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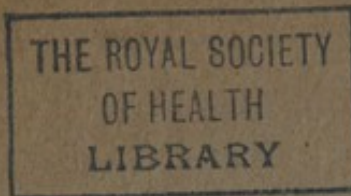
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OFFICIAL STATE GROUPS ON AGING:
ELEMENTS OF ORGANIZATION AND PROGRAM

Report of

The Conference of State Commissions on Aging and Federal Agencies

September 8-10, 1952

Second Printing

Committee on Aging and Geriatrics
Department of
Health, Education, and Welfare
Washington 25, D. C.
April 1953

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FOREWORD

This report is based upon a transcript of the proceedings of the general sessions of the Conference of State Commissions on Aging and Federal Agencies and on the summaries prepared by the planning committees of the various work group sessions. A preliminary draft was submitted for review to all participants.

The report does not attempt to describe the day-by-day proceedings of each panel or work group session. Rather, it is organized under such headings as seem to offer the best opportunity to summarize the total content of the discussion. The close inter-relationship of the problems involved tended to break through the neat orderliness of the agenda. Not only were discussions, initiated during the panel sessions, carried on in the work group sessions but, in many instances, the very nature of one work group's interest led it into extended comment on matters officially allocated to another. This was perhaps inevitable in a field where these interests tend so constantly to overlap one another.

Some of the topics, it will be noted, were not dealt with as fully as others. This was largely because the representation from

many of the States was not sufficiently well-balanced, in terms of the interests or special competence of the individual delegates, to cover the entire range of the aging problem. Public welfare, for instance, was heavily represented, whereas there was only a handful of conferees to speak authoritatively on matters of public health, employment or housing. However, it was evident that the great majority of the delegates were clearly conscious of the multi-faceted nature of the problem and recognized that for a State commission or committee to be fully effective its membership must reflect all areas of interest.

It should also be emphasized that the Conference made no overall recommendations of any sort. Following the pattern established by the National Conference on Aging in 1950, several of the individual work groups suggested concrete lines of action that, in their opinion, could profitably be taken, but none was presented to the Conference as a whole for formal adoption.

Finally, the report can in no way be regarded as a definitive statement on the part of the State commissions or committees. A large number of the delegates taking part in the Conference were present as representatives of Governors of States in which no such groups had been officially established. Others were from States in which the commission or committee had come so recently into existence that they had little active working experience to draw upon. What appears in this report, therefore, must be regarded as a summary of the congregate "thinking out loud" by a number of individuals actively concerned with the problem of aging as it affected their own State. In general, they

discussed those matters which were on their minds or on which they wanted information, without attempting to arrive at a well-rounded exposition of the entire subject.

In presenting this report, the Committee acknowledges the help of Merrill Rogers of the Federal Security Agency in organizing the material and undertaking the actual writing. It also wishes to pay special tribute to Miss Ann H. McCorry of the Agency for her work in helping to organize the Conference and in preparing much of the background material for it.

Committee on Aging and Geriatrics
Federal Security Agency

Washington - State Council for the Aging Population

West Virginia - Governor's Committee on Aging

Wisconsin - Committee on the Problems of the Aged to the Legislative Council

Participating Federal Agencies

Housing and Home Finance Agency

Department of Agriculture

Department of Labor

Department of Commerce

Veterans Administration

Federal Security Agency

The Conference of State Commissions

on Aging and Federal Agencies

California - Inter-departmental Coordinating Committee on the Problems of the Aging

Connecticut - Commission on the Care and Treatment of the Chronically Ill, Aged and Infirm

Florida - State Improvement Commission -
Citizens' Committee on Retirement in Florida

Illinois - Committee on Aging

Massachusetts - Subcommittee on Problems of the Aging, Recess Commission of the State Legislature on Revision of Public Welfare Laws

Michigan - Governor's Commission to Study Problems of Aging -
Interdepartmental Committee on Problems of the Aging

Minnesota - Commission on Aging

New Mexico - Governor's Conference on the Aging

New York - State Joint Legislative Committee on Problems of the Aging

North Carolina - Special Committee on Aging

Pennsylvania - Joint State Government Commission of the General Assembly

Rhode Island - Governor's Commission to Study Problems of the Aged

Washington - State Council for the Aging Population

West Virginia - Governor's Committee on Aging

Wisconsin - Committee on the Problems of the Aged to the Legislative Council

Participating Federal Agencies

Department of Agriculture

Housing and Home Finance Agency

Department of Commerce

Department of Labor

Federal Security Agency

Veterans Administration

The Governors of the following States and Territories which have no official commissions or committees sent delegates:

Alabama, Arizona, Delaware, Georgia, Hawaii, Kentucky, Louisiana, Maine, Maryland, Mississippi, Montana, Ohio, Oklahoma, Oregon, South Carolina, Tennessee, Texas and Virginia.

Also represented was the Council of State Governments.

Conference Objectives

1. To provide opportunity for State Commissions to review and consider developments in their work methods and programs through learning what other Commissions are doing, and through mutual discussion of their problems and plans.
2. To provide opportunity for State Commission members and staff to become acquainted with personnel, resources, and programs of the Federal Departments and Agencies, and to determine their relationship to State and community action on needs of the aging.
3. To provide opportunity for program personnel of the Federal agencies concerned to meet State Commission members and staff and to become acquainted with Commission programs so that they can anticipate the impact of Commission activities on established Federal, and State-Federal programs.
4. To provide opportunity for States interested in establishing Commissions on aging to obtain guidance from the experience of Commissions now operating in other States.

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I

PREFACE AND SUMMARY

In an excellent summary of the "things learned," during the final session of the Conference of State Commissions on Aging and Federal Agencies that was held in Washington, D. C., September 8 to 10, 1952, one of the delegates made the following points:

It was apparent, she said, that there were two main stimuli which lead to the recognition of State responsibility towards the problem of aging and to the establishment of State commissions or committees. The first was the increasing number of dependent old people and the consequent financial burden on the State. The second was the problems of social and physical dependency which were now, only in part, being met through voluntary groups or special programs developed by the public health and welfare agencies.

In general, these State commissions or committees have been set up primarily to study the over-all problem and to make recommendations for further action. For the most part, they have been appointed for limited terms (one or two years) and the question of permanent organization is still in abeyance. Only a few have so far moved into a third phase of activity, namely, the actual promotion and implementation of plans already approved.

The initial interim organization of these commissions or committees, she pointed out, follows no single pattern. Approximately half have been created by legislative enactment, the other half through appointment by the State Governors. In some cases, it is primarily an inter-departmental affair, that is, membership made up of the heads of,

or representatives from, the various State agencies whose field of operation in any way touches on the aging problem. In other instances, it is an appointed citizen group or a combination of the two.

In analyzing the trends in organization, the speaker reported a seemingly slight preference in favor of the legislative commission with citizens or advisory groups, or with lay members included in its membership. Some of these commissions or committees have small appropriations to work with. Others are provided for by the State departments. With one or two possible exceptions, she pointed out, none can be said to have "abundant financing."

In dealing with the problem of aging within their respective State borders, the majority of the commissions or committees seem to take a broad approach. There are four categories in which they appear to be primarily interested. These are: 1, economic maintenance; 2, housing and living arrangements; 3, health and rehabilitation; 4, personal adjustment, including activities programs. Some commissions, however, have focussed on more limited areas such as public assistance, chronic illness or some particular need that is the concern of the State Department of Welfare.

Except in one State, direct services to people have not been included in the responsibilities laid on the State commissions or committees. In general, the speaker said, the two principal operating functions appear to be the coordination and improvement of State-wide programs in the field of aging as well as of the activities of those State departments whose work touches this field. The importance of encouraging local community services, however, was heavily stressed and much of

the discussion revolved around ways and means by which this could be accomplished.

Throughout the Conference, the relationship between the State departments and State commissions or committees was a topic to which the delegates continually reverted. Again and again, in group discussions, the need for care in delineating their respective responsibilities was clearly indicated. At times, fear was expressed that the State commissions would take over the functions of the departments; at other times, it was the other way around. All, however, were in agreement as to the necessity of the two working together in the closest collaboration and of making full utilization of all the resources of all the agencies, government or voluntary, within the State, as well as those which the Federal Government has to offer.

Origin and Purpose of the Conference

The above summary will give something of the scope of the inquiry to which the Conference addressed itself. With a few exceptions, all these State commissions or committees on Aging have come into existence during the past two years. The impetus for their organization derived largely from the National Conference on Aging which met in Washington, D. C., in August 1950, under the sponsorship of the Federal Security Agency. This conference, the first of its kind ever to be held, did much to focus nation-wide attention on the many and difficult problems which flowed from the rapidly increasing number and proportion of older people in our population. And its report emphasized that primary responsibility for any real solution of these problems must rest upon the States and local communities.

At the time the present conference met, commissions or committees of this sort had been established in 15 States whose aggregate populations were almost one-half of the total for the entire United States. In several of the other States efforts were being made to follow suit. And many of the larger cities in the non-commission States were pushing programs on their own initiative.

In addition, since the Washington gathering of 1950, there had been at least 50 major Conferences throughout the Nation devoted entirely to the problem of aging or some specific aspect of it. Some of these had been State or regional affairs, sponsored by local government. Others had been called by universities, foundations, or other private groups. And there had been perhaps an equal number dealing primarily with other matters which, for the first time, included in their agenda a session on the aging problem.

In other words, there was every indication that the "ball was rolling."

Despite the tremendous and increasing amount of State activity in the aging field, however, there was little integrated knowledge of its scope and direction. In February of 1952, the Committee on Aging and Geriatrics of the Federal Security Agency began a survey of those commissions or committees which were already in existence in order to determine how they were organized, the authority under which they operated, their specific objectives and the way in which they were functioning. 1/ This survey was conducted with the aid of the regional offices of the Agency.

1/ This Survey, under the title, Introducing the State Commissions and brought up to date as of November 1952, appears as Appendix A of this report.

In the process, the Committee chairman received requests from some of the State officials for the Agency to undertake the organization of a Conference of State Commissions on Aging. Such a Conference held at this time, they said, might prove highly valuable as a forum for the mutual exchange of experience, ideas and techniques of procedure. It would provide an opportunity to take stock of the progress in this new and vital field of social welfare. And it might also enable State and local groups to iron out some of the difficulties that inevitably arise in the handling of new programs.

These suggestions were checked informally by the Committee with officials of other State commissions and the decision was made to go ahead.

In order to provide the broadest possible base for such a Conference, a planning committee was set up with membership drawn from all the Federal agencies whose activities in any way touched on the aging problem. In addition to the Federal Security Agency, these included the Department of Labor, the Department of Agriculture, the Housing and Home Finance Agency, the Bureau of the Census and the Veterans Administration.

Letters were sent to the Governors of all of the 15 States having State commissions or committees explaining the purpose of the proposed conference and inviting them to send delegates. Similar letters were sent to the Governors where no such organizations had been established on the assumption that the underlying importance of the problem would bring a response. Acceptances were received from the Governors of 33 of the States and Territories, 18 of which had no official State

activities in the aging field. By the time the Conference met, the total number of delegates appointed topped the hundred mark.^{2/}

The Agenda

Since this was the first time such a conference had been held, its organization presented several problems, particularly in the matter of the agenda. The important thing was to determine those precise questions with which the delegates were most concerned and to afford opportunity for the fullest interplay of discussion. Because of the limited amount of time it was found impracticable to bring any representative group of the State commissions together officially to make decisions, though informal contact was established with a number of State people attending the University of Michigan Conference on Housing the Aging in July. Instead, a checklist of possible topics was sent to all commission chairmen to discover their order of importance, and at least two subsequent questionnaires were employed to determine the general consensus on several specific points.

The agenda, as finally agreed upon ^{3/} placed heavy emphasis on problems of organization and procedure, but on program content only as it related to ways and means of making the operation of the program more effective. Most of the returns on the check list stressed the importance of having representatives of various Federal agencies available as resource people.

The agenda were purposely made as flexible as possible. Many of the delegates, it should be noted, came from States which were still in the preliminary stages of fact-finding and recommendation. Others were

^{2/} A list of the delegates appears in Appendix B.

^{3/} See Appendix C.

from States in which the commission or committee was a "going concern." Still others were from States whose interest lay chiefly in exploring the need for an official commission or in finding out how best to go about establishing one. For this reason, every effort was made to enable all the delegates to engage in the discussions from their own particular angle of interest or experience.

In his welcoming address, Federal Security Administrator Oscar R. Ewing emphasized the subordinate role of the Federal agencies and described the Conference as one "of, for and by the States." Summing up its purpose, he said, "This is to be strictly a shirt-sleeve forum. We are not here to read set speeches or to make reports. We are here to take up a variety of questions which will be tossed out on the floor for consideration--and to thresh out the pros and cons until we arrive at what we hope will be a semblance of some of the answers."

At the close of the 3-day session, it was the general conviction that the Conference had accomplished its purpose. If no hard and fast solutions to all the problems were advanced (and none was expected), the delegates had at least been given the opportunity to "thresh out the pros and cons." The majority was in agreement that the discussion had clarified for them many important matters in the areas of operation in which they were concerned, and had helped immeasurably to project a sharper focus on the whole problem. Furthermore, it had enabled representatives from the various States to become acquainted with one another in the friendly contact of small discussion groups and thus establish the best possible basis for further cooperation.

II

CONTRASTING FORMS OF COMMISSION ORGANIZATION

Prior to the Conference each delegate had been supplied with the pamphlet Introducing the State Commissions (reproduced in Appendix A) which summarized the salient facts relating to the operation of each commission or committee. But in order to create a more informal background for discussion on "How the other fellow works" representatives from five of the States, whose commissions or committees more or less typified some of the contrasting forms of organization, were asked to speak briefly on the "whys and wherefores" of their own particular groups.

Massachusetts for instance, it was explained, operates through a sub-committee of the already established Public Welfare Commission, and consists of two members of the Legislature--one a Republican, the other a Democrat--together with four resource people who are authorities in the field of medical care and social welfare. It is a statutory body which came into being as a result of several bills introduced into the Legislature asking for a study of the problems of aging.

In Minnesota there is a special Commission created by legislative act with a broad charter to study a wide range of problems relating to the aging situation. The drive behind its creation came from several members of the Welfare Committee of the Legislature who were concerned over the increasing load of public assistance cases. The Commission has 25 members--5 State Senators, 5 Representatives and 15 laymen. It functions through 4 major subject sub-committees, to serve on which it has

enlisted the services of some 150 citizens throughout the State who have a special interest in the problems involved.

In Florida, it was stated, the immediate impetus for an organized effort in the aging field was the fear that an increasing influx into the State of retired workers on small or inadequate pensions would entail many new welfare and socio-economic problems. This fear had been engendered by the widespread expansion of retirement benefits for union members throughout the country in the settlement of a series of major strikes which had occurred in 1947. To meet the problem a Retirement Research Division of the State Improvement Commission was established. Authority was derived from a 1932 law giving the Commission 'blanket authority' to do any development or research on any subject field for the general welfare of the citizens of the State of Florida."

The Commission is headed by the Governor who appoints three other members; the chairman of the State Road Development is a member ex officio. It has a paid staff which includes statisticians, architects, hospital specialists and economists, all of whom are available for research in the aging field. It also has the support of related agencies in the State that are working in highly specialized fields. In addition, there is a 15-member Citizens Committee, established by the Governor by proclamation, to act in an advisory capacity to the Retirement Research Division and which functions entirely at its own expense.

In Illinois the problem of aging is dealt with through a Citizens Committee appointed by the Governor. Originally, according to the Committee chairman, this had been an interdepartmental committee of the State, but had been changed by the Governor who felt that the problem was one that should be handled on a local basis as a local responsibility.

The Committee, it was stated, is wholly non-partisan and is composed of individuals with specific interest in the problem, including representatives from related State agencies.

The group operates as a planning committee, with sub-committees dealing with specific problems. Several State departments contribute to its staff and finances and otherwise work in close cooperation with it. No specific limitations have been put on the size of the committee or restrictions on its functioning. "It is our responsibility," the spokesman said, "to determine in what fields we can be most useful."

Connecticut's effort in the field of aging is concentrated on chronic illness and rehabilitation. There is a 7-man commission, appointed by the Governor, which includes the Commissioners of Health and Welfare serving ex officio, and usually two members of the Legislature. The Commission was created in 1945 by legislative action with wide authority to "plan, survey, recommend, own, buy, lease or rent plants, operate them . . . and to recommend changes in legislation."

The Commission, it was stated, is free to consider all aspects of aging, but stresses chronic illness because "it seems to be the main handicap which reduces old people from independence to dependence." Pressure for the original legislation originated with the State Welfare Department because of the need for additional and less expensive hospitalization following the rapid rise, since 1943, in the costs of medical and hospital care when these costs were added to public assistance benefits. It is the only State commission providing direct services.

III

HOW CAN COMMISSIONS BEST FUNCTION?

In the light of the responses to the questionnaires sent by the Conference Planning Committees to the various State commissions or committees, there seem to be three functions, it was stated, that are common to all, viz,

- they all make studies;
- they all publicly report their findings;
- they all recommend action, either to the Governor or to the Legislature.^{4/}

In addition, there are commissions or committees which function in one or more of the following areas of activity:

- some are chiefly concerned with coordinating States agencies;
- some act primarily as a clearing-house for information and distribute literature and reports;
- some provide consultative services to local committees;
- some maintain liaison with commissions in other States and with the Federal government;
- only one, as noted above, provides direct services.

It is obvious that, in most instances, each State has worked out its own modus operandi and established its own definition of responsibility and area of activity.

^{4/} An Illinois delegate, however, later pointed out that, with her State committee, "we have purposely avoided the function of recommending action . . . to enable us to accept private financing."

As a Coordinator and Stimulator of Activity

There is little doubt that the majority of the delegates considered the primary function of a State commission or committee, once it was past the initial "paper state," to be that of a coordinator of present activities in the aging field, and of a stimulator of new activities. Again and again, the term "catalyzer" cropped up in the discussions suggesting that these States bodies could, and should, provide the essential ingredient which, in chemical terms, would bring about the desired "reaction"--or, in simpler language, help channel and make the most effective use of all the resources that can be marshalled towards the over-all objective.

As one delegate phrased it, the primary task is to "get State departments more interested in the problem, and also to stimulate activity on the part of universities and non-professional organizations."

In nearly all instances, it was made clear, the closest tie-up of these commissions and committees is with the State departments dealing with the problems of public welfare--public assistance, health, mental hospitals, employment and the like. Since each of these is concerned with some vital factor of the aging problem, the job is to demonstrate how the area of activity of one is related to the areas of activity of the others, and how a common assault on the problem will lighten the burden on all the departments.

This is particularly true in those States where concern over the mounting cost of old-age assistance was the main impetus which led to the creation of the commissions or committees. As an adjunct to the department of welfare administering relief, it was recognized, such a body could obviously have a limited effectiveness. Only as it reached

out to enlist the cooperation of every State department which might contribute to the over-all effort--to establish some manner of effective teamwork--could it hope for any successful accomplishment.

This point was underscored by one of the delegates whose State program is still in the very early stages of development. It had been set up, he said, more or less under the guidance of the Public Welfare Department, but the Conference had convinced him of the need of "bringing all the State departments into the picture."

It was apparent, however, that many of the States have taken the measure of this difficulty by including in their commission or committee memberships the executive heads, or representatives from, those departments whose work involves any aspect of the aging problem. Even so, it was acknowledged that many difficulties remained to be unravelled. Under any system of bureaucracy the individual departments or bureaus are understandably concerned with their own sphere of operations. And jealousies arise when one department is suspected of impinging on the "rights and responsibilities" of another.

This essential difficulty was emphasized by the experience of members of some of the commissions whose activities, it was alleged, had seemed to suggest an intention to "take over" some of the specialized services of the State agencies, particularly in the field of health. The utmost tact, it was said, was necessary to avoid such entanglements and to iron out any misunderstandings that might arise. Or, as one delegate phrased it, "So long as a commission confines its functions to studying, investigating and coordinating present activities, it gets along very well. But as soon as it steps over into the field of

operation it becomes a competitor with established state departments or private agencies."

The Case for Direct Services

On the other hand, a delegate from Connecticut stated flatly that in his State all initial efforts to coordinate the efforts of the various State agencies had resulted in failure. The situation, he agreed, was admittedly different from that in other States since his Commission was organized for the express purpose of supplying direct services in the field of chronic illness and rehabilitation. Without question, he said, the Commission as an operating agency was competing with some of the State agencies in their own special fields of activity, and that some of the proprietary units feared they would be put out of business if the State moved into the field. But it was, in his judgment, the most effective way to get results.

The delegate further underscored his conviction that the approach of his own State Commission to the problem was essentially the right one. "Unless you are operating directly to the benefit of individuals, you lose the soul and spirit of the services." He also made the point, to which some delegates appeared to listen rather thoughtfully, that "it is easier to get money for help to people than it is to get it for study and research."

Despite this vigorously expressed belief, it was the general consensus that State commissions or committees should not undertake to provide special services in any area of need relating to the aging problem. To some extent, undoubtedly, the delegates were wary of becoming involved in activities which would place them in a position of attempting to take over functions that came within the bailiwick of

established State departments or agencies. But from a more positive angle, one of the delegates decried such involvement on the ground that it is "so easy to become mired down in the immediate problems . . . and details that pretty soon we lose our desired scope and breadth of analysis and study and recommendation."

Helping State Departments

Some of the ways in which coordinated effort can be made effective were discussed by the delegates. A good State commission or committee, it was pointed out, can be immeasurably useful in helping the State departments overcome some of the difficulties with which they are beset. For the most part, as one delegate said, these State departments or agencies function under specific legislation and are therefore "fenced in" in respect to their activities. Many clearly see the need for certain kinds of work to be done, but have no legal authority to undertake it. The commission, however, is not bound down by any such restriction and is therefore much freer to "get the most out of the research, planning and development in the (aging) field." Most of the agencies, he found, were grateful that the commission was "thus able to take care of many phases of the work in which they themselves are not constituted to serve." Such a relationship, he said, encourages the commission to "reach out and do everything we can that they are not already doing."

An even more effective form of coordination, it was suggested, occurs when the commission or one of its sub-committees can work with a State department on some specific problem. This is true especially when legislation is needed to enable the department to move into a new or expanded field of operation. Committee members can be highly useful

in doing the "leg-work" necessary to help get the necessary bill through the Legislature and give to the arguments advanced, perhaps, a broader definition of State interest.

Working with Voluntary Agencies

No less important, it was stated, is the need of integrating the efforts of the State commissions or committees with those of voluntary agencies concerned with any aspect of the problem. Repeated reference, for instance, was made by the delegates from Massachusetts to the close working association that had been established between the committee (a legislative body) and the United Community Services--an association which, it was stated, had served in large part to overcome the antipathy which private citizens often have for dealing with "politicians."

The point also was made that in Massachusetts, through the work of the commission, the public had for the first time become conscious that aging was a "whole community problem" and not just a specialized problem of welfare or medical care. And one representative of the private agencies expressed her gratitude for a chance to work with her State commission and to do things "we couldn't possibly do by ourselves without legislative backing."

Coordination is Not the Whole Answer

However much the emphasis was placed upon coordinating the functions of the various agencies, there was also the strongly expressed conviction on the part of many of the delegates that it was the responsibility of a State commission to "step in where these functions are not being properly discharged." An instance of this was given by a Florida delegate in relation to the problem, above noted, engendered by the migration into the State of retired individuals with marginal

resources. An extensive information program as well as a study and research program was needed, he said, and since no State agency was authorized to do either of these jobs, it was up to the Commission to undertake the responsibility.

Beyond this, at least one delegate warned against regarding coordination as an end result in itself. While agreeing at all times on its urgent necessity, he argued there was danger in being too easily satisfied with the "talk and paper" stage. Coordinating, evaluating and the making of reports are essential, he said, but they are only the beginning. It is a frustrating experience to realize how much preliminary effort is necessary "to even get the thing started to roll and to whip a few problems." To do the job well takes "an awful lot of work and a lot of time and a lot of education," and unless a commission recognizes this thoroughly it is only "building up a beautiful bunch of reports to kid itself."

State-Community Relationship

For the majority of the delegates, however, there seemed to be no strict dividing line between coordination and stimulation--the effort to get the job going. Even those commissions or committees whose official assignment are limited to making "a study of the problem together with appropriate recommendations" saw themselves in the role of missionaries. Most of them, it was apparent, were in close contact with all the concrete programs that were being developed in local communities. And many reported on the part they had played in providing "advice and consultation" and in other ways giving active assistance.

In exploring this topic, the question of the most desirable relationship between the State commission or committee and the local

community programs came in for considerable discussion. Though many of the delegates admittedly were still groping towards a solution, there was general agreement that the primary responsibility for meeting the needs of an aging population rested upon the community, and that without an intensive local effort the reports and the recommendations would indeed for the most part, remain a "bunch of words." One of the delegates explained that his own State Committee was directing its chief efforts towards "trying to get the local committees off the ground."

There was also general agreement that all local committees, organized to develop specific programs, should be wholly autonomous. The idea that the State commission or committee should exercise any control over their activities--or that, in fact, it should take responsibility for their organization--seemed wholly alien to the Conference. The best results, it was emphasized, are obtained through effective teamwork between the State and local committees.

