MAINE STATE LEGISLATURE

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MAINE PUBLIC DOCUMENTS

1952 - 1954

(in four volumes)

VOLUME III

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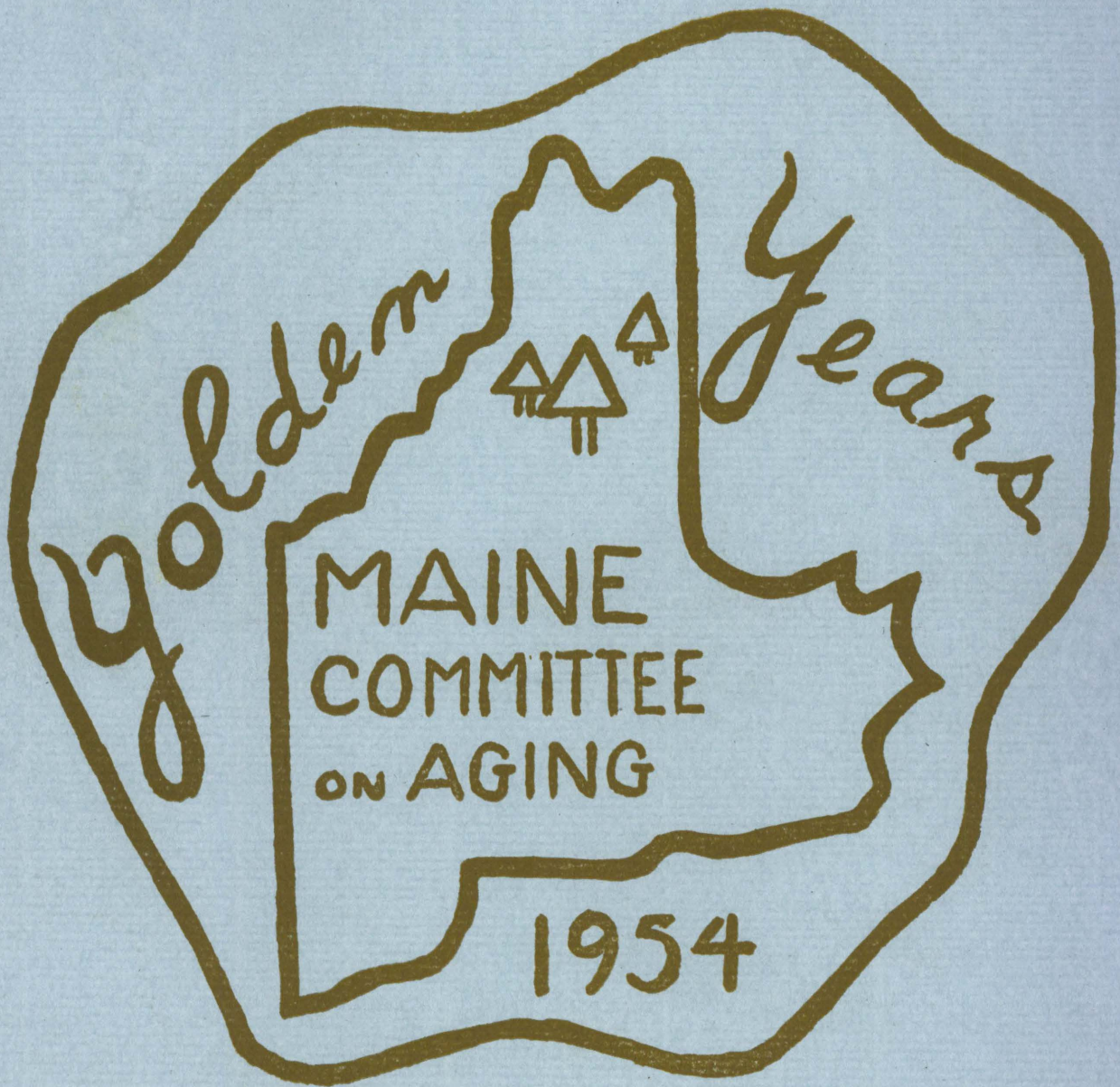

STATE OF MAINE
OFFICE OF THE GOVERNOR
AUGUSTA

BURTON M. CROSS
GOVERNOR

AUGUST 26, 1954

THE 96TH LEGISLATURE IN ITS WISDOM RECOGNIZED THE NEED FOR A STUDY OF THE PROBLEM OF AGING; AND ON MY RECOMMENDATION PASSED LEGISLATION SETTING UP THE COMMITTEE ON AGING.

THIS COMMITTEE HAS SPENT LONG HOURS ON THIS PROBLEM AND THE RESULTS HAVE BEEN MOST ENLIGHTENING. MAINE CITIZENS OWE THEIR APPRECIATION TO THE MEMBERS OF THIS COMMITTEE FOR THEIR UNSELFISH EFFORTS.

THE REPORT WHICH THEY ARE SUBMITTING TO THE 97TH LEGISLATURE IS COMPLETE AND INCLUDES RECOMMENDATIONS WHICH DESERVE FULL CONSIDERATION.

SINCERELY,

Burton M. Cross

BURTON M. CROSS

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PRIVATE AND SPECIAL LAWS CHAPTER 176

AN ACT to Establish a State Committee on Aging

Be it enacted by the People of the State of Maine, as follows:

Sec. 1. A state committee on aging created. The governor, with the advice and consent of the council, shall appoint a committee of 7 members, consisting of 1 each from the house of representatives, the senate, the department of health and welfare, and 4 representative citizens, and shall designate the chairman.

Sec. 2. Duties of the committee. The state committee on aging shall study the problems, both of the state itself and its people, which arise with the tremendous increase in numbers and from changed attitudes towards our older citizens. The committee shall find out and tabulate present resources and good practices. It shall also offer concrete suggestions for a long range program, and wherever possible get it started, so that the ever enlarging group of older men and women may be useful to each other and a blessing to the state.

A report of the committee's activities and findings shall be made to the governor and legislature not later than October 31, 1954.

Sec. 3. Time of meeting; expenses. Said committee shall meet at the place designated by and at the call of the chairman, not less than 3 times a year, for the promotion of its objectives. The members shall be paid necessary expenses incurred in the performance of their duties.

Sec. 4. Appropriation. There is hereby appropriated from the general fund the sum of $1,200 for the biennium ending June 30, 1955 to the said committee, to be expended in the promotion of its objectives and in the payment of necessary office work and material and the necessary expenses of the committee.

EFFECTIVE AUGUST 8, 1953

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Miss Pauline A. Smith, Secretary

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Mr. Philip Wilder

ACKNOWLEDGMENTS

The Maine Committee on Aging wishes to express its sincere appreciation to all institutions, organizations, and persons who have contributed so generously to its study. It has been a great source of satisfaction and encouragement that so many have helped so much.

INTRODUCTION

The impact upon the social and economic welfare of our country has become increasingly significant during the past few years. The problem has been greatly intensified by the realization of the increasing proportion in the group aged 65 years or older. In 1900, 1 out of every 25 persons in the United States was 65 or over; in 1950, it was 1 in 12; and in 1980, it is expected to be 1 in 8. In 1950 in Maine approximately 1 in 10 persons was 65 or over. We rank fifth in the Nation in the percentage of population in this age bracket.

Underlying these changes in the age structure of the population have been: (1) the long-term decline in the birth rate, (2) the cessation of large-scale immigration, and (3) the increase in the longevity resulting from improvement of living standards and advances in medical science, particularly the effective control of epidemic infectious diseases.

National Conferences on Aging, sponsored by the Federal Security Agency, were held in Washington in August 1950 and September 1952. At the latter meeting there was present from Maine a Committee appointed by the then Governor, Frederick G. Payne, which consisted of five members.

Besides Federal Agencies, including the Department of Agriculture, Commerce, and Labor, the Federal Security Agency, the Housing and Home Finance Agency, and the Veterans Administration, there were present at the National Conference of 1952 at least one representative from 32 of 48 states. In all, 150 delegates attended.

Although Maine at that time, September 1952, had not set up any Committee on Aging and was relatively inexperienced in this matter, our delegates found that only a minority of the states, 13 in all, had any established form of procedure, and, even in these instances, had taken only the most rudimentary steps.

Agencies or Commissions already set up had been charged with some of the following duties, among others:

1. Study of the over-all program possibilities.
2. Gathering of statistics.
3. Analysis of existent facilities.
4. Facing of economic realities.
5. Suggestions for housing and living arrangements.
6. Provisions for health care and rehabilitation.
7. Proposals for personal adjustment and activities programming.
8. Coordination, implementation, or recommendation to legislative bodies, or to the Governor, or to the Department with which their work is more particularly associated.

Delegates at the National Conference were in very close agreement that the best way to approach the solution of the tremendous problems of the Aging was locally. Each community has the best possible means of working out the problems in practical terms. An active citizens' committee on Aging in each community is one of the first essentials for getting the job done.

Following the Conference the five Maine delegates met with Governor-elect Burton Cross, made an informal report of the meeting, and recommended that the Legislature set up a Committee on Aging after a pattern of some of the states where such committees already were in operation.

At the session of the Maine Legislature last winter, Representative Alfred Senter, Brunswick, introduced a Bill that would provide for such a committee and this Bill received passage.

