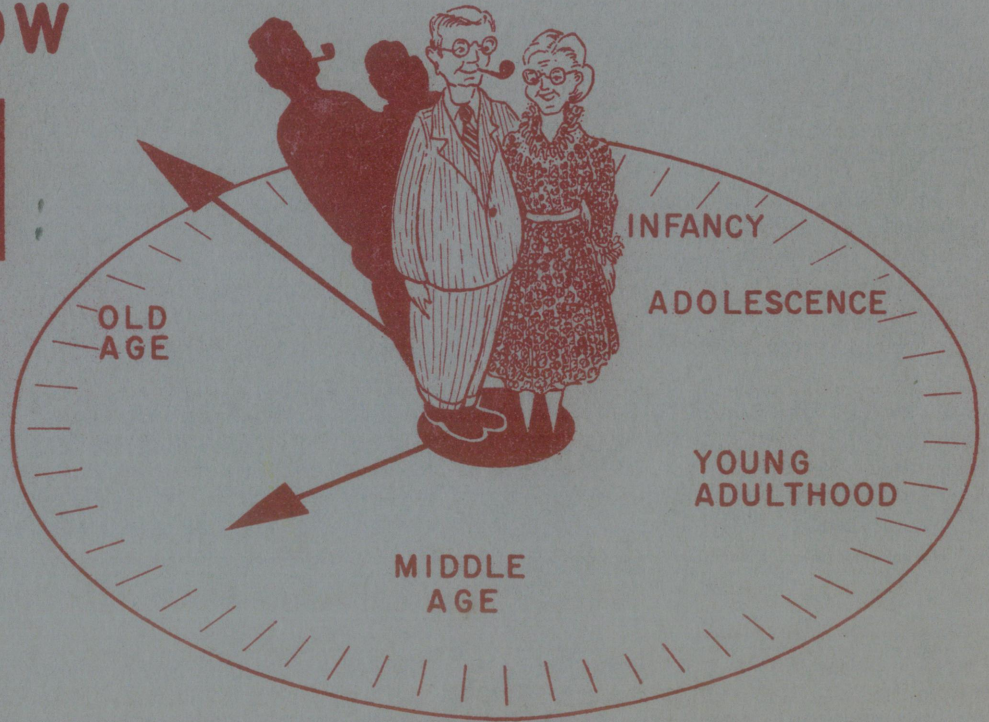


Old age (1952)

WE ALL GROW old

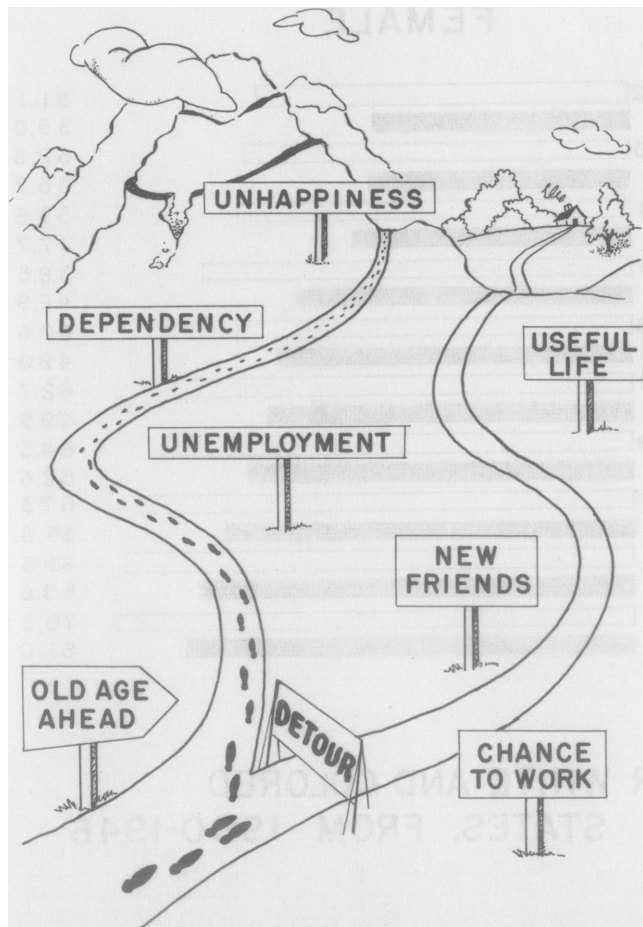


A STUDY OF KANSAS CITY'S
AGING POPULATION

COMMUNITY STUDIES **RECEIVED**

INSTITUTE OF
INDUSTRIAL RELATIONS

JUN 27 1952



WHAT IS THE OLD AGE PROBLEM?

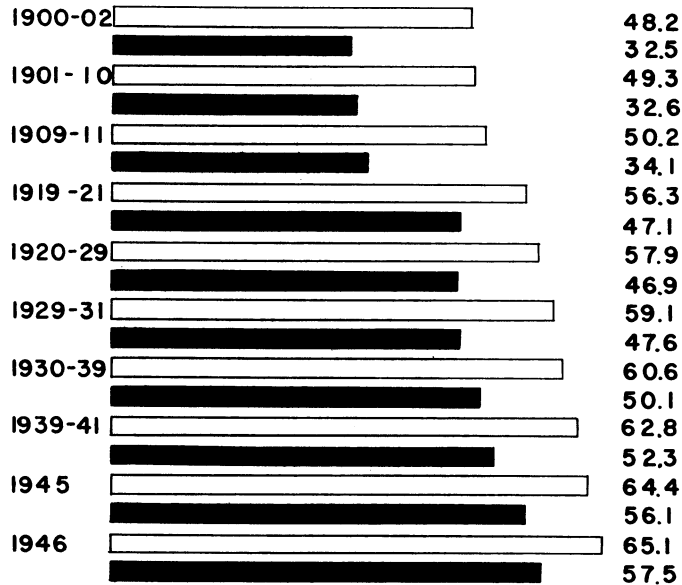
America, a nation that has devoted itself to youth and progress, has an aging population. This is one of the profoundly significant facts of our time. It is important to all of us--because we all grow old and because more and more older people are living among us.

We rejoice because medical science has made it possible for us to live longer and healthier lives. But most of us, as individuals, do not know how to live through the older years. And in society we make it difficult for older persons to be happy and useful.

