



Old age - (1952) ✓

Pennsylvania citizens
association for health
and welfare.

Our Later Years:

Synopsis of a report of the
Division for the aged, Health
and welfare Council, inc.,
Delaware, Montgomery and
Philadelphia counties.

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THIS pamphlet *Our Later Years* is based on a report of the Division for the Aged, Health and Welfare Council, Inc., Delaware, Montgomery and Philadelphia Counties.

The Pennsylvania Citizens Association is privileged to be able to prepare, publish and distribute this synopsis of the report as part of its public information service on social welfare topics of general interest.

PCA hopes that local communities, private organizations, governmental bodies and interested citizens will find the pamphlet useful in developing guideposts of thinking and action on problems and programs connected with 'our later years'.

Pennsylvania Citizens Association
for Health and Welfare

December, 1952

A. David Bouterse

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Executive Director



INTRODUCTION

Next to the prevention of war, the phenomenon of an aging population is the greatest social problem for this and future generations.

Howard Rusk, M.D.

The problem of our later years is vital for two reasons.

One: the older population, both in numbers and in proportion to other age groups, has been increasing rapidly.

Since 1900, the population of the United States has doubled. The number of people 45 to 64 years has almost trebled, while the number of people 65 years of age and over has quadrupled. There are now about thirteen million persons 65 and over — a little over eight per cent of the entire population. The trend continues. By 1975, there may well be 20 million persons aged 65 and over, accounting for eleven to twelve per cent of the total population.

At the present time, in Delaware, Montgomery and Philadelphia Counties, there are approximately 230,000 persons in the 65 and over age bracket.

Two: life presents a specially difficult problem to many of these older people although it should be a period of growth, activity, good health and self-sufficiency. They are retired from employment with a number of years yet to be lived and nothing to do. Frequently, they must get along on all too meagre incomes. Little special housing has been devised for their changing needs. They are subject to more illness than others in the population. If they need medical facilities or institutional care, it is difficult to find suitable provisions within their means. The educational and recreational facilities of the community take little account of their special requirements.

The significance of the problem has been recognized officially in Pennsylvania by the General Assembly which, in its 1951 session, authorized the Joint State Government Commission to make a study of the state-wide needs and problems of the aging and the aged.

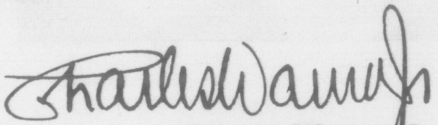
The Division for the Aged welcomes this study, which is expected to be available early in 1953, and looks forward to assisting in its practical application.

If our present standards of living are to be maintained and improved, it will be essential to make it possible for aging people to continue to be active and participating citizens. The community cannot afford to neglect the fact that older people by sheer weight of numbers will constitute an enormous force whose social, political and economic influence cannot be underestimated.

The thesis of this report is that we all need to do some learning about how we can live our later years with satisfaction to ourselves and others. Collectively, we need to develop resources and practices in our several communities which will enable life to be lived to the full to the very end.

Under the auspices of the Division for the Aged of the Health and Welfare Council of Philadelphia and Vicinity, over a hundred interested citizens, led by Mr. Herbert W. Gruber of Chester, Pennsylvania, have collaborated in a statement here summarized by the Pennsylvania Citizens Association. It is hoped that this presentation will help to stimulate thoughtful and constructive action not only in the three counties served by the Health and Welfare Council but throughout the State.

Division for the Aged
Health and Welfare Council, Inc.


CHARLES WARNER, JR.
Chairman

Part 1

EMPLOYMENT

While people live longer, their productive working years are being shortened. This is the essence of the employment problem of older workers.

THE FACTS

The average life expectancy at birth in the United States has increased from 49 years in 1900 to 68 years in 1950. One hundred years ago, for every person 65 years and over there were 17 between the ages of 20 and 64. Today, the proportion is 1 to 7. It is estimated that in another fifty years it will be 1 to 5.

