

PUBLIC HEALTH

Aging With a Future

The first White House Conference on Aging will be held Jan. 9-12, 1961. It was called by President Eisenhower, oldest president to leave office, Faye Marley reports.

► EVERYBODY TALKS about the aging today, and some 3,000 people soon will be converging on the nation's capital to do something about it.

The first White House Conference on Aging will be held in Washington, D. C., Jan. 9-12, 1961, scarcely more than a week before the youngest President of the United States ever to be elected is inaugurated on Jan. 20. The call for the meeting was made by President Eisenhower, oldest to relinquish the office.

The Conference is definitely nonpolitical. Rep. John E. Fogarty (D-R.I.) introduced the bill that became law in 1958 authorizing the President to call a meeting "to develop recommendations for further research and action in the field of aging."

Rep. Fogarty said that there had been a great deal of talk about aging and "what we need now is action." He said with some 50 million Americans middle-aged or older—16 million are 65 and over—"we should be moving to help older men and women fulfill their hopes and aspirations."

The technique of this Conference will follow that of previous conferences for children and youth, bringing to the attention of the public the need for a national program for older people.

Five basic areas will be discussed: employment, income, housing, free time and health, broken down into 20 related topics.

Want Practical Recommendations

Meeting in Washington in mid-November to complete plans were about 200 key citizens, including 150 National Advisory Committee members appointed by Secretary Arthur S. Flemming of the Department of Health, Education, and Welfare, which is sponsoring the Conference. Fifty-three were appointed by governors of the United States states and territories.

Uppermost in the minds of these citizens—many of them experts in gerontology, the scientific study of the various phenomena of old age—was that some practical recommendations should come out of the 20-section planning "structure."

Dr. Ewald W. Busse, chairman of the department of psychiatry, Duke University School of Medicine, Durham, N. C., who heads up the medical part of the White House Conference group on research in gerontology, stressed the health needs of the aging.

"It would be foolish to prolong life," he said, "if it were only to expand the number of facilities for the chronically ill."

He said the first major goal for the aging is to eliminate or reduce those illnesses that detract from the individual ability to

have a healthy and happy life. He emphasized preventive medicine and rehabilitation rather than measures to stop disease processes after they have begun.

He mentioned nutrition, exercise, environmental "alterations," and pointed out that health can no longer be considered without including social and psychological influences. He said the interaction of socioeconomic forces upon the health of aging persons should be "more precisely identified."

Dr. Busse said he hoped recommendations would be made for funds for research in universities and institutions responsible for a solution to problems of the aging.

Dr. Wilma Donahue, chairman of the division of gerontology, University of Michigan, Ann Arbor, chairman of the White House Conference group on the role and training of professional personnel, said that the great problem in America today is the need for trained persons to carry out programs for the aging.

Dr. Donahue said the Golden Age centers, housing projects, meals on wheels and other modern projects created for the aging population have brought a need for

persons who understand the specific problems of the growing numbers of older people.

She told of long-term research studies in her own field of gerontology and said more work of this kind was needed all over the United States. She said several physicians at the University of Michigan Medical School, specialists in internal medicine and physical rehabilitation, are co-operating to give special attention to the illnesses and disabilities of aged persons.

Illustrating what can be done to improve the condition of institutionalized aged persons, she told of an extended three-year study of the aged in three Michigan county hospitals.

Sheltered Workshops Set Up

One of the projects helped by communities was the setting up of sheltered workshops within the hospitals, supported by contracts from local industries. In the craft-training program, she said her staff demonstrated that old people can learn new things.

"The average age of those old people was 75," she said. "One patient still in his sixties learned to make beautiful tile tables within a month. Another patient learned rug-making so well that he got ongoing contracts with local stores."

Improvement in these three hospitals re-



CREATIVE WORK—A hand loom provides occupational therapy to correct physical handicaps and supply creative accomplishment. This patient and her instructor are working together at the District of Columbia Village.

sulted in 75% of the patients being discharged, either for life at home or in other places besides hospital settings. Health improvement was noted in 90%.

Asked what she hoped would come out of the White House Conference on Aging, Dr. Donohue said, "First, I hope that the Conference will direct a request to the universities of the country that they establish, either on a state or a regional basis, institutes of gerontology whose function will be to carry on research, offer training and give service.

"Second, I hope the Conference will strongly recommend to Congress that funds be appropriated to provide special training grants for the use of persons who wish to be trained for service in this field.

"Funds are earmarked for children's work, for medical social work, for criminology, for psychiatric work—all important—but both Congress and private foundations should give funds for aid to universities and direct loans to students for training in gerontology in all its aspects."

The basic Conference "structure" includes 2,800 official delegates, with 1,747 representing all 50 states, the District of Columbia, Puerto Rico and the Virgin Islands.

States have held preliminary meetings and prepared reports as a basis for discussion.

There will be 600 delegates representing approximately 300 national voluntary organizations that have met requirements of the National Advisory Committee. Older people who are not "experts" except on their own needs are included.

In addition, there will be 393 other delegates, consisting of the 150 advisory committee members, consultants to the 20 planning committees and others designated by Secretary Flemming. No Federal employees will have delegate status.

Swelling the number in attendance at the Conference will be guests from foreign countries and from Federal departments and agencies. All members of Congress and state governors are included in this invitation.

Recommendations for action by communities, states, the Federal Government, private organizations and older people themselves will come from the ten groups covering the following subjects:

Population trends and social and economic implications, income maintenance, impact of inflation on retired persons, employment security and retirement; health and medical care and rehabilitation; social services, family life, family relationships and friends; housing; education; role and training of professional personnel; free time activities; recreation, voluntary services, citizenship; religion; research in gerontology; biological, medical, psychological and social sciences; local community organization, state organization, national voluntary services and service organizations, Federal organizations and programs.

Group reports will be given at plenary sessions held in Constitution Hall. The Conference theme is "Aging With a Future—Every Citizen's Concern."

• Science News Letter, 78:394 December 10, 1960

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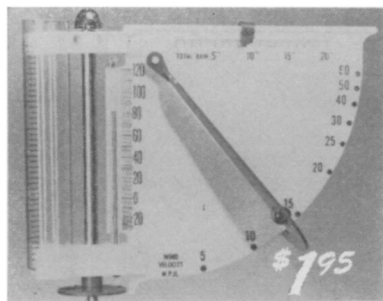
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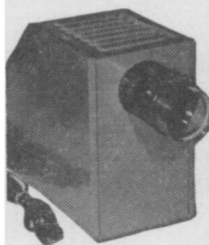


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