

Old age (1952)

THE GOVERNOR'S COMMISSION TO STUDY PROBLEMS OF THE AGED,
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

INTERIM REPORT,

July 1, 1952

Rhode Island,
Providence

Providence, R.I. 1952

People

Mr. B. is a man of 68 who held his last full-time job in farming four years ago. He has heart trouble which has made him "take things easy," but is otherwise in fair health. He has no family living in Rhode Island and only a small number of friends remaining in and near Providence.

Mr. B. lives alone in one room on the third floor of a rooming house. He says going up and down stairs is not good "because of my heart."

He feels that he is fairly well-off financially with \$35.40 a month income from Old Age and Survivor's Insurance, and about \$25 additional from investments.

Mr. B. spends most of his free time reading or just sitting on a bench in the Mall. He often feels "blue" and lonely. Twice a week he does the shopping for a bed-ridden friend. His most fervent wish is to occupy his time more fully, and to "do something useful." He realizes that he has to slow down because of his heart, but he dislikes being out of things altogether.

Mr. and Mrs. N. are quite active for their ages, respectively 78 and 76. They live in their own home with a married daughter and her husband, a divorced daughter and her baby, and a boarder and her daughter. There are five rooms in the house counting the kitchen. The location is in a warehouse district, and the house is in poor repair. A filling station occupies what would be the front yard if there were one.

Working as a watchman, Mr. N. probably earns enough to support himself and his wife. However, he feels that his earnings must be supplemented by income from boarders in order to be able to help his divorced daughter and her baby, and to keep up the payments on the mortgage. His greatest fear is that he might lose title to his house, which represents to him just about the only tangible evidence of independence achieved through a life-time of labor.

Varied Problems of the Aged

These are life stories chosen at random. They are not unusual. They reflect the condition of many old people in Rhode Island. Many are sick, many are poorly housed, many are lonely, and many lack sufficient income to alter their circumstances. A particularly common experience of the older person is that of frustration arising from a sense that the community no longer needs him or cares for him.

Creation of the Commission

In his inaugural message of January 1951, Governor Roberts stated 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. . . . 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."

The general assembly in the January session, 1951, by resolution created a special commission "to investigate and study the problems of the aged." The resolution states that the purpose of the Commission shall be "to make an 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."

Members of the Commission

The following were appointed members of the commission: Judge John P. Cooney, Jr., Sixth District Court, Chairman; Edward P. Reidy, Director, State Department of Social Welfare, Vice-chairman; Max Alexander, Executive Director, Jewish Home for the Aged of Rhode Island; Mrs. Margaret F. Ackroyd, Chief, Division of Women and Children, Rhode Island State Department of Labor; Reverend Henry J. Creapeau, Director, Woonsocket branch, Diocesan Bureau of Social Service; James N. Williams, Secretary, Providence Urban League; Miss Nellie Dillon, Director, Providence District Nursing Association; Dr. David G. Wright, Providence; Mrs. Ralph E. Nock, Cranston; Frederick J. Gorman, Manager, Providence Field Office, Bureau of Old Age and Survivors' Insurance; Reverend Earl Hollier Tomlin, Executive Secretary, Rhode Island Council of Churches; Dr. Henry Nugent, Supervisor, Division of Americanization and Adult Education; Miss Julia Rager, Executive Secretary, Diocesan Bureau of Social Service; Dr. Edwin B. O'Reilly, Providence; Edward F. McGrath, Director, Pawtucket Department of Public Welfare; Walter K. R. Holm, Jr., General Agent, Connecticut Mutual Life Insurance Company; Ralph D. Petrarca, West Warwick, Business Agent, CIO Textile Workers Union; Thomas H. Bride, Director, Department of Employment Security; Senator Frank V. Sgambato, North Providence; Representative C. George DeStefano, Barrington; Professor Harold S. Bucklin, Brown University; Reverend John V. M. Fitzgerald, O. P., Providence College; Professor L. Guy Brown, University of Rhode Island; Carl E. Gill, Director, Industrial Relations, Wanskuck Company; and Thomas Driscoll, Director, Office of Price Stabilization, Providence.

George F. Moore, Jr., was appointed Executive Secretary of the Commission.

Study Committees

To facilitate the work of the Commission, five committees were organized, as follows:

Health: Miss Dillon, Chairman; Dr. Wright, Miss Rager, Dr. O'Reilly and Mr. Sgambato.

Economic and Income Maintenance: Mr. Holm, Chairman; Mr. Bride, Mr. McGrath, Mr. Gill, Mr. Driscoll and Mr. Gorman.