In 1900, 63 per cent of the men 65 or over were in the labor market. Today it is only 41 per cent. Barriers have been erected against jobseekers based on their age. These barriers dip into the 45-year and over age group, particularly for those workers lacking special skills.

The trend toward retirement of older workers at an earlier age is significant because:

- 53 per cent retire involuntarily; only 6 per cent retire voluntarily; 35 per cent retire because of disability, while 6 per cent retire for other reasons (according to a Social Security Administration study in 1946-47 of the Philadelphia-Baltimore area).
- the need for self-support is no less urgent for older people than for younger workers.
- early retirement tends to increase the community's economic, health and welfare problems.
- as more older people are barred from work, responsibility for their financial support falls upon a correspondingly smaller number of younger workers.

- it is questionable whether our present standards of living can be maintained as this imbalance between workers and non-workers grows.

THE VALUES

For those older people willing and able to work, there is no substitute for a productive and satisfying job, suited to their capacity and ability.

It is clear that in work demanding speed and muscular strength, there is a loss of productive capacity with age. But, as the New York Joint State Legislative Committee on Problems of the Aging found, older workers are productive in as many types of work, more experienced, more conscientious, absent less frequently and have fewer industrial accidents than younger workers. Dr. Ross McFarland (Harvard Business Review) includes the assets of loyalty, stability and responsibility among older workers. Chronological age is not a critical criterion of capacity and competence. The key to employment problems of older persons is matching the individual's capacity and competence to the requirements of the specific job.

There is a wealth of productive capacity in our older citizens.

To tap this wealth and to make maximum use of this manpower requires:

- selective placement based on an assessment of the individual's work, skill and ability.

