

The original documents are located in Box D15, folder “The Aged and Their Place in the Population, " 1960” of the Ford Congressional Papers: Press Secretary and Speech File at the Gerald R. Ford Presidential Library.

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I THE AGED AND THEIR PLACE IN THE POPULATION



POPULATION AND THE AGED



X

While the total population has increased 129% from 1900 to 1958, those 65 and over have increased 388%. Projected increases from 1900-1970 will be 181% for the general population and 535% for those 65 and over. There were 3 million 65 and over in 1900, and there will be 19 $\frac{1}{2}$ million by 1970--9% of the population. SOURCE: BUR. VITAL STATISTICS

LIFE EXPECTANCY



A white male child born today can expect to live on an average to be 67 years of age, or almost 19 years longer than if he were born in 1900. The man who is 65 today can expect an average of 13 years more of life--only 1.2 years more than he might have expected in 1900. SINCE 1900 THE EXPECTANCY IN YEARS BEYOND 65 HAS INCREASED MUCH LESS THAN LIFE EXPECTANCY AT BIRTH.

HEALTH OF THE AGED



About 5% of the aged (65 or over) are institutionalized. In the age group 65-74, 27.8% have partial limitation and 9.4% have major limitation of activity, meaning that more than 1 in 3 are limited in the amount or kind of major or outside activities. Persons 65 and over spend twice as much time as a patient in a short-term care hospital as ~~the~~ does the younger persons.

HOSPITALIZATION AND THE AGED

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30% of patients in public psychiatric hospitals were 65 and over. The average age of patients in chronic disease hospitals is about 70 years. 91% of patients in proprietary nursing homes are 65 and over.



MEDICAL CARE COSTS OF AGED

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Medical care costs increased 44.9% from 1949-59, while the index for all other items rose 22.4%. (double the rate). Per capita expenditures of older people for medical care are twice those for persons below age 65. The aged spent \$2.6 billion for personal medical care in 1958.



AGED WITH HOSPITAL INSURANCE



Figures disagree somewhat as to the percentage of the aged with medical insurance. Estimates run close to 50%. By 1961, nearly half of those aged 70-74 and a third of those past 75 years of age might be expected to be insured for hospital expenses. A recent study by Anderson concluded that "the increase of health insurance for those 65
OVER

years and over is increasing at a faster rate than the rest of the population."

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WHAT HAS BEEN DONE FOR THE AGED



GENERAL MEDICAL-HEALTH APPROPRIATIONS.



In 1960 over \$3 billion was appropriated for the medical-health activities of 20 federal agencies. This was an increase of \$216 million over the year previous.

EXAMPLES

Hill-Burton financing of hospital construction \$150 m.

Research by U. S. Public Health Svc and National Institute
of Health \$400 m.

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3. Bureau of Public Assistance payments \$280 million
4. Office of Vocational Rehabilitation \$66 million
5. In-patient care in VA hospitals, domiciliary care
for veterans, out-patient care in VA hospitals
\$833 million
6. FEDERAL EMPLOYEES HEALTH PROGRAMS \$11.5 million

PAYMENTS TO INDIVIDUALS BECAUSE OF DISABILITY THROUGH PRO-
GRAMS IN WHICH THE U.S. GOV'T PARTICIPATES IN FISCAL 1960:

6.1 mill beneficiaries
\$5.067 billion dollars in payments

OASI STATISTICS



Nearly 13 3/4 million persons were receiving old-age, survivors and disability insurance benefits in December, 1959, at a rate of \$845 million a month. (Annually--\$10 billion.) 73% of those 65 or over are receiving OASI benefits or are eligible to receive them when they or their

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spouses retire. The mothers and children in 9 out of 10 families today would be able to draw survivors benefits if the breadwinner were to die.

OASI BENEFITS--KENT AND OTTAWA COUNTY



During Dec. 1956

^ In Kent County, 28, 504 persons receive OASI benefits of \$1,921,297 monthly. In Ottawa County, 7,364 received benefits totaling \$474,647. Thus, in the 5th Congressional District alone, almost \$2.5 million in monthly benefits or \$30 million a year comes into the hands of our senior citizens through this program.

