Aging: Implications for Public Health

By CLARK TIBBITTS, B. S.

Population and aging in American life are emerging as a specific responsibility and opportunity for public health—responsibility, because public health shares the credit for extending life and creating the conditions which now command attention; opportunity, because of the tremendous significance that healthy, useful, and satisfying later years will have for our individual, family, and community life.

Later life, with its problems of adjustment, health, and security, faces more people in this country than it ever has before. Increasing longevity has come about almost entirely as a result of improvement in the environment of infants, children, and young adults—improvements based on biological research and scientific inventions translated into widespread public health and medical practices. At least 50 percent of all of today's children will live into the period which a generation or so ago was regarded as very old age. Older people have increased both numerically and proportionately since the turn of the century. The new problems, however, grow primarily out of changes in our ways of living.

In agricultural economies, older people generally find useful occupations and are active participants in family and community groups.

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Industrialization and urban living, themselves made possible in part by public health engineering and sanitation, introduced many changes.

In this country, industry and commerce grew up in an environment of young people and developed a preference for younger workers. Use of machines and power increased the output per worker faster than the economy could absorb it. When a plethora of urban workers appeared and the economic situation demanded certain adjustments, the older people were retired and could find few outlets for their energies, as they might in most rural economies.

Furthermore, family life has undergone significant changes as a result of urban living. There are few common activities in the family to interest three generations, as there were in an earlier day. Thus the family has become the two-generation, conjugal group living in dwellings both spatially and socially inadequate for three generations. On the whole, grandparents are not regarded as essential to the young family of today. This, together with retirement from work, has helped to carry along the notion of uselessness in the older years. By and large, older people today are a bewildered group, eager to retain useful roles in the community but often made psychologically, financially, and medically dependent by a society which is only beginning to discover the true nature of aging and to recognize the great resources that reside in its older citizens.

Many individuals and groups are now studying aging and its meaning for individuals, families, communities, and for society as a whole. In the past 18 months, professional workers in many fields have met in a National

Conference on Aging, in the First and Second International Gerontological Congresses, and in numerous State and local meetings. The subject has been appearing with increasing frequency on meeting programs. More and more professional groups—and the general public—are taking a positive viewpoint. A new and more hopeful concept of aging seems to be gaining currency. The following is a distillation of ideas and practices that have come out of recent meetings and discussions.

The Modern View of Aging

The new view is that aging does not begin at any chronological age but has its onset gradually in middle life. Moreover, it may mark the beginning of a new phase of growth and development with great significance for the individual and for society. Some of the reasoning behind this concept is as follows:

Biological research reveals failure or slowing of cell replacement, muscular atrophy, tissue desiccation, and lower rate of absorption of some nutrients. It indicates, further, that much of what is now termed aging may be a consequence of disease processes; hence, that as the diseases of internal origin come under control, aging itself may be postponed.

Moreover, the factors that have added nearly a generation to life have also probably extended the period of vitality. The 50- to 70-year-old at mid-century may well have more energy reserve than had the individual of the same age in 1900. Psychological aging appears to be still slower, with the purely mental capacities being retained or even continuing to develop well into later years.

Thus, biological and psychological changes are gradual processes that generally need not interefere with continued activity. It should be observed, too, that the gradual depletion of energy reserve loses much of its significance as more and more tasks are turned over to machine operations. These considerations are forcing the conclusion that complete deterioration and helplessness can be comparatively rare or at least postponed much longer than we have thought. Clearly, our notions of the capacities of older people must be revised.

Sociologically, aging may be characterized in terms of culturally assigned roles and of external factors. People begin to be regarded as members of the passing generation and largely incapable of further major contributions when they become grandparents, when their actions and thoughts become more deliberate, and when cosmetic changes (graying, bifocals, etc.) begin to appear. Social attitudes have fostered individual deterioration. For many, old age starts when children mature and leave home. Older people develop a new need for companionship, for activity, for security, and for a sense of usefulness. Loss of husband or wife, retirement from work, and reduced income aggravate these problems.

Society can change its attitudes toward older people. As older people, we can learn to adjust to external changes. Moreover, freed from earlier responsibilities and from the aggressive, competitive years of early adulthood, the individual in middle life is equipped for a generation of continued usefulness to society.

Favorable Environment Needed

Soundly based as it is, the new concept of aging will take on reality only as we create an environment in which older people find opportunities for activity and are expected to use them. First of all, we must adopt positive attitudes toward aging and toward the contributions of older people. Then we must find ways to enable older people to acquire continuing education, make new friends, and find opportunity for self-expression and social participation.

