Old age (1951)

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THE INTER-RELATIONSHIP OF PUBLIC AND PRIVATE COMMUNITY PLANNING FOR THE AGED

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The inter-relationship of public and private welfare agencies is a matter which needs closest re-examination in the light of present-day conditions and trends, rather than the laissez-faire which too often characterizes the situation today. What is true in general is particularly true with respect to the aged, because in this field there is much to unlearn as well as to learn.

For example, only very recently--practically beginning with the Federal Public Assistance Program for Old Age Assistance in 1935--such programs as assistance for the aged were mostly operated by private agencies, and more particularly, at institutional homes for the aged. Even with respect to most of these institutions, there were very few indeed which did not make as a condition for admission that the applicant was at least ambulant and not a victim of chronic disease. Furthermore, despite these restrictions, practically every private home for the aged had a long waiting list, and had as a prerequisite the ability to pay considerable sums at entrance for "lifetime care".

On second thought, I should perhaps modify the statement that most programs for the aged were merely institutional care under private auspices; of course I should have referred to the City and County Homes, County Almshouses and County Poor Farms, but actually most of these institutions were so bad that the less said the better about conditions then generally prevailing. Of course there were notable exceptions, but in general the conditions in these public homes were so bad that public revolt against the idea that old people had to be cared for under such conditions was a most powerful force in setting up the whole program of Old Age Assistance. The slogan, as you well remember, was "The County Home and the Poor Farm must go".

There was one other resource—if it can be called that—for the aged, namely, Mental Institutions, to which large numbers were committed who really might better be cared for, in the light of present knowledge, without institutional treatment, provided better programs were available. Unfortunately in this particular field not much progress can be recorded, although the way to achieve progress has been clearly demonstrated.

Today, programs for the aged no longer can be thought of in terms of institutional care only. To begin with, there is the question of employment. More and more, industry has relegated the older groups to the scrap heap as far as employability is concerned. In fact, discrimination starts in the 40's, and by age 60, except for special skills and abilities, and in relatively few lines of industry, a person of 60 is almost unemployable, except in periods such as wartime booms. A study of the "Help Wanted" advertisements in a recent study of the New York Times Sunday issue showed many hundreds of cases in which age limits were set—most of them giving age 40 as the maximum; and a few up to age 45.

Again, the very rapid increase of urban population, and the characteristics of city housing contrasted with rural housing, makes the housing situation for older people vastly more difficult than formerly prevailed.

Better medical facilities for diagnosis, treatment and care have greatly increased the numbers of the aged from a purely chronological standpoint. Moreover, they have brought to the older people better health for more years of life than ever before prevailed, despite the increased incidence of chronic diseases in older age groups.

Twenty-one years ago--in 1930--a comprehensive study by a New York State Commission laid the basis for the New York Old Age Assistance Program which preceded the present Federal program. Even at that time, it was found that average health among the older persons was good until age 70; in other words, the general debilities which produced the mistaken characterization of older people as being "senescent" did not set in before age 70.

It is probable that a similar study today would, from a physiological standpoint, find that average general health among the aged was maintained to a point between 72 and 75 years of age, and with the tremendous research and advances in the fields of geriatrics and gerontology--as witness this congress itself--it is not too much to expect that in the foreseeable future we may eliminate general debilities due to age alone. In other words, a case of debility will be considered, as it properly should, only on an individual basis and that there will be no classification of "senescence" as characteristic of the aged.

Not only has Medicine brought better health to the aged, but the number of the aged have increased rapidly and will undoubtedly increase continually in the foreseeable future.

The late Dr. J. J. Wittmer pointed out in his last paper, entitled "Are Greybeards White Elephants?" (October 1950):

> "Twenty-seven hundred Americans became 65 years of age today, 2,700 more will tomorrow, and every day this year 2,700 Americans will become 65. By 1975, 25 years from today, this number will skyrocket to 4,200 people a day.

"The average man who is working at 65 earns a salary of $808 per year. He has savings totaling only $200. How is he to live in retirement?

"Of the more than 10 million people 65 and over in the country today, only 37 per cent are employed or wed to employed persons. The remainder are supported by relatives, by government benefits, or by private pension funds.