OTTAWA COUNTY BENEFITS (BY CATEGORIES) Dec 31, 1959*

<u>Category</u>	<u>Persons Receiving</u>	<u>Monthly Benefits</u>
OASI	7,364	\$474,647
DI	157	11,573
<hr/>		
Old age	3,962	\$306,735
Disability	104	9,938
Wife & Husb.	1541	62,451
Child's	870	43,960
Widow's & Widowers	850	50,699
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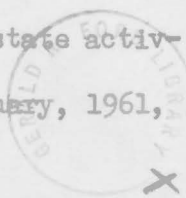


Mother's	188	\$11,973
Parent's	6	464

HEALTH PROGRAMS FOR THE AGED
(THOSE CONCERNED)

1. Individual, his family, his neighbors and friends, and groups of retired persons themselves.
2. Agencies and groups in the American community. Health care personnel. Voluntary agencies, church groups, private organization
3. Public welfare agencies, local gov't officials, state conferences on the aging, agencies within U. S. Department of HEW, and state activities leading up to January, 1961,

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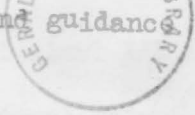
White House Conference on the Aging

4. Subcommittee on Problems of the Aged and Aging of the Committee on Labor and Welfare of the U.S. Senate.

5. Students and researchers of the subject, often working for our private foundations and universities



METHODS OF ATTACK ON PROBLEM

- 
1. Health promotion and guidance of the well person
 2. Early detection of chronic diseases.
 3. Non-institutional care services
 4. Dental services (part of health care programs, committees, etc.)
 5. Dietary, nutrition and management services.
 6. Hospital--community day, general and chronic disease hospitals
 7. Nursing homes & homes for aged

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SBA funds for nursing homes. Hill
Burton construction of 11,678 beds.
Guaranteed mortgage loans under FHA
for proprietary nursing homes.

8. Organized home care.
 9. Counseling and ~~h~~coordination.
 10. Industrial and union programs.
- Of 300 collectively bargained health
and welfare plans, about 25%
continued hospitalization coverage
after retirement. One insurance
company's major medical group

contracts covered 99% ~~of~~ of
its employees with 56% of those
covered after retirement.



WHITE HOUSE CONFERENCE ON AGING



1. Called by President Eisenhower for January 9-12, 1961.
2. National Advisory Committee appointed--they set up subcommittees assisted by technical directors and consultants to prepare working papers for State and local conferences to be held in preparation for WHC.

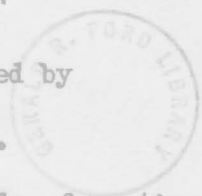
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3. SUBJECT MATTER AREAS. Population trends. Income maintenance. Impact of inflation. Retirement. Health and medical care. Rehabilitation. Social service. Housing. Education. Role of professional personnel. Family life. Free time activities. Religion. Research in gerontology (biological, medical, social science). Local community org. State org. National Voluntary Services. Federal organizations and programs.

WHITE HOUSE CONFERENCE ON THE AGED: CONCERN WITH
RELIGION

Committee on Religion and the Aging chaired by
Msgr., Rabbi, and Protestant clergyman.

Background paper prepared on common grounds of meeting
situation of the aged in modern American Society,
including self-image, needs, attitudes toward,
and change in family life of the aged. TAKE COPY



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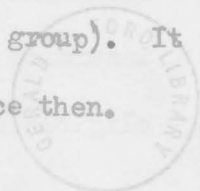
The Issue of Federal provision of medical care
for persons aged 65 years and over.

LEGISLATIVE HISTORY

1942-- Rep. Eliot bill to extend hospitalization insurance to all covered by OASI and dependents. Duplicated by Green bills of 1943-1945.

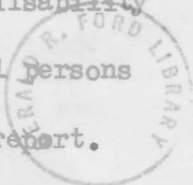
1952--First bill to extend hospitalization benefits to those entitled to OASI benefits (smaller group). It has been introduced in each Congress since then.

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1957--First "Forand bill", included other non-medical items and nursing and surgical benefits as well as hospitalization.

1959--S Res 65 authorized Senate subcommittee to study problems of Aged and Aging--report on January 29, 1960, recommended legislation to expand OASI and disability insurance to include health benefits for all persons eligible for OASDI. Dissenting minority report.



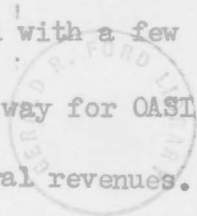
86th Congress--Forand and McNamara bills.