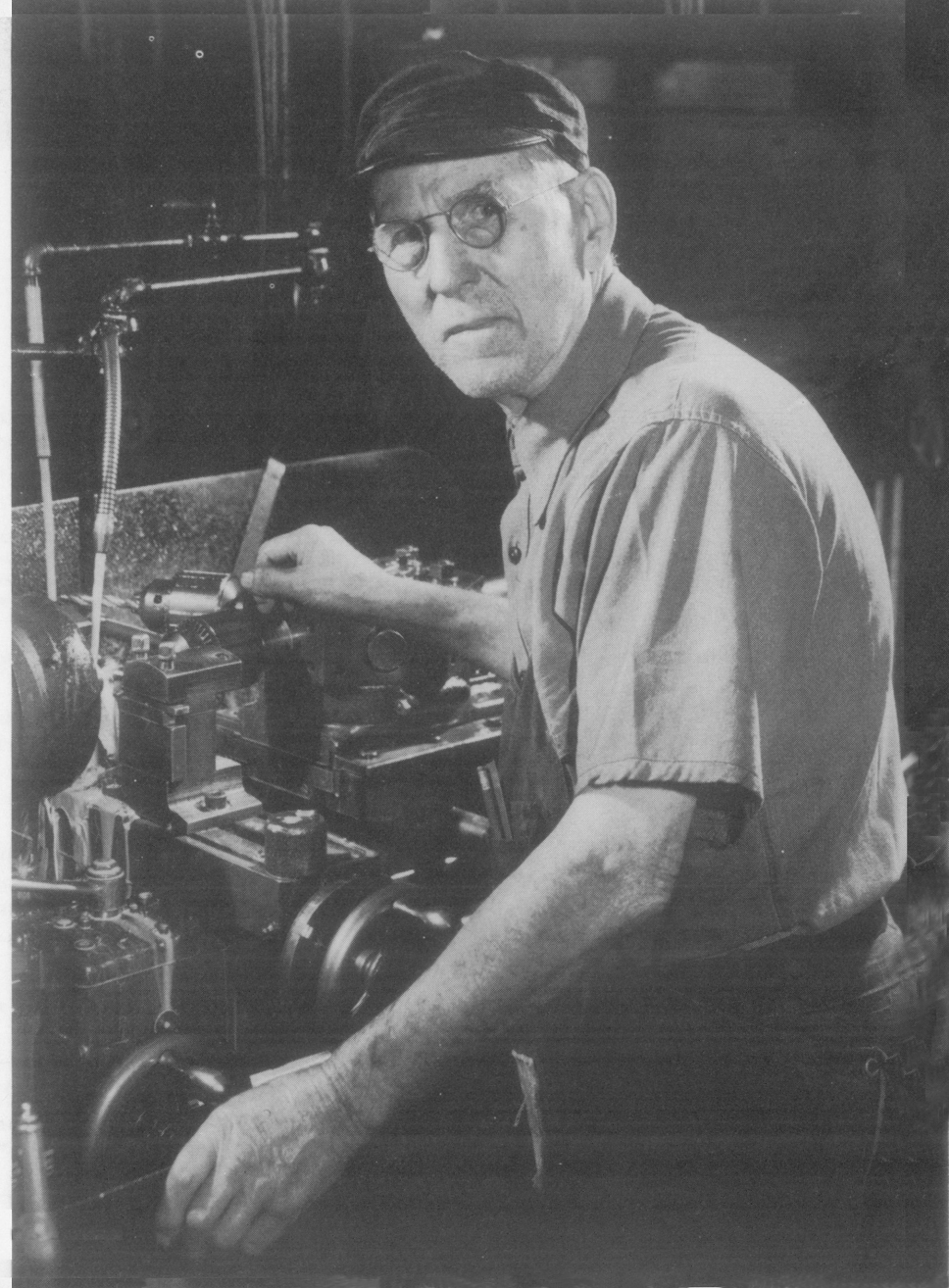


- re-assignment to other jobs in accordance with the worker's changing capacity.
- re-training for new assignments.
- exploration of part-time employment opportunities.
- a flexible retirement plan based on the ability to produce, rather than on chronological age.
- pre-retirement counseling with respect to other employment, other sources of income, avocation and recreation.

NEXT STEPS

The tri-county area of Philadelphia, Delaware and Montgomery needs a representative group to give continuous study to the employment problems of older workers. The evidence is clear that individual employers, labor groups and other organizations, including State Department of Labor and Industry, are vitally concerned. Some industries, for example, in this tri-county area have developed excellent hiring policies in regard to older job applicants. Pennsylvania Employment Service offices are adding counseling personnel to help older workers. A recent conference on the subject, sponsored by Temple University and the Pennsylvania Department of Labor and Industry, drew an enthusiastic and large audience, of representatives of labor, management and community groups. But there is no medium for continuous examination of the problem in its various aspects, or any way of keeping the various interested groups informed as to new developments and new problems.

It is suggested that the Health and Welfare Council, through its Division for the Aged ask an appropriate organization consisting of employers and employees to create a special standing committee representing management, labor, insurance, civic, health, welfare and related groups to provide a central point in the community for examination, study and action on the employment problems of older people.



Part 2

INCOME

But employment for older citizens cannot be the complete answer. At the end of 1951 less than one in every three persons 65 years and over was receiving income from employment either as an earner or the wife of an earner. How to obtain income without employment is one of the nagging problems of our later years.



THE FACTS

Older people have four principal sources of income other than employment: personal savings, retirement programs, assistance from relatives and friends, public assistance.

- at the end of 1951 in the United States between two and three in every ten aged persons were living solely on personal savings, investments, commercial annuities, industrial pensions or were being supported completely by relatives.
- about one in four received old age and survivors insurance benefits.
- another eight per cent received benefits from special retirement systems for railroad, government workers and veterans' programs.
- one in every five received old age assistance.

Since retirement plans and public assistance are principal income sources for most older persons, these programs warrant brief comment.