Starting its activities in October, 1953, the Committee held seven meetings which were largely for organizing, planning and coordinating purposes, and acted in a large measure in an executive capacity for sub-committee activities. Briefly the defined objectives were: (1) what do we need, (2) what do we have, and (3) what do we do in the future towards making recommendations for action to meet existing needs. At the second meeting of the Committee, Clark Tibbitts, Chairman of the Committee on Aging and Geriatrics of the U. S. Department of Health, Education and Welfare, met with the group to report on the program of other states with respect to this problem, and to suggest procedures that might be appropriate to the Maine Committee. At the same meeting, the committee members and Mr. Tibbitts were luncheon guests of Governor Burton M. Cross at the Blaine House when Governor Cross outlined some of his ideas regarding possible Committee objectives.

In the light of limited funds and facilities that precluded any comprehensive survey of the problem in Maine, measures had to be devised for gathering as much factual information as possible. Hence, by and large the program of the Committee was carried on through the medium of sub-committees concerned with four main sub-divisions of the problem , specifically: Education and Recreation, Employment and Economic Maintenance, Health and Medical Care, and Housing. Each sub-committee was chaired by a member of the Committee. The four chairman, with guidance and counselling from the Committee recruited volunteer membership, comprising a highly representative cross-section of the citizens of Maine. Their interest and that of the organizations with which many of them are associated were evidenced by the full attendance at meetings and active participation in sub-committee activities.

Following organization meetings of the sub-committees, public hearings were held at widespread points throughout the state, specifically in Auburn,Bangor, Belfast, Portland and Presque Isle. These hearings provided through the media of news, radio and television publicity prior to and following the hearings, as well as the enthusiastic testimony of interested citizens whose attendance and participation contributed so much to their success, a channel through which Maine people could be made aware of some facets of the problem. In addition, many people in public or semi-public office were reached through personal appeals by letters to contribute from their experience and vantage points to the fact-gathering objectives of the Committee.

Notably the most significant group from whom expressions of opinion were not forthcoming through the hearing device were the people who are the focal point of all Committee activities and responsibilities--the aging population of Maine, or that portion of it already in the golden years. It is hoped that this group whose counsel and recommendations are of manor importance will respond through a device that was instituted too late for the results to be incorporated in this report. This device is a comprehensive questionnaire, a sample of which is attached to this report which was mailed to 4,000 men and women over the age of 60 selected to represent all cultural, social and economic levels and who comprise a cross-section of the older citizens in our population. This group more than any, are acutely aware of and concerned with the problems immediately facing them, and therefore can make a unique contribution to themselves, those who will follow, and finally to those who hopefully will build on the groundwork laid by this Committee.

The concept that old people are essentially people to be "taken care of" must give way to the concept that they constitute an asset to the community at large, still capable of a vast amount of creative effort.

With respect to this concept Mr. Clark Tibbitts states:

> People in retirement have certain basic needs if they are to be happy. They want something to do that is useful and purposeful. They want to feel that they are making some kind of contribution, however small, to the community. They need companionship, financial independence, religious participation, a suitable living arrangement. Finally, they must maintain their health at the highest level.
> Meeting all these needs calls for concrete planning during the critical decade. I would like to stress this: to retire successfully, you must recognize that you can meet them. You must realize that you can continue to learn, to develop new skills and interests within your physical limitations.
> Once you are convinced of this, you can destroy--for yourself, at least--the stereotype that the old person is 'just hanging on'. 1/

1/ Clark Tibbitts, "How to Plan for Retirement - Now", Parade, (July 4, 1954), 5.

CHAPTER I

SUB-COMMITTEE REPORTS TO MAINE COMMITTEE ON AGING

A - ADULT EDUCATION AND RECREATION

Education and recreation are eminent considerations in supporting the objective of aiding our senior citizens in attaining a well rounded, happy, decent, productive existence, and in supplying the encouragement sought by oldsters.

According to the 1950 census, there are approximately 576,840 persons over 21 years of age in the State. Of these, approximately 224,950 have an 8th grade education or less. If the national average of one out of eighteen adults now participating in adult education as determined by a national survey is applied to Maine, then there may be at least 32,000 adults in Maine desirous of participating in such a program. The average number of Maine citizens participating in adult education certainly does not exceed 3,000.

The first appraisal was an analysis of activities already in existence, an evaluation of furthering such activities and sincerely thought out recommendations for fresh approaches. These concerned this sub-committee which held several committee meetings and a highly successful public hearing at the Aroostook State Teachers' College in Presque Isle.

A striving to relate the philosophy of the need of education and recreation with practice of how to harness together content and method in the needs of the present and the visions of the future was made. Liberal adult education is the unending education of the mature person for the sake of his development and as a citizen in a free society.

We early became aware that the terms education, recreation, guidance, the development of resources, skills, understanding, attitudes, living habits, the maintenance of physical and emotional health, and the improvement in occupational competency are inter-related. Consequently we are dealing with a dynamic process, concerned with the whole person; his body, emotions, intellect, social, and moral relationships. Likewise, in this Sub-committee's scope, we realized our field promulgates a powerful force throughout life in the preparation for an enriched, personally satisfying and socially useful old age.

It was forcefully brought to our attention during the hearings that part of the problem seems to lie in the attitude of younger people toward their aged relatives. A program of adult education might well help to improve understanding and acceptance of the aged, and thus increase willingness to assume greater responsibility for them.

The education and re-training of our older people would decrease our Public Assistance rolls and, therefore, the tax burden on us all.

It appeared to be the thinking that the emphasis should be on preparing our younger citizens for old age and in planning creative and leisure-time activities for our present older people. Many symptoms and

behavior patterns formerly attributed to old age can be attributed to the emotional factors of loss of status and feeling of being pushed aside.

Let us pose some questions for your own analysis:

1. Is adult education keeping pace with the rest of the school program?
2. Is adult education primarily a Federal, State, or Community challenge?
3. Are oldsters integrated into educational measures, if living at home, if in nursing homes, and if in State institutions?
4. Is adult recreation keeping pace with recreational programs for teen-agers?
5. Is adult recreation fundamentally a Federal, State or Community challenge?
6. Are oldsters integrated into recreational measures if living at home, if in nursing homes, or if in State institutions?
7. What is the responsibility of the Department of Health and Welfare, the Department of Education, Department of Institutional Service?
8. What are the responsibilities of the church, service clubs, and other social organizations?
9. What are the responsibilities of industry and labor organizations?
10. At what age should educational planning for oldsters begin?
11. At what age should recreational planning for oldsters begin?
12. What is the responsibility of our University and colleges in adult education?

The need for citizens to keep their education up to date increases as the position of the United States in world leadership grows.

If experience in other states is a criteria, adult education classes will never become a standard part of the school program in most Maine communities until there is some form of State assistance and full-time supervisory personnel. More and more school superintendents, and informed school boards could encourage their skilled guidance counsellors to begin to develop rounded-out programs of adult education. Experience has shown that public schools wishing to develop an adult program should start slowly, basing their courses at first on such as Americanization classes, safety education, parent educational and family life classes, classes leading to a high school diploma, and occupational subjects, the courses offered being based on requests and on the "felt need" of a community,---then progressing to courses in painting, jewelry-making,ceramics, photography, and subjects of special local significance. Nationally there has been a recent growth of three hundred and fifteen percent in adult education courses in world affairs. In doing so, they will be accomplishing at least two objectives--meeting the needs of adults for self-improvement, and creating good will for their schools.

The public school is the logical agency to take the initiative in planning programs for adult education, since they are the agency respon sible for education, have the plant, most of the facilities, and have a

pool of leaders and teachers.

The literacy problem exists in Maine as everywhere. Beyond that, the average number of years of school attendance in Maine is but nine and nine-tenths years for those 25 and over. In the United States in 1940, 10,000,000 people were functionally illiterate. In Maine we have approximately 8,825 people over 21 years of age who have never been to school. These responsible citizens can better make their decisions in our society and cast their votes if they have better understanding. Yet college graduates, also, need new skills, fresh knowledge, to keep abreast of an ever-changing world. All adults will benefit by adult education.

Education is a lifelong process; it is impossible to crowd into the period of childhood enough education to last for a lifetime. The effect on divorce rates,delinquency, crime, intolerance, inefficiency, conflict, economic cycles, adjustment to wealth and poverty, mental illness, to name a few, is incalculable. The handicap of ignorance is a limiting factor in economic production.

Adult education includes the preparation of citizens for the life period 60, 65, or over, but also includes education of all persons in their attitude towards the senior citizens and the continuous education of those already in the upper age bracket. The Sub-committee, on more than one occasion, faced the expression of "rigidity of thinking" on the part of the oldsters. Is such non-flexibility of mind due, at least in part, to circumscribed educational backgrounds?

Well developed for our consideration was a presentation which includes:

1. The desirability of not segregating the aged in adult education. They can contribute from their vast stores of experience and knowledge, as well as be inspired by association with the younger adults. This will defeat their categorization as a dependent group and promote their feeling of productivity and usefulness. Complementing this would be a fuller understanding on the part of the younger people.

2. Less educationally can be done for those over 65 unless the groundwork was laid while the individual was younger. This groundwork should include a philosophy for aging.

3. Experience in adult education has shown very clearly that teaching methods must differ as compared to the instruction of those of public school age. Teachers must have adaptability to successfully work with adults and already overworked teachers cannot carry this burden alone. Well proven in success have been the forums or discussion groups, with good leadership rather than an established, severely planned, classroom approach.