Housing: Mr. Alexander, Chairman; Reverend Tomlin, Reverend Crepeau, Mr. DeStefano and Mr. Petrarca.

Recreation: Mr. Williams, Chairman; Mrs. Nock and Mr. Nugent.

Research: Professor Brown, Chairman; Reverend Fitzgerald, Professor Bucklin and Mrs. Ackroyd.

On March 3 the Commission appointed Harald H. Lund as Technical Director and Robert G. Brown as Research Assistant. An office for the staff was set up on March 6 at 24 Mason Street by courtesy of the Department of Employment Security.

Some Findings to Date

Since March 1 the Commission has had five meetings. There have been eleven meetings of the various committees. In this period the Commission has given attention especially to the availability of information in the community on the resources, activities, conditions, and needs of older persons in Rhode Island.

In the course of this examination, contact has been made with agencies throughout the State servicing older persons as well as with many individuals, young and old, having special interest in this field. While the Commission recognizes, as stated in the original resolution, that there is no definite chronological line distinguishing the older population from the population as a whole, it has been thought desirable for the practical purposes of this study to take 65 arbitrarily as a line of demarcation.

Preliminary examinations of available information have been revealing in themselves. Let us look briefly at some of the facts about the older population of Rhode Island as they have now begun to emerge.

Growing Numbers of Aged.

In the United States, one person in 12 is 65 and over; in Rhode Island, one in 11 is in this age group. Persons 65 and over constitute 8.9 percent of the Rhode Island population, and 8.2 of U. S. population.

The number of aged persons in this state has increased by 29.7 percent since 1940, the greatest increase for any age group except those under 5. The total number of aged persons in Rhode Island is 70,418, of which 60,535 live in cities, 8,709 in rural non-farm areas, and 1,174 on rural farms. Charts 1 and 2 show the increases of population in the various age groups during the first half of the century.

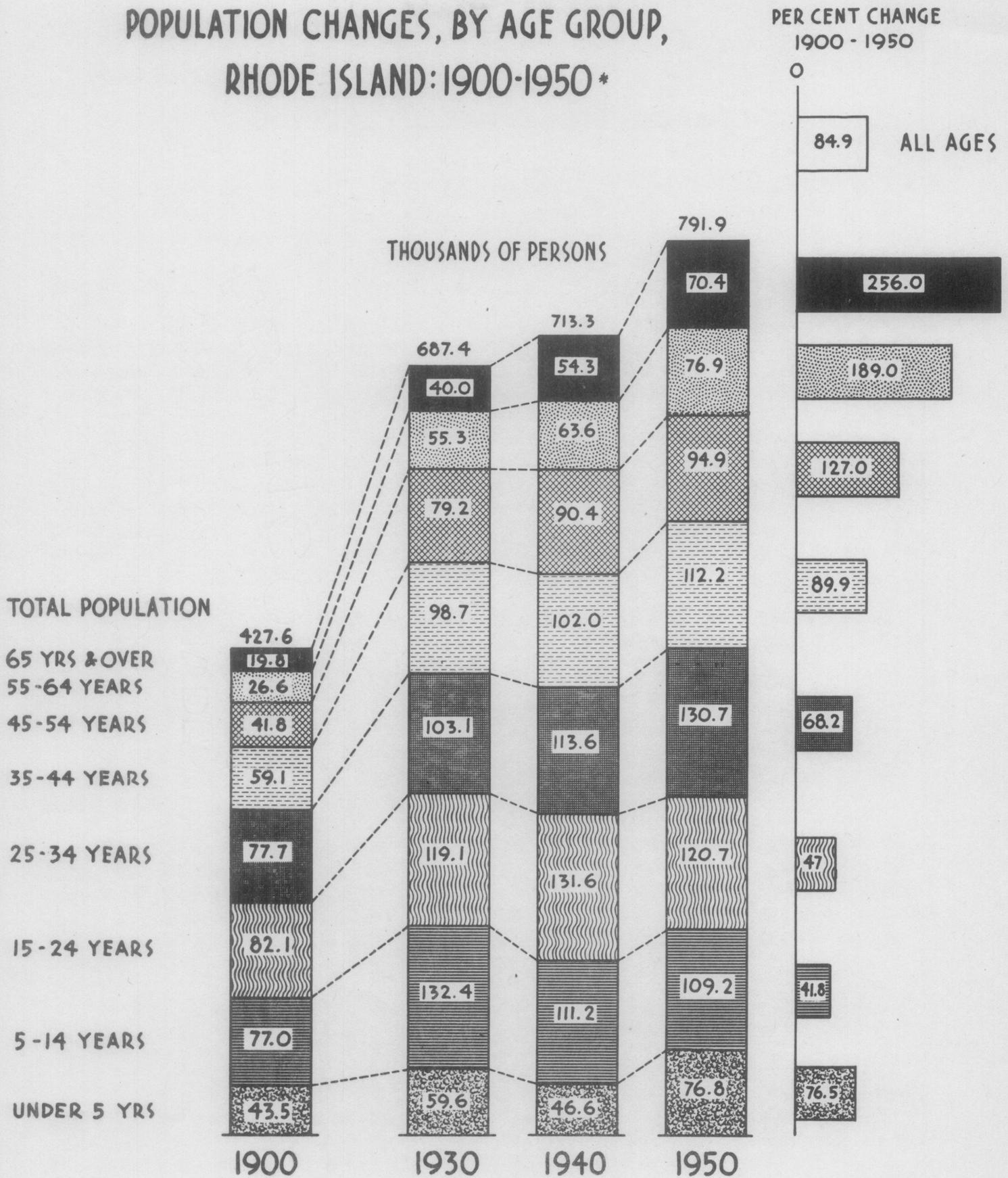
Rhode Island, compared with other States, is highly industrialized and urbanized. It is also a State in which aged women exceed aged men in number by one-third.