To some extent this point of view may have been based on the fact that, as now constituted, none of the commissions or committees has the personnel necessary to undertake a State-wide organization of community services. But an even more fundamental reason, perhaps, was the recognition that action initiated "from the bottom" can be, as usually is, more effective than that "from the top." And precisely as the Federal Government can "help and encourage" the States to organize activity in this field, the State in turn should limit its own role, vis à vis the community, to help and encouragement.

This however, it was made clear in the discussions, should in no sense be regarded as an "escape clause" for responsibility on the part of the State commissions or committees. It is their job not only to

spell out the over-all needs but to give their findings the widest possible publicity. Beyond that, there are endless opportunities, as some delegates pointed out, to bring in private citizens from all parts of the State to serve on subcommittees or special fact-finding boards. In Florida, it was reported, the voluntary Citizens Committee, working with the State commission, made a point of holding its bi-monthly meetings in different sections of the State in order to arouse local interest. In this and other ways it is possible to "indoctrinate" community leaders in the many angles of the problem, and to spur them to organize committees within their own community which will develop concrete programs geared to local needs.

In dealing with this relationship, as another delegate suggested, it was essential that a good information service should be provided by the State commissions or committees. This service should have a two-way function: acquiring information on community activities and relaying it to other communities that can profit by it. Stress also was laid on utilizing and making available the basic professional research that has been done on the various problems with which the community must cope. This is important, the delegate remarked, so that the local committee members will not "jump to conclusions the way a layman like myself is apt to do", and may thus avoid many of the headaches of trial and error.

How Functions are Carried Out

In the course of the general discussion, there was a number of interesting sidelights on the way in which some of the State commissions or committees carry on their functions.

A delegate from New York, for instance, explained that his Committee placed great emphasis on public hearings which were held annually

in New York City. These hearings, he said, are open to anyone who wishes to attend, and leading State and national authorities on all phases of the aging problem are brought in to participate. There is an unusually high attendance for these hearings. Verbatim reports are made of the proceedings and distributed as part of the committee's annual report. The material collected is studied by the Committee and staff members for suggestions which can be used for recommendations to the Legislature.

The delegate also emphasized that the Committee makes every effort to stimulate community action and, at the request of the community, provides specific guidance and advice. This is an activity which the Committee has undertaken on its own initiative, he said, though no such responsibility was spelled out in the enacting legislation on which its authority rested.

Other delegates who had attended some of the Committee hearings gave a high rating to their value, and praised the manner in which New York State was conducting its programs. Special mention was made of the successful way a housing study conducted among the recipients of old-age assistance in Rochester had been integrated with the work done in the community in the field of chronic disease.

The Florida Commission laid emphasis on its research activities conducted in cooperation with Florida universities. Several community studies have been completed, and a report has been issued by the Citizens Committee on problems of retirement. All these documents, it was stated, are available for use by local communities. It also stressed its information service, noted above, directed towards out-of-State retired individuals planning to move to the State.

The California Commission reported an extensive information service that was being developed as a means of stimulating community activity. It called special attention to the publication of a directory of State departments describing all the services available to local communities from these sources.

Mention was made also of other forms of activities common to many of the State commissions or committees. These included the issuing of information bulletins and other publications, conferences held in local communities and, of course, the official reports made to either the Legislature or the Governor.

Legislative vs Executive Appointed Commissions

One of the topics in which the delegates took an unusually keen interest was the relative merits of the State commissions or committees established by action of the Legislature and those of the voluntary group appointed by the Governor. Both alternatives had their staunch advocates, though most of the delegates who spoke on the subject were quite willing to agree that the method which seems to work best in one State might be less effective in another.

On behalf of the statutory body, it was pointed out that it is the Legislature which has final authority to determine appropriations for State departments, and that all programs relating to the aging field must be passed on by the law-making body. A commission or committee set up by statutory authority, it was argued, is likely to have far greater prestige among the legislators who created it than an "outside" body, and its recommendations are likely to be listened to with greater attention.

Furthermore, it was stated, the Legislature is a continuing body, and once committed to the need of studying the aging problem can be

relied on better to "carry through." In contrast, where the initiative depends wholly on the Executive, there is less certainty in this respect. A Governor who has an active interest in the problem, it was claimed, might well be succeeded by one who has little or none, and who would either fail to reappoint a commission or give it so little support as to render it valueless.

Furthermore, the argument ran, in appointing a commission it was more than probable that a Governor would name only, or at least chiefly, people of his own party affiliation, and would otherwise tend to give it a strictly political coloration which might impair its usefulness. In statutory bodies, membership is usually bi-partisan and support for the measure comes from both parties. Beyond that, the belief was expressed that legislators, as a rule, are sensitive to the desires and needs of their own constituencies and are therefore much more keenly aware of the problem of the "old folks."

Some fear was expressed that, at times, a member of a legislative commission might use it as a platform to advance his own political interests, though the general attitude of the delegates appeared to be that any one who "talks of aging", for whatever purpose, is "helping the cause."

The contention that an Executive-appointed commission is necessarily partisan was denied by the chairman of one of the commissions. He himself, he said, was a Republican appointed by a Democratic Governor, and there was no evidence that political considerations had entered into the selection of any of the other members. Others who supported this approach to the problem seemed to have the feeling that party affiliation is a matter of minor consequence and that, in practically all

States, a genuine effort had been made to secure people for membership on a commission or committee who had some definite interest or qualified experience in the field.

One delegate spoke of the greater freedom of action which a voluntary committee permitted. Two-fifths of those appointed to his own group, he explained, were members of the Legislature, and the rest were lay people. Under this set-up, he said, legislators and lay people work side by side to do a job without in any way being bound by legislative action.

Others gave their opinion that a "free-wheeling" committee can often establish more effective coordination among the various State agencies and stimulate greater activity among the various communities than a statutory body. One representative of a State Commission was high in his praise of the voluntary Citizens Committee appointed by the Governor to work with it. This Committee, he said, "makes it easier for us bureaucrats to do a job," since citizens groups "can do many things that a State agency can't do (and) can say things to the public that it is not good business for a State agency to say."

Importance of Legislative Participation

All delegates, however, were in agreement as to the need of "dealing in" members of the Legislature for any group that expected to function effectively in the aging field. Wherever possible, it was contended, legislators from both parties should be included as members of a voluntary or Executive-appointed committee. Where this was not feasible, their services should be enlisted as advisors who would, in this way, obtain a working knowledge of the group's activities and its point of view. This held true, it was stated, even when a Governor is appointing an

exploratory committee to advise him on what initial legislation to ask for; it is important to "have somebody in the Legislature who can speak up and be a friend in court to you."

Another delegate asserted that the best way to secure coordination between the legislators and a voluntary commission is to invite members of the legislature to take part in local meetings in their own constituencies. By this means, he said, a large number of them can be brought into the picture and their interest enlisted in terms of their own neighbors as individuals and voters.

The importance of legislative participation was underscored by several delegates who recited experiences in which its lack had resulted in failure to get necessary legislation enacted. One case was cited (though in another field of activity) of a bill that had been crippled by hostile amendments "simply because there was no member of the Legislature who knew about the bill to prevent the attack."

IV

PUBLIC ASSISTANCE AND INCOME MAINTENANCE

One of the major stimuli to the creation of State commissions or committees on Aging has come, as noted above, from the increasing number of old people dependent on public assistance and the consequent financial burden on the States. Significantly, the program area with the largest representation at the conference was public assistance.

It was asserted that income maintenance, which is of basic importance in the solution of all other problems, is too often seen by the public as something to be promoted "for the poor." Actually, it was pointed out, the States' concern in this area must extend to all aging persons, since health care, housing and other needs are related to the problem of "making ends meet." It is the task of a State commission, in coordinating the activities of the various State departments and agencies, to underscore this point of view.

Need for Better Data

One delegate--a State legislator--made the point that, although a good job has been done in his own State by the Welfare Department, the Legislature has not been able to get close enough to the actual facts regarding the total aging population. One useful function of a commission on the aging, he said, can be the conduct of surveys to provide the information needed by legislatures concerning all the aged people in the State, particularly that portion not known to the old-age assistance program. Such information is needed in planning for the entire aging population of the State.

Furthermore, it was stated, there has not been enough effort to promote public understanding of income maintenance programs and to interpret present trends. It is highly important for the public at large to have the whole picture of these programs: what they accomplish; what they fail to accomplish; and where the emphasis should be placed in future developments.

Attention was called in this connection, to the family and individual income data issued annually by the Bureau of the Census and derived from its monthly population sample. Such data are very useful but have their limitations. Income as defined by the Census Bureau includes earnings (wages or salary and net income from self-employment in a business or professional practice) as well as current income from such sources as pensions, rent, interest, dividends, etc.^{5/} Information on receipts from the following sources essential for any appraisal of the well-being of people is excluded from Census data: proceeds from the sale of property; income in kind; withdrawal of savings or conversion of assets; gifts; and lump sum inheritances or insurance payments.

Another shortcoming of these data is that they are on a national basis only, i.e., no details by States are given. There is a definite need for more intensive State studies of income. For the decennial census year of 1950, the Bureau of the Census plans to publish in the second series, State bulletins, a simple distribution of families and individuals by income levels for States, counties, and smaller areas. Age detail, however, will not be shown in these tables, though a distribution of persons by age and income for each State, and for metropolitan

^{5/} A complete description of the income concept used by the Census Bureau appears in the Census Report, "Income of Families and Persons in the United States: 1950," Series P-60, No. 9.

areas of 250,000 or more, will appear in the third series, State bulletins.

How Better Data Can Be Obtained

There are various ways, it was pointed out, in which the State commissions can use the facilities of the Federal Government to obtain more adequate statistics for the older population. For example, one such body, it was reported, is in the process of commissioning the Census Bureau to select a representative sample of elderly people in that State for the purpose of interviewing them with respect to their work experience, income, housing, health, savings, and recreation. This is done on a cost basis. The Bureau can be asked to conduct similar surveys in other States. In addition, early in 1953, it will be able to provide States with summary cards, or with special tabulations of Census data, on a cost basis.

For States needing data for reports to their Governor or to the Legislature, it was suggested that help might also be found in the Bureau of Agricultural Economics data on the rural population of a State in farm studies made by land-grant colleges, and in the consumption studies conducted by the Bureau of Human Nutrition and Home Economics.

It was suggested, further, that data on how older people are living and what resources are available to them can be gleaned in part from periodic reports issued by the Social Security Administration, State and local retirement systems, the Railroad Retirement Board, and the Veterans Administration. It is known, for instance, that at the end of 1951, one-fourth of the population 65 years or over were receiving old-age and survivor's insurance, one-fifth were receiving public assistance, and that a little less than one-third were receiving income as earners or as

wives of earners. Similar estimates for the size of some of these groups can be developed within each State. A recent study of the resources of the group receiving benefits under old-age and survivors insurance, and a study about to be made of the group receiving old-age assistance, will yield data, it was said, that is valid on a State basis.

State commissions, it was emphasized, need to know what statistics are already available in the field of income and what the statistics mean. They also need to know whether or not they can get money for studies of their own and what help is available from Federal agencies.

Who Applies for Old-Age Assistance?

Great interest was expressed in a study made by the Social Security Administration, in cooperation with the States, to determine the characteristics of new applicants for old-age assistance. It was found, as of April 1949, that a very substantial number of these applicants were farmers or farm workers, or were engaged in some other occupation that, at the time, was not covered under old-age and survivors insurance. In 3 States--all agricultural--over 40 percent of the population 65 years and over were receiving old-age assistance last June. In 8 other States, however--nearly all industrial, where there was a comparatively high old-age and survivors insurance coverage--fewer than 10 percent were receiving assistance; and in 3 of these, 30 percent or more were drawing insurance benefits.

In 1950, it was pointed out, coverage under old-age and survivors insurance was expanded to include regularly employed farm workers and various other groups, and benefit payments were increased. The result was that in 1951, for the first time, the number of persons 65 years of age or older receiving insurance benefits exceeded those receiving public

assistance. This, it was believed, would be a continuing trend and should be taken into consideration by all State agencies dealing with problems of income maintenance for older persons.

More Information for Rural Communities

Further discussion on this point indicated that, in many rural communities, there was little knowledge or understanding of old-age and survivors insurance. Some farmers, it was said, are not articulate about their own stake in retirement. In other areas, sentiment is growing rapidly among farmers who want coverage for themselves and who feel resentment at "discrimination" in non-coverage. Only the "regular hired hand" is now covered. There was agreement that further information should be channeled to rural areas.

Also, it was pointed out that in all States, but particularly those with large urban populations and wide old-age and survivors insurance coverage, there is value in relating the size of the old-age assistance program to coverage under old-age and survivors insurance with a view to determining the effect of one on the other. There is still need, it was stated, for understanding that both these programs are part of the over-all program, and that the deficiencies in one influence the size and character of the other.

What Kind of Living?

In addition to studies of income maintenance and the distribution of income, there is need for study within the State of what kind of living the income buys. For example, a study made in Kentucky showed that about 80 percent of the recipients of old-age assistance live in homes with no running water and no toilet facilities.

In Minnesota, the problem of the chronically ill receiving old-age assistance was cited. It was pointed out that, because the medical care cost can go above the State's maximum on income plus assistance, two groups are relatively well cared for: those in convalescent homes; and those receiving care in their own homes. But for the group living in boarding homes, the State's legal maximum of \$60 monthly on income plus assistance does not meet cost, and hardship results. On the basis of this finding, it was stated, the Minnesota commission will recommend that the Legislature change its present maximum.

In a Connecticut study, it was found that people fared best if living with relatives or within a 10-mile radius of them, so that in case of illness they either could move to their relatives' home or their relatives could come to their home to give the care needed.

The discussion was further extended to the experience of various communities in the use of supervised home-maker services to supply the care needed by aged people, and with which they can continue to remain in their own homes. In some cities, it was reported, experiments have been made with a part-time home-maker service given to an aged couple for one day or one-half day a week. Detroit, it was stated, began its service by limiting the cost to the amount which would be entailed in the alternative of institutional living. Now, even if the cost exceeds that of institutional living, it is allowed under old-age assistance, providing the need for such service is temporary. Since the cost of the home-maker's salary can be considered an administrative expenditure, the Federal Government shares in the cost of the service on a matching basis, outside the sharing arrangements for the cost of the assistance program. Furthermore it is recognized that once the

home is broken up, and the individual placed in an institution, it is difficult to reverse the process.

Comment was made on the present meagre knowledge of the kind of living, or the standard of living and consumption patterns, of the aging population. The Bureau of Human Nutrition and Home Economics in the Department of Agriculture, it was stated, makes consumption studies which include some data on aging groups. The Budget for an Elderly Couple, developed by the Federal Security Agency and adjusted periodically in selected cities by the Department of Labor, reflects the needs of aged people in an urban but not necessarily a rural setting.

Supplementing Assistance Income Through Employment

Many of the delegates expressed themselves in favor of encouraging elderly persons receiving old-age assistance to supplement their income, if they so wish, by taking advantage of any employment opportunities that are offered. In those States where these assistance grants are obviously inadequate, the recipients often have to turn to occasional employment to meet the greater portion of their needs. It was the general assumption that the restrictions which make it difficult for a recipient to undertake such employment, and also the long delays in restoring an individual to the assistance rolls after he has voluntarily gone off, are due to Federal legislation or regulations.

This assumption, it was asserted, is by no means valid. The States, it was pointed out, have rather wide latitude in budgeting earned income and also supplemental income in the form of gifts. The purpose of old-age assistance is to bring an individual's total income up to the point which each State determines is the minimum income essential for maintaining a standard of decency and health for its

citizens. Earned income and gifts, therefore, have to be taken into account by the welfare units administering assistance grants to the aged, but need not necessarily lead to loss of eligibility or to a reduced grant if special needs exist which the additional income can be budgeted to meet.

It was emphasized that State regulations and local administrative mechanics account for most of the long delays in restoring the assistance grants of persons who conscientiously go off relief when they can, for a time, meet their own needs without assistance from public funds. It was suggested that groups concerned with these matters should study their State welfare laws, and the local administration of welfare funds, to see what changes can be made to secure greater administrative flexibility and better understanding of individual needs.

Extending Social Insurance

There was some discussion of proposals to extend the old-age and survivors insurance program to cover groups at present without protection. It was recognized that even universal coverage would still leave several million currently aged persons outside the system. These are persons who retired too long ago to earn benefit rights, and the aged wives and widows of such persons. One proposal to meet the needs of this group is to blanket them all in under old-age and survivors insurance for a minimum benefit, the sole conditions being age and retirement. Even at so low a rate as \$25 this would cost several billion dollars a year. The proposal for blanketing-in is therefore usually coupled with the withdrawal of the Federal Government from public assistance. The consequences for present recipients of old-age assistance and for the States would vary. In States with low assistance payments, it was

pointed out, most recipients would be at least as well off as they are now; some would be better off, some worse off, depending upon the size of the minimum benefit. In States with high payments, most recipients would undoubtedly be worse off, unless, that is, the State supplemented the Federal benefit. As far as the States are concerned, the savings in present State-local expenditures for old-age assistance would vary, depending upon the level of present assistance payments and the size of the proposed Federal minimum benefit. Most, if not all States, would be under pressure to supplement the benefit. If the latter were \$25 or less, quite a few high-payment States would have to spend more for supplementation than they do now on their share of old-age assistance.

At present, it was pointed out, there are rather widely different standards in effect in old-age assistance in different States. In California the standard is now \$75 monthly for basic needs. For people without other income, old-age and survivors insurance with a "blanket-in" provision, it was said, would hardly be acceptable.

The disabled were seen by the Conference delegates as a group particularly in need of insurance protection. The acceptance of this principle is reflected in recent old-age and survivors insurance legislation providing for the "freezing" of the benefit rights of permanently and totally disabled workers, although for all practical purposes this legislation can not become effective until further action is taken by the Congress. It is sometimes suggested, as a method of saving money, to limit permanent and total disability insurance to workers in late middle-age. If eligibility for disability benefits were to be limited to persons 50 years or over, half or more of the disabled group, now without protection, would be taken care of.

The Work Group on Income Maintenance concluded its discussion by agreeing on the following recommendations:

1. That the State commissions ask the Federal Government to provide information on kinds of income data available in Federal Agencies, and on resources for assisting the States to develop data of their own.
2. That commissions study the use of community home-maker services as one method for helping maintain aging people in their own homes, and explore costs of such service and ways of financing it.
3. That old-age and survivors insurance be extended as the basic government program for income maintenance, and that the desirability of disability insurance as part of this program be explored.

Health, Medical Care and Rehabilitation

There is little doubt that problems involving the health and rehabilitation of older people were also very much on the minds of the delegates, though in many respects the discussion was handicapped by the fact, as noted above, that there was only a comparatively small representation at the Conference from the field of public health.

The Connecticut Experience

Without question, the most positive impression on the Conference was made by the Connecticut delegation. Its detailed description of the methods employed by its own State Commission in providing direct medical and rehabilitation services for the chronically ill was listened to with tremendous interest by the other delegates.

The Connecticut State Commission was organized in 1945 to find some way (as noted above) to reduce the heavy burden of the cost of medical and hospital care which had recently been added to the benefits of public assistance. And its attack on the problem was based on the conviction that chronic illness was the major cause of dependency among the aged and the aging.

In discussing this program, one of the delegates explained that the Commission had started on a purely demonstration level. "We asked for a study unit first," he said, "to see if what we thought was true was true. And after five years, we have drawn a few deductions that bear out some of the things we contended originally, and have changed our minds about others." In 1947, the Commission was given permission to operate a study unit in a wing of the State veterans hospital. Since then, some 500 to 600 old age assistance cases have been sent there for

rehabilitation. At the present time, the Commission operates similar wards in 4 general private hospitals.

Experience has shown, the delegate said, that the next step is to provide low-cost domiciles for those who have been rehabilitated, but can not live by themselves and who have no family to take care of them. At the moment, he said, he was uncertain whether these would be established and operated by the Commission or through some other agency. But he made it clear that the Commission intended to get action by one means or another.

Though admittedly the Commission still has a long way to go before arriving at a solution of all the problems, the delegate was vigorously of the opinion that its approach was the one best calculated to achieve real results.

As previously stated, however, it was the consensus that, generally speaking, a State commission should avoid asking for authority to direct services. This holds true particularly where there is reason to believe that the health needs of older people can be met by utilizing and expanding the present health and welfare services. The chief responsibility of a commission, it was felt, lies in calling public attention to these needs, and in working with existing agencies to see that the needs are more effectively met. At the same time, it was agreed that its role must necessarily vary in different States, depending on the adequacy of the State and local resources in the health field. And where there are no programs of sufficient calibre to do the job, it is clearly up to the State commission to initiate action to make up the deficiency.

Special Health Services for the Aging?

There was general recognition that the health needs of older people are greater than for any other age group. Chronic disease, it was pointed out, is four times as prevalent after the age of 65 and, on any given day, there are some 3/4 of a million older people with chronic disabilities being cared for in institutions. Then, too, older people are, for the most part, financially unable to secure the specialized medical services they should have. And the heavy burden of a hospitalized illness is underscored by the fact that only 2 percent of Blue Cross membership are men and women 65 years or over.

Despite these considerations, it was the belief of most of the delegates that there should be no compartmentalizing of health services for the aging. What was necessary, it was pointed out, was a greater understanding of the special health needs of older people on the part of physicians and public health officials. If this could be achieved the basic health services would be capable of carrying the load.

Some dissent to this opinion was expressed by a delegate who suggested that the "pinpoint approach" which has been effective in other health problems--as, for instance, tuberculosis--could be equally well applied to the aging problem. Attention, however, was drawn to the fact that many of the health problems of old age have their roots in middle age, and that programs directed towards the middle-age group offer the best opportunity to prevent many of the disabilities of old age. Since nearly half the adult population of the country is on the "other side of 45," it is essential that the approach have the widest possible base, and that all factors in the earlier years which make for old age dependency should be taken into consideration and made a part of health planning.

It can here be noted that, for the most part, the delegates supported this approach in respect to all community services which in any way come into the aging picture. In fact, grave concern was expressed over the danger of setting the aged apart as a separate group. It was generally agreed that the older citizens themselves do not want to be so treated. As several delegates pointed out, creation of separate agencies and facilities for the aging runs counter to the general philosophy of American government. It also creates administrative and financing problems. The soundest psychology and the wisest public policy, it was felt, is to think of the disabilities of the aged as those found in varying degrees in other elements of the community and not at all peculiar to the aged.

Prevention of Illness

The importance of health measures aimed at the prevention of disability was also given considerable attention. It was pointed out that chronic disease, if caught in its early stages, can often either be cured or its progress arrested before it becomes a disabling illness. Much emphasis was placed on the value of multiple screening as a means of detecting symptoms of disease in a mass population. By means of X-ray, blood tests, etc., it was explained, incipient cases of tuberculosis, diabetes, anemia, cancer and certain types of heart ailments can often be uncovered.

The Public Health Service of the Federal Security Agency is cooperating with a number of States in conducting mass screenings in selected communities and is providing both financial and personnel assistance. There are still many "bugs" in the procedure, it was said, and many

administrative problems still to be worked out. But the method, it was felt, has very great potentialities.

Emphasis was placed on the need for medical schools to train physicians toward a better understanding of the problems of aging and enable them to recognize their social and community responsibilities in this area. Discussion also revolved around the difficulty in obtaining counseling services from the general practitioner for the patient referred to medical, surgical or other specialists.

Rehabilitation

The importance of helping older people, who are disabled because of chronic illness, to "get back on their feet" came in for further discussion. Much effective work, it was pointed out, is already being done in this field by State agencies. And comment was made on the growing tendency of old-age homes to concentrate on the care of the chronically ill, and to provide occupational therapy and rehabilitation services.

In most States, it was reported, great difficulty is experienced in getting older people accepted by the rehabilitation agencies. This is due to the fact that the potential employability of the individual is the determining factor in certifying a person for rehabilitation services. Because of the prejudice of many employers against hiring older workers, it was said, these agencies tend to give their major attention to younger men and women. As one of the delegates pointed out "58 percent of our disabled load (on public assistance) are over 60 years of age." A statistical analysis of this load in terms of those individuals who could be rehabilitated (providing services were available) and thus eventually removed from the assistance rolls would, it was suggested, be immensely

valuable to the welfare people in spelling out their problems in this area of need.

A representative of the Office of Vocational Rehabilitation reported that, in the past half decade, the average age of rehabilitants had increased by 8 years. At present, some 8 percent of those receiving State-Federal services are 45 years or older. Because of the limited funds available, it was pointed out, some States seem chiefly to rehabilitate those who have a potential production capacity over a long period. However, it was asserted, there is a growing understanding of the need of rehabilitation services for older workers. And the recent joint conference of the University of Michigan and the Michigan State Vocational Rehabilitation authorities, devoted entirely to the subject, was given as an example of this new emphasis.