As to retirement programs:

- industry has expanded employee retirement programs with amazing speed.
- private industry retirement plans cannot cover the full need, although they make a substantial contribution.
- a sound, full-coverage, public, contributory social insurance plan for retirement, with which industrial and

other private plans could be dovetailed as supplements, is basic.

- the Federal old age and survivors insurance plan potentially fulfills the requirements; it falls far short, however, as to coverage and benefits.
- there are 12,400,000 still uncovered by this program.
- the benefits of old age and survivors insurance do not, in many instances, provide a minimum standard of living. 17 per cent of Philadelphia's 15,500 old age assistance recipients (February 1952) also are insurance beneficiaries.
- all "pension" or retirement programs have a common weakness—inflexibility. Today's rising costs pinch hardest those persons with fixed minimum incomes. The aged are among those caught, inescapably, in the general squeeze.

As to public assistance:

- about one-third of all persons receiving public assistance in Pennsylvania are 65 years of age and over.
- the Pennsylvania old age assistance grant in December 1951 was 86 per cent of the official budget for minimum "health and decency" subsistence; it is the lowest in the scale of ten comparable industrial states; it excludes from its basic budget such necessary items as medical services, prosthetics, professional nursing home and infirmary care.
- the Pennsylvania public assistance law prohibits the granting of aid to the aged residing voluntarily in public institutions. The 1950 amendment to the Federal Social Security Act, makes it permissive for states to provide such aid. Pennsylvania has not acted to make this possible.

A more general view of the older citizens' income maintenance situation is revealed by the following:

- it costs an elderly couple, living in Philadelphia, \$1,783 annually to maintain a "modest but adequate" living standard (1950).
- of the 5,000,000 families in the United States, headed by persons 65 years or over, 43 per cent have annual incomes of less than \$1500; 30 per cent have less than \$1000; 15 per cent have less than \$500 (1950).
- of the 2,500,000 older persons in the United States who live alone or with non-relatives, more than 75 per cent have annual incomes of less than \$1000; almost 40 per cent have less than \$500 (1950).

THE IMPLICATIONS

Society, no less than the aged individual, suffers when the purchasing power and living standard of one of its segments fall below par.

All organized steps to help maintain income for the non-working older citizen, such as retirement plans and assistance programs, will fail in their purpose if they continue to operate on a depressed scale.

The public assistance program, based as it is on a "means test", should be replaced eventually with broad contributory insurance plans of decent and flexible benefits.

Until such time as the social insurance programs can assume this obligation fully, public assistance grants should be adjusted upwards to meet the minimum need and to provide for special services so vital to the aged.

It would seem to be a public obligation of the first order to maintain income for the aged at minimum adequate subsistence levels and in a manner reflecting the human worth and dignity of our senior citizens.

NEXT STEPS

These considerations point to short term and long range objectives.

Short Term

The Pennsylvania General Assembly which reconvenes in January 1953, the State Board of Public Assistance and the Department of Public Assistance are the responsible parties in determining legislative and administrative changes in the public assistance law.

It is suggested that the Health and Welfare Council alert the General Assembly, the State Board and the Department of the following necessities:

- an upward revision of the assistance grant to meet a minimum adequate subsistence budget.
- inclusion in old age assistance grants of items such as laundry, moving expenses, transportation, as well as funds to cover necessary professional nursing home and infirmary care.
- inclusion, as part of the basic budget of old age applicants for assistance, of medical services and prosthetics.
- amendment to the Pennsylvania public assistance law to remove the restriction against aged persons residing voluntarily in public institutions, receiving medical care for conditions other than mental illness or tuberculosis.

Long Range

The Health and Welfare Council, through its Division for the Aged, could perform a valuable service in a well-formulated public information program concerning private and public retirement and social insurance programs, problems and progress. Such an effort should stress:

- the need for wide variety in retirement programs to insure total protection in old age.
- the need to retain "work incentive" as part of the old age and survivors insurance plan by offering increased insurance benefits for added years of work; giving added recognition to additional years of service after age of 65; raising from \$75 to \$100 per month the permissible earnings for insurance beneficiaries.
- the need to relate benefit levels to wage levels, e.g. increasing the taxable wage base as wages rise or some other reasonable method for adjusting benefits to change in cost of living.

