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**BLUEPRINTS
FOR
CREATIVE LIVING IN
LATER MATURITY**





EDMUND S. MUSKIE
GOVERNOR

STATE OF MAINE
OFFICE OF THE GOVERNOR
AUGUSTA

20 November 1956

In my Inaugural Address of January 6, 1955, I recommended continuation of the Committee on Aging. This recommendation was accepted by action of the Ninety-Seventh Legislature.

Mental health needs, as they affect people in their later years, have been thoroughly explored by this Committee during the past year. Long hours of intense study have been concluded by presentation of the following report. These recommendations should be given maximum consideration by every citizen of this State.

As Governor of Maine, may I take this opportunity to express my deep appreciation to the members of the Committee on Aging for their unselfish and sincere dedication to the needs confronting our elderly citizens.

Sincerely yours,

A handwritten signature in cursive script, reading "Edmund S. Muskie".

Edmund S. Muskie

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PRIVATE AND SPECIAL LAWS OF 1955

CHAPTER 208

AN ACT to Reactivate 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 reactivated. 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 continue the study of Maine's aging population begun by the Committee on Aging of the 96th Legislature. The Committee shall assist in the organization of local committees on aging. It shall provide leadership and stimulation, at the state level, for the many organizations that are interested in the problems of the elderly citizens of Maine. It shall distribute materials, provide information and furnish speakers as requested. It shall report to the Governor and Members of the 98th Legislature not later than January 1, 1957.

SEC. 3. Authority to appoint subcommittees. The State Committee on Aging is hereby authorized to organize subcommittees to assist in carrying out the provisions of Section 2.

SEC. 4. Time of meetings; expenses. Said Committee shall meet at the place designated by and at the call of the chairman, not less than 6 times during the biennium. The members shall be paid necessary expenses incurred in the performance of their duties.

SEC. 5. Appropriation. There is hereby appropriated from the general fund the sum of \$2,500 for the fiscal year ending June 30, 1956 to the said Committee, to be expended in the promotion of its objectives and in payment of necessary office work and material and necessary expenses of the Committee. Such appropriation shall not lapse but shall remain a continuing carrying account until June 30, 1957.

EFFECTIVE AUGUST 20, 1955

Committee on Aging

SENATOR CARLETON S. FULLER, *Chairman*

JOHN BARCLAY, *Vice-Chairman*

MISS PAULINE A. SMITH, *Secretary*

REPRESENTATIVE ALEXANDER LATNO

GEORGE J. ROBERTSON, M.D.

REVEREND ALBERT NILES

MISS NELLIE F. STEVENS



Acknowledgments

The Maine Committee on Aging wishes to express its sincere appreciation to the several state, federal and local health and welfare agencies, private medical and social organizations and citizens who gave invaluable assistance and counsel to the Committee in its work during the biennium and in preparation of this report. Special appreciation is extended to Mrs. Marguerite McIntire, a member of the first and second Committees on Aging, who was compelled for health reasons to resign from the Committee prior to completion of its assignment, and who was indeed the true pioneer in mobilizing interest in the special problems of Maine's elder citizens.

Introduction

The Maine Committee on Aging, reactivated by the 97th Legislature by favorable action on the bill presented by Senator Carleton S. Fuller has just completed its work for the biennium and is pleased to present this report of its stewardship to Governor Edmund S. Muskie and members of the 98th Legislature.

The charge made to the Committee placed with its members responsibility for 1) continuing the study begun by the first Committee on Aging, 2) assisting in the organization of local committees on aging, 3) providing leadership and stimulation for organizations interested in the problems of the elderly citizens of Maine, 4) distribution of materials, 5) providing information and 6) furnishing speakers to interested groups. This was a tall order! However, this charge has been held firmly in the forefront in all of the Committee's activities, and it is felt that considerable progress has been made in all of these areas except in number 2 above.

The first and organizational meeting was held on January 18, 1956. Even at the first meeting unanimous agreement was reached and subsequent meetings reaffirmed the decision, that the Committee must embark on a positive course of study and action—stop looking at problems per se and begin to look at what has been accomplished in Maine. With this goal in mind, accompanied by a firm belief in enlisting not only “experts” but as many representatives of community planning and special interest groups as possible the Committee invited selected guests to participate in regular committee meetings with most satisfying results.

Another step in the positive approach was a committee sponsored public hearing held in Augusta on May 17, 1956, which was widely attended by interested people throughout the state who pooled experiences and ideas for local activities. Some of these achievements and visions are presented in the latter portion of this report in a collection of articles contributed in large measure by those responsible for their accomplishment.

The third and highly significant achievement of the Committee has been the plan for the second Governor's Conference on Aging held in Augusta on October 24, 1956. The highlight of the conference and some measure of the Committee's approach to its goal probably can best be described by titles of the six workshops which constituted a major portion of the conference. These titles bear repetition here because of their descriptive nature and are:

CREATIVE LEISURE TIME ACTIVITY
POSITIVE ATTITUDES TOWARD MENTAL HEALTH
ECONOMIC PREPARATION FOR RETIREMENT
A GOAL FOR COMMUNITY PLANNING AND ACTIVITY
PHYSICAL FITNESS IN MATURITY
REHABILITATION FOR SELF-CARE

In addition to the major activities outlined above, literature has been distributed; members have fulfilled all requests for speakers from interested community groups in widespread areas of the state; one member participated as an organizer and another as a lecturer in an adult education course entitled “Fitness After Forty”; one member spoke on Maine's activities in this field at a national meeting of the American Public Welfare Association and has participated as a member of that association's continuing national Committee on Aging; one member participated in a panel at the Federal State Conference on Aging; the Committee has co-sponsored with the Maine Department of Health and Welfare and Nursing Home Association a detailed state-wide study of nursing homes which will appear as a separate report of the committee.

From the regular meetings attended by committee members and invited guests have emerged the recommendations outlined in a later section of this report together with interpretive statements. These guests represented such varied interests and identifications as local and state adult education, national, state and local mental health, nursing and boarding homes for the aged, social insurance, employment service, banking, industry, private insurance, church, local public welfare, labor and planning for expansion of Maine industry. The Committee is deeply indebted to these people for their vision and help.

It is evident that these groups could well have used as a springboard into their deliberations some of the problems and recommendations cited in the first committee's report, *Golden Years*, 1954. This report is in a sense a logical sequel to that one in its affirmative statement of facts, recommendations and patterns for citizen and community action.

The Committee's greatest regret is its failure to have much, if any, impact on the local communities with respect to committee organization or citizen planning. The members, all people with full-time responsibilities in their own professions or employment, have had neither the time nor facilities for mobilizing community forces. This lack will be partially compensated if the content of this report stimulates any local groups to expand or establish some creative service for their senior citizens. Furthermore, as interest and active support of such activities as this committee's increase, there is an urgent hope and expectation that future action will take that direction.

In retrospective mood it seems desirable to present for the benefit of those who will read this report the substance of some of the discussions which the Committee found both instructive and inspirational.

WHAT OF MENTAL HEALTH?

Governor Edmund S. Muskie, meeting with the Committee and a group of citizens closely associated with the mental health field spoke of the fragmented approach to mental health prevalent in the country and visualized a program approach with focus and coordination of forces. Citing the Kansas reform in mental institutions as an illustration, he proposed dedication to humanitarian objectives, development of a philosophic base, comparison of costs in institutions with those in other living arrangements and most importantly thinking always in terms of prevention.

The Council of State Governments following extensive study has drawn up recommendations for a program approach to mental health problems. This report deserves the careful study of all who are interested in saving money for the taxpayers in the long run as well as in salvaging human beings. Degenerative illness so often accompanied by failing mental faculties is costly in terms of human suffering and family and public expenditures. Preventable mental illness at all ages constitutes an even greater drain on human and material resources.

This Committee has consistently affirmed its belief that responsibility for prevention and rehabilitation is not exclusively vested in any agency. It is rather a shared responsibility in which all disciplines play a major role, but requiring a co-ordinating agent in order to implement Governor Muskie's recommendation for a program approach. Child guidance clinics and other specialized psychiatric services are vitally needed but their growth is dependent not only on financial support but availability of trained personnel for whom the demand continues to far exceed the supply. Positive effort must continually be made to overcome these obstacles, but hand-in-hand with these efforts other solutions must be sought.