Health Services in Nursing Homes

Standards of care in nursing homes, and the question of how to improve health services in these homes, evoked considerable discussion which reflected the multitude of problems in this area confronting the States. What to do about closing homes that did not meet standards; about homes that would not accept welfare patients; where to place patients when homes were closed--these were some of the questions asked, without specific solutions being advanced. And a discussion of joint responsibility of public health and welfare departments for the care rendered to patients in nursing homes and similar facilities, seemed to center chiefly around the difficult matter of equitable rates and the basis for such rates.

Out-Patient and Home-Care Services

Much interest was shown in the availability of out-patient and

other types of clinics, especially in non-urban areas, as well as in the programs for home care that are under way throughout the country. Provision of more nursing services in the home for rehabilitants was described as a vital need, though no suggestions were offered as to how these services could be expanded in view of the alarming shortage of nursing personnel. Emphasis was placed on the need for education of the patient's family in simple nursing procedures, and also in rehabilitation procedures.

Much of the importance of home-care programs sprang from a recognition of the heavy pressures, which many general hospitals are under, in caring for the chronically ill. In the absence of effective rehabilitation services, it was asserted, many of the patients are returned again and again to the hospital for care and treatment. And it was suggested that some research agency might well make a study of the load imposed on our general hospitals by these repeated admissions.

At the same time, it was pointed out that, in order to make a home-care program fully effective, it is necessary to have adequate laboratory and diagnostic facilities. The already heavy load that the hospitals are carrying makes it virtually impossible for the hospital authorities to take on the additional responsibilities which such an extra-mural program requires. The answer lay, it was acknowledged, in the coordination and utilization of all existing resources, and it was to this end that State and community effort should be directed.

Caring for the Mentally Ill

The problem of mental illness also precipitated a prolonged discussion. There is an alarming increase in the number of aging and aged persons admitted to our mental institutions, many of whom might be better

cared for elsewhere by utilizing community medical or domiciliary services. This is putting a terrific strain on both our existing facilities and our economic resources.

Emphasis was placed on the urgent need for adequate preventive programs. Experiences in Massachusetts, it was stated, prove the value of such preventive service programs, and are confirmed by reports of the efficacy of the rehabilitation programs in various centers in New York City. These reports have demonstrated that senile psychosis--one of the most frequent diagnoses among aged patients--can, in large measure, be prevented. Based on results obtained in these rehabilitative programs and demonstration projects, it was stated that perhaps one of the most economical approaches to the problem of senile psychoses might well be the development of preventive programs on a wide scale. These would incorporate occupational, recreational and social contacts to help meet the needs of the older person. Many indications of illness have been demonstrated to be emotional traumas, caused by loss of status, feeling pushed aside, etc. These health problems, it was stated, can in many instances be prevented.

The need for facilities for the mentally ill in the general hospital was underscored as a major need. If general hospitals would provide facilities for short-term stays of mentally ill patients, many of them could return to the community within a few days and would, it is estimated, reduce the admissions to State mental hospitals by some 60 percent.

The "day-care center" for mental cases in Massachusetts, it was stated, has stimulated a great deal of interest in the whole problem of mental health, and the establishment of "night-care centers" for similar

patients in the community is being actively considered. One difficulty that lies in the path of all these programs, of course, is the lack of a sufficient number of trained psychiatric nurses. The American Hospital Association and the Catholic Hospital Association, it was said, are currently concerning themselves with this problem.

A proposed project of the American Psychiatric Association was described as a possible solution in other cases. The APA, it was reported, is developing plans for a special type of hospital geared to the needs of older age persons with mental disorders. So far as possible the atmosphere of the ordinary mental institution would be eradicated. A husband and wife, for instance, would be permitted to remain together in an efficiency apartment. A sheltered workshop would enable the patients to engage in rehabilitative activities under medical supervision. Opportunities would be afforded the patients to do small jobs for the manufacturers in the area, and to manufacture articles of their own for sale. In addition to the curative value of these activities, they would serve partially to help the patients contribute to the upkeep cost of the institution.

Great concern was also expressed over the large number of elderly persons committed to State mental hospitals, during periods of extreme disturbance, who can not then be returned to the community after they have achieved a substantial recovery. In Massachusetts, it was stated, there are probably more than 3,000 such patients at present who could live outside an institution, provided the right living arrangements were worked out. The same problem exists in other States.

In this connection, it was pointed out that, in large part, the prolonged confinement of elderly persons in State hospitals, and the

many instances of recommitment, after a short period back home, are due to the lack of proper community planning to meet the needs of the aging population. Much of the problem, it was said, centers around the tragic plight of single old persons who have no one to take an interest in their well-being. In many instances, bad food habits, irregular schedules, and lack of social intercourse have been shown to be the direct causes for their commitment to an institution. Some sort of community service to provide individualized care and concern is needed when the patient is ready to return to his home community after a period of care and treatment in a hospital. Unfortunately, it was asserted, there has been little effort to provide services of this nature, although the problem is within the competency of voluntary health and welfare agencies and groups concerned with community organization for the aged.

VI

LIVING ARRANGEMENTS

Living arrangements for older people offered a fertile field for discussion which covered both independent housing and institutional living. It was pointed out that much of the housing problem for those in their later years derives from the sharp curtailment of income after retirement. An elderly couple, for instance, trying to live on a small pension, may have great difficulty in maintaining their former home. What they really want is some place to live that is geared to their special needs and particularly to their pocketbook. This applies, it was asserted, not only to the "needy" with whom the public welfare people are concerned and to those who require nursing-home or institutional accommodations; it is something that affects a very great proportion of all old people. And any solution to the problem, therefore, must embrace a variety of approaches.

Essentially, it was asserted, this is a question for which each individual community must find its own answer. The business of a State commission is to help focus attention on the problem and to marshal, for this purpose, all available resources. The Federal Government, especially the Housing and Home Finance Agency, it was pointed out, stands prepared to offer technical assistance, and can often give valuable help to the community either in general planning or in working out specific projects.

Housing Developments

Much of the discussion centered around specific projects already under way or contemplated. A plan for a sponsored neighborhood village, under consideration by the Retirement Research Division of the Florida State Improvement Commission, was presented in some detail. Under this

plan, retired workers from industrial concerns would establish small new communities, ranging in population from 500 families upward. Such communities would be operated on a non-profit basis by companies or labor unions. Living units would be designed with special needs of older people in mind; a well-rounded, special activities program would be provided; and machinery to insure continuity of the community would be established. It is the hope of the Commission to provide housing at a cost not greater than \$35 a month.

Industrial companies, it was said, have indicated substantial interest in the plan, both as an incentive device in employee relations and from a public relations point of view. Employees are likewise interested because they see in it the potentialities of quality housing in a mild climate at a reasonable cost. As an example of labor union interest, it was reported that the Upholsterers' International Union is taking steps to establish a sponsored small community for its retired employees, under the Florida plan, at a cost of \$1½ million. The Union contemplates using the housing and facilities for vacation as well as retirement purposes, both to acquaint members with the new community and to insure maximum use.

In discussing the plan, the question was raised as to whether the sponsored neighborhood village would result in the segregation of older persons from the range of on-going activities usually found in the more heterogeneous type of community. This was recognized as a problem by the Florida Commission, though it was hoped that the various types of community facilities to be provided would overcome this obstacle to a greater or lesser extent. A number of surveys to acquire such data, it was

stated, have been completed; others are under way, and still other studies are contemplated.

Provision for the housing of single persons, or the residual member of a family unit, was also discussed. Reference was made to the Methodist Village in Virginia where dormitory accommodations and the planning of apartments are among the approaches under consideration, by the Virginia Department of Welfare and Institutions, to meet specific problems of this kind. The development of Penney Farms in Florida, where efficiency apartments are now being added as an attempt to meet such housing needs, was further cited as an approach to this problem. In this connection, it was observed that housing costs can sometimes be reduced by permitting occupancy of a unit by two persons not related by blood or marriage. Attention was also called to the fact that, while Federal public housing regulations do not permit single individual admissions to projects, the surviving husband or wife is permitted to remain after the death of the spouse.

Consideration was given to the broad problem of what is being done in the "average" community to provide suitable living arrangements for older persons. Emphasis was placed on the necessity of providing shopping, recreational, medical and social facilities and, in particular, of making it possible for older people to continue to identify themselves with the community as a whole. As one delegate put it, all older persons are not interested in living out their later years in a setting of "trees and grass." Some want to be "where life is moving--not necessarily to be a part of it, but at least to be able to sit on the sidelines and watch it." Such people, he said, still have a need for independence and choose familiar surroundings every time.

Park Forest in Illinois was cited as a new development in which a deliberate effort is being made to secure variation in family type and size as a means of dealing with this problem. Here, a number of small apartment-type units, near the center of town, are projected which will be particularly suitable for occupancy by older persons. Such planning, it was pointed out, avoids some of the drawbacks that exist in housing developments which concentrate on a single family type and size. It also makes possible certain social benefits that accrue to the more heterogeneous kind of community. As was emphasized repeatedly during the discussion, older persons resist being segregated from the normal on-going activities of a community, and wish above all to be a part of active community life. In this connection, the experience of the British was cited as demonstrating how successfully the problem of living arrangements for older people can be dealt with by providing "separation without segregation."

Public Housing and Slum Clearance

Matters relating to low-rent public housing came in for general consideration. It was reported that the Public Housing Administration of the Housing and Home Finance Agency is currently giving general guidance to local housing authorities with respect to the housing of aging persons.

There was also discussion as to whether State commissions should concern themselves more actively with slum clearance legislation in order to get rid of some of the undesirable slum houses frequently occupied by older persons. This, it was pointed out, raises two questions: first, who will be displaced by such slum clearance? and secondly, in planning for the re-use of cleared areas, what opportunities will accrue for

housing aged people? In exploring some of the aspects of this problem, it was emphasized that housing needs of aged persons is basically no different from those of all other persons. It is essential that a community attempt to achieve good housing on all fronts. The major problem is cost; and as housing costs are reduced for everybody, the task of providing suitable housing for aged persons will be made easier.

Subdividing the Home

In general, it was agreed that the basic question is "how the housing cost problem can be attacked so that the aged can afford to live in a house that meets their needs." The discussion brought out the fact that surveys conducted by the Bureau of Old-Age and Survivors Insurance show that many aged people own homes that are too large for their needs, and often attempt to supplement their limited incomes by subdividing older large homes. The suggestion was made that State commissions might usefully develop an advisory service which would enable older people to become aware of the effective means and resources for such subdivision. However, it was urged that, in providing such technical assistance, the remodeling and subdivision of larger homes should be evaluated in terms of the psychological and other problems of the aging person, rather than as a business venture. The experience of the Federal Housing Administration has shown that many cases of subdivision do not pay from an economic point of view. On the other hand, it was agreed that subdivision often contributes a genuine measure of family security, even though it may not give any substantial relief to the economic plight of older persons.

There was also comment on the fact that zoning regulations frequently limit the extent to which older homes can be subdivided and that, in some communities, a new attitude toward 2-family houses would have to

be developed. This is especially important if any progress is to be made with the promotion of the "three-generation" house, or the so-called mother-in-law annex, as a means of meeting the needs of persons who seek some degree of privacy but yet not complete separation from their kin. It was suggested that this is an area to which State commissions might well give increasing attention.

Boarding and Nursing Homes

There was some discussion of the boarding-room program of the Public Welfare Department of North Carolina which is one means by which the State is attempting to provide satisfactory living arrangements for a number of older persons. The program is not limited to persons receiving public assistance or to those with particular social and economic problems, but has been developed to meet the needs of all strata of society. As a result of this program, the Department is receiving requests for assistance in locating suitable living arrangements from a large number of older persons of widely varying economic resources. The Department is making use of the program as an educational medium to enlist as many community resources as possible in an effort to meet the housing needs of all the aged.

During the discussion it was suggested that every community should undertake a survey of facilities available for aged and single persons who need nursing care or a place to live. In fact, it was asserted, there is greater need for such facilities among persons who are financially independent than there is among the needy. As one delegate phrased it, "Just because a person has some money in his old age is no assurance that he will not have a hard time finding the right place to live."

In general, the conferees agreed that boarding- and nursing-home programs are a vital sector in any approach to the aging problem, and that it is the business of a State commission to explore and evaluate these programs to the fullest extent possible. Particular attention was directed to the urgent necessity of developing adequate standards to govern the operation of such homes. In Florida, it was reported, the Citizens Committee on Retirement, the State Welfare Department and the State Health Department are proposing legislation to provide standard procedures to govern the operation of nursing homes. It was the consensus that similar action should be taken by all State commissions, and that they should seek the cooperation of other appropriate State agencies or interests or segments in the development of adequate standards.

Supportive Community Services

Supportive programs, involving a variety of home-care community services that make it possible for a greater number of older persons to live in their own homes, also came in for a share of the discussion. Two or three experiences where private organizations had made use of this approach were reported. The discussion revealed that State commissions were definitely interested in making wider use of the supportive programs but that, for the most part, limited staff resources prevented them from taking such steps. The delegates, however, agreed that programs of this nature constitute a useful device for meeting some of the housing needs of the aging, and their potentialities should be explored by all State commissions.

Cooperative Housing

Major consideration was given by the delegates to the whole question of cooperative housing in relation to the housing needs of aging

persons. Section 213 of the Federal Housing Administration insurance program, providing for cooperative projects, was mentioned as offering a practical device that might be adapted to meet some of these needs. The Florida Commission, it was reported, is currently exploring cooperative housing possibilities under the provision of this section, but is finding it difficult to bring together the minimum number of people required to undertake a cooperative project. It was suggested that efforts of this sort would have a greater chance of success if cooperative groups were encouraged to recruit a reasonable proportion of older persons into their membership, rather than attempt to organize cooperatively a membership comprised solely of older persons.

Financing of Housing Projects

In discussing the various means that might be employed in housing the aged, the importance of exploring all untapped financial resources was underscored. An example was given of the activity going forward under the Commonwealth Housing Fund in Boston. Here, with leadership provided by the Housing Association of Metropolitan Boston, plans are under way to utilize a long existent, but practically unused, charitable fund to provide an apartment-type development for the aging. Careful canvassing of all such institutional funds was urged with the view of bringing their usefulness into step with current needs.

Planning and Design of Institutions

Attention was also directed by the delegates to the need for raising the general level of planning and design with respect to institutions. In this connection, it was reported that the National Lutheran Council has suggested to the American Institute of Architects that groups should be brought together to bring about general improvement in this field.

Major Basic Principles

Out of the discussion on living arrangements certain basic principles concerning a valid approach to the problem emerged. These included:

1. The provision of adequate living arrangements and housing for aging persons calls for the fullest possible exploration and utilization of all the various means, both from the point of view of independent living and institutional living. At best, no one device meets the housing needs of more than a portion of older persons. All feasible resources and devices must be utilized in meeting the problem.

2. The planning of housing for aging persons is essentially a broad community problem. Emphasis was given to the fact that, if the housing opportunities for the aging are to be improved, housing opportunities for all persons must likewise be improved. Thus the total housing supply is bettered and benefits accrue to older persons along with others.

3. Older persons indicate definite preference for housing that is located and properly related to the on-going activities in the community. Not only do they want to be in the center of things, but they want to feel that they are an active part of community life.

4. Wide flexibility in planning both as to methods and types of accommodations must be employed if suitable living arrangements are to be provided for our aging population.

5. The sound planning of living arrangements for aging persons must take into consideration the many social, economic, and psychological factors affecting aging persons. The necessity of providing shopping,

recreational, medical, and social facilities, within practical proximity, was recognized throughout the discussion.

The Role of the State Commission

From the discussion, also, came several concrete suggestions as to the type of activities which a State commission can profitably undertake at this time:

1. Each State commission should establish a subcommittee on housing and living arrangements for the aged whose major concern would be to encourage and promote services and programs to achieve more adequate living arrangements for our older citizens.

2. State commissions must, without fail, concern themselves with the development of adequate standards to govern the operation of nursing-homes, boarding-homes, and the many various types of institutions for aging persons.

3. State commissions might also well give more attention to the many facets and effects of local zoning regulations, as related to the housing of aging persons. Discussion of this area of activity during the Conference was focused chiefly on the subdividing and remodeling of larger homes, a device often engaged in by older persons for reasons of economic necessity or sometimes because of family preference or security. However, it often affects the location of institutions, the building of annex-type apartments for aging parents, and other forms of housing arrangements for older people. It was felt that the field of zoning regulations may well prove to be an area calling for community study and action, if our aging population is to be well housed.

4. State commissions should explore the potentialities in the cooperative housing device whereby housing cost can often be reduced,

and suitable living arrangements made available, to a substantial segment of the aging.

5. State commissions should be on the alert with respect to untapped financial resources, such as endowments, foundation funds, etc., and take steps to ensure the full usefulness of such funds in terms of current housing needs of aged persons.

6. State commissions should encourage supportive programs that would enable many older people to live in their own homes or avail themselves of other similar suitable living arrangements.

7. State commissions should familiarize themselves with all local, State, and Federal resources, including those of both public and private organizations, and make full use of such resources in achieving adequate housing for older people.

VII

EDUCATION AND GUIDANCE

The importance of education and guidance activities in any approach to the problem of aging was clearly recognized by the conferees. Emphasis was placed on the concept of life-long education, or more specifically adult education, as a "powerful force . . . in the preparation of an enriched, personally satisfying and socially useful old age." Effective adult education, it was said, must deal not only with cultural values but also with practical matters of proper nutrition and the care of one's health during the middle and later years of life.

Adult courses in the public schools, together with university extension courses, were identified as offering the most effective channels for community educational effort among older people. Libraries also provide excellent facilities. And programs sponsored by civic, business and professional associations, religious groups, labor unions and farm organizations have proved highly successful. Strong emphasis was placed on the use of mass media--press, motion pictures, radio and television.

Attitudes Towards Older Persons

One of the questions raised early in the discussion was whether "older people wanted to learn." Recent surveys were mentioned which indicated that older people are not interested in further education. It was suggested that this attitude is probably due to a "built-in" cultural pattern. Adult education, it was pointed out, is associated with "schooling," and schooling is associated with children. Adults hesitate, therefore, to identify themselves with children going back to school. Moreover, they are reluctant to place themselves in a position of competing

with youngsters. Furthermore, no effort is usually made to adapt either the instructional methods and materials to adult needs and interests. This has been a deterrent factor in the promotion of adult education.

The most important drawback, however, it was stated, is the fallacious idea that old people cannot learn. An organized effort to get rid of this concept constitutes one of the great needs in the whole field of education for aging. The immediate job is to try to change the attitudes of the older people themselves. After that, perhaps, it will be easier to break down the prejudices of the school administrators and the teachers.

Discussion on these points raised the question whether, for educational purposes, it is better to segregate older people from the other age groups. In general, as noted above, it was felt that older people do not wish to be set apart or to be considered as a special group. From the democratic point of view, and that of the social welfare, it was the belief that integration is the wisest policy to pursue.

However, it was recognized that certain situations may call for a limited amount of segregation. This is true if older people are to make their maximum contribution to the group, and are not to be frustrated and discouraged by the competition of younger persons before they have a chance to achieve the necessary self-confidence. Older people, it was pointed out, come to class with both strengths and weaknesses, as is true of younger persons. A qualified teacher will be able to utilize these strengths to the learning advantage of both the individual and the class. He will also know how to treat the weaknesses so as not to embarrass anyone.

The attitude of the younger age groups towards older people was discussed in terms of intergroup education. Recent advances in psychology, biology, and anthropology, it was pointed out, have made possible a scientific approach to this problem. Reference was made to a list of materials for teachers on the subject that has been developed jointly by the Office of Education of the Federal Security Agency, the American Teachers Association and the National Education Association. A similar list, it was stated, is being developed for the use of community leaders dealing with the fundamental principles and techniques of adult intergroup education.

Value of Correspondence Courses

The delegates apparently placed little value on correspondence courses, either as an instrument of adult education for older people or as a means of providing training in the field for teachers and leaders. These courses were criticized mainly for the lack of opportunity they afford for vital group discussion. This is partly because of the difficulty in finding competent persons to handle the courses, and partly because of the excessive time required to answer satisfactorily and considerately the great number of letters likely to be received.

However, it was agreed that the nature of the course and characteristics of the student might modify this judgment, and that it would be possible to adapt such courses for the use of older people in isolated places or those who do not wish to join a formal class. It was reported that the University of Chicago and a few other institutions already have established, or are contemplating the establishment of, correspondence courses in the aging field. The National Home Study Council is also exploring the matter, and may soon have some answers to many of the questions involved.

Films, Radio and TV

No small amount of interest was expressed in the use of films and transcriptions in education for the aging. Few films, it was stated, are available on the specific subject of aging, and most of these are not very satisfactory. Attention was called to the Director of 16 mm. Film Libraries and the catalogue of U. S. Government films, issued by the Office of Education. The Office of Education, it was stated, is cooperating with the Library of Congress in cataloguing all Government motion pictures, with appropriate subject headings and annotations. The catalogue cards are now being distributed to libraries throughout the country and to other institutions. Interested groups, it was said, may find some of the listed subjects useful in a program of education and guidance for the aging.

The value of radio recordings as educational media was also explored. Attention was called to the series of recordings made by WBAL of Baltimore; and those of the National Institutes of Health, the Bureau of Old Age and Survivors Insurance, the University of Maryland, and the University of Michigan. The Transcription Exchange of the Office of Education was also mentioned as a source of recordings that might be adapted for use in the education and guidance of older people.

The great potentialities of television for educational purposes was emphasized, together with the importance of taking prompt action in securing the television channels allocated by the Federal Communications Commission for educational purposes. In this connection, it was suggested that groups interested in problems of aging might do well to join with other community agencies to establish a local TV educational station. Colleges and universities, local and State public school systems,

religious, social and civic organizations, and governmental agencies were named as having a direct interest in such a venture. It was pointed out, however, that such research, planning, and organization must be done before effective educational use can be made of these channels.

Resources and Services of the Federal Government

Particular attention was directed to the wide variety of educational and guidance resources and services developed by a number of agencies of the Federal Government. Some of these services, it was said, were especially designed for older people; the others were of value for adult education programs in general. Special mention was made of Department of Agriculture publications dealing with the nutrition and housing problems of older people, and also of various films on these subjects. State and county extension agents, it was noted, have organized clubs for older people under the leadership of, and with materials furnished by, the Department.

It was the conviction of one delegate, however, that much more could be done to develop these Federal services, in terms of the specific problems engendered by the rapidly increasing number and proportion of older people in our population. Government agencies, it was felt, should be urged to take such steps as might seem feasible to assist the States and communities in dealing with the aging problem.

Re-training of Older Workers

Much of the discussion on re-training and the rehabilitation of the older worker also revolved around the resources and services offered the States by the Federal agencies. Public employment offices assay the potentiality of the individual seeking a job, and offer counseling and

placement service. They do not, however, undertake any training function. The Office of Vocational Rehabilitation, on the other hand, provides re-training as part of the rehabilitation process, regardless of age, but only for those who have a medically established disability and where a reasonable hope exists that a rehabilitant may secure a job. There is, of course, a Nation-wide cooperative system of State-Federal vocational training in the public schools administered by the State Boards for Vocational Education. But Federal aid to this program is limited to workers who already have jobs or are preparing to enter the labor market.^{6/}

In other words, as you pointed out, there are no State Federal services available where an older, unemployed or retired person can receive training for a job for which his physical limitations would not prove a handicap, or the age factor count against him. Whatever is done in this category must be financed out of State or local funds.

General discussion of these matters brought out the fact that many of the supposed limitations in services of this nature are only partially rooted in Federal statutes, and that many are derived from State laws and local regulations. In the field of vocational training, it was indicated that certain States have taken steps to remove some of these limitations, and to apply State and local funds to meet an area of need for which Federal funds are not authorized.

^{6/} Almost every school system has vocational training available to adults regardless of their employment status. Free courses in typing and shorthand are generally available in all major cities to all women interested in taking such courses. Since almost 80 percent of vocational education is paid for by State or local funds, there are no general limitations on the way such funds are used except those imposed by each State or community. Those courses which depend upon Federal funds are generally limited to training persons for occupations in which they reasonably can be expected to find employment.

State commissions were urged to explore all these aspects of this problem with a view of obtaining State and community action. At the same time, it was felt, the States should ask the Federal Government to liberalize its laws so that Federal funds would be available to help deal with the problem.

A practical demonstration of what can be done by a specific community interested in re-training older workers was described by one of the representatives of the Department of Labor. In 1951 and 1952, the Women's Bureau of the Department, in cooperation with ten national women's organizations, the Bureau of Employment Security, and a number of State Employment Services, decided to determine the assistance that could be given by women's organizations toward solving a shortage of women office workers in a specific community. It was thought that there were probably many middle-aged women who, when they were younger, had been employed in such jobs and who now, with their children reared and their domestic responsibilities lightened, could undoubtedly be brought back into the labor market. Basic parts of the test program in some cities included an intensive publicity campaign urging employers to hire older women. In two of the four cities which tested the over-all program, special refresher training courses were developed for women over 35 years of age. Of the 74 women taking this training in one city, approximately 60 were over 40 years of age. In another city, arrangements were made to establish a separate class for 50 such women who had been referred to the Employment Service by the women's organizations cooperating in the program in that community. The need for overcoming employer resistance to employing older persons, and the need for training of older women seeking

to re-enter employment, were amply shown by this test program which had been developed with the basic objective of solving a labor shortage.