In the culture of the past, a whole array of services and facilities was assembled for normal children and young adults—prenatal and maternity services, well-baby clinics, schools, playgrounds, guidance centers, etc. In other words, we provided an environment in which young people could grow and develop in a complex world. Now we must also develop whatever facilities and services may be required to permit the continued growth of those who are living in the older years.

This viewpoint is consistent with the new concept of aging. The emphasis is on services for normal, active older people rather than for a dependent, helpless group. Of course, there

will probably always be some who are handicapped physically, psychologically, or socially, just as there are handicapped children. But, like children in similar situations, these people are candidates for restoration and rehabilitation. In addition, intensive care and custodial services will still be required for those who are seriously disabled or in advanced stages of deterioration. There is no reason, however, why this group ever need be more than a small fraction of the aging among us.

Employment

One of the basic needs of all people, young or old, is to retain position and dignity in a society that places value on contributory status and self-sufficiency. This means that older people must have a continuing opportunity to work and that compulsory retirement based on arbitrary chronological ages must be abandoned. How to achieve this is now occupying the attention of many employers and labor groups, as well as professional workers.

Society too has a great stake in the employment of older people as the period of life lengthens after the traditional retirement age. We are, indeed, approaching the time, unless we take steps to prevent it, in which the total years of dependency in childhood, youth, and the older years will equal the period of gainful employment. It is generally agreed that this situation, if allowed to continue unchecked, threatens the level of living of the entire population. The solution seems to lie in recognizing the extended period of vigor and in enabling more older workers to continue in paid, productive employment.

Finally, growing world unrest is putting more and more demands on us for a variety of goods and services. Unless we utilize the energy and skills of men and women beyond 50 and 60 years of age, we may fail in our objectives.

Several aspects of the employment question fall within the range of public health. Continued employment, for example, depends on the maintenance of good health. The community health worker and the industrial physician and nurse have numerous opportunities to promote health maintenance. They may, for example, develop and use screening tests for disease, conduct periodic health examinations, and participate in educational programs designed to help workers adjust to biological changes and to any disability that may arise.

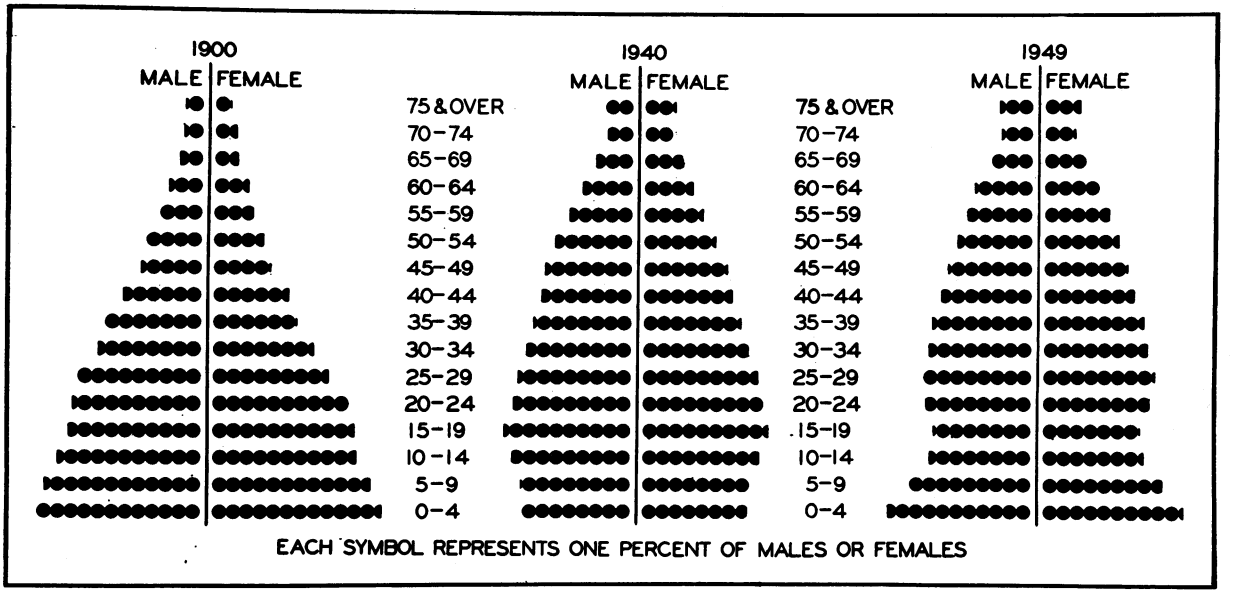
Adjustments and job changes will be required for those who lose essential capacities or develop handicapping illnesses. Because we have labored under the misapprehension that a particular disability constitutes a handicap for all types of work, we have carelessly wasted manpower. It has been pointed out that this need not continue if the industrial physician and nurse and the rehabilitation team will work with engineers and personnel officers on matching capacities to specific job requirements.