It is obvious that the State is faced with growing, rather than diminishing problems as far as needs of the aged are concerned. It will be possible to elaborate the trends further when 1950 U. S. Census reports are completed in the late summer or fall. To date, only a few preliminary tables are available.

Income of the Aged

Income data for older persons are incomplete. We know that 14 percent of those 65 and over in Rhode Island are dependent for subsistence income on Old-Age

POPULATION CHANGES, BY AGE GROUP, RHODE ISLAND: 1900-1950 *



* SLIGHT INACCURACIES DUE TO ROUNDED FIGURES;
UNKNOWN AGE CATEGORY OMITTED

SOURCE: U. S. BUREAU OF THE CENSUS

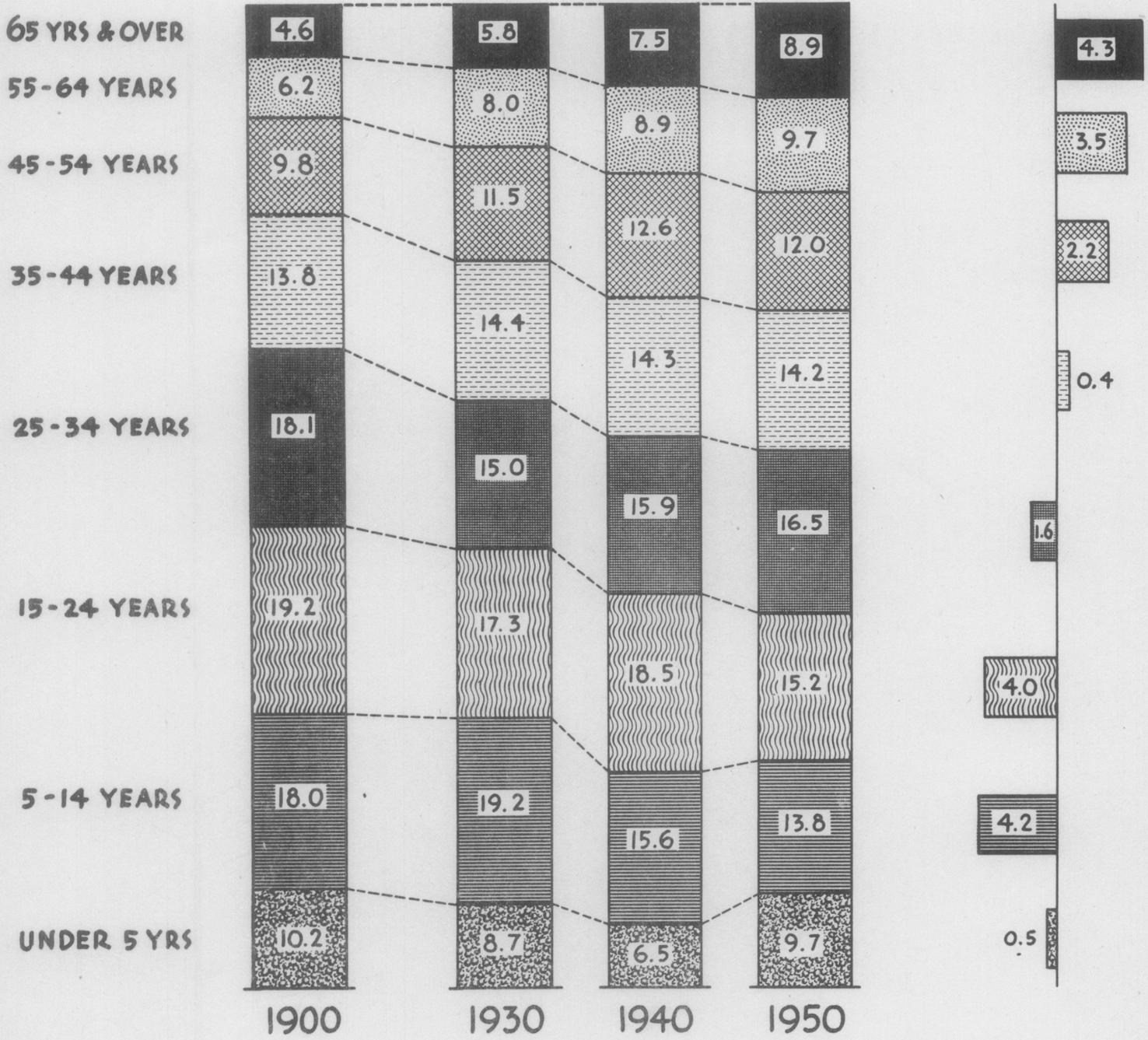
CHART 1

CHANGING PROPORTION OF AGE GROUPS IN THE POPULATION OF RHODE ISLAND, 1900-1950 *

POPULATION

100 PERCENT

NET CHANGE
1900 - 1950
-0+



* SLIGHT INACCURACIES DUE TO ROUNDED FIGURES

SOURCE: U. S. BUREAU OF THE CENSUS

CHART 2

Assistance, administered by the Department of Social Welfare. The number of recipients of this assistance in February 1952 was 9,565. This was a decrease in number of 3.9 percent from the same month a year earlier. There is a steady downward trend in the number obtaining Old-Age Assistance. This is generally ascribed to better coverage under the federal Old Age and Survivors' Insurance system resulting from Social Security amendments in 1950.

Percentage-wise, Rhode Island has fewer people receiving Old-Age Assistance than in the U.S. as a whole. Twenty-two percent of persons over 65 receive this form of assistance in the U.S., as compared with 14 percent in Rhode Island.

The average Old-Age Assistance grant in Rhode Island (February 1952) was \$47.40 per month, as compared with \$69.08 in Massachusetts, \$61.60 in Connecticut, and \$44.77 in the U.S. Other sources of income are taken into consideration in making Old-Age Assistance grants, and less than the estimated minimum for subsistence is allowed.

Spread of Old Age Insurance