The Problem of Illiteracy

One major factor was emphasized as affecting the problem of re-training and rehabilitation of older workers. And that was the factor of illiteracy. It was pointed out that there are some 10 million adults in this country who have received no education beyond that of the fourth grade. This educational handicap weighs heavily on older workers who grew up at a period when far fewer boys and girls finished grade school than do today. These functionally illiterate older workers do not possess the basic educational background that would enable them to receive training for specialized jobs in our modern, highly mechanized industry. And they are, therefore, either left on the "scrap heap" or forced to scramble for the meanest sort of jobs for which no particular training is required.

VIII

EMPLOYMENT OF OLDER PERSONS

Discussion under this heading focused chiefly upon two main aspects of the subject: first, the significant employment problems which confront older men and women; and, second, the role of the State commission in solving these problems.

It was generally agreed that the major employment problem affecting older persons is the loss of one's job during the two decades or so before the so-called retirement age, and the difficulty of getting another. The great majority of workers, it was pointed out, are not firmly attached to any one job during their working years. This means that, frequently, they have to seek employment when they are middle-aged or elderly. It is somewhere in these middle years that employer prejudice begins to develop against hiring men or women because of age. In addition, there are the special problems of middle-aged and older women who seek employment either for the first time or after a lapse in their work experience. On the average, age barriers to employment arise some 10 years earlier for women than for men, and many employers seeking office workers will not accept women over the age of 35. In other words, it was made clear that age becomes a barrier to employment much earlier than at 65 years, and that the problem is accentuated as the age of the worker increases.

Much interest was shown in the way the Minnesota Commission is attacking this area. A sub-committee on employment, it was reported, has initiated studies in what it considers the four principal divisions of the problem: 1, hiring restrictions by employers; 2, restrictions

created by union or employer pension plans; 3, compulsory employer medical examinations; and 4, job adjustment and re-training. Research on these topics, it was stated, is concentrated on the 45-65 age brackets with the problems of the over 65 worker left temporarily in abeyance.

Similar studies, it is understood, are being conducted at Cornell University, Pennsylvania State College, the University of Minnesota and by the Industrial Relations Center of the University of Chicago. In this connection, it was pointed out that the value of many studies carried on by universities and other institutions in the general aging field is severely limited because of the omission of the employment and economic aspects of the problem.

What State Commissions Can Do

In general, it was felt that State commissions should try to educate the employer on the need of altering present restrictive hiring practices, and to change community attitudes towards the employment of older people. Many delegates, however, were of the opinion that a commission should also undertake to find new job opportunities for the aging and the aged. This point of view was opposed by those who felt that it was more practicable, at least during the initial stage of the commission's development, to "remain behind the scenes," that is, to focus on research and the stimulation of interest in the general problem.

The discussion also brought out a difference of opinion as to how much fact is needed before action can be taken. Some delegates felt that, until there are more concrete data available on the employability of older workers, little or no effective action is possible. Others, however, were convinced of the importance of doing whatever is possible now, on the basis of present knowledge, to relieve the situation.

An outstandingly successful project in Schenectady, New York, was cited as an example of this latter contention. Here, with the help and guidance of the State Joint Legislative Committee on Problems of the Aging, a local city committee on employment has been established with a special counseling service which has resulted in a 30 to 40 percent increase in placement of older workers by the local office of the New York State Employment Service. The Committee maintains an information service and has established contact with employers throughout the area. It works in close relationship with the local employment office. Examples were given similar programs, in other communities, which have been successful in re-training older people and providing them with a means of self-support.

The whole area of Federal and State cooperation in developing counseling and job-placement services for the older worker was explored in some detail by a representative of the Department of Labor. The Department of Labor, he explained, had become interested in trying to work out a solution to the increasing percentage of older workers in the active files of the State employment services. It was convinced that the considerable experience it had had with special counseling and placement services for handicapped workers could be applied to the problems of the older worker. As a result, a series of demonstration research projects was set up, in cooperation with the local State employment services, in New York, Pennsylvania, Ohio, California and Texas.

"We discovered," he said, "that by making more effective use of the techniques, personnel and resources at our command we could significantly improve the placement possibilities for older people." Based on

a sample of 4,657 cases, it was found that "those applicants given intensive counseling and placement services had actually twice as good a chance of a job as those who were simply permitted to go through the routine service of the office."

Since these studies were made, he said, the Bureau of Employment Security has issued a special section on services to older workers, and every State has done something about the problem--some more than others. But those States in which the demonstration projects had been conducted, and in which there is an active community interest in the problem, have made far greater progress than those in which such interest and support have not been developed.

Maximum Age Restrictions in Government

Another area where it was felt that a State commission can, and should, function is in trying to persuade State and local governments to remove maximum age restrictions for their own employees. Some States, it was reported, have already taken this step; others have done so only for specific positions. A forthright position on this matter by government, it was believed, would help in no small degree to break down some of the age restrictions which now operate in business and industry.

In this connection, it was pointed out that the Federal Government has already taken action. Previously, the maximum age for job applications under Civil Service had been set at 62 years. Except for certain job categories, this maximum has now been abolished by the Congress, with the single stipulation that a person who has reached his 70th birthday can be appointed to the competitive service only on a temporary basis. This action, he said, opens up the possibility that many Federal employees will be able to retain their jobs beyond the age of 70.

Business Men on State Commissions

In discussing the composition of a State commission, it was stressed that prominent business men should be included as members of any group or subcommittee dealing with employment. The importance of this, it was felt, can not be over-estimated. Among the many advantages frequently cited for having a State commission on aging is that it is easier to persuade employers to alter their present hiring practices if there is strong community backing for a program to provide employment for older people. The more representative business executives are identified with the program, it was said, the more likely it is to achieve results.

This suggestion tied in rather closely with a comment, made at another point in the discussion, to the effect that many business men are complaining about high taxes to support the relief rolls while, at the same time, large numbers of older workers are forced on these rolls because of their inability to get jobs under a hiring system which imposes rigid age discriminations.

The Retired Worker in the "Sunshine States"

Considerable attention was given to the problems of those States which have a large influx of retired persons every year. All too frequently, it was asserted, retired men and women who migrate to the so-called "Sunshine States" find their retirement incomes insufficient to maintain an adequate standard of living and are forced to seek either employment or relief. In many cases, they are unable to find suitable employment and are added to the public assistance rolls.

Stress was laid upon the need for realistic employment information for use in guiding the migration of retired people. It was felt that,

largely because of the popularity of the subject of the aging, there has been a great deal of ill-advised counseling of older people on "where to retire", and much unscrupulous advice is being circulated by spurious bureaus and publications. It was agreed there was need for effective services to provide sound counsel for older people on this matter, and that some method should be devised to bring about the exposure of quacks.

Discussion also revolved around the need to attract industry to the States which have large numbers of retired residents. In Arizona, it was pointed out, "87 percent of the retired people would like to be working." But, with little large-scale industry in the State, there is a very limited number of job opportunities, especially for older people. It was suggested that an inventory be made of the special skills and abilities possessed by these older residents. Such an inventory might serve to persuade outside industrial interests to move into the State and provide needed employment. Something similar could also be done, it was pointed out, in depressed economic areas suffering from unemployment where the job problems of older persons are more acute because of the surplus of qualified young workers.

What Kind of Jobs for Older Workers?

The types of jobs on which older workers can be employed and their adaptability to these new jobs came in for general consideration. Some of the delegates were of the opinion that the service trades provide more employment opportunities than the mass production industries; others held the opposite view. In the course of the discussion, numerous examples were given which showed that many skills held by older workers are transferable from one occupation and industry to another. In this

connection, it was urged that greater efforts be made to appraise the capacities of older people in order to determine to what extent they can make a direct contribution to the economy of the State or Nation by marketing their skills. Surveys made in Utica and other cities of New York, it was stated, have shown that older people have many abilities and work potentialities which can be used to the economic advantage of themselves and the community.

Criteria for Retirement

Another aspect of the employment problems of older persons which was dealt with at some length is the impact of industrial medicine and the role of the industrial physician. The need for a set of criteria to serve as a physiological yardstick was stressed, particularly for its value in dealing with the question of compulsory retirement based on chronological age. Some delegates, however, were of the opinion that such a yardstick is not the whole answer to the compulsory retirement problem. The decision whether or not a worker is to be retired should, it was felt, in each instance be based on individual considerations involving a variety of social, economic and psychological factors.

IX

FACT-FINDING, REPORTING AND RESEARCH

The immediate question posed in the discussion around this topic was what kind of facts a State commission should be interested in. It was agreed the answer depends to a large extent upon how the commission is organized, what interests motivated its establishment, and-- importantly--what resources it has in staff and money.

Good fact-finding was described as something more than the collection of statistical data; it should have a qualitative character and try to create a picture of the aged population as human beings. The best results of course, are obtained from as broad a cross section as possible. However, it was admitted that, at times, the approach must necessarily be opportunistic. In Chicago for instance, it was pointed out, an important study was made of people known to public and private agencies, not because it was more necessary to know about this type of older person than any other, but because the basic data for such a study were more readily available.

Ideally, it was felt that a major function of the commissions should be the assembling of available data relating to their activities and the collection of pertinent data when they are not already available. It was indicated, however, that the authorization for most of the commissions is temporary, that their paid staff, if any, is extremely small and, that therefore, they are not in a position to engage in any large scale fact-finding enterprises. It was agreed that, for the present, their role was one of coordinating and making effective use of already existing materials, and that specific fact-finding projects could only be

undertaken when the commissions had a full-time paid staff to work in this field.

The Florida Improvement Commission, it was pointed out is in such a fortunate position, and has made a number of studies relating to the older population, present and potential, in the State. Delegates from Kentucky and Illinois, however, indicated that there were real resources for obtaining pertinent statistical information within their respective States, and that effective use was being made of them. And the Rhode Island Commission was reported as planning a survey of a sample of the whole aged population of its State, in cooperation with the Bureau of the Census, to provide a solid underpinning for information gathered from many sources.

In any event, there was general agreement that the first duty of a commission is to see what information is available to the community itself--that is, data already collected by various local agencies, State agencies or by the Federal Government. The commission should also know where general studies, made by the various agencies, have stopped short of including significant data on aging, and how these gaps can be filled.

In respect to mental hospitals, for instance, it was pointed out that the importance of assembling data in this field lay in the use made of them in working out the problem of the relationship between older persons and mental institutions. Various examples were given of the way such studies have been utilized. In some instances, it was stated, the community has been enabled to see what alternate arrangements might be made for older persons who had been "dumped in mental institutions" by children or relatives, as a way of escaping responsibility.

Recurrent reference was made, during the discussion, to the various data or services that the commission can obtain from the Federal Government. Cited as an example was the recent study by the Bureau of Old-Age and Survivors Insurance of the economic resources of 18,000 recipients of Insurance benefits. The Bureau of Labor Statistics, the Bureau of Employment Security, the Women's Bureau, all in the Labor Department, and the Social Security Administration also gave examples.

Making Reports

In discussing the business of making official reports, great emphasis was laid on what a delegate termed the decision-making function, and the need to see that these reports are geared to "operating realities".

Every day, he pointed out, decisions are being made which relate to the problems of the aged in mental institutions, housing problems, retirement problems, employment problems. The first job, he said, is to see that the people who make these decisions get the right kind of information. To do this it is necessary to know how and where decisions are made--whether by administrative officials, legislative groups, particularly committees in the legislature, or, as so often happens, by individuals who have no official designation.

Next, he said, it is important to ask how the information can be brought to these persons who make the actual decisions; and, also, how much information is necessary and what type of information is necessary.

On this point, the delegate asserted, it is not essential to have 100 percent data on any problem. Correct decisions can usually be made on the basis of information that is much less complete, provided the significant factors are intelligently covered. The way in which the engineering

term "bit" is today being employed in making sound social studies was also described in some detail.

However, it is highly important, the delegate said, to examine all material that goes into the making of a report and to strip it down to the hard core that is immediately relevant. The specific questions to be asked of each report are: How long should it be? What should it contain? How should it be formulated? Most legislators, he pointed out, are buried under the material they are supposed to read. To get attention or action, it is essential to produce as brief and compact a report as possible, with supplementary material attached for anyone who is interested.

These admonitions should be taken to heart, he warned, since sooner or later every commission is faced with the necessity of producing some sort of a report or written document which, it is hoped, will be read by somebody with power to make decisions. The important thing is to get the decisions--and the right decisions.

Reporting To The Public

There was also a brief discussion on how a State Commission should report its findings to the public--or in other words, the whole area of public relations. This, it was agreed, involved much more than the making of press releases or sponsoring radio programs, etc., however important these things are. Emphasis was placed on the quality of public relations--the need to make sure that the material supplied to columnists, etc., is the sort worth publicizing and not trashy space-fillers. Too many wrong impressions, it was said, are given as to what constitutes the aging problem, and it is of vital importance to see that the basic facts are given full and continuous presentation.

A delegate from Mississippi emphasized the need for clarity and readability in reporting. Too many statistics, he said, scare away most potential readers. As an example, he cited the experience of the Mississippi State Department of Public Welfare which had abandoned the customary type of statistical report and replaced it with a report presented in cartoon form. This new style of presentation, while containing essentially the same information as previous reports, was much more widely read by both State legislators and the public, and received a large amount of favorable comment.

It was also emphasized that reporting to State and local agencies is an essential part of the work of State commissions. It was agreed that the commissions should provide available data wherever they are needed and serve as consultants to other State and local agencies. Similarly, the work and findings of the individual State commissions should be available for all other commissions. This exchange of information, it was suggested, should go below the State level and include local agencies and commissions. Certainly, it was felt, a clearing-house for data on the aged is needed, and it was indicated that the Federal Security Agency's Committee on Aging and Geriatrics is now serving somewhat in that capacity.

Resources

A considerable amount of time was spent discussing the resources for fact-finding which could be exploited by the State commissions.

State agencies. Frequently State and municipal commissions on the Aging or similar bodies, it was said, include as members officials from various State departments. It was also pointed out that, although Ohio has no State commission, there are working committees in the larger

metropolitan areas of this State which have been able to provide a good deal of useful information. Several of the State departments in Kentucky, it was asserted, have a real interest in the problem of aging and, with clerical and tabulating facilities, are in a position to make substantial contributions. This is true also in Illinois.

A delegate from Minnesota reported that cost-of-living data were compiled by the State Department of Labor in all counties within the State for the use of the Department of Public Welfare. This was available to local areas in considering the budgetary problems of older people.

In Maine, it was reported, efforts to establish a State commission had encountered some resistance on the part of State agencies to the release of data which might have been effectively used in furthering a program for the aged. A delegate from Massachusetts suggested that this was a matter of establishing working relations with personnel. Other delegates pointed to the advantages of formal legislative or gubernatorial sanction in obtaining the cooperation of State agencies.

Universities. These can often make the fact-finding task of State commissions less difficult, it was asserted. An example was cited of the work done by the University of Louisville and the University of Kentucky. Other universities mentioned as having provided useful data on the aging are Ohio State, Chicago, Connecticut, Cornell, Harvard, and those located in Florida.

A delegate from Florida pointed out that universities can frequently provide pertinent facts on the aging and conduct studies at the suggestion of commissions. However, he warned that basic differences may exist between the type of facts sought by commissions and facts which

are found by university projects. Commissions are likely to need extensive fact-gathering done in a short period of time. On the other hand, universities are pretty much limited to projects suitable for theses and dissertations, many of which involve extensive analysis of small bodies of data over fairly long periods of time.

Private resources. Many private organizations are able to provide facts or services in fact-finding to the State commissions. Among such organizations, the following were mentioned: National Council for Economic Research, the Survey Research Center at the University of Michigan, the Social Science Research Council, the Industrial Relations Research Association, labor unions, welfare councils, private industrial concerns, and the Red Cross. The contributions of labor unions and employers in the field of retirement and pension systems were specially stressed. Studies made in Montana, Illinois, and Wisconsin were cited as examples.

Research, Demonstration and Evaluation. Generally speaking, there is a great lack of knowledge of the later part of the age cycle in contrast to what is known about other age groups. In recent years, for instance, a tremendous amount of research has been devoted to exploring all facets of the problems of children and youth. If any substantial progress is to be made in exploring the problem of the aging an equally intensive research effort must be made. During the past few years, it was recognized, considerable progress had been made in this direction, but the effort as a whole has only barely got under way.

Securing Useful Data

It was pointed out that, if a commission can formulate the questions, the State and Federal departments can often find the answers. These questions, however, it was emphasized, must be specific and

definitive if the staffs of other agencies are to assist in the collection and analysis of data.

In compiling such material, it was asserted that State legislators are usually more influenced by State-oriented facts and data than those gathered on a national basis. An excellent program proposal may run the risk of being turned down because it is not based on factual data which can be applied to local conditions.

Some modification or reinterpretation of the "confidentiality of reports" may be necessary, it was said, if certain types of social data on various aspects of aging are to be collected. The rules on what information is confidential, and therefore inaccessible to researchers, vary from State to State. Federal regulations also make some information inaccessible. It was urged that Government departments modify these regulations so that certain kinds of studies, concerned with general trends, may be conducted so long as the rights of the individual are not infringed. This would include access to privileged communications.

Broadening the Base for Sampling

Emphasis was also placed on the need for random sampling of the general population, outside of institutions and clinics, to establish control groups for comparison with the population groups ordinarily studied by agencies. Too much of present research, it was claimed, is being done on the 5 percent of older people who are in institutions and clinics, and too little on the 95 percent who are part of the general community. State commissions have an important role, it was said, in working to break down the prejudices of the general public against acting

as guinea pigs for such samplings and, in general, to stimulate a favorable climate of opinion in this matter.

In making these samplings, attention was called to procedures developed in connection with child studies: 1, Adding a service function to the research agency to draw people in, as for instance, baby clinics; 2, house-to-house canvassing to secure cooperation; and 3, intensive studies of an entire population within a given area.

To develop successful research programs on aging, it was asserted, access to the population as early as 45 years of age is necessary. And efforts to correlate the activities of the State commissions should be encouraged with an exchange of fact-finding and current analysis of data in various areas.

Pilot Projects

Considerable interest was expressed in practical pilot projects which have an action program. Far too many current projects, it was asserted, raise the question, "What do they prove?" It is important to see that a demonstration project provides concrete figures and data that can be applied to solving a specific problem. Otherwise it may be open to ridicule.

Also noted was the fact that good follow-up studies are usually lacking--particularly the long-term follow-up. It is easy enough, as one delegate pointed out, to get an assessment in terms of immediate effects, but difficult in terms of long-term effects. Furthermore, in making a cost study of a program, it is not sufficient merely to get the immediate costs to the State. Such a study should not only determine direct and hidden costs; it should also evaluate alternative kinds of treatment or assistance in order to measure both the direct and indirect savings that might result from different types of programs.

X

HOW THE COMMUNITY FUNCTIONS

Throughout the Conference, there was hardly a phase of the discussion of the problem of aging which did not involve the role of the community. And many of the important aspects of this role were explored in work groups dealing with program content.

How Local Groups Get Started

Much interest was shown in how and why a local group in the aging field comes into existence. It was evident there is a variety of motivations. Some are started in response to a need for recreation facilities, for nursing-homes, for greater employment opportunities, and so on. Others are the result of some general concern originating in a mayor's office, or the efforts of the voluntary agencies.

On the whole, it was felt, the business of getting a local group started does not present a major problem. Also, while it is desirable for it to have as broad a representation as possible in the community, this is not an essential factor at the outset. Once in operation, it was asserted, State leaders can feel fairly comfortable in the assurance that most groups will broaden their membership and objectives as a result of their own dynamic impulses. In other words, it makes little difference what aspect of the problem is first focused upon. The important thing is to encourage local groups and individuals to "get something going."

However, it was pointed out that, after their first burst of enthusiasm, many local groups need help if they are to move ahead to do an effective job. At such times, it is of great importance to have the assistance of staff members of a Community Council or Council of Social

Agencies, or a consultant made available through a State commission. This is especially true where the group is dealing with complex community relationship problems, such as providing nursing-home care for the aging or the modification of those union and industrial policies which now prevent employment of older workers.

Use of Existing Organizations

In order to "get going," however, it is not always necessary to form new groups. Often the impulse and the first steps can come from organizations already functioning in the field of social welfare. Through an enlargement of services, these can move directly to meet a need for which no adequate provision has been made.

The role that a local Council of Social Agencies can serve in defining such needs, and stimulating community developments to deal with them, was illustrated by the account of the work done by the Seattle Council. In this instance, initial interest was roused by the increasing number of more or less isolated elderly people who had moved to the city from other communities and, in consequence, were without friends and personal contacts. By helping to organize a series of "Evergreen Club" social centers for older people, the Council successfully met what was recognized as a deep and widespread need.

Its efforts in this field, however, brought into clearer focus a number of other related problems. As a result, the Council began to explore the matter of more adequate nursing care for persons who do not require hospitalization. This, in turn, led to a study of standards for nursing-homes. At no time did the Council try to solve these problems directly. Instead, it concentrated on calling attention to the existence of a problem, and on acting as a mediating agency in getting action

started under the proper auspices. In this way, step by step, the working groups of the Seattle Council have covered many areas of need of special importance to the aging, and the Council itself has achieved something of national reputation for what it is accomplishing.

Another example of the way a community aging program can be developed was given by a delegate from Hawaii. Here the impetus came from the Honolulu Parks and Recreation Board working with two citizens' committees. With primary emphasis on "creative old age," and directed to those over 50, an effort is being made to help the individual make a smoother transition into the later years, and thus avoid some of the problems that are ordinarily associated with old age.

Throughout the discussion, however, great emphasis was placed on the role of the local welfare department and what it can do in planning for the aged. Minnesota, in particular, was cited as an example of a State where county welfare authorities show considerable imagination and initiative in providing needed services for the aged. It was pointed out that welfare departments must have organized community support if they are to adopt a creative attitude toward the needs of underprivileged groups in the community, since "they are frequently under pressure and attack from groups who feel they are too tolerant and too generous." In self defense, it was stated, the local relief offices tend to over-emphasize financial eligibility rather than need, including social need. For that reason, welfare departments should be represented on all committees planning for the aged.

In this connection, the point was again underscored that the goal of old-age assistance is not merely financial independence, but personal independence as well. State welfare agencies, it was emphasized, can and

should help elderly persons achieve this independence. In other words, people should be left free in their personal lives, even if they are on the assistance rolls. Unless citizen groups realize that broad social planning is a part of a progressive public welfare program, it was asserted, welfare people in the States cannot give effective aid to planning for the aged.

Reference was also made to the active role played by many of the Field Offices of the Bureau of Old-Age and Survivors Insurance of the Federal Security Agency in helping local communities to establish and conduct aging programs. It was suggested that these Offices are an invaluable source of information about older people in the community, and an excellent channel through which certain kinds of information can be made available to them.

Community Attitudes

A discussion of negative community attitudes towards older people, and how these attitudes can be modified, brought forth a variety of opinions. Some delegates felt that one of the chief difficulties lay in the fact that young people today are not taught proper respect for older people. Obviously, education to eradicate this attitude must begin in the home and the grade schools. However, it was pointed out that this attitude is just as firmly rooted in most adults. A re-education program, therefore, must be community-wide to make people grasp more fully the problems of the old folks, and to "see themselves as they may become." All this, it was acknowledged, is a slow process since it involves many deep-rooted prejudices. Not all people have the capacity to cast off these prejudices; and even when they do, it may take years

of effort before there can be a genuine change of climate--so far as these attitudes are concerned--within the entire community.

Probably the best way to make a dent in the problem, it was agreed, is through greater participation on the part of older people in activities that are now more or less the particular province of younger adults. This includes all manner of social, recreational, civic and religious activities which go to make up the community life, and in which older people can, and should, be persuaded to make a substantial contribution. In this way, it was believed, younger people--both children and adults--will begin to appreciate the talents and capacity of their elders. And they, in turn, will have a tangible demonstration of their own worth to the community.

However, it was not wholly agreed that this is what the old people themselves want. Some felt there is a natural tendency of older people to "flock by themselves" because of the interests they share in common. Others, including some of the older delegates attending the Conference, admitted this was to some degree true. At the same time, they pointed out that mutual interests among individuals are by no means limited by the age factor, and that very often it is "more fun to engage in activities where there were people of all ages involved."

Much of the discussion developed around concrete methods of community education that can be employed to meet this problem. Mention was made of some of the techniques used by the extension groups of the Department of Agriculture to help people overcome the emotional blocks which prevent the acceptance of new ideas. A given problem was projected, it was explained, and the members of the group are asked to tell what they already knew about it. Out of the various and sometimes

contradictory answers, it becomes possible for the participants to realize their own areas of confusion in the matter, and to come, through discussion, to some rational understanding of it.

A variant of this approach, it was pointed out, has been used by some State commissions to help create more positive attitudes towards older people. Basic problems which confront the State in the aging field are spelled out to local groups which are then asked to outline their own community needs. In the give and take of trying to find the solutions, a better grasp of the problem as a whole is arrived at, and many of the "emotional blocks" which prevent the acceptance of new ideas are dispelled. It was also observed that those discussions in which the older people themselves took an active part were likely to provide the most common-sense answers.