Longer life without health can mean misery. A productive and satisfying old age requires a positive state of mental and physical health.

THE FACTS

Chronic and degenerative conditions plague the aged. Disabling conditions of this kind are four times greater in those people 65 and over than in the general population, according to the United States Public Health Service.

There is a growing interest in research and other special effort to overcome diseases prevalent in the advancing years. To capitalize on this interest requires a well-defined plan for prevention and treatment services sufficient to meet the need.

In any prevention effort general health programs are, of course, decisive. However, there is an opportunity for the development of specific programs to help offset premature aging.

On the treatment side, a complete therapeutic and rehabilitation program requires development. Home care programs, properly staffed, are considered desirable and economical, but are in serious short supply.

The alternative to home care for the elderly chronically sick, particularly those living alone, is admission to non-profit or low cost medical institutions. These are limited in number:

- in the tri-county area, exclusive of facilities for tuberculosis and mental disorders, there are six private medical institutions, with a total capacity of 500, for those of all ages with long-term illness.



- Delaware and Montgomery counties provide medical tax-supported facilities for 236 elderly legal county residents with long term illness; Philadelphia has none.

The widespread need for this service has led to a boom in commercial homes for the elderly sick in the tri-county area:

- 44 licensed nursing homes with a capacity of 1400.
- 75 licensed convalescent homes (no professional nurse required) caring for nearly 2000 infirm aged; their numbers increase steadily.

A dominant attitude that when an old person gets a disabling illness there is little hope for recovery has tended to blunt the edge of rehabilitation efforts. A more hopeful view, coupled with specific effort in rehabilitation, is required.

The treatment of mental illnesses of the aged requires special attention. The lack of widespread special facilities for mentally ill older persons continues to cause serious hardship and suffering in the over-crowded facilities in this area.

NEXT STEPS

The tri-county area has unusual resources on which to build an outstanding health program for the aged. To mention a few:

- the Philadelphia metropolitan area is an outstanding health center — has an abundance of skilled practitioners in medicine and the allied professions, a wealth of high-grade health facilities, a growing public health and voluntary agency movement, five medical schools.

- there is strong citizen interest developed largely through the Division for the Aged and the Health Division of the Health and Welfare Council.
- the Norristown State Hospital in Montgomery County has a unique geriatric service for the mentally ill aged.
- the Visiting Nurse Society of Philadelphia has been pioneering in an intensive home care medical and auxiliary service to the chronically ill.

It is suggested that the Health and Welfare Council take the initiative in creating a representative group of these many interests, agencies and professions to develop a systematic prevention, treatment and rehabilitation program in this field.

Among the specifics which might be explored and developed are:

- a concerted community health education program on aging and preparation in earlier adulthood for later years.
- encouragement of research into all aspects of the aging process.
- multiple test screening for evidence of disease in the older age group as part of a program for all age groups.
- establishment of a geriatric hospital or a hospital unit for chronic illness to be administered by Philadelphia Department of Public Health.
- encouragement of home care programs, both public and private.
- encouragement to the State Department of Welfare's Bureau of Mental Health to develop special facilities for the care of the mentally ill aged.
- development of rehabilitation programs in the community and in Homes for the Aged, aimed at maximum reestablishment of self-support or self-care.
- expansion of voluntary health services for the aged; such as hospitals, clinics, nursing homes.

Part 4

HOUSING

At the center of his concerns is the older citizen's deep desire for independence. A home of his own is the symbol and reality of this desire.

THE FACTS

The trend is away from older citizens living with their grown-up children. The 1950 census showed that 69 per cent of the people over 65 in the U. S. were trying to maintain independent households. For the aged with limited means, this is a continuous struggle.