An increasing number of retired workers 65 and over have earned the right to insurance benefits under the federal scheme of Old Age and Survivors' Insurance (OASI). Two out of five of the older persons in the State -- a total of 28,786 -- are now receiving these benefits. Amounts may range as high as \$80 per month for the retired individual to \$120 for a couple where the spouse is also entitled to benefits, and \$150 for a couple with children. The average primary benefit currently in the State is \$44 per month for the individual and \$68 for couples where both have entitlement. Many of the insured, of course, receive much less than this average and some have been compelled to seek supplementation through Old-Age Assistance. The total of OASI payments to persons over 65 in December, 1951, was \$1,145,348.

OASI more than any other single factor has contributed to such economic security as the old people of Rhode Island today may be said to have.

Wage Earners

One out of five old persons in Providence is classified as a member of the labor force. (Data for the State as a whole are not yet available.) The proportion of persons 65 and over in the U.S. who are in the labor force is about one out of four. Of the total number of older persons available for work in Providence, 7 percent are unemployed, according to the 1950 U.S. Census of Population. It is estimated that there are 500 persons over 75 who are currently employed in the State.

National Data

Although detailed data on total income and sources of income of the aged are not available for Rhode Island, some inferences can be drawn from a national study of OASI beneficiaries which is now being made by the Social Security Administration. Preliminary unpublished reports from this source indicate that the median total money income of single men receiving OASI benefits is about \$800 annually, for single women about \$700 and for couples where both have entitlement, \$1400.

The greater part of this income of retired workers and their wives is from OASI benefits, as shown by the fact that the median of other income is respectively about \$300, \$270, and \$530 for the three groups.