Utilization of Older People

Closely allied to this was the question of the extent to which the older people themselves can make an active contribution to the solution of these problems. Volunteer services, it was pointed out, are within the ability of many vigorous and intelligent elderly men who have retired, or wives whose lessened domestic responsibilities (after their children have married and left home) leave them eager to "find something to do." And community welfare departments can well make use of retired professional people, as voluntary visitors, to supplement the services provided by the paid staff.

An effort of this sort, it was pointed out, would strike directly at the feeling of being laid on the shelf which many older people bitterly resent. It would also provide a way of enlarging community services for the aged who need individualized attention which, because of

personnel and budget limitations, can not be met by public or private health and welfare agencies.

Community Education

Throughout the Conference, the need to develop a public awareness of the meaning of an aging population was recognized as basic to all States. And community efforts in this field impinged on the discussion of every phase of the total problem. In projecting ways and means by which such public awareness can be brought about within the community, the importance of promoting a well-rounded program was underscored, and emphasis was placed on public responsibility for securing action.

There was general agreement that the program should not be directed solely to the plight of the "old folks." Rather, it should make clear that aging begins with the middle years, and that the true focus of the program is to develop a "climate" in which the transition from middle age to old age can be accomplished with a minimum of frustration, unhappiness and economic insecurity.

Furthermore, as a matter of method, there was agreement that the generalized approach is less effective than the particular. In planning a campaign, the total population of the community should be broken down into segments, much as a pie is cut into pieces, and the appeal directed to the needs and interests of individual groups. In other words, the public should be approached as community leaders, legislators, taxpayers, church people, employers, workers, etc. In all these groups, it was pointed out, there will be a proportion of aging or aged persons, or individuals closely associated with such persons. All these are likely to interpret the problem in terms of their own experience.

The important thing, it was emphasized, is to personalize the problem for as many people as possible. Thus an individual who has a chronically ill person in his family can be induced to give his support to the program. And one who is concerned over the rising cost of old-age assistance and institutional care will be able to see the value of the preventive measures which the program sets forth.

Leadership training

The need of training for leadership in this comparatively new field of social science also came in for its full share of attention. Great interest was expressed in the program developed by the Division of Gerontology, Institute for Human Adjustment of the University of Michigan. Working in cooperation with the Extension Service, the Division has established an adult education program whose purpose is to encourage older individuals to concentrate on aging as a means of "being socially useful," and to provide the necessary training to enable them to express themselves effectively. The University has initiated a special project in one of the larger Michigan cities in which older people are getting first hand experience in organizing a friendly visiting service, a job placement project, and a program of community education. The University is offering, through its School of Social Work, special courses for the training of professional workers in the field of aging.

Other colleges and universities, it was indicated, also give similar training. And postgraduate courses in leadership are offered at New York University, the Universities of Syracuse, North Carolina, California (at Los Angeles), Teachers College, Columbia University, and The University of Chicago.

The provision of scholarships to pay the fees of students taking adult leadership training courses was urged. In Michigan, it was reported, various private agencies have made such scholarships available. Among other things, it was pointed out, the idea has proved highly useful in giving publicity to the courses, and in giving the agencies a stake in the effort.

XI

CONCLUSION

With the close of the 3-day session, it was the general consensus, as indicated above, that the Conference had served well the purpose for which it had been called. Much of the discussion, as it slid from one topic to another, was undoubtedly a reflection of the uncertainties and lack of positive attitudes which most of the delegates brought with them. As one of the conferees remarked, "We are all groping." And it was evident that many of the delegates found a degree of comfort in the fact that other States seemed to have some of the same difficulties in coping with the problems that their own have.

Several of the delegates testified as to what they personally had derived from the gathering. One asserted his belief that the Conference had "converted all those from the non-commission States to the need of having a State commission or committee." Another pointed out that, though the various States were in different stages of development in respect to the aging problem, the Conference had "revealed certain basic trends and made clear that what happens in one State is related to what happens in another." Others agreed that one of its chief values lay in showing "what sources of information were available, and what resource people could be counted on for help in working out specific problems."

It was felt that a positive contribution had been made by underscoring the "importance of expanding services now in existence to meet the needs of older people and of integrating older people in the normal life of the community by the use of all these resources." The Conference also, it was stated, had created a "greater sense of the way a State

commission can work with the various agencies in the field, and of the extent to which many of these agencies were really eager for outside help and support." It constituted, as one delegate phrased it, a challenge "to go back and work for a balanced program and to see that no one phase of it was given greater importance than another."

Certainly, it was clear that, in general, the delegates were convinced that the problem can be solved only by a broad frontal attack; and that those States whose initial approach had been concern over the rising cost of old-age assistance would come closer to finding an answer in such an attack than in any other way.

Towards A Permanent Organization

It was also the conviction of the majority of the delegates that the Conference had laid the foundation for a further and more active collaboration among the States in dealing with the problem of aging. Most were in agreement with the delegate who urged that "some lines of communication be established which would enable the States to keep close touch with each other for an exchange of experience, results of research, etc." This idea was taken up by a delegate from Arizona who stated his belief that a national organization of State commissions or committees was a logical outcome of the Conference. However, he thought it would be better to include all of the 48 States in order to get the "picture from all angles." It was particularly important, he said, to avoid giving the impression that this would represent a new Federal program; otherwise the people in the States might not take proper initiative.

Following this, a formal motion was made by a Florida delegate to establish such a national organization. He also suggested that the

gentleman from Arizona be appointed interim president, with "responsibility for working out a program and a set of by-laws for a formal organization in our next annual meeting if and when we have it." An alternate suggestion, though not in the form of a motion, was made by an Illinois delegate, that the American Public Welfare Association be requested to provide staff facilities for an interim organization.

It was clearly evident, however, from the debate that the delegates were of the opinion that any step towards permanent organization at the present time was premature. Such a step, it was felt, might well be taken a year from now when, it was hoped, a considerably larger number of States could be represented with official commissions or committees. As a result, the Florida motion failed to carry any substantial support. There was more general agreement with the suggestion of a Minnesota delegate that the present sponsorship of the Federal Security Agency, and other Federal agencies, be continued until such time as the State commissions felt they were ready for formal organization.

In closing the session, Mr. John L. Thurston, Deputy Administrator of the Federal Security Agency--and in behalf of the other Federal agencies involved--expressed his pleasure at the opportunity to participate in the Conference. It was, he felt, the responsibility of the Federal Government to serve as a catalyzer or stimulator in new expanding areas of social welfare like aging. He also said that, for him, the Conference represented an "orchestration of resources--Federal, State and local. "We are all of us in this aging business," and "one of our larger tasks is to . . .hold together our resources so that we come reasonably well toward hitting the target we are aiming at."

He expressed a hope that there would be some sort of continuation of an exchange of ideas among the State groups, and said that if another conference next year seemed desirable the Federal Security Agency and the other Federal agencies would be "delighted to welcome you back here at any time."

A motion that a report of the Conference be made available to all participants by the Federal Security Agency was adopted. And a vote of thanks was extended to Federal Security Administrator, Oscar R. Ewing, and to participating Government agencies, for their hospitality.

APPENDIX A

Introducing --

THE STATE COMMISSIONS AND COMMITTEES ON AGING

This was originally prepared as a pamphlet at the suggestion of several of the State Commissions and distributed as background material for use at the Conference. It is designed to describe briefly the organization, membership and general program of the 14 official State Commissions or Committees on Aging. The information included was originally summarized from reports made in the early spring of 1952 by the Regional Offices of the Federal Security Agency.

Since the Conference, the material has been re-submitted to the State Commissions and Committees for review and to permit them to incorporate any new developments that may have taken place.

CALIFORNIA

Inter-Departmental Coordinating Committee on the Problems of the Aging 616 K Street, Sacramento 14

I General Structure

Authorization and Assignment

Established by the Governor, January 1952, as a continuation, under different name and with expanded assignment, of the Staff Committee established by Executive Order of the Governor, February 1951, to develop plans for the State-wide Conference on the Problems of Aging held October 1951.

The following are among the duties of the Inter-Departmental Committee: (1) coordinate all State activities with aid for the aging; (2) ensure efficient and effective use of State resources in development of needed program; (3) act as consultants and advisors for, and to, local communities in developing local programs; (4) stimulate and encourage local communities in developing needed programs; (5) assist communities in planning institutes; (6) act as clearinghouse for technical information and activities throughout State and Nation; (7) act as consultants to Citizens' Committee on Aging to be appointed in near future.

Membership and General Organization

Eleven members.

Membership includes: Secretary to the Governor; Directors of the State Departments of Education, Employment, Industrial Relations, Mental Hygiene, Public Health, Recreation, Social Welfare, Veterans' Affairs, Personnel Board; and Chief of the Division of Old-Age Security.

Mr. Charles I. Schottland, Director of the Department of Social Welfare, is Chairman of the Committee and Mr. Louis Kuplan, Chief, Division of Old-Age Security, is Executive Secretary.

Staff

Committee itself has no staff. Program work and facilitating services, such as duplication of materials, are shared among the State agencies.

Financing

Appropriation to the established State agencies.

II Activities

1. Recommendations of the Governor's Conference attended by 2,500 persons have been taken for action by the appropriate State agencies or group of agencies. Executive Secretary makes a monthly check on action progress, and other new developments in aging work of each department.

2. Executive Secretary and other Committee members are furnishing consultation services, materials, etc., to more than 30 community committees established since or revitalized by the Governor's Conference. Committee also distributed the Background Material and Proceedings, 2 widely used reports on the Conference.

3. Committee has compiled and released an "Information Brochure" describing resources and services of the State agencies in aging work, and how local groups may request and use such services. This brochure is available to all persons who attended the Conference, all local communities, and to anyone who requests. Some 3,000 copies have already been given State-wide distribution.

4. Committee publishes a quarterly "News Letter" describing new activities and services in communities in California, and programs of State-wide agencies.

5. Committee is meeting with local committees for discussion of local programs and action which the local groups suggest the State agencies take.

- a. Twelve representatives from the Inter-Departmental Committee and field representatives of those State agencies met recently in all-day session with 35 members of the San Diego County Committee, the mayor, and other local officials.
- b. In September Mr. Louis Kuplan, the Committee's Executive Secretary, met with the Committee on Aging of San Diego. He gave the group a report on the Conference on Housing for the Aging held at the University of Michigan last July. The discussion was then centered on relating the conference findings to the local situation. The outcome was agreement to present the problem to the San Diego Community Chest and ask for immediate action in developing a housing program for San Diego's senior citizens.
- c. In September representatives of the State Department of Employment, Industrial Relations, the Chairman and the Executive Secretary of the Committee met with the Committee on Employment for the Aging of the Welfare Council of Metropolitan Los Angeles. Represented on the local committee were business executives, labor, public agencies, social welfare agencies, education, churches, etc. Discussion was centered around the problem of employment for older persons and how the local community could meet them. As an outcome of this meeting the

local group agreed to establish a subcommittee with responsibility for preparing a program to be presented to the entire committee for action.

- d. A county-wide conference on the problems of the aging was held November 15 by the Welfare Council of Santa Clara County. The Committee was represented on the planning committee for this conference and members of the State Committee participated in it.

6. Committee is sponsoring

--field staff conferences of the field representatives of the several State agencies and furnishing all representatives with common materials and information.

--joint discussion of all legislative proposals recommended by the several State agencies with regard to their own programs in the aging field.

7. Committee is facilitating team-play among the State agencies in developing demonstration programs in the aging field.

--Departments of Employment and Social Welfare are jointly pushing the development of employment opportunities for recipients of Old-Age Security. This project is being carried out through local welfare and employment offices and involves team consultation and services by the staff of those offices to each recipient.

8. Committee is developing a plan for an annual "Senior Citizens Week."

9. Committee is making recommendations to the Governor regarding need for membership, functions, staffing, financing, and organizational location within the structure of the State government of a Citizens Committee on Aging to function concurrently with the Inter-Departmental Committee.

10. The California Federation of Labor (AFofL), at its annual convention last August adopted a resolution asking Governor Warren to call another state-wide conference on the problems of the aging. This resolution asked that the Governor give consideration to having such a conference every two years.

CONNECTICUT

Commission on Care and Treatment of Chronically Ill, Aged and Infirm Rocky Hill, Connecticut

I General Structure

Authorization and Assignment

In 1941 a Commission was appointed to study the "care and treatment of people afflicted with physical or mental disabilities." (See attached statement of Statutory Authorization.) This Commission recommended a study and creation of new facilities. Therefore, the 1943 General Assembly directed the Public Welfare Council to continue this study and report how great the numbers were and recommend the type of State infirmary required. This report recommended the establishment of three major institutions. Apparently that program was too great for the State to assume at that time. (Such building of State custodial institutions was not contemplated.)

A second commission, the present "Commission on the Care and Treatment of the Chronically Ill, Aged and Infirm," was created in 1945 by the General Assembly. This Commission was authorized to study, establish a program, coordinate existing resources, plan, construct, purchase, lease, staff and operate such institutions as met its requirements.

In 1947, the General Assembly created the central study unit in conjunction with the State Veterans Home and Hospital at Rocky Hill which has 600 completely equipped beds (and domiciliary quarters for veterans), where the Veterans Commission had numbers of patients who required identical services which the patients of this Commission needed. Here doctors, nurses, physiotherapists and administrative staff are being trained to undertake this type of work in other institutions of this Commission around the State. This study unit has shown what long-term diseases can be handled, how much rehabilitation can accomplish with all age groups, especially with the mentally alert young handicapped for whom there are no other State facilities, and the causes and treatment of conditions discovered.

In 1947, funds were appropriated, with additions in every succeeding session of the General Assembly, to the Commission to be used as grants in aid to general State-aided hospitals and municipal hospitals who obligate themselves to meet the requirements set up by the Commission, preference being given to those in the areas where the patient load is heaviest. The grants are used for various purposes in the different hospitals depending on the need to make a complete unit. In some instances structures are needed; in others, personnel and equipment. In return this Commission is allotted a certain percent of beds to which they may recommend welfare patients.

Staff

Seven member Commission.

Five electors serve for overlapping terms of four years. The Commissioner of Health and the Commissioner of Welfare serve as ex officio members. The Commission is authorized to employ and fix the compensation of a director and such other employees as it may require.

Dr. John C. Leonard is Chairman, and Dr. A. N. Creadick is Medical Director.

The staff is as follows:

Commission: (4) Medical Director, Deputy Director, Business Manager and Administrative Assistant

Hospital staff (at Rocky Hill): Departments of Administration, Medicine, Surgery, Education, Physical Medicine and Rehabilitation, Social Service and Laboratory.

Financing

State appropriation.

\$15,063.54 Commission Expenses 1951-52

\$271,497.31 Hospital Expenses at Rocky Hill 1951-52

\$105,000.00 Grants in Aid 1951-52

Members of the Commission receive no compensation for their services as such, but shall be reimbursed for expenses incurred in the performance of their duties.

II Activities

1. The Commission reports its findings, activities and recommendations biennially to the Governor and the General Assembly, and annually to the Governor.

2. At the central study unit in Rocky Hill, as of July 1, 1952, where the Commission has been operating for five years, 494 welfare patients had been processed through its services. Patients of the Veterans Commission were also treated and the results studied. The operation of this unit has taught the Commission many lessons in regard to the care of these patients and has demonstrated areas of benefit and limitations.

3. Since 1948 the Commission has administered grants in aid to two municipal hospitals, at New Britain, the New Britain Memorial Hospital,

and at Bridgeport, the Hillside Home and Hospital; also to three general State-aided hospitals, at New Haven, the Grace-New Haven Community Hospital, at Bristol, the Bristol Hospital, Inc., and at Stamford, the Stamford Hospital.

4. This Commission has specified that beneficiaries of the State of Connecticut are urgently in need of 2,100 beds, and that these beds should provide:

- a. Complete nursing care for those people who are unable to care for themselves due to their handicaps 700 beds
- b. Patients for whom some medical rehabilitation is possible (a general hospital) 700 beds
- c. Domiciliary beds for people who have been rehabilitated and better able to care for themselves, but have no homes of their own and need boarding facilities shaded to their needs 700 beds

We have recommended three centers containing each of the aforementioned categories, the first to be established in New Britain at the New Britain Memorial Hospital, the second in New Haven, and the third in Bridgeport, at the Hillside Home and Hospital.

a. New Britain -

New Britain Memorial Hospital was given a \$75,000 grant in aid. Under the supervision of the Commission a 12-bed wing was put into operation in September 1950. Two additional grants of \$25,000 and \$45,000, respectively, have been given for the continuation and improvement of the present program.

Also, in 1950 and 1951, funds to the amount of \$3,300,000 were allocated for the New Britain Project by vote of the Humane and Welfare Institutions Building Program Commission and the Legislature. Contracts were let to provide a 60-bed infirmary for terminal care and essential services such as heat, laundry, kitchen for these beds. The Commission is anxiously awaiting completion of this unit.

Further building to include family and home units on this site is contemplated in the future.

b. New Haven -

Plans are now being worked out to make use of a hospital already built which the State of Connecticut has recently purchased. There are 130 beds in this facility with ample room on the property for building accommodations for domiciliary care.

c. Bridgeport -

The City of Bridgeport operates a home and hospital of both a remedial and custodial nature. With the assistance of grants in aid from this Commission, the institution is staffed by a full-time medical director, a department of physical medicine and medical and laboratory aides.

Plans are presently being formulated to increase the present facilities, and it is planned that, ultimately, housing facilities will be incorporated in the whole program.

5. Summary

This Commission has envisioned three needs:

- a. Housing for the healthy aged.
- b. Nursing and medical care for the terminal cases in all age groups.
- c. Research and study of every avenue to improve knowledge about and care of the incapacitating chronic diseases, and use of all the modern techniques for rehabilitating those afflicted.

And desires to provide a service to all welfare cases of the State to see that they are evaluated, treated, and rehabilitated with a recommendation as to their disposition into proper quarters either -

- a. To domiciles, if they are able to take care of themselves.
- b. To a ward for confused mental cases requiring considerable nursing supervision and some medical treatment.
- c. To domiciliary beds or sheltered villages if they have no home, or need mild supervision or guidance, where they might have a sheltered workshop, a common meeting room, and central dining facilities.
- d. To a ward where they may receive terminal care and their last days made as comfortable as possible.

It is ultimately planned that the above facilities may be opened to pay and part-pay patients as well as welfare patients.

III Statutory Authorization

STATE OF CONNECTICUT

PUBLIC ACT NO. 437

An Act Creating A Commission on the Care and Treatment of the Chronically Ill, Aged and Infirm.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. On or before July 1, 1945, the governor shall appoint five electors of this state to serve as a commission on the care and treatment of the chronically ill, aged and infirm. Two of such members shall serve for a term of four years, from said date; and biennially thereafter the governor shall appoint for a term of four years a successor to each member whose term expires. The governor shall fill any vacancy for the unexpired portion of the term and may remove any member for cause. The members shall receive no compensation for their services as such but shall be reimbursed for expenses incurred in the performance of their duties. The commissioner of health and the commissioner of welfare shall be ex-officio members of said commission. The members shall elect a chairman and a secretary from among their number.

Section 2. The commission shall study the problems of the care and treatment of the chronically ill, aged and infirm persons in this state; shall initiate a program, with the cooperation and aid of state agencies concerned, to coordinate and develop existing resources for such care and treatment, and shall plan and, subject to the approval of the general assembly, construct or purchase, lease or otherwise acquire, subject to the provisions of sections 30g and 59g of the 1943 supplement to the general statutes, and staff and operate, such buildings as it deems necessary for the care of such persons; provided the governor shall approve the purchase of or option to purchase land for such purpose. Said commission shall fix rates for care at such institutions and shall determine policies and adopt regulations necessary to carry out the provisions of this act.

Section 3. Subject to the provisions of chapter 105a of the general statutes, said commission is authorized to employ and fix the compensation of a director and such other employees as it may require.

Section 4. The commission shall report its findings, activities and recommendations biennially to the governor and the general assembly and shall draft legislation necessary to carry its recommendations into effect.

Section 5. The sum of twenty-five thousand dollars is appropriated for the purpose of activating the most urgently needed components of the commission's program.

Section 6. This act shall take effect from its passage.

FLORIDA

Florida State Improvement Commission -- Tallahassee Citizens Committee on Retirement in Florida

I General Structure

Authorization and Assignment

Governor's proclamation, October 1950, designated Florida State Improvement Commission as State agency with primary responsibility in field of studying, investigating, making plans for and assisting in movement of retired persons in Florida, and established "the Citizens' Committee on Retirement in Florida to advise the Commission." (See attached copy of Governor's Proclamation.) The Improvement Commission is to "give assistance to and coordinate the work of State, local and private agencies in this field." The Citizen's Committee is to report progress to the Governor and the public. All State Agencies, Boards, Bureaus and Departments are directed to assist and cooperate with the Commission and Committee.

Membership and General Organization

The Improvement Commission is the established State planning agency with a full time Executive Director and 7 program Divisions. The Commission established a new Division, the Retirement Research Division, to carry out its responsibilities in the aging field. Mr. Walter E. Keyes is Director of the Commission, the Governor is Chairman, and there are 4 other members.

The Citizens' Committee has 15 members appointed by the Governor. Membership includes: a newspaper editor, an airline official, trust officer of a bank, president of an insurance company, an agriculturist, an industrialist, an educator, a savings and home-loan banker, a real estate broker, a representative of organized labor, an investment broker, the executive secretary of a resources development board, a retired business executive, a radio station official, a housewife. The Committee elected its Chairman and Vice-Chairman, respectively, Mr. John L. Morris, Vice President, National Air Lines, Miami, and Mr. Nelson Poynter, Editor and Publisher of the St. Petersburg Times. The Committee has conducted much of its business through 4 subcommittees.

Staff

Mr. Irving L. Webber, a sociologist, is Supervisor of Commission's Retirement Research Division which has a small professional and clerical staff. Social science staff and graduate students of Florida State University, University of Florida, and Florida Agricultural and

Mechanical College cooperated in doing field work and analyses for community studies. Citizen Committee is served by Commission staff.

Financing

State appropriation to Commission. Citizen Committee members serve without pay and defray own expenses. Committee members financed First and Second Annual Southern Conferences on Gerontology held at the University of Florida in 1951 and 1952.

II Activities

This information was abstracted from the "First Annual Report of the Citizens Committee on Retirement in Florida" dated January 21, 1952.

1. Citizens Committee met 6 times in first year in different communities in State; its subcommittees met more often. Committee prepared and issued a statement of its "Policies and Objectives."
2. Committee financed Southern Conference on Gerontology to stimulate interest, study and research in aging field.
3. Retirement Research Division conducted 3 community surveys of retirees living in St. Petersburg, Orlando, West Palm Beach, and cooperated with Florida State University in studies of older people at Winter Park and St. Cloud. Purpose of these surveys is to obtain information which will help Florida communities to prepare for prospective retired citizens. Reports of surveys of retired people living in Orlando and West Palm Beach are in preparation. The West Palm Beach material is supplemented by a sample survey of approximately 100 negroes aged 60 and over which was carried out in cooperation with Florida A & M College.
4. Retirement Research Division assembled and distributed information about retirement in Florida to thousands of retirees and prospective retirees throughout the United States. The Committee has directed the Commission to attempt to work out an employer-education program relating to the older worker in cooperation with the Florida State Chamber of Commerce and the Florida State Employment Service.
5. Retirement Research Division has carried out studies of special housing needs of older people, including a sampling survey using questionnaires to obtain views of retirees and prospective retirees on type of accommodations they desired, physical location, etc. This information was used by the Citizens Committee in negotiations with private housing interests investigating location and architectural design for neighborhood villages. "Planning Housing for the Aged," a bulletin intended to be of use to builders, architects and others interested in the special housing needs of older people, is in preparation.
6. Other activities included "studies of self-help and part-time employment and investigation of proposed Federal legislation providing for upward revision in amount of earnings permitted Old-Age and Survivors' Insurance beneficiaries."

7. Published reports include "The Retired Population of St. Petersburg: Its Characteristics and Social Situation," "Florida's Older Population." Reports on St. Cloud, Winter Park, West Palm Beach, and Orlando are in preparation.

8. Part of the field work involved in a State-wide survey of recreational facilities for older people has been finished. The Commission is making plans for the preparation of a fact book on Florida's older people which it hopes will be ready for publication by the end of the year. Future studies will be directed toward cost-of-living factors, housing, recreation, employment, adult education.

9. The Citizens Committee's major activities include:

- a. Sponsorship of two proposed bills: one to provide for the licensing of nursing homes, the other for the regulation of institutions which contract to give life care to older people in consideration of a lump-sum payment. These bills have been developed by the Citizens Committee and the Retirement Research Division in consultation with the affected State agencies.
- b. Encouragement of builders to provide low-cost housing for older people.
- c. Sponsorship of the Annual Southern Conference on Gerontology.
- d. Investigation of the feasibility of establishing local area citizen committees on retirement.