4. For shut-ins, those living in more rural areas, and others not able to participate in the regular manner, correspondence courses and the educational possibilities of television are worthy of high consideration, and have tremendous potentiality.

5. An adult education program for those retired and those still earning offers a challenge of integration, yet with film strips, libraries, bookmobiles, hobby instructors, distribution of literature, listing of opportunities for older persons in industry, home work opportunities, recordings, radio, appreciation and understanding of the arts, and evaluation of individual's skills, this can be done. Maine people have a unique and wonderful heritage. We are responsible for seeing that the tangible evidence of the special skills we have continues to leave its imprint on our culture.

A speakers' team in one State put on a highly successful series of talks, primarily for those of later maturity, a week apart, entitled: How to Feel as You Grow Older; Nutrition and the Whole Digestive System; High Blood Pressure and Hardening of the Arteries; The Influence of the Endocrine Glands on Aging; Arthritis, Neuritis, and Rheumatism; Plan Your Own Health and Well Being; Leisure Time is for Living; Spiritual Values and Later Maturity. The speakers provided the specialized knowledge required by those working with older people.

Coincidentally with adult education lies the responsibility of Colleges, Universities, and Teachers' Colleges to aid in the preparation and training of personnel particularly cognizant of realistic approaches to our oldsters. They would locate,train, and aid in the responsibilities of the supervisors and counsellors with skill,preparation, and understanding. Then, these trained people will not only help individuals, but aid in initiating courses, act as a stimulus and clearing house of projects, dispense materials,information,conduct workshops for local school leaders, and coordinate community planning and activities, recognizing the elderly people themselves, as well as social agencies, churches, civic, business, and fraternal groups. These people would also act as special consultants to recreational directors to help bring activities for senior citizens to somewhat the same level as youth or teen-age response.

The majority believe that we have now passed through the cycle in which the adolescent was the focal point, and that our aging group is as much a grass-roots problem, one for which solutions should be initiated and worked out in the community.

In the final analysis, what we do depends on our local communities. Setting up a counselling program will provide a solid contribution by pointing the way in which communities can organize themselves for dealing with the problems of the aging at the local level. The State should do research, on a continuing basis, for the promulgation of intelligent dealing with this challenge. It would be the Federal Government's duty to act as a clearing-house for the inter-exchange of valuable, proven ideas as they have become satisfactory in actual workings within the boundaries of States. Encouragement, supervision, and activation of state agencies already in existence is a responsibility of Maine, for the purpose of aiding already established community agencies, private state organizations, and in establishing more facilities.

It seemed to be the thinking of nearly all who took part in our considerations that the community itself is closer to its own particular responsibility of the oldster. The community should be more intimately aware of the identity of those measures which the individual and the com-

munity can take to insure the lifelong development of tomorrow's Senior Citizens; more nearly able to recognize its own problems, and can be stimulated by the awareness of their existence, into thinking, action, enthusiasm, co-operation. They will realize that unproductive citizens, whose potentialities are known best locally, are a loss to the individual and his community.

Education is not a cure-all for the problems of the aging, but we should ask our educators what education can do to enrich the lives of our older people. Similarly a greater use ought to be made of organized recreation as a means of adding to the happiness of the aging experience.

As one of many examples in relation to providing recreational outlets for persons in institutions or nursing homes, the American Association of University Women, in another state, has had each of its members adopt a "grandmother". This led to the establishment of the Senior Auto Fleet, and that, in turn, to a county-wide organization of the United Senior Citizens.

In another area, a civic group took those institutionalized on an annual boat ride, and in another place, all are guests annually at a Little League game. Librarians are setting aside special quarters for oldsters, and park commissioners allocate certain benches in parks for our older persons. It is a truism that it doesn't take as much, generally speaking, in recreation to make an oldster happy, yet it is the responsibility of the community, and others, to recognize and activate.

Our Department of Health and Welfare has the greater supply of source persons--the social worker, for instance, who is a source of information as to existing conditions, reports to a State supervisor, could consult with a counsellor, make recommendations--and must be a part of this developing picture.

According to Maine Law:

> Cities and towns may raise money for evening schools. Any city or town may, in addition to the sum raised for the support of public schools, raise and appropriate money for the support of evening schools, which shall admit persons over 16 years of age and shall be under the direction and supervision of the superintending school committee.[1]

Also, according to Maine Law:

> State aid to Towns maintaining evening schools. Whenever the superintending school committee of any town shall have maintained during the school year an evening school as provided by Section 32, said town shall be reimbursed by the State a sum equal to ½ the amount paid for instruction in such evening schools. Such schools shall meet the approval of the commissioner in regard to the qualifications of instructors, length of term, class attendance and subjects offered.[2]

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[1]Maine Revised Statutes (1944), C. 37, Sec. 32.
[2]Maine Revised Statutes (1944), C. 37, Sec. 166.

The offering of courses and the provision, in part, for funds for such adult education is already established by law. Federal funds are also available. Educating the members of the State Legislature of the validity of supporting the adult educational program, as well as stimulation of interest and readiness, not merely among those who should directly participate, but also among their friends and fellow citizens whose encouragement and support are vital, must follow.

Our Department of Institutional Services is concerned with many aspects of the senior citizens' problems, including rehabilitation, occupational therapy, physiotherapy, as well as recreational measures, and, as possible, educational process for those institutionalized.

In Maine, in church, fraternal, and other community organizations, we have learned of many worthwhile activities in relation to the aging for education and recreation, such as the Jewish Community Center, Inc.; Catholic Bureau of Social Service; Woodford's Congregational Church program for older church attendants; Odd Fellows' Home; Jefferson Camp; Three-Quarter Century Club, for which the Lions Club furnishes transportation to their annual State-wide meetings; Presque Isle's total Community planning; Townsend Clubs; the "Y" organizations (about one-half of the YMCA's throughout the country are devoting energies to helping the aging); Golden Age Club; Grange activities; the interest of Women's Clubs in Homes for Elderly Citizens; the International Paper Company's retired men's activities; and the Oxford Paper Company's Club Room for retired men.

It is the feeling of this sub-committee that, although something is being done to make the lives of our senior citizens happy, stimulation is needed on all levels, State, Community, and private organizations. It is a cold fact that our population in Maine is an aging one. Are we going to be the Maine citizens that our ruggedly individualistic heritage made us, or are we going to drift into a Welfare State? Adult education and recreation are means by which we maintain our way of life.

SUGGESTIONS FROM SUB-COMMITTEE TO MAINE COMMITTEE ON AGING

1. We recommend to the State Department of Education that it explore the possibility of having the State University and/or State Teachers' Colleges provide programs for the training of leaders and teachers in the field of Gerontology to develop an informed nucleous of people in this field. We would suggest that a modest beginning might be made by having a summer-school workshop and/or lectures in the field of Gerontology.

2. We recommend that all other institutions of higher learning investigate the feasibility of including instruction of courses in the problem of aging.

3. We recommend that the Department of Education explore the feasibility of expanding training and re-training programs to include the retired worker, the unemployed and the handicapped.

4. We recommend that, because a supply of trained teachers adequate for the task is one of the foundation stones in a sound adult education

at one of the Teachers' Colleges. Particularly in the beginning it might be fruitful and economical to have this instruction given by one of the persons who is supervising the adult-education program at the State level.

5. We recommend serious consideration of the provision of a full-time worker in the Education Department to be charged with the responsibility of consulting with community educators and leaders regarding the development of adult-education programs and with the promotion of widespread interest in adult-education throughout the State.

6. We recommend that the State Education Department prepare and distribute manuals of procedure for the use of persons assuming different types of responsibility in adult education.

7. We recommend meetings, considerations, and progressive activation of all interested in the co-ordination and development of creative activity through recreation.

8. We recommend that more communities explore the creating of a local adult education council.

9. We recommend that group work agencies develop instruction and recreational programs for senior citizens ona comparable basis with the already existing programs for junior citizens.

B-EMPLOYMENT AND ECONOMIC MAINTENANCE

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PRIVATE PENSION PLANS

Industrial pension plans currently cover approximately ten million people, or about 17% of the labor force in the United States. It is extimated that less than 4% of retired people in the aging brackets are now receiving benefits from this source. It is generally conceded that the full impact of this program will not be evident until 1970, or later, at which time the beneficiaries among the aging population will approach the 25% figure. There is a notable lack of collected statistics covering the Maine scene. It is evident, however, that where plans are in effect the coverage of those qualifying is in the neighborhood of 90%.

Of the plans in operation and coming to our attention, certain characteristics are common. Most generally these are:

1. Qualifying period. An employee must have attained a certain age and/or served a stated period of service before qualifying for membership in the plan. The trend of bargaining on this point has been to eliminate the age requirement and reduce the period of service required. In many plans considering service prior to the introduction of the plan, reduced credit was awarded the employee for time served prior to founding of the plan excepting a qualifying period.

2. All plans coming to our attention were of the contributory class. The employee must contribute a small percentage of his total earnings, or normal wage, to entitle him to membership. It was found that the total cost was distributed on an approximate 60-40 basis, with the employer paying the larger share. There has been no marked trend to change this pattern in Maine, although there are exceptions to it.