Dr. Leonard S. Silk of the Federal Housing and Home Finance Agency, commenting on housing conditions of the aged, says

"Generally speaking, their housing circumstances are worse than those of the rest of the population. The aged tend to occupy relatively very low-rent dwelling units and low-value structures, and their housing is relatively more dilapidated and deficient in plumbing facilities."

Neither private nor public housing takes into account the rapid increase of the older population and their special housing requirements.

Suitable housing and living arrangements for older people should recognize that:

- most older people subsist on small incomes.
- most older people prefer to live independently in the community, rather than in institutions.
- many would prefer to live in proximity with other age groups.
- many live alone.

An overall housing program for the aged must provide a wide choice of different accommodations suitable to the person's capacities and his pattern of living. The variety of possibilities should be pegged at suitable quality and at prices in line with income to include: rooms, apartments and houses, rooming houses; commercial boarding homes; foster family arrangements; informal group living arrangements; voluntary non-profit homes and their extension services; county homes and infirmaries; facilities for infirm, disabled and ill persons.



There are some bright spots in the housing conditions of the aged.

- many of the 70 non-profit Homes for the Aged in Delaware, Montgomery and Philadelphia Counties have been strengthening their programs better to meet the needs of their residents.
- more persons are being served through increase of facilities (cottages, added wings, new buildings, etc.) and through extension of services to people on waiting lists ("rooming out and eating in" program, non-resident programs, etc.).
- most Homes are now accepting residents on a pay-as-you-go basis, instead of an admission fee and contract agreement.
- the Boards of Trustees and staffs of these Homes have worked on committees of the Division for the Aged in the formulation of new standards and programs.
- the county homes and hospitals in Delaware and Montgomery counties are operating according to good standards; recently, the Division for the Aged made a series of recommendations for essential improvements at the Philadelphia Home for the Indigent, which, if met, should help improve care at this institution.
- the 1951 session of the legislature adopted a law which requires the licensing and supervision of commercially operated boarding homes for the aged by the State Department of Welfare. (This law affects approximately 100 such homes in the tri-county area.)

NEXT STEPS

The Division for the Aged is equipped to carry forward the progress it has made in improving housing conditions for the aged in this area. The immediate objectives appear to be:

- a revision of the interpretation of the United States Housing Act which excludes one or more unattached older people from housing units.



- the development of special units for older people in public and private housing.
- the preparation of a manual of recommended practices as a guide for the operation of non-profit homes for the aged, based on the Division's previous work on standards.
- to encourage the development of extension services of non-profit homes to persons accepted on waiting lists.
- to explore with the Family Division of the Council and with local family agencies the possibilities of foster home care for the aged.
- the creation of a special committee to study the practicality of developing informal living arrangements for small groups of older people.



The later years can be years of growth and achievement. Effective use of leisure can mean self-fulfillment and service to the community.

Well-planned recreation and education groups can afford opportunities for self-direction, self-expression, and the re-invigoration of new and satisfying activities. Such groups also can be a community's source for discovering untapped potentialities, as well as needs, of older citizens.

A number of private, as well as public recreation and education agencies, have recognized the need and are beginning to meet it:

- over 80 clubs and classes, in the tri-county area, have been initiated by recreation agencies, churches, civic groups, Homes for the Aged and others.
- two centers for older people operate on a full time basis with a variety of leisure time group activities.
- park facilities, such as in the Memorial Hall area, with shaded outdoor benches and tables, are available for the aged.

Part 5

RECREATION AND EDUCATION

Part 6

To meet the recreation needs of older citizens requires:

- strategically located all-day recreation centers.
- mass programs, such as excursions, picnics, concerts, flower shows, special events, talent and hobby shows.
- day and week-long camping programs.
- additional social and special interest clubs, especially in the uncovered areas of the tri-county region.
- park facilities for large and small group activities, with low cost public transportation.
- religious bodies to plan services and programs with special appeal to, and at times convenient for, older people.
- cultural institutions, such as libraries and museums, to schedule programs designed for older persons.