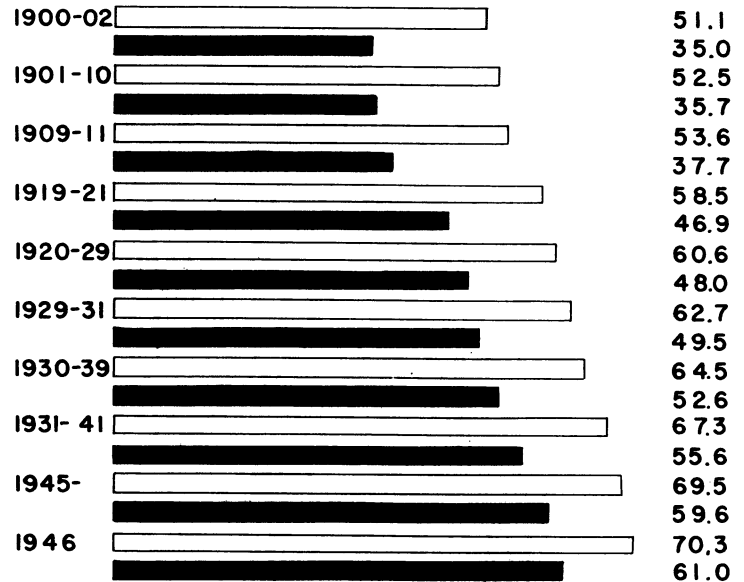
The great majority of persons, in growing old, must adjust to decreased income, poorer health, loss of self-respect, and separation from loved ones. A growing number of aged persons are impoverished, isolated, and embittered. Their needs must be met adequately.

This pamphlet represents an attempt to determine what an aging population means to Kansas City--and what it means to you.

MALE



FEMALE



□ WHITE ■ NEGRO

LIFE EXPECTANCY AT BIRTH FOR WHITE AND COLORED
PERSONS, BY SEX, IN THE UNITED STATES, FROM 1900-1946

THE EXTENSION OF LIFE

Since 1900, the average span of life has been extended from 49 to 68--almost 20 added years of life for each person.

This great extension of life has been due to two things: to progress in treating disease and to an improved standard of living involving improved sanitation, better food, and shorter working hours.

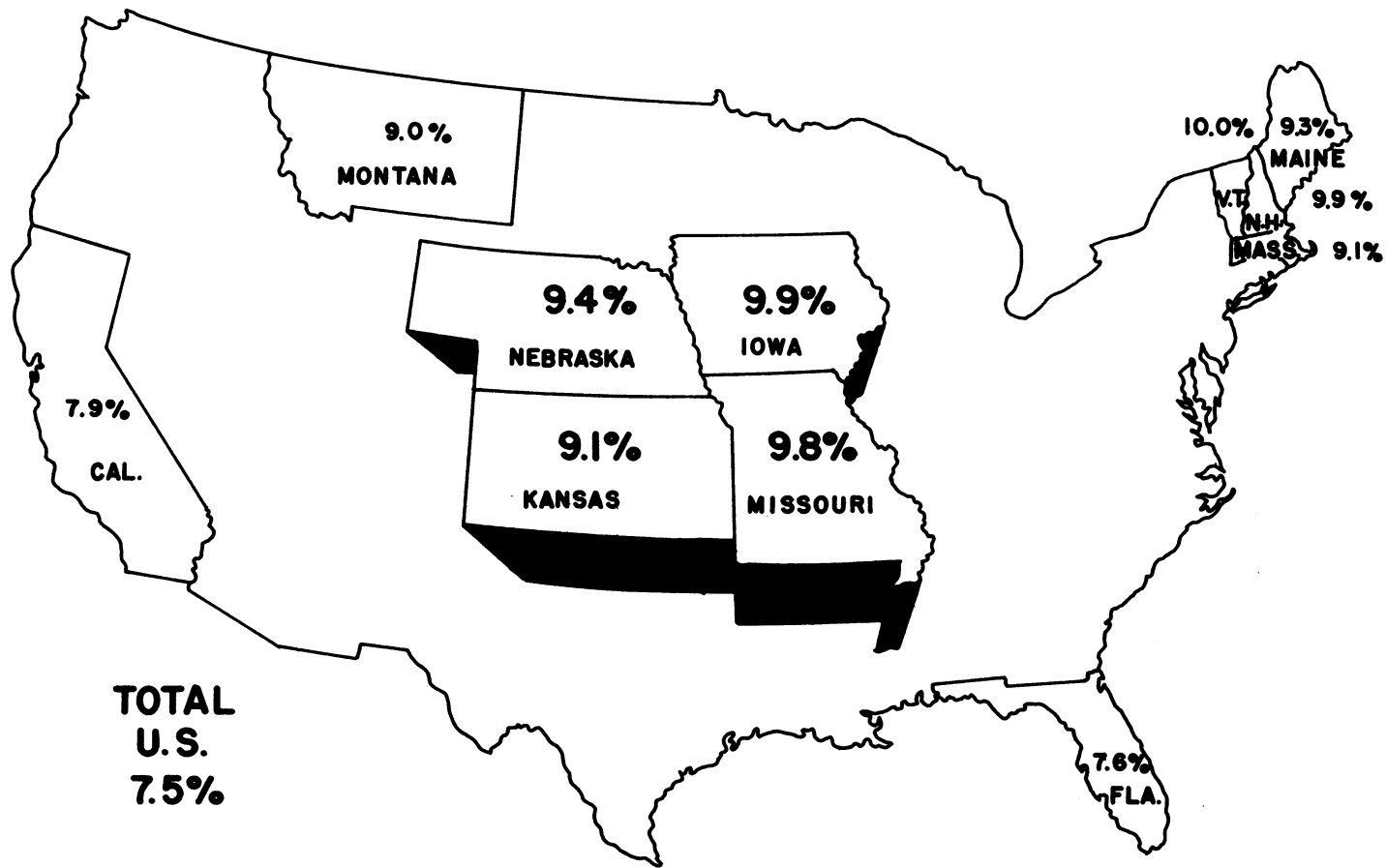
Advances in medical science have been greatest in dealing with the diseases of children and young adults, for instance smallpox, tuberculosis, and diphtheria. But now a vigorous attack is being made on the diseases that most frequently strike people in the later years, cancer and heart disease, for example. As medical science becomes more successful in treating these, we can expect the average span of life to be extended even more.

