decisions;

3. Assist in achieving successful retirement through preretirement courses;

4. Attain occupational training and retraining to develop in older adults the skills of secondary occupations;

5. Better understand their peculiar health needs as older individuals, including instruction in mental hygiene, accident prevention, dietary requirements;

6. Extend and develop their interests and skills in worthwhile leisure-time activities;

(a) Cultural offerings: music, art, literature, arts and crafts, etc.

(b) Exploration of avenues of community service for which older adults are peculiarly fitted and through which they may continue their contribution to ongoing community life.

7. Adapt to the changing character of family relationships.

In developing these program priorities, concern and attention need to be given to the individual's right of self-determination and to the importance of involving the learner in the planning and conduct of these learning activities.

### *Coordination*

1. Programs for older adults should be community and people centered, and it is therefore recommended that community adult educational programs for older people be encouraged, promoted, and developed by local educational agencies, community groups, religious institutions, and service organizations.

2. In addition, this group urges the formation on the local level of a community "voice" (committee, council, commission, etc.) representing public and private agencies, organizations, and institutions with educational services for adults to assess the educational needs of older people and concern itself with the task of encouraging needed educational services in an appropriate and adequate manner.

3. Specific responsibility should be placed with State departments of education for coordinating, through a director of adult education, the efforts of various groups and agencies to provide more adequate educational services and opportunities for the aging.

4. On the local, State, and national levels, planning and coordination should make use of all existing resources (staff, facilities, funds) within the community.

5. That State departments of education, institutions of higher learning, and public libraries be encouraged to include programs for adults with adequately trained personnel.

6. That the U.S. Office of Education, and especially its Section on Adult Education, be strengthened by adequate staffing in order to assist the various States in providing programs for adult education and especially programs for the aging.

### ***Implementation***

1. The adult education division of the local public schools and State departments of education should include personnel involved in the education of older adults, and should be represented on State and local commissions and committees on aging.

2. Agencies and organizations on local, State and National levels should conduct programs of training for staff and volunteers, including older people who will work in the interests of education.

3. To provide the necessary fiscal support to activate a solution to both the immediate and long range problems, it is recommended that—

a. Federal Government include in the provisions of the National Defense Education Act financial aid to the States, and through them to the localities and to the institutions of higher education to provide—

Expanded provisions for professional training for leaders, teachers, and counselors of adults, including the aged and the aging;

Needed research on the problems, needs, interests, and characteristics of adults, including older adults, which have implications for education of these age groups from the standpoint of content, physical facilities, and methodology;

Greater exploration of the desirability of increased use of the mass media, particularly radio and television in the educational process.

*b.* The Federal Government provide financial support to the States to assist in eradicating adult illiteracy.

*c.* The various States include provisions for the education of adults as an integral part of their ongoing public education programs, and provide financial support for the total program consistent with the education needs within their respective States.

*d.* States be encouraged to give consideration to aging and the aged in formulating their plans under the Federal Vocational Education Acts. This group feels that adequate and financial support of education, consistent with the demands of the times in which we live, involves greater financial effort on the part of Federal, State and local government, as well as greater participation on the part of our voluntary agencies and institutions, both public and private.

### **Education and Community Service by Older People**

It is the sense of the Section on Education that it is in the national interest to conserve, develop, and more fully utilize the experience and talents of older people. The section recognizes the following needs:

1. There exists a need in every community for a responsible group or agency to—

*a.* Study and make known the talents and skills of those older men and women who are interested and available.

*b.* Identify and classify the services which can be performed by older men and women for community agencies, groups, and individuals.

*c.* Establish a clearinghouse and resource center for bringing together the available services of older adults and the needs for their services.

2. There is need for an agency at the State level to be given responsibility for assisting local communities in doing an effective job in utilization of the skills of older persons in service to the community.

3. There is need for a national agency to provide information and leadership, and to facilitate the development and effective use of the services of older persons at all levels (National, State, and local).

4. It is recommended that such continuing organizations of agencies on aging (National, State, and local) be representative of public and



private interests and resources, and that provision be made to include special or permanent committees responsible for the utilization of older persons in education and community services.

5. Such agencies or organizations should be responsible for activities and services such as the following :

*a.* Promoting the concepts of "community service" and "continuing education" as a vital need for all persons of all ages.

*b.* Creating public awareness of the potential and availability of older persons as resource people, counselors, consultants, lecturers, and other specialists, either on a voluntary or paid basis.

*c.* Conducting research and demonstration projects designed to show how to motivate older people to take part in community services.

*d.* Recruiting and training leadership—leadership for this program should be recruited especially from the senior citizens themselves, with the training coming from the educational institutions which are equipped for this type of adult education through conferences, workshops, and short term informal institutes and courses.

6. The educational program should be conducted by institutions which are engaged in adult education and which are in a position to carry out needed surveys and studies.

7. Friendly relations should be encouraged to discover and bring out the hidden, latent, and manifest abilities and competencies of older people to the community and its members.

8. Special staffs should be established in regional and State offices of the United States Employment Service to effect communication between older people trained for a variety of creative efforts, and employers, agencies, and organizations who need the services of their special talents.

9. Parents, through leadership and guidance, should provide opportunities for children to have experience in association with aging people and thus gain an understanding and appreciation of the aging.

10. State and local organizations on aging should identify and delegate responsibility and authority to existing agencies and schools where possible. For example, adult education programs in schools, libraries, colleges, and universities can and should be made available to serve these purposes.

11. These programs and services should be financed through public and private resources (local, State, and National).

## **Section 10. Role and Training of Professional Personnel**

### **POLICY STATEMENT AND RECOMMENDATIONS**

**ALL PROFESSIONAL**, technical and related personnel working with older people should have specific knowledge of the processes of aging and needs, characteristics, and behavior of those in the later stages of life. Therefore, it is essential that knowledge of both the individual and societal aspects of aging be extended as rapidly as possible. Further, that appropriate elements of this knowledge must be built into the educational experience of every individual from early life onward.

### **Training**

Basic requirements for achieving these objectives and for satisfying the urgency of the present need are: (1) for rapid and thorough expansion of the number of college and university faculties equipped for teaching in aging within the biological and social sciences and within the professional curricula in all health fields, social work, recreation, education, religion, community organization and environmental planning and (2) for increased numbers of trained professional, technical, and related personnel in all fields concerned with meeting the needs of older people.

It is therefore recommended that undergraduate, graduate, professional, and vocational education in all schools, colleges, and universities should include appropriate content on aging in a form similar and equivalent to other knowledge about man and society. Professional organizations and appropriate federal and state agencies and voluntary organizations should be urged to take leadership in securing prompt implementation of this recommendation.

It is recommended, also, that graduate and professional schools expedite specialization in aging within appropriate disciplines and

fields through the addition of specialized courses, research opportunities, clinical and field experiences.

In recognition of the multifaceted nature of aging and the need for comprehensively trained personnel, it is recommended further that a number of regionally distributed universities and professional schools offer supplemental education in aging beyond the completion of training within a single discipline or field. Such training should include interdisciplinary courses, seminars, and clinical and field experience for students from varied disciplines and should provide for the election of courses from a variety of related fields.

Many previously trained professional, technical, and related personnel find themselves having to extend their services to older people without having had the benefit of systematic training in the nature of the processes of aging or in the characteristics and specialized needs of older persons. In order that such persons become equipped with the knowledge and techniques essential to the provision of sound and high-standard services, it is recommended that: universities, colleges, adult education programs, and voluntary and official program agencies offer a variety of short courses, summer programs, institutes, and workshops in aging for those whose duties involve working with older people.

### **Training Facilities**

One of the basic needs underlying the expansion of professional educational opportunities is for additional training facilities. It is therefore recommended: (1) that universities and professional schools establish multidisciplinary and interuniversity institutes of gerontology or coordinated programs offering courses in aging, research opportunities, and consultation services to teaching and program agencies; (2) that educational institutions work with program agencies in effecting widespread development of supervised placement and research opportunities in community and institutional settings; and (3) that physical plants, such as laboratories, social, recreational, and educational centers, clinics, health and rehabilitation centers, and classroom and library space should be expanded and increased as necessary to provide adequate training opportunities.

### **Financing Programs and Trainees**

Training of professional personnel can be advanced with essential speed only through financial support of training facilities and pro-

grams and provision of assistance to trainees. It is recommended, therefore, that governments at all levels, foundations, business, labor, and private and voluntary organizations should recognize the urgency of the need and make available, now and within the next decade, the funds necessary to universities, colleges, professional schools, organized agencies, and other centers for the support of institutes of gerontology; long- and short-term training programs; research; fellowships, scholarships, and stipends; and for construction and equipment of facilities.

### **Recruitment**

One of the major problems confronting the scientific, professional, technical, and other fields related to gerontology is the shortage of young people interested in the study of aging and working with older people. This is, in part, a reflection of the acute shortage of personnel in all professional fields. It is therefore recommended: (1) that information be prepared and distributed, by appropriate agencies and organizations, on career opportunities in the field of aging and that efforts be made in secondary schools and colleges to interest young people in careers in the field of aging; and (2) that retired persons, qualified for teaching, research, and supervisory training roles, be recruited for work in appropriate facilities and programs.

### **Stimulation and Creation of Public Awareness**

Beyond the measures already recommended there is need for creating more general awareness of the need for knowledge and trained personnel. It is therefore recommended: that a broad, intensive, and continuing program of education and stimulation of interest be carried on among the general public, legislators at all levels, foundation executives and board members, and personnel of universities, professional schools, and colleges.

Finally, Federal and State Governments should maintain central agencies on aging to encourage the development of teaching and research programs in the basic sciences and in the professions; to serve as clearinghouses of information on training, research, and personnel requirements; and to make grants in support of training, research, demonstration programs, and facilities. The staffs of such agencies should include personnel trained and experienced in the field of aging.

## SUPPORTING RECOMMENDATIONS

### Basic Sciences

By Basic Sciences we refer to biological and social sciences as these are now defined by universities and as these definitions are reflected in the departmental organizations within universities. Thus, biological sciences include anatomy, biochemistry, physiology, and so on; and social sciences include anthropology, sociology, psychology, economics, and political science. Excluded, accordingly, are the "professions" and the "applied sciences."

Within the Basic Sciences, the roles of professional persons are fairly well encompassed by teaching and research activities. The goal is to increase the numbers and quality of persons equipped to teach at undergraduate and graduate levels, and to carry out basic research on aging. Such activities are concentrated within colleges, universities, and research institutions, but may well be related to practice settings as well. Interdisciplinary perspectives and collaboration between researchers and clinicians, or researchers and practitioners is encouraged as a means of furthering the training of the basic scientist.

Within Basic Sciences, and without comment on the applicability of this policy to other professional groups, there is no real issue over whether or not to produce "gerontologists" *as such*. As the basic sciences are now constituted, this is impossible. Training must therefore proceed *within* the various disciplines. Students must continue to be trained first as psychologists, biochemists, or political scientists; then, in addition, be given specialized training regarding the processes and problems of aging from the point of view of their disciplines. At the same time, eventually to produce more persons who will devote major attention to such research and training, scientific concepts and data on aging should be included as curriculum content at all levels of education.

To provide training in gerontology for increased numbers of basic scientists (at both graduate student and faculty levels) there must be increased research programs. This is true because the training of scientists consists largely of training in research; and because training in research can flourish only in settings in which there is an active program of ongoing research. Thus, while every effort should be made to secure the fullest utilization of existing resources, there is urgent need for expanding funds and facilities for basic research on aging at the same time that funds are increased directly for training. The needs are particularly urgent in the social sciences.

Responsibility and initiative for enlarging research and training facilities are shared by various agencies including the Federal Gov-

ernment, State Governments, colleges and universities, labor organizations, industry, private foundations, and professional societies. Methods should be explored for the more effective stimulation and coordination of training and research activities by these various agencies.

## **Recommendations Are Made Under Five Topics**

### ***Determination of Needs***

1. A national committee should be appointed by the President or the Secretary of Health, Education, and Welfare:

a. To carry out an overall assessment of needs in training and research in the area of aging;

b. To determine how best to utilize current knowledge in various scientific fields as this knowledge bears upon training in the field of aging;

c. To determine whether, where, and to what extent additional expenditures of funds are needed to further the training of research scientists in the field of aging;

d. To determine ways of enhancing existing programs of training.

### ***Federal Promotion and Support***

2. A systematic investigation should be undertaken of ways and means by which the Federal Government, through its various agencies and by the establishment of new agencies, can best promote training in basic sciences that will have special relevance to the field of aging.

3. Additional funds should be allotted through the National Institutes of Health to provide pre- and post-doctoral fellowship and stipends specifically for training of scientists for this field.

4. Inasmuch as there is special need to encourage social science research on aging, the Department of Health, Education, and Welfare is urged to sponsor and support university based programs of research and training in this relatively neglected area.

### ***Training Support at State and Local Levels***

5. Governmental agencies, voluntary associations, labor organizations, and industry should be encouraged to support the development of teaching and research programs in the basic sciences with accent on aging. These activities should be carried on within the universities.

6. This should be implemented by outright grants of funds; by support of scholarships and fellowships; by making sources of data

available; and by providing training opportunities within their own organization.

7. To act as clearinghouses for information, to stimulate and possibly to coordinate training and research efforts at State and local levels, committees or councils with state-wide representation should be considered.

### ***Roles and Responsibilities of Universities***

8. Universities should be urged to make an assessment of their total effort in the field of aging with a view to:

a. Considering their curricula on aging, with special emphasis on matter of extension, duplication, and coordination of courses and course materials.

b. Coordinating research on aging in various disciplines.

c. Committing additional resources to the extension of training and research, including provision of stipends for graduate students who, within their particular disciplines, will specialize in aging.

d. Examining possible inter-university programs along such lines as jointly sponsored summer training programs, exchange of faculty for specialized courses, and establishment of inter-university councils on gerontology.

### ***Recruitment of Personnel***

9. To swell the numbers of basic scientists with particular special interests in the field of aging, a variety of formal and informal methods of recruitment must be utilized. These include, as examples:

a. Provision of fellowships and stipends for graduate study.

b. Dissemination of information to undergraduate students about careers and research possibilities in the field of aging. This implies greater efforts at communication and recruitment from such organizations as the Gerontological Society and the Division on Maturity and Old Age of the American Psychological Association.

c. Bringing to the attention of students at all levels of education and within various subject-matter areas, scientific information about aging. This might best be done through the efforts of such groups as the National Council of Teachers of Science and the National Council of Social Studies.