How well equipped are teachers to handle slow learners, children with other disturbance symptoms, the potential delinquents? What are educational institutions doing to prepare teachers for their special responsibility to these children? What are local health councils doing about studying mental health needs and services in their communities? Are local facilities and services for parent education in child develop-

ment being exploited to the full? What are individuals doing to prepare themselves for that middle age when people are no longer dependent on them and the danger of break-down sharply rises with the prospect of an empty life? What are church, service and civic organizations doing to provide for meaningful learning about life changes in the later years, good health measures, psychological aspects of aging, for sharing with others in the same situation their problems, fears, aspirations—group therapy on a simple scale and for fellowship and satisfying activity to fill some of the idle hours that may breed physical and emotional breakdown? What are citizens doing about acceptance and use of the patient discharged from mental hospitals back into their community? What is the medical profession doing about its responsibility for prevention of mental health problems in the individuals it serves as well as rehabilitation following illness? Are institutions for treatment of mental illness making maximum use of their facilities for rehabilitation and reduction of institutional population? What of existing public health services and how are they using their services toward prevention and restoration? Is the vocational rehabilitation service doing all it can toward this common objective?

These few questions will serve to underscore the Committee's convictions that prevention and restoration are everybody's business—public and private education, health and social welfare organizations and institutions, the medical profession, the clergy, and all other citizens.

HOW ABOUT SOCIAL SECURITY?

The impact of the 1956 Social Security amendments, pertaining to women, on the economic problems of Maine's aging will make an interesting study. Probably never before in modern social welfare activity have the pro's and con's found such strange bedfellows. There seems to be little controversy, other than the usual social insurance dissenters, on the social benefits to be gained from the amendments benefiting the disabled and secondary beneficiaries, however, where the law touches on early retirement allowances for working women our social thinkers separate from their time tested compatriots, the labor groups, and claim the establishment of another and earlier point of age discrimination in employment.

The best social thinking indicates that whereas the employment rate for men has dropped alarmingly during the post war years the relatively stable rate for women has been slowly increasing and early retirement allowances are a definite deterrent to this trend.

If we associate longevity with good health we must recognize the new law as having a detrimental psychological effect on our greatest available pool of potential employables. To the individual, especially during inflationary periods when fixed income groups are economically penalized, the psychological effect is magnified as the potential bears relationship to the currently distressing male problem. Socially it would seem that employed women must bear the brunt of a major setback resulting from the misdirection of political sympathy.

Labor on the other hand seems to feel that due to the qualification of reduced benefits for earlier retirement such is not the case and points to the satisfactory administration of many industrial retirement plans providing for optional early retirement of women employees as its basis for such reasonings. There is a tendency for the more liberal of the management group to side with labor thinking as to the effects of lowering the age barrier for women to draw either primary or secondary benefits under the new law. It has been repeatedly found that benefits under industrial pension plans are not adequate to sustain a couple with a sufficient standard of living where the wife is not qualified, because of age, to draw Social Security benefits. Management thinking indicates that the dropping of the age barrier, especially as it touches secondary beneficiaries, will ease much of the pressure on them to provide more substantial income thru pension plans for employees who are short term participants.

Enlightened labor-management opinion regarding the lowering of retirement age for working women might be summarized as based on their experience over the years; where total benefit income is sufficient to enable a retired worker to live in relative comfort, dignity and security, most women will voluntarily retire when their work capacity has so diminished that they no longer can perform useful tasks; if income is not adequate the worker will resist early retirement.

PREPARATION FOR RETIREMENT — WHOSE RESPONSIBILITY?

Many of the problems so prevalent among our elderly citizens can be prevented by a program of thoughtful, constructive and timely preparation for the later years of life. Much more is involved than savings and pension plans for financial security. Exercise, diet and rest for good health practices, hobbies and recreational interests for the increased leisure time available, religious activities, some form of vocational activity within one's physical capacity, all these and more are essential for the individual to face the strange, new world of retirement.

The Maine Committee on Aging believes that preparation for retirement should begin early in life. The state, industry and the individual all have a responsibility to meet this objective. The Committee is pleased to submit three articles, each of which pin points a different area of responsibility.

WHAT IS EACH COMMUNITY'S RESPONSIBILITY?

Past experience, research and study by individuals and groups, indicate the great need for organization at the local level. Co-ordination of services with needs will eventually pay big dividends, first, and very important, in providing a pleasant and respected place in the community for everyone in their latter years, and second, by preventing the ever increasing number of older people who become institutionalized and thus dependent upon tax money for their support. "If every community had well organized, multiple solutions for the problems of older adults, a much larger number could be kept in their own homes."¹

Formation of a local committee on aging should be followed by a thorough survey of needs and existing services. A counseling service should then be initiated composed of retired psychiatrists, ministers and social workers.

¹William T. Swain, Jr., Executive Secretary, Seven Presbyterian Homes of Central Pa.

Recommendations of Maine Committee on Aging

1. We recommend that a philosophy with humanitarian and rehabilitative objectives undergird the total concept and structure of custodial care.

The concept of custodial care probably had its precedent in the establishment of institutions for the care of the mentally ill and the chronically ill with tuberculosis. This could easily be accepted by the public as an answer to the care of the aged. The clamor and protest from physically and mentally healthy aged against this concept has impinged upon us and after evaluation and study we have come to agree with our aged. A different approach is mandatory. Custodial care is not a satisfactory adjustment to advancing years. A satisfying life within the framework of the community can be obtained by most of our aged. This calls for continued education throughout life, early plans for future economic security, routine health surveys beginning early in adult life, and change in attitude in industry and in institutions devoted to the care of the aged, the mentally ill and the chronically ill. A comprehensive program should include the prevention of premature disease and disability but once such has occurred our objective should be restoration toward economic, emotional and physical stability through rehabilitation and other restorative services. The rewards for returning individuals to society warrant the greatest effort and expenditure.

2. We recommend that every effort be made to bring about the transfer of elderly people from public mental institutions to such facilities as nursing homes, foster homes and other homes for the aged as the individual's capacity and interest and availability of suitable homes will permit.

Several hundred of Maine's citizens over the age of 65 are patients in public mental institutions. There is not complete agreement among the experts in the fields of mental health and geriatrics on exactly where these people can best be cared for. However, there is agreement on some of the common, basic needs of the older members of our society such as the need to be useful, to be among loved ones, to have a regulated but not regimented existence, to have physical needs met adequately, and above all to be in an environment natural and satisfying to them. It is also a known fact that public mental institutions are alarmingly overcrowded, in part due to the need for custodial care of this group of people. What better way can be suggested for freeing needed services for the younger patients as well as those seriously in need of treatment than to remove from the institutions those whose primary needs are not psychiatric services. These are the senile, the confused, the mildly disoriented who have no families or no place in the lives of their families, but who need some supervised care.

Effective programs have been carried on in several states for transferring such patients to intermediary hospitals with less costly but suitable care, private nursing homes, public homes with specialized care for the senile, small boarding homes and family or foster home care. Washington State and the United States Veterans Administration have had outstanding success in these types of placement. It is apparent that the success of any such transfer program is dependent on close and effective teamwork between agencies having various roles. First is the institution staff who would evaluate and select the patients to be placed, prepare the patient and his family or guardian for the transfer and decide on the type of care best suited to the patient's needs. Secondly the licensing agency would be responsible for standard setting and supervision of homes providing care for the patients. Thirdly financial assistance agencies would be responsible for financing the patient's care, assisting in placement and continuing service following placement. Cooperatively, especially in the instance of family home care, all three agencies have responsibility for home finding, for evaluating services offered by all types of homes, and above all for education and stimulation that will improve existing facilities as well as create new ones. The ultimate objective of such a plan must be toward rehabilitation of each individual whose own capability and wishes will permit—to leave the institution for the nursing home, to leave the nursing home for a foster home, to leave custodial care in any home for independent community living, to care for self to such an extent that he is welcome in the relative's home. Agencies for these procedures are existent in Maine and need only to be integrated into such a team.

3. We recommend that the Maine Legislature enact statutes providing that any Maine employer or labor union sponsoring or otherwise participating in a retirement or welfare plan for employees or members, contributory or non-contributory, shall file annually for the next four consecutive years with the Commissioner of Labor and Industry, a description of the plan, schedules of contributions and benefits, names of trustees or insurees, and a list of all Maine employees participating with the amounts of their contributions, and with a comprehensive audit of the financial position and operations of the plan by an outside auditing firm.

Considering the actions and recommendations of the U. S. Senate Labor Committee on pension and welfare funds and the fact of biennial sessions of the Maine Legislature we think it timely that steps be initiated towards a comprehensive survey of retirement plan activity in Maine with a view to basing possible future legislative action on the results of such a survey.

Without a doubt there are thousands of Maine employees with an equity in established retirement plans. There must be many thousands more with secondary benefit rights. To our knowledge there are no statutes dealing specifically with the activity.

