

60 or over was more than four times as large as in the corresponding quarter of 1949; for men, it was about three times as large.

The absolute and relative number of elderly applicants, which had been declining steadily since 1943, swung sharply upward in 1950. The 81,000 applications received from persons aged 60 and over represented a rise of 62 percent over 1949; they formed 2.8 percent of all applications, a proportion larger than in any other year since 1946. Although more men than women aged 60 and over applied for account numbers, the proportion of women applicants in this age group increased to 45 percent, as against 40 percent and 39 percent, respectively, in 1949 and 1948.

During 1950, account numbers were issued to 319,000 Negroes—158,000 men and 161,000 women (tables 2 and 4). This total represented an increase of 23 percent over 1949, as compared with a decline of 16 percent from 1948 to 1949. Negroes formed 11 percent of all applicants—the same as in the preceding year.

Aged OASI Beneficiaries Outnumber OAA Recipients

During February 1951 the number of aged persons receiving old-age and survivors insurance benefits caught up with and passed the number receiving old-age assistance. The event is significant, marking as it does the long-awaited emergence of the insurance system as the larger of the two programs under the Social Security Act that provide income to aged persons. This goal, a major objective of Congress in the enactment of the Social Security Act Amendments of 1950, was attained 6 months after the new legislation was approved and 5 months after the coming into effect of the liberalized eligibility and benefit conditions.

At the end of February, 2,773,000 persons 65 years of age and over in the continental United States were receiving old-age and survivors insurance benefits either as retired workers, their aged wives, or aged

survivors of deceased, insured workers. Old-age assistance recipients in the 48 States and the District of Columbia in that month numbered 2,752,000. In February 1950, aged beneficiaries numbered 2,007,000 and old-age assistance recipients numbered 2,742,000.

Some beneficiaries whose income from insurance benefits and other sources was not large enough to cover their essential needs were in receipt of supplementary old-age assistance and therefore appeared on the rolls of both programs. The size

of this group is not known for February 1951, but reports to the Bureau of Public Assistance show that in September 1950 the group accounted for 13 percent of the aged old-age and survivors insurance load and 10 percent of the old-age assistance load in that month.

Since States vary considerably in opportunities to work in covered employment, large differences may be expected in the relative size of the two programs, State by State. In February 1951, assistance recipients still outnumbered aged insurance

Number of persons aged 65 and over receiving old-age and survivors insurance benefits and number of old-age assistance recipients, continental United States, by relation to aged population¹ and by State, February 1951

State	Number of persons aged 65 and over receiving old-age and survivors insurance ²	Number of old-age assistance recipients	Old-age and survivors insurance beneficiaries per 1,000 persons aged 65 and over	Old-age assistance recipients per 1,000 persons aged 65 and over	Old-age assistance recipients per 100 old-age and survivors insurance aged beneficiaries
Total	2,781,711	2,752,158	225.8	223.4	99
Alabama	31,180	81,400	173.2	452.2	261
Arizona	9,437	14,575	213.3	329.4	154
Arkansas	18,848	68,904	126.5	462.4	366
California	238,809	273,964	275.4	316.0	115
Colorado	22,062	47,743	193.5	418.8	216
Connecticut	58,069	19,983	331.8	114.2	34
Delaware	6,830	1,593	295.5	60.5	23
District of Columbia	10,189	2,842	175.7	49.0	28
Florida	61,714	69,422	289.7	325.9	112
Georgia	30,391	102,042	140.0	470.2	336
Idaho	7,940	11,450	182.4	263.0	144
Illinois	184,074	118,420	245.1	157.7	64
Indiana	82,201	50,626	208.1	128.2	62
Iowa	38,584	49,070	141.2	179.6	127
Kansas	28,097	39,019	144.7	200.9	139
Kentucky	35,280	67,270	151.4	288.7	191
Louisiana	26,682	118,591	163.7	727.6	444
Maine	26,390	15,307	282.0	163.6	58
Maryland	37,772	11,672	224.8	69.5	31
Massachusetts	146,347	102,072	323.8	225.8	70
Michigan	119,883	97,357	264.6	214.9	81
Minnesota	46,174	55,337	160.3	192.1	120
Mississippi	13,108	60,897	92.3	428.9	465
Missouri	72,179	132,318	169.4	310.6	183
Montana	8,858	11,807	174.1	232.0	133
Nebraska	16,137	23,034	123.8	176.7	143
Nevada	2,664	2,728	242.5	248.3	102
New Hampshire	16,567	7,414	286.2	128.1	45
New Jersey	122,275	23,760	300.4	58.4	19
New Mexico	4,110	10,470	128.4	327.2	255
New York	354,358	116,843	275.8	90.9	33
North Carolina	34,281	61,490	152.1	272.9	179
North Dakota	3,748	9,070	77.8	188.2	242
Ohio	182,781	121,618	241.1	160.4	67
Oklahoma	24,646	99,351	127.1	512.4	403
Oregon	37,883	23,544	284.8	177.0	62
Pennsylvania	256,915	82,994	285.1	92.1	32
Rhode Island	25,585	9,956	393.6	153.2	39
South Carolina	15,570	42,118	135.4	366.2	270
South Dakota	5,148	12,223	93.1	221.1	237
Tennessee	32,658	66,080	140.8	284.8	202
Texas	69,439	224,045	132.8	428.4	323
Utah	8,540	9,891	201.3	233.2	116
Vermont	8,683	6,965	219.6	176.2	80
Virginia	36,274	19,686	173.6	94.2	54
Washington	58,235	71,863	267.1	329.6	123
West Virginia	32,857	26,640	237.2	192.3	81
Wisconsin	67,874	62,306	219.0	168.7	77
Wyoming	3,385	4,388	186.3	241.6	130