Similarly, the possibilities of preventive medicine are being met with increased vigor. Preventive medicine, plus new drugs, new techniques, and improved medical standards can make longer life possible for more people.

Moreover, if the American standard of living continues to improve, the effect will be lengthened life. At present, underprivileged groups have a shorter span of life than the more fortunate portion of the population. (Negroes, for instance, have a shorter life expectancy, shorter by 8 1/2 years, than that for Whites.) As the standard of living of the underprivileged improves, the life span of the entire population will be extended farther. As we learn more about nutrition, sanitation, healthful working conditions, and control of air pollution, the death rate will drop and the average man will have added years of life.

The average man, however, has not benefited from the increase as much as the average woman. A white male can now expect to live 65 1/2 years; a white female 71 years. This accounts for the greater number of older women.

The pressing problem is what to do with the added years of life, for Americans, probably more than any other people, have come to dread old age.



PERCENTAGE OF THE POPULATION AGED 65 AND OVER, 1948

THE INCREASE IN THE AGED

As medical progress and improved living standards have extended the average span of life, the aged in our population have increases tremendously. There are now about three and one-half times as many persons 65 and older in the United States as there were in 1900.

And continued increases in the older population are almost certain to occur. The Census Bureau estimates that by 1990, 13.1% of Americans--more than one person in eight--will be 65 and older. This may be larger if there is outstanding medical progress and if the standard of living improves.

Kansas City itself has experienced a rapid increase in the aged. In 1920, there were less than 14,000 persons 65 and older in Kansas City, Missouri; now there are about 40,000.

There is a larger proportion of older people in Kansas City than in larger cities like New York, Chicago, and St. Louis. In other words, it appears that the

KANSAS CITY, MISSOURI'S INCREASE IN TOTAL POPULATION AND POPULATION 65 YEARS OF AGE AND OVER, 1920-40

TOTAL POPULATION —  % INCREASE



65 AND OLDER —  % INCREASE



EACH SYMBOL EQUALS A 10% INCREASE

old-age problem is more serious here than in larger cities.

Moreover, it appears, according to recent estimates, that large numbers of older people are concentrated in the four-state area of Missouri, Kansas, Iowa, and Nebraska, of which Kansas City is the geographical center. The proportion of older persons is higher in the Lower Midwest than in California and Florida.

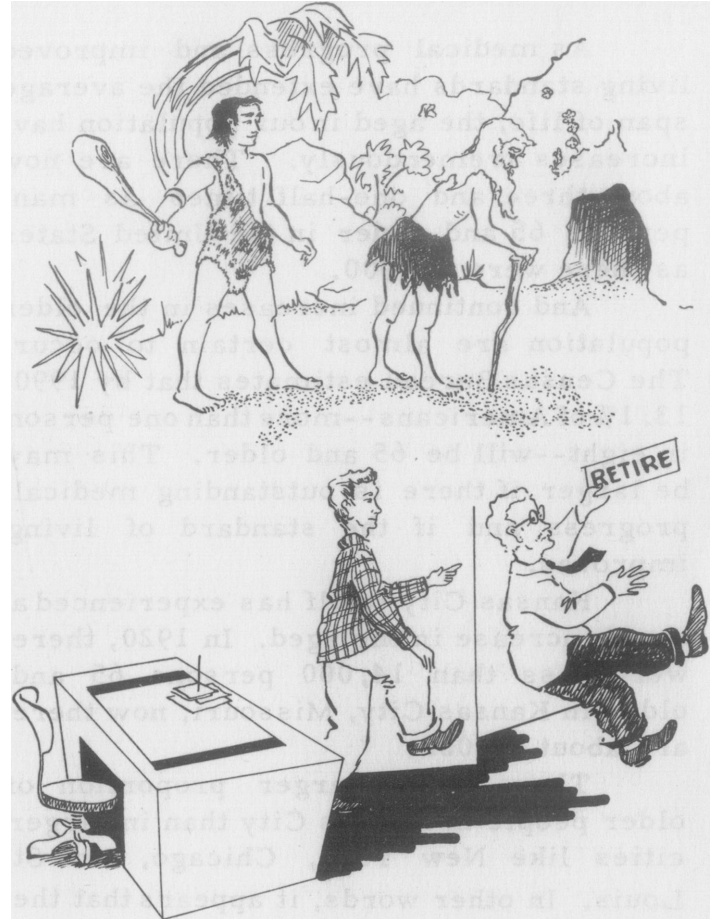
The proportion of aged in Kansas City, Missouri, is higher than in other parts of the metropolitan area--higher than Independence, Missouri, and Kansas City, Kansas, for example.

OLD PEOPLE--PAST AND PRESENT

The extension of life and the increase in numbers of older persons are not enough to explain the problem. These changes have been accompanied by a change in the position of older persons in work, in the family, and in social activities.

In the early days, when America was primarily a nation of farmers and shopkeepers, older people fared quite well. On the farm, at least on the pre-mechanized farm, an older man or woman could perform useful functions--doing chores, gardening, helping with the children and the housework. In the small business typical of 75 or 100 years ago, a man could work in his old age.

But far-reaching changes have taken place in the last 100 years. As medical science has made it possible for persons to live longer, city conditions have prevented them from being socially and economically useful. More and more, we are confronted with a mass of elderly people who are in the community but not realistically of it.



A profound change in attitudes toward older persons has taken place with the growth of urban, industrial centers like Kansas City and with the concentration of a majority of the American population in metropolitan centers. Modern, large-scale business and industry have come to abruptly retire employees when they reach 65, 60, or even 55.

During the same period, the pattern of family living has changed so that older persons are no longer comfortably included in the family. It was traditional rural practice to include aged persons in the family circle, not simply because there was nowhere else for them to go, but because they were basically wanted, appreciated, and recognized as useful.

In contrast, the modern family finds it difficult to care for aged relatives--because it costs heavily to support them, because there is no room for them in an apartment or small family dwelling, and basically because the two generations live in different social worlds.

Some primitive tribes made a practice of abandoning their elders to die because they were no longer able to hunt and fight, no longer of service to the tribe. We don't take our old people out to die, but we do the next worst thing--we put them on the shelf.