"Fifty-nine per cent of our aged are placed in the ignominious position of being dependent upon their children or the community for their support. This support, when it is forthcoming, not only involves the loss of personal independence, but is usually totally inadequate. Even with the recent raise in Social Security payment benefits, such payments alone will hardly prove adequate to the needs of the aged."

The whole question of economic status of our old people is fundamental to understanding why both public and private welfare agencies must work together and plan together if we are to make substantial progress in improving the status of our aged, both individually and collectively.

On the top level and under the best of conditions, there are 20 per cent of those 65 years or over in age who have sufficient income and whose health and other situations are so satisfactory that they have no need for either public or private welfare agencies.

At the other extreme, from a purely economic standpoint, are the 22.4 per cent of all those 65 and over in this country who must rely on Old Age Assistance grants, paid for out of public taxation. This group includes 2,769,229 individual recipients to whom payments of more than $1,400,000,000 are made annually. In New York City, those on public assistance rolls comprise 10.6% of all those 65 years of age and over. The lowest percentage is in New Jersey, which grants Old Age Assistance to 6% in that age group, and the percentages vary up to 72½% for the aged in Louisiana.

The present trend is toward greater percentage of those 65 and over to be supported on Old Age Assistance paid for by taxation only, and for greater liberalization and intensification of programs.

Again varying by the situation in each case, other services are available to those in receipt of Old Age Assistance--for example, in New York City a vast array of services, including medical care, nursing and housekeeping services in the home, convalescent home and institutional care in private homes, and social services are provided.

It is necessary to stress the completeness of services available for those on public assistance, to bring out the fact that those whose financial resources are barely sufficient to make them ineligible for our Old Age Assistance Program are much worse off than those on the program. In other words, for that vastly greater number of those ineligible for public assistance, yet whose needs are often great, we must look to the private welfare agencies to provide the essential services. This becomes particularly important where immediate health or other services may provide the means of avoidance of need for public assistance. Again, by complete cooperation between public and private agencies, it is possible to remove many from public assistance rolls through rehabilitation. Let me illustrate. John Patterson was a diabetic with both legs amputated, and blindness resulting from the disease. His wife, Mary, had to stay home to care for him in his helpless state. They received a grant averaging $170 monthly, including medical care. The man was referred to the New York University-Bellevue Hospital Rehabilitation Clinic, and fitted with artificial limbs and trained to walk. The Society for the Blind also participated in training him, so that these cooperative measures made him self-sufficient and happier in the home. His wife, a former secretary, was retrained for industry and is today working for $260 per month. The case was removed from the public assistance rolls, and both husband and wife have a happier and better-supported life.

To return to the economic basis for support of older people: besides those on public assistance and those entirely independent, and acknowledging that there are an undetermined number of duplications, in general there are perhaps another 25 per cent of the aged who are supported by their children. There are 1,770,984 old age primary recipients included in the Old Age and Survivors' Insurance program, with perhaps another 150,000 "survivor" beneficiaries. Amounts paid to older persons under the Old Age and Survivors' Insurance program approximate $1 billion a year. Recent liberalization of the Old Age and Survivors' Insurance Law, both with respect to minimum payments and reducing the number of "quarters" for which the right for benefits must be earned, will materially improve the lot of older persons who will have worked at least six quarters before reaching retirement at age 65 or older.

Social Security payments have risen about 140% since the new law providing larger benefits for more persons went into effect a year ago. Payments for August, 1951, will be about $147,075,000 as compared with $61,641,000 for August 1950. The expanded program now covers 45,000,000 workers and their families, an increase of 10,000,000 over 1950 and about 75% of the nation's labor force. The average old-age retirement payment has increased from $26 to $48. The top payment to the family of an insured wage earner is now $150 a month, up from $85. Generally, retirement and survivors' benefits have risen an average of 77½%. The maximum old-age insurance payment a year ago, about $45, is now $68.50.

There are other programs, such as the Railroad Retirement Act, which provides for the old age of persons in that system, and of course there are the vast Federal, State and local pension programs. With respect to these, however, the amounts generally are small and the beneficiaries adversely affected by the inflation which now characterizes our price structure.

Of great significance, and with rapid expansion both in numbers and amounts of pensions granted, are the "private pension plans" paid for by employers in many industries.

Perhaps best known among this new group of pension plans is the $125-a-month provision secured by the Miners' Union from the coal mining companies, and $100-a-month from the Ford Motor Company. Clothing trades have had pension plans for retired workers, and studies now in progress will doubtless reveal much significant data as to the values of such plans.