## **Health and Medical Services**

Health services offered to aging individuals involve two interdependent approaches: The first, to maintain a high level of indi-

vidual wellbeing despite restrictions and modifications imposed by the aging process; the second, to prevent, control, and treat actual disease and disability. The nature of these services determine the personnel required and the types of training necessary. In the past, health services have been concerned chiefly with acute conditions requiring short-term medical, surgical, and nursing care. The increase in longevity and in chronic diseases has resulted in the involvement of more services for longer periods of time. Consequently, the importance and utilization of all health services has become more apparent, extended specialized and cooperative approaches have increased, and there has been a greater demand for personnel.

For purposes of this Conference the definition of "Health Service Professions" shall include Dentistry, Hospital Administration, Medicine, Nursing, Nutrition, Occupational Therapy, Optometry, Physical Therapy, Podiatry, Psychology, Public Health Education, Social Work, Speech Therapy, and comparable professional disciplines. The training and supervision of certain non-professional health services such as Nursing Home Management, Homemaker Services, Practical Nursing and Volunteer Services are considered to be the responsibility of appropriate professions.

The roles of the individual health professions are well-defined by their inherent nature, their training programs, and often by law. These roles consist of the following general activities: (1) Direct Personal Service, (2) Consultation, (3) Administration, (4) Professional Training, (5) Health Education, (6) Research and (7) Interdisciplinary Communication and Training.

The increasingly specialized nature of the Medical Sciences requires that each of the above-listed professionals be thoroughly grounded in his basic discipline. Most of the health care of the aged must be provided by personnel who are not specialists in geriatrics. Therefore, all health personnel must have knowledge of the process of aging and its health implications.

There is also a recognized need for administrators of geriatrics and gerontologic programs, research institutes, chronic disease hospitals and related institutions, and for such personnel to be properly qualified.

It is with consideration of these problems that recommendations are made in the four following areas:

### ***Roles and Qualifications***

1. All of the health service professions should be more actively and effectively involved in the care and treatment of the aging individual.

2. All health personnel should have knowledge of the process of aging and its health implications.



3. There should be a group of professions with special competence in geriatric health services to teach, provide services and counseling and to coordinate action and understanding in the care of the aging in the hospital, the community, and the home.

4. The functions of administration and organization should be assumed by individuals, trained in one of the appropriate existing professions who have adequate supplemental training and interest in the problems of gerontology.

### ***Levels of Training Desirable to Fill These Roles***

The basic level of training for health care personnel is the amount necessary for graduation from an accredited school and certification, registration or licensure in the subject profession.

5. Relevant knowledge in pertinent areas of gerontology should be included in the basic professional curricula.

6. Graduate training in gerontology should be provided for the consultant, the teacher, the administrator, and the researcher and be established under academic supervision. Such graduate training should include opportunity for research and supervised practical experience and field work in gerontology.

7. Supplementary training in geriatrics and gerontology should be provided for individuals currently practicing in the health fields.

### ***Training Provisions and Organization***

8. The professional schools of the individual disciplines should institute and implement the formal undergraduate, graduate and supplementary training in gerontology and geriatrics, and maintain appropriate standards.

9. Supplementary knowledge and information should be made available by institutes, workshops, short courses, in-service training, clinics, and other methods as may be appropriate. Such programs should also stress techniques of training and supervision of volunteers and non-professional personnel in the care of the aged.

10. Federal, State, and local governmental, as well as private sources, should be encouraged to contribute more funds for the establishment and maintenance of these programs and the necessary facilities and personnel.

### ***Personnel Recruiting***

Current data indicate that the available personnel in each of the health disciplines is inadequate to meet the current and future needs. This general shortage must be resolved in order to achieve a propor-

tionate increase in the number of geriatric and gerontologic specialists. Hence, it is recommended :

11. That the actual numbers of personnel needed, the facilities necessary to meet this need, and the mechanisms necessary to recruit personnel at all levels should be determined by appropriate studies.

12. That counseling and information programs should be extended at the high school and college level to ensure adequate consideration of health service careers, with special reference to geriatrics and gerontology.

13. That more scholarships and loans should be available at all academic levels in the health sciences, and that support should be recruited from all appropriate sources. In addition, fellowships should be increased for advanced geriatric and gerontologic study and research.

14. That there should be periodic role evaluation in order to assure most efficient utilization of the available health service personnel.

15. That both as a matter of basic principle, and in order to conserve personnel, every effort should be made to obtain the maximum patient self-help and to recruit individuals from subprofessional groups, from the family, and from the community as volunteers.

## **Social Work Services**

### ***Training in Aging***

There is a grave shortage of trained personnel serving the aged, and in all aspects of social work and social work education, there is a serious lag in the dissemination of knowledge of aging and in the application of skills in working with older people. A wide range of roles and functions are considered to be a part of professional social work endeavor. Such roles and functions reflect the fact that agencies have been developed to serve a particular group of clients with particular kinds of problems. However, the fundamental elements of professional preparation for such role and functional responsibilities within the organized agencies are embraced by common concepts and principles of practice and a basic body of knowledge, attitude, and skill. Therefore, the assumed responsibility of the professional curriculum in social work is to offer the student a basic collegiate educational preparation in the common elements of practice from a basic body of knowledge. Identification with a recognized profession and/or academic discipline is the baseline from which to build a capacity to utilize the knowledge accruing from a special interest in the field of aging. Generalized education leading to knowledge

about aging and the aged is not a shortcut by which to bypass basic professional education.

However, the current professional curriculum should be enriched by the inclusion of additional content on aging and the aged as a part of basic education. Such content recently has become available, and hopefully will become available at an accelerated rate, for inculcation and integration in the basic professional curriculum. Some more specific educational experience should become available to students in the professional social work curriculum as field teaching resources are developed within social service programs for the aged and are used for field instruction. Accordingly, it is recommended that :

1. Policies applicable to social work educational preparation for work with the aging should be reaffirmed as best served by a strong basic curriculum in endeavor in all agencies.

2. Immediate attention and action should be taken by social work educators in the individual schools of social work and through the Council on Social Work Education to the enrichment of the basic curriculum by the inclusion of additional content on aging and aged.

3. Field teaching facilities of high quality within agencies providing a program which serves the aged should be fully developed by schools and agencies with the view toward the expansion or establishment of field teaching resources in agencies, such as old-age assistance and other family or individual counseling programs, multiple-service centers for the aged, homes for the aged, and chronic disease hospitals.

4. Undergraduate education should include content on aging and the aged in a form similar and equivalent to other knowledge about man and society now taught as a part of undergraduate programs.

### ***State Responsibility for Stimulating Training and Research***

Professional education which includes content on the processes and problems of aging is dependent upon an accelerated program of basic research as well as research on professional practice, administration, program procedures of agencies and methods of prevention of social problems attendant to aging. A pattern of cooperative and collaborative research on an interdisciplinary basis should exist within universities and colleges so that communication between faculty teaching in specialized professional curricula and faculty involved in scientific research in gerontology have a channel for exchange of information and ideas. Similarly, separate governmental and voluntary agencies offering particularized services for the aged should collaborate in their efforts bearing on practice, program development and administrative procedures to identify and demonstrate emerging roles in Social Work practice.

5. It is recommended that State commissions or councils on aging and boards and administrators of agencies should assume responsibility for stimulating collaborative research and demonstration in governmental and voluntary agencies and advocate the establishment of interdepartmental activity on the campuses of universities and colleges.

### ***Training Funds To Increase Teaching and Professional Personnel***

Teaching and research resources now available are under-equipped and at or near the limit of capacity to advance knowledge through research or to expand enrollment. A critical shortage of professionally prepared staff is unequivocally recognized. This is especially true with respect to persons particularly trained to provide services with the aging and aged. It is recognized that funds are available to a limited degree through governmental and voluntary funds. This is not enough. Therefore, it is recommended that:

6. Federal, State, and local grants should be made available to increase and expand the teaching and research facilities in colleges and universities as a prerequisite to expanded enrollments of students in social work education.

7. More adequate Federal, State, and local funds should be made available for stipends for training of current or future staff now enrolled or eligible for enrollment in professional social work education.

8. As an urgency measure, legislative provision should be made for grants of 100 percent Federal funds for graduate social work traineeships for individuals to prepare for services to the aging and aged, and funds to expand the educational facilities.

### ***Agency Staff Development***

Social work education is not completed within the education experiences provided through an accredited school of social work. The development of professional competence is presumed to be based upon social work education but furthered and made more explicit through professional experience supplemented by continuing education and staff development programs established by the agencies administering a social service program for the aging and through participation in appropriate international exchange programs.

9. It is recommended that all social welfare agencies providing programs of social service to the aged should provide staff development programs for their staff and join forces with other agencies or with universities and colleges to develop a wider range of training opportunities.

## ***Social Work Roles and Standards***

From among the many assigned social work roles in programs of services to the aging the analysis of State recommendations indicates that priority consideration be given to specific roles which have educational implications. The priority is reaffirmed by the workgroup. These roles are not now a part of all similarly identified programs of service. Likewise, they are not assumed with a sufficient degree of uniformity or professional standard of practice to be amenable to the formulation of educational designs for preparation.

The roles to which priority is assigned are related to social work endeavor :

(1) Associated with consultation and education as a part of the licensing procedures for nursing homes, homes for the aged, and accreditation standards of hospitals;

(2) In leadership roles for community surveys of needs, community planning, setting of professional standards, in-service education, and collegiate education in gerontology;

(3) As a part of team effort toward rehabilitation of patients; social work endeavor in discharge planning from hospitalization; social work endeavor in post-hospital counseling of patients and their families;

(4) Associated with the social service program as an integral part of the public assistance program;

(5) Incident to the information and referral services and/or general counseling service for the aged in basic community agencies;

(6) Required as a part of a program of public housing, residential homes and communities for the aged;

(7) Associated with community services for leisure time and recreation which maintain or re-establish socialization skills of the aged.

Some of the enumerated roles are uniformly leadership roles requiring continuing education and staff development programs beyond basic social work education. In some roles, the greater number of staff incumbents have not had professional social work education and the few staff persons so professionally prepared assume a leadership role of enabling the agency trained staff and volunteers to carry out effectively the service objectives of the program. Accordingly, it is recommended that :

10. Governmental agencies at all levels and national, State and local planning, accreditation and standard setting agencies should give priority attention to the development of more uniform practice and professional standards for the roles enumerated above.

11. Governmental and voluntary agencies at all levels should give priority attention (1) to the provision of staff development programs to assist the professionally prepared to perform the leadership roles assigned and (2) to the need for the establishment of in-service training programs for the agency-trained personnel and volunteers active in meeting the program objectives of the agency.

### ***Standards and Training in Public Welfare***

Inasmuch as approximately 2½ million persons received Old Age Assistance payments in June 1958 (16.5 percent of the population over 65), this program has a particular potential for service as well as specific problems with educational implications. In this light it is recommended that:

12. The Bureau of Public Assistance of the Social Security Administration should give immediate attention to standards of workload and qualification of personnel in order that the benefits of education and in-service training can be utilized efficiently to meet the recognized need the potential for service to the client group with which they work, and the level of competence of staff can be improved through education and training.

13. Federal funds should be made available for an accelerated program of staff development and in-service training of public assistance staff members; that the funds available should be authorized for equitable use at the national, State, and local level.

### ***Creating Favorable Attitudes***

It is recognized that there are negative public attitudes towards the aging process and the aged which make it difficult to recruit professional staff for the services which have been developed or may be developed. We also are faced with a lag in achieving an appropriate attitude within professional ranks so that there is difficulty in getting professional staff to commit themselves to this area of services. Hence,

14. It is recommended that any program of public interpretation designed as a result of this Conference or other such interpretive activities which may be established, be accompanied by professional activity which will stimulate professional groups to joining forces with others in order that more adequate staffing of these services may result.

### ***Recruitment***

In view of the grave shortage of trained personnel for programs of service for the aged, organized programs of recruitment need to be designed and sponsored to set forth the challenge and opportunities in this field of service, Therefore,

15. It is recommended that recruitment efforts be accelerated within the existing machinery for recruitment of professional personnel and that the need for systematic recruitment activity be given full weight in any new machinery resulting from the stimulation of this Conference.

### **Educational, Religious, and Recreational Services**

In a free and healthy society it is essential that the environment be conducive to the continuous and maximum development of each individual irrespective of age. In our youth-centered technological society the concept of programs of education, religion, recreation, and culture for older people is in the beginning stages. Our primary task is to provide for the rapid development of these programs and ensure the inclusion of gerontology in the appropriate professional schools of education, religion, recreation, and culture.

Older individuals who continue to participate actively in these areas appear to have fewer problems of adjustment in their retirement years. An important solution to many of the problems in the fields of health and social services is to be found within the framework of education, religion, recreation and culture. It is therefore important that these areas of activity be given a high priority in providing opportunities for our aging population.

The several States in their conferences on aging have indicated through their recommendations that there is a need for persons broadly trained in the several disciplines relating to gerontology. The generalist in gerontology is identified as a person professionally prepared in one of the recognized academic disciplines and who, through additional experience and study is competent to give leadership and service in the development of programs for and with older people.

There are certain prerequisites which must be met if colleges and universities are to graduate administrators, educators, librarians, recreation specialists, and religious workers with skills to meet the needs of older persons.

First, the administrators and faculties of colleges, universities, and seminaries must be convinced of the need to include necessary course offerings and field experience in gerontology in their curriculums. Second, the programs should be designed with the view to achieving maximum use of all our institutions of higher learning, serving the entire population along with the effective use of the various professional schools and colleges. Third, there must be competent persons readily available who are knowledgeable in the field of gerontology and can develop the needed programs, courses, and materials. These

prerequisites can be met expediently through the services of the generalist in gerontology.

In view of these considerations, the recommendations are made in three areas :

### ***Training and Training Facilities***

1. Postgraduate study in gerontology, including field experience, should be expanded to ensure an adequate supply of generalists in gerontology available to the several States.

Implementation :

a. Establish training centers for postgraduate study in gerontology, including field experience, through a university or an alliance of several universities and colleges strategically located to serve their respective regions. These centers should be adequately supported by public funds on a continuing basis.

b. Provide fellowships to faculty members and other qualified persons to undertake postgraduate work in the field of gerontology.

c. Introduce into the undergraduate programs of general and pre-service education specific materials and insights in the area of gerontology in order to advance the recruitment of professional workers in the field.

2. Positive action should be taken to encourage cooperation among colleges, universities and agencies within the States in research, education and services to older people.

Implementation: The continuation and expansion of conferences and institutes on aging in the States provide one fundamental mechanism for effective cooperation and action.

3. Immediate attention should be given to the development of graduate programs in gerontology in appropriately located institutions of higher learning.