Retirement plan participation, whether contributory or non-contributory represents an important part of a person's savings towards retirement and his livelihood after retirement. It would seem to be in the interest of the State and all citizens that these funds and investments be viewed with the same reverence as that awarded savings bank funds.

4. We recommend that the medical pool plan for public assistance recipients be extended to include nursing homes.

Studies conducted by the Department of Health and Welfare have shown that the individuals in the Public Assistance programs with the greatest amount of unmet need are those recipients of Old Age Assistance who require nursing or convalescent home care. This need is now met by supplementation of assistance grants by the local municipalities, contributions from relatives or friends, many of whom are making such contributions at sacrifice to their own immediate families, or by such recipients living in some other arrangement which is less expensive. This latter group obviously is not receiving the type of care which their condition requires.

An extension of the medical care accumulation fund to include costs of nursing and convalescent home care would meet these needs, would offer relief to municipalities and permit those relatives and friends who are now contributing to provide other types of service which these ill people require.

It is estimated that the cost of a fully adequate program in State funds would be \$1,000,000 annually. Such a program would result in improved quality of care. An alternative approach would be for the pool to guarantee a basic daily payment slightly higher than the present median charged at an annual cost of about \$500,000. Under this plan sub-standard care would be eliminated. Supplementation by municipalities in some cases would still be necessary.

5. We recommend that the Maine Employment Security Commission participate fully in the Employment Service Program for older workers as advocated by the United States Department of Labor Employment Security Program.

The United States Department of Labor is instituting a training program to qualify designated employees as special consultants for the older job applicant. The services of these consultants would be available to any job applicant who has attitudes that interfere with his accepting employment downgraded to be commensurate with his ability or who meets hiring resistance principally because of age. With Maine's high percentage of aging population it is imperative that forthright action be taken to insure greater participation of this group in the State's economy.

6. We recommend that the 98th Legislature remove earnings limitations from the Maine State Retirement System law to allow greater utilization of retired school teachers and State employees in part time or consultant capacities.

Under the present low salary schedules for school teachers and State employees the earnings limitations under the Retirement System operates as a bar to highly qualified personnel desiring part time employment in their respective fields and in cases cause retirees to seek employment in other states. In many instances 150% of scheduled compensation would be less than average wages in our industrial towns. Aside from the psychological and economic benefits of this proposal to the retirees, its effect would be to relieve the teacher shortage which is seriously impairing our educational programs. The same principal applies to many categories of State employment.

A successful retirement-employment program for key executives in some industrial companies calls for a fractional amount of pay for a smaller fractional amount of time spent in a consulting capacity. It would seem that the State and our school systems might well develop a similar program.

7. We recommend that the Maine Department of Health and Welfare reconsider its policy governing the amount of liquid assets an individual may hold and be eligible for public assistance.

Presently and for more than ten years the Maine Department of Health and Welfare has used \$300. as the limit on the amount of cashable assets a recipient of public assistance may hold in reserve. This compares with policies of other states reported in 1953 which show a total of 21 states using a limit on personal property in excess of \$300; 5 states using less than \$300; and 15 states using \$300. We believe that the \$300. figure is outdated in view of increased costs during the war and post-war years and should be increased to \$500. This would be a more realistic amount to hold for illness, emergency expenses, burial or whatever purpose recipients want a reserve, due to the rise in living costs and shrinkage of the purchasing power of the dollar.

8. We recommend continuation of a Committee on Aging to be composed of seven members selected as for the present Committee and four additional members, one each from the Departments of Education, Maine Employment Security Commission, Department of Industry and Commerce, and Institutional Service. There should be a full time Executive Secretary to assist the Committee in its work.

A steady upswing nationwide relating to our senior citizens together with the critical problems faced by the elderly in Maine indicate the need of a continuing Committee on Aging at the state level. Quoting from the Survey Report of the Public Administration Service: "This committee, which thus far has done exploratory work, has a very important task to perform because the old age problem in Maine is very serious; the influx of elderly people into the state mental hospitals is one of the disturbing facets of the situation. The work of the committee should be resolved into specific courses of legislative and executive action."

Overlapping areas of interest together with expert knowledge in specific fields indicate expansion of the committee as recommended. The present Committee as well as that of 1953-54 have continually found it necessary to call in representatives of their departments. It is felt that they should be dignified by becoming bonafide members of the Committee.

The growing emphasis in the field of aging, the vast amount of correspondence, organization of conferences and local hearings, contacting the large number of community organizations throughout the state that are eager to help and are asking for leadership, collecting, compiling and interpreting the information regarding problems of the aging and other services that need to be cared for altogether, indicate the great need of an Executive Secretary to the Committee.

Such a person should be selected by the Committee, attached to a specific state department and his remuneration should be determined by the Governor with advice and consent of the Executive Council.

9. We recommend that Maine communities organize their own Committees on Aging composed of representatives of service clubs, church organizations, education department, welfare and municipal officers, industry, business, labor, medicine, nursing, and lastly, but very important, older people themselves.

By and large the greater responsibility for relieving problems and improving conditions of our older citizens is the responsibility of the local community. Leadership should be furnished at the state level

together with legislation that is constructive and helpful. However, actual spade work must be done at the local level. The first step is the organization of a representative committee chairmaned by a person with imagination and initiative. All Maine citizens who have been privileged to be members of the Maine Committee on Aging throughout the four years of its existence are unanimous that their service has been challenging and rewarding to the extreme. After committee organization there should be a community study of needs and available resources. Concurrently a gradual inception of services to the elderly may be brought about, utilizing as much as possible the older people themselves. These services will vary according to specific needs in your community and may include some that are listed below:

1. "Golden Years" or "Senior Citizen" Club.
2. Hobby shows.
3. Friendly visitor programs.
4. Improvement of recreational facilities.
5. Counseling service.
6. Clearing house for part time job placement.
7. Adult Education courses. Emphasize handicrafts.
8. TV and radio programs.
9. Improved library facilities for oldsters.
10. Home nursing service.
11. Transportation to church activities and to recreational, social and entertainment activities.
12. Day camps and picnics.

10. We recommend that the law requiring that a recipient of Old Age Assistance be a citizen of the United States should be repealed.

This recommendation was included in the report of the 1953 Committee, was strongly supported by the 1955 Legislature and the repealing law should be passed by this Legislature.

11. We recommend that the Maine State Personnel Board conduct a survey of the qualifications, requirements, compensation plan and actual work load conditions for social case workers and take realistic steps to correct the present and long standing employment problem.

It is impossible to study our geriatrics field, and observe related fields, without being impressed with the shortage of social case workers, a condition which may be directly traced to rigid adherence to an outmoded compensation plan and not only impractical but nearly impossible case loads.

It would hardly seem that a relationship can be believed to exist between the relatively high qualification standards for social workers and the present low compensation plan. Applicants must have a Bachelors Degree or two years of college with certain employment experience to qualify. The applicant must also own a car. Industrial and commercial workers in common labor or semi-skilled rates, with no investment in specialized training or "tools of the trade", more frequently than not are drawing wages of up to fifty percent greater than our case workers. In the past this subject has been treated with a nicety and vagueness of language which has not better set forth the seriousness of the situation. It is our firm conviction that until regulations are amended to make compensation commensurate with qualifications and working conditions we cannot attract adequate staff for the most economical administration of our welfare and related programs.

12. We recommend that the Maine Extension Service be urged to explore the feasibility of extending service in the field of Arts and Crafts and other leisure time activities.

We believe there is a definite need for such services among the active retired and shut-ins throughout the State of Maine. There are those who have always wanted meaningful activity in some branch of this field but never had the time; there are those who long for the companionship and sociability which such group contacts afford.

We are convinced that a specialist in the field of crafts might open up a new world to those ready and waiting for ideas, encouragement, companionship, and possible remuneration for work well done.

INTRODUCTION TO SPECIAL ARTICLES

The Maine Committee on Aging during its three years of existence, has been very appreciative of the interest shown throughout Maine in the welfare of its senior citizens. Many have given of their time, energy and money to assist the Committee in its studies and recommendation. A second great source of satisfaction and encouragement has been the rather substantial number of services that are functioning at the local level, in behalf of our aging population. It is felt that brief articles relating to a cross section of existing services would not only be of considerable interest but would represent guides to local committees or groups who may be interested in initiating a program in their own community. Acknowledgment and appreciation are herewith extended to the many who have cooperated in writing or furnishing materials for these articles.