To meet the educational needs of older people requires:

- schools to include programs and facilities for older adults.
- formal courses in preparation for later years and in adjustments to aging.
- informal discussion groups on subjects of particular concern to older people.
- tuition-free college courses, for credit or audit, for persons 65 and over.
- special content in professional training courses of teachers, social workers, physicians and related groups, highlighting the problems of aging.
- improved education and recreation services in the important middle years when persons need to begin to appreciate the potentialities as well as the problems of the latter half of life.

Many older citizens are able to make their own arrangements to meet their personal needs. At certain times, for some, outside aid is required. A sufficient supply of community services could help those with practical difficulties, emotional distress or in need of spiritual support.

SERVICES

- *Information and referral* — where older people can discover where to turn for help in times of need.

This service is fully available in this area, through the Council's Information and Referral Service, but is not used as widely as it would be if more people were aware of it.

- *Counseling* — a skilled individual service to help in personal relationships; suitable living arrangements, use of resources—internal and external—and in the effort to develop a satisfying life. This service is offered by family service agencies. It is used by a small proportion of the group which might benefit, if informed about the service.

The Department of Public Assistance, responsible for counseling service to aged recipients, is limited by heavy caseloads and lack of trained staff. Medical and psychiatric agencies, pressed by long waiting lists, particularly for clinic services, are not able to meet fully the counseling need in these agencies.

- *Homemaking* — the ingredient which could enable many older people to live happily in their own homes, not in institutions.

This service is given only by the Jewish Family Service; and, in one section of the city, by the Visiting Nurse Society.

The need is for various types of homemaking and housekeeping service, area-wide; much of it could be on a part-time basis. A well formed program could also provide occupation and income for many older homemakers.

- *Visiting* — a friendly caller to help break the loneliness of the many aged who live alone.

Many of them find it difficult to attend church or clinic, shop or even walk alone.

The Friendly Visitors Project, sponsored by the Council on Volunteers, provides this service. The increasing requests can be met by a significant expansion of service.

- **Protection**—for the feeble or mentally confused, with no friends or relatives, to protect them from exploitation.

There is no agency in the area which takes this responsibility. There are unprincipled operators of commercial homes, and other interests, which find some aged easy prey.

NEEDS

- an education program, directed to older adults, on the availability of information, referral and counseling services.
- the expansion of counseling services in family, medical and psychiatric agencies, and the friendly visiting program.
- the extension of homemaker and housekeeping services.
- the creation of a protective service for those aged who need it.
- the enlistment of church groups to find those older persons who are hungry for fellowship to help counteract the effects of isolation and loneliness.



Two general questions emerge from the foregoing synopsis of the problems of our later years:

1. What can be done to inform the public about the situation?
2. What would it cost to carry out the various proposals of the report?

PUBLIC INFORMATION

Our later years have a unique claim on public attention — almost everyone will grow old, and almost everyone will come face-to-face with one or more of the problems of the aged! Yet, rarely, if ever, has an organized effort been made to reach the public with the full story and its implications.

A systematic information-interpretation plan should utilize:

- Newspapers, Radio-Television, Adult Schools, Labor Unions, Key Community Organizations, Speakers Bureau, Films, "Senior Citizen Week" programs.

To guide and coordinate an intensive public relations campaign requires proper organization and leadership. It is suggested that the Health and Welfare Council assume this responsibility.

... to break the loneliness

COST

It is obviously impossible to estimate what the entire program, if put into effect, would cost. Some of the proposals would mean more money, some would reduce present expenditures. Others would neither raise nor lower costs.

The fact is the program cannot be evaluated by the financial balance sheet alone. Human and social values are at the heart of the proposals, and must be placed on the scale for judgment.