Implementation: The Secretary of Health, Education, and Welfare and appropriate officials in each of the States should appoint advisory committees to make detailed studies on the need for graduate study in gerontology and make recommendations.

### ***Training for Currently Employed Professionals***

4. In order to meet the immediate needs of communities large and small for programs of services to the aging in the areas of education, religion, recreation and culture, provision should be made for professional guidance and assistance in the continuing education in gerontology of all workers connected with such programs. The scope and range of these training programs should be sufficiently broad to meet the requirements of the public interest at every level.



Implementation: States are urged to initiate and encourage leadership training opportunities for community workers in educational, religious, recreational and cultural services to the aging. These may be in the form of workshops, short courses and institutes under the supervision of persons professionally trained in gerontology.

### ***Governmental Action***

5. The Department of Health, Education, and Welfare should be given the responsibility of continuing and expanding the work of the Special Staff on Aging so that there will be continuing coordination and dissemination of the growing body of knowledge in gerontology.

6. Further, Federal, State and local agencies should continue to cooperate in planning and providing programs and services for the aging.

### **Environmental Planning and Administration**

As society alters the image and role of the family and learns to recognize and discharge its obligations to older persons, the programs of private and public agencies must be utilized and adapted to fill the gaps in services which continually result from social change. This means that agencies concerned with environmental planning, community organization and the provision of direct services must take a greater responsibility for bringing about an intensification, extension, and expansion of appropriate facilities and programs that will keep pace with population growth and change and that will apply more realistically the products of study and research.

Experience has demonstrated that communities have a real responsibility for providing impetus and means for developing programs staffed by personnel who are skilled in dealing with the problems of the aging population and for creating facilities appropriate to local needs. Implicit in such organization is the need for overall coordination at the local, State and Federal levels to facilitate interchange of information and an interdisciplinary approach to making policies and solving problems.

If the foregoing goals are to be realized, it is clear that there is an implied requirement for the development of a considerable number of professional, technical and related personnel whose skills will be utilized in recognizing, preventing, diagnosing and dealing with the vast variety of specific problems now existing or which will predictably develop.

Since the wellbeing of older people is intimately related to inherent and acquired physical, social and emotional factors, it is abundantly

evident that programs designed to benefit the aging must concern everyone. In this sense, then, it is essential that there be an understanding of the total person at every phase of his progress through life. Therefore, in a time when great needs exist and resources are inadequate to meet these needs, professional and related personnel must study and develop broad, yet specialized, comprehensions in the field of aging for the purpose of increasing the fund of information, developing skills, creating services, influencing social and professional attitudes, and providing learned and capable leadership.

### ***A Generalist in Gerontology***

All professional, technical and related personnel who provide services to people should be knowledgeable regarding nature of Man, his needs, capacities, limitations and strengths at all age levels. When such a social ideal is reached, and the art of living is restored to and becomes an integral function of human behaviour, there should be no need for the segregation and separation of Man into different age categories for all aspects of service. Until such an ideal is realized there will continue to be a broad need for comprehensively trained professional individuals who will serve as foci of specialized interest in definitive areas of human need. One such current area is the mass of unfilled needs of the aging and the aged.

1. We therefore conclude that there is immediate and socially transient need for a generalist in gerontology—a broadly trained, educated and experienced professional person capable of offering direction, information and a variety of skills to specialists in a diversity of fields of direct and indirect services to older people.

### ***Training Programs***

The Section recommends:

2. That the relevant aspects of gerontology be included in the curricula of all colleague professions concerned with aging, including the healing professions. (Examples of others included as well are: architects, city planners, institutional administrators, educators, clergymen.)

3. That training programs be conducted within the present universities, professional schools, and existing programs: with expansion as appropriate before new institutions and/or schools are established.

4. That educational institutions create and recognize the identity of gerontology as a field of scholarly interest and study.

### ***State and Federal Leadership***

5. The States are urged to establish within their existing structures an administrative person, preferably one oriented in the field of aging,

who will integrate and coordinate programs dealing with the aging. The functions of this person to include:

- a. Facilitating the coordination and integration of research and service programs dealing with the aging;
- b. Encouraging the development and enforcement of standards of care and protective services;
- c. Assisting in the development of new services, resources and systems of communication;
- d. Helping to subsidize the gerontological education and training of personnel;
- e. Offering recruiting and placement services for experienced and trained individuals;
- f. Aiding in the improved utilization of existing facilities for training and service;
- g. Recommending and aiding in the development of educational and training centers;
- h. Inspiring communities and localities to become aware of the problem areas and in making plans to meet defined needs through the use of "task forces" and other media.

6. It is recommended that the Federal Government establish and maintain a central agency on aging, whose personnel shall include professional persons trained and/or experienced in gerontology, with authority, structure and budget to enable it to:

- a. Foster desirable demonstration programs by subsidizing State and local programs offering services to the aging;
- b. Develop a continuing interstate conference of official bodies concerned with aging, with a forum atmosphere, for the exchange of views, ideas and experiences;
- c. Serve as a resource for current information concerning practices, research and the results of research; and
- d. Advise correlated agencies and units of government at all levels on the status of the national and international problems and solutions.

## Section 11. Family Life, Family Relationships, and Friends

### POLICY STATEMENT

THE MOST PERVASIVE and profound influence affecting older persons in all aspects of their living is the constellation of family relationships and responsibilities. But such a concept presupposes the idea of a family which is not only an economic unit, but also an interplay of profoundly personal relations. Such relations as are involved, for example, in the process of living closely together, and decisively solving problems together, through a series of acts and events in which all members of the family are involved and by which they are inwardly affected.

Our discussions have indicated otherwise. We can say that on the level of profound personal experience, parents and children live apart. Questions are raised as to whether family unity is eroding not only because of space, but in time and in a lack of profound spiritual identification. We conceive it our duty to present an analysis of causes and effects and some wisdom, arising out of our discussion to see if this is true and if so, what can be done about it.

The shift from rural to urban living, and from agricultural to an industrial society, the rapid scientific and technological advances in transportation and communication, our increased mobility, and the increase in leisure time are among the factors which are changing American home life and are influencing our family relationships, how we bring up our children, and how we care for the older members of the family.

These changes have created new hazards for family security and lessened the ability of many families to take care of their own members. The pattern of family and neighborhood support has been broken by the increased mobility of our population.

The effect of these developments is that families are finding that the traditional ways of carrying family responsibility are no longer feasible or possible and that it is necessary to find other ways to

manifest family love and responsibility and to assure social and economic protection for older persons.

The family is in the best position to help the older person to recognize the potential problems he would face and assist him in preparing for them by helping to strengthen his spiritual resources. The family can help the older person discover and utilize resources in the community, encouraging a sense of independence and responsibility in regard to decision making regarding use of these resources.

Maintenance of strong family ties is fundamental to the dignity of aging persons. Every effort should be made to strengthen and increase understanding between generations and the development of a sense of responsibility on the part of all members of the family whether they are living together or not.

Such understanding and responsible attitudes will lead toward maturity in assumption of appropriate family roles, with emphasis on the development of meaningful relationships between youth and age through which our culture is maintained and changed.

There are three steps which can be taken to clarify our ideas about the older person in the modern family :

(1) The first step is a realistic examination of our own attitudes toward aging. It is increasingly evident that we have to sort out our own attitudes about aging before we will be able to understand and help older people who *are* aging. What we feel or do not feel about aging will be reflected in how we help older people.

(2) Develop a better understanding of the aging process. There are three stages in the aging process—The middle years, point of retirement, and period of reduced activity due to diminishing function which limits independence.

a. The middle years should be used to extend personal horizons in cultural and avocational interests; to participate significantly in community, fraternal and church activities; to carry out the role of being a link of culture and tradition between the generations within the family and to understand and make workable the changes which will develop familial relationships.

b. The second stage in the aging process begins with withdrawal from the active working life. Our wide practice of automatic retirement at age 65 often brings on a serious psychological crisis by removing a worker from the main sphere of his life interest. In addition to feeling a sense of isolation, and the realization that his role now is unimportant and nonproductive, the retired person is faced with a sharp reduction in income. This in turn means a lessening of opportunities for personal and community relationships.

c. The third and final stage is that of physical deterioration, diminished functions and increased dependence. Whether we are happy

or bitter, active or frustrated during this stage depends in part on how well our community efforts are directed toward preventing minor impairments from becoming, through lack of prompt and adequate diagnosis and treatment, serious disabilities.

(3) Recognition that the pattern of family life and relationships are changing.

We affirm our faith in the family as the best method that any society has developed for the propagation, care, and education of children, personality development of its members, and for assisting its older members in adapting and adjusting to the process of aging. We need to be aware of the fact, however, that the family, like our other institutions, has felt and is feeling the impact of the changes taking place in our society.

These considerations raise a challenge which can be met most effectively if our efforts are guided by the following principles:

1. Each individual must be encouraged to strive to solve his own problems.

2. Next to individual responsibility the family must assist its older members to adapt and adjust to the aging process.

3. The community must assume responsibility for helping to meet the problems which are beyond the capacity of the individual and the family. In providing such help emphasis must be placed on safeguarding the integrity and dignity of the individual and the right of the older person to free choice and self-help in planning his own future.

4. Persons of all age groups must be helped to understand the meaning of aging and the various stages of the aging process. It should be recognized that man's potential for change and growth is very great and should not be underestimated. Old age can provide opportunities, not for stagnation, but for inner growth. Whenever a society and its families, with support of the prevailing culture, can create and sustain mutually supportive relationships between its youth and its elders, old age security rests on its firmest foundation.

5. Community efforts should be directed toward creating a climate of opinion which recognizes the personal dignity and worth of all individuals and which assures for the aging independent decision making, successful retirement, continued independence consistent with capacity and meaningful social roles in the family and community.

To sum up, old age should be regarded as an age of opportunity not only for inner growth but for creative participation in family and community life. We should capitalize on the rich experience in prospective and in failure which gives objectivity, to aging. "Know

thymself" is still valid as a goal for aging today as it was twenty centuries ago. Our discussions have had merit, if they have led to this goal.

## **SUPPORTING RECOMMENDATIONS**

In our society today, older persons and their families are subject to a range of relatively new social, economic, and psychological forces. These forces have in varying degrees shaken the security in previous personal and family patterns of roles, responsibilities, and relationships; have created barriers or great difficulties in maintaining satisfying patterns; and are, therefore, forcing the development of new understandings about the four-generation family—its intervals, interdependence, rights and responsibilities. Thus, those changes not only create difficulties for older persons and their families, but, perhaps more importantly, they offer significant opportunities for the re-examination of today's elongated family in order to strengthen its profound force and meaning for older persons, their adult children, and for the young.

To this end, and in recognition of the pervasive importance of the family to the alleviation and prevention of social, health, economic, and other problems of older persons, the following recommendations are made:

### ***The Role of the Older Person***

1. Since a rich and satisfying old age is primarily a personal achievement, middle-aged and older persons should give increased attention to ways and means of personal fulfillment as they proceed in the aging process. They should learn more about the aging process and its particular implications for them. More attention should be given to planning for retirement and the development of roles in the family and in the community that are rewarding and mutually satisfying. They should share fully their talents and accumulated experience in the strengthening of family and community life. In particular they should participate actively in the development of programs and services for older persons and be articulate about their needs and the appropriateness and adequacy of programs that are developed.

### ***Rights of Older Persons***

2. Older persons should be encouraged and enabled to continue to be an integral and non-segregated part of family and community life according to their desires. Their responsibility for independent decision making, retirement planning, choosing living arrangements and their continued independence in the management of their affairs

should be zealously safeguarded. When physically or mentally unable to do so, they have the right to receive personal, social, and legal protection from the family and the community.

3. Older persons have the right to serve as elder counsellors and participants in family and community affairs.

4. Older persons have the right to adequate economic and health protections and to other community services essential to their well-being and continued useful roles.

### ***Role of the Family***

5. The role of the family is fundamental, pervasive and supportive. The family performs this role by helping the older person to recognize the potential problems he may face and prepare for them through the use and strengthening of his spiritual and inner resources. The family can help the older member by helping him to know about resources which are available in the community which can be used to meet his needs and by leaving the determination to the older person as to the plans which are to be followed as long as he is capable of making these decisions. Only when he is unable to do so does the family or some one else make the necessary decisions.

a. Aging does not diminish the value of the accrued life experiences of the older person and it often enhances his sense of responsibility and concern for the well-being of his total family. The family has the major responsibility and rewarding opportunity to make possible the full use of this experience and family devotion through the creation and maintenance of mutually satisfying roles for older persons in family affairs and in relationships between the old and the young.

b. The meaning of the Fourth Commandment "Honor Thy Father and Thy Mother" is learned by the young through family example and teaching. In turn, the young, as they grow older, must give the proper example and teaching to their own families.

c. The economic strength of the family is also of great importance for the dignity and care of older persons. Economic need threatens dignity and often prevents adequate care. We must work to achieve a society where parents are not forced to depend financially on their children and where adult children do not have to deprive their young in order to care for their parents. (See Minority Report following Supporting Recommendations for Section 7.)

d. Because the needs of the old, the young, and their parents are so inter-related and because of the inextricable interflow of values, greater attention should be given to planning that encompasses all age groupings of the family—such as a White House Conference on Family Life.



## ***Status in the Community***

6. Confusion about the present day role of older people and the family has created attitudes about the older person in the community. More examination is needed to eliminate this confusion with a resultant change to a more positive community attitude toward older people allowing them to receive the recognition in the community which their contribution as citizens merits.

a. It is important that the older person in either a rural or urban setting be accorded the dignity of his years; that family ties be strengthened to increase understanding and responsibility between generations, and maturity in assumption of family roles with emphasis on developing meaningful ties between youth and age through which culture is maintained and changed.

b. As a result of these changes occurring in our society, older people may feel isolated, have a feeling of uselessness and believe that they are a drag on their children. They are called upon to make more complex adjustments than ever before, both those adjustments within themselves and those needed as a result of changes in their environment, such as their living conditions. They, therefore, need the help of their families and of community service with the choice to do what they wish in an independent manner.

c. Each community has the responsibility to crystallize its convictions and express its social conscience through the creation of a positive climate for the maximum functioning of older persons and their families. It further must plan, organize, and support the range of community resources—professional, church and volunteer—that are needed for this maximum functioning.

d. Many older persons and their families require personal help from social services to deal with their situations and problems constructively and with satisfaction.

## **Section 12. Free Time Activities: Recreation, Voluntary Services, Citizenship Participation**

### **POLICY STATEMENT**

**THERE ARE IN** the life of the senior citizen as an individual or in a group, opportunities for recreation, voluntary services, and citizen participation in public and private projects and interests.