III Underlying Authority

Proclamation

State of Florida
Executive Department
Tallahassee, Florida

Whereas, Florida has long been the vacation and retirement goal of millions of citizens of this country, and

Whereas, recently adopted industry pension plans and the broadening of the National Social Security Program will make it possible for hundreds of thousands of retired workers to spend their declining years in a place of their own choosing, and

Whereas, large numbers of these retired workers will come to Florida, where they may find warmth, comfort, and the kind of recreational and social activities which make for good health and long life, and

Whereas, the coming to Florida of large numbers of retired persons will have a profound effect upon the economic and social life of Florida and will create many problems for the retired workers themselves, and

Whereas, in the interest of the happiness and welfare of these new citizens of Florida, and the general social and economic well-being of our entire state, careful study and organized assistance should be given to this movement:

Now, therefore, I, Fuller Warren, by virtue of the authority vested in me as Governor of the State of Florida, do hereby:

1. Designate the Florida State Improvement Commission as the state agency with primary responsibility in the field of studying, investigating, making plans for and assisting in the movement of retired persons to Florida. Inquiries in this field addressed to other state agencies may be referred to the Improvement Commission for official response. The Improvement Commission shall give assistance to and coordinate the work of state, local and private agencies in this field.

2. Establish the Citizens Committee on Retirement in Florida to advise the Florida State Improvement Commission with respect to the movement of retired persons to Florida. The Citizens Committee on Retirement in Florida shall consist of not more than 15 members to be named by the Governor. The members of the Citizens Committee on Retirement in Florida shall serve without pay; shall elect one of their number as Chairman; and shall report progress from time to time to the Governor and the public.

3. Authorize and direct all state agencies, boards, bureaus and departments to assist and cooperate with the Citizens Committee on Retirement in Florida and the Florida State Improvement Commission in this movement.

(SEAL)

IN WITNESS WHEREOF, I have
hereby set my hand and
caused to be affixed
the great seal of the
State of Florida at
Tallahassee, the Capital,
this 6th day of October,
A.D. 1950.

/s/ Fuller Warren
Governor

Attest:

/s/ R. A. Gray

Secretary of State

ILLINOIS

Illinois Committee on Aging
Room 1500, 160 North La Salle Street, Chicago

I General Structure

Authorization and Assignment

A nonpartisan citizens group established on invitation of the Governor, July 1950, to review the situation of older people in Illinois and the adequacy of services to meet their needs. During 1950-1951, the committee was headed by the Chairman of the Board of Welfare Commissioners and the Chairman of the Illinois Public Aid Commission. The three other members were drawn from these two commissions, with certain staff representatives serving ex officio. Preliminary surveys indicated the problems of aging required a permanent organization for long-range planning. Consequently, in January 1952, the ICA was substantially enlarged and set about crystallizing its responsibilities and future areas of action. An Executive Secretary was employed February 1, 1952.

The committee is assigned responsibility for determining the needs of older people in Illinois, for devising ways to meet these needs, and for stimulating the development of necessary services in the various communities of the State as well as coordinating and improving the services now being extended by a wide variety of State and voluntary agencies. Committee goals include the prevention of dependency in old age and the rehabilitation of those already dependent.

Membership and General Organization

Present membership consists of 19 persons - 11 lay members and 8 persons on the staffs of State agencies. Fields represented include welfare, health and public aid, management and labor, extension service, industrial relations, social service, housing, education, etc. Subcommittee structure includes an Executive Committee; committees on budget and finance, public relations, and community development; and 4 subject committees on (a) employment and retirement, (b) physical and mental health, (c) housing, and (d) education and recreation.

Mr. William Rutherford of Peoria is Chairman.

Staff

An Executive Secretary, Mrs. Elizabeth Breckinridge, 160 North La Salle Street, Chicago.

Financing

At present financing is shared by the Department of Public Welfare and the Public Aid Commission.

II Activities

It is expected that the actual program of the committee will change from year to year as work progresses. The general areas of work may be classified as follows:

1. Research center and information bureau on all problems and programs pertaining to aging in Illinois.
2. Coordination of State activities.
3. Community education through institutes, publications, radio, television, and the local press.
4. Community organization in stimulating local groups to develop their own services.
5. Direct services to local communities and groups through consultation, conducting conferences, recreation and education programs, and other demonstration programs.
6. Development of standards and professional training.

The committee has sponsored a series of workshops at the Illinois Welfare Conference and has acted as the organizer of the Illinois Association of Homes for the Aged. It is currently initiating a non-profit independent Retirement Counseling Bureau.

MASSACHUSETTS

Sub-Committee on Problems of the Aging, Massachusetts Recess Commission on Revision of Public Welfare Laws State House, Boston

I General Structure

Authorization and Assignment

Statutory authorization for Recess Commission, begun in 1947, has been biannually continued by the Legislature since that time. Present authorization lapses with convening of the Legislature in 1953. The Sub-Committee on Problems of the Aging was created by the Commission in 1951. The Commission is established to survey and study laws relating to public welfare, for purposes of revision, codification, and recommending such changes and additions as seem desirable. The Commission is directed to report to the Legislature the results of its study and recommendations, if any, together with draft legislation necessary to effect the recommendation.

Membership and General Organization

Six members of the Legislature are members of the Recess Commission. The Sub-Committee on Problems of the Aging is one of several subcommittees of the Commission and consists of two Legislators who are members of the Recess Commission. Representative (Mrs. B. A.) Irene K. Thresher is Chairman of the Sub-Committee.

Staff

One Secretary to the Sub-Committee. Sub-Committee has had consultant assistance from the State Mental Health Commission, the State Department of Welfare, a private family agency, and the Geriatrics Clinic of Peter Bent-Brigham Hospital, Boston.

Financing

State appropriation for work of the Recess Commission.

II Activities

1. Submitted a report to the Legislature. The Sub-Committee's report to the Legislature (Massachusetts House of Representatives, No. 2440, April 1952) recommended that the Commission be continued to engage in further study, submit findings, and draft legislation by March 1953. The report (a) points out the inadequacy in policy and provision for administration of existing legislation of special interest to aging persons:

(b) recommends that the Legislature consider the development of new services by the State public welfare, employment, and housing agencies--that the public assistance agencies offer counseling services and train and supervise, volunteer friendly visitor services--that employment services be geared to study the problems and possibilities of older workers and to educate the public to these needs--that public housing projects be open to individual older persons and that private housing projects be assisted in every way possible: and (c) outlines a program to be undertaken by the Recess Commission, if continued, with the aim of "developing a better system of handling the problems of aging."

2. Proposed that Recess Commission undertake the following program:

A survey of public and private facilities for the aged...community facilities, such as chronic hospitals, nursing and boarding homes, agencies promoting the rehabilitation and retraining of the aged, voluntary recreation programs, and geriatric clinics.

"A cross-section of recipients must be asked what they think of the care provided for the elderly.

"Basic statistics must be centralized and studies made of proposals for housing, financial aid of other types, out-patient clinics, mental health clinics, rehabilitation and employment.

"The financial resources of the Commonwealth and municipalities must be studied to work out a program which includes as much federal financial participation as possible. The possibility of extending Old Age Assistance grants to reduce the cost of the aged in institutions must be thoroughly explored."

"Pilot" projects "introducing new concepts" which can be started easily under both private and public sponsorship, such as: conversion and use for "home type" care of an unused building at a State mental hospital, and "development of treatment teams with an ever-expanding cadre of trained personnel as basis for changing type of treatment for elderly at all State mental hospitals; cooperative participation with a municipality in development of a self-liquidating housing project for the elderly; encouraging development of geriatric clinics in general teaching hospitals.

Guidance and encouragement to community committees and groups in their efforts to "promote a better climate for those growing old."

Encouragement of and participation in regional conferences on problems of the aging which bring together the public and the experts.

Organization of "all-day institutes" in cities and towns in various sections of the State to discuss: (a) health and rehabilitation services, (b) employment opportunities, (c) housing, (d) educational, recreational and social centers for leisure time, (e) economic

security, (f) counseling services to individuals on personal problems, (g) responsibility of each community for its aging population.

III Statutory Authorization

RESOLVE ESTABLISHING AN UNPAID SPECIAL COMMISSION TO STUDY AND REVISE THE LAWS RELATING TO PUBLIC WELFARE.

Resolved, That a special unpaid commission, to consist of one member of the senate to be designated by the president thereof, two members of the house of representatives to be designated by the speaker thereof, and three persons to be appointed by the governor, is hereby established to make a survey and study of the laws of the commonwealth relating to public welfare, with a view to the revision and codification of said laws and to the recommending of such changes therein and additions thereto as may appear necessary or desirable. In making said survey and study, said commission shall consider the subject matter of so much of the governor's address, printed as current senate document numbered one, as relates to a complete recodification of the public welfare laws to clarify the responsibilities of the commonwealth and cities and towns, and so much thereof as relates to an amendment of existing statutes to provide more adequate safeguards surrounding the organization of charitable corporations, and the subject matter of current senate document numbered four hundred and thirty and of current house documents numbered three hundred and fifty-four, nine hundred and seventy-five and sixteen hundred and fifteen. Said commission shall hold hearings, shall be provided with quarters in the state house or elsewhere and may expend for expenses and legal, clerical and other assistance such sums as may be appropriated therefor. Said commission shall report to the general court the results of its study, and its recommendations, if any, together with drafts of legislation necessary to carry said recommendations into effect, by filing the same with the clerk of the house of representatives not later than the first Wednesday of December in the current year.

Approved June 25, 1947

MICHIGAN

Commission to Study Problems of Aging

I General Structure

Authorization and Assignment

Established by Governor, March 1951, under authority of general statute authorizing creation of study commissions, to study the mental and physical health, employment, living arrangements, recreation, and education problems of persons from middle age to advanced age and to recommend programs and legislation beneficial to these persons and to the State. Commission was asked to file report with Governor by December 31, 1952. Report has been submitted this summer.

Membership and General Organization

Thirty-six members appointed by Governor. Approximately half of membership chosen for special knowledge and demonstrated interest in problems of aging; the balance, informed citizens and civic leaders, chosen from all parts of State so that geographic representation was effected. Governor appointed Chairman, Mrs. Harold S. Patton, Assistant Professor of Economics, Western Michigan College of Education, Kalamazoo. Commission members elected 2 Vice-Chairmen, the Secretary, and Membership of the 6 member Executive Committees. Executive Committee met biweekly, Commission monthly. Commission functioned through 7 Committees: Employment, Economic Support, Health, Education, Activities in Retirement, Living Arrangements and Housing, and Community Planning. Each Committee responsible for assembling and evaluating data, and drafting a section of the report including recommendations and legislative proposals, for review and acceptance by full Commission. An Inter-departmental Committee on Problems of the Aging, represent the executive agencies of the State Government met with the Commission as needed, furnished factual information and analyses of legislative proposals. Mr. Frank Blackford, Aide to the Governor, is Chairman of the Inter-departmental Committee.

Staff

Commission had no staff but received assistance from State and Federal agencies and Inter-departmental Committee. State Department of Social Welfare circularized all county departments of social welfare operating infirmaries and hospital units and all licensed private homes for aged getting data on residents of those institutions, their medical care needs, and services available to them.

Financing

Financed from appropriation of \$5,000 to the Governor's fund for all "study commissions."

Note: An Inter-departmental Committee on Problems of Aging was established by Governor in spring of 1950. Its membership represents State agencies concerned with welfare, public health including mental health, education, unemployment compensation, workmen's compensation, labor, libraries, insurance, public administration, and the University of Michigan Institute for Human Adjustment. The Committee's original assignment was to define the problems of aging as outline for working committees of the Commission on Aging, appointed later; suggest individuals and groups to be considered in making appointments to the Commission; and review work being done throughout the country in the field of aging. The Committee published several reports. Its "Summary Report," dated September 26, 1950, was the basic information guide furnished the Commission. The Inter-departmental Committee was reactivated at the request of the Commission to help it in its work.

II Activities

1. The Commission has completed and submitted its report to the Governor.
2. The Commission sponsored a State-wide Conference on Aging in May 1952. The section reports and Commission findings were used as background material for the Conference. The Conference agenda set forth the basic propositions with which the Commission was concerned in making its recommendations for program and legislation. The Conference informed the public of the work of the Commission, and enabled the Commission to get a cross section of public opinion with regard to action on its findings and therefore to pretest, in part, public understanding and support for its recommendation.
3. The Commission encouraged the formation of community committees. Commission members from localities were asked to make their services available to local groups, and the Chairman of the Committee on Community Planning met with local groups on request.
4. Commission members participated in national and regional meetings in the aging field.
5. Teams of Commission members visited in communities in the State to observe program activities in aging, and familiarize the Commission with attitudes and aspirations of local groups and problems peculiar to those communities.

MINNESOTA

Commission on Aging
Room 134 Court House, Minneapolis

I General Structure

Authorization and Assignment

Statutory authorization, April 1951, to act from time members appointed until commencement of 1953 regular session of Legislature. (See attached copy of legislation.) Created "to study the problems of the aging population (defined by Commission to be persons 45 and over) in Minnesota with respect to their social and economic welfare, rehabilitation, health, recreation, and family relationships, and to recommend methods of effectively meeting the problems of aging in a constructive manner." Directed to file by January 15, 1953, a report to the Governor of findings and recommendations.

Membership and General Organization

Twenty-five members. Five State Senators, appointed by the Senate Committee on Committees; 5 State Representatives, appointed by the Speaker of the House; and 15 "leaders in medical, employment, recreational and social welfare fields," appointed by the Governor.

Chairman, Vice-Chairman, Secretary, and Chairmen of working committees selected by Commission from among its members.

Commission functions through 4 committees, each of which subdivided its assignment as follows: Employment with 2 subcommittees on dimensions of problem, causes and answers; Living Arrangements with subcommittees on medical care and rehabilitation, aged in rural areas, aged in urban areas, congregate living centers, family relations and attitudes, desirable housing, public housing, care in mental hospitals; Recreation with 5 subcommittees on community clubs, boarding homes, homes for aged, nursing and convalescent homes, adult education; Economic Welfare with each member assigned to 1 of 15 areas of study -- Old-Age and Survivors' Insurance, Railroad Retirement, Old-Age Assistance, Aid to Blind, Veterans' benefits, investments-income-resources, annuities-life insurance-disability insurance, general relief, Unemployment Compensation, Compensation Insurance, private charities, medical-health-hospital insurance, liability benefits, private pensions, responsibility of relatives. Each Committee may invite outside experts to serve with them. Commission Chairman and Secretary are "ex-officio" members of each Committee.

Staff

No paid staff. Legislation authorized employment of professional and clerical aid, and use of "facilities of the Legislative Research Committee." The Secretary of the Commission is Mr. Jerome Kaplan, Group Work Consultant, Hennepin County Welfare Board, 134 Court House, Minneapolis. The Minnesota Division of Social Welfare is tabulating returns from questionnaires. University of Minnesota was asked to assign graduate students for research projects.

Financing

Legislation authorized appropriation of \$1,000; Legislative Advisory Council granted additional \$1,500. Funds used for travel expenses of Commission members, stationery, and publishing of final report. Commission members serve without compensation. Additional funds needed to publish report.

II Activities

Commission activities are primarily geared to the gathering and evaluation of information necessary for its report and recommendations to the Governor. The report will be ready for publication sometime in October 1952.

At the same time, through inviting individuals and groups to participate in Committee meetings and assignment, through questionnaires and news releases, the Commission is striving to interest many persons and organizations to understand the need and to undertake activities in the aging field.

The Commission as a whole has met a number of times, the committees frequently.

The Committees collaborated in the design of a 6-page questionnaire sent to 87 county welfare boards asking for factual information and opinion on the unmet needs of older persons. The questionnaire seeks data on existing programs, community resources in the way of personnel, organizations and facilities, both used and unused, with regard to leisure needs, old-age assistance and living arrangements. Other questionnaires are in use seeking collaborative information from agencies, institutions and individuals affected by County Welfare Board programs.

More than 150 individuals and groups have participated in the Commission's work.

At the present time the Commission is actively engaged in completing recommendations to be made to the Governor and a preparation of a final report. Additional consideration by the Commission must be given in the area of legislation in order to effectively promote the program undertaken by the Commission. The Commission does not feel that its work is completed with the publishing of a report but is of

the opinion that its members should continue to serve as a focal point for promoting a program of benefit to the aged in this State. The Commission is also considering the advisability of a State-wide conference on aging in 1953.

III Statutory Authorization

CHAPTER 643 -- 1951 SESSION

AN ACT CREATING A COMMISSION TO STUDY THE PROBLEMS OF THE AGING POPULATION IN MINNESOTA WITH RESPECT TO THEIR SOCIAL AND ECONOMIC WELFARE, REHABILITATION, HEALTH, RECREATION AND FAMILY RELATIONSHIPS, AND TO RECOMMEND METHODS OF EFFECTIVELY MEETING THE PROBLEMS OF AGING IN A CONSTRUCTIVE MANNER, AND MAKING AN APPROPRIATION THEREFOR.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. A commission is hereby created to study the problems of the aging population in Minnesota with respect to their social and economic welfare, rehabilitation, health, recreation, and family relationships, and to recommend methods of effectively meeting the problems of aging in a constructive manner.

Section 2. The commission shall consist of not more than 25 members, five of whom shall be members of the house of representatives to be appointed by the speaker and five who are members of the senate to be appointed by the committee on committees of the senate, the remaining members to be appointed by the governor. They shall serve without compensation and shall include leaders in the medical, employment, recreational and social welfare fields. Appointments to such commission shall be made upon the passage of this act. Vacancies occurring or existing in the membership of the commission shall be filled by the appointing power.

Section 3. The commission is authorized to act from the time its members are appointed until the commencement of the next regular session of the State Legislature and shall make and file a report of its findings and recommendations to the governor not later than January 15, 1953.

Section 4. The commission shall have the authority and power to hold meetings and hearings at such times and places as it may designate to accomplish the purposes set forth in this act. The commission shall select a chairman, vice-chairman, and such other officers from the membership as it may deem necessary.

Section 5. Members of the commission, while serving without pay, shall be allowed and paid their actual traveling and other expenses necessarily incurred in the performance of their duties. The commission may employ clerical and professional aid and assistance; and may purchase stationery and other supplies; and do all things reasonably necessary and convenient in carrying out the purposes of this act.

Section 6. There is hereby appropriated out of any monies in the State treasury, not otherwise appropriated, \$1,000, or so much thereof as may be necessary to pay expenses incurred by the commission. For the payment of such expenses the commission shall draw its warrants upon the State treasurer, which warrants shall be signed by the chairman and at least two other members of the commission and the State auditor shall then approve and the State treasurer pay such warrants as and when presented. A general summary or statement of expenses incurred by the commission and paid shall be included with the commission's report.

Section 7. The facilities of the Legislative Research Committee are hereby made available to the commission.

Filed: April 23, 1951

Signed: Mike Holm

Secretary of State

NEW YORK

Joint Legislative Committee on Problems of the Aging 94 Broadway, Newburgh, New York

I General Structure

Authorization and Assignment

Statutory authorization originating in 1947 (see attached resolution) which has been continued by the Legislature each year since that time "to proceed" with a study of the problems of the aging." Committee has all powers of a standing legislative committee, including power of subpoena.

Membership and General Organization

Eight members. In addition, 7 "Ex-Officio Members," 3 "General Advisors," 5 member "Advisory Committee on Longevity." Eight member "Advisory Committee on Employment Problems of the Elderly," and 5 member "Advisory Committee on Recreation for the Elderly."

Four Senators, appointed by the President Pro Tem of the Senate, and 4 Assemblymen appointed by the Speaker of the Assembly are members of the Committee. Chairman, Vice-Chairman, and Secretary are selected by members. Four members have continued as members throughout the 5-year life of the Committee, among them the Chairman, Senator Thomas C. Desmond. The President Pro Tem of the Senate, the Speaker of the House, Minority Leaders of the Senate and the Assembly, and Chairmen of the Senate Finance Committee and the Assembly Committee on Ways and Means are the "Ex-Officio Members."

Staff

Committee has a staff including a Director, Associate Director, Consultant, and an office staff of 5 persons. Mr. Albert J. Abrams, 94 Broadway, Newburgh, is Director. Statute provides that the Committee "shall receive from all public officers, departments and agencies of the State and its political subdivisions, such assistance and data as will enable it properly to consummate its investigations; .."

Financing

State appropriation. Committee requested \$25,000 and unexpended balance from last fiscal year as its appropriation for the current fiscal year.

II Activities

1. Committee conducts public hearings each year, inviting national authorities in the aging field to prepare and present papers. These papers together with a summary of the Committee's "findings and recommendations to the Governor and the Legislature," research papers prepared by the Committee's staff, and bills in aging field drafted by the Committee staff and introduced by members are published annually in a source book volume of at least 200 pages. While the supply lasts, these reports are available free of charge and are coveted documents both in this country and broad.

--Birthdays Don't Count, 1948, contains papers on all aspects of aging.

--Never Too Old, 1949, concerned with employment difficulties of the aged.

--Young At Any Age, 1950, concerned with role of local communities in dealing with the aging.

--No Time To Grow Old, 1951, reporting evidence of the revolution in our attitudes toward older persons.

2. Legislation drafted by the Committee and introduced in the 1951 Legislature were concerned with many topics including the following:

--creation of an advisory council on employment of older workers

--creating a counseling service for older workers

-- authorizing municipalities to establish sheltered workshops

-- amending civil service law in relation to suspension of pensions

-- appropriation to health department for experiments in multiphasic screening

--creating a State council on the elderly

--establishment by private nonprofit corporation of low rent housing facilities for elderly; nursing, boarding homes, apartments, and establishing a State loan fund for this purpose

--establishment of community recreation programs

--appropriation to health department for pilot study in rehabilitation

--appropriation for physical and vocational rehabilitation of workers over 65 for work in defense industries

--establishing a geriatric clinic

Committee was instrumental in financing staff for State Education Department which has developed curriculum and consultation services for an adult education program on planning for retirement now being widely offered in the public schools. Committee was instrumental in effecting recent regulation of State Housing Commissioner that at least 5% of the dwelling units in State financed public housing projects shall be available to elderly persons.

3. Committee has encouraged and participated in community conferences on employment, housing, health, etc., and offers consultation services to local groups in establishing local councils on aging and programs. Committee functions as a clearinghouse of information on community activities and unusual program development throughout the Nation.

4. Committee staff participates in National and International conferences on aging and are widely sought for consultant services.

III Statutory Authorization

RESOLUTION CREATING THE JOINT LEGISLATIVE

COMMITTEE ON PROBLEMS OF THE AGING

WHEREAS, The proportion of aged people in the population of our Nation is increasing rapidly, a factor bringing in its wake a great many new, intricate problems which will confront our State in the near future, and

WHEREAS, It is important that studies be made to foresee what impact the aging of our people will have on our State, now therefore, be it

Resolved (if the Assembly concur), That a Joint Legislative Committee is hereby created to consist of four members of the Senate to be appointed by the Temporary President of the Senate and four members of the Assembly to be appointed by the Speaker of the Assembly with full power and authority to proceed with a study of the problems of the aging; and be it further

Resolved (if the Assembly concur), That such committee shall organize by the selection from its number of a chairman, a vice-chairman and a secretary, and shall employ and may at pleasure remove a research director and other employees and assistants as may be necessary, and fix their compensation within the amounts made available therefor herein. Any vacancy in the committee shall be filled by the officer authorized to make the original appointment. The members of the committee shall serve without compensation for their services but shall be entitled to their actual expenses incurred in the performance of their duties hereunder. Such Committee may sit at any place within the State as it may determine to conduct its labors, and may hold either public or private hearings. Such committee or any member thereof shall have the

power to subpoena witnesses, administer oaths, take testimony and compel the production of books, papers, documents and other evidence and it shall have generally all the powers of a legislative committee as provided by the legislative law. Such committee may request and shall receive from all public officers and departments and agencies of the State and its political subdivisions, such assistance and data as will enable it properly to consummate its investigations; and be it further

Resolved (if the Assembly concur), That the committee shall report to the legislature on or before March first, nineteen hundred and forty-eight the results of its studies and investigations; and submit with its report such legislative proposals as it deems necessary to make its recommendations effective, and be it further

Resolved (if the Assembly concur), That the sum of fifteen thousand dollars (\$15,000) or so much thereof as may be necessary, is hereby appropriated from the legislative contingent fund and made immediately available to pay the expenses of the committee, including personal service, in carrying out the provisions of this resolution. Such moneys shall be payable after audit by and upon the warrant of the comptroller on vouchers certified or approved by the chairman of the committee in the manner provided by law.

Introduced March 12, 1947.

To Finance Com. Mar. 18 Rept. Adopted in both houses.

NORTH CAROLINA

Special Committee on Aging

I General Structure

Authorization and Assignment

Establishment by Governor, October 1951 (See attached letter) "to review recommendations made by several sections of the Governor's Conference on Aging of June 1951 and to further in such ways as appear practical and feasible the attainment of those objectives." The Committee is to file a report on its work and recommendations with the Governor by December 1952.