3. Stipulations providing for early retirement with full or curtailed rights on an actuarial basis are general but of variation. The trend of amendments to this feature is towards uniformity with consideration for service, attained age, and the cause of forced early retirement.

4. The most important characteristic of all plans was the forced retirement of participants at a chronological or normal retirmment age of 65. The trend of bargaining here, and a pattern has been set, is to raise the age to 68 in the case of essential workers or able-bodied older workers of all classifications. It was found, in one instance, that a large company was ignoring its own normal retirement criteria and administering their plan to provide retirement at 68. Two other companies have amended their plans to this effect. In view of the greatly reduced cost of a plan administered to retire members at 68, and the substantially increased benefits accruing to the beneficiaries, it would seem to be advantageous to consider the general economy of the State in future bargaining on this point.

Of the characteristics not common to all plans in Maine, the following are evident:

1. Vesting provisions are typical in some and non-existant in others. Vesting is that feature which provides that under certain conditions the right to a pension is established at an earlier date than normal retirement age and becomes effective at normal retirement age. In an industrial economy such as Maine's, where pension privileges are not transferrable between companies within an industry, this feature is highly desirable. The trend of bargaining has been to establish vesting, the qualifying period has ranged from 15 years of service in one plan to a much longer period and the attainment of a stated age in others.

2. The method of the funding of industrial pension plans is too varied and complex to discuss in detail here. The method offering the greatest protection to the participant is that of Pension Trust Funding. Although all methods protect the employee to the extent of his contributions, plus a stated rate of interest payable on death or separation, the pension trust formula offers the additional protection of pension payments at normal retirement age where early vesting rights are provided for. The pension trust formula is one in which the employer makes periodical payments to a trust under the administration of a company selected actuary and the reserves required to fund pensions are accumulated and invested. Other methods are dependent, in most cases, on the ability of the company to maintain payments on much the same basis as insurance premiums and do not generally provide the protection of vesting rights, such rights accruing only as the individual attains normal retirement age.

All facts considered, and in view of the relatively short period that private pension plans have been points of negotiation between labor and industry, it is the Sub-committee's considered opinion that an outstanding job has been done in this field by certain segments of Maine Labor and industry and that they are to be congratulated. The establishment of new plans and the liberalization of existing plans is progressing at a rate in pace with the general nation-wide trend.

AGE DISCRIMINATION IN EMPLOYMENT

With the transition of Maine's economic picture from an agricultural to an industrial predominance, a question very frequently arising deals with the prospect of new or continued employment for those individuals in the age groups most frequently discriminated against in more heavily industrialized areas. The problem of age discrimination in employment is one which will become increasingly important in Maine, due in part to the remarkable growth of new industry locating here under the sponsorship of the Maine Development Commission, and the increasingly larger proportion of our population attaining advanced ages.

Whereas medical science in the past half century has enabled a stronger man to live approximately one third longer, business and industry have concurrently adopted hiring practices which curtail man's participation in the manufacture of the national product. There is every indication that if descrimination against age can be overcome, and premature retirements eliminated, the national product could be increased by as much as the present cost of supporting people age 65 and over. It is well established that at the turn of the century, well over half of our

aging population was in the labor markets. Excepting during periods of international wars this proportion has steadily dropped and has now been projected to a figure of 30% or less by 1960. It is apparent that such a prospect will create serious economic problems, not only for those removed from the labor force, but also for those who must support the social welfare programs through taxation.

It would seem that this problem might be alleviated somewhat through labor-management cooperation, by designating the creation of part-time assignments to work, or certain jobs or occupations as reserved for the continuous employment of aging workers or for new employment of skilled or semi-skilled workers in the aging brackets. Labor and industry in Maine have shown a remarkable ability to settle their problems around the conference table. A project of this type would be another example of the mature thinking and careful planning which have been typical of the collective bargaining practices of the past. To meet the realities of a solution to the age descrimination problem, the principals to such a conference must face several new hurdles: complications arising on admitting older new employees to established pension plans must be considered; so too, the possible down-grading of jobs for the continued employment of older workers. Perhaps pre-eminent consideration should be given to the adaptability of the over-all program to the characteristics of the changing labor market.

The point at which employment for the older worker should cease is individual to the case in point and should be so considered. The trend of thinking today is that the continued production by the able-bodied older worker is a more valuable social and economic contribution from the freeing of jobs for younger workers. However, this line of thought should be qualified as the solution of the problems of the aging should not be made at the total expense of any other age group. Movement in this field should be made carefully and with full consideration for the over-all economy of the state or the particular industrial locality.

It has been indicated in our Social Security report section that only 5% of workers retiring are doing so voluntarily. It is apparent from this that much might be done at labor-management levels towards the establishment of training programs in preparation for retirement. The creation and promotion of such training programs should be an essential feature in any form of compulsory retirement at a chronological age.

OLD AGE AND SURVIVORS INSURANCE -- SOCIAL SECURITY

Federal Old Age and Survivors Insurance plays a substantial role in the economic maintenance of the aged in the State of Maine. At the end of 1953, approximately 42,280 individuals 65 years of age or older were receiving about $1,833,000 in monthly benefit payments. This group of aged persons included retired workers, wives, widows, and dependent parents, husbands, and widowers. These insurance benefits constitute the only or main source of income of a significant proportion of all these aged beneficiary groups.

Studies by the Bureau of Old Age and Survivors Insurance have shown consistently that only about 5 in every 100 beneficiaries have retired voluntarily while in good health. The other 95 stopped working because

they were physically unable to continue, or had been laid off and could not find other jobs suited to their capacities.

In Maine, as of March 1951, approximately 81% of those individuals engaged in paid civilian employment were covered by Old Age and Survivors Insurance. Legislative proposals now under study in Congress would extend coverage to practically all types of employment and self-employment. Under the proposals, benefit rates of present beneficiaries would be increased some, while future beneficiaries would receive a substantial increase by raising the maximum annual earnings base from $3600 to $4200, and by use of a more liberal benefit formula.

For the United States as a whole, as of December 1951, income from employment constituted the most frequent source of income for persons aged 65 and over. Ranking second in frequency was Old Age and Survivors Insurance, followed by Old Age Assistance.

Because aged individuals contact Social Security Administration field offices to apply for or inquire about Old Age and Survivors Insurance, these offices are in a favorable position to render valuable referral services with respect to state or local programs dealing with the aged. Community resources training is given to all employees in Social Security offices in order that proper and intelligent referrals may be made on inquiries concerning other agencies.

Our Auburn and Belfast hearings were not productive of criticisms of the Social Security program. It was generally agreed by municipal officers at both hearings that the program was a blessing to local governments. The proposed changes now before the Congress were the subject of discussions, but in no case was criticism rasied. While it would be an easy matter to formulate recommendations based on personal opinions or national statistics, the truth of the matter is that our study did not produce material warranting the making of recommendations at this time.

OLD AGE ASSISTANCE QUESTIONNAIRE

A questionnaire of twelve questions was developed from the sore spots of the Public Assistance program which were brought out in the public hearings this Sub-committee held in Auburn and Belfast. From the hearings, the sore spots appeared to be the citizenship law, residence requirement, and the relative's responsibility phase. We were interested in collecting firm information from a larger group of qualified interested people than it was possible to contact at our hearings.

One hundred and fourteen questionnaires were sent to Welfare Directors and Town Managers as it was felt that those were the people who, through their administration of local welfare programs, knew the effect Old Age Assistance was having on the people, and were outside the Old Age Assistance program.

Out of the 114 questionnaires, 72 answers were received. The following is a report of the information obtained:

It was established that the residence requirement did not cause material hardship in the vast majority of municipalities.

Sixty-one percent of the 72 communities who responded to the questionnaire said that the citizenship law did not cause hardship for their people. However, in analyzing the results, it was found to be a problem in the border towns and in the large industrial areas. Slightly more than half of the communities recommended the abolishment of the citizenship law and the substitution of a much longer residency requirement for aliens than for citizens.

Of those who responded,70% felt that a responsible relative's allowable income should be graduated to take into consideration his own immediate dependents. The other 30% did not answer this part of the questionnaire. The answers given indicated an endorsement of the present policy of the Division of Public Assistance. That is $2200 allowable income plus medical expenses for a single person, with $600 plus medical expenses for each additional dependent.

Fifteen percent of the communities who answered made specific recommendations for changes in the relative's responsibility phase of the program. The most predominant recommendation was that the State should take action to compel support in cases where eligibility for Old Age Assistance was not established or re-established because a legally responsible relative was deemed able to support.

The feeling of two-thirds of the municipalities responding differ from department policy in consideration of liquid assets and real property as separate entities in determining a relative's responsibility. When queried as to the equitable amount of assets to allow a responsible relative, the median expression was in agreement with present Department policy.

By far, the greater majority of respondents reaffirmed the reality that Old Age Assistance is a relief program based on need and not a pension plan. This was indicated by an expression that Old Age Assistance grants should be based on the deficit between the applicant's living requirements and income from other sources, including Federal Old Age and Survivors Insurance.

Approximately 80% of those responding endorsed the theory of a legal maximum in Old Age Assistance, but qualify this endorsement by stating that exceptions should be made to individuals having extraordinary expenses due to medical treatment, hospitalization, or nursing home care.

Although many of the comments of the respondents strayed into the jurisdiction of other sub-committees, we felt that because they were germane to the economic field, their points have been considered here.