In the general pattern of social change affecting the aging, free-time activity assumes an ever increasing position of importance in individual and social well-being. Extended periods of free time in later maturity present one of the greatest challenges of our present society. Not only to live, but to live fully, may be the test of our civilization.

Therefore, effective use should be made of senior citizens in the continuing life of the community, State, and Nation. It is every citizen's concern that senior citizens participate and become actively involved in recreation, voluntary services, and in citizenship participation.

Recreation is a basic human need together with work, education, and religion; it makes up the full life. Recreation is recognized as any wholesome free-time activity chosen voluntarily for the satisfaction inherent in the activity. Patterns of recreation shaped into stimulating programs of activities constitute a **MUST** for the senior citizen.

The involvement of participants in the total planning and the executing of the program is basic and essential. To meet the diversity of interests of *all* the aged, a broad range of program offerings, creative, cultural, physical, social, volunteer service, and citizenship participation must be implemented by every available public and private agency through coordination of effort in utilization of facilities, leadership and funds.

There should be increasing opportunities made available through a reevaluation of existing programs, through the development of wider variety of activities in existing facilities, through the establishment of more Senior Citizen and similar centers, and through the extension

of this service to nursing homes, hospitals, shut-ins, and institutions for the handicapped.

Voluntary services and citizenship participation represent a traditional American ideal of value in the development of individual and national character; and habits of voluntary service and citizenship participation on the part of all Americans should be developed early in life to carry over into later life.

Stereotyped attitudes about old age both on the part of the community as well as of older people about themselves can limit the continued participation of senior citizens in recreation, voluntary service, and in civic and governmental affairs. To remedy this situation we need to develop a better public image of old age based on the potential contribution senior citizens can make plus a more positive self-image through opportunities to achieve skills and accomplishments which would preserve and restore a sense of belonging and usefulness.

Basically, the primary responsibility for creating a more realistic attitude toward old age rests with senior citizens themselves in terms of demonstrating that some of the traditional concepts of old age are no longer justified. But older people cannot accomplish this without the sympathetic cooperation of society and the removal of barriers that prevent older people from contributing their services.

The enjoyment of the later years depends on one's preparation earlier in life so that retirement will not come as a shock but as the culmination of the life span with its own rewards—not as the termination of usefulness but as the continuation or as the beginning of a new usefulness characterized by maturity and fulfillment.

There is the challenge to plan ahead for the recreation literacy of future generations. Effort must be made to help the citizen acquire in earlier years skills, attitudes, and understanding in recreation activities which will extend into the expanded leisure of retirement years.

Since it is recognized that effective leadership is the most important single factor in successful program effort, adequate professional leadership is essential, supplemented by trained volunteer leadership. The quality of professional and voluntary service should be improved through pre-service and inservice training programs.

Senior citizens should be utilized insofar as possible in the directing of recreational activities, and retired professional persons should be used in leadership positions.

Progress in understanding and appreciation of the recreation needs of the aging must be rooted in a firm foundation of study and research. An informed public is essential.

Communities should set up some type of coordinating, information, and referral service whose function shall be to coordinate the activities and services within existing facilities, to stimulate the provisions of new facilities and programs, and to bring together elderly people in

need of service and other elderly people who are able to supply those needs for the mutual benefit of both groups.

In behalf of those older people who do not or cannot avail themselves of community resources (such as the shut-ins and those who have always been reticent about becoming involved in group or formal programs, who are known to be unhappy because of their isolation) communities should devise programs to bring services to the home.

Intelligent attitudes toward the importance and values of meaningful leisure for enriched living at every age must be fostered so that the aged who withdraw from the work force may retire to, not from life.

## RECOMMENDATIONS

### *General*

1. Emphasis should be placed on the need for greatly extended programs with a broad range of activities sponsored by public agencies, civic organizations, service clubs, churches, men's and women's groups, voluntary welfare organizations, educational institutions, libraries, hospitals, nursing homes, homes for the aged, and other institutions with old age residents. Such programs should include day centers, clubs, social and cultural activities, outings, travel, camping, library services, informal education programs, volunteer service by older people to their contemporaries and other age groups, active participation in community affairs, central counseling, referral and information services. They should be available to older persons of all socio-economic groups.

2. Opportunities for recreation, voluntary service, and citizenship participation now current or that will be established should be available to all aging persons through free choice regardless of economic status, race, creed, or national origin.

3. Older persons should be assisted in retaining contacts with younger groups. Some programs are more appropriate when they include several age groups, while in other instances they may be best conducted for the aging alone.

4. Family-centered projects, in which older persons may help to plan and implement the programs, should be encouraged, and more should be done to seek and assist older persons living in their homes to use their leisure more advantageously.

5. More free-time activities should be directed toward the special needs of the ill and handicapped, whether institutionalized or homebound.

6. Aging persons and representatives of aging persons should be encouraged, and opportunities should be open to them to participate

in the planning, implementation, and administration of all recreational voluntary services and community participation programs. The process of program development and evaluation and the inclusion of creative participation by individuals are to be considered a part of the recreation program.

7. In the concept of adequate income, recreation should be recognized as a basic human need and sufficient income should be provided to permit older people to participate in recreation.

### ***Facilities***

Recognizing that leisure services for the aged should include opportunities to participate freely with other ages, the following recommendations are set forth :

1. Existing public and private areas and facilities should be made more available for the leisure activities of the aged and, where necessary and practicable, these facilities be adapted for the special needs of the senior citizen.

2. Communities should be encouraged to provide, whenever necessary and feasible, special facilities for exclusive use of older citizens.

3. Special needs of the aged should be considered in the planning and construction of all future private and public areas and facilities for recreation.

4. Suitable legislation should be enacted to insure that licensing requirements for multiple living arrangements for older people provide indoor and outdoor recreation facilities.

5. Suitable legislation should be initiated at State levels to add to licensing requirements mandatory provisions for adequate recreation programs, facilities, and leadership for all institutions, governmental and nongovernmental, which house the aged.

6. Organizations such as youth-serving agencies, recreation departments, churches, libraries, and schools—which have facilities which are not in full-time use—should be urged to make these facilities available for use by elderly citizen groups.

7. Private national organizations should be encouraged to expand facilities and programs for recreation for senior citizens, and urge their local branches to make facilities and funds available for leisure time activities, and wherever possible, to establish programs.

### ***Financing***

1. Public funds from all levels of Government and private funds from interested voluntary organizations and agencies, and contributions from individuals should be available to assure needed facilities and services.

2. Adequate financial provisions should be developed through private and public appropriations so that aging persons may have the opportunity to participate in continuing education.

### ***Organization***

1. Proper provision should be made for cooperative planning and coordination of services on all levels of Government.

2. Well-designed legal authorities, where nonexistent, should be initiated to offer recreation services and consultation at the Federal, State and local levels.

3. There should be an agency at national, State, and local levels to effect cooperative planning development, and coordination of services of public and private agencies which pertain to recreation for all ages.

4. There should be appropriate governmental agencies on Federal, State, and local levels to provide coordination, consultation, aid, and services to senior citizens for free-time activities, including: recreation, voluntary services, and citizenship participation.

5. There should be in every community a core group or council of concerned citizens and/or organizations who, with professional guidance service, will make it their business to initiate, coordinate, and foster opportunities for older people to remain actively in the stream of life.

6. Mechanisms should be developed for the sharing of responsibility among public and private agencies—at local, State and national levels—concerning leisure activities and voluntary services.

### ***Leadership***

1. Recognition should be given to the constant and continuing need for the recruitment and training of leaders in this field.

2. Wherever possible, all programs dealing with the aging should be under the leadership of professionally trained leaders.

3. This leadership should be supplemented by carefully selected pre- and inservice-trained and supervised volunteers.

4. Institutions of higher learning should be encouraged to initiate and enrich curricula at the undergraduate and the graduate levels to train professionals.

5. Departments and agencies involved should be encouraged to provide institutes and workshops for both professional and volunteer workers.

6. Federal, State, and local private and public organizations should be encouraged to provide scholarships for training recreation professionals.

7. Volunteers should be recruited from the older adults as well as from the other age groups.

8. Older people should be recruited also for volunteer service to other community programs and projects.

9. A vigorous campaign of recruitment of persons for training in the recreation and group work professions should be initiated at local, State, and national levels.

### ***Research***

1. There is essential need, at all levels of operation, for continuing sound research and special studies to determine needs and interests, to evaluate programs, to formulate proper standards and procedures, and to determine quality and roles of leadership, extent and type of facilities, and needs of older people in special situations.

2. Institutions of higher learning and foundations, both private and governmental, should be made aware of research opportunities.

3. Research should be activated and results studied for enrichment of individual and group relations.

4. Action should be taken to implement the collection and discrimination of results of such research data.

### ***Preparation for Retirement***

1. Emphasis should be placed upon the urgent need for the development of attitudes at every age toward the importance of active and meaningful use of leisure. There is a desperate need for preparation in the earlier years for the development of interests, skills, and habits in recreation activities, involving community service, that will carry over into the expanded leisure of the later years.

2. Pre-retirement counseling should give equal emphasis to the triad of concern : time, money, and health.

3. Stress should be given to the importance of preparation in earlier years for the use of leisure in the later years through the development of interests, skills, attitudes, and habits in recreation and service activities by all schools and interested community organizations and those in business, industry, and labor.

4. Educational programs should be set up through schools, labor groups, business, industry, churches, and other institutions and organizations looking to the creation of positive attitudes in anticipa-

tion of retirement—and such programs should include citizenship participation as one of the meaningful uses of free time.

### ***Public Information***

1. Continuing programs of public information should be developed using all available media. Programs should aim to develop attitudes of understanding and appreciation for and by older people, and be directed to stimulating community action, to recruiting professionals and volunteers, to understanding the scope and potentials of recreation, to developing interest in participation by older persons, to making free-time facilities known to older people, and to stimulating older people to take responsibility for organizing and conducting activities.

2. Action and educational programs should be developed at the home, local, State, and national levels to create a more favorable and realistic public image leading to a maximum appreciation of the place elderly people can and do occupy in our society.

3. Each community should set aside by proclamation a week or month to coincide with "National Senior Citizens Month" to emphasize the extent of the activities of senior citizens; training programs and exhibits should be included; and gatherings should include and highlight senior-citizen activities. Through such observances will be developed programs designed to focus attention upon the community called aged in order to underscore the wealth of trained, mature experiences available but unused.



## **Section 13. Religion**

### **POLICY STATEMENT AND RECOMMENDATIONS**

**THE MEANING OF LIFE** is to be found solely in man's relationship to God. It is this relationship which gives meaning to all human values. In the light of it, every period of life, including that of old age, is possessed of intrinsic value and sublime potential. Viewed in the light of an eternal destiny, old age is seen to have an importance as great as that of youth or the middle years. To young and old, the divine imperative is addressed: "Thou shalt love the Lord thy God. . . . and thy neighbor as thyself."

### **Role of Religion in the Life of the Older Person**

Religion's concern with human dignity at every stage in the span of life derives from the fact that each individual is created in the image of God. As a consequence, religion seeks to build a living fellowship of believers in which the aging find and share the true benefits of being a part of the household of God. It is this conviction which likewise demands a concern for such matters as the maintenance of social welfare institutions by religious bodies and the proper conduct of those sponsored by Government or voluntary agencies in a manner consonant with the nature of man and the sanctity of existence. Similarly, it is the basis of a concern for the right of every individual to a burial befitting human dignity.

It has been suggested that "man's potential for change and growth is much greater than we are willing to admit and that old age be regarded not as the age of stagnation but as the age of opportunities for inner growth." In light of this, congregations should recognize that their elder members are often specially endowed with gifts of wisdom, serenity and understanding. To the aging person, religion extends an invitation to see the later years of his life as "rich in possibilities to unlearn the follies of a lifetime, to see through inbred

self-deceptions, to deepen understanding and compassion, to widen the horizon of honesty, to refine the sense of fairness." The religious community assists the older person to deepen his relationship to God and to accept the assurance of eternal life.

### **Recommendations**

So that religion may play its full and proper part in the life of the aging, it is recommended that care be exercised to provide suitable transportation and facilities for participation in worship and services with congregations. In order to reach the shut-ins, greater use should be made of religious radio, TV, and recordings, as well as the personal ministries of members and leaders. It is urged, also, that State, county and municipal governments recognize the need for more chaplaincy services in public institutions caring for the aging. Ways of providing such services should be studied on local, State and national levels by religious bodies and public agencies.

### **The Role of the Older Person in the Congregation**

Within the life of the congregation each older person should be treated as an individual. Each is entitled to responsible membership within the religious fellowship. Any attitude on the part of the congregation which hinders the exercise of this right must be regarded as a contradiction of religious teaching. It should rather be its concern to foster relationships calculated to imbue in the elderly a sense of belonging, of being needed and useful in a vital way. This will go far to promote a richer religious experience for the aging and will likewise provide a salutary example to be followed in the family circle and in the outer rings of society.

Specifically, responsible membership should involve all or some of the following roles: That of worshipper, learner, teacher, counselor, leader or elder, volunteer aide, and member in congregational organizations. When congregations overemphasize some of these roles and under-emphasize others, older persons often are placed at a disadvantage. We affirm that these roles are all significant.

It is recommended that the congregation study the age and sex composition of its membership with a view to determining whether the prevailing distribution of roles and the available congregational organizations allow adequate outlet for the abilities, experience and needs of older members.

## **Role of the Congregation in Affecting Attitudes Toward Older People**

We underline the obligation of religious groups to instill, as an essential of sound family life, an attitude of respect for the individuality and intrinsic importance of each aging member. Thus, while both the family and the congregation will feel direct responsibility to provide special services, educational materials, and programs for the aging, every effort should be made to see that these do not involve an unnecessary separation from the main stream of familial or congregational life. It is urged, also, that all congregations make their services available to nonmembers.

### **Recommendations**

Our society, by reason of its preoccupation with frontier development and economic advance, has tended to glorify youth and denigrate old age. The time has come to recognize that the "cult of eternal youth is idolatry." The congregations must reaffirm by teaching, by the example of their own practice and by preparation for aging, the religious conviction of the beauty and worth of old age. We further urge that religious bodies make a greater use of radio, TV, drama, and other media in affecting changes of attitudes toward older persons.

To the end that our congregations may better instill proper attitudes toward the aging, greater provision should be made for specialized training of the clergy and of lay workers in understanding and serving the needs and potentialities of old age. This means workshops, seminars and refresher programs for those in active service as well as expanded programs of instruction in colleges, theological schools and seminaries.