Psychologists and social scientists maintain that a person is likely to have happiness, emotional security, and mental health if he has an important part in society and if he receives adequate recognition and affection from others. The practice of placing older persons on the shelf creates deep psychological problems for them. Many of the characteristics commonly attributed to physical decline in old age may in fact result from the manner in which older people are treated.

The progressive, prosperous community of the future will be one that makes full use of older persons who want to participate in social and economic affairs. Kansas City cannot afford to neglect this largely untapped source of talent and experience.

MEN 65 YEARS AND OLDER IN THE LABOR FORCE, U.S.A.



EACH SYMBOL EQUALS 5% OF
MEN 65 YEARS AND OVER

WORK AND RETIREMENT

No aspect of the aging problem is more important than that of employment. In our society, psychological health, as well as financial security, depends to a considerable extent upon occupational success. Like widowhood, loss of employment is a crisis situation encountered in aging, a situation that is particularly demoralizing to men, because so much of man's life, so much of his interest and ambition, centers on his work. Demoralization, senility, and ill health often follow retirement.

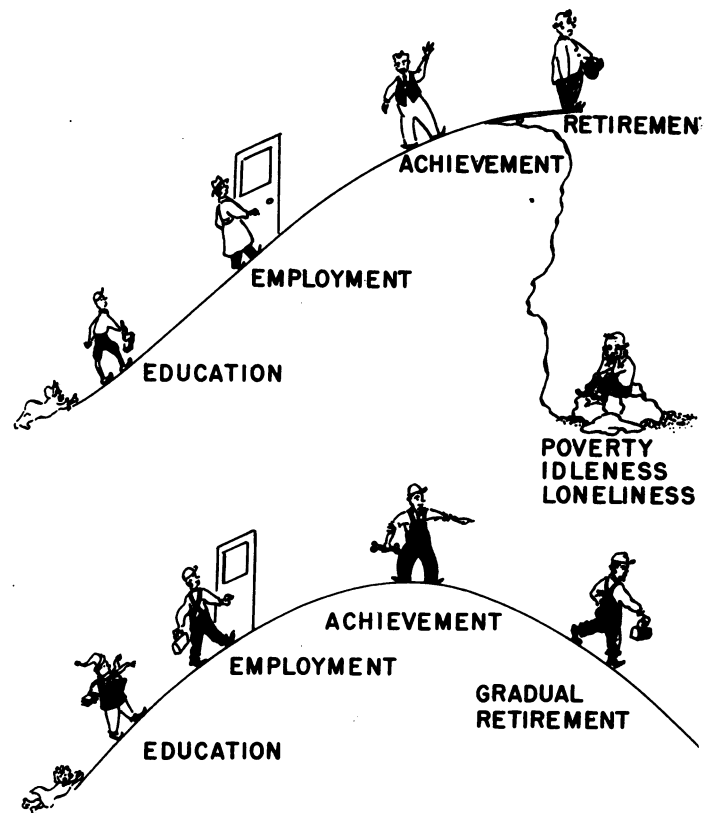
The unemployment of older persons affects our entire economic system. Among older people there are large numbers who are able and talented. To the extent that such talent is not utilized, the community loses in two ways: (1) by allowing that untapped source of productive energy to go unused; and (2) by having to support older persons who are able and willing to work.

As the aged have increased in numbers, it has become more and more difficult for them to remain employed. The employed, economically productive portion of the population has been called on to support the growing proportion of unemployed, economically unproductive aged. This is the situation at a time when national and international obligations impose a heavy burden of taxation, and at a time when there is increasing demand for labor.

It is time, then, to more realistically face the problem involved in the employment and retirement of older workers.

The basic principle is that all persons should be considered for work on the basis of merit and ability regardless of age. There should be no rigid retirement policy tied to the age of 60, 65, or 70.

To consider older workers on the basis of merit requires broad changes in attitudes toward employment and retirement, changes in policy on the part of industries and labor unions, and more flexibility in the social security program.



In 1890, about 70% of men 65 and over were employed; in 1940, only 38% were employed. In other words, the proportion of older men employed declined, even though their numbers increased tremendously, even though their general state of health probably improved, and even though modern jobs do not require the strenuous physical labor that was required in work fifty years ago.

Older women have never been employed in large numbers, in part because it does not occur to them, but also, in considerable part, because they cannot obtain employment.

It is evident that employers, like the general public, have come to believe that older persons are useless and in the way, that they should be retired to make way for younger workers.

It is evident also that retirement policies, for which labor leaders and progressive employers have worked with vigor, have helped to place older workers on the shelf. The older man who is unable to work because of failing health is far more

favorably situated today than fifty years ago. But older men, still able after 65, have been forced to retire.

Even the social security program has contributed to the belief that a person becomes automatically unable to work after the age of 65. Workers have been encouraged to retire and employers have been encouraged to retire employees in order to take advantage of the social security program.

When the situation is studied more closely, the idea that all, or even most, older persons are unable to work appears to be a misconception: (1) because some persons, including prominent figures like Herbert Hoover, Bernard Baruch, and Eleanor Roosevelt, remain active in spite of advanced years; (2) because studies that have been made indicate that older workers, even in heavy industry, are quite efficient and very conscientious; and (3) because studies of persons on social security indicate that only 5% retired voluntarily while in good health.

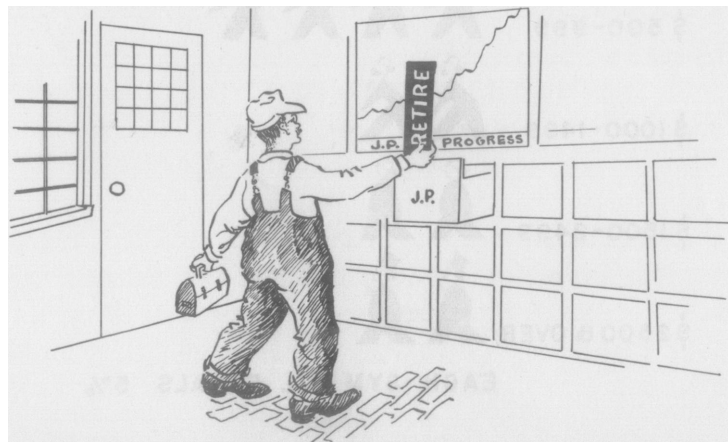
Business and industry cannot be expected to carry older workers who fail to perform adequately. In fact, it would be detrimental to the economy if they did so. Older workers should be treated only according to their individual worth.

