

(A list of the delegates of this section is available in the Press Room)

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Section IV
Health Maintenance and
Rehabilitation
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Approved by Dean Roberts, Chairman

IMMEDIATE RELEASE

"Inter-relationships between the work of the Health Section and other Sections of the Conference. Reasonably good health for older people is essential if these older people are to hold jobs successfully, contribute to community, church, and family life, profit from adult education and participate in recreational opportunities. Conversely, good health in later years is in part dependent upon penetrating research into the physiological processes of aging and into the etiology of the so-called degenerative diseases. Adequate housing is of great importance in the prevention of spread of disease. The heart patient needs every easy access to housing adapted to his disability. Mental health is inextricably interwoven with family life, economic security, and popular attitudes toward age. Emotional stability calls for an opportunity to work and play, to love and to be loved."

The section delegates agreed that more people live to be older today, but having arrived at older ages, they do not survive much longer than they did a half century ago. Average remaining number of years at age 65: in 1901 - 11.9 years; in 1948 - 13.4 years.

The Section thought that hospital needs for the aged should be met by expansion of general hospitals to include units specifically designed to meet the needs of older patients and that no special hospitals should be constructed for the aged.

Rehabilitation was defined as "helping the individual reach his maximum capacity in medical, social, and vocational phases of life." In rehabilitation, the Section thought that one of the most important points is the follow-up of patients who have been rehabilitated to insure their continued adjustment to life.

Studies, possible making use of the Census Bureau's sampling mechanism, were recommended in order to evaluate the morbidity of the degenerative diseases and their impact on aging.

It was thought that health services for older people could be developed by a strengthening of the total health services for all age groups. General old age services should be fitted into the framework of all public health services.

It was agreed that homes for the aged, whether public or private, should be licensed by the State Health Agency. The meeting of minimum standards should be a prerequisite of licensure. This would raise the general health and facility levels in old-age homes today above present levels. Foster homes, where older people can live with other families, should be encouraged.

Services for the handicapped older person should be partially financed through government sources from local, State or Federal funds.