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## Aging – A Personal And Community Concern

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# Ageing — A Personal And Community Concern

PAULINE A. SMITH\*

To create a backdrop for the consideration of aging with its rewards and penalties; its gratifications and disappointments; its pleasures and frustrations; its common and special needs and the gaps in fulfilling these needs, a review of pertinent statistical data would seem to serve a useful purpose. As various facets of the topic are discussed then it is possible to have in mind a clear picture of the proportions of the subject — that group of people who find themselves after reaching the age of 65 arbitrarily classified as "the aged." It should be remembered that in relation to life expectancy in the present and next generations, this is becoming increasingly a relatively younger age.

What are some of these compelling, vivid facts about the aged, the arbitrary label placed on those who have passed their 65th birthday, as used in this paper to refer to the group of people under consideration? First, this group sharing in common the one characteristic of having passed their 65th birthday, constitutes approximately 9% of the general population or 16 million persons. This figure might be looked at in another way that makes it more graphic because it is difficult to comprehend millions; the 16 million persons already over 65 in the United States today is more than twice the total combined population of the New England States.

Second, the "population explosion" at the other end of the life cycle from that about which the public has been reading and hearing so much in relation to contemporary birth rates, can best be illustrated by some statistics cited recently at the National Health Forum which had as its theme this year "Positive Health of Older People." There are 3,000 individuals reaching their 65th birthday every day while 1,000 persons are departing from this life daily. In 1975 the 16 million tally will have multiplied and mounted to the staggering figure of 20 million. At the same meeting a well-known physiologist, Dr. Horvath of Philadelphia, noted that the natural life span of the human organism is in the area of 150 years. While only half of that potential is being realized now, he predicted that before too long

a life span of 110 years, 120 years and upward will be a common occurrence in this civilization. In some Eastern cultures this is already actually happening.

A third area in which statistics reveal a significant picture is that relating to income. Taking all of the individuals in this group over 65 years of age, including those who are fully or partially employed, three out of every five have annual cash incomes of less than \$1,000, while another 20% are in the \$1,000 to \$2,000 bracket. About 80% of the aged individuals had cash incomes in 1958 of less than \$2,000. The average income for an over-65 family is about half that of all families. Or stated in different terms, in 1958 the average income for aged men was \$1,500 and for aged women, \$800.

A fourth statistical reference will further illustrate why for millions of aged people the matter of maintaining themselves on a decent standard of living presents a major problem. What of liquid assets to supplement inadequate incomes or to handle unexpected or emergency needs? In 1959 about two out of five aged spending units (37%) had liquid assets of \$200 or less. In the same year two out of three had less than \$2,000 in liquid assets.

This leads to a fifth area of the subject, which in the conclusions of the United States Senate Subcommittee on Problems of the Aged and Aging presents the Number One problem facing America's aged citizens, namely maintenance of good health at a period in life when income is lowest and actual or potential disability is highest. People over 65 use hospitals and medical care facilities, services and drugs to twice the extent they are used by the rest of the population. This is not a surprising fact in and of itself, but takes on greater significance when despite the increasing numbers of aged with private health insurance the U. S. Department of Health, Education and Welfare predicts that by 1965 there will be at least 8 million aged people who will not have any type of health insurance. Since there are 120 women to every 100 men over 65 and the life expectancy for women is two to three years greater than that for men and since it has already been said that the average general income for aged women is \$800, this acquires even more startling implications as America's Number One dilemma facing the senior citizens.

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Now what of the living human beings who make up the flesh and blood of these statistics? They are the people who present one of the most dramatic challenges of contemporary America — so dramatic and so compelling that the President has ordered a meeting — the nation's first White House Conference on Aging — to be held in January 1961. Three thousand official delegates from all over the United States will meet together to think creatively about positive approaches, to develop blueprints for positive action — individual and collective — aimed at healthier, happier and more productive living for adults. The Senate Subcommittee on Aging has described this challenge in its report to the Committee on Labor and Public Welfare as "how America will act to meet the problems that the process of aging and our modern civilization create. The problems are many and they, too, reach out and touch all Americans. There is the young couple with aged parents to support; the middle aged who find employment opportunities closing to them; those about to step over the threshold into the strange and uneasy world of retirement; and the aged themselves who, having reached the alleged 'golden years', find them a badly tarnished imitation."

It is interesting here to note that 7,000 delegates from various parts of the U. S. met in Washington for the White House Conference on Children and Youth. Although their concern is with the group causing the "population explosion" at the other end of life's cycle, the fact that they are talking about opportunity for healthy growth, satisfying living, human needs and resources provides encouragement for all today. To the extent that healthy, normal growth opportunities are developed for the individual in his formative years, the adult will bring to every stage of his life, those inner resources and capacities that will enable him to cope with external forces with lessening need for interventive help from outside agents. At the same time, it must be remembered that society has a responsibility for all of its members and that environmental manipulations and resource development must facilitate and support the individual's use of himself and of social institutions in fulfilling his needs.

Aging is a perfectly natural process that begins at birth and continues throughout the life of the individual. It is not a disease as so many seem to think. It does not imply senility. It is not a calamity, even for those who live well beyond the age of 65. However, for too many it does bring catastrophic results and will continue to do so until there is a better balance between human needs and capacity on the one hand and resources and opportunity on the other.