The approach to society at large should be made by establishing dynamic and cooperative associations with every segment of the community: business, labor, education, government, the professions, and voluntary citizen groups. The effort here should be to insure that all necessary facilities and services are available to help individuals to adjust to the new circumstances in which they find themselves with the approach of old age. In addition, religious congregations should work for legislation and industrial practices which contribute to the orderly transition from active employment to retirement and a useful old age. Churches and synagogues, having expressed their concern for counseling and psychotherapeutic services for the aged, should work likewise for such services where needed.

## Conclusion

Religion, in its teaching, ritual and organization, is uniquely equipped to guide and aid men in making the closing years of life a time of deepening fulfillment. To this end, it must remind itself and the entire community that the goal is not to keep the aging busy but to help them find in every moment an opportunity for greatness. At the same time, it must always insist that "the test of a people is how it behaves toward the old," remembering with gratitude the contributions that have been made as well as the problems inherited.

Religion can assist the aging in finding within themselves and in the fellowship of faith the resources to meet those problems and fears which seem inevitably to accompany one's latter years. In illness, trouble, and infirmity as well as in hours of joy and exultation, the community of faith offers strength, comfort and benediction in many forms. Religion binds a man to creation and the Creator, and enables him to face the future with hope. This group summons, then, the great religious bodies of the nation, their congregations, seminaries, organizations, and related agencies, and all Americans who share their concern for the aged, to join in expanded efforts toward seeing that each of our senior citizens receives the benefits, spiritual and material, he richly deserves.

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NOTE: Quotations in the body of this statement are taken from a paper, "The Older Person and the Family in the Perspective of Jewish Tradition," presented by Professor Abraham J. Heschel at the White House Conference on Aging.

## **Section 14. Research in Gerontology: Biological**

### **POLICY STATEMENT AND RECOMMENDATIONS**

#### **Policy Statement**

IT IS THE unanimous opinion of the Biology Section that an understanding of the basic biological changes underlying the aging process is the proper foundation of the applied areas of gerontology. Despite the biological basis of man's infirmities during aging, studies on the basic biology of the process have been much neglected in the past. This is traceable partly (1) to the extraordinary interdisciplinary background of the problem, (2) to the fact that specific degenerative diseases associated with aging have demanded immediate attempts toward their solution, (3) to the lack of trained personnel in the field due to the fact that aging research is not carried out within any single departmental framework, and (4) to a lack of sufficient leadership by governmental and private research-educational agencies.

The specific policy recommendations which follow were unanimously adopted and are designed to alleviate, in great measure, these deficiencies. We urge their early activation by appropriate governmental and private agencies.

#### **Major Policy Recommendations**

1. We recommend the early establishment of a National Institute of Gerontology within the existing framework of the National Institutes of Health to study the basic biological changes underlying the aging process, and other relevant aspects of the aging problem.
2. The Federal Government should extend its program of support of multidisciplinary aging research centers and programs in basic biological research in aging. However, this program should in no

way jeopardize the existing support program of individual research studies in this area, at such institutions.

3. We recommend that necessary measures be taken to establish animal colonies to supply adequate numbers of animals reared and maintained under standard conditions for use in aging research. This should include holding facilities for life span studies and should provide for at least one major primate colony adequate for aging studies.

4. We recommend the following additional means of stimulating research on biological aspects of aging:

a. Programs of lifetime investigatorships in biological aspects of aging similar to those which have recently been initiated by agencies in the field of Heart and Cancer Research.

b. Vigorous expansion of support for individual research projects.

c. The granting of funds for selected long-term studies which by their intrinsic nature may require 10-20 years for their successful completion.

d. Continued exploration of needs in the study of the biology of aging as begun at this White House Conference. This should be accomplished by the immediate appointment of a study section on aging within the Division of Research Grants of the National Institutes of Health.

e. Encouragement of appropriate programs of research in aging in both public and private agencies, including the Atomic Energy Commission, The National Science Foundation, The Veterans Administration, The Department of Agriculture, the Federal Aviation Agency, The National Aeronautics and Space Administration, and by various other organizations.

5. We urge full Federal support, without matching funds, for construction of laboratories and special animal facilities (with long-term support) for research programs in aging, in universities, medical schools and other appropriate institutions.

6. The anticipated expansion of research in the biology of aging demands a significant increase in the supply of trained investigators. We therefore recommend that Federal support be given to stimulate training in gerontology through:

a. establishing graduate scholarships in aging research;

b. developing suitable lecture, laboratory, and demonstration instruction in aging research at the graduate level;

c. supporting a national and international exchange of scientists through a fellowship program so that investigators may carry out appropriate phases of their work in laboratories other than their own, and

d. assisting universities and medical schools to establish academic chairs in gerontology.

## **General Research Area Recommendations**

Research on the biology of aging should include studies of the earliest stages in the development of organisms and should include detailed studies of deviations from optimum physiological function. Such deviations may, in turn, ideally be correlated with measurements of changes in the quantity and quality of cellular components, their intracellular organization and progressive changes in their exact chemical and enzymatic constitutions. Some observed changes will undoubtedly be reflections of changes in molecular structures, some will depend upon grosser structures such as cells and tissues. Some of the changes in health and function during aging may be related quite directly to the functional capacity of whole organ systems, made up of numbers of cells. Some dysfunction is similarly the consequence of mechanical failure, for example, errors in cell replication, embryological abnormalities, or the breakage of connective tissues including bone and blood vessels. Whatever the specific progress in our understanding of aging may uncover, it must clearly include analyses of simplex series of events between cells and tissues as well as molecular events and changes because of the basic interdependency of the organism's parts.

1. Encouragement and intensification of the systematic study of age-related biological variables. This should involve the study of a variety of tissues and organisms and a number of animal or plant populations under varying environmental conditions.

2. Detailed studies of factors accelerating or retarding the rate of senescence.

3. Study of the natural history of senescence particularly as regards its evolutionary origin and consequences.

4. Formulation and adequate testing of theories on the nature of basic processes underlying aging.

5. Intensive testing and development of whatever means of control over aging processes may be suggested by such theoretical and experimental investigations.

## **Specific Research Subject Recommendations**

We recommend the further scientific study of the following selected age-related topics in biology :

1. The functional characteristics of senescent cells, especially in relation to molecular, histological, histochemical and biochemical techniques.

2. The extent to which the functional activities of fixed postmitotic cells depend upon continued gene action.
3. The extent to which somatic mutation in both dividing and fixed postmitotic cells contributes to the debilities of aging.
4. Changes in specificity, activity, chemical or physical properties of enzymes isolated at different stages of cellular age.
5. The formation and accumulation of inducible enzymes as a function of the cellular life cycle.
6. The chemical modification of macromolecules and macromolecular aggregates with the passage of time. For example, do chemical changes occur in DNA, enzymes, mitochondria, microsomes, cell membranes, spindle protein, ground substance, collagen and elastin?
7. Changes in ground substance, collagen, and elastic membranes as affecting the transport of nutrients and waste products in and out of cells.
8. The initiation of mitosis in aging tissue. Why do wounds in the aged heal more slowly? Why do tissue cultures of adult cells take longer to begin outgrowths?
9. The chemical changes associated with aging initiated by free radicals, formed physiologically but analogous to those produced by ionizing radiation. Is it possible to prevent aging by chemotherapy?
10. The turnover of subcellular components, particularly in long-lived or fixed postmitotic cells.
11. The chemical and physiological origin of intracellular inclusion bodies such as the lipofuscin age-pigments.
12. The selection dynamics of various substances in relation to age, at the cellular level.
13. The localized sites of action of agents such as radiation and carcinogens that seem to alter rates of aging.
14. Changes with advancing age in nerve and muscle as postmitotic tissues.
15. The nature and intensity of autoimmune reactions as a function of age. Does aging modify self-recognition?
16. The biophysical, biochemical and ultrastructural changes accompanying cellular death *in vivo* and in tissue culture.
17. The factors in the survival of postmitotic cells. Certain postmitotic cells possess characteristic survival curves, which are apparently programmed by factors produced by the host.



18. The explanation of aging as possibly a continuation of cellular differentiation into adult life.

19. Changes in biological rhythms with advancing age.

20. The study of mutagenic agents. A number of different agents such as radiation and chemical mutagens influence the life span of animals and appear to accelerate the aging process. A study of the basic changes brought about by these agents will undoubtedly throw much light on the biology of aging;

21. The age-related alterations in stress—response mechanisms.

22. The factors controlling growth and regeneration in adult organisms. What determines body or organ size?

23. The factors that determine the interdependence of different cell types in the metazoa.

24. The systemic, nutritional, and humoral factors regulating cell growth and the rate of mitosis in young and old animals.

25. The age-related changes in neurohumoral function and hormone synthesis and secretion.

26. The effects on longevity and senescent phenomena of experimental alterations in endocrine balance and function.

27. The identification and classification of agents that cause permanent or progressive degenerative changes in biologic capability of cells, tissues, organs, organ systems, organism or population groups.

28. The effect of lowering or raising body temperature in warm-blooded animals on aging and longevity.

29. The living system investigated through biophysical considerations of entropy and metabolic processes.

30. The characteristics of humans and animals that live far beyond the usual range of life for their species.

31. The need for statistical techniques (e.g., cohort analysis), which diminish bias in human mortality and performance data arising from (a) changes in diet and medical care and (b) selection due to differential mortality.

32. Completion of comparative life tables for a vast variety of species.

33. Obtaining normative data. The systematic collection of comprehensive normative data on biological functioning. By normative data is meant the distribution of measurements of biological functioning in an entire population at various age levels. Such data are

essential for (a) determination of optimal levels (as opposed to average levels), (b) development of an index of biological age, and (c) developing standards of pathological functioning as distinct from extremes of normal functioning.

34. The factors that account for the differences in longevity between men and women, and particularly the fact that this difference is currently increasing.

35. The changes in enzyme properties of cells. It appears that changes may occur within the life of the cell related to specificity of the enzymes, their catalytic activities and certain other physical and chemical properties. Enzyme destruction of cells as related to aging. Cells may be incapacitated or destroyed by the accumulation of indestructible enzymes.

36. Studies on the genetics of longevity and senescence in inbred and hybrid lines of animals and in comparisons between closely related species.

37. The ecological considerations of aging. Since animals and plant species show great diversity in their aging processes and length of life, it is important to determine the way in which natural selection influences the aging processes of species within their natural ecological settings.

38. The evaluation of variation in aging relating to genetic constitution. Since within all natural (including human) populations there are large familial differences in the inheritance of length of life, the accumulation of such data and the elucidation of the genetic characters, involved and their inheritance should be encouraged. In humans, study of twins is particularly important.

39. The production and correlation of mathematical models of life tables.

## **Section 15. Research in Gerontology: Medical**

### **POLICY STATEMENT AND RECOMMENDATIONS**

#### **Policy Statement**

THE FIELD of medical research in aging is unparalleled in breadth. It is a problem area requiring the skills of almost all scientific disciplines. It deals with the process of aging, a life-long phenomenon, and the end product of this process, the aged individual.

The scientific manpower shortage in the field of gerontology must be met through developing an interest on the part of emerging investigators, and established investigators, in the challenging questions associated with these inevitable time-related processes.

#### **Recommendations**

##### ***Interdisciplinary Research Centers***

1. It is recommended that the Department of Health, Education, and Welfare, through the U.S. Public Health Service and its research arm, The National Institutes of Health, continue to foster its program of supporting large-scale interdisciplinary research centers in aging. The four existing centers simultaneously bring together the effort of many disciplines. Intellectual cross-fertilization results, program stability is maintained, young investigators are attracted to the program, and a final product of new information results which is greater than the sum of individual parts. These programs are proving to have an immense impact on the field of aging, and each serves as a regional resource for community assistance in the health-related aspects of aging.

## ***National Institute of Aging Research***

Compelling health problems brought about the creation within the U.S. Public Health Service of seven disease-oriented Institutes and the noncategorical Division of General Medical Sciences. These governmental components have had a significant impact upon the prevention and treatment of disease.

In a sense, these established Institutes are creating heightened geriatric problems, since with each advance in therapy a new cohort of aging and aged individuals is added to our present sixteen million persons over 65. Our knowledge regarding the health of this growing segment is insufficient to meet their health needs.

2. The section recommends that the responsible authorities should take necessary steps to effect early establishment of an Institute for Research on Aging within the National Institutes of Health, to include intramural and extramural research. This Institute should encompass all health-related aspects of the aging process.

### ***Long-term Support***

By its very nature, much research in aging requires continuity of support. Longitudinal studies in particular exemplify this principle.

3. The Section recommends that research grant agencies provide worthy investigators and projects with committed support of 10-15 years or longer.

### ***Career Investigators in Aging***

4. It is recommended that national granting agencies, private and public, provide lifetime basic salary support for outstanding established investigators who have committed themselves to the study of aging.

### ***Construction Grants***

5. It is recommended that funds on a nonmatching basis be made available to cover the total cost of construction of facilities for research in aging which are associated with universities, hospitals and research institutes. Full support is recommended because the space requirements secondary to maintaining large colonies of aging animals, coupled with the shortage of matching funds, severely hamper the work of investigators in gerontology.

### ***Full Research Costs***

6. It is recommended that the full indirect costs of research be underwritten by granting agencies.

## ***Population Laboratories***

7. It is recommended that human population laboratories be established at various locations for the study of dental and other problems associated with aging.

## ***Committees on Research***

8. It is recommended that committees for research in aging be established within the framework of universities with a view toward promoting, at the State, regional and national levels, free exchange of information pertaining to research in the field of aging.

## **Specific Recommendations**

It is recommended that :

1. The impact of the presentations of the mass media on habits of nutrition be more fully assessed.

2. The U.S. Public Health Service and the Office of Education devise more effective means of disseminating to the community and school populations, factual information on nutrition.

3. Large-scale, epidemiologic studies of the incidence and prevalence of psychiatric disorders affecting elderly people be conducted, in an attempt to identify those crucial social and environmental forces which are currently influencing the occurrence of mental disease.

4. Current public attitudes towards aging be more fully assessed, together with the attitudes of professional workers dealing with the aged.

5. Investigation of the entire range of therapeutic methods relevant to the psychiatric disorders of older people be conducted. Special emphasis should be placed on the potential for improvement and rehabilitation in such patients. Such investigation should include studies of individual and group psychotherapy, psychopharmacological treatment, milieu therapy and the social aspects of hospital treatment.

6. The investigations of means of identifying possible facilities and personal assets within the community for dealing with the problems of psychiatric gerontology be undertaken. This would include the utilization of relatives, family physicians, ministers, and social, recreational, and health agencies.