In this connection, revision in the conception of the continuous promotion of workers in late middle-age warrants consideration. As a rule, a worker is not down-graded as he becomes old; he is either continuously promoted, or retired. Rather than being continuously promoted and then abruptly retired, older workers should be gradually shifted to less laborious and less responsible positions as their aptitude declines. Such a policy would delay complete retirement and would make retirement a gradual rather than an abrupt experience.

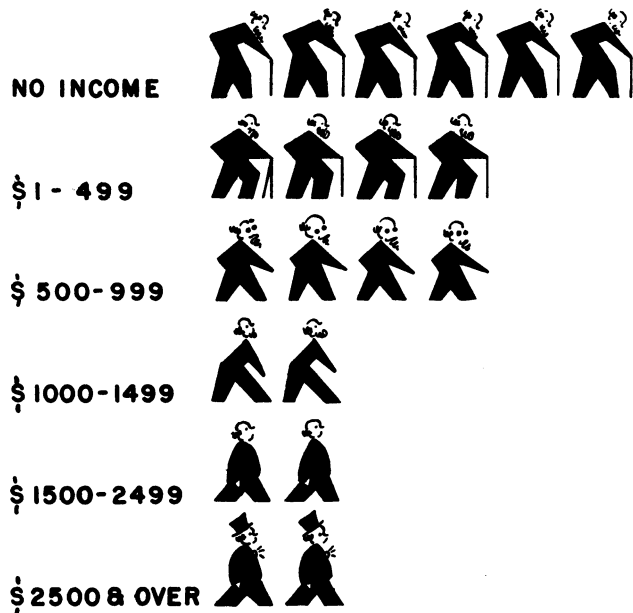
It is evident also that the individual working man or woman should acquire a more realistic conception of work and retirement. He must realize that his interests and abilities do not abruptly change at a certain age.

The older worker should come to accept, and even request, a less responsible position when his health declines and a job becomes too burdensome for him. When complete retirement becomes necessary, he must be prepared financially and psychologically.

Finally, and this is most important, Americans must realize that the older population must be given the opportunity to be economically productive. Their years of experience should not be cast aside lightly.



INCOME OF MEN AND WOMEN, 65 YEARS AND OLDER—UNITED STATES 1948



EACH SYMBOL EQUALS 5%.

FINANCIAL SECURITY

The problem of financial security in old age is not an ordinary "poverty" problem. Many of the impoverished aged have had substantial middle-class incomes during their active lives. Public assistance cases occur in all parts of the city.

As the aged have increased in number, their financial position has changed. The longer average span of life and the policy of early retirement have made it more difficult for a person to save enough for security in old age. Rising living costs, taxation, and inflation have reduced the savings of older persons. Many, perhaps a majority, of the current aged had their savings wiped out during the depression.

There is also the problem of medical expense. Life can be prolonged, but at a cost. Many older persons who have saved frugally to be secure in old age are confronted with medical expenses which rapidly wipe out their savings.

Because of the revolutionary changes in the economic position of older persons, programs have been set up to provide a minimum of security. There are two programs of national scope--Old Age and Survivors Insurance and Old Age Assistance.

These two programs are different in purpose and approach. The former is financed by pay-roll taxation and benefits are fixed in part by length of employment. The latter is direct financial assistance to needy older persons and is financed from general state and federal funds.

Under the OASI program, a person receives benefits on retirement (regardless of financial circumstances) if he has been under social security for a certain length of time. OAA is more complicated in administration because of the necessity of determining whether an applicant is sufficiently in need of assistance.

When the social security act was originally drafted, it was intended that the insurance program should be the more important and that public assistance should

serve as an emergency and supplementary source of support. In practice, however, Old Age Assistance has given more support to the aged.

Old Age Assistance is by far the largest single welfare program both in terms of the number of persons served and in terms of expenditures. In Jackson County in June, 1950, there were 12,918 persons receiving Old Age Assistance with an average grant of \$45.52. Without such a program, it is possible that thousands of persons would be completely without food and housing.

Despite its size, the Assistance program fails to provide adequate financial security for older persons. The average OAA grant is \$46 monthly at a time when it costs an aged couple \$170 per month for an adequate living in the city.

The problem is of such size that a preventive approach offers the only realistic long-range solution. This involves preventing older persons from becoming economically dependent.

Older persons who are able should be given every opportunity to remain employed. Gainful employment provides older persons with greater self respect and psychological security at the same time that it relieves the public of some of the cost of supporting older persons.

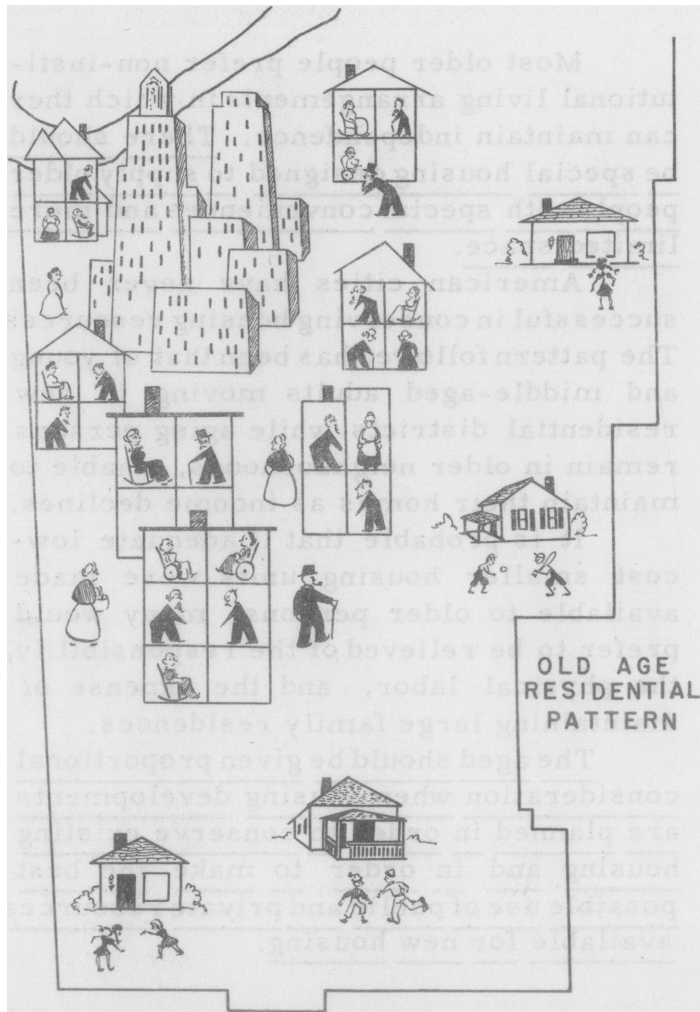
If a larger proportion of the older population remains self-supporting, the needs of those who are unable to work can be met more adequately. Most vitally needed, immediately, is additional assistance to those who, because of high medical expenses, cannot possibly get along on the Missouri maximum grant of \$50. Some states, including Kansas, have provided this. More adequate financial provisions for the chronically ill aged should be made even at the price of reducing payments to the price of reducing payments to persons with some outside income.