Only some 16 percent of single men, 12 percent of single women, and 25 percent of couples have income from employer and union pensions. The median income from such pensions range from \$540 to \$600. Pensions provided by industry are often reduced by the amount of the primary OASI benefits.

Most old people do not have enough assets left upon retirement to last for their average life expectancy. While about 57 percent of single men, 64 percent of single women, and 83 percent of aged couples have some net worth, this is represented mostly by homes, other real estate, or business which cannot be readily liquidated and used for living purposes.

Only one-fifth of single persons and one-half of couples have any liquid assets, and the median amount ranges from \$1000 to \$1600.

From these data, which are presumably representative of retired insured workers in the U.S., it appears that generally speaking, they are not in an entirely enviable position. Their interest in economic matters possibly centers on how to make \$15 to \$20 per week stretch over such items as rent, food and clothing, not to mention medical costs.

Study of Retirement

The Economics Committee has only begun to obtain the needed information on income maintenance. It is not enough to draw inferences from national data. Rhode Island has distinctive conditions applying to employment in general and to productive activity of the aged in particular. Recognizing the arbitrary character of 65 as a retirement age and the importance of making it possible for people to remain usefully employed as long as they are physically and mentally able to be productive, the Economics Committee also knows that the economic problems of the aged cannot be solved without reference to the employment and living conditions of the whole population.

The Economics Committee is in the process of obtaining additional information which will outline more sharply the income and employment situation of older people. Through the Department of Employment Security data are being obtained for the first time in systematic fashion on employment, "quits" and layoffs of older workers in the major industries of the State. Major employers also are being asked by the Department to state their employment policies and practices in respect of this group.

The Economics Committee is also organizing a special study of private pension plans in the State. More than 9000 employers will be asked to provide details if they have pension schemes for their employees. The Economics Committee is seeking to know how the plans are financed, the kind and number of workers covered, and any compulsory retirement requirements. Such data have never before been compiled in Rhode Island. Inquiries made of Associated Industries and of the State Department of Labor reveal that they have little statistical information on older workers as such, or on pension plans, and will welcome the results of the Commission's work.

The Economics Committee will also assemble data on coverage in the State under the federal Railroad Retirement Act, Civil Service Commission and Veterans' Administration, and under City and State retirement provisions for employees, and the retirement plan for employees of voluntary social agencies. The number of older persons covered under such plans may be expected to range from 5,000 to 7,000. About the same number may be expected to be found receiving private pensions in some amount.

The Social Security Administration office in Providence has agreed to make an analysis of workers 65 to 75 years of age whose benefits are discontinued because of obtaining employment.

The Social Welfare Department is in the process of making an analysis for the Economics Committee on characteristics of new applicants for Old-Age Assistance. Of principal interest will be reasons for dependency. In 1951 it was found that 13 percent needed assistance because they had lost their jobs in the preceding six months. One of four applied because their savings had been exhausted. How do these facts relate to employment opportunity, to illness, to ability and willingness to work, to compulsory retirement?

Complexity of Economic Problems

The Economics Committee believes that it will be able in time to throw new light on these questions. It is cognizant of the complexity of problems pertaining to income maintenance after retirement, to full use of the productive capacity of workers regardless of age, and to medical care which will prevent or reduce disability from disease. Note has been taken of the observations of Wilbur J. Cohen, technical advisor to the Commissioner for Social Security for the past sixteen years, in reference to income maintenance for the aged. Mr. Cohen states: "A sound and comprehensive program for improving the income of the aged requires: (1) more employment opportunities for the aged; (2) more adequate incomes during their working lives in order to increase home ownership, savings and insurance protection; (3) a method of insuring families against medical costs; (4) broadening and improving public and private retirement and assistance provisions for the aged and disabled; (5) more adequate rehabilitation and medical services for older persons." 1/

Housing of the Aged

Suitable housing and living arrangements are of primary importance in the efforts of older people to maintain physical and mental health and to continue to participate in community life.

This is more than a matter of the physical characteristics of the dwelling, important as this consideration may be. It is a question also of how and where the individual wishes to live. Needs are tremendously varied. An arrangement good for one couple is not necessarily so for another. Some patients wish to live with family members; others do not. Economic resources, health status, availability of needed services, and the desire for privacy and independence are among the many factors which enter into problems of housing.

The Housing Committee has only begun its study of the present housing of older people in Rhode Island. Findings to date are of a tentative character.