UNEMPLOYMENT INSURANCE BENEFITS

Like age discrimination in employment, the study in the field of unemployment insurance benefits did not restrict itself to a narrowly defined age group. The testimony heard, or otherwise coming to the attention of the Committee, indicated that the trouble spots in the sphere of our jurisdiction centers on three factors, namely:

1. the time lag in payment of the initial benefit;

2. the criteria of qualification for benefits;

3. the adequacy of benefits.

(1). The time lag in payment of the initial benefit is due in part to the qualifying period as prescribed by the law. During the period covered by our study and hearings, the Employment Security Commission was on a bi-weekly schedule of claims taking and benefit payments, provoking much critical comment. This schedule was imposed due to curtailment of operating funds and is outside the scope of any state agency intervention. It would seem that, at the present time, the re-establishment of weekly claims taking and benefit payments were overcoming, in part, the criticisms of this phase of the problem. However, much might be said relative to the speeding up of benefit payments to the significant minority (approximately 25%) who are serviced at itinerant points on a bi-weekly basis.

(2). While the testimony of the criteria of employment was limited, it was generally recognized as one of importance and worthy of comment. Considering that the statutes pertaining to unemployment benefits do not in any manner take into consideration the age of the applicant, it should be borne in mind by the administrators of the program that the test for qualification should be realistic and meet the requirements of the law and the spirit in which it was written. This phase of our study is due to assume a more significant position as the operation of private pension plans is extended and a greater number of retired industrial workers seek other employment.

(3). It was apparently the intent of the originators of this program (Congress) that the benefits should meet a specified percentage (50%) of the applicant's usual weekly wage or the state's average wage, based on annual earings. Since this theory was laid down over 15 years ago, the benefit schedule, although amended several times, does not cope realistically with the present economic conditions. The Employment Security Commission has recently compiled a new benefit schedule to be the subject for discussions between Labor and Industry groups, with the view of presenting some to the 97th Legislature.

It is in the mind of the Sub-committee that the criticisms heard can be overcome by applying the Statement of Policy in the Maine Employment Security Law to meet economic conditions.

SUGGESTIONS FROM SUB-COMMITTEE TO MAINE COMMITTEE ON AGING

1. Continuing Sub-committee in this field of employment and economic maintenance.

2. The continuing Sub-committee shall adopt a procedure with regional public hearings in fields of labor management interests separate and distinct from the field of public assistance, and make every effort to get full and complete labor-management participation.

3. The continuing Sub-committee shall further study the public assistance program, with particular emphasis on the transfer of property phase of the Old Age Assistance statutes, enlisting the cooperation of municipal offices.

4. This Sub-committee recommends the repeal of the law requiring that a recipient of Old Age Assistance be a citizen of the United States.

5. This Sub-committee recommends that all State and Federal Agencies that serve the aged, such as the Social Security Administration, the Department of Education (Vocational Rehabilitation), Employment Security Commission, Public Assistance, etc., be housed together to facilitate the service to these people. It is suggested that this might be attempted in one area to establish its feasibility.

C-HEALTH AND MEDICAL CARE

The natural life span of man is unknown. There are no known authenticated case reports of a natural death. At autopsy or in the laboratory prior to death a cause for death is found. With the control of infectious diseases, improved surgical techniques, and the wonder drugs and hormones of this chemical age of medicine, man is surviving to unexpected age. The life span for man in the days of the Roman Empire was 28 years. Now, only a few years later in the history of man, he is living 67 to 73 years. It is estimated that perhaps man's life span will some day be 125 to 150 years of age. Even with this early advance in the number of living years special problems are arising among our aged. Medicine has yet to conquer the degenerative vascular diseases; i.e., hardening of the arteries, high blood pressure, and cancer - the now common causes of death in our aged. Progress reports in the management of these disorders will be left to the medical journals.

Specific medical care is and always will be in the hands of the physician. It is not in the province of this report to discuss the medical diseases of our aged. This is a technical subject and must be left in the hands of the doctors. It was the duty of this Sub-committee to study the manner and means by which the State could aid the physician in caring for the aged.

The Sub-committee on health laid out its work program as follows:

1. Health problems of the aged:

    a. Geriatric clinics.
    b. Visiting nurses.
    c. Home care service.
    d. Nursing homes.
    e. Facilities for the chronically ill.
    f. Adequate hospital facilities.

2. Adult health education program.

3. Rehabilitation.

4. Multiphasic screening.

Geriatric clinics: The advantage of geriatric clinics in hospitals is the continuity of medical care. There is a lack of out-patient departments in our community hospitals. Geriatrics clinics are absent in most all the hospitals in this state that do have out-patient services. The advantages of the other established clinics such as heart and diabetic clinics can be applied to a geriatrics clinic. Local committees should urge their hospitals to establish geriatric units. The term "geriatric clinic" might be renamed "adult consultation clinic". We know of one geriatrics clinic which was not successful until it was renamed Adult Consultation Clinic. We feel that clinics established by the State would be unwise. The place for them is in the community associated with the local hospital.

Visiting nurses: In our rural areas there is a lack of medical care

and facilities plus an added problem of transportation. Many patients cannot afford medical fees or medicine and have no transportation to units supplying these facilities. Recruitment of qualified nurses is a problem in the Department of Health and Welfare. Out-patient hospital service supplied by the smaller hospitals as well as the large would be of help to these nurses.

Home care service: Such service might be rendered to patients unable to come to a hospital or out-patient clinic and who need and would benefit from medical advice and care or nursing and rehabilitation care. Such services would be the responsibility of a local community program and represent an advanced program with already established hospital and out-patient facilities.

Nursing homes: Under State regulations nursing homes must have physicians for all their patients. Too often no doctor sees a patient unless called by the operator of the home. Frequently the initial therapy is carried on for years without charge. A registered nurse on duty 24 hours a day is required by law in nursing homes but many establishments get around this by labeling themselves as convalescent or rest homes. Requirements for medical care should be more stringent. Regular visits by a physician should be a requirement. Ideally each nursing home should have a rehabilitation program and consultation facilities by a rehabilitation expert should be available to the nursing homes.

Facilities for the chronically ill: Our general and community hospitals are not equipped to handle chronic care cases and are not interested in caring for the chronically ill. Four possible places for care of the aged indigent might be: geriatric units at the state hospitals, general hospitals when acutely ill, nursing homes organized with State regulations, and chronic disease hospitals.

The state hospitals for the mentally ill are overcrowded. The admission rate has doubled in the last seven years and is increasing annually in increments of 40. At the Augusta State Hospital an estimated $8,000,000 is needed to care for the present situation. Needed improvements include a surgical building, tuberculosis unit, recreation building and central dining room. A new $900,000 geriatrics building is planned to be built soon. The average cost per patient is $14.00 weekly which is the least expensive care available in the State.

While the average senile patient is psychotic medically and legally, a very small percentage of senile psychotics require institutionalization. Most senile patients are problems of nursing care. It is felt that these patients get better care at the state hospital than they would get at most nursing homes.

It is a mistake, we feel, to attempt to maintain separate institutions for the care of the aged and we feel it is more satisfactory to have a separate geriatrics unit attached to the state hospitals for care of the senile aged. Separate geriatrics units have been attempted experimentally in Connecticut and have proved expensive and unsatisfactory.

The city hospitals in Portland and Bangor were sites of two meetings of the Sub-committee. Both institutions were originally poor houses or

farms. As aged patients needing medical care increased and no room was available in the acute disease hospitals, these institutions gradually emerged as city hospitals for medical care of chronically ill patients. They are supported by the two cities respectively. The staffs are composed of community physicians who give their time and service. In Bangor there are usually 40-42 patients; in Portland, 153 patients in a 142 bed capacity hospital. 85 to 90 percent of admissions are in the aged group. Average hospital stay is 49 days. Reimbursable costs are $8.53 per day. The development of these institutions has partially satisfied the needs of these cities for chronic care facilities. Both institutions care for senile psychotics and do so as long as the patient is not abusive. The greatest deficiency at these hospitals is in rehabilitation. No physiotherapy is available.

The possibility of district or area hospitals for chronic care seems too remote at this time. Utilization of present facilities is a more logical beginning. Wisconsin, one of our most socialized states, has a strong system of county hospitals to which chronic care patients are transferred after the acute stage of illness has passed. This is for the mentally ill. The State has no plan for the aged except as mental patients or tuberculosis patients. Basic recommendations of the Wisconsin report were: (1) Continued interest in the problem, (2) Progressive coordination of existing resources, (3) Investigation of means other than institutional care, and (4) Continued research and community study.

It was felt that in Maine, since it is impossible to institutionalize all cases, other ways must be found, perhaps home care which could be a practical demonstration of integration of nursing care, physicians' care. and welfare work. Suggested possibilities were: foster home care, housekeeping services - public or private, and extramural hospital care such as sending the patient home and following up with care by hospital doctors, nurses, etc. This admittedly is a local community project.

Adult health education program: The New York State Joint Legislative Committee on Problems of Aging feels that health education probably merits first priority of time, funds, and personnel. This committee called upon the older people of the State to demand of local and state health departments the services and information they felt they were entitled to. They urged that the state health department create a unit on adult hygiene and geriatrics to provide a central core of medical leadership and integration of programs and resources.