ADULT EDUCATION IN MAINE

JOHN C. CASS, *State Director of Special Education*
Augusta, Maine

Since 1889, when Public School Adult Education was established in Maine by legislative enactment, the need for supplying education to adults has increased rapidly. Maine is a state of adult people. At present about 68% of our citizens are over 21 years of age. Of these adults 224,950 people in Maine had an eighth grade education or less in 1950 and 8,825 of them had never attended school. Of those who have attended school 57% have been dropping out before graduation. The "average" Maine boy does not get beyond the junior year in high school and the "average" Maine girl does not get beyond 12.1 years of education.

These people need to go back to school. Many of them are capable of advanced education. Some time ago the writer tested inmates of Thomaston State Prison as a step in setting up a cell study course. Many who had not gone beyond the second or fourth grade in school appeared to be at college level in ability to study academic subjects. The frustrations of poorly educated intelligent people may well contribute to poor mental health and even to law-breaking.

These people can not get by in modern competition for jobs or in social living with inadequate education nearly as well as if they were well educated. Yet Maine offers them only one-eighth of the average adult education per capita offered in other states. In New York State there are now about two million persons in adult programs.

Two years ago the writer was assigned to part-time direction of Maine Public School Adult Education in the Maine State Department of Education. Until that time the work had been under the direction of the Division of Vocational Education. The record shows 1,108 men and 1,716 women in adult courses in 1933; 643 men and 1,440 women in 1942 and roughly 3,000 persons in 125 evening school classes two years ago. The classes had little or no supervision from the State Department of Education and, except for a few two or three day workshops, little or no attempt to increase or improve the services. The Vocational Division protested the transfer of the adult vocational program to the Director of Adult Education and was permitted to keep the specifically trade-training and vocational courses. Under a new Director of Trade and Industrial Education the Vocational Division is taking definite steps to expand their programs, using matching Federal and State funds for subsidies to towns. The vocational part of the adult program now amounts to about one tenth of the total adult program.

At the time of the last legislative session three bills were proposed having to do with adult education:

1. A special resolve establishing a full-time State Supervisor of Adult Education.
2. A special resolve establishing a teacher-training position in adult education at a Maine teacher training institution who would also have in-service training duties with teachers of adults throughout the state and assist in setting up new programs.
3. A resolve appropriating additional money for subsidy of adult programs — \$6,400 for the first year of the ensuing biennium and \$9,100 for the second year. This was in addition to the \$26,040.46 needed for subsidy for the year ending July 1, 1955.

The first two resolves were tabled and the third one passed.

The total subsidies paid for adult courses for the year 1954-55 was, as stated, \$26,040.46, excluding the small amount subsidized from vocational funds. The State subsidies due to towns for adult courses, exclusive of vocational adult courses for the year 1956-57 is \$32,734.92. This amount covers 50% of instructional costs only. In other words, the public school adult education programs in Maine, exclusive of vocational adult education programs, have increased in amount spent for instructors from \$52,080.90 to \$63,788.09 per year in the past two years since the directorship of adult education was established. Additional programs, courses and instructors have accounted for this increase, since average costs per hour for instruction have remained about the same.

Regrettably, the position of Director of Adult Education has deteriorated from an informal time allotment of about 40% of the director's time to about 25% with a consequent loss of promotional in-service training, organizational and supervision activities. This has been due to additional responsibilities taken on by the director a year ago as Director of Special Education. At the same time the activities are beginning to bear fruit. In addition to the \$12,000 increase in instructional payments over a two-year period, a rough survey of the amounts voted by towns for adult education for the coming year indicates that this amount was \$15,000 more than for the past year.

The writer, in writing up a suggested budget for adult education for the next biennium, again included the position of full time State Supervisor for Adult Education which he attempted to establish two years ago. It was deleted from the budget which will be submitted to the next Legislature. It is believed that when such a position becomes feasible, it should be accomplished. This service to the largest group of citizens in Maine should not be allowed to stagnate because of lack of adequate direction and assistance.

Several steps have been taken in addition to attempted legislative action:

1. The Director of Special Education has continued to give all time possible to this service in office administration of the programs. He has visited most New England State Adult Education Departments, some University Departments for Adult Education, several out-of-state local programs of adult education in an attempt to educate himself in this field.
2. He has studied state and local publications concerning adult education and set up a bibliographical card index with the assistance of Mrs. Herbert Espy based on the Maine State Library and other resources.
3. He has participated in 4 national adult education conferences and talked with adult educators from all over the United States.
4. He has written several articles for publication, A Mainetown Program of Adult Education article in the September 1955 *Maine Schools Bulletin* and a booklet *Adult Education* containing regulations for state subsidized adult programs, published by this Department as an issue of Maine Schools in November 1955. Two more articles are nearly ready for publication.
5. He has talked as a panel member to Maine Superintendents about the Maine program of Adult Education at the annual meeting of the Maine Superintendents Association.
6. He has visited programs and programs about to be established for in-service training projects.
7. He assisted in setting up a summer course in Methods of Teaching Adults at the University of Maine last summer, which will probably be continued next summer.
8. He has organized a planning meeting in September of this year and a state-wide meeting of adult education in October. Some attempt has been made to co-ordinate the activities of local directors, teachers and administrators of adult programs with national organizations promoting adult education.

It is believed that adult education will continue to expand if given proper encouragement and that it is a vital part of the state's program for the aging.

PORTLAND ADULT EVENING SCHOOL

DR. HARRISON C. LYSETH, *Superintendent of Schools*
Portland, Maine

Established in 1896, oldest in the United States, the Portland Adult Evening School, through its objectives and achievements, serves as a guide to other Maine communities in this field. About 2,000 adults in 1955-56 were enrolled in the rather generous variety of courses offered.

Objectives met, among others, include 1) the opportunity to earn credits toward a high school diploma, 2) retraining in such subjects as bookkeeping, stenography and typewriting, 3) teaching of hobbies for recreation and constructive use of leisure time, and 4) training in handicrafts to supplement income.

The Portland School Committee is constantly interested in new courses and new fields of study. The curriculum is continually being revised to satisfy the needs of the community. The public is urged to furnish valid leads for new subjects.

An example of the wide range of Topics offered is shown by the subjects available in the Handicrafts Course. These include: Art, Braided Rugs, Canning, Candles, Ceramics, Commercial Art, Early American Stenciling, Fish Flies (a surprisingly popular subject), Hooked Rugs, Leathercraft, Metalcraft, Silk Screen, Slip Covers, Textile Stenciling, Upholstering, Woodfibre Flowers and Shell Craft.

There is no tuition charge to residents of Portland. Non-resident's fee is \$5.00 a term (30 nights).

The year begins on the first Monday in October continuing to the first week of the succeeding May. There are approximately 80 nights divided into 3 terms with a four weeks Christmas vacation.

In addition to the regular evening school, adult classes and programs are available at the following places in Portland: 1) Y.M.C.A., Portland Town Hall; 2) Women's Literary Union (afternoon class); 3) Y.W.C.A.; 4) Cheverus High School; 5) Portland Junior College (Great Books Course); 6) Department of Recreation (Hobby Courses); 7) St. Joseph College (Foreign Language Courses); 8) Westbrook Junior College; and 9) the several business colleges.

Representatives from other communities interested in Adult Education are welcome to visit the Portland classes. It is the one best way to understand what an evening school can do.

PLANNING FOR LEISURE TIME ACTIVITY

MRS. MARIE PHELPS, *Camden, Maine*

In trying to help senior citizens one should remember not to destroy their will to help themselves. They will retain their self-respect and their dignity if they are made responsible for much of the work and a great part of the financing of any project.

The State should only guide.

We should remember that a measure of independence is always forfeited in exchange for government help; and independence of the mind and of the spirit is what makes this country America. (This is quoted from an editorial in *Colliers* magazine)

First step to be taken

The first thing to do is to register interested senior-citizens to be sure of the number to take care of. Many senior-citizens are able to work on their own. Those needing assistance will need help in perfecting or learning a skill already acquired or help in learning something new; also assistance, especially in designing and selling.

REGISTRATION

Notice of time and place of registration should be publicized in all newspapers and announced in all churches and, if possible on radio and television.

FACTS TO BE NOTED:

Name, address, telephone.

Does the person live in an apartment or a single dwelling. (Some crafts make too much noise to be permitted in an apartment: weaving, metal work etc. . . .)

Age and sex of person.

Note infirmities or diseases (poor sight, paralysis, etc. . . .)

Note art, craft or any skill already acquired: (cooking, jam and jelly making, sewing, accounting, shorthand and typing, woodworking, painting, etc. . . .)

PERSONS TO TAKE THE REGISTRATION:

Senior citizens to volunteer.