Security should be provided, as much as possible, by insurance rather than assistance. The recent expansion of the social security program is an effort in the right direction. The success of a

long-range insurance program depends, of course, on preventing inflation.

Social security provides only bare subsistence on retirement. Most of the income of older persons still comes from employment, private savings and insurance, and from family support. There is no indication that the social security program has made people less prone to make private plans for financial security in old age.

But even though private savings and insurance continue to expand, there is no guarantee that the expansion will be rapid enough and no assurance that inflation will not drastically reduce the value of private savings. The increasing number of older persons and the longer period of life for individuals makes the problem of economic security increasingly difficult. There is no easy solution. Without constant effort, the standard of living of the older population will drop below the subsistence level. Very special effort will be required to obtain greater financial security for older people.



HOUSING THE OLDER POPULATION

A city sorts and shifts people in various ways. Older persons tend to be pushed into the poorer and more crowded districts. They become isolated from friends and relatives and grow lonely and demoralized.

Areas of the very poorest housing in Kansas City contain the very highest proportions of older people. There, in the poverty, disease, and demoralization of the slum, many older persons--particularly men--live out their last years.

A little farther out from the downtown district are gradually deteriorating residential areas. There, substantial family homes are frequently converted into rooming, boarding, and apartment houses. In these districts live large concentrations of older persons--particularly women.

Apparently most older persons in Kansas City live alone. Some evidence of this was furnished by a 1948 study of living arrangements of persons on Old Age Assistance. Over half of these were found

to be living alone. The proportion living alone was greater than in rural areas in Missouri and even greater than in St. Louis.

The fact that so many older persons in the city live alone raises problems as to how they manage their affairs. There can be little doubt that older people, especially the very old, have great difficulty in climbing stairs, in shopping, in using public transportation, and in finding recreation.

All older persons do not, of course, need or want the same type of housing. Some, because of chronic illness, require nursing-home or hospital care. Some are pre-disposed toward institutional living in old-age homes. Such facilities have not expanded in accordance with the increase in the older population.

In general, homes for older persons should not be designed and administered as institutions. Since persons spend as many as twenty years of their lives there, homes should be genuinely arranged for living.

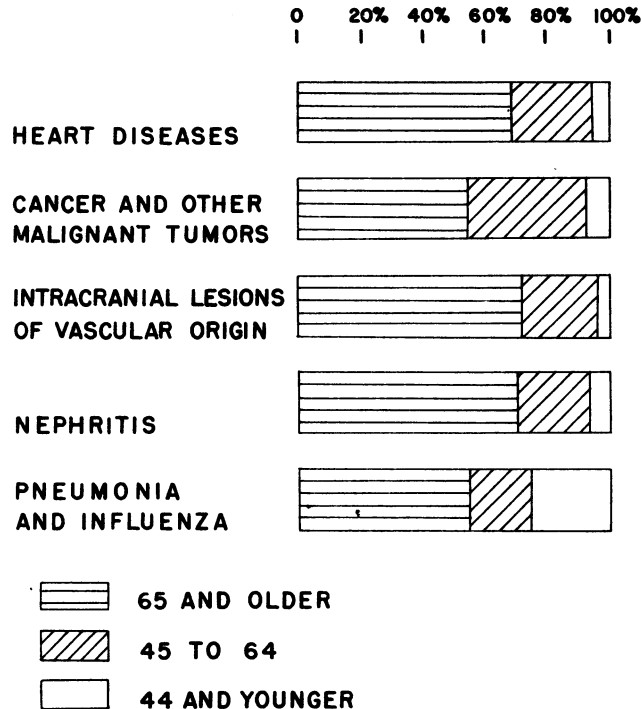
Most older people prefer non-institutional living arrangements in which they can maintain independence. There should be special housing designed to supply older people with special conveniences and more limited space.

American cities have never been successful in conserving housing resources. The pattern followed has been that of young and middle-aged adults moving to new residential districts while aging persons remain in older neighborhoods, unable to maintain their homes as income declines.

It is probable that if adequate low-cost smaller housing units were made available to older persons, many would prefer to be relieved of the responsibility, the physical labor, and the expense of maintaining large family residences.

The aged should be given proportional consideration when housing developments are planned in order to conserve existing housing and in order to make the best possible use of public and private resources available for new housing.

PROPORTIONS OF DEATHS FROM THE FIVE LEADING CAUSES, BY AGE, MISSOURI, 1947



ILLNESS IN OLD AGE

As medical science has learned to control the diseases of children and young adults, health problems have increasingly become old age problems. In other words, it is the older portion of the population that is afflicted with the serious diseases.

Most deaths by leading causes in Missouri in 1947 occurred among persons 65 and older. In a sense, this is a measure of medical progress. Since all men die, it is desirable that they die in advanced years.

Missouri death rates from the diseases which afflict older persons are all higher than United States rates; and Missouri death rates from diseases which afflict the younger population are lower than United States rates. This is probably because there is a high proportion of aged in Missouri.

In terms of health needs, it appears that the diseases of old age warrant special consideration.