Homes for the Aged

Non-profit homes for the aged are a traditional expression of the concern of the community for its aging members. In Rhode Island there are at present 26 such homes. They are confronted by many problems arising out of social change, and

1/ Wilbur J. Cohen, "Income Maintenance for the Aged," The Annals of the American Academy of Political and Social Science, January 1952, p.163.

not the least of these are economic. Many homes are wondering whether they can or should expand their facilities. Some are thinking of the possibility of extending certain services to older people in the community, to enable them to continue for longer periods to live in their own homes. In certain instances, community services may become as important in the program of the Home as its services for residents. Some homes believe that in time they may limit admission to those who require continuous care which can only be given in the home.

The Housing Committee has brought together representatives of private and public non-profit homes for purpose of discussion. The first meeting was held June 5 and will be followed by others.

The Housing Committee does not know what the feasible developments may be in sheltered care of the aged. It does know that working and planning together with a State-wide perspective is a constructive and perhaps essential step in reaching a fuller understanding of the contributions which homes for the aged are making and will make to the welfare of the aged. Detailed information is now being sought from the non-profit homes and the data will be analyzed with the help of an advisory group appointed at the meeting on June 5. Organization of an association for continued study of sheltered care is a possibility which has been suggested by members of the group.

Commercially Operated Homes

The Housing Committee is also engaged in obtaining and compiling detailed information from homes which are operated for profit. There are now 115 such licensed homes in the State for the aged, for the convalescent and for those who need nursing care. The total capacity currently is 1,115. Of these homes, only 21 are located in Providence, and when licenses expire, others may be discontinued because of the difficulty and expense involved in meeting fire safety requirements.

Average rates for board and room in the commercial homes are \$18 to \$20 per week in homes where no nursing care is required, \$25 to \$30 in those which give convalescent care, and \$45 to \$49 in those which give nursing care. Rates range as high as \$70 per week in the latter group.

Commercial homes perform a valuable service in the State. They are well-run and well-regulated. It is obvious that they are not within the reach of all who need them. It seems unlikely that they will expand in number, particularly because of necessary fire safety regulations. Providence especially is a city of frame houses in which safeguards are essential and at the same time expensive for the home operator.

Congregate Living

The Housing Committee has been interested to note some of the steps taken in other sections of this country and in other countries to provide suitable congreg-ate housing for older people. In some instances this has taken the form of developments under public or private auspices comprised of groups of cottages insuring independent living for older persons, at the same time that they benefit from services provided for the whole group. Such cottage projects are sometimes located in urban areas where the residents have spent most of their lives. Many older people seem to like to live in neighborhoods where people and surroundings are familiar.

Public Housing Provisions

Rhode Island is becoming increasingly conscious of the need to provide modern low-rent apartments for older couples. All of the public housing projects in this State have included three-room units which have been found suitable by many aged couples. There are no units available for single persons, but apartments can be occupied by mother and daughter, or sisters and brothers who have previously been living together.

Some attention has been given to the recreational needs of older couples in public housing projects. In Providence, for example, the City Recreational Department has sponsored a Golden Age Club at the Admiral Terrace and Chad Brown projects. This group meets weekly and is well-attended by people who like to play chess, checkers, and cards, and to sing together.

Pawtucket has two public housing projects - Prospect Heights and Crook Manor -- the latter in the process of construction. Prospect Heights has 60 three-room units with rentals ranging from \$17 to \$39 per month. Thirty of these are occupied by persons 65 and over. Ten couples are on the waiting list. Crook Manor will have thirty-six three-room units at the same rentals as those at Prospect Heights. In order to be eligible for an apartment, the family must consist of not less than two members, and income must not exceed \$2300 a year. United States citizenship is required. In addition to shelter, these public housing projects provide heat, hot water and refrigeration.

The Pawtucket Public Housing Authority considers older persons "to be highly desirable tenants who cooperate to the fullest extent." The Authority feels that the facilities "contribute in some measure to the well-being and security of older persons" and finds it "a pleasure to be able to take care of them and do as much as possible for them."

Newport has two public housing projects -- Park-Holm and Tonomy Hill -- with a total of 154 three-room units. Rents range from \$18 to \$50 per month with a median of \$39. Only four of these units are occupied by persons 65 and over, and there is only one couple on the waiting list.

Five housing developments -- Chad Brown, Admiral Terrace, Roger Williams, Coddington Court, Valley View -- are now in operation in Providence. They have a total of 413 three-room units. With the completion of the Hartford Avenue and Manton Heights developments, there will be 565 three-room units.

Many old couples are finding these apartments to be desirable and within their reach. At present 275 are occupied by persons 65 and over.