WHERE WILL REGISTRATION TAKE PLACE

In all towns.

BUILDINGS TO BE USED FOR MEETINGS, REGISTRATION and INSTRUCTION:

Ground Floors without steps or few of them.

All public buildings: Schools (after classes are over), all churches (Parish Houses) Grange Halls, State Universities' buildings, gymnasiums (these could be used more than they are for many purposes), manual training shops in High Schools, etc. . . .

TOOLS and MATERIALS to be used during instruction: Some will be already in shops, others will be bought by the senior-citizens, there would be some donations. As a rule the senior-citizens should finance all activities.

TEACHERS and GUIDES: Guidance will be the most important point of the whole scheme. Guidance as what to make and in the designing of the article and the presentation of it at the time of selling. It is almost impossible to sell: Jellies that have not jelled, crocheted bedspread and doilies, pot holders made without imagination, anything badly finished. Nothing too high priced.

Teachers would be found amongst: manual teachers, professional craftsmen and artists. All should be paid. I have never seen anything appreciated or successful that was not paid for.

SELLING: *Direct sales* between the maker and the customers are the best. Prices can be kept low enough so that there are many sales. One can sell at all State Fairs, on road stands, at seasonable sales: May for brides, in summer to tourists, Fall, in November for Christmas gifts.

PRESQUE ISLE COMMUNITY ASSOCIATION ADULT RECREATION

MRS. ARLA MACDONALD, Presque Isle, Maine

The Presque Isle Community Association was formed on January 13th, 1936. At that time the stated purposes of the Corporation were as follows:

"To improve the village of Presque Isle, Maine, and to promote, provide and supervise recreational facilities for the 'Youths and Adults' of the town."

I have put in quotation marks the words "Youths and Adults." You will note that from its inception plans were not just for the youth of the community but for adults also.

Twenty years later we find the youths of 1936, are serving on boards of directors of such organizations as the Community Association, American Red Cross; are on the City Council, the School Board and many other civic minded groups. They are leaders in the community. We believe that the program of organized recreation is at least partly responsible for the growth of such a fine group of "young and older adults", and that from their ranks one can find workers for any worthwhile effort.

It has been said that "leisure is unassigned time" and that "how we invest our leisure depends upon our value system and the degree of our recreational literacy." The associations we have, the people who are in a position to influence us, also help develop our sense of values. So our "recreational literacy is defined as the ability to choose those things to do in our leisure which lead to a personal sense of well being when evaluated in terms of the value system accepted by the community as a whole."

I have quoted above from the Bureau of Community Service, University of Kentucky, Lexington, from an article that impressed me because of its common sense approach to the problem of recreation and its influence on the development of those involved.

A program such as that sponsored by the Presque Isle Community Association today, develops a sense of values, and when youth work with older community leaders, on Christmas boxes for the poor, or participate in sports with them, serve on committees planning events, they are conditioned to such health attitudes, that the problem of aging is not one they stop to think about.

Our Presque Isle adult program can be divided into 3 phases:

1. ACTIVE PARTICIPATION IN ACTIVITIES SUCH AS:

Barbershoppers, Lyers and Tyers (Fly tying enthusiasts), Square Dancing, Pine Tree Players (Drama group), Men's Bowling League, Women's Bowling League, Ski Club, and new this year, Tennis and Swimming Groups.

2. VOLUNTEER GROUP:

Recreation leaders, laborers (Fixing swimming pool and playground after hurricane last year), Club representatives, Members of the Board of Directors and Advisory Committee.

3. SPECTATORS:

We must take into consideration the importance of having spectators. It gives encouragement to the sport participants, and rouses enthusiasm among the spectators themselves, and sends them away boosters for the Community Association.

The first group contribute generously to the support of Community Association projects both with money and labor.

The following figures give the number of participants this past year in the activities listed for adults, with age of the activity.

	ORGANIZED	PARTICIPANTS
Men's Bowling League	10 years	303
Lyers and Tyers	9 "	126
Barbershoppers	6 "	55
Square Dancing Group	6 "	332
Women's Bowling League	3 "	114
Pine Tree Players	3 "	56
Ski Club	2 "	42

The average age of participants in above activities would probably be between 45 and 55. Our spectators, advisors, etc., range from the very young to those over 65.

This year, on request, we had Swimming Instruction for adults, and it was so successful that an accelerated program will have to be planned for next year.

You may be interested in the number of volunteers we had during the past year:

VOLUNTEER RECREATION LEADERS:

MEN	WOMEN	TOTAL
36	19	55

VOLUNTEERS, INCLUDING BOARD OF DIRECTORS, ETC.

MEN	WOMEN	TOTAL
82	41	123

We hope sometime to have a Golden Age group formed, but this has not been done to date. I sometimes think that we have a great many who would be eligible for such a group, working actively with us in planning our projects, and that the need is not as great as a result!

In closing, I just want to point out that recreation succeeds best when the people of the community share in the responsibility for the planning of their own activities. It is then "their program." The experience and lessons they learn make them better citizens, give them an interest in their own community, and leads to lack of "problems in aging."

THE FRIENDSHIP GROUP

JULES KREMS, *Executive Director*
Jewish Federation of Portland, Portland, Maine

The Friendship Group is a recreational program for Jewish elderly persons in Portland. It has been in existence for four years and has a membership of one-hundred persons, age sixty and over. Its meetings are held in the Jewish Community Center.

The group is co-sponsored by the Jewish Community Center and the Portland Section, Council of Jewish Women. The Center provides physical facilities and staff direction. The Council provides volunteers, transportation and funds. Because of a staff shortage, the professional services of the Director of the Jewish Federation have been made available temporarily to the group.

Policymaking responsibility is vested in a committee consisting of four representatives each of the Center, Council and members of the group.

Purpose of the project is to provide opportunities for satisfying, creative living for the elderly in the company of their peers. It seeks to help the elderly to conquer loneliness, achieve a sense of belonging, regain feelings of self-worth through activity, and have fun.

Bi-weekly gatherings of the group serve as the medium through which these purposes are achieved. These are of a mass social, recreational and cultural nature. However, focus of professional concern is the individual. An effort is being made to personalize each participant, to understand his needs and to provide avenues of expression and activity through which personality development and enhancement may be achieved.

Responsibility for administration of the group's activities is vested in an executive committee consisting of officers, committee chairman and Council volunteers. The actions of the executive committee are reported to the full membership for approval. Committees deal with program, membership, refreshments, sick visiting, birthdays and finance. The group finances its activities through voluntary contributions by the membership.

Council volunteers serve as advisors to each of the group's committees, rendering support and practical assistance to the various activities. They accept direction from the staff member and participate in volunteer training sessions.

Meetings of the group are held on the second and fourth Thursday afternoons in the Center. Monthly outings are held during the summer. Refreshments are served at all meetings. The first of the two monthly affairs is generally devoted to official business, committee reports and discussions, speakers and entertainment, provided whenever possible by members of the group. Monthly birthday parties are held on the second get-together. At these gala events group members whose birthdays have occurred during the month are honored. Relatives and friends are invited to attend and join in the celebration. Appropriate publicity tends to make of the occasion not only a happy event in the lives of the elderly but also reawakens and stimulates dormant family ties.

The project is still in its initial and experimental stage. Future plans call for the formation of small special interest clubs to provide additional outlets for the energies and talents of the membership.

THE OTIS MILL RETIRED MEN'S CLUB

NORMAN BERNARD, *Personnel Supervisor*

Otis Division, International Paper Company, Chisholm, Maine

The "Otis Mill Retired Men's Club" began in the Fall of 1950 with the specific objective of providing retired employees with an opportunity to meet socially during the long Fall and Winter months.

Murray Hall, a building owned by the Company and for many years a community center, was readily available as a site in which to hold these activities.

It was felt that immediate supervision over the program should be left in the hands of a member of the retired group and a retired Paper Machine Foreman was employed to exercise this supervision.

Company supervision is limited and is exercised by the Personnel Supervisor who sees to it that supplies are purchased, that certain activities are sponsored, that films are procured when desired, etc.

At the onset certain craft kits such as wood carving sets, wood burning sets, etc., were purchased. However, the most popular games were some form of card playing and at each session men are grouped around four or five tables playing cribbage, pinochle or pitch. Other games which have proven popular are horse-shoes and shuffleboard.

The club opens the first of November and closes the first of April. Activities are held Monday, Wednesday, and Friday afternoons from one to four P. M.

Attendance varies a bit with between 28 and 35 men per session which represents a high percentage of retired men within a commuting distance.

On occasion movies are shown which also have popular appeal especially if they are related to the Paper Industry, and twice a year a party is held where we have sandwiches, soft drinks, etc.