7. That quantitative measures of physiologic aging be developed as follow :

a. Simple methods for obtaining and reporting the profile of the functional ages of the various physiologic systems of a given individual. (Each of the sensory systems should be included in this profile.)

b. A numerical weighting system by means of which the integrated functional age of the individual can be related to the mean integrated functional age of the whole population.

c. Quantitative measures of the rate of decline of each sensory or other function in individuals. The above data should be susceptible to analysis by computer systems.

8. That more precise information concerning the point of failure in each sensory system is needed as follow :

a. The locus of failure in any given individual. (Are the receptors, the transmitters, the reticular formation, the primary sensory areas of the cortex or the association areas of the cortex, primarily responsible for the decline in functional efficiency? What part is played by inadequate or excess nervous activity? What is the specific nature of the deterioration: cellular enzyma alterations, changes in membrane permeability, accumulation of inactive or harmful substances, alteration in the cellular environment?)

b. The predominate locus of failure in the population as a whole.

9. That municipalities, counties, and other agencies having responsibilities for the care of the elderly, cooperate in providing medical information for the purposes of assisting research projects in aging. Of particular value will be the data relating to cardiovascular diseases.

10. Inasmuch as the Veterans Administration offers excellent opportunities for research in the geriatric sphere, it is recommended that the present efforts in this regard be strengthened and expanded.

11. That clear-cut criteria pertaining to the assessment of the tolerance of an individual to withstand surgery be determined.

12. That, where medical, economic, social, and psychological studies are undertaken, the dental aspects be integrated when appropriate with other phases of the overall program.

13. That the following areas of dental research receive special emphasis:

a. *Epidemiologic Studies.*—Epidemiologic studies of oral changes with aging offer an opportunity for fruitful results. Most persons lose their teeth before 70 years of age but others retain their teeth

in good function during later life. We should learn (a) what percentage of older people do retain their teeth in good health and (b) what factors contribute to such dental longevity. Similarly, studies on oral metabolic and nutritional effects, stomatitis, precancerous changes and malignant tumors should yield clues, that may be tested on animals and in population groups, which may lead to prevention of oral disease and discomfort.

b. *Periodontal Diseases*.—Periodontal diseases are an important cause of tooth loss in older people and they will increase in importance as we control tooth decay. Studies of periodontal diseases should be conducted in human populations and in colonies of susceptible animals such as primates.

c. *Dental Caries*.—Dental caries, which may begin at an early age, represents a problem throughout life. Continued studies of this disease as affected by age are essential.

d. *Oral Cancer*.—Oral cancer leads to the death of over six thousand Americans each year. Because of the accessibility of this type of cancer to observation and therapy, it should be possible virtually to eliminate it as a cause of death. Research for prevention, early diagnosis and more effective treatment of oral cancer must be pursued.

e. *Psychologic and Physiologic Adjustment*.—Psychologic and physiologic adjustment to aging changes in the oral and facial regions may have far-reaching effects on older people. These aspects require more definitive and extensive study.

Other areas of recommended research include :

- f. Motivation for seeking dental care and maintaining oral health
- g. Development of adequate portable dental equipment
- h. Oral manifestations of nutritional deficiencies and metabolic dysfunction
- i. Effect of the oral health on nutritional and metabolic states
- j. Temporomandibular joint and occlusal dysfunction
- k. Retention and restoration of the residual alveolar ridge
- l. Erosion, abrasion and attrition of teeth
- m. Stomatitides
- n. Salivary gland dysfunction

14. That committees for research in aging be established within the framework of universities with a view toward promoting, at the State, regional and national levels, free exchange of information pertaining to research in the field of aging.

15. Since the beneficial effect of water fluoridation is a life-long phenomenon, it is recommended that behavioral scientist focus attention upon the causes of resistance found in some communities toward institution of this public health measure. Preservation of natural teeth in later years is considered highly significant to the well-being of the aged.

16. That comparative studies of aging patterns in different cultures be more widely implemented.



## Section 16. Research in Gerontology: Psychological and Social Sciences

### POLICY STATEMENT AND RECOMMENDATIONS

THE PROCESS of aging tends to create psychological, social, and economic problems for the individual and for society. The more we know about this process, the greater is our effectiveness in designing solutions to these problems. By the same token, much benefit can be derived from a scientific evaluation of the effectiveness of existing action programs and the building of devices for evaluative measurements into future programs.

Analysis of the major individual and social problems associated with aging and an inventory of present knowledge suggest certain areas where the need for research appears greatest.

A major concern is our limited knowledge of the extent of change in ability to perform activities at various age levels. Since existing evidence suggests greater variation between members of a given age group than between averages of adjacent age ranges, we need to establish both norms and the variation around the norms for each age group. For this purpose tests and measurements covering such criteria of functional efficiency as attitudes, capacities, sensitivities, skills, and learning ability should be developed and standardized for the upper age brackets. Particular attention should be given to the measurement of variations in learning capacity. Motivating factors which are effective in exploiting this capacity in programs of adult education, in new interests and activities, and in rehabilitation should be explored. Related information must be developed on rates of learning, effective learning methods, extent of interference and transfer effects from one skill to another, and how long unused skills may best be brought to high efficiency levels.

In view of the compelling need for information concerning age changes and differences in psychological capacities, abilities, and skills, a major multidisciplinary, combined cross-sectional and longitudinal study of the psychological and behavioral aspects of aging

should be undertaken on a representative sample of the national population.

In the area of psychological and social adjustment, we are in the early stages of acquiring knowledge of the effects on older persons of changes within themselves and in their social and physical environment. There is need for further basic studies of personality and its development in the latter half of life in the effort to discover any intrinsic psychological aging process that may exist, and to find out how physical, social, economic, and cultural circumstances affect personal adjustment.

We need long-term studies of individuals commencing as early in life as is practicable. In addition, there should be research on the circumstances affecting adjustment of various cultural subgroups in the population. Special attention should be paid to the relation between personal adjustment and family relationships, old age clubs, mixed-age social groups, housing arrangements, insurance programs, and crises such as retirement, widowhood, and relocation,

The age of retirement and the conditions surrounding retirement from primary work and family responsibilities affect the adjustment of the older person and his integration into our society. Research should be focused on five aspects of this phenomenon :

- (1) Investigation of the changing definition and function of retirement;
- (2) Exploration of the consequences of, and alternative to, current retirement practices and policies;
- (3) Identification of activities which serve as effective replacements for those associated with previous life roles;
- (4) Determination of the significance for society of increasing numbers of retired persons; and
- (5) Examination of the factors which are related to successful retirement.

Of basic concern to the welfare of older people are the income and other resources which are available to them. We need many special studies on such topics, but there should also be more effective utilization of the data on personal and family income, assets, and expenditures presently being collected by various governmental agencies by providing them with increased funds for tabulation and analysis. In addition, information regarding significant income sources should be assembled on a continuing basis and analyses made of the relative continuity and purchasing-power stability of each income source. Expenditure patterns of older persons at various income levels should be further explored and compared with standard budgets. Special attention should be given factors influencing the labor force participa-

tion rates of older persons. And of great importance is the constant study of the inter-relationships between an aging population and a dynamic economy.

The primary setting of the aging is within society. The attitudes which a society displays toward its older persons determines, in large part, their status, role and personal and social adjustment. For this reason, it is necessary to study the older person in his total setting in the community, in the family, in intimate groups, in organizations, and in all other social and living arrangements. We have very limited research knowledge about the living arrangements and other components of the settings of older people as they affect their physical, psychological and social welfare.

Attention should, therefore, be directed both to the individual welfare of the older person and to the influence of an aging population on the local and national community. Special attention should be given to the effects of neighborhood stability or change, population composition, and social climate, upon the adjustment of older residents in differing residential settings such as rural areas, retirement communities, mobile-home communities, urban renewal areas, public housing, and various institutional arrangements.

The stimulation of aging research is a matter of adequate financing, the recruitment and training of research personnel, and the provision of appropriate research climates. All forms of research based on scientific method, as well as the participation of all major research disciplines, are essential to our knowledge of the aging process. The early and effective application of research findings for the benefit of the older population and of the society of which they are a part is vital. The inclusion of research aspects in demonstration and other action programs is crucial in furthering this process.

Even assuming an increased degree of support for research from private sources and State and local governmental agencies, an essential step in implementing these concepts is the establishment of an Institute of Aging within the National Institutes of Health to stimulate, organize and support research. This institute should be adequately staffed with representatives from the biological, psychological and social sciences. Furthermore, research on the social, economic, and political aspects of aging also should be supported by other appropriate governmental agencies.

## **SUPPORTING RECOMMENDATIONS**

### **Age Changes in Behavior and Personality**

1. In view of the compelling need for information concerning age changes and differences in psychological capacities, abilities, and skills, a specific major interdisciplinary, combined cross-sectional and longitudinal study of the psychological and behavioral aspects of the aging process should be undertaken. This research project should be developed and conducted by some continuing organization which would be responsible for the broad supervision and coordination of the project together with the communication of the findings as they develop.

2. Basic and applied research and research-oriented demonstration projects should be undertaken to investigate such areas as:

- a. Reactions to age-induced deficits in terms of personal compensations and environmental corrective measures;
- b. Life and career patterns;
- c. Ecology of the older person;
- d. Effects of cultural attitudes on capacities and on physiological and emotional states; and
- e. Adult learning ability and related motivational factors.

### **Social and Psychological Adjustment**

1. Social and psychological research in gerontology should recognize and study significant sub-populations within the aging group and undertake baseline studies on the adjustment patterns of the aging population for the Nation as a whole, as well as for regions and sections.

2. There should be longitudinal research on patterns of life adjustment at various age stages, to include:

- a. Long-term studies beginning as early in the life cycle as possible, perhaps using repositories of data available in child study and development institutes; and
- b. Retrospective studies on the present aged which could then be continued throughout the remaining life cycle.

3. Study should be made of patterns of adjustment of older persons living in various forms of familial life, including family surrogates.

4. Investigations should be made of the effects on older persons of uprooting from a familiar setting and re-establishing social relationships.

5. There should be studies of basic issues affecting social policy, such as the effects of age-segregated and age-integrated services for older persons including the attitudes of older persons themselves and the range of difference in personal adjustment.

6. The nature of personality and personal development in aging people should be studied in an attempt to discover any intrinsic psychological processes that may exist, and to learn how physical, social, economic and cultural circumstances affect personal adjustment.

7. The political behavior of older persons should be subjected to analyses.

8. Studies should be directed to the effects of social, cultural and technological changes and the personal and social adjustments they require of older persons.

### **Retirement and Meaningful Activities**

1. Research should be conducted on the following questions:

a. How effective are preretirement courses and counseling?

b. How can the schools and other public and private institutions contribute to the ability of the individual to lead a successful life throughout life's changes?

c. What is the relation between successful retirement and the requirements for retirement and the provisions of pension systems?

d. What activities in retirement contribute to sound mental and physical health?

e. What are the social, economic, and political consequences of legislative and institutional policies and practices relating to retirement?

f. What are the alternatives to compulsory retirement at a fixed age?

g. How best retired persons can serve in: Part-time employment, voluntary community services, the family, and political activity?

2. There should be an interdisciplinary study of the development, definition, and function of the concept of retirement as a social, economic, and cultural phenomenon.

3. There should be a study of the economic effects of alternative retirement patterns on society to determine to what extent retirement produces:

- a. Shifts in the burden of support;
- b. Additional costs because of barriers to technological change;
- c. Additional costs involved in the provision of new activities and facilities.

### **Income and Support of Older Persons**

1. Funds should be appropriated to permit more detailed and extensive tabulation and analysis of the vast amounts of data on personal and family income collected by the Bureau of the Census or resulting from routine and special studies in a large variety of other governmental agencies.

2. Detailed studies should be made of the expenditure patterns, noncash income, and levels of living of older persons at various income levels in different geographic areas of the United States.

3. Support should be provided for continuing studies on the employment of older workers in relation to such factors as: Health, capabilities, technological change, employer attitudes, collective bargaining provisions, impact of pension plans, size of expected retirement income, and Federal and State tax policies, etc.

4. Continuing studies should be undertaken to determine the effectiveness of the income maintenance programs for the older population and the impact of these programs on the national economy.

### **Settings in Which Older People Live**

1. Objective, uniform criteria should be developed for the evaluative assessment of the settings in which older persons live so that longitudinal, cross-sectional and historical studies may be made of the following areas:

a. Factors involved in the transition of aging people from statuses based mainly on achievement to those based mainly on ascription standards, such as age and sex; and of the possible influence of different housing and living arrangements in insulating old people from such effects;

b. The perceived loss or gain in status resulting from changes in living arrangements;

c. The effects of multigenerational living upon family relationships and the effects of different patterns of family relationships upon multigenerational living arrangements;

d. Factors affecting decisions of older people concerning selection of alternative living arrangements;

e. The reciprocal effects of the environment on the aged in alternative living arrangements; and

f. The suitability of various institutional forms of living from the point of view of the older person in relation to his transition through successive degrees of habilitation or dependency; and the study of the extent of the unsuitable placement of individuals in institutional settings.

### **The Support and Organization of Research**

1. There should be established an Institute of Aging within the National Institutes of Health to stimulate, organize, and support research. This research should include studies of social structure, function, and change as related to health, as well as studies focused on aging individuals. The institute should be adequately staffed with representatives of the biological, psychological, and social sciences. In addition, research on social, economic, and political aspects of aging also should be supported by appropriate government agencies. Existing private and public agencies now performing or supporting aging research functions should expand these activities.

2. The proposed Institute of Aging should provide for the establishment of regional laboratories which will maintain common facilities for individual research projects, such as:

a. Making available population samples for longitudinal and cross-sectional studies:

b. Extending present longitudinal studies in child development to include observations on the aging process; and

c. Maintaining colonies of pure strains of animals.

3. Centers for aging research established by the National Institutes of Health should be rapidly expanded, their interdisciplinary nature maintained, and their support from both public and private sources encouraged.

4. Institutional and block grants for substantial periods of time should be expanded and extended by public and private granting agencies and should include all of the disciplines of the psychological and social sciences concerned with aging.

5. Public and private grants in support of research in aging should cover full costs of the research projects, including overhead.

6. Action and demonstration programs should be based on the best and fullest available research findings and should include evaluative measurements to determine their effectiveness.

7. There should be developed a national gerontological research repository and clearinghouse for past, present, and proposed social and psychological research in aging. This clearinghouse should develop a mechanism to communicate research findings to those engaged in action programs for older persons.

8. To adequately stimulate the present trend toward comparative studies of differing cultures, full cooperation with research persons conducting aging studies in foreign countries is highly desirable.