The increase in the number of aged has been accompanied by an increase in chronic illness. Space in hospitals, nursing homes, and mental institutions is severely taxed by the many old people who require long-term care.

Almost one-third of people in the State Mental Hospitals in Missouri are 65 and older. The majority of these are known as "custodial-care" patients. At present nothing can be done for them except to supply physical comfort and kindly care.

Space and facilities in mental hospitals are badly needed for patients who are responsive to treatment. Because of this, the hospitals release senile cases whenever possible. This produces further problems because few other facilities are available. Some are admitted to county homes, which, of course, has the effect of burdening them with senile cases. In January, 1951, 36% of residents of Jackson County Home, white, were senile or suffering from other mental disorders.

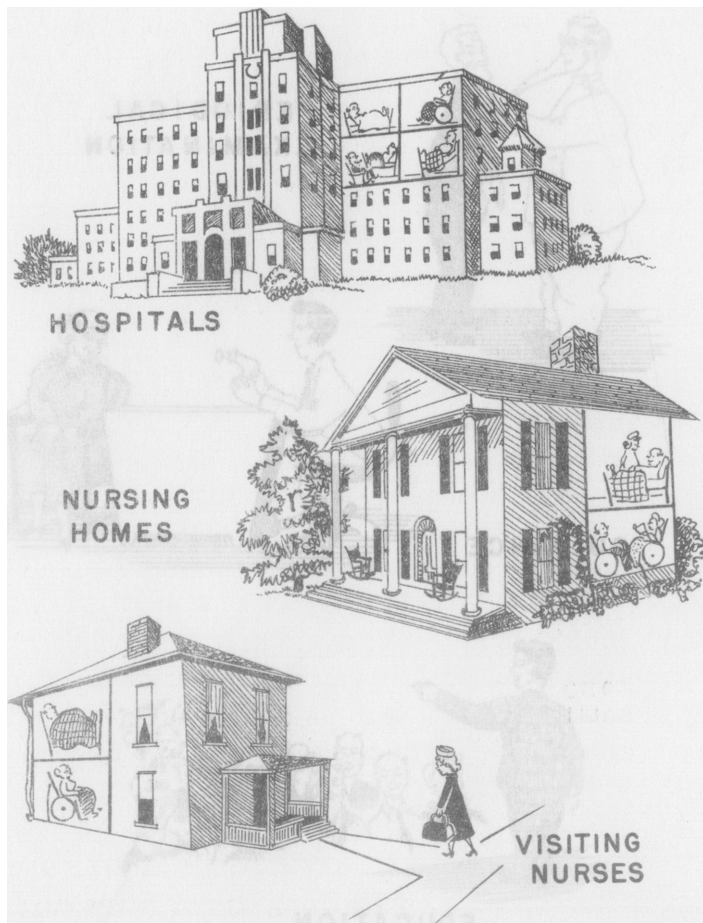
In response to the increased demand for facilities for the care of chronically ill

aged, commercial nursing homes have expanded. As this occurred, the registration and inspection of nursing homes was instituted by state law and city ordinance. This, plus the organization of a nursing home association, has resulted in remarkable improvements in the last few years.

The major nursing-home problem is that adequate care cannot be provided at \$50 monthly, the maximum Old Age Assistance grant in Missouri. Homes that attempt to provide care at this rate are substandard. But closing these would result in large numbers of older persons being left without nursing care of any kind.

Hospital beds are increasingly occupied by the chronically-ill aged. In particular, the Jackson County Emergency Hospital and the General Hospitals in Kansas City find that space taken by the chronically ill reduces their ability to care for other patients.

Menorah Hospital has, in their expansion program, allotted a number of beds for patients with long-term illness, and has arranged a special cooperative



medical-care program with the new Jewish Home for the Aged. This represents some progress in Kansas City in meeting the increasing problem of chronic illness.

There is serious need in Kansas City for more facilities for the care of older persons with chronic physical and mental illness. The problem is not only to provide for this group but to safeguard existing facilities needed in the care of the acutely ill.

Hospital beds for the chronically ill should be provided. The situation is so serious that this should have priority.

Facilities should be provided for the care of senile custodial-care cases. This has been done in many states.

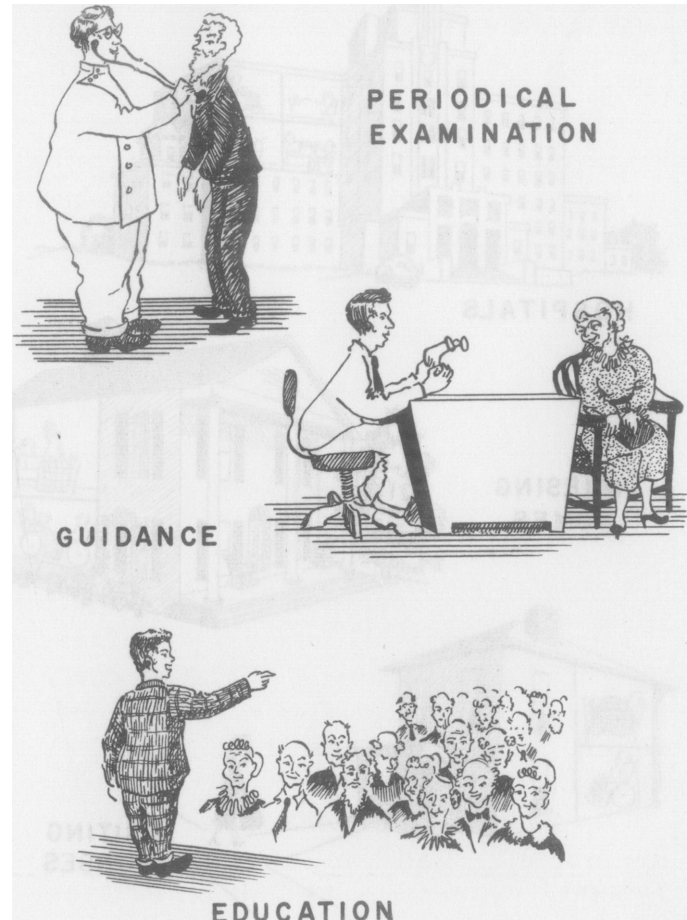
Because of the financial situation of the aged, and because of the cost of long-term illness, the possibility of financing part of the cost of care with public funds should be considered. A chronic illness unit added to General Hospital could care for part of the chronically ill who are destitute.