Despite the many unknowns, certain considerations are clear:

- the nation will be richer, the aged worker a fuller tax-payer and purchaser through: later retirement, hiring unrestricted by age limitations; re-employment of rehabilitated persons; prolongation by medical science of effective working life; part-time employment of older persons. (Sumner H. Schlichter, noted economist, estimates that premature retirement costs the nation in excess of 3.8 billion dollars a year.)
- the development of health and rehabilitation services can reasonably be expected to result in over-all substantial savings through: home care for the chronically ill, early case finding and disease detection, health education and prevention services, restoration of work capacity.
- recreation and education expansion will cost more money for facilities and staff. While the financial returns on the investment are not predictable, the benefits to the individuals served and to the community as a whole are clear.

- no appreciable cost factor would appear in expansion of volunteer services such as friendly visitors, or in the rearrangement of church, cultural and related activities to suit the tastes and convenience of older people.
- an increase in public assistance allowances and higher grants would require additional funds.

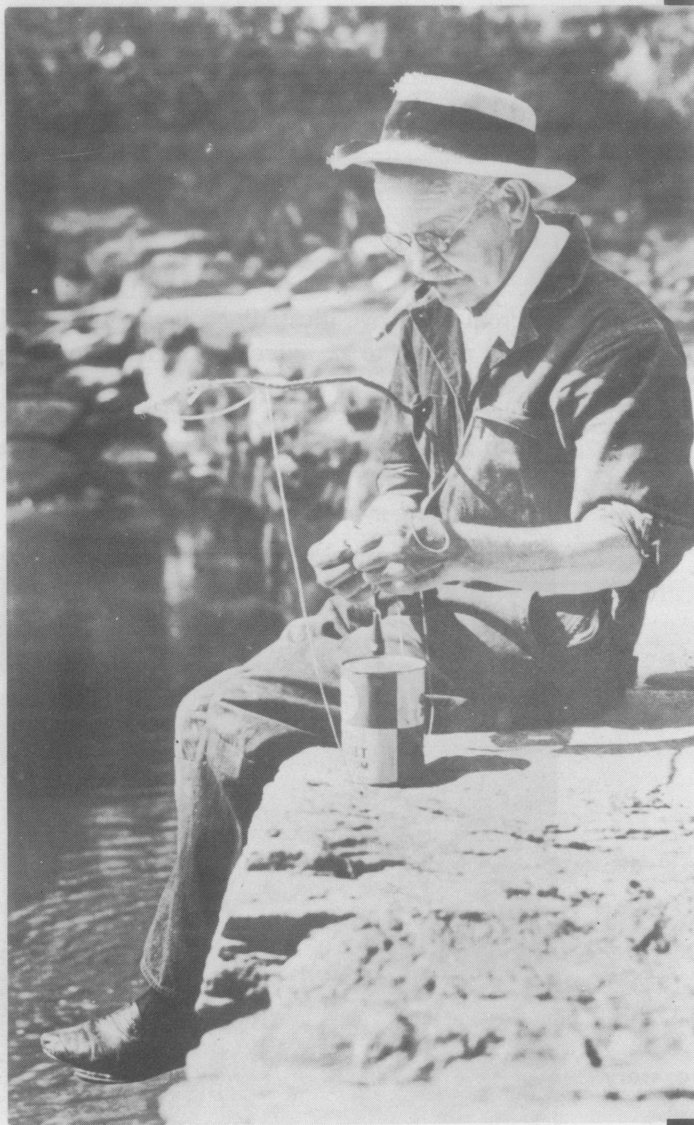
From the above illustrations, it appears probable that the program would add up to an *immediate* increase in community expenditures.

Over and against this immediate outlay is the long range view which sees greater spending power for the elderly, greater productivity, increased demand for goods and services, and *happier, healthier and more useful people in their later years.*



... to tell the story

...can
be
the
best
years
of
our
lives



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