More emphasis is needed on care of the aged in nursing education. There is a need for educating the public to recognition of the problems of aging. More facts are needed concerning the number of aged being cared for in nursing and convalescent homes, the number being cared for by their communities, etc. Community studies should be urged by the central committee.

Health education directed to our middle aged and elderly bringing them the knowledge now available in nutrition, mental health, and disease prevention could begin to build a happier and healthier older population. The above recommended unit on adult hygiene and geriatrics could be a center for medical leadership and information to gather the available literature about the diseases of old age and to distribute such through-

out the State to physicians, hospitals, libraries, etc.

Rehabilitation: There is no more fruitful work in the field of geriatrics than that shown by rehabilitation. It is defined as medical care and activity designed to teach people who have disabilities to live and work as efficiently as possible. Dr. Howard Rusk has opened our eyes with his report on patients having "strokes" resulting in paralysis on one side of the body. 90 percent of these people can be trained to complete self care and ambulation and a third can return to gainful employment. Expansive technical equipment is not needed. In a county home in Allegheny, Pennsylvania, where a majority were bedridden, a program of rehabilitation was started with $200, a vacant room, home made pulley devices, shoulder wheels, and exercise mats. Of 308 patients treated, 80 percent were restored to ambulation. This meant less nursing service, less special dietary, and fewer drugs. 15 percent were restored sufficiently to return home. Their families accepted them because they no longer needed a great deal of care. 13 percent were restored to a point that they could and did obtain work.

We can and should have a rehabilitation program in every community hospital, in every nursing and convalescent home, and in our state institutions. It is recommended that a full time rehabilitation expert be employed by the State Department of Health and Welfare who will serve to help educate old age homes, hospitals, and local health departments on the techniques of rehabilitation. A rehabilitation program can be adopted at the local level by action on the part of citizens there.

Multiphasic screening: Multiphasic screening is a battery of medical tests, quickly administered, which attempt to detect a variety of ailments, particularly chronic diseases, in their early stages when they can be treated most effectively. It has many pitfalls such as: using it instead of an annual physical examination; it is a detection and not a diagnostic device; it is cold and impersonal and should never substitute for consultation with a physician. Its use should be left to the decision of local community geriatric units.

In essence it is felt by this Sub-committee that the medical problems of our aged can be most satisfactorily handled at the community level. We feel that existing central facilities, i.e., the Department of Health and Welfare and a central State Committee on Aging, can be most useful as centers of information, guidance, and leadership for community programs.

SUGGESTIONS FROM SUB-COMMITTEE TO COMMITTEE ON AGING

1. More basic information is needed. It is urged that a Committee on Aging be continued by the Legislature and Governor to persist in the study and to make further reports and recommendations.

2. It is recommended that this central committee contact each community or many communities in the State to urge these communities to survey their own problems with the aged, these to be reported to the central committee.

3. The Governor and Legislature are urged to continue their support of a progressive program in the state institutions where so many aged are

cared for. Senile geriatric patients should be cared for at the state level. Rehabilitation units should be further developed in these institutions.

4. We urge that the State Department of Health and Welfare have a full time physician, a trained rehabilitation expert, to foster and direct local and state programs in institutions, hospitals, nursing homes, convalescent homes, and homes for the aged.

5. The Department of Health and Welfare should create a unit on Adult Hygiene and Geriatrics to provide a central core of medical leadership and information about the degenerative diseases including literature to be sent to physicians and hospitals throughout the State.

6. Nursing home regulations should be enforced and improved. The Department of Health and Welfare should be given funds for work necessary to improve our nursing homes.

D-HOUSING

The Sub-committee on housing has held one planning meeting, conducted two public hearings, in Bangor and in Portland, and conferred by correspondence with the chairman. The following report attempts to present what facts have been found, what honest opinions expressed, and the most valuable of the suggestions made.

Housing for older people includes living arrangements for those who are in their own or relatives' homes, sheltered care for people in so-called old folks' homes, and nursing care for those in nursing homes or hospitals. For the sake of brevity, in this report the word institution will be used for any type of sheltered or nursing care and nursing home includes convalescent home.

Of necessity, housing overlaps other areas, especially health, economic maintence and recreation. These all influence where a person lives. In many ways where an older person lives is not as important as how happy he is there.

We argee with Dr. John R. McGibony, of the United States Public Health Service, who says "we should devote our efforts to keeping the elderly out of institutions". Then, if and when they need nursing care, "we must be assured that the right patient is in the right bed at the right time".

At our hearings there was some discussion of living arrangements for those older people who are well and able to look out for themselves. This is a big subject in itself. It is hoped that in the future more thought and study will be given to retirement apartments, congregate living plans and similar projects used successfully in other states.

Any person should live in his own home as long as he suitably or possibly can. Own home we define as a place, whether one room or a whole house, for whose management the person (and/or relatives) living there is responsible. In the United States 96 percent of the population sixty-five and over live in their own home. That home may be a one room shack on the edge of town, where an 80 year old man lives alone. If he can take care of himself and is comfortable in the manner to which he is used, he should stay there. When the time comes that he needs some help with his shopping or housework or cutting his corns, community services, much of it volunteer, can help him with those things. Friendly Visitors, Scouts, Town Nursing Service, Visiting Housekeepers, Meals on Wheels, Churches, Lodges and Clubs, these are some which have proved successful.

This type of service is old fashioned neighborliness on a community level. It is especially useful to the hard pressed family of today. Flashy newspaper and magazine articles to the contrary, the average middle-aged man and woman are not monsters of indifference. They want to take care of their parents. They just literally haven't got enough room, enough money, enough strength, enough patience to do it alone. They need help, often only a little. If a Friendly Visitor comes in to play cribbage with grandpa, who is in a wheel chair, daughter can go to the hairdresser's. A card in the window brings a Boy Scout to do the errand grandma wanted done but didn't like to bother anyone about. When both

old folks get the grippe, the town nurse makes a call each day and fixes them up, while the children eat their dinner alone for a change.

Even more important, the community asks as well as gives. The Girl Scouts ask grandpa to stuff envelopes for their yearly drive for funds. The Red Cross gets grandma to knit bootees for its layettes. The local newspaper asks the man living alone to tell the town historian about the old days, for articles they will publish.

Besides these fetch-and-carry services, there are other useful programs which a group of citizens can start. The simplest is a Golden Age Club, meeting regularly, where older people can find friendhsip and recreation with men and women their own age. Better still is a room or rooms open every day for fellowship, craft classes, lectures, anything the older people themselves want. Where such a drop-in center has been tried, as at South End House in Boston and Little House in Menlo Park, California, the results in better health and contentment have been tremendous.

As people grow older two things trouble them. They feel lonely and they feel useless. The two types of community programs, inside and outside the home, will provide the something to do and some one to do it with that they need. And besides, such a program will relieve hard-pressed relatives and friends. The great difficulty in many families today is what to do with grandparents in a home so small and so mechanized that they really are in the way at times. If grandma is secretary of the Golden Age Club, she won't care what the rest of the family do on meeting day. Grandpa, making a bird house at the Craft Center, doesn't give a hoot where his daughter-in-law is. Some place to go, something to do, and something new to talk about. What blessings! They often make family living possible.

Volunteer services are also a great help to the overworked nursing home operator, who has all she can do taking physical care of her patients. A visit once a week from Gray Ladies would make a world of difference to everyone. And residents of old folks homes, once they knew they were really welcome, would be glad occasionally to use the drop-in center. In each case, the older people themselves would be easier to take care of and to live with.

An added bonus to the community that sets up such a twofold program is this. It saves them money. This should never be the first consideration in any matter dealing with human values. However, many sincere and hard working town officials have been stumped to find enough money to care for bedridden and senile cases. Dr. Robert Monroe of Boston, a well-known geriatrist, says of independent old people, "fear and fatigue and frustration are the chief precipitating causes of active organic disease in them". We all know older men and women who have kept going for years with a bad heart or high blood pressure, until enforced retirement or death of a spouse defeated them. It always costs less to take care of a person who is well than a sick one. The cost of a preventive program would be small compared to the care of even a few older patients in institutions.

Any of us, if we live long enough, may reach the point where we must have special care outside the home. Then the important thing is to see

to it that "the right patient is in the right bed at the right time". Testimony at the hearings and elsewhere indicates that in Maine we have too many patients in wrong beds, or in no bed at all. A person who is a little confused and feeble shouldn't have to be sent to a mental hospital just because there is nowhere else. A convalescent, released from a regular hospital, often has no choice between an expensive nursing home and nothing. Certain long-term chronic cases can receive better care at less expense in a well-run nursing home than in a general hospital. The trouble is, there simply aren't enough nursing homes.

One of the encouraging events of the past spring was the establishing of a Maine Association of Nursing homes, affiliated with the American Association of Nursing Homes. The preamble of their constitution begins, "In order to elevate the standards of nursing homes licensed under the laws of the State of Maine--". Thirty-two charter members indicates a wide-spreading willingness of operators to work for such improvement.

Study of the accompanying charts will show plainly where some of Maine's serious deficiencies are in the area of institutional care of older people. More facts are needed to give the whole picture. Even what we have are startling. In the whole of the State, there are only 114 beds designated for long-term chronic cases. As to nursing home beds Cumberland County has 420. With a population of 169,201 that means one bed for every 403 people. Washington County, 12 beds and a population of 35,187, has one bed to 2,932 people. Penobscot County, 232 beds and a population of 108,198, has one bed to 466 people.