## Section 17. Local Community Organization

### POLICY STATEMENT

THE INDIVIDUAL AMERICAN lives in a local community. Many problems of the aged and aging, and many of the community conditions affected by, or affecting the aging, can only be resolved, therefore, at the local level.

Each person must take the responsibility of developing and using his own capacities for growth and service. In addition, a good community must build those resources which enable older people to remain independent as long as possible.

Although the needs of some of the aged are many, existing and potential resources are also many. These needs should be viewed within the context of the needs of the total society, and community planning for the aging must be related to, and compatible with, planning for other segments of the population.

To put total emphasis on the care of the aged, as opposed to developing a community in which one can age with dignity and independence, would poorly serve the coming generations of Americans. We must not create the continual crisis of "problems." A total program of local community awareness and individual responsibility can develop the great opportunity which we presently have in the lengthened life span of Americans.

To center this activity in the local community, where the individual must live and function, it is recommended that local communities immediately create a Committee on Aging through which planning may be done for the good life that can be achieved by and for its elder citizens.

#### *Functions of a Local Committee on Aging*

To engage in community planning in the field of aging for the development of needed services; to collect, study, and disseminate factual data; to identify areas needing research; to encourage, sponsor, and undertake appropriate research; to apply the findings of previous

and current research, local or elsewhere, in considering local problems; to concern itself with the prevention of developing problems, as well as dealing with the problems after they occur.

To stimulate, promote, support, evaluate, and implement the development, operation, and improvement of standards of direct service programs but not to engage in the operation of such programs except on a demonstration basis; to stimulate or engage in such action as is necessary to fulfill its planning objectives.

To serve as a medium through which organizations can exchange information, coordinate programs, and engage in joint endeavors; and to serve as a liaison with other organizations including those in other localities and at State and national levels.

To work toward the creation of a statewide coordinating group for the aging where there is none.

### ***Composition and Structure of Local Committees***

There should be only one local Committee on Aging responsible for the overall community planning in this field, drawing its membership from both the governmental and voluntary organizations. Wherever possible, this Committee should be part of the overall community planning body.

The leadership and membership of this Committee should be widely representative so as to command community recognition, confidence, and support. It is advantageous to provide for limited terms and rotation of members and officers but continuity should be ensured through a device such as overlapping terms.

Two or more local communities (such as towns, cities, counties) may establish joint or area Committees. A county organization composed of several municipal Committees on Aging, or a regional organization composed of several county and/or municipal Committees on Aging may be formed on a "council" rather than "committee" basis.

### ***Financing of Local Committees***

A local Committee on Aging needs financing adequate to fulfill its immediate activities and long-term objectives. Local Committees should utilize fully the possibilities of financing through grants from foundations, united campaigns, membership dues, local subscriptions, governmental funds, and other appropriate resources. State and Federal governmental agencies should be encouraged to appropriate funds for demonstrations and research in the field of aging and to provide technical consultation to local communities.

## **Minority Report on Financing**

Federal and/or State funds should be made available to tax-supported and voluntary financed bodies in order to initiate and encourage the development of local community planning on behalf of the aging.

### ***Staff for Local Committees***

The effectiveness of local community organization in the field of aging will depend, in large measure, upon the availability of competent staff either employed directly by the Committee or loaned by other organizations. Such staff should have some experience and competence in community organization and in the field of aging. There is a need for trained community organization personnel and all appropriate measures should be used to assure additional personnel.

### ***Resources for Use by Local Committees***

Committees on Aging should make use of the many resources available at local, State, and national levels, including (a) organizations and agencies, which might provide facilities, services, data, consultation, personnel of funds, (b) studies and other publications, (c) individuals with experience or expert knowledge. State and Federal Governments and national voluntary agencies should make greater efforts to provide local communities with more resources that are appropriate, useful and of high standard.

## **SUPPORTING RECOMMENDATIONS**

### ***Need for Local Committees, Commissions, or Councils on Aging***

1. A "community" shall be considered not strictly in terms of political subdivisions, geographical area, or population size, but should be flexibly defined to adapt the area boundaries to local circumstances, e.g., sparsely populated rural areas, metropolitan areas, nature of groups to be served and coordinated. Two or more local communities (such as towns, cities, counties) may establish joint or area committees.

2. There should be some type of on-going Committee, Commission, or Council on Aging at the local community level. (Hereafter, the term "Committee" shall be used, but the principles shall be applicable also to a commission or council.)

3. There should be only one local Committee on Aging responsible for overall community planning in this field. Wherever possible this Committee should be part of the overall community planning body.

4. The planning should be based on sound principles and adapted to the local community. No one organizational pattern should be considered mandatory.

5. The impetus for starting a local Committee on Aging may appropriately be taken by one or more individuals or organizations, although the Committee itself should be established as indicated in No. 4 above. Local committees formed to work towards the White House Conference on Aging may well serve as the nucleus for an on-going committee.

6. There should be some form of liaison or affiliation between local Committees on Aging and appropriate local, State, and national organizations engaged in planning for the aging.

### ***Functions of a Local Committee on Aging***

1. To study, collect, develop, and disseminate factual data and other information relative to all aspects of aging, general and specific needs of the aging, available and potential resources for the aging, and contributions which can be made by the aging.

2. To stimulate and inform local and State organizations and officials, the community at large, and older people themselves about aging, about needs and resources for the aging, and about the part they can play in improving conditions for the aging.

3. To engage in community planning in the field of aging, such planning to take into account potentials for developing an overall pattern of services, present and future needs, expansion and development of existing and new facilities and services, improvement of community conditions, evaluation of existing services in relation to needs, gaps in services or in coordination of services, opportunities for utilization of the contributions of the aging, priorities, and practical approaches to action.

4. To stimulate or engage in such action as is necessary to fulfill its planning objectives, including legislative and budgetary activity, consultation, inter-agency deliberation, community education, and promotion.

5. To stimulate, promote, support, evaluate, and implement the development, operation, and improvement of standards of direct service programs but not to engage in the operation of such programs except on a demonstration basis.

6. To serve as a medium through which organizations can exchange information, coordinate programs, and engage in joint endeavors.

7. To serve as a liaison with other organizations including those in other localities and at State and national levels, and to give and receive consultation as indicated.

8. To work toward the creation of a statewide coordinating group for the aging where there is none.

9. To identify areas needing research, to encourage research, to sponsor research and to undertake appropriate research.

10. To apply the findings of previous and current research, local or elsewhere, in considering local problems.

11. To concern itself with preventing problems developing as well as dealing with the problems after they occur.

### ***Composition and Structure of Local Committees***

1. The composition and structure of the local Committee on Aging should be appropriate to the particular community, to the job which needs to be done (purpose and function), and to the policies of the organization of which it may be a part.

2. The size of a Committee should be a matter of local decision but generally it should be of sufficient size to insure adequate representation. It is frequently advantageous to provide for limited terms and rotation of members and officers but continuity should be ensured through a device such as overlapping terms.

3. It is advisable for a Committee to have broad and active community representation. Consideration should be given to involving the following :

a. Representatives from agencies and organizations which give direct service to older persons.

b. Representatives from business, labor, religious, educational, recreational, welfare, health, civic, fraternal, ethnic, and governmental groups.

c. Community leaders, both lay and professional.

d. Persons with expert knowledge on aging or on matters pertinent to committee activity, including appropriate representation from the professions, such as medicine, law, education, social work, nursing, and architecture.

e. Older persons who have a contribution to make to the Committee.

4. The leadership and membership of the Committee should be such as to command community recognition, confidence, and support and be competent to carry out the Committee's purpose and function.

5. Committee structure should be carefully planned and developed and be appropriate to the job. Consideration should be given to :

- a. Clear definition of function and responsibility.
- b. Selection and role of leadership.
- c. Selection and role of membership.
- d. Staff selection and responsibility.
- e. Procedures for conducting committee activity.

6. Method of appointment of officers and members of the Committee will vary depending upon the particular situation but should be clearly determined. The role of representatives will depend in part upon whether they are appointed by the committee itself or by the organization they represent.

7. Generally a council (as differentiated from a committee) may be expected to be composed of organizations (rather than individuals) and the representatives thus assume a delegate role.

8. A county organization composed of several municipal Committees on Aging, or a regional organization composed of several county and/or municipal Committees on Aging may be formed on a "council" rather than "committee" basis, but its structure should also depend upon its purpose and function.

### ***Financing of Local Committees***

1. A local Committee on Aging needs financing adequate to fulfill its immediate activities and long-term objectives.

2. Responsibility for continuous and sufficient financing of the operations of a local committee rests with its sponsoring organization, if there be such.

3. Local Committees should utilize fully the possibilities of financing through grants from foundations, united campaigns, membership dues, local subscriptions, government funds, and other appropriate resources.

4. State and Federal government agencies should be encouraged to appropriate funds for demonstration and research in the field of aging and to provide technical consultation to local communities.

### **Minority Report on State and Federal Funds**

Federal and/or State funds should be made available to tax-supported and voluntary financed bodies in order to encourage the development of local community planning on behalf of the aging.

### ***Staff for Local Committees***

1. The effectiveness of local community organization in the field of aging will depend, in large measure, upon the availability of competent staff.

2. In large urban communities Committees and Councils on Aging should be staffed with persons competent in community organization, who have, or have the capacity to acquire, knowledge in the field of aging.

3. In small communities where it is impractical to employ staff for a local Committee on Aging, staff might be procured from local public or voluntary agencies and/or staff from the State level might be made available at least for consultation. Such staff should have some experience and competence in community organization and in the field of aging.

4. There is a need for trained community organization personnel and all appropriate measures should be used to assure additional personnel.

### ***Resources for Use by Local Committees***

1. Committees on Aging should make use of the many resources available at local, State and national levels, including (a) organizations and agencies, which might provide facilities, services, data, consultation, personnel or funds, (b) studies and other publications, (c) individuals with experience or expert knowledge.

2. State and Federal Governments and national voluntary agencies should make greater efforts to provide local communities with more resources that are appropriate, useful, and of high standard.

### ***Specialized Services as Related to Local Community Organization***

1. It is the responsibility of the local Committee on Aging to promote and develop adequate direct service programs through agencies already established or through new agencies formed for the purpose of providing such services.

2. Planning for the aging in a specific area—e.g., health, housing, or recreation—should be closely related to overall community planning in such areas, as well as overall planning for the aging.

## Section 18. State Organization

### POLICY STATEMENT AND RECOMMENDATIONS

#### Need

THE STATES are heavily involved in programs affecting older persons. Major services and benefits are provided by various State agencies and private organizations. In this situation problems of coordination, communication and conflict inevitably arise. There is a real need, therefore, for an overall view and approach.

The older persons with whom the States are concerned are not simply those who are indigent, nor the small proportion who live in State-operated or State-supervised institutions. The problems that come with age sooner or later confront most older people, touch every family, and relate to every aspect of life—income, health, rehabilitation, housing, employment, recreation—all of which are interrelated. Existing State activities affecting the older person, however, are organized primarily on a program rather than a *clientele* basis. This may result in omissions, lack of focus, and lack of proper emphasis on the needs of older individuals. Those who seek help or information often do not know where to turn.

#### *Recommendation*

In each State there should be established a permanent unit (office, commission or agency) on aging, to provide statewide leadership in programs for the aging.

#### Functions

For a State unit on aging to work effectively, its role and functions must be clearly defined and sufficiently broad.



### ***Recommendations***

The responsibilities of such a State unit should include at least the following :

a. To provide a mechanism by which governmental and non-governmental agencies can coordinate their plans, policies and activities with regard to aging. A minority of 44 percent voted that this recommendation read as follows: "To provide a mechanism by which the several governmental and non-governmental agencies can coordinate their plans, policies and activities with regard to aging."

b. To create public awareness and understanding of the needs and potentials of older persons.

c. To gather and disseminate information about research and action programs, and provide a clearinghouse for current plans and ongoing activities.

d. To encourage State departments, universities and other appropriate agencies to conduct needed research in the field of aging.

e. To stimulate training for workers engaged in services to the aging.

f. To stimulate, guide and provide technical assistance in the organization of local or regional councils or units on aging, and in the planning and conduct of services, activities and projects.

g. To cooperate with the Federal Government, local governments, voluntary agencies and other groups concerned with problems of aging.

h. To recommend legislative and administrative action on behalf of the aging.

### **Structure**

There has been considerable experimentation with the structure and location of State units on aging in past years. Frequently two or more organizations have been functioning side by side. While it always will be necessary to adapt the pattern to the needs of the individual State, the following may provide a helpful guideline.

### ***Recommendations***

1. The State unit on aging should be established by legislative action on a continuing basis as an official part of State Government.

2. The unit on aging should be independent of existing State agencies.

3. There should be established an advisory group with wide citizen participation representative of all major interests and agencies in the State, including voluntary and public groups working with the aged.

4. There should be interdepartmental representation from all State agencies concerned, either on the advisory group or as a companion committee.

5. There should be adequate, qualified staff attached to the unit to carry out its function.

### **Funds**

Most existing State units on aging have been seriously handicapped by lack of funds for staff, travel expenses, publications, mailing, consultants and other activities. Reliance upon voluntary help or part-time assistance from other departments is impractical and even unjustifiable on a continuing basis. It would seem that the contributions such a unit can make to improved status and prospects of older persons would warrant the funds necessary for its adequate support.

### ***Recommendations***

1. Separate and identifiable funds should be provided for the unit on aging.

In order for the State unit to be able to make use of available funds, proper enabling legislation is required.

2. The State unit on aging should be authorized to accept, disburse and allocate funds which may become available from governmental and private sources, in accordance with applicable State fiscal procedures.

The major direct services for older persons are not rendered by the special organizational unit but by the several State agencies which serve the whole population. This reflects and supports the principle of coordinating social and physical planning to meet the needs of the entire community.

3. Adequate staff and budget should be provided to finance activities for the aging not only in the central unit but also in existing State agencies which have programs related to aging.

### **Federal-State Relations**

During the last decade, the Federal Government has been a major source of leadership and a spur to the States in development of programs for the aging. Preparations for the White House Conference,

including State grants, have resulted in State planning groups in all States. Programs in aging in the States are related to Federal programs of which they may be administrative counterparts and from which they draw varying degrees of support. Federal research, publications and staff can meet needs common to most States and thus supplement the limited resources available in the States.

***Recommendations***

1. Federal technical assistance should be provided to the States.
2. Consideration should be given by the Federal Government to the establishment and increase of grants-in-aid to States to promote and expand services to the aged.