Membership and General Organization

Twenty-five members appointed by the Governor. Membership includes: President of a large textile mill; Personnel Director of another such mill; Superintendent, nonprofit home for aged under religious auspices; Director, nonprofit health publishing house; President, State Federation of Women's Clubs; President, State Federation of Business and Professional Women's Clubs; President, State Medical Society; Executive Secretary, State Nurses Association; a County Commissioner; Clerk, Superior Court; a County Superintendent of Public Welfare; President, North Carolina College(Negro); professor, Duke University School of Nursing; Physician representative of a Negro medical school; 5 professors from Department of Sociology, School of Public Health, Business Foundation and Extension Service, State University; Commissioner, State Board of Public Welfare; Director of Public Assistance and Supervisor, Services for Aged, State Board of Public Welfare; State Health Officer; Member, State Hospitals Board of Control; Manager, Old-Age and Survivors Insurance Field Office. The Governor appointed Committee Chairman, Mr. Edwin Brower, Brower Mills, Inc., Hope Mills, North Carolina. Committee Chairman designated Mrs. Annie May Pemberton, Supervisor, Services to the Aged, State Board of Public Welfare, Raleigh, a member of the Committee and formerly Secretary to the Governor's Conference, as Secretary to the Committee. Chairman established a 5-member steering group composed of Committee members who had worked as Section Chairmen and Officers for the Governor's Conference.

Staff

No staff exclusively assigned to Committee work. Members use own organizations and are aided by State Board of Public Welfare staff.

Financing

No provision reported. Expenses of the Governor's Conference and the publication of the Conference Report financed through contributions of life insurance companies with home offices in North Carolina.

Note: 1949 General Assembly of North Carolina authorized the Governor to appoint a Commission to study problems of aging and report findings to 1951 General Assembly. Members of this Commission, together with delegates from North Carolina who attended the 1950 National Conference on Aging, constituted Planning Committee for the Governor's Conference of June 1951. Membership of Special Committee includes 3 members of 1949-'50 Commission, the Conference Section Chairmen, Co-Chairmen and Recorders, and several additional persons.

II. Activities

1. The steering group developed the plan for the Committee's work. This plan includes following steps:

- (a) Determination by the steering group of which of the Conference recommendations it was feasible for the Committee to try to get activated. The Governor's Conference attended by 200 persons had 6 sections which made recommendations as follows:

- Research and Population -- 8 recommendations
- Employment, Employability and Income Maintenance -- 5 study recommendations; 5 action recommendations
- Education, Recreation, Religion -- 20 recommendations
- Health Maintenance and Rehabilitation -- 6 recommendations
- Family Life, Housing and Social Service -- 9 recommendations
- Professional Personnel -- 7 recommendations

- (b) Determination of the kind of additional information needed, if any, for action on each recommendation.
- (c) Determination of agencies, organizations, individuals in State which should be involved in getting information needed, and effecting the recommendations.
- (d) Assignment of work on each recommendation to one or more members of the Committee who, in terms of personal knowledge, business associations, and other capacities, are considered best equipped to deal with the organizations and individuals who could furnish the necessary information or take the action. Each Committee member plots his own course on how to get his assignments completed -- letters, interviews, speechmaking, group conferences are involved. For example: the State Health Officer, a member of the Committee is to report what action he can

and will take on the recommendation "nutritional studies of the aged should be extended and one of the most urgent needs is study of institutional diets"; the Committee Chairman is asking the State Superintendent of Public Instruction what he intends to do about the recommendation "the State Legislature makes appropriations to the Department of Public Instruction for implementation of the adult education program," and is asking the State Farm Bureau and Grange what action they are taking toward coverage of farm groups under Old-Age and Survivor's Insurance.

2. The Committee report to the Governor will state what action has been taken on the recommendations, present obstacles to action and further executive, legislative, and other action necessary to achieve the conference objectives.

III Underlying Authority

STATE OF NORTH CAROLINA

Governor's Office

Raleigh

October 9, 1951

W. Kerr Scott
Governor

Dear

On the call of this office, a State-wide Conference on Aging was held here in Raleigh at the Sir Walter Hotel on June 28-29, 1951. I was highly pleased by the interest in this Conference and the splendid work which was done during the two days of discussion by experts in various aspects of the needs of older people from throughout the State. You will recall that at the closing session a resolution was adopted by the personnel of the Conference requesting that I appoint a special Committee on Aging to follow up on the work of the Conference.

I am requesting that you serve on this special committee. The particular assignment of the Committee will be to review the recommendations made by the several sections of the Conference and to further in such ways as appear practical and feasible the attainment of those objectives. A report to me on the work of this follow-up Committee not later than December 1, 1952, is requested.

I am appointing Mr. Edwin Brower, Hope Mills, as Chairman of the Committee.

Sincerely,

WKS:dc

(s)

W. Kerr Scott

PENNSYLVANIA

Joint State Government Commission of the General Assembly Room 450, Capitol Building, Harrisburg

I General Structure

Authorization and Assignment

Statutory authorization, December 1951, "to make a comprehensive and intensive study of the state-wide needs and problems of the aging and the aged and to develop in cooperation with other governmental and voluntary groups ways and means to assist the Commonwealth in meeting these needs and problems." "Such study shall concentrate on": (1) employment opportunities; (2) facilities and services for aged--counseling and personal services, employment guidance and placement, medical care, institutional services, treatment and rehabilitation for chronically ill, care and rehabilitation for disabled and handicapped, recreation, education, and related community services; (3) analysis of problems of Old-Age Assistance recipients with special reference to adequacy of grants and standards of living, boarding homes and other sheltered care; (4) problems of care and treatment of senile aged.

The Commission is to report results of its investigations and its recommendations to the General Assembly by February 1953.

Membership and General Organization

The Joint State Government Commission is an established Committee and staff of the Pennsylvania Legislature which makes studies pertaining to public policy requested by the Assembly. Thirteen Senators and thirteen Representatives are members of the Commission. Representative Baker Royer, Chairman of the House Committee on Committees, is Chairman of the Commission, Senator Paul L. Wagner is Vice-Chairman, and Representative Stuart Helm is Secretary-Treasurer. Authorizing legislation provides that "the Commission may appoint and consult with a Citizens Advisory Committee of competent lay and professional citizens who have demonstrated interests in and knowledge of the aging and aged." It is not known whether the Commission has appointed this Committee.

Staff

The Commission has a permanent staff which is augmented as needed for particular assignments. Staff reported to be working on problems of aging include Dr. Paul H. Wueller, Associate Director in charge of Research and Statistics, 2 statisticians, 1 institution inspector, and clerical assistance. The State Department of Public Assistance is reported to be assisting the staff in review of information schedules, etc.

Financing

State appropriation for general Commission work. Amount allocated for aging study and development work is unknown.

II Activities

1. Organizing statistical data on age groups--changes since 1900 of proportion of population age 60 and over.

2. Gathering information on income maintenance--amounts from earnings, Old-Age and Survivors Insurance, Railroad Retirement, Old-Age Assistance, Federal Civil Service Retirement, private pension plans, union benefits.

3. Gathering information on employer and union requirements which restrict employment opportunities of older workers.

4. Summarizing medical information on provision for health maintenance and medical care.

RHODE ISLAND

The Governor's Commission to Study Problems of the Aged 24 Mason Street, Providence

I General Structure

Authorization and Assignment

Statutory authorization, April 1951 (See attached copy of Assembly Resolution), "to make a complete, overall study regarding the economics, employment, medical, recreational and social problems of the older citizens of the State" and to "recommend a coordinated State program for improving general welfare of citizens so that opportunities shall be provided for aging persons to continue as full participating members of community, to enable families, communities, and society to adjust to aging population under modern conditions."

Membership and General Organization

Twenty-five members appointed by the Governor.

Membership includes: District Court Judge; State Directors of Social Welfare and Employment Security Chief; Division of Women and Children, State Department of Labor; Director of a local public welfare agency; Supervisor, Americanization and Adult Education; Manager, Old-Age and Survivors' Insurance field office; Director, Office of Price Stabilization; Director, home for aged under Jewish auspices; Secretary, State Council of Churches; Director and Secretary of two Diocesan Bureaus of Social Service; Secretary, Urban League; Director, District Nursing Association; two physicians in private practice; lay leader of women's work in civic affairs; General Agent, mutual life insurance company; Business Agent, labor union; industrial Relations Director of large industry; Professors in economics and other fields from three colleges; a Senator and a Representative, Rhode Island Legislature.

Chairman and Vice-Chairman, and Work Committee Chairman elected by Commission from among its members. Judge John P. Cooney, Sixth District Court, is Chairman of the Commission.

Commission is doing its planning and program development work through five committees on health, housing, recreation, economics, and research.

Staff

An Executive Secretary. Commission appointed Director of State vocational rehabilitation program to this assignment. One Technical Director (part-time); 1 Research Assistant.

Financing

State appropriation. Statute authorized an appropriation of \$10,000. Commission members serve without compensation but receive necessary travel expenses. Commission staff is housed in space provided by the State Department of Employment Security.

II Activities

General

The Commission is now holding a monthly meeting. The subcommittees are meeting somewhat more frequently. The work is now pointing toward recommendations for legislative action which will be presented at the January session of the legislature.

Economic and Income Maintenance

1. Through State Department of Employment Security getting data on employment "quits" and layoffs of older workers, and canvassing major industries for information on their employment policies and practices.
2. Organizing study of private pension plans involving queries to 9,000 employers regarding any plans they have, how financed, kind and number of workers covered, and compulsory retirement requirements.
3. Assembling data on coverage of Railroad Retirement, Civil Service, Veterans Administration, city and county retirement programs, and retirement plans of voluntary social agencies.
4. Through Old-Age and Survivors Insurance Field Office getting analysis of workers, aged 65 to 75, whose benefits are discontinued because of employment income.
5. Through Department of Social Welfare getting analysis of characteristics, particularly reasons for dependency, of new applicants for Old-Age Assistance.

Housing

6. Conducting a series of meetings with representatives of public and private nonprofit homes for aged; have advisory group analyzing data on nonprofit homes.
7. Obtaining detailed information on commercially operated homes.
8. Surveyed public housing projects with regard to number of older persons accommodated, waiting lists, rents, recreation facilities, and management's attitude toward older tenants; noted exclusion of single older persons from projects and that no particular consideration is given to architectural features serving convenience and safety of older persons.

Health

9. Health Committee notes large number of older persons housed in State Infirmary and State Hospital for Mental Diseases; questions whether persons are living in these institutions and in homes for aged do so because they need housing, or because they need medical attention.

10. Health Committee visited rehabilitation services of the Hospital for Chronic Illness, Rocky Hill, Connecticut, operated by the Connecticut Commission for the Care and Treatment of the Chronically Ill, Aged and Infirm. Committee is promoting opening of a ward at State Infirmary for rehabilitation of aged handicapped.

11. Gathered information from general hospitals on services to aged persons. Made special study of admissions, length of stay, etc., of older persons in an urban and a rural hospital.

12. Through State Departments of Social Welfare and Employment Security getting analysis of medical care grants now being made and morbidity reports on workers over 65 who are eligible for cash sickness benefits.

13. Recommends study on extent of chronic illness, and its relationship to other factors in lives of aged.

Recreation

14. Meeting with public and voluntary recreation program leaders to stimulate programs.

15. Gathering information on clubs for publication to promote establishment of clubs in more communities.

16. Members of a "Forever Young Club" are reporting on their own attitudes and opinions regarding recreational activities.

Research and Other Community Organization

17. Undertaking a basic study involving interviews with older persons on a sampling basis to obtain information on existing conditions, attitudes, needs and wishes of such persons with regard to health, housing, recreation, and economic circumstances.

18. Canvassing church congregations on health, housing, recreational, and economic conditions of older persons. Two-thirds of population of Rhode Island are church members.

19. A survey of a sample of the old population 65 years and over, with cooperation of the U. S. Census Bureau, has been approved. This will probably be conducted in January 1953.

III Statutory Authorization

STATE OF RHODE ISLAND, &c.

In General Assembly

January Session, A.D. 1951

RESOLUTION

CREATING A SPECIAL COMMISSION TO INVESTIGATE AND STUDY THE PROBLEMS OF THE AGED.

WHEREAS, His Excellency, Governor Dennis J. Roberts, did in his inaugural message on January 2, 1951, state that "the time has come for us to take steps to correct a maladjustment in our economic and social machinery which has been doing a great injustice to our citizens over 65;" and

WHEREAS, His Excellency did further state that "their position in the labor force has been growing proportionately smaller; those older persons who can make a contribution to the economy of our state must be given an opportunity to do so; if we insist upon supporting them in idleness they do not want, we are going to expend the public funds on relief and other non-productive measures;" and

WHEREAS, It appears that these problems extend to persons younger than 65 years; now, therefore, be it

RESOLVED, That a special commission be and the same is hereby created to consist of not more than 25 members to be appointed by, and who shall serve at the pleasure of, the governor.

It shall be the purpose of such commission to make a complete, overall study regarding the economic, employment, medical, recreational and social problems of the older citizens of the state. In the performance of its duties said commission shall survey, evaluate, plan and recommend a coordinated state program for improving the general welfare of said citizens so that opportunities shall be provided for aging persons to continue as fully participating members of the community, to enable families, communities and society to adjust to the aging population under modern conditions.

Vacancies occurring on said commission shall be filled in the same manner as the original appointments were made.

Forthwith upon the passage of this resolution the commission shall meet and organize and elect from among its members a chairman, vice chairman and such other officers and subcommittees as it shall deem necessary.

The members of said commission shall serve without compensation, but shall be allowed their necessary and actual traveling expenses.

The commission shall be allowed to engage an executive secretary and such clerical and expert assistants and technicians as it shall deem necessary for its purposes.

The sum of \$10,000 or so much thereof as may be necessary, is hereby appropriated, out of any money in the treasury not otherwise appropriated, for the purpose of carrying out the provisions of this resolution; and the state controller is hereby authorized and directed to draw his orders upon the general treasurer for the payment of such sum, or so much thereof as may be required from time to time, upon the receipt by him of properly authenticated vouchers.

Said commission shall report to the governor from time to time, provided it shall make its first report on or before February 1, 1952.

WASHINGTON

Washington Council for Aging Population

I General Structure

Authorization and Assignment

Established by Governor, April 1952.

No executive order was issued to establish the State Council for the Aging Population. The Governor addressed letters to certain prominent citizens, requesting their participation on the Council, and these letters served as the initiating action toward the establishment of this Council.

Membership and General Organization

Approximately 20 members.

The Governor invited the following organizations to designate representatives to serve on the Council; 2 representatives each from State Federation of Labor, Washington Association of Industry, the Townsend State Council; 1 representative each from the Senior Citizens League, Fraternal Order of Eagles, State Hospital Association, State Nurses Association, State Council of Churches, Catholic Welfare Association, State Medical Association, and Spanish American War Veterans.

The directors of the State Departments of Social Security, Health, Labor and Industries are working with the Council.

Staff

No staff has been established for the Council, and Assistant Director of the State of Washington, Department of Social Security, George M. V. Brown, has taken principal responsibility for coordinating the activities of the Council. Miss Mary Lou Everson of that Department was designated as secretary of the Council, and handles all correspondence. Staff work done this far has been of a voluntary nature.

Financing

No funds have been provided for the operation of the Council. The members of the Council have suggested that some provision be made in the forthcoming budget for an executive secretary for the Council, and to provide additional operating funds.

II Activities

1. The objectives of the committee are primarily to provide guidance to local communities in their attempt to meet the problems of the Aging population, whether those problems be economic, psychological, physiological, or recreational. The only activities in which the Council has engaged so far have been the three meetings, but there should be an early attempt made by the Council to stimulate more community effort. Very possibly one community will be selected as a pilot project with subsequent action in other communities to be determined by the results of the experimental project.

2. To date three meetings of the Council have been held.

3. No program conferences are scheduled for the near future.

WEST VIRGINIA

Governor's Committee on Aging

I General Structure

Authorization and Assignment

Established by the Governor, December 1951, to determine what other States are doing in the areas of education, health, welfare projects for aging persons, and to review policies of business corporations in this regard. The Committee is to report its findings to the Governor.

Membership and General Organization

Four members appointed by the Governor.

Membership includes: a physician in private practice; the State Director of Health; Administrative Assistant, State Department of Public Assistance; and a Professor of Sociology, Marshall College.

The Governor designated Dr. J. T. Richardson, Department of Sociology, Marshall College, Huntington, Chairman of the Committee.

Staff

Committee has no staff. Sociology Department at Marshall College carried on a preliminary survey.

Financing

No funds.

II Activities

No information.

WISCONSIN

Committee on the Problems of the Aged to the Legislative Council State Capitol, Madison

I General Structure

Authorization and Assignment

Statutory authorization July 1, 1951 (see attached) with annual appropriation through June 30, 1953. Statute directs the Joint Legislative Council "to conduct a study of the problem of our aged population and to develop such information as will enable the Legislature to enact a long range program geared to provide adequately for those who have devoted most of their years to the development of this State." . . . "Such study should give emphasis to (a) adequate old-age assistance, (b) problems of institutional care, (c) partial or extended employment, (d) leisure time." . . . "Council is further directed to conduct a study of all welfare costs, to make recommendations thereon and to determine if a pattern fixing a maximum percentage county tax levy from real estate tax for welfare purposes can be developed."

Membership and General Organization

Nine members.

Statute provides that an "Advisory Committee" of 3 Senators, 3 Assemblymen, and 3 citizens at large, with a knowledge of an interest in the problem of the aged shall direct the study. Senators and Assemblymen were appointed by their respective Houses, and the "Citizens at large" were selected by the Legislative Council. The Council is a continuing Joint (Senate-Assembly) study and planning Committee of the Legislature. Members of the Committee on the Problems of the Aged elected their Chairman, Vice-Chairman, and Secretary. Senator Foster B. Porter, Bloomington, Wisconsin, is Committee Chairman.

Staff

Committee appointed a Project Director, Mr. Leo E. Boebel, room 202 South, State Capitol, Madison. Statute directs Director of Public Welfare to release employees for maximum periods of 3 months each to participate in study, and to furnish information as requested by Project Director.

Financing

State appropriation of \$15,000 annually, 1951 and 1952, for conduct of study and preparation of report. Appropriation available for compensation

for personal services, except staff services of Department of Public Welfare.

II Activities

1. The Committee held series of open hearings of two kinds in different cities in the State: (a) State agency representatives and other organizations reported on their activities, and (b) representatives of local organizations, institutions and agencies, old-age assistance recipients, their relatives and the general public attended hearings and expressed their views. The following programs have been discussed in these hearings:

employment services, especially counseling and placement of applicants
vocational and adult education for occupational training,
recreational and educational interests
care of aged in public and private institutions, county homes
and nursing home operations, nursing home standards under
licensing law
county infirmaries
recreation programs in Milwaukee and Madison
Old-Age and Survivors' Insurance and Old-Age Assistance
program and report of the University of Wisconsin Committee
on Problems of Aging
medical aspects of aging--presented by panel sponsored by
State Medical Society
programs of county welfare departments, boarding and nursing
home operators.

2. Research projects under way include the following:

- (a) operation of the lien law
- (b) survey of shift of medical payments from vendor payments to payments included in assistance grants
- (c) survey by Wisconsin Employment Service of placement of workers over 65 years of age, by sex and type of work, for period December 1951 - May 1952
- (d) compilation and review of statutes relating to care of aged and infirm
- (e) informational survey of old-age assistance recipients with respect to support by relatives
- (f) characteristics of old-age assistance recipients with respect to housing and living arrangements, location of residence, and physical condition
- (g) compilation of welfare and other costs and mill tax levy for welfare purposes in 20 counties
- (h) survey of other States with respect to general characteristics of their Old-Age Assistance programs

Projects outlined include:

- (a) survey by visit of approximately 15 proprietary voluntary homes for aged
- (b) survey of records of Old-Age Assistance applicants whose applications were denied
- (c) compilation of information from other States relative to sharing of grants and administrative costs of Old-Age Assistance by State and county units.

3. Committee meets monthly and publishes "Progress Reports."

III Legislative Authorization

Published July 7, 1951.

No. 139, S. 7

CHAPTER 425.

AN ACT to create 20,015 (3) of the statutes, relating to a study of the problems of the aged by the legislative council and making an appropriation.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

Section 1. Modern scientific developments have extended the life span of our citizens. This has resulted in a need for a re-evaluation of our public assistance program, our institutional program, our program of manpower utilization and our recreational program. The need for an exhaustive study of the problem of our aged citizens is not only dictated by humanitarian considerations, but is necessary in order to utilize our state facilities most effectively.

Section 2. The joint legislative council is directed to conduct a study of the problem of our aged population and to develop such information as will enable the legislature to enact a long-range program geared to provide adequately for those who have devoted most of their years to the development of this state. Such study should give special emphasis to

- (a) The problem of adequate old-age assistance.
- (b) The problem of institutional care.
- (c) The problem of partial or extended employment.
- (d) The problem of leisure time.

Section 2a. The joint legislative council is further directed to conduct a study, working co-operatively with state agencies, of all welfare costs, to make recommendations thereon and to determine if a pattern fixing a maximum percentage county tax levy from real estate tax for welfare purposes can be developed.

Section 3. An advisory committee shall be appointed to direct the study. The committee shall consist of 3 senators and 3 assemblymen

to be appointed as are standing committees in their respective houses, and 3 citizens at large, with a knowledge of an interest in the problem of the aged, selected by the council. The advisory committee shall select a project director who shall devote at least half time to this job.

Section 4. The director of public welfare is directed to release employees for periods not to exceed 3 months to participate in this study, and to provide such information as may be requested by the project director.

Section 5. 20,015 (3) of the statutes is created to read:

20,015 (3) STUDY OF THE AGED. (a) There is appropriated from the general fund annually for the years beginning July 1, 1951, and July 1, 1952, \$15,000 to the joint legislative council for the conduct of a study of the aged and the preparation of a report thereon.

(b) Payments from this appropriation for reimbursement of expenses and compensation for services shall be made to persons not employed by the public welfare department and shall be made by voucher signed by the chairman and secretary of the council.

Approved June 26, 1951.

APPENDIX B

PARTICIPANTS IN THE

CONFERENCE OF STATE COMMISSIONS ON AGING AND FEDERAL AGENCIES

September 8 - 10, 1952

- A. MERRILL ANDERSON. Member of the Employment Committee, Minnesota Commission on Aging. Assistant Director, Employment Service, State of Minnesota, 369 Cedar Street, St. Paul.
- DR. JOHN E. ANDERSON. Chairman, Committee on Living Arrangement, Minnesota Commission on Aging. Director, Institute of Child Welfare, University of Minnesota, Minneapolis.
- E. EVERETT ASHLEY III. Economic Research, Office of the Administrator, Housing & Home Finance Agency.
- KITTYE CLYDE AUSTIN. Administrative Assistant, State Department of Public Welfare, 421 South Union Street, Montgomery, Alabama.
- ROBERT M. BALL. Old Age & Survivors Insurance, Program Analysis Research, Bureau of Old Age & Survivors Insurance, Social Security Administration, Federal Security Agency.
- DR. ROSWELL P. BATES. Member of the Maine Legislature and House Chairman of Legislative Committee on Public Health, 72 Main Street, Orono, Maine.
- EDWARD R. BELKNAP. Physical Medicine Rehabilitation Division, Veterans Administration.
- SENATOR JAMES S. BERGER. Joint State Government Commission of the General Assembly, P. O. Box 61, Harrisburg, Pennsylvania.
- LUCILLE BETTMAN. Member, Illinois Committee on Aging. Executive Secretary, Board of Welfare Commissioners, 160 N. LaSalle Street, Chicago.
- EILEEN BLACKKEY. Social Service, Veterans Administration.
- LAWRENCE N. BLOOMBERG. Public Housing Operations Research, Public Housing Administration, Housing & Home Finance Agency.
- ANNA M. BOGGS. Associate State Leader, Home Demonstration Work, Cooperative Extension Work, West Virginia University, Morgantown.

W. F. BOND. Director of Public Relations, State Department of Public Welfare, Jackson, Mississippi.

ELIZABETH BRECKINRIDGE. Executive Secretary, Illinois Committee on Aging, 160 N. LaSalle Street, Chicago.

DR. I. J. BRIGHTMAN. Assistant Commissioner for Welfare Medical Services, New York State Department of Social Welfare (on assignment from State Department of Health), Albany.

DR. STANLEY T. BROOKS. Public Health Analyst, Bureau of State Services, Public Health Service, Federal Security Agency.

EDWIN BROWER. Chairman, Special Committee on Aging, Brower Mills, Inc., Hope Mills, North Carolina.

DR. L. GUY BROWN. University of Rhode Island, Chairman, Department of Sociology, Kingston. Chairman, Research Committee, Governor's Commission to Study Problems of the Aged.

JOHN BRUNER. Chief, Bureau of Adult Institutions, Virginia Department of Welfare and Institutions, Richmond.

ELIZABETH BRYAN. Director, Bureau of Public Assistance, State Department of Public Welfare, 421 South Union Street, Montgomery, Alabama.

GEORGE E. BURDICK. Senior Research Assistant, Joint State Government Commission of the General Assembly, P.O. Box 61, Harrisburg, Pennsylvania.

FLORA E. BURTON. Member, Subcommittee on Problems of Aging, Recess Commission of the State Legislature on Revision of Public Welfare Laws, 173 Newbury Street, Boston, Massachusetts.

AMBROSE CALIVER. Adult Education, Office of Education, Federal Security Agency.

DR. DALE C. CAMERON. Occupational Health Physician-Psychiatrist, Bureau of State Services, Public Health Service, Federal Security Agency.