BOARDING HOMES AND NURSING HOMES FOR THE AGED BY COUNTY AND CAPACITY, 1954

	Boarding Homes		Nursing Homes	
	Number	Capacity	Number	Capacity
Androscoggin	22	194	21	461
Aroostook	14	69	6	47
Cumberland	24	312	35	420
Franklin	8	39	5	37
Hancock	10	43	9	94
Kennebec	34	217	31	508
Knox	12	67	9	85
Lincoln	6	32	5	56
Oxford	13	80	12	115
Penobscot	19	113	23	232
Piscataquis	6	27	6	46
Sagadahoc	11	74	8	117
Somerset	12	61	4	33
Waldo	12	32	8	93
Washington	23	107	1	12
York	29	215	19	240
Totals	255	1682	202	2596

CAPACITY OF INSTITUTIONS CARING FOR
OLDER PEOPLE, 1954*

Type	Number	Capacity
Homes for the Aged	255	1682
Nursing Homes	202	2596
Hospitals for Chronic Patients	2	114
Mental Hospitals	2	1101
Totals	461	5493

*We have no figures for older term patients in regular hospitals

Again, this is a community problem. Maine people are both sensible and kind. For years we have been recognizing our responsibility towards our youngsters, everything from health clinics to recreation centers. We are beginning to realize that people are human beings no matter what their age, that they are citizens and part of the community though confined to a hospital bed. Since they are members of the community, we ask them to give as well as to receive, like any other citizen, to the measure of their ability.

There is a groundswell of opinion which shows that some towns know it is up to them to find their own "right beds". Town officials are asking if it would be a good idea for several places to join forces and establish the institution they need most, so keeping their old people in their own part of the State. Would this work? Who would pay for it? It needs careful study, but is worth considering.

Two proposed changes in laws governing Old Age Assistance would indirectly help the nursing bed situation very much. At present there is no allowance for doctor's care or medicine. Social workers and welfare clerks feel that often a visit to the doctor and proper medicine as needed would save an expensive, painful trip to the hospital.

Again, the present law denies Old Age Assistance to aliens. Many of our bilingual cities, such as Lewiston, Waterville, and Biddeford have a good many old people who have lived there for years but are not citizens. They pay taxes like the rest of us, but cannot receive help from O.A.A. when they need it. Often worry over finances puts them in a nursing home before their time.

The things any community can do about housing for its own older people are three: --find out what it has today; plan what it needs tomorrow; use all ages to accomplish that plan.-- Today's Boy Scout is the old man of tomorrow. And since a state is a group of communities, the same holds true for it too. Any state housing program must have facts, careful planning, and cooperation of those concerned, to be successful.

The most important facts which were repeated again and again to the Sub-committee on Housing are these: --Older people are not case histories or problems, they are human beings. It is up to us as individuals and as communities, to see that they are housed suitably and happily.

SUGGESTION FROM SUB-COMMITTEE TO COMMITTEE ON AGING

1. We recommend an increase in the maximum grant for Old Age Assistance to provide for needed medical care and medicine, with provision for direct payment to vendor on the approval of the social worker.

2. We recommend that the Commissioner of Health and Welfare be asked to appoint a group of both professional and lay people who shall

    a. review the present licensing laws of all institutions caring for older people, and make specific suggestions for their improvement, especially concerning the quality of care given;

    b. suggest an overall plan for the state for institutional housing of older people, with possible ways to accomplish it.

3. We urge each community to study its own housing for older people and to try to improve it. To help them in this work, we recommend that four places, representing the big city, small city, town and rural area, be asked to serve as demonstration projects for the rest of the State, using their own resources plus help from state departments and committees.

4. We further recommend that, from the findings of the above projects, a simple, practical manual on setting up a housing program on the community level be prepared for state-wide use.

CHAPTER II

GENERAL CONCLUSIONS

The Maine Committee on Aging has found much to make its study and deliberations a distinct challenge. The cooperation and interest evidenced by so many individuals and organizations have been a continued source of inspiration and encouragement. The Committee feels that the contributions and assistance afforded have been of inestimable value.

There is general agreement and considerable evidence that:

1. Medical science has been able to increase the life-span of individuals but that, until recently, society has not been too concerned about the security, comfort and enjoyment of these people during the extra years of life afforded them.

2. Aging is a life-long process and preparation for retirement should begin early in life.

3. Society should be considering the use of preventive measures in dealing with problems of the aging as well as corrective measures to help with existing conditions and present problems.

4. Provision of a greater feeling of security, a sense of being wanted, and the use of the large amount of untapped resources among our senior citizens will materially decrease the aged population of our state institutions. Rehabilitation at home as opposed to commitment to an institution pays dividends to the taxpayer.

5. There is great need for tolerance and understanding of mutual problems between the elderly and youth.

6. The rapid increase of the elderly both specifically and proportionately is posing grave economic problems that require immediate and positive attention and action. To the extent that opportunities are created for people to provide in whole or in part for their own economic maintenance following full or semi-retirement through such measures as limited employment, retraining, strengthened retirement plans, etc., the burden of taxation for support of relief and other subsistence programs will be lifted from present and future taxpayers.

7. Retirement from employment should be based upon the ability of the individual to produce rather than upon chronological age.

8. By and large the solution of aging problems is a local one and should be implemented by a local committee that should study its own individual and specific situation.

As was pointed out in Chapter I of this report, one very serious problem that confronts those whose advancing age is often accompanied by

acute or chronic illnesses that require medical treatment and/or auxiliary services, such as appropriate housing and specialized care, is the expense involved. This problem is greatly intensified for those in the low income brackets and especially for those whose subsistence is largely dependent on Old Age Assistance payments, which make no provision for any form of medical care or treatment. This latter group represents 13.3% of Maine's total population aged 65 or over. As a matter of fact, the present statutory maximum on Old Age Assistance that does not permit a monthly assistance payment to any individual to exceed $55.00 under any circumstances, precludes the possibility of inclusion in this program of any special treatment or services, the need for which arises primarily from acute or chronic illness. For this group, the only solution is to devise some means for supplementing the basic subsistence payments to finance the necessary care.

In its survey of trouble spots in Maine municipalities, the Committee found one of considerable significance, especially to those towns and cities located on or near the Canadian border as well as those representing the larger industrial areas. This problem arises from exclusion of aliens from the benefits of Old Age Assistance and the fact that financially dependent non-citizens aged 65 or over must be supported by the municipalities from local tax funds because they do not qualify for Old Age Assistance, financed by Federal and State funds. It is estimated, by using the pertinent 1950 census figures, that approximately 740 non-citizen Maine residents aged 65 or over would be financially dependent to the extent of meeting Old Age Assistance eligibility requirements.

The Sub-committee on Education & Recreation in its comprehensive study and report on Adult Education has led the Maine Committee on Aging to the following conclusions and recommendations:

1. At the State Level

   a. That Sections 32 & 166 of Chapter 32 of the Revised Statutes be amended to include Day as well as Evening Schools.

   b. That the State Department of Education expand its functions as they relate to Adult Education to the end that there may be:

      (1) Provision for additional counseling and supervision for local groups dealing with Adult Education.

      (2) Stimulation and motivation of local communities to expand facilities for Adult Education.

      (3) Provision for research, on a continuing basis, for encouragement and activation of agencies in the field of Adult Education, at both state and local levels.

      (4) Implementation for the introduction of training courses in the State University and/or the State Teachers Colleges for supervisors, counselors, teachers and leaders in the field of Adult Education.

2. At the Local Level

   a. That local Adult Education Councils be organized, headed by a local director. This Council would stimulate interest in and publicize courses for adults.

   b. That surveys be made at the community level to find out the "felt-need" for courses in occupational training and retraining as well as health, recreational and cultural courses.

3. General

   There is becoming available an ever increasing source of material relating to all phases of the aging process. Consequently, the Maine Committee on Aging believes that Public Libraries and the Press can render a unique and far-reaching service by helping to make available as much of this material as possible. It also urges that radio and television devote an increasing amount of time to bring this information into the homes of our senior citizens.

Although all the points brought out in the report on Health and Medical Care are important, the Committee would like to emphasize the lack of facilities for the medical care of the aged, overcrowding in what facilities we do have, and the need for more medical care in nursing homes. Overcrowding in our state hospitals, where many aged patients are cared for, is serious. We need geriatric clinics and chronic disease hospitals, and to quote the report about medical care in nursing homes, "requirements for medical care should be more stringent. Regular visits by a physician should be a requirement".

In all fields dealing with the problems of the aging, one of the greatest lacks of Maine brought out in the Committee study, was the scarcity of people who are professionally trained in gerontology and geriatrics. We must make full use of those available to have effective leadership, and we must find means to train or partially train more leaders.

A very real and expressed need was one of having a person on the state level to assist, stimulate, and counsel those who are establishing activities and those who already have active programs. This person would be able to draw from all state departments and other government agencies for assistance and direction, and would be a coordinator of information for the community. This would leave the primary responsibility for planning for the aged to the community and the necessary research and stimulation of programs to the State.