The maximum cost of the entire program has never exceeded four hundred dollars although it must be borne in mind that the mill building is rent free.

For the past several years a lobster and clam bake has been held by the Mill Manager for all retired men. The affair is held at the Manager's cottage and attendance has averaged 80 men or 75% of the retired group. Retired men have come from distant points and this year one man traveled from Detroit especially to be at this affair. Although this party is not part of the retired men's program it is a fine gesture which affords retired men a splendid opportunity to see past friends and renew old friendships.

We feel the Retired Men's Club has served a valuable and useful purpose. It is not an elaborate undertaking; it is largely self-sufficient and is not something which is time consuming for any staff member in the organization.

We feel it is a splendid project with unlimited possibilities. We feel it does, to some extent, fulfill certain moral responsibilities a company owes its retired employees over and above retirement pay, and other financial benefits. We also feel it is an instrument of good will expended among a group of employees whose influence and understanding, brought on by years of living experience in a mill, may prove to be invaluable in times of difficulty when there arises a real need for understanding and tolerance in relations existing between a company, its employees, and the community of which it is a part.

We have found that an employee's interest in his company does not end with retirement. A Retired Men's Club is one way of sustaining this interest which is so vitally needed.

BEST YEARS CLUB — WOODFORDS CONGREGATIONAL CHURCH, PORTLAND, MAINE

LT. COL. HENRY HARRISON HALL, U. S. A., *Ret.*
Portland, Maine

An organization with its membership limited to persons 65 years of age or over has seen its average attendance increase from 62 to 150 in its four years of existence. Membership is divided approximately 25% men and 75% women.

Officers are elected annually and include President (Co-Presidents if a couple is chosen), Vice President, Secretary and Treasurer. A program committee is appointed by the President.

Programs usually follow the following time schedule: 10:30 A.M. to noon—Games and social gathering; 12:30 P.M.—Luncheon; 1:00 P.M.—10 minute inspirational talk by an invited guest; 1:30 P.M.—Brief business meeting followed by an entertainment or educational speaker. Sometimes a travel talk or a movie instead of the speaker.

There are no dues or formalities. All that is necessary to join is to attend. A charge of 50c is made for the luncheon which is prepared by a volunteer group of younger women of the Woodfords Church who donate their services. Enough money has been saved from luncheon receipts to pay a fee to a speaker on occasion but most of them give their services without charge.

Although the Club was instigated by the minister of Woodfords Congregational Church, Rev. Dr. Frederick H. Thompson, there is no denominational slant and it is an advertised fact that all persons over 65 are welcome. We have had Catholics and Jews in attendance.

Transportation is somewhat of a problem because most of the members do not have cars and are unable to walk far even to bus stops. However, several of the more active members donate their time and cars to gather up and take home those who would be unable to attend otherwise.

The meetings bring out people who are leading somewhat secluded lives. They are made to feel that they are wanted. They seem to enjoy meeting with their friends and often renew old acquaintances. They find the inspirational talks are good medicine for their ills.

Following is a typical year's program:

October 8—MRS. BARBARA CORNING, *Pres., Maine Audubon Society*
Birds—Their Songs, Plumage and Feeding Habits

November 12 — REV. FREDERICK H. THOMPSON, D.D.
Spiritual Growth Through the Years

MRS. MARIE PEARY STAFFORD, Daughter of Admiral Robert E. Peary
Experiences in the Arctic

December 10 — REV. H. TRAVERS SMITH

Keeping Young

MRS. MARGUERITE MCINTIRE, *Maine Committee on Aging*

This is To-morrow

Film: "*Such a Busy Day To-morrow*"

January 14 — REV. JAMES W. LENHART, D.D.

Formula for Exciting Living in the Second Half of Life

MRS. CLIFFORD L. ENGLISH

Trends in Church Music

REV. WINTHROP E. STONE

Musical Selections

February 11 — RABBI MORDECAI CHERTOFF

Spiritual Needs of the Aging

REV. CORNELIUS E. CLARK, D.D.

Around the Cabot Trail. Illustrated

March 11 — REV. WALLACE H. HARRIS

Making Our Religion Attractive

MR. AND MRS. GEORGE A. HAMMOND

As Seasons Come and Go. Illustrated, recorded music and narration

Film: "*Second Sight*"

April 5 — REV. WINTHROP E. STONE

A Time to Fix Some Directions

REV. CARL S. WEIST, D.D.

Zest for Living

May 13 — REV. WALTER K. MILLER

Love, the Greatest Force in the World

Members of Best Years Club

Play: "*District School*"

THAYER GERIATRIC CLINIC

GEORGE J. ROBERTSON, M.D.

Waterville, Maine

The concept of specialized services for the aged led to the establishment of a geriatric clinic in the out-patient department (The Mansfield Clinic) of Thayer Hospital, Waterville, Maine, in 1952. It last year was the most rapidly growing clinic in the group. As with the other clinics, patients are eligible who cannot afford a private physician. The admitting fee is one dollar. Other facilities as laboratory work and X-rays are available at no cost or according to the patient's ability to pay. Physicians give their service without compensation.

The elderly patient is a little different from the general group in that he or she requires more time. Such patients move slowly, undress and dress slowly, are apt to ramble much in their histories, and frequently require different advice. Their problems may be loneliness, financial difficulties, dietary deficiencies, etc. They need to be listened to. They look forward to coming to the clinic. In many ways a father-child relationship occurs. The rewards to the physician are in the warmth of human relationship—in the concerted effort to solve problems of physical and emotional disability.

The case of A. C. points up the benefits of such a clinic. He, a boarder in a home for aged men, heard about the geriatric clinic through a radio announcement. His total income was sufficient to pay for his room and board and allow him ten dollars per month. He was living in misery, had difficulty in urinating, was found to have prostatic obstruction, had pain in his chest, and was found to have angina pectoris. Through the genito-urinary clinic his prostate was removed and through medical treatment his angina improved to the point that he is getting into town daily, seeing his cronies, enjoying his last years and is a content geriatric patient.

We recognize our need for social workers and rehabilitation facilities but we are going slowly and hoping that we will gradually expand into a medical unit satisfying the health needs of the elderly in our community.

This year to date there have been five new patients and nineteen revisits from old patients. At the first visit a complete medical history and physical examination is done. Required laboratory work and X-ray are obtained and then the patient's physical disabilities are corrected either within the geriatric clinic or, as the case above, through the facilities of the other Mansfield clinics. We have found that the best approach is one of integration of the geriatric clinic into the general health program for all groups within the hospital.

A HOUSING PLAN FOR RETIRED PEOPLE WITH SMALL INCOMES

BERTHA SNELL
Fairfield, Maine

This plan is not charitable nor institutional, but a proposal calling for an incorporated, co-operative organization of and by the elderly people themselves. Objectives include easier living, contentment, and happiness through sharing their abilities and pooling their resources according to a systematic arrangement.

It is a *community* housing project, consisting of comfortable homes in familiar and congenial localities. It seems to me that each town or group of small villages might accomplish this in its own way. It calls for a sizeable piece of land, which might be town property, or a purchased tract of land as near as possible to the business center and yet in a residential section. There would be cottages and small apartment houses rentable at minimum rates, or, if privately owned would, at the death of the owners, become the property of the corporation. The houses would be planned with consideration for the failing abilities of the aged. The project would include a central building for administrative purposes, with an assembly room for social and religious activities and a workshop equipped for handicrafts for both men and women. It might also provide a cafeteria or diet kitchen, since the food problem is so important an item in the well-being of the elderly, especially of those who live alone.

The problem of nursing care is a most important one. There should be a resident nurse, unless there are practical nurses in the group, and, if possible, an infirmary for the sick not needing hospitalization. There should be a system of call-bells for emergencies, unless the community has adequate telephone communication.

The question naturally arises, how about the finances and management of such a project. As this is an incorporated and co-operative plan, a board of directors is chosen from members of the community itself, as being the best judges of the needs of the aged. Since this is a voluntary, self-supporting project,—an opportunity available to all, with no discrimination as to race, color or creed,—there would, of necessity, have to be rigid requirements and regulations which would bar undesirable residents.

I am not a financier. Perhaps this plan may seem idealistic rather than practical, but to me it seems feasible that, with some outside assistance to launch the project, either from state apportionment, and town funds, or by solicitation, bequests, memorial gifts or some insurance plan, then by co-operative buying it would be self-supporting. It need not be extravagant or luxurious. It is not socialistic, but merely a voluntary organization for simple, co-operative living in the spirit of the Master of men, and under His Golden Rule. It could be launched in a small way as Good Will Farm was started, and would be sure to grow as the need is so great, especially of the lonely and infirm, whose greatest lack is someone to care.