There are a variety of ways by which human needs might be classified as personal. Most of these needs are common to all human beings regardless of age — in fact it has been said that old people are the same as young people, only more so. In keeping with the topic of "Aging — A Personal and Community Concern," this classification of needs will be specifically related to the

aged. In first position the personal aspect of the topic is placed because an individual must first live with himself and for too many older people, unfortunately, their horizons must begin and end with self-preoccupation. They are engaged in a constant struggle with the personal frustrations inherent in their thwarted attempts to fulfill their needs for survival on more than a subsistence level. Man is by nature a social being. He turns away from social outlets only as he has been hurt, disappointed, denied opportunity, or as he becomes more fearful, discouraged, burdened. A physician who is a specialist in geriatrics and strongly identified with older people as well as knowledgeable about them said recently that too much security is debilitating, that people need stress and worry to keep them alert and vigorous. With this statement the majority will agree, providing society does not deny the individual the right to maintain himself in human dignity, the right to use those personal inner resources he possesses, the right to be helped when he does not possess sufficient internal and external resources to meet his common and special needs and finally the right to proper protection when his own capacities have failed. Many experts in the field agree that there must be a better balance than presently exists between security and stress for the aged.

Stated in terms of psychological needs, human beings, old as well as young but more difficult of achievement for the old in general, need most of all a sense of belonging, being loved and important, being needed and of worth; an opportunity to be self-respecting and to be respected by others; a climate in which to be independent and self-directing; the opportunity to participate in family and community life, to make some contribution to society, however small, to keep alive that spark which feeds one's creative drives.

Psychological needs are so intertwined with and dependent on material, practical, physiological needs that separation is only a matter of convenience and at best an artificial distinction. The writer is borrowing from a classification of needs stated in the "Bill of Objectives for Older People" developed a few years ago by the Council of State Governments in order to further identify needs and goals as a personal concern. They are (1) equal opportunity to work — to be gainfully employed according to one's physical and mental ability; (2) adequate minimum income — economic means to permit living on a decent American standard; (3) home living — pleasures of living in their own homes if able and when not able to do so in suitable substitute homes; (4) social services — such as counseling, information, vocational retraining and social casework; (5) participation in community activities — to form or participate in groups of their own and other ages engaged in recreational, religious, educational and civic activities in their communities; (6) homelike and high quality institutional care when needs cannot be met in their own or other private homes; (7) physical and mental health including adequate nutrition, preventive

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medicine and medical care suited to their physical and mental conditions; and (8) physical and mental rehabilitation toward restoration to independent, useful lives in their homes and communities.

Now from the community point of view what among the many obvious and obscure aspects of the subject loom most prominently in the concern of all interested. The already substantial proportion of persons over 65 in the population accompanied as it is with compulsory retirement practices in the vast majority of industries touches on several aspects of personal needs already identified and in too many instances denies to the individual the opportunity to express these needs. For example lip-service is given to the older individual's right to equal opportunity to work and yet how many employment openings are there in the communities represented here today for people in their 60's, 70's and beyond unless they are self-employed in the professions or their own businesses? A few years ago the National Association of Manufacturers came up with some pertinent conclusions from a 5 year study, namely that industry is losing over 3 billion dollars a year through mandatory retirement; older workers bring to a job a maturity of outlook, wisdom and skills stored up over the years, sound judgment and a sense of responsibility not always found in younger workers; and there are fewer accidents and less absenteeism among the older workers than among the younger employees. Nationally only one in five persons over the age of 65 is gainfully employed in full or part-time work. Only a few states (14 or 15) have legislation aimed at preventing age discrimination in employment practices, and enforcement measures even in these states have doubtful effectiveness. The difficulties are intensified for the community in the small and larger sense, as well as for the aged and their families, by other changes in society, such as rising standards and costs of living, especially medical care, urbanization, differences in housing patterns, family mobility, yes, and automation, to use an overworked explanation for many of society's current ills and failures. These difficulties often express themselves for the individual, thereby becoming a subject for community concern, in unhappiness, physical and emotional suffering, isolation and loneliness, sub-standard living with respect to housing, food, and other basic living necessities which most persons take for granted, withdrawal and mental break-down (in this respect a recent survey showed that 80% of the forces causing mental break-down was loss — loss of loved ones, home, job, etc.) and last but not least, costly chronic physical illnesses

that crowd hospitals and nursing homes. Many of these consequences can be avoided with intelligent preventive measures while others are inevitable with advanced age despite careful planning and require the best palliative measures that can be devised.

The writer is not presumptuous enough to suggest solutions or preventive measures for all or most of the concerns that have been mentioned but in closing it seems advisable to suggest what seem reasonable and important community responsibilities, referring now to the community in its more intimate sense and represented by each individual. First would be assigned responsibility for fostering and promoting whatever action and/or legislation respective convictions direct, whether it be in the direction of more coverage by and more adequate benefits to be paid from social insurance or expansion of private retirement pension plans for those who cannot or elect not to work; whether it be toward public provision for necessary preventive and therapeutic medical care or through privately insured plans. Next, individuals would be charged with more active, vocal expression of public opinion toward current arbitrary retirement practices. Positive support for adequate economic assistance for that decreasing number in the aged group whose resources from private sources and social insurance do not provide for essential needs is urged. It is the business of the interested citizens to learn about housing in their respective communities — ask about the quality of housing owned or rented by older people, is it safe, sanitary, pleasant, reasonably financed; or if it is a community living facility such as a voluntary or commercial boarding home or nursing home, what are the standards of care and is there real effort to provide services related to the resident's or patient's needs? It is generally agreed that nearly half of the patients in nursing homes can be largely rehabilitated and returned to their own or substitute private homes where such services as good foster home care, visiting nurse, homemaker service, friendly visitors, clinics, etc, are available if needed. Solutions to these and other questions require use of national, state and local resources for preventive as well as corrective measures. Above all they must be answered by a vigorous, intelligent, imaginative local citizenry who are willing to accept the challenge of learning more about needs in their own communities, how well these needs are being met and if there are gaps, planning positive action to tackle the problems in order of their urgency with the most simple and effective means at their command.