## Section 19. National Voluntary Services and Service Organizations

### POLICY STATEMENT AND RECOMMENDATIONS

**DISTINCTIVE** to the American way of life is the extent to which services to people are provided through the programs of Government and of national voluntary organizations. The needs of the nation's aging population can be met effectively only as both governmental and voluntary services of the highest quality are available broadly and as there is sound correlation of the work of each.

The rapidly evolving and changing knowledge of the aging population, and experience in serving it, make it premature to define sharply the respective roles of governmental and voluntary efforts. While functions which appear to be distinctive to each can be identified, there is an increasing number shared by both.

Programs for the aging which are uniquely governmental in character include the provision of a minimum economic base for all and the equalization of public services throughout the nation.

Because of the range and variety of their experience, national voluntary organizations frequently serve as pace setters in developing standards, program criteria, services, and facilities for the aging; as pioneers in creating new services; and as interpreters in achieving a positive understanding of the aging by society. Services to the aging provided by national voluntary organizations contribute to disseminating information about the aging, setting standards and encouraging their implementation, conducting experimental and developmental activities, providing leadership and counseling, and coordination.

The major strength of national voluntary organizations in serving the aging lies in their insight into the needs of aging persons, their concern for meeting these needs, and their efforts to effect social changes which enhance the well-being of the aged population.

The many diverse services and programs provided by national voluntary organizations must continue in their planning to utilize among their basic criteria the needs of the aging as expressed by the aging themselves. Constant re-evaluation of their projects and services

should lead to better cooperative efforts among organizations and governmental units.

National voluntary organizations can and should give greater assistance to the aging by: (1) analyzing their present and potential services to the aging and making a clear statement of policy recognizing the needs of the aging, the formulation of standards of practice, and maintenance of these standards, (2) effectively communicating with local affiliates so that these policies and available resources can be utilized, (3) informing their local affiliates of the vast resources available both within and outside their own organization, and recommending that they make maximum use of these, (4) encouraging the initiation of new services where needed, and (5) reexamining and reevaluating their services frequently.

National voluntary organizations should emphasize their unique role in the area of demonstration, experiment, and research in the field of aging, utilizing the talents and competence of older age groups. It is important for such associations to consult with central planning and knowledgeable groups so as to avoid duplication and maximize cooperative efforts and services.

In our highly industrialized society, many forces operate to restrict the roles of the older citizens. National voluntary organizations can make a unique contribution by providing older citizens with opportunities to remain active contributors to the national welfare through participation in other forms of gainful employment, in programs of service to all age levels, and all elements of our society. By thus preserving a "contributing citizen" role for the older person, national voluntary organizations will help create positive attitudes of and toward the aging.

National voluntary organizations can further help create positive attitudes by realistic and frank discussions of the aging process, by seeking to dispel both the over-gloomy and the over-glowing portraits of old age, each of which is equally harmful to positive approaches to the needs of older citizens.

We believe that all national voluntary organizations with a concern for the aging have a responsibility to study proposed legislation, and through all channels open to them, create a climate conducive to full public discussion and support of measures advancing the well-being of older citizens, recognizing that many organizations are precluded by their policies from taking action on legislative proposals.

Effective followup of this White House Conference requires vital correlation of the efforts of national voluntary organizations and sound coordination of their activities and those of Government in serving the aging. The cooperation of national voluntary organizations can be achieved through a central national voluntary coordinating body which is a resource for planning, information, consultation, and

methods. This body should encourage and assist in the establishment, extension, and improvement of services for older people. Such an organization can provide a channel of communication between national voluntary organizations and Government which can assure understanding of the potentialities and limitations of each at local, State, and national levels.

We believe that some form of Federal coordinating unit should be designated or established to deal with the problems of the aging, such unit to utilize the knowledge, experience and services of the national voluntary organizations. This instrumentality should be concerned exclusively with planning and coordination of activities and should not have responsibility for operating services.

### **SUPPORTING RECOMMENDATIONS**

1. National voluntary organizations can give greater assistance to the aging by analyzing their present and potential services to meet needs by (a) effectively communicating with local affiliates in regard to policies and available resources, (b) by informing local affiliates of resources outside their organization, (c) by encouraging the initiation of research, as well as specific programs and projects, where needed, to extend and strengthen programs, and (d) by establishing a procedure for reevaluation of organizations on a regular basis.

2. National voluntary organizations and service organizations should continue to strengthen their liaison with other national organizations of a voluntary, governmental and clearinghouse nature, urging their member organizations at all levels to do likewise, in order to promote mutual exchange of information, factfinding, research, demonstration, and program development.

3. It is recommended that affiliates of national voluntary organizations assume responsibility for reporting progress and program ideas to their national offices in order that they may be studied and shared by the national office with others who are interested in such material. It was further recommended that local affiliates of national voluntary organizations should be encouraged to seek the counsel available from their national offices.

4. National voluntary organizations and service organizations are urged to encourage their member organizations at all levels to strengthen their programs for the aging.

5. Permanent Councils on Aging at local, State, and national levels should study the relative responsibilities and relationships between

Government agencies and national voluntary organizations on a continuing basis. This study should include, but not be limited to:

a. Reevaluation of the evolving and changing character of their respective responsibilities based on new experiences and understanding as well as reevaluation of the roles now encompassed in governmental agencies and national voluntary organizations.

b. Basic information necessary for establishment of additional program responsibilities to be met by national voluntary organizations and governmental agencies.

c. Ways to promote better communication between Government agencies and national voluntary organizations.

6. There should be continuing and more effective liaison between the Government agencies and the national voluntary organizations to facilitate the flow and exchange of information on aging. Organizations engaged in aging activities should also maintain liaison with agencies and organizations providing other type services.

7. Communication often breaks down at all levels due to lack of assigned responsibility for followthrough. It is recommended that appropriate individuals be designated in both the concerned governmental agencies and the national voluntary organizations at all operating levels, to carry through on communications and the responsibilities such communication implies.

8. There is need for greater utilization of all forms of mass communication media by national voluntary organizations in order to provide the general public, as well as older persons, with increased understanding of aging as well as knowledge of programs and activities available to meet needs in the field of aging.

9. Recognizing that it is not the policy of many national voluntary organizations to initiate and/or support legislation as such, it is recommended that such organizations assume responsibility for (a) obtaining the facts on legislation in relation to aging, and (b) dissemination of this information to their members. It is further recommended that all national voluntary organizations reexamine their policies in regard to initiating and suggesting legislation in relation to aging, so that they may support programs of legislation to the fullest extent that their policies permit.

10. National voluntary organizations, when possible, should provide opportunities to older persons to participate in planning and execution of programs which will open to them avenues for achieving real life satisfaction through services to others.

11. It is recommended that the national voluntary organizations contribute toward the development of a more positive image concern-

ing the older adult throughout all their programs, projects, and activities.

12. National voluntary organizations should seek to achieve sound understanding of the aging based on a realistic appraisal of their life situation, needs, and concerns. The objective should be to gain a balanced appreciation of older people's limitations as well as their assets.

13. National voluntary organizations as employers are urged to examine their retirement policies in view of the knowledge and understanding now available in relation to older people's skills, and their ability to continue to contribute to work situations.

14. National voluntary organizations, through their programs, are urged to encourage greater understanding and acceptance of the contributions that the three generation family can make to one another in family life.

15. Where appropriate, national voluntary organizations are encouraged to disseminate through their respective channels, facts concerning aging which will help young people to plan for their later years.

16. Where appropriate, it is recommended that national voluntary organizations provide a medium through which youth may serve the aging and the aging may contribute their knowledge and wisdom to youth.

17. National voluntary organizations should provide good examples in the field of aging by providing their own membership with continuing education through planned emphasis in their own meetings and publications, with leadership training at all levels; and with continuing active membership after retirement by devices such as waiving of organization dues.

18. It is recommended that local communities encourage and welcome members of all ages to settle within their boundaries. Note: A number of recommendations were submitted from the Workgroups in regard to the type of organization needed for followup of the White House Conference on Aging. The ideas presented were not controversial. There is some duplication, but all were accepted, inasmuch as time did not permit further discussion.

19. Where none exist, it is recommended that Councils on Aging be established at local, State and national levels, with the widest possible representation of voluntary organizations and governmental agencies, as well as other interested and concerned citizens.

20. We recommend that Federal, State, and municipal government agencies in the field of aging relate to Advisory Committees including



voluntary organizations having experience in the field, in order to facilitate communication.

21. We recommend a Citizen's Advisory Committee be established by statute in the event a Federal bureau, office, commission, or other new Federal agency is created.

22. We recommend that an advisory council on a national level be established to work with the Federal Government and national voluntary organizations concerned with the problem of the aging and a temporary planning committee be constituted to organize and formulate the policies of this council.

23. We recommend that some form of Federal coordinating unit be designated or established to deal with the problems of the aging, such unit to utilize the knowledge, experience, and services of the national voluntary organizations. This instrumentality should be concerned exclusively with planning and coordination of activities and should not have responsibility for operating services. We also recommend that a similar form of coordinating unit be designated or established in each State.

24. We recommend that a national body be designated or established to serve as a coordinating council of national voluntary organizations in the field of aging.

25. We recommend that national voluntary organizations serving the aging consider using a followup organization, such as the National Council on the Aging, to achieve the following :

- a. to provide clearinghouse and informational services.
- b. to provide facilities for coordinate national planning for the aging.
- c. to stimulate pioneering and creative efforts of interested organizations.
- d. to survey existing research, and to identify gaps in research.
- e. to provide liaison with governmental agencies.
- f. to encourage cooperation among local units of member groups.
- g. to coordinate legislative programs of organizations which have committed themselves to such programs.
- h. to provide a channel for combination of member organizations sponsoring specific programs.
- i. to provide facilities for consultative services to national, State, and local organizations and agencies.

## Section 20. Federal Organizations and Programs

### POLICY STATEMENT

OVER THE YEARS, for one reason or another, the Federal Government has become deeply committed to various forms of aid to the individual citizen. In addition, there are many Federal activities that benefit the individual indirectly by strengthening his State and local governments by increasing the supply of trained people and by fostering research on the problems of the people. In the social welfare field, the Federal programs that benefit people directly and indirectly all have a common philosophy. The elements of that common philosophy are these :

1. A primary reliance on the individual's own efforts, with Federal aid encouraging and supplementing these individual efforts. Old-Age and Survivors and Disability Insurance (OASDI); for example, provides a foundation on which nearly all citizens can build their own security.

2. Encouragement of private enterprise and voluntary organizations. The Federal tax system, for example, encourages the provision of pensions and other benefits by employers and also encourages philanthropic support of voluntary organizations.

3. A partnership with local and State governments, within our Federal System. Both the public assistance and the unemployment compensation programs, for example, recognize the differences among States and therefore provide for State administration.

4. A preference for indirect rather than direct forms of Federal aid. For example, Government insurance of home loans is more typical than direct Federal loans, although these are also extended when necessary.

The commitment of the Federal Government in the field of aging is more recent than its commitment to aid individuals as workers, parents, or homeowners, etc. Increasingly, the Federal Government is being asked to aid individuals as senior citizens or retirees. We be-

lieve that the same philosophy that has successfully guided the Federal Government in its previous efforts that aid individuals should be followed in the case of the new programs designed to help older people.

## RECOMMENDATIONS

IN ACCORDANCE with the philosophy stated above, we recommend the following necessary and appropriate Federal activities:

1. Congress should establish an Advisory Council on Health Care Benefits, broadly representative of all interested groups, to consider the detailed questions that will be involved in adding health care benefits to OASDI and to report to Congress.

2. The existing Federal-State programs that are now providing health care benefits, research, and facilities for the elderly should be preserved and strengthened, since these programs are essential and must be continued and improved whether or not Congress decides to finance health care benefits for other segments of the elderly population through a contributory social insurance system.

3. Every governmental program of health care for the aged should embody a provision granting beneficiaries full freedom in choosing a physician, dentist, hospital, nursing home, dispenser of prescription medications, or other provider of health services.

4. It is the responsibility of the Federal Government, in the administration of the Old-Age, Survivors and Disability Insurance system, to maintain its benefits at levels adequate to meet current human needs.

5. To foster more activities in behalf of the aging on a local and voluntary basis, the Federal Government should support small, short-term (2 years) experimental or demonstration action projects proposed by private, local or State organizations to stimulate and initiate community services.

6. The old-age assistance titles of the Social Security Act should be amended to permit Federal matching of administrative costs of State personnel serving older people who are not applicants for or recipients of public assistance. This would enable many persons, with the aid of public social services, to eliminate their potential need for public assistance grants in the future.

7. Congressional appropriations for the Department of Labor should be increased to enable the Department to expand Federal-State programs of increasing employment opportunities for older people, gathering facts about the nature, extent and effects of age-discrimina-

tion in hiring offices and promoting public understanding and support of increased earning opportunities for older people.

8. The Federal Government should expand and refine its various statistical activities to provide more facts and figures on which local and State governments and private groups can base their programs benefiting older people.

9. The Internal Revenue Service and the tax committees of Congress should encourage contributions to and tax exemption of philanthropic, religious, and fraternal organizations, large and small, that serve older people, and more specifically, nursing homes and homes for the aged.

10. The appropriate officials in the Department of Health, Education, and Welfare should recognize the importance of the problems of the elderly by channeling into this field more of the funds available for research in medical and social problems, training of specialized personnel and demonstration of new methods and techniques.

11. The Federal Government is urged to increase the funds available to provide for a greater number of nursing home beds.

12. Without expressing an opinion with respect to the present Federal Council on Aging or new governmental units that have been proposed, it is recommended that the Federal coordinating agency in the field of aging should be given :

- a. A statutory basis and more independent leadership ;
- b. Adequate funds for coordination and other assigned functions through a "line item" appropriation ;
- c. Responsibility for formulation of legislative proposals for submittal to Congress ; and
- d. Responsibility for periodic reviews of and reports on the various Federal programs, departments and agencies working in behalf of older people to achieve their effective coordination and operation.

13. In determining the ratio of State funds that must match Federal funds used to finance Federal-State programs in behalf of older people, the Federal Government has a responsibility to take into consideration the varying degrees of fiscal capacity or ability of the several States of the Union as related to the program.

14. The Department of Health, Education, and Welfare should stimulate education for planning for the aged years so that our senior citizens may lead lives which are richer, more independent and satisfying.

Although the policy recommendations set forth above deal chiefly with the Federal Government, their achievement and effectiveness depends on more than Federal action alone. We have agreed that a

working partnership between voluntary organizations, local and State governments and the Federal Government will yield the most significant and lasting benefits to older men and women. To make that partnership actually work, all the partners will have to do their part. We therefore call upon the States, local units of government and private organizations of every description to work together to help make "Aging With a Future—Every Citizen's Concern."