WHAT CONSTITUTES A GOOD HOME FOR THE AGED?

MRS. ROGER B. STONE
Portland, Maine

What constitutes a good home for the aged? Throughout the country today that question is being asked more persistently and more searchingly as the population of those beyond the age of sixty-five increases. For those of us who are serving as members of boards for Homes for the Aged, the question is becoming increasingly disquieting.

Is the best home for the aged an institution, a foster-home, subsidized co-operative house, or some other living arrangement such as home-maker service provides? As members of boards in communities that maintain long established institutions, some of us are finding ourselves in a situation of mounting operating costs and a declining resident population. With Old Age and Survivors Insurance supplying our oldsters with more ample security, the Home for the Aged is being by-passed and its security sought only as a last resort or as physical disability occurs.

Many homes for the aged are not equipped to offer nursing care, therefore, the aged infirm are sent to hospitals or nursing homes with resultant mounting costs for medical care. With the increasing span of life of these patients, due to medical research and modern medical techniques, the cost of maintaining infirm residents in hospitals and nursing homes is reducing the capital funds of some institutions at an alarming rate.

What is in store for the future for our homes for the aged? In one home for elderly married couples there have been no applicants in the past three years, except for the infirm couple that this home is not equipped to care for. Due to the effects of the present abundant economy, combined with the greater social security offered through government funds for our aging population, the future of this home is indeed dubious. What conclusions can the members of the board of this Home for Married Couples foresee for its future and what further responsibility does this board have toward those elderly couples in the community who are living independently at a low subsistence level? These are the questions that responsible, concerned board members are asking themselves. Changing social conditions are challenging well-established boards and are forcing board members to re-examine the question "What constitutes a good home for the aged?"

In conclusion it must be stated that with more adequate security, the individual is reluctant to give up his independence to enter a Home for the Aged. In behalf of those who make the decision to enter a home, voluntary non-profit institutions would do well to bear in mind that the word "home" should approximate all that the applicant hopefully anticipates when he makes his decision to apply for admittance including concern for his welfare, acceptance of his dependence, and appreciation of his individual worth.

THE WARREN HOME

MRS. HARRIETT D. GRAY
Dover-Foxcroft, Maine

Under the will of Victor L. Warren, a prominent merchant of Dover-Foxcroft, a bequest of \$25,000 was left to the Town in trust "for the establishment, equipment and maintenance of a home within said town for old or feeble ladies who may be contributing or non-contributing guests."

The establishment of such a home had long been a dream of both Mr. and Mrs. Warren, so much so that Mrs. Warren—when one of the best residences in town was for sale—offered to purchase it and give it to the town for this purpose, together with an additional \$1,000 to modernize the kitchen. The house has seventeen rooms besides three full baths, toilet downstairs, pantries, halls and storage space, spacious grounds, wide piazzas, next to the Public Library and within a block of three churches.

A committee was appointed by the Selectmen to visit other Homes for the aged and advise informally as to the feasibility of the operation by the town of such a Home.

A favorable report was given and the full text of this report, with Mrs. Warren's offer and the Warrant for a Special Town Meeting published in the local newspaper a week before the holding of the meeting. Both in this report and on the floor of the town meeting it was plainly stated that the town, if the gift was accepted, must underwrite the maintenance of the Home. That there would be some capital requirements and from time to time they would have to make up any operational deficit—which would be probable until such time as an endowment of sufficient size could accumulate.

At the meeting held of May 17, 1954 the bequest and gift were unanimously accepted by the Town. Management of the Home to be vested in three trustees, one appointed by the Selectmen from their own members and two elected for terms such that there may be continuity in the Board. The Trustees to have unquestioned authority and the strongest powers in the control and management, particularly as to establishment and enforcement of rules governing admission, conduct and retention of guests.

Copies of rules and regulations used in other Homes have been useful to the Trustees in this regard.

The entire work of the Home is done by the matron and a cook who also cares for the dining room.

The Home agrees to provide complete care during the lifetime of its members and to provide for the burial service. Those in need of nursing care cannot be admitted but after admission care when needed is provided. An allowance is made to each member whereby she will have available money for reasonable personal expenses during her lifetime. In view of this agreement all property and income of members must go to the Home. The minimum accepted is \$2,000 but ALL property must be given. No one under seventy years of age is accepted and members are limited to residents of Dover-Foxcroft as the Home owned by the Town and the Town is obligated for its support.

Friends of members may be entertained for meals at a nominal fee. Clubs and organizations are permitted to meet at the Home and much enjoyed by all members. We now have eight members, each has her own room, which by preference she usually furnishes herself. All have radios in their rooms, a piano in one living room and a TV (gift of a local citizen) in another.

The problems incident to the running of the home have been few and criticism of the Home near to non-existent.

CHARACTERISTICS OF A GOOD NURSING HOME

MRS. MARGARET MEISTER
Brooks, Maine

We believe that in our service and profession the good nursing home should be dedicated to the principles of 'The Golden Rule', and that the following is in harmony with these principles.

The objective of the good nursing home should be: To render nursing care to the sick, aged, and convalescent. That is our primary responsibility. Financial returns and other interests are of secondary consideration.

To render patients, intrusted to our service, every consideration. To provide for their health, comfort, safety, and personal dignity, and to care for their emotional and spiritual needs and welfare.

To provide cheerful, clean accommodations and such equipment as is necessary for their comfort and the rehabilitation and readjustment of our patients.

To recommend that patients be attended by a physician of their choice and to faithfully carry out the physician's orders.

To give every patient the opportunity to observe his or her religious beliefs and customs and to maintain relationship with the minister of their faith.

To respect the confidence of the patient and to see that confidential information is so kept.

To impress upon all employees their responsibility in carrying out all principles and practices in an ethical manner and to maintain the reputation of the nursing home.

To deal honestly, fairly, and justly, with all employees in the matter of wages, working conditions and promotions.

To maintain the home's personal and professional affairs in a manner that will merit the respect and good will of the community.

To strive for constant improvement in the home, its service, and its professional standing.

To aid and cooperate in the promotion of the general health of the community at all times and to render aid in all worthy community projects.

To strive to administer the nursing home in such a manner as not to disturb others living in the neighborhood, and to maintain buildings and grounds in such a manner as to add to the value of surrounding properties and to be an asset to the community in which you are located.

For those who are faced with the dilemma of what to do for an aged, sick or convalescent person who needs professional care and guidance may we take the liberty to offer the following suggestions:

Consult your local or family physician and ask his advice about hospitals, nursing homes and institutions for the aged in your locality.

Check with your local and State Department of Health and Welfare for facilities available in your area.

When you decide on a suitable place follow up your decision with a personal inspection of the premises. Ask about therapeutic and recreational facilities, fees or rates and what they include. Also ask about the professional affiliations of the home or institution in question. Check or ask to see the operator's license and inquire about the professional education and training of the staff.

All institutions, hospitals and nursing homes are required by law to be licensed and to meet certain specific minimum requirements. Any well run institution that caters to the public and provides professional services will welcome inspection and constructive criticism by interested parties at any time.

Our aged, though they may be incapacitated in various ways, deserve the best and it is the responsibility of you and me as members of the general public to see that our money and the facilities available are used wisely.

In our present day society the care of the aged is an ever increasing problem and we are proud to feel that we are doing our small part in combatting this. If this article assists only one aged or convalescent person to get the care they so justly deserve then we will have been amply repaid for our efforts.

GRAY MANOR

ELI FORSLEY, M.S.S., Ed.D.

Gray, Maine

Gray Manor, a Rehabilitation Center, has been established for the purpose of providing a geriatric resource of medical and nursing care, rehabilitative-preventive therapy and consultation for residents as well as an out-patient clinic facility for interested persons who would be eligible for a home planning program with rehabilitation as the focus.

It is intended that the main function of Gray Manor is to provide a therapeutic stimulating atmosphere accentuated by the proper care and treatment of its patients in the maintenance of standards conducive to good mental health. The selection of personnel for Gray Manor is based on the following requisites: a sincere interest in the field of geriatrics and the chronically ill, willingness to further their education in rehabilitation, a stable mature appearance and last but not least with academic qualifications that merit good report.

The function, philosophy and direction of Gray Manor will be motivated by social action and rehabilitation concepts. The continued practice of such concepts should have the resultant effect of at least one important goal; that being, a wholesome successful adjustment to everyday living for a large number of persons. An important aspect of the physical makeup of Gray Manor is that the climate and atmosphere is geared to affect a homelike environment instead of a hospital ward or any semblance of the same.