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Forand bill would cover OASI-eligible persons, amounting to 13.5 million, and would be financed by additional $\frac{1}{2}$ of 1% OASI tax. Total cost: \$1.1 billion annually.

McNamara Bill would include all retired aged with a few exceptions--14.8 million. Financed the same way for OASI eligibles--for others \$370 million from general revenues.

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Cost--\$1.1 billion first year, \$1.5 billion annually after that.



ARGUMENTS FOR GOVERNMENTAL HEALTH CARE PROGRAM FOR THE X
AGED.

1. Medical need of the aged.
2. Limitations of private health insurance to do the job.
3. Human and financial disaster that illness imposes upon the aged.
4. Public assistance means need for exhausting savings and selling modest possessions.

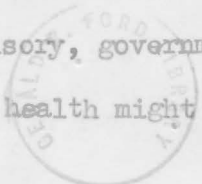


ARGUMENTS AGAINST GOVERNMENTAL HEALTH CARE PROGRAM FOR
THE AGED. X

1. The aged are not poor in perspective or relative to other groups in the population.
2. Legislation of the Forand type will not meet the aged special needs. (Nursing home, degenerative diseases, etc.)
3. Many aged can afford to pay their health bills.

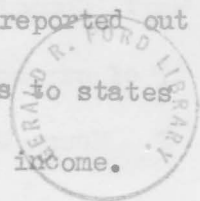
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4. Will not help those aged most in need--4 to 5 million not entitled to OASI benefit.
 5. Government's moving into just that area of medical care in which private insurance is having the most success in meeting the need.
 6. Many feel it the forerunner of a compulsory, government run health insurance program. Quality of health might deteriorate.
- 

1. Both House and Senate Committees (Ways and Means and Finance) did not report Forand type proposals out, and neither body as a whole approved Forand type amendment Why? Compulsory. Completely federal program. Excluded $4\frac{1}{4}$ of our most needy citizens. Cost difficult to predict
 2. House Ways and Means Committee held public hearings
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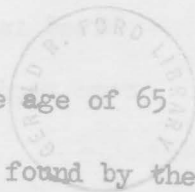
on certain health care proposals and also studies and considered in executive session a great deal of information designed to make them familiar with problems existing in the area of health care for the aged. They reported out an omnibus "Mills Bill" which included grants to states for medical care for aged individuals of low income.



SUMMARY OF MILLS BILL

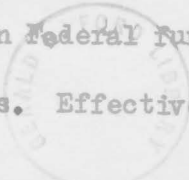
(Version passed both Houses and signed into law,
September 13, 1960)

1. Provides for a new program of medical assistance to the aged under title I of the Social Security Act.
2. Within the discretion of each state as to whether they will participate.
3. Assistance available to persons over the age of 65 residing in a State whose resources are found by the
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State to be insufficient to meet the costs of needed medical services.

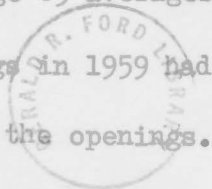
4. States may determine eligibility for medical assistance on a basis more liberal than for old-age assistance. Federal participation will be available for a broad range of medical services which will include some noninstitutional as well as institutional care.

5. Federal government will share in total expenditures made by state with proportion determined by the relationship between the average per capita income in the State as compared to the national per capita income. Federal share among the States will range from 50-80%.
6. First year will use up \$60 million in Federal funds and \$56 million in State and local funds. Effective October 1, 1960.
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THE AGED AND EMPLOYMENT

SOURCE: SURVEY OF NATIONAL
COMMITTEE ON AGING: "WORK
ATTITUDES AT AGE 65"

About half as large a % of males 65 and over were employed in 1958 as in 1890. (1890--68.2% of those 65 or over in labor force--1958, only 34.7%). The number of male employees who desire to keep working after age 65 averages 40-60%, however. Restrictions on job openings in 1959 had an upper limit of 45 years on 41% or more of the openings.



INCOME OF THE AGED

In 1957, average income for males aged 65 and older was \$2,100 and for women \$800. The median money income of all males 65 and older was lower, \$1,421, while it can accurately be said that 3/5 of all persons aged 65 and over had less than \$1,000 of money income in 1957.