Due to conditions mentioned in the introductory portion of this report and the resultant limits imposed on the activities of the Maine Committee on Aging, there are many untouched areas and unstudied facets of the composite problem of the aging in Maine. The Committee acknowledges this fact without apology and is fully aware that whatever achievement it can claim results primarily from its exploratory activities. The conclusions delineated in this chapter and recommendations set forth in Chapter III evidence the extent to which ground has been laid and signposts erected

for further steps in the solution of this tremendous problem in Maine. The Committee earnestly hopes that this will be an on-going activity and that Legislative planning will result in concrete assignment of this responsibility to some form of central committee that will guarantee further study, appraisal and implementation.

CHAPTER III

RECOMMENDATIONS OF MAINE COMMITTEE ON AGING

Your Committee, mindful of the objectives of (1) existing facilities and resources, (2) what is needed as a foundation upon which to build a constructive program for our senior citizens, earnestly solicits sincere consideration of the following recommendations:

1. We recommend that the Legislature reestablish a State Committee on Aging for the next biennium.

2. We recommend that the Old Age Assistance program be extended to provide for some form of medical care and treatment for recipients

3. We recommend that the Governor and Legislature continue their support of a progressive program in the state institutions where so many aged are cared for. Psychotic geriatric patients should be cared for at the state level. Rehabilitation units should be further developed in these institutions.

4. We recommend that the activities of the Adult Education Division be strengthened within the Department of Education.

5. We recommend that there be a full-time consultant in state service, trained in the major phases of gerontology, who would be responsible for promoting development of new programs, and advising on and co-ordinating existing services and resources for the benefit of the aging population.

6. We recommend that the next Legislature repeal the law requiring that a recipient of Old Age Assistance be a citizen of the United States.

7. We recommend that the next Legislature establish a procedure directed toward a review of the present licensing laws of all institutions for adults, and planning of facilities in connection with the housing of older citizens.

8. We recommend that more medical care be available in nursing homes.

9. We recommend that the community be regarded as primarily responsible for the solution of all matters relating to the senior citizenry,and, with this in mind, it is urged that a large city, a small city,an average-sized town, and a rural area be asked to serve as demonstration projects for the remainder of Maine.

10. We recommend that all media,including libraries, press, radio and television, increase their efforts toward distribution of existing literature, and presenting programs for the benefit of aging people.

11. We recommend that recruitment and training of personnel working with the aged be intensified.

12. We recommend that more effort be placed on the co-ordination of all federal and state agencies that serve the aged.

MAINE COMMITTEE ON AGING

Dear Friend:

The Maine Committee on Aging, at the request of our Legislature, is studying the problems facing our present and future Senior Citizens. In order to make this study as worthwhile as possible, it is very important to have a direct expression of opinion from a representative group of Maine citizens.

Enclosed is a questionnaire prepared by the Committee which is designed for the purpose of obtaining your opinion about the many problems connected with its study. Will you cooperate by completing the form and returning it to Senator Carleton Fuller, Committee on Aging, Buckfield, Maine.

All information will be considered impersonally and consequently it is not necessary for you to sign your name to the completed questionnaire.

Your contribution is greatly appreciated and it will be of great value to the Committee in its study.

Sincerely yours,

Carleton S. Fuller

Carleton S. Fuller, Chairman
Maine Committee on Aging

MAINE COMMITTEE ON AGING QUESTIONNAIRE

A. General

1. Age _____

2. Sex
   (a) Male
   (b) Female

3. Marital status (circle one)
   (a) Single
   (b) Married
   (c) Widowed
   (d) Divorced or Separated

4. Living arrangement (circle one item)
   (a) I live in my own home or in a house or apartment that I rent or is furnished to me
      1. Alone
      2. With other persons

   (b) I do not maintain a home of my own, but I live -
      1. In home of son or daughter
      2. In home of other relatives
      3. Boarding home
      4. Room - eat meals out
      5. Nursing home
      6. Home for the aged
      7. Other (specify)

B. Employment and Economic Support

5. Employment
   (a) I am working for salary or wages
      1. Full-time
      2. Part-time

   (b) I am not working for salary or wages
      1. Unable to work
      2. Retired
      3. Keeping house
      4. Cannot find work

   (c) I do some work in return for food and lodging ☐ Yes ☐ No

   (d) Other (please describe briefly)
   _____

   (e) Indicate briefly the kind of work you have done most of your life _____
   _____

   f. (1) If it were available would you be interested in full-time work ☐ Yes ☐ No
   (2) Part-time work ☐ Yes ☐ No

   g. If you are interested in either full or part time work what kind of work would you like
   _____

   h. Would you be interested in having advice on getting work ☐ Yes ☐ No

   i I think the most important problem of employment for a person of my age is _____
   _____

6. Retirement
   (a) Are you retired ☐ Yes ☐ No
   (b) If you are retired, did you retire (Circle one)
      1. Voluntarily
      2. Because of age regulations at your place of employment
      3. Ill-health
      4. Other reason

7. Income
   (a) My monthly income is about $ _____
   (b) Is this enough for your needs ☐ Yes ☐ No
   (c) My income is from (circle one or more items)
      1. I have no income
      2. Employment
      3. Federal Old Age Benefits (Social Security)
      4. Old Age Assistance
      5. Other Federal, State or municipal government pensions
      6. Pensions from industry, churches, fraternal orders, etc.
      7. Annuity
      8. Interest or dividends
      9. Property rentals
      10. Contributions
      11. Other _____

   (d) I have problems on finance for which I need advice ☐ Yes ☐ No

   (e) I think the most important financial problem I have is _____
   _____
   _____

C. Health and Medical Care

8. My health is
   (a) Good
   (b) Fair
   (c) Poor

9. I have a regular doctor to whom I go
   (a) Yes
   (b) No

10. My last examination by a physician was
    (a) Within 6 months
    (b) Within a year
    (c) Within two years
    (d) Over two years ago

11. I have been hospitalized within the last year
    (a) Yes
    (b) No

12. I have a good health insurance
    (a) Yes
    (b) No

13. I need health services but cannot afford them
    (a) Yes
    (b) No

14. If you were seriously sick, who would take care of you
    (a) No one
    (b) Family
    (c) Others _____

15. I would like to learn more about good health practices in the later years of life, especially in
    (a) What to eat and not eat
    (b) Amount of rest required
    (c) Symptoms of common old age diseases
    (d) Other _____

16. If such information was available I would prefer to learn about it through
    (a) The newspaper
    (b) My friends and neighbors
    (c) The public library
    (d) Radio and television programs
    (e) Special programs of public and social agencies
    (f) Other _____

17. I think the most important health problem for an older person is _____
    _____
    _____
    _____

D. Education and Recreation

18. I have free time
    (a) Most of the day
    (b) A few hours a day
    (c) A few days a week

19. I am primarily interested in:
    (a) Reading and conversation
    (b) Doing things with my hands
    (c) Listening to radio programs
    (d) Looking at television
    (e) Keeping up with current events
    (f) Other _____

20. Would you like to find new interests in such things as:
    (a) The arts
    (b) Hobbies
    (c) Community affairs
    (d) Religious work
    (e) Other _____

21. Do you belong to one or more groups that meet regularly
    (a) Yes
    (b) No

22. If you belong to one or more groups do you attend
    (a) Regularly
    (b) Occasionally

23. If you belong to one or more groups would you like to join other groups that have regular meetings of interest to you
    (a) Yes
    (b) No

24. If you do not belong to any group, is it because
    (a) There are no groups in your community
    (b) You are unable to attend because of health reasons
    (c) You are unable to attend because of lack of transportation
    (d) Such group meetings as are held do not interest you
    (e) Other _____

25. If you do not belong to a group would you be interested in joining a group or groups that have regular meetings of interest to you
(a) Yes
(b) No

26. The place I most often get my recreation is:
(a) At home
(b) Public Library
(c) Movies
(d) Golden Age Group
(e) Friend's home
(f) Other _____

27. I believe the activity most needed for my educational and recreational hours is
_____
_____

28. Do you think the public school should teach courses that would be helpful to retirement
(a) Yes
(b) No

29. What has been most helpful to you in preparing for your retirement
(a) Public Schools
(b) Religious education
(c) College
(d) Industry
(e) Other _____

E. Housing

30. Have you had a hard time finding a place to live
(a) Yes
(b) No

31. If you have had a hard time finding a place to live, is it because
(a) Places are scarce
(b) Rents are too high
(c) Other _____

32. If you ever have to go to a nursing home would you want it to be
(a) Small (Under 6 patients)
(b) Medium (Under 13 patients)
(c) Large (13 and up)

33. A person who is sick and needs a lot of care can be best cared for
(a) At home
(b) In a nursing home
(c) In a regular hospital
(d) In a special hospital

34. If an elderly person needs nursing home care but can't afford it, who do you think should help pay for the nursing care_____
_____
_____

F. Spiritual and Religious Life

35. Do you attend church regularly
(a) Yes
(b) No

36. Are you active in church activites
(a) Yes
(b) No

37. Would you like more opportunities to discuss spiritual and religious problems
(a) Yes
(b) No

38. Do you know and visit your priest, minister or rabbi
(a) Yes
(b) No

39. Is your church making a definite effort to be of real value to you
(a) Yes
(b) No

G. General Attitudes

40. Do you find it easy to face old-age
(a) Yes
(b) No

41. Do you think that people in general show enough respect for the older person
(a) Yes
(b) No

42. What do you think is the best way a person can prepare for the latter years of life
_____
_____
_____