¹ Based on Bureau of the Census data on population aged 65 and over, April 1950; partly estimated.

² Persons receiving old-age benefits, wife's or husband's benefits, widow's or widower's benefits, and

parent's benefits. Includes about 9,000 women under age 65 receiving wife's benefits; distribution not available by State.

beneficiaries in 29 States. In such predominantly agricultural States as Mississippi, Arkansas, and Georgia, assistance recipients outnumbered aged insurance beneficiaries 3 or more to 1. At the other extreme were such industrial States as New Jersey, Pennsylvania, and New York, in which aged insurance beneficiaries were at least three times as numer-

ous as recipients of old-age assistance.

State variation with respect to the relative number of aged insurance beneficiaries and old-age assistance recipients reflects also the effect of the eligibility conditions for old-age assistance. States with a relatively low beneficiary rate because of their rural character may have an even

lower recipient rate in old-age assistance and as a result have more aged beneficiaries than assistance recipients. Other States, despite a high beneficiary rate, may have more assistance recipients than aged insurance beneficiaries. In February 1951, Virginia was an example of States in the first group, California of those in the second group.

STANDARDS FOR INSTITUTIONS

(Continued from page 2)

requirement, which applies only when the State public assistance plan provides for payment of assistance to needy individuals in any kinds of institutions. Under the amendment a State public assistance plan must "... effective July 1, 1953, provide, if the plan includes payments to individuals in private or public institutions, for the establishment or designation of a State authority or authorities which shall be responsible for establishing and maintaining standards for such institutions."

The purpose of the meeting was to discuss the significance of the amendment and to give the Bureau of Public Assistance the benefit of national, State, and local thinking on the problems of policy and operation that are involved in setting standards. Though the amendment does not become effective for 2 years, the State agencies need to do preliminary planning for it.

At the meeting were representatives of public and private groups and agencies who are currently engaged in standard-setting activities. They included State administrators; State directors of licensing and standard-setting authorities; and representatives of national religious groups, fraternal organizations, the National Committee on Aging, private hospital and operators' associations, State departments of health,

the Veterans Administration, the Children's Bureau, and the Division of Medical and Hospital Resources of the Public Health Service.

The group reviewed and commented on a draft policy statement interpreting the scope and limitations of the amendment and the specific requirements for approval of State plans. Early in the discussion it became clear that there are two separate aspects of the amendment: (1) the specific responsibilities of the State public assistance agency under the amendment, and (2) the general responsibilities and concern of the agency, as well as other groups and individuals, for participation in community effort to establish and maintain standards.

Particular concern was expressed about the scope of the amendment, the definition or interpretation of the word "institution" as used in the amendment, and the exclusion and inclusion of types or groups of institutions in the State plan. Questions were raised concerning the inclusion of hospitals and public homes, and suggestions were made by various members of the group as to possible rewriting of portions of the draft policy material for purposes of clarification.

On the second day the participants met in two working groups to prepare a suggested list of recommendations to the States. One group discussed the role of the State public assistance agency, and the other the goal of

State standard-setting activities. The suggested recommendations covered many phases of the problem—basic community organization and interagency relationships in a standard-setting program; the assistance agency's responsibility and contribution in establishing and maintaining standards and the methods the State agency can adopt to ensure that the amendment is being implemented; State legislation for standard-setting; the definition of an institution; groups and types of institutions that should be under the jurisdiction of the standard-setting authority; and criteria for determining that standards are being maintained.

As a next step in implementing this amendment the Bureau plans to revise the draft policy item so that it will reflect the discussion and to make a summary of the discussion and the revised draft available to the participants and to all State public assistance agencies. During the coming months, arrangements will be made for joint planning and discussion with representatives of public and private agencies to follow up the work accomplished at the meeting. At the end of a year the same group will be called together again to analyze the results of the year's planning and discussion. On the basis of this analysis, the Bureau of Public Assistance will write the policy statement in final form for use by the State public assistance agencies.