ROBERT CANARY. Chief, Division of Social Administration, Ohio Department of Public Welfare, Columbus.

TED CHRISTIANSEN. Member of the Economic Welfare Committee, Minnesota Commission on Aging. Executive Secretary, Kanabec County Welfare Board, Mora.

DOUGLAS COLMAN. Vice President, Johns Hopkins Hospital, Johns Hopkins University, 15 West Mt. Vernon Place, Baltimore, Maryland.

DR. NILA COVALT. Chief of Physical Medicine, Commission on the Care and Treatment of the Chronically Ill, Aged and Infirm, Hospital for Chronic Illness, Rocky Hill, Connecticut.

LEMONT CRANDALL. Chairman, Economic Welfare Committee, Minnesota Commission on Aging. Division of Social Welfare, 117 University Avenue, St. Paul.

DR. A. NOWELL CREADICK. Medical Director, Commission on the Care and Treatment of the Chronically Ill, Aged and Infirm, Hospital for Chronic Illness, Rocky Hill, Connecticut.

ESTHER CURTIS. (Representing the Governor of Montana) 227 Parkdale, Great Falls, Montana.

DR. WILMA DONAHUE. Member, Interdepartmental Committee on Problems of the Aging. Chairman, Division of Gerontology, Institute for Human Adjustment, University of Michigan, Ann Arbor.

MRS. JOHN WHINHAM DOSS. 2411 North Charles Street, Baltimore, Maryland.

RALPH M. DUNBAR. Library Services, Office of Education, Federal Security Agency.

CORNELIA DUNPHY. Bureau of Public Assistance, Social Security Administration, Federal Security Agency.

EDGAR H. ELAM. Demographer, Bureau of the Census, Department of Commerce.

DR. V. L. ELLICOTT. Deputy State Health Officer of Montgomery County, Rockville, Maryland.

EDITH EPLER. Director, Social Welfare, Commission on the Care and Treatment of the Chronically Ill, Aged and Infirm, Hospital for Chronic Illness, Rocky Hill, Connecticut.

DR. JACK R. EWALT. Member, Subcommittee on Problems of Aging, Recess Commission of the State Legislature on Revision of Public Welfare Laws. Commissioner of Mental Health, 15 Ashburton Place, Boston.

OSCAR R. EWING. Administrator, Federal Security Agency.

CANON EDWARD FERGUSON. Farmer Foundation, Dallas, Texas.

JACOB FISHER. Social Security Research, Social Security Administration, Federal Security Agency.

ROBERT W. FLEISCHER. Citizens Committee on Retirement in Florida. 1888 North Atlantic Avenue, Daytona Beach, Florida.

WILMER FROISTAD. Social Work Training, Bureau of Public Assistance, Social Security Administration, Federal Security Agency.

DR. FRANK GAINES. Commissioner of Mental Health, Commonwealth of Kentucky, 620 South Third Street, Louisville.

THOMAS P. GALBRAITH. Architect, Medical Care Facilities, Bureau of Medical Services, Public Health Service, Federal Security Agency.

- DR. JAMES F. GARRETT. Rehabilitation Psychologist, Office of Vocational Rehabilitation, Federal Security Agency.
- DR. JOSEPH H. GERBER. Office of Vocational Rehabilitation, Federal Security Agency.
- CLAUDE GILKYSON. Advance Research Assistant, Joint State Government Commission of the General Assembly, P. O. Box 61, Harrisburg, Pennsylvania.
- CURRY W. GILLMORE. OASI Specialist, OASI.
- CHESTER GRAUPMANN, Vice-Chairman, Minnesota Commission on Aging. Chairman, McLeod County Welfare Board, Glencoe.
- FELIX A. GRISETTE. Member, Special Committee on Aging. Executive Director, Health Publications Institute, Raleigh, North Carolina.
- MARY GUINEY. Member, Interdepartmental Committee on Problems of the Aging. Assistant Supervisor, Wayne County Bureau of Social Aid, 4707 Rivard Avenue, Detroit.
- S. E. HAISTY. Department of Public Welfare (State of Tennessee), Nashville.
- DR. HEBER HARPER. Federal Security Agency.
- FLORA HATCHER. Liaison with Public Interest Groups and Organizations, Office of the Administrator, Housing & Home Finance Agency.
- DR. ROBERT HAVIGHURST. Committee for Human Development; University of Chicago, Chicago.
- JANE M. HOEY. Public Assistance Policy, Bureau of Public Assistance, Social Security Administration, Federal Security Agency.
- LOLA HOWARD. Administrator, State Public Welfare Commission, Salem, Oregon.
- CHARLES W. INGLER. Council of State Governments, 1737 K Street, N. W. Washington, D. C.
- MURIEL IVANOV-RINOV. Department of Social Relations of the Episcopal Diocese in Washington, 1702 Rhode Island Avenue, N.W., Washington, D. C.
- DR. JOHN H. JANNEY. 1211 Cathedral Street, Baltimore, Maryland.
- FRANCES JEFFERS. Member, Special Committee on Aging. Services to the Aged, State Board of Public Welfare, Raleigh, North Carolina.
- RALPH J. JOHNSON. Hygiene of Housing, Bureau of State Services, Public Health Service, Federal Security Agency.

DR. LEROY JONES. Chairman, Executive Committee, Governor's Conference on Aging in New Mexico. P.O. Box 37, Old Albuquerque, New Mexico.

JANET KAHLERT. Member, Illinois Committee on Aging. Director, Division of Services, Illinois Public Aid Commission, 160 N. LaSalle Street, Chicago.

JEROME KAPLAN. Secretary, Minnesota Commission on Aging. Consultant on Services for the Aging, Hennepin County Welfare Board, Minneapolis.

HOMER KEMPFFER. Adult Educator, Office of Education, Federal Security Agency.

WALTER E. KEYES. Director, State Improvement Commission, P.O. Box 930. Tallahassee, Florida.

DR. CLETUS L. KRAG. Hygiene of Aging, Bureau of State Services, Public Health Service, Federal Security Agency.

DR. LOUIS A. M. KRAUSE. Professor of Clinical Medicine, University of Maryland Medical School, Baltimore.

IRVING LADIMER. Assistant Director of Research Planning Branch, National Institute of Health, Public Health Service, Federal Security Agency.

JUDGE JOHN H. LAMMECK. Director, Ohio Department of Public Welfare, Columbus.

GEORGE LEIBOWITZ. Old-Age and Survivors Insurance, Coverage Analysis, Bureau of Old-Age & Survivors Insurance, Social Security Administration, Federal Security Agency.

HECTOR J. LE MAIRE. Education Director, Commission on Care and Treatment of Chronically Ill, Aged and Infirm, Hospital for Chronic Illness, Rocky Hill, Connecticut.

DANIEL LITTLE. District Manager, Pennsylvania Employment Service, Philadelphia.

T. WILSON LONGMORE. Agricultural Socio-Economic Research, Bureau of Agricultural Economics, Department of Agriculture.

HARALD LUND. Technical Director, Governor's Commission to Study Problems of Aged, 24 Mason Street, Providence, Rhode Island.

LYDIA LYNDE. Adult Education Through Extension Service, Department of Agriculture.

BELVERA MACK. Medical and Hospital Resources, Research Analyst, Bureau of Medical Services, Public Health Service, Federal Security Agency.

DR. J. A. McCALLUM. Superintendent, Montebello Hospital, Hartford Road and Herring Run, Baltimore, Maryland.

RICHARD McCAMANT. Rehabilitation Specialist. Civil Service Commission.

ANN McCORRY. Committee on Aging and Geriatrics, Federal Security Agency.

DR. JOHN R. MCGIBONY. Medical and Hospital Resources, Bureau of Medical Services, Public Health Services, Federal Security Agency.

ROSE McHUGH. Welfare Services, Bureau of Public Assistance, Social Security Administration, Federal Security Agency.

MRS. GLENN McINTIRE. 9 Page Street, Brunswick, Maine.

MARION McINTYRE. Chief, Division of Aid for the Aged, Ohio Department of Public Welfare, Columbus.

NELL McKEEVER. Health Educator, Office of the Surgeon General, Public Health Service, Federal Security Agency.

C. F. McNEIL. Dean, School of Social Administration, Ohio State University, Columbus.

SENATOR DONALD P. McPHERSON. Pennsylvania General Assembly, 250 Carlisle Street, Gettysburg.

SLATOR M. MILLER. Assistant Vice President, Hawaiian Sugar Planters Association 731 Investment Building, Washington, D. C.

WILLIAM L. MITCHELL. Deputy Commissioner for Social Security, Social Security Administration, Federal Security Agency.

ROBERT H. MONTGOMERY. Staff Supervisor, Applicant Services, Field Program Section, 1025 P Street, Sacramento 14.

DR. J. EARL MOORE. Johns Hopkins Hospital, Baltimore, Maryland.

ETHEL T. MORI. Assistant Director, Parks Board of Recreation City and County of Honolulu, Hawaii.

JOHN L. MORRIS. Chairman, Citizen's Committee on Retirement in Florida. Vice President, National Air Lines, 3240 N. W. 27th Avenue, Miami.

ROBERT J. MYERS, Actuary, Office of the Commissioner, Social Security Administration, Federal Security Agency.

CHARLES E. ODELL. Employment Counseling and Placement, Bureau of Employment Security, Department of Labor.

JOHN PARKER. Past President of the Three-Quarter Club, Bangor, Maine.

J. MILTON PATTERSON. Director, State Department of Public Welfare, 120 W. Redwood Street, Baltimore, Maryland.

- MARGUERITE PATTON. Chairman, Governor's Commission to Study Problems of Aging. Assistant Professor of Economics, Western Michigan College of Education, Kalamazoo.
- AARON PAUL. Director, Division of Public Assistance, Department of Economic Security, Commonwealth of Kentucky, Frankfort.
- ANNIE MAY PEMBERTON. Secretary, Special Committee on Aging. Supervisor, Services of the Aged, State Board of Public Welfare, Raleigh, North Carolina.
- OSCAR C. POGGE. Old-Age & Survivors Insurance Policy, Bureau of Old-Age and Survivors Insurance, Social Security Administration, Federal Security Agency.
- AMY POWELL. Member, Subcommittee on Problems of Aging, Recess Commission of State Legislature on Revision of Public Welfare Laws. Director, Department for Older People, Family Society of Greater Boston, 603 Boylston Street, Boston.
- DR. PERRY F. PRATHER. Deputy Director, State Department of Health, 2411 North Charles Street, Baltimore, Maryland.
- DR. CLARENCE J. PRICKETT. Superintendent, State Welfare Home, Smyrna, Delaware.
- LOUIS RAVIN. Employment Counseling & Placement, Bureau of Employment Security, Department of Labor.
- PEARL RAVNER. Employment of Women, Women's Bureau, Department of Labor.
- GUY RICE. Georgia State Department of Public Health, Health Conservation Services, Atlanta, Georgia.
- DR. J. T. RICHARDSON. Chairman, Governor's Committee on Aging, Department of Sociology, Marshall College, Huntington, West Virginia.
- HELEN RINGE. Bureau of Labor Statistics, Research and Statistics, Department of Labor.
- ARTHUR B. RIVERS, State Director, State Department of Public Welfare, P. O. Box 1108, Columbia, South Carolina.
- DR. GEORGE ROBERTSON. Director of the Clinic on Geriatrics, Thayer Hospital, Waterville, Maine.
- JUDGE HENRY J. ROBISON. Assistant Director, Ohio Department of Public Welfare, Columbus.
- MERRILL ROGERS. Assistant to Chairman, Committee on Aging, Federal Security Agency.

EDITH G. ROSS. Director of Local Welfare Services, Louisiana Department of Public Welfare.

REP. RICHARD A. RUETHER. Member, Subcommittee on Problems of Aging, Re-cess Commission of State Legislature on Revision of Public Welfare Laws. Member, State Legislature, 7 Spring Street, Williamstown, Massachusetts.

JOHN A. RUSKOWSKI. Joint Legislative Committee on Problems of the Aging, New York.

WILLIAM RUTHERFORD, Chairman. Illinois Committee on Aging, 160 N. LaSalle Street, Chicago.

GERARD M. SHEA. Director of Public Welfare, 3016 Municipal Center, 300 Indiana Avenue, N.W., Washington, D. C.

DR. HENRY D. SHELDON. Demographer, Bureau of the Census, Department of Commerce.

DR. NATHAN W. SHOCK. Chief, Gerontology Section, U. S. Public Health Service, Federal Security Agency, Baltimore City Hospitals, Baltimore, Maryland.

MRS. CLARA SIMERVILLE. Oregon State College, Education, Corvallis, Oregon.

S. H. SINGLETON. Attorney, Department of Public Welfare, Oklahoma City, Oklahoma.

SISTER HELEN THERESA. Tacoma Washington Ozman Home.

SISTER JOHN OF THE CROSS. Member, State Council for the Aging Population, Providence Hospital, 17th & East Jefferson, Seattle, Washington.

ANYA F. SMITH. Housing and Home Finance Agency.

PAUL SMITH. Chief of Technical Services, Pennsylvania Employment Services, Harrisburg.

PAULINE A. SMITH. Department of Health and Welfare, Augusta, Maine.

ELLIS SPILLANE. Public Health Educator, National Institute of Mental Health, Public Health Service, Federal Security Agency.

AUGUSTUS SYLVESTER. Assistant to the Chairman, Committee on Aging and Geriatrics, Federal Security Agency.

J. A. THIGPEN. Director, State Department of Public Welfare, Jackson, Mississippi.

REP. TEMAN THOMPSON. Chairman, Minnesota Commission on Aging, Member, State Legislative, Lanesboro.

- REP. IRENE K. THRESHER. Chairman, Subcommittee on Problems of Aging, Re-
cess Commission of State Legislature on Revision of Public Welfare
Laws. Member State Legislature, 667 Chestnut Street, Waban (Newton),
Massachusetts.
- JOHN L. THURSTON. Deputy Administrator, Federal Security Agency.
- CLARK TIBBETTS. Chairman, Committee on Aging and Geriatrics, Federal
Security Agency.
- PATRICK TOMPKINS. Massachusetts Dept. of Public Welfare, Boston,
Massachusetts.
- ROBERT E. TUMELTY. Public Health Educator, Division of Public Health
Education, Public Health Service, Federal Security Agency.
- J. SHELDON TURNER. Public Assistance Standard & Client Services, Bureau
of Public Assistance, Social Security Administration, Federal Security
Agency.
- DEREK VAN DYKE. Member of Arizona Legislature, 1838 Palmcroft Way, N. W.,
Phoenix.
- W. B. VAN HORN. Member, Governor's Committee on Aging. Administrative
Assistant, Department of Public Assistance, Charleston, West Virginia.
- REID WALL. Member, Special Committee on Aging. Superintendent, Methodist
Home for the Aged, Charlotte, North Carolina.
- REVEREND ANDREW WARNER. Chairman of the Committee on Education and
Leisure Time Activities, State Council for the Aging Population.
Counseling Pastor, Mason Methodist Church, Route 3, Box 749-C, Tacoma,
Washington.
- JUDGE T. J. S. WAXTER. Director, City Department of Welfare, 327 St.
Paul Place, Baltimore, Maryland.
- IRVING L. WEBBER. Supervisor, Retirement Research Division State Improve-
ment Commission, P.O. Box 930, Tallahassee, Florida.
- REP. LEROY A. WEIDNER. Pennsylvania General Assembly, 542 No. Ninth
Street, Reading.
- EDNA C. WENTWORTH. Studies of OASI Beneficiaries, Bureau of Old-Age &
Survivors Insurance, Social Security Administration, Federal Security
Agency.
- MARGARET WIESMAN. Member of Legislative Committee concerned with employ-
ment of persons over 40, 36 Hancock Street, Boston.
- DR. HUNTINGTON WILLIAMS. Commissioner of Health of Baltimore, Baltimore,
Maryland.

DR. WILSON WING. Associate Professor, Public Health Administration,
Johns Hopkins School of Hygiene and Public Health. 615 N. Wolfe
Street, Baltimore, Maryland.

ERNEST F. WITTE. Social Work Training, Bureau of Public Assistance,
Federal Security Agency.

OLIVE E. YOUNG. Employment Counseling Specialist, Bureau of Employ-
ment Security, Department of Labor.

DR. MARK V. ZIEGLER. Chief, Bureau of Medical Services and Hospitals,
2207 North Charles Street, Baltimore, Maryland.

8:45 a.m. REGISTRATION

9:30 a.m. INTRODUCTION OF STATE COMMISSIONERS

Walter E. Rogers

9:55 a.m. THE JOINTED PLAN

John L. Harrison

10:30 a.m. SECTION I. STATE COMMISSIONERS: What Are They?

What Do They Do?

Margaret and Pauline

A Panel representing types of existing State Commissions

Dr. A. Howell Swedish

William J. Bowers

Representative Irene E. Thurston

Representative Texas Thompson

Walter E. Rogers

Interviewed by William L. Mitchell

11:45 a.m. LUNCH BREAK

1:00 p.m. SECTION I. INTRODUCTION OF STATE COMMISSIONER PANEL

2:30 p.m. SECTION II. MEETING WITH GROUPS

A. IN COMPARATIVE EDUCATION

Discussion Leader - Walter E. Rogers

Researcher-Observer - J. B. Richardson

Organizer - Ernest R. Sawyer

B. IN COMPARATIVE ORGANIZATION

Discussion Leader - Jack Evans

Researcher-Observer - Robert E. Hunt

Organizer - Ernest F. Witte

JOHN HOPKINS SCHOOL OF PUBLIC HEALTH, BALTIMORE, MARYLAND

ERNEST T. WITTE, Social Work Training, Bureau of Public Health, Federal Security Agency

OLIVE E. JOHNSON, Employment Counseling Specialist, Bureau of Public Health, Federal Security Agency

DR. MARK W. KIMBLE, Chief, Bureau of Medical Services and Hospitals, 3207 North Charles Street, Baltimore, Maryland

These studies are being conducted by the Federal Security Agency, Bureau of Public Health, Baltimore, Maryland

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APPENDIX C

CONFERENCE OF STATE COMMISSIONS ON AGING
AND FEDERAL AGENCIES

Program

Monday, September 8

8:45 a.m. REGISTRATION

9:30 a.m. INTRODUCTION OF STATE COMMISSIONS

Oscar R. Ewing

9:55 a.m. THE CONFERENCE PLAN

John L. Thurston

10:10 a.m. SECTION I. STATE COMMISSIONS: What Are They?

How Do They Work?

Hindsights and Foresights

A Panel representing types of existing State Commissions.

Dr. A. Nowell Creadick

William Rutherford

Representative Irene K. Thresher

Representative Teman Thompson

Walter E. Keyes

Interviewed by William L. Mitchell

11:45 a.m. LUNCH PERIOD

1:00 p.m. SECTION I. RESUMPTION OF STATE COMMISSIONS PANEL

2:30 p.m. SECTION II. METHODS WORK GROUPS

A. in COMMUNITY EDUCATION

Discussion leader - Anna M. Boggs

Recorder-Observer - J. T. Richardson

Organizer - Homer H. Kempfer

B. in COMMUNITY ORGANIZATION

Discussion leader - Jack Ewalt

Recorder-Observer - Ethel T. Mori

Organizer - Ernest F. Witte

C. in FACT-FINDING AND REPORTING
Discussion leader - Felix A. Grisette
Recorder-Observer - Harold H. Lund
Organizer - Henry Sheldon

D. in RESEARCH, DEMONSTRATION, EVALUATION
Discussion leader - John E. Anderson
Organizer - James F. Garrett

7:00 p.m. GET ACQUAINTED BUFFET DINNER
Crystal Room, The Willard Hotel

Tuesday, September 9

9:00 a.m. SECTION II. METHODS WORK GROUPS RESUMED

A. in COMMUNITY EDUCATION

B. in COMMUNITY ORGANIZATION

C. in FACT-FINDING AND REPORTING

D. in RESEARCH, DEMONSTRATION, EVALUATION

12:00 Noon LUNCH PERIOD

1:15 p.m. SECTION II. THUMBNAIL REPORTS OF METHODS WORK GROUPS

Edith G. Ross for Community Education
Jack R. Ewalt for Community Organization
Harold Lund for Fact-Finding and Reporting
John E. Anderson for Research, Demonstration and
Evaluation

Interviewed by Robert Montgomery

2:30 p.m. SECTION III. RESOURCES OF THE FEDERAL GOVERNMENT IN
PROGRAM AREAS

Chairman: John L. Thurston

Health, Medical Care, Rehabilitation - John R.
McGibony

Employment - Charles E. Odell

Education and Guidance - Ambrose Caliver

Community Participation - Dean Snyder

Living Arrangements - E. Everett Ashley, III

Income Maintenance - Wilbur J. Cohen

Panel and floor discussion conducted by Clark Tibbitts

Evening Open

Wednesday, September 10

9:00 a.m. SECTION III. WORK IN PROGRAM AREAS

A. HEALTH, MEDICAL CARE, REHABILITATION

Discussion leader - Douglas Colman

Recorder-Observor - Edith Epler

Organizer - Vane M. Hoge

B. EMPLOYMENT

Discussion leader - Elizabeth Breckinridge

Recorder-Observor - Merrill Anderson

Organizer - Charles E. Odell

C. EDUCATION AND GUIDANCE

Discussion and leader - Wilma Donahue

Recorder-Observor - Hector J. Le Maire

Organizer - Ambrose Caliver

D. COMMUNITY PARTICIPATION

Discussion leader - Andrew Warner

Recorder-Observor - Kittye Clyde Austin

Organizer - Dean Snyder

E. LIVING ARRANGEMENTS

Discussion leader - Irene K. Thresher

Recorder-Observor - Frances Jeffers

Organizers - Everett Ashley, III

Arthur Gernand

F. INCOME MAINTENANCE

Discussion leader - Mary K. Guiney

Recorder-Observor - George E. Burdick

Organizers - Rose J. McHugh, George Leibowitz

12:00 NOON LUNCH PERIOD

1:30 p.m. FINAL CONFERENCE SESSION THUMBNAIL REPORTS OF WORK GROUPS
IN PROGRAM AREAS

Conducted by Wilma Donahue

Douglas Colman for Health, Medical Care, and Rehabilitation
A. Merrill Anderson for Employment

Hector J. Le Maire for Education and Guidance

Kittye Clyde Austin for Living Arrangements

Frances Jeffers for Community Participation

Mary K. Guiney for Income Maintenance

3:30 p.m. ADJOURNMENT

Mary K. Guiney for Income Maintenance

Special Session for Community Participation

Kitty Clyde Austin for Living Arrangements

Hector W. LaRue for Education and Guidance

Rev. J. M. Jones - Moderator

A. Merrill Anderson for Employment

Bonglas Coleman for Health, Medical Care, and Rehabilitation

A. Reed - Moderator

Conducted by Wilma Dossman

IN KNOX AREA

1:30 p.m. FINAL CONFERENCE SESSION

THURSDAY REPORTS OF WORK GROUPS

DATA MANAGER

12:00 NOON MEETING PERIOD FOR THE KNOX AREA

Organization - Mrs. J. M. Wright, Charge

Recorder - Observer - George M. Smith

See notes on discussion leader - Mary K. Guiney

PAUL THOMAS MALINOWSKI - Charge

Organization - Charge - Mrs. J. M. Wright

Organizers - Everett Ashley, III

Special Session - Charge - Mrs. J. M. Wright

Discussion leader - Irene K. Thompson

5. LIVING ARRANGEMENTS

Organization - Charge - Mrs. J. M. Wright

Recorder - Observer - Kitty Clyde Austin

Discussion leader - Wilma Dossman

6. COMMUNITY PARTICIPATION

Organization - Charge - Mrs. J. M. Wright

Organizer - Andrew Calver

Recorder - Observer - Hector W. LaRue

Discussion and leader - Wilma Dossman

7. INNOVATION AND REINFORCEMENT

Organization - Charge - Mrs. J. M. Wright

Recorder - Observer - Merrill Anderson

Discussion leader - Elizabeth Thompson

8. EMPLOYMENT

Organization - Charge - Mrs. J. M. Wright

Recorder - Observer - David Taylor

Discussion leader - Douglas Coleman

9. HEALTH, MEDICAL CARE, REHABILITATION

Organization - Charge - Mrs. J. M. Wright

Discussion leader - Wilma Dossman

10. ADJOURNMENT

SECTION III - KNOX IN KNOX AREA

3:00 p.m.

THURSDAY, SEPTEMBER 10

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

Oveta Culp Hobby, Secretary

* * * * *

Agency Membership in
The Committee on Aging and Geriatrics
is drawn from

The Public Health Service
Bureau of State Services
Bureau of Medical Services
National Institutes of Health

The Office of Education

The Social Security Administration
Office of the Commissioner
Bureau of Old-Age and Survivors Insurance
Bureau of Public Assistance

Office of Vocational Rehabilitation

* * * * *

Other participants in The Committee's work
are drawn from

The Department of Agriculture

The Department of Labor

The Housing and Home Finance Agency

The Bureau of the Census

The Veterans Administration

* * * * *

Clark Tibbitts, Chairman
Committee on Aging and Geriatrics