Other adjustments can be made, too. Many jobs are already part-time in character and are particularly suited to the circumstances of the workers holding them. It was discovered during the forties that many jobs could be engineered to meet the capacities of untrained workers. Certainly as much can be done for the older worker. The public health profession has a great opportunity in helping management utilize the energies and experience of older workers.

Dr. Clifford Kuh, who is director of public health, Permanente Hospitals, Oakland, Calif., has developed a useful concept in his observation that life represents—or should represent—a continuing adaptation of man to job and job to man. Responsibilities are expected to change as the younger worker acquires skill and maturity or when his interests change. Similarly, further changes, consistent with aging and increased leisure, represent purely normal adaptations. If this philosophy gains acceptance, retirement in the usual sense may disappear altogether. Health, or physical and mental status, will influence changes in activity to a much greater extent than it has in the past. The possibilities here for the community health worker are tremendous.

Creative Activity and Recreation

It has often been observed that, in an economy of routine jobs, avocational interests offer the principal means of satisfying the universal need for self-expression. Certainly older peo-



Changing Age Distribution in the United States in 1900, 1940, and 1949

—Data from National Resources Planning Board: Human Conservation; the Story of our Wasted Resources, Washington, D. C., U. S. Government Printing Office, and U. S. Bureau of the Census: Current Population Reports—Population Estimates, Series P–25, No. 39, May 5, 1950. Chart from Shock, N. W.: Trends in Gerontology, printed by permission of Stanford University Press, 1951.

ple have both a need for creative and recreational activities and the opportunity to develop these skills through increased leisure. Furthermore, older people testify daily to the great satisfaction they find in having inner resources to draw upon when other responsibilities have waned. Recreation, handicrafts, and voluntary services offer the multiple advantages of providing activity, opportunity for social contacts and for making new friends, and for exercise which might otherwise be neglected.

The health educator and the public health nurse particularly can call the attention of older people and their families to the satisfactions inherent in working with their own hands and heads. Homebound older persons in institutions and in their own homes represent a particularly challenging group.

Recreation groups and clubs are becoming quite popular among older people. It has been suggested that these groups may offer an avenue for health guidance and counseling. In addition to these specific responsibilities, the public health profession clearly belongs in the community planning groups working out adaptations to the aging population.

Most older persons wish to live independently in homes they can call their own and in proximity to relatives, friends, and familiar places. By all means they wish to avoid segregation in colonies or in congregate facilities except where absolutely necessary. Yet, older people do require housing especially designed to fit their financial, social, and physical circumstances. Public health engineering has an important part to play in developing standards and adaptations in housing for our aging group.

Living Arrangements

In Great Britain, and to a limited extent in the United States, it has been found that many people will remain in their own homes even when frail or ill if suitable services are made available. These include physician and hospital care at prices within their means, public health nursing visits, housekeeping assistance, provision of a warm meal each day, counseling or assistance with problems, and friendly visiting. These arrangements not only promote individual well-being but also help to reduce the number of expensive institutional and hospital facilities needed in the community.

Among the suggested measures for meeting

the housing needs of older persons are residence clubs, boardinghouses run by and for older people, and foster homes. Another arrangement is the construction of groups of single dwellings around a dormitory-type facility equipped with infirmary, central dining hall, community center, and workshops. Since these dwellings would be located inside the city, the residents would be assured necessary services and still be able to maintain contact with the whole community.

Public health is obviously involved in living arrangements for older people. It can participate by conducting research into housing requirements and by evaluating various types of living arrangements; by providing some of the supporting services; and by working with other community agencies toward integrated planning.

Health Promotion

To remain full-fledged, participating members of the community, older people must have the best possible physical and mental health. Health education and early detection of disease can postpone a good deal of disability, deterioration, and loss of physical and mental capacity. We who are aging need information about physical changes and how to live with them and about the availability of health services. We need guidance in such areas as diet, rest, exercise, and physical status. In order to maintain good mental health, many older people need individual or group counseling to adjust to such crises as loss of relatives or friends, retirement and reduced income, and the onset of chronic conditions. Public health workers can contribute greatly in this area by working with adult educators, employers, and other individuals and community groups.