So far we have talked only of the economic status of the aged. However, money is not all that is involved. The idleness and the isolation--yes, the uselessness--to which our old people are consigned, regardless of their abilities or needs, particularly for social life--brings far too many to the brink of despair, or worse: to mental or nervous breakdown and possible commitment to mental institutions. If only one example were allowed me to cite as to the values of public and private agencies working together, I would take the case of our Day Care Centers for the Aged in New York. Private agencies and the Department of Welfare work together to operate these Centers. In the Center which has worked the longest period of years, namely, our Hodson Day Care Center, there is an enrollment of 800, and a daily attendance of 250 old people. Because of the satisfaction derived not only from the activities there, but from the opportunity to develop a satisfactory social life of their own, the fact is that these people require less medical care, less attendance at clinics, and otherwise lead a more normal life.

What about the institutions for the aged? The "County Home" has not disappeared because we found that satisfactory homes for chronic invalids were so sorely needed. But in many States, notably in Illinois, the County Homes, together with private and public welfare agencies, and County Medical Societies, have become splendid institutions.

What about private institutions for the aged? They too are learning to change from a mere custodial institution to become a center for many programs and activities for the aged. At the central institution there are the chronic invalids, but even

for them there is a relationship not only for medical care, but for medical research; there are adequate recreational and social services and for rehabilitation as well. More and more we are learning to discard the term "incurable" where only a few years ago we had, as actual titles of institutions, the term "Home for Incurables". New drugs such as Cortisone and new methods of rehabilitation are working modern miracles.

The Home for the Aged also maintains apartments, finds foster homes and furnished rooms for the ambulant, and correlates and supplements the work with health services, visiting nurse and visiting housekeeper services, and with referral for hospital care whenever necessary.

In this way, by private and public agencies working together, the benefits of the private agency programs are vastly extended. Where institutional care is necessary the public assistance payments are continued, thus helping to support the private agency. None of the private agencies that I know of personally could maintain their programs without public assistance payments to those who are destitute, or conversely, those without financial means would not be able to avail themselves of the excellencies of private homes without their Old Age Assistance grants continuing.

Still further, the contributions of public assistance grants to individuals, as well as the whole right under public health law to demand standards of care, have vastly improved both public and private institutions.

As in all other fields, private agencies, because they are smaller and without many limitations imposed on public agencies, can provide leadership and experimentation in program building. It is certain that we cannot afford to stand still, and still less can we afford to make all the mistakes which other people have already made.

I would like to tell about one practical way in which we are making progress along the lines of inter-relationship of public and private community planning for the aged. Under the leadership of my predecessor as Commissioner of Welfare, there

was set up a Mayor's Advisory Committee for the Aged. On this Committee there are leaders in every private and public welfare field concerned with the problem of the aged generally. Outstanding businessmen, employers and employment agencies, and directors of health, hospital and institutional services are also represented on the Committee. The work is being progressed in each of ten subcommittees:

Adult Education
Day Centers for the Aged
Employment
Housing
Institutional Care
Legislative
Medical Care and Research
Research
Social Service and Counseling
Executive

Ten of the members of this Committee are among those here at this Congress, invited to present papers of major significance.

The Subcommittee on Research has developed fifteen worthwhile projects for research in the field of the aged. (See list on separate sheet.) The Department of Welfare is contributing the services of many staff members and facilities, and the Rockefeller Foundation has provided an initial grant for development of pilot studies, out of which it is hoped proof will be established of the need for a continuing and well-financed program of basic research.

This bringing together on the basis of equality and mutuality of public and private agencies to plan together for the aged is an outstanding example of the "inter-relationship" or the "inter-dependence" of both, for the benefit of all. Neither public nor private groups dominate, and there is no room for misunderstanding, or, as is too often the case, for professional differences.

I would apologize for basing so many of the examples of the benefits and of the methods for private and public welfare agencies to work together and plan together, on the experience in New York City, were it not that I am convinced that we have

accomplished results which are worth noting. Of course we are not satisfied, and are studying the outstanding successes of others, and are constantly seeking new ways ourselves to improve our programs for the aged. If, however, we can help others, by reporting here what we have achieved and what we are planning, particularly how we all must work together if we are truly to succeed, I will be more than grateful.

Thank you.