In this report the details of the techniques and methods to be used in the rehabilitative process employed will be omitted until a later presentation of the interpreted results and account of Gray Manor's progress; the basic and major factor presenting this limitation is that each resident would require an expected different approach that could only be evaluated as a result of long range programming. Due to the limitations of availability of trained personnel in rehabilitation our recourse is therefore to rely on in-service training using the curriculum units and concepts adapted from established rehabilitative clinics of other states and principally that of Dr. Howard Rusk; we would also look to our available consultants in geriatrics, psychiatry and social education.

Each patient's program will be patient centered; the common denominator being an adjustment to successful living within the environs of this therapeutic atmosphere. This "atmosphere" comprises in addition to the aforementioned a recreation room where the patients can meet as a group for meetings or socials as well as to participate in arts and crafts under the supervision of a teacher, discussing vocational problems or interests with the Psychiatric Social Worker for the purpose of evolving a structured approach in this regard, participating as a member of a group spirited project that would have the possible objective of arranging to attend community functions i.e. Portland Concert during the winter or a special tea or social or to the theater and various other activities within the "Center" or in the immediate community of Gray. Those specified activities that would involve the community and its members would include for example visitations by local volunteers, members of the clergy for the purpose of holding mass or services in our chapel and visits by interested groups to observe annually the productive efforts of our residents. The potential of each patient will be encouraged and nurtured under the supervision of the professional staff yet control will be directly affected by any individual staff member by whom the patient chooses as his or her immediate "friend".

The establishment of this rehabilitation unit has received much attention and interest from professional and lay persons in the development of community organization; there has been a negligible degree of resistance. Although this is a private venture at this time it is anticipated that in the foreseeable future its establishment could be converted to that of a non-profit organization and with subsequent establishment of a board of directors who would be selected on the basis of their interest and participation in furthering the goals of this 'Center' to the point at which the initial investment shall have been realized. It is conceivable that such Centers properly established and set in function could multiply to meet the needs of the greater number of those in need of rehabilitation. This is an exploratory attempt, a costly one to be sure, at meeting the needs of such persons who might otherwise be "dumped" into the stereotyped nursing home of today. The negative public attitude and opinion regarding "nursing homes" present a challenge. Gray Manor shall by its function and practice attempt to generate an improved impression, as to elicit increased attention and interest in behalf of the mental health of the elderly and chronically ill.

EMPLOYER'S RESPONSIBILITY FOR RELATING WORK OPPORTUNITIES TO DIMINISHING WORK CAPACITY OF OLDER WORKER

CHARLES R. HAGAN, *Safety Manager*
Oxford Paper Company
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Aging begins at birth. Heredity and environment are major factors that shape the physical make-up and work capacity of the individual.

Some young men, when making applications for their first jobs, will appear before a prospective employer without knowing that they are suffering from diabetes, heart disease, weak backs, or other physical

ailments. When such individuals are hired without medical examination, and given work beyond their physical capacity, it is very likely that their process of growing old will accelerate very rapidly.

Without a physical examination at time of hire, an employee—age twenty—who is suffering from a weak back or a heart condition, can all too easily be assigned to work that is beyond his physical capacity. Another applicant, age twenty, suffering from similar ailments and who is given a medical examination, will very likely be assigned to work that is within his physical capacity. After ten years, the first employee—if he has not already come down with a crippling injury—will be physiologically older than his chronological age. Other conditions being equal, the second employee's physiological condition will tend to correspond closely with his chronological age.

Because of the physical differences between individuals, it is the responsibility of an employer to make certain of the physical capacity of each employee at time of hire. Otherwise, the employer will find that some employees will "wear out" at an early age simply because they were assigned to work beyond their physical capacities.

This "wearing out" of employees at an early age is expensive, both for the employer and the employee. It is expensive to the employer because of the cost of disability pensions, insurance, or compensation, not to mention the loss of a skilled employee; and expensive to the employee because of the loss of reasonably good health and earning capacity.

The responsibility of an employer to employees, with regard to physical capacity, does not end with a physical examination at the time of hire. As men and women grow older, the demands of their jobs and the normal aging process bring changes in their physical condition. It is the employer's obligation to keep abreast of these natural changes so that as employees grow older they will not be continued on jobs that are beyond their physical limitations. To allow employees to continue in work that is beyond their capacities is a factor that hastens the aging process.

It is sound practice to relate the work load to the capacity of the employee. This is particularly true of older employees whose work capacity may be declining with the passing years. In this respect the employer has a responsibility to the individual; the responsibility to adjust the work load as physical capacity declines. Every case is individual. The time of adjustment will vary from person to person and should be strictly a matter to be determined by physical examination and job evaluation. The employer's responsibility in this respect must be a never-ending watchfulness as to the health of his employees with continuous adjustment of the work load to possible declining physical capacity.

The number of workers involved is a relative matter. The employer has this responsibility whether he hires two persons or a thousand. Even one worker presents him with this problem.

Few people are ever so disabled that they cannot handle some type of work. In the interests of both employer and employee it is far better that the individual employee be well adjusted to his particular work than that the employee should be beyond his physical capacity. The individual adequately adjusted to his work also gains. He gains through more success on the job, more job satisfaction, and the probability of being able to work over a longer span of years.

Men do grow old and eventually wear out. That is inevitable. Most industrial organizations today provide pensions for the disabled. Pensions are also provided for those who are in good physical health but who wish to retire at a predetermined age.

THE INDIVIDUAL'S RESPONSIBILITY TO PREPARE HIMSELF FOR RETIREMENT

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Maine State Federation of Labor, AFL-CIO
Bangor, Maine

As I view current retirement practices I am impressed with the need for education and cooperative training by industry and by the prospective retiree in preparation for his retirement. Our present situation poses a social problem and the ever increasing population of older workers and the development of industrial automation promise to seriously compound this problem.

While there are broadly defined concepts of retirement it would seem to me that a fully adequate pattern may be more narrowly defined as one in which the retiree and his family have been mentally conditioned for the severance from industrial activity. Through prudent preparation and administration of family affairs and finances they might follow pursuits in keeping with their capabilities and desires and in line with their accustomed standard of living.

In an industrial society we must recognize that adequate retirement at an age compatible with mental and physical capabilities is just reward for a lifetime of employment. We must further recognize that adequate retirement can only be achieved through psychological, physical and financial planning.

Psychologically the worker and his family must accept the practice of shortened years of industrial activity and recognize the additional years available for the pursuit of hobbies, participation in municipal and social affairs, or for the development of other modes of creative living.

It is essential that the middle aged worker be aware of his physical limitations. In spite of the much larger number of people living to advanced years, we are concerned with the fact that the highest age group death rates are still those associated with the worker's most productive years. The annual physical checkup and the prompt treatment of ills and ailments become increasingly important as retirement date approaches.

It would serve little purpose to condition the mind and body for retirement were financial preparation lacking. We are surrounded by examples of this tragedy in our every day living. It has been my observation from within our membership that where timely consideration has been given to financial planning, and the basic level of Social Security benefits has been supplemented with income from an industrial plan and cash savings, retirement offers the greatest satisfaction to the retiree, his family and society in general.

RESPONSIBILITY OF THE STATE TOWARD ITS ELDERLY CITIZENS

COUNCIL OF STATE GOVERNMENTS

1. State Government needs to take the lead in eliminating employment policies which discriminate on the basis of age.
2. The state should encourage and support localities and nonprofit groups in establishing all-purpose facilities for counseling, for early detection and follow-up of diseases and disability, and for promotion of public education in nutrition, health and mental health.
3. It is recommended that state government encourage and support hospitals, social agencies, medical societies and public health agencies to utilize the team approach—a typical team comprising physician, nurse, homemaker, housekeeper and social worker—for home visits to older persons who can be cared for in their own homes.
4. The state should see that diagnostic processes are set up for screening patients before admission to a mental institution. Procedures need to be established to place those who do not require hospital care, or who have recovered, in private homes, boarding homes, homes for the aged or nursing homes.
5. The state government can assist by encouraging communities to establish centers where the older residents may join in interesting and productive activities.
6. It is recommended that the state government encourage the development of courses in schools and departments of medicine, nursing, social work, psychology, education, law and the ministry for the special training of persons to work with the aging.
7. The state should stimulate action by public schools, colleges and universities, business concerns, labor unions, and farms organizations to develop and sponsor adult education courses on planning for retirement.
8. In general the state should use every effort to stimulate and lead local communities and interested organizations in planning and carrying out programs in behalf of our elderly citizens.