Woonsocket has one public housing project -- Morin Heights -- with 64 three-room units. Rents range from \$18 to \$32 per month. Gas, electricity and heat are furnished without additional charge as at other developments in the State. At present only one three-room unit is occupied by an older couple.

The Housing Committee believes that there may be need for further consideration of architectural features which would serve the convenience and safety of older people. So far, projects have not been designed with reference particularly to older persons, although many of the units are well-suited to the needs of aged couples. Plans to date have not taken into consideration the single person, apparently due to regulations embodied in the agreements which public housing authorities make with the Federal Agency.

Health of the Aged

Distinction between housing and medical problems are sometimes hard to make. For many old persons, these two problems merge into each other. This is true in part of the non-profit homes for the aged and of the profit-making homes. To what extent are old people housed under those arrangements because they need housing? To what extent because they need medical attention?

This question is even more difficult to answer in relation to the State Infirmary and the State Hospital for Mental Disease. At least two-thirds of the patients admitted to the Infirmary are 65 and over. Fifty-five percent are over 70 and 20 percent are over 80. The Infirmary takes care of about 800 needy patients suffering from chronic ailments.

More than one-fourth of the patients admitted to the State Hospital for Mental Disease are 65 and over. Currently, there are about 800 persons of this age group under care. The ratio of aged persons to the whole number of patients is about three times as great as the ratio of persons 65 and over to the whole population of the community. Many of these older patients are senile, that is, mentally infirm, rather than mentally ill. That many of these old patients could be taken care of in places other than a hospital for the mentally ill is well illustrated by the fact that a considerable number are placed in private homes while still under hospital jurisdiction.

Rehabilitation Work

The Health Committee has made a visit to the hospital for chronically ill at Rocky Hill, Connecticut. This hospital is operated by a State Commission which has received an appropriation of \$400,000 for a four-year experiment in the treatment of victims of chronic ailments. It is one thing to know from the literature that the blind can be made to see and the halt to walk. It is another to witness such miracles in the making. Human ingenuity, in the form of modern medical knowledge, can work wonders even for the most handicapped. The Connecticut Commission believes it can demonstrate that its work is not only humanitarian but also economically sound. It has estimated savings of a million dollars annually in the cost of attendants whose services can be eliminated because of improvement in the ability of its patients to look after themselves physically after treatment.

A clinic has been established at the Rhode Island State Infirmary by the Rehabilitation Service of the State Department of Education. Emphasis at present is on those of all ages who are potentially capable of being reemployed. The Health Committee would like to see a ward established for the specific purpose of treating aged handicapped persons whether or not they can be expected to become gainfully employed again. Such a project, if it resulted in the improvement of the physical condition of patients to the point of self-care, would be a great encouragement to the older population as a whole. It would also be economically worth while in that case, by making it possible for persons to live in their own homes who might otherwise have to be institutionalized.

General Hospital Care of Older Patients

The Health Committee is gathering information from general hospitals in the State on their services for aged persons. Seven of the eighteen hospitals have so far been visited. With the exception of Rhode Island Hospital, these institutions do not distinguish aged patients from others in their statistics. Therefore, only estimates can be given of the number and characteristics of older patients and of the kinds and amounts of services provided.

Only five hospitals in the State have social service departments, and not all of these give attention to patients for other than economic reasons.

The Rhode Island Hospital, which has approximately 15 percent of the general hospital beds in the State, and provides approximately 21 percent of general hospital service, has a well-developed social service department. The department maintains a file on all hospital patients over 65. It gives special attention to all old persons having social problems recognized by their physicians and to all who are recipients of public assistance.

The Health Committee has made an analysis of aged persons admitted to the Rhode Island Hospital during the past year. These constitute about 15 percent of the total admitted, although aged persons are only 8.9 percent of the total population in the State. The average length of stay is 14.2 days as contrasted with 11.1 for the patients as a whole.

At least sixty percent of the aged patients admitted were suffering from chronic conditions, including cancer, cardio-vascular diseases, cerebral accidents, and diabetes mellitus. According to a report on a study in Cleveland, it is estimated that about 75 percent of the patients in the medical and surgical wards of general hospitals have chronic diseases. 2/

Analysis was also made of aged patients admitted to the South County Hospital, Wakefield, a small hospital in a rural area. Here about 10 percent of the patients admitted were 65 and over. The average length of stay was 16.5 days for this group, and 7 days for the patients as a whole. Common reasons for admission were the same as at Rhode Island Hospital.