Devices and facilities for the detection of incipient conditions, for assessment of health status, and for health counseling have been recommended in all of the major aging conferences. Further experimentation as well as demonstration projects of various kinds are urgently needed.

Despite improvements in health status that may be expected to come, the demands for medical care and rehabilitation seem destined to increase in the future. It has been estimated that, within another generation, increases in the population coupled with the changing age distribution will double or triple the number of cases requiring treatment. How this need is met is important for the individual as well as for our entire economy. Clearly it is within the province of public health.

Medical Care and Rehabilitation

The immediate challenge is to devise or expand services that will restore as many as possible sick or disabled older persons to self-care, independence, and usefulness. A few institutions and rehabilitation and community centers are showing that this can be accomplished.

Home care programs, rehabilitation centers in local hospitals, more effective use of State rehabilitation services, and the employment of specialists who visit nursing homes and homebound individuals in order to teach them new skills and activities are all new developments with a great deal of promise. For those who require long-term services, new facilities must be developed instead of relying on the acute hospital or the county infirmary. Connecticut, for example, is moving forward in developing a state-wide system of chronic disease hospitals, rehabilitation centers, and long-stay annexes, integrated with community hospitals, nursing homes, and placement facilities for foster homes. Full recognition is given to the dynamic nature of sickness and to changing financial and social circumstances, which, taken together, call for varied and flexible facilities. In such a manner, therapy can be progressive and patients can be moved about as their condition warrants.

Nursing and old-age homes are examining their locations, facilities, and programs in recognition of the modern concept of older people as alert, participating, contributing persons. New standards are being developed for congregate living facilities, in compliance with Public Law No. 734, 81st Congress. Nursing-home operators have organized in nearly half the States. They are eager to work with public health and welfare agencies in designing facilities and in providing services that are safe, stimulating to the individual, comfortable, and

reasonable in price. Administrators of various institutional facilities are beginning to see the merits of maintaining close relationships with acute hospitals, community nursing and information services, occupational therapy programs, and educational institutions.

Certainly this is an important area for public health planning. Numerous States, counties, and cities are waiting for the health department or some other community agency to take initiative in this field. Because so much of the community planning, facilities, and services revolve around health status and medical care, and because it touches the professional interests of a variety of health workers, it seems logical to expect the health department to play an increasingly important part in conserving the health and welfare of older people.

An International Concern

Much of the material for this article has been drawn from the papers and discussions of the Second International Gerontological Congress, held in September 1951. This congress demonstrated that not only are the problems of aging world-wide but that many countries have already taken aggressive steps to meet them. Some of the outstanding progress in providing suitable living arrangements for older people and in organizing modern institutional and rehabilitative services has been made by countries which have had to face the problems earlier than we in the United States. Certainly there is much that we can learn from the experiences and programs of other countries.

The congress, like the National Conference on Aging before it, was organized on the broadest possible front. Its four sections considered such fields as biological and medical research, sociology, psychology, education, religion, economics, welfare, housing, and health services. This suggests the variety of factors which must be considered in meeting the needs of older people and the interrelationships which must always be kept in mind. The question of health ran like a thread through the discussions in all the sections; conversely, health workers need to be aware of the many related problems of the aging which affect physical and mental status and are affected by it.

Objectives and Action

The congress had three major objectives: (1) to provide an international forum for the exchange of ideas, information, and recent research, (2) to promote additional research in aging and to identify the areas in which research is most needed, and (3) to identify and stimulate action programs in the field of aging, using the knowledge now in our possession. Particularly in the section on health maintenance and services was the feeling strong that the people seem to be ready for action programs and that existing knowledge can be put to work in an effective manner. The participants agreed that health and welfare workers must prepare to give increasing attention to the continuing needs of older people.

Of significance to public health workers was the preventive approach which underlay much of the discussion. The emphasis was on retaining function and on conserving and utilizing capacity as long as possible. It was in this framework that the participants looked at accident prevention, housing and living arrangements, and even medical and rehabilitative services.

Blueprint Needed

The congress did not present a blueprint of public health services or community action for an aging population. The field is new; experimentation and continuing research were urged at this conference and by every other group that has studied the problem. Many of the research needs fall directly within the province of public health, such as studies to develop measurements of capacity, aptitude, and performance, and community surveys of needs and resources.

It is clear, too, that the public health profession is involved in human aging and its meaning in contemporary life, not by itself but in concert with many other professions and groups. Public health workers—all of us—will do well to remember that we are all aging right now, and that what we do for and with older people today we shall be doing for ourselves tomorrow and for those who come after us.