As previously mentioned, the maximum Old Age Assistance grant in Missouri should be raised beyond \$50 for persons in need of special nursing and medical care. It would then become possible to improve the standards in commercial nursing homes that care for OAA cases.

Because city, county, and private welfare funds are inadequate, efforts should be made to enable public and private welfare homes to receive partial financing through the Old Age Assistance program.

Since many chronically-ill persons can be adequately cared for in their own homes, a home-nursing and medical care program should be established under hospital supervision. This is a promising means of caring for many at comparatively low cost.

Finally, the public should be made increasingly aware of the health problem encountered in growing old, and that many of the diseases causing chronic illness can be checked if detected in time. The possibilities of a preventive approach should be thoroughly explored.



ADJUSTING TO AGING

As a person grows old, the social world to which he is accustomed crumbles about him. Families change as children leave home and relatives drift apart. Widowhood may completely destroy family life for the older person.

Retirement from gainful employment produces problems of all kinds including changes in social relationships. Ordinarily a large part of the social life of a middle-aged man and his family centers around friends he has made at work. Retirement tends to break this source of friendship and activity.

Declining income and declining health limit the possibilities of commercial recreation and travel. Friends die and move away. Often the neighborhood in which a person has lived changes in character.

As an aging person's social world crumbles around him, a vacuum remains. In this vacuum, he becomes lonely, unhappy, and embittered.

Most of us have not yet realized what difficult problems growing old creates--and most of us refuse to recognize these as universal problems. We know that a child has serious adjustments to make in growing up, so we have provided him with a complex structure of education, guidance, and recreational services. More recently we have recognized marriage and employment as so important in life that we have made special guidance available. But because we have not yet admitted the implications of aging in our lives, we have not set up a comparable set of services to aid in the transition from middle to old age.

The Golden Age Clubs in Kansas City are a noteworthy example of what can be done to help. These were organized by the City Welfare Department in cooperation with churches and other organizations. They provide recreation for older people. Programs are very flexible and are planned according to the interests of the members. The Golden Age Clubs have grown to a membership of about 350.

The value of such activities can be judged according to what they mean to the old people themselves. These clubs have become so important to some members that they have moved closer to the meeting place in order to attend more conveniently. They have stimulated friendships that carry far beyond the meeting itself.

Recreation for old people, though a vital part of a program from which they are to benefit, cannot be considered as the primary objective of our efforts. The only valid objective of a far-sighted program to bring dignity and happiness to age is to help the old person remain in or return to life as a self-respecting and useful citizen.

What can be done to make it more possible for older people to be useful and self-respecting citizens? Above all, there should be a thorough adult-education program to make each individual aware that he himself faces a long old age. Americans tend to consider old age an unhappy situation that is best forgotten and ignored. It need not be if plans are made to use the older years fully.

The aged should be shown their own capabilities. They must understand that their problems are not incurable. And they need to be informed about the type of efforts that will help them constructively so that their energy is not wasted following the political panaceas of Townsendites and other extremists.

Guidance and adult education should encourage each person to deliberately seek new interests and new friends to replace those lost through the years. There should be guidance clinics to counsel older persons in preparing for and finding work, in family difficulties, in getting placed in a suitable institution, and in planning diets.

Recreation programs for older people should be expanded. Social activities and recreation are of the greatest value where older persons play an active rather than a passive role.

At best, aging involves serious adjustment problems. Community efforts should be directed toward programs that will assist older persons toward self-sufficiency.

PLANNING FOR AN AGING POPULATION

We live in a period of earth-rocking international conflict which has caused the United States to take stock of its resources. The question of whether an aging population will be an asset or a liability is crucial in this situation.

The United States and Western Europe have aging populations; the Communist countries do not. National survival may depend in part on our ability to utilize older workers at a time when the young are called to military service.

In short, an aging population is not only a moral and humanitarian problem, but also a utilitarian problem of great importance.

If the problem is fully understood and is met with careful, coordinated planning, and aging population can become an asset. For if the productive life, as well as the biological life, of man is extended, and individual will be able to accomplish far more in a lifetime than ever before.

The planning problem is two-fold: we need to change the conditions that produce economic dependency, social isolation, and long-term illness in old age; and we also need to assure the welfare of those who become dependent.

The first approach is basic to any real solution. Yet it has been given very little consideration. We have, through the social security program, attempted to provide a minimum subsistence to the dependent aged. But this does not prevent dependency from occurring and it does nothing for the social and psychological needs of dependent older persons.

Regardless of what occurs elsewhere, only Kansas City citizens have the knowledge and experience to meet the problem locally. A community-wide committee should be organized to coordinate research, planning, and action programs of various types. Such a committee should include business leaders and labor representatives as well as public officials and representatives of private welfare agencies.

A variety of programs designed to cope with the problem are in operation throughout the country. The problem is of such proportions that most cities have given some recognition to it and have put forth some effort to deal with it. The programs, however, are widely scattered and are very limited in scope.

So long as programs dealing with the old-age problem are limited to piecemeal efforts in various localities, there is no way of knowing what is potentially possible. What is needed is a careful, coordinated program, involving the full cooperation of all public and private organizations that are able to serve.

The programs should be based on a pooling of knowledge of local citizens who are familiar with the problem, of the experience of other communities that have undertaken programs of various kinds, and of factual information obtained through research.

Immediate attention should be given to undertaking an intensive program in Kansas City, one that would represent the first attempt on the part of an American

city to undertake a program on the scale demanded by the proportions of the problem. Such a program would be of real national significance.

In the long run, the cost of an intensive program would be less than that of scattered fragmentary approaches. Success in reducing the economic and social cost of old-age dependency would yield greater, far greater returns than the cost of the initial investment in the program.

Despite the seriousness of the problem, great changes are possible. Fifty years ago, few people would have foreseen the effective revolutions which have taken place in regard to the position of women and children in our society. The emancipation of women and children has contributed profoundly to what Americans recognize as welfare and progress.

To achieve a society in which older persons lead satisfying and useful lives is very possible and very promising. Social and economic progress must follow medical progress and "add life to years, not just years to life."