The Health Committee does not yet know if the urgent medical needs of older people, or their medical needs as a whole, are being well met. It is under the impression that no one can give a conclusive answer at this time. Some further light will be gained through analyses of medical grants now being made by the Social Welfare Department for the Committee, and by morbidity reports of the Department of Employment Security on workers over 65 who are eligible for cash sickness benefits.

The Health Committee is strongly of the opinion that a special study needs to be made to determine the extent of chronic illness and the relationships of this to other factors in the lives of the aged.

Golden Age

The Recreation Committee of the Commission has met with public recreation directors in one meeting and with voluntary recreational leaders in another for discussion of activities in behalf of the aged.

Apart from some important steps by the Providence department of recreation, public recreation does not seem yet to have given consideration to the special needs of older people, although there is definitely an awakening interest and eagerness for developments in this direction.

2/ "Care of the Chronically Ill," The Benjamin Rose Institute, Cleveland, May 20, 1944, p.7.

In recent years, there has been a healthy development of formal and informal recreational groups for older people. These groups are often referred to as "Golden Age Clubs" and they are known by various other names as well. They have been sponsored by churches and by voluntary and public group work agencies. A gratifying feature is the lack of a standard pattern and the degree of spontaneity and autonomy in the clubs.

The Recreation Committee is gathering further detailed data from the clubs for older citizens, believing that a full report will help to inspire organization of clubs in the various communities of the State. It is also enlisting the cooperation of some members of the Providence Round Top Church "Forever Young Club" in an intensive individual self-study which it is hoped will lead to a more complete appreciation of the attitudes and opinions of older persons in relation to recreational activities.

Church Canvass

Supplementing the work of the Committees, a canvass of church congregations and parishes is also under way. According to statistical reports, two-thirds of the people of Rhode Island are church members. It may be assumed that at least this proportion holds for the older population. It is believed that the local church bodies will be able to give the Commission valuable information on the health, housing, recreational and economic conditions of older people, as well as insight into their spiritual capacities and resources.

State-wide Planning

Housing agencies and custodial institutions cannot solve housing problems. Health agencies cannot solve health problems. Economic assistance agencies cannot solve economic problems. These operating agencies are merely the means of administering programs initiated and supported by the community, of which older citizens themselves are a very important integral part.

The Commission believes that social planning in and by the community, through bodies such as councils of social agencies, is of primary importance. The concern of such groups with problems of the aged is well-illustrated by the studies of the Council of Community Services of Providence and Vicinity through its three divisions since 1947. The Council last year conducted an institute on services for older persons which resulted in a well-considered body of conclusions and recommendations. Ways must now be found by which some of these recommendations can be put into effect. One such definite step in Providence has been the organization of a counselling service for older persons under the auspices of the Family Service, Inc., and the Jewish Family and Children's Service.

The Commission is seeking in its study and evaluation of the resources and problems of the aged to utilize fully the insight and knowledge of planning groups throughout the State.

Unique Research Opportunity

"Our local communities don't know who our aged are. They don't know what the needs of the aged are. They don't know where the aged are living." 3/

3/ "Proceedings of the Connecticut Conference on Chronic Disease," May 8, 1951, p.64.

This statement was made by Albert J. Abrams, Director of the New York State Joint Legislative Committee on Problems of the Aging, at a conference on chronic disease in Connecticut.

Rhode Island, too, lacks specific information on its aged. The Commission believes at the same time that it has unique opportunity, because of its relatively small population and area, to make an outstanding contribution in research on the resources and needs of older citizens. The Commission therefore proposes a basic project involving personal interviews of individuals on a sampling basis which will make possible valid conclusions regarding the health, housing, recreational and economic status of the group as a whole, with reference especially to the contributions which older people are making and can make toward the solution of outstanding problems.

Such a project will be the first to provide a body of interrelated facts about the aged on which State-wide planning and action can be based without losing sight of the individuals concerned and their desires and capacities. Only in some such way can the impersonality of statistical factor analysis be avoided. The Commission is interested in the aged as human beings and as vitally important members of society. It means to derive the necessary statistical information in such a way that conclusions as far as possible are reached through direct contact with people.

In considering this basic project, it may be well to keep in mind that unsolved problems are a continuous expense to the community. Even partial solution of some of these problems awaits fuller knowledge of their extent and character than we now possess.

The Commission will invite the participation of public and voluntary agencies of the State in planning and conducting the project. The scope will be sufficiently broad to afford valuable opportunities for all who are concerned with potentialities and the problems of our older citizens.