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THE FASTEST GROWING MINORITY: THE AGING

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The way our country was founded and grew has guaranteed us an ample supply of minorities. Based on a wide variety of differences, we have racial minorities, ethnic minorities, religious minorities, and others. Of late, we also have new groups, like youth and women's lib, claiming minority status or treatment and willing to struggle for their version of justice. But the newest and most rapidly growing minority of all happens to be the aging--the 65 and overs. Oddly enough, though this group eventually encompasses all the other minorities as well as the majority and though everyone struggles to live long enough to join it, it is not a well-treated minority. Perhaps the truth is that the alternative to aging is even less desirable.

During the recent past, militancy among the minorities has grown apace. Most of them forcefully demand new and expanded rights and participation; a few, like the Amish, cling to an older separatism. The struggle among the aging is different. Rather than militancy, for most of the elderly it amounts to a struggle for economic survival; for many it is a struggle for some social status; for all it is a struggle against being pushed out of the mainstream into a subculture--a subculture of poverty and of social uselessness.

Paraphrasing the title of a recently published novel, we might describe society's attitude toward the aging as "ALL RIGHT! Everybody over 65, Off the Planet!"

Expressions of resentment coupled with feelings of helplessness in the face of social ostracism is a recurring theme in discussions with older people. This was again exemplified in a New York Times story last week about a "graduation party" at a Brooklyn Senior Center. Thirteen Jewish women in their '70s and '80s, having completed courses in Spanish and Current Events were receiving certificates from a New York City community college. One of the women, who had also earned a certificate last year for completing a course in Afro-American history, explained,

"I don't want the youth to think we are on the shelf and no longer interested in this world!" Others, who had asked for and taken courses in English and current usage, stated that they felt the need to do that "so we can talk with our grandchildren."

It is a particularly frustrating irony that progress in man's search for a longer life should produce the "problems" of aging. In fact, the very successes in economic, medical, and industrial "progress" that now permit such a large proportion of our population to reach old age, also have produced the changes that make the elderly a generally dependent group and have robbed them of their most important and traditional functions, roles, and statuses.

The rural multi-generation family has been supplanted by the urban nuclear family, with the elderly living in separate households and without their former roles in family life. The individually-owned family farm or craft shop, where the older head of the family owned the "wealth" and the means of production, has been replaced by corporate ownership and a wage economy in crowded urban settings. Even occupational "know how," until very recently passed on to the younger generation by the parents or through an apprenticeship, has been replaced by vocational education in the schools. All these have contributed to the wiping out of the former roles and statuses of the elderly--without satisfactory replacements--and to further reduction of ties with adult children.

Further, the growing availability of retirement income and of mandatory retirement provisions, coupled with the technologically-induced lower total manpower requirements and the rapid obsolescence of old skills, have resulted in the majority of older persons being squeezed out of the labor force.

Most older people are dependent for all or a very high proportion of their income on retirement payments of various types--all of which, if traced back far enough, flow from a social policy decision and depend on the willingness of the younger population, in the so-called productive ages, to share the current "national product" by transferring purchasing power through a series of fiscal and financial arrangements.

A large aged population is a rather new phenomenon, new to this century. Since 1900, the 65+ population has grown much faster than the rest of the population and the 75+ segment has grown even faster. At the turn of the century, there were three million older persons, every 25th American; today, there are 20 million, every tenth American. The 65+ group is six and a half times as large as in 1900; the under-65 is only two and a half times as large. If present very low birth rates continue, by the year 2000, we will have almost 29 million older Americans, every ninth American.

This dramatic increase does not mean that older people are living very much longer, just that more people are reaching old age. The real increase in life expectancy has occurred in infancy and childhood.

Since 1900, life expectancy at birth increased from an expected 47-year life span to an average of 70 years or 23 years longer. For 65-year-olds, the increase has been only 2 to 3 years. However, if major medical breakthroughs are achieved, dramatic changes can be anticipated. If we could completely eliminate deaths after age 65 from the number one killer of older persons, major cardio-vacular-renal disease, life expectancy at age 65 would jump from 15 years to 25 years.

Generalized figures on average life expectancy, however, mask a modern development that has created many problems in aging, both personal and social. Life expectancy for women has increased much faster than for men. This has resulted in a growing preponderance of women as we climb the age scale.

More boy babies are born than girl babies. Male death rates are higher, however, from the beginning so that by the twenties there are equal numbers of young men and women. Thereafter, females increasingly outnumber the males. At ages 65 to 74, there are 130 women per 100 men; after 75, there are 160 women per 100 men. The average for the total 65+ group is 140 women per 100 men.

Obviously, this means lots of widows in the population but the situation is further aggravated by our social custom for men to marry women several years younger than themselves. Thus, with 40% of older married men having wives who are under 65 years of age, most older men are married and most older women are widows. Widows outnumber widowers by four to one. Still, in the course of an average year, about 15,000 older women and 35,000 older men get married.

Currently, the oldest part of the older population is growing fastest; the median age of the elderly has risen slowly to age 73. On the older side, four of every 10 older people or some 8 million are 75+ and of these, better than a million are 85+. On the younger side, better than a third or 7 million are under 70.

But all this could be misleading because it paints a static picture. It would be of some help if I told you that by tomorrow at this time there will be 1,000 more older people than there are right now. It would be more useful to you to know that the 1,000 is a net increase. Actually, about 4,000 Americans will reach age 65 and about 3,000 already 65+ will die. Thus, our planning must take account of not merely the 1,000 increase but the 4,000 a day or 1.5 million a year who are newcomers to the ranks of the aged. They are quite different from those already aged and worlds apart from the thousands of centenarians.

There is another difference to remember--perhaps best illustrated by the story of the 80-year-old square dancer who went to a geriatric clinic when knee pains began to interfere with his dancing. After a thorough examination, the geriatric specialist gently explained the biology of the aging process--how it affects the different types of cells, organs, connective tissues, metabolic and physiological processes, etc.

"You see," the doctor summed up, "its a normal aspect of growing older, do you understand?" "No," said the old gentleman, "if it's so normal, why is my right knee fine? It's just as old as the left!"

So we have to remember three kinds of differences: Those between the young and the old as group averages; those between different individuals within the older group; and those within the single older individual. All are related to aging.

Urbanization brought the population into the city where it has aged; suburbanization has taken the younger population out of the city but has left the elderly behind. On a national basis, a slightly larger proportion of older people live in nonmetropolitan areas than do younger people (40% vs 35%) and they live in towns rather than on the farms, a trend made possible by social security coverage which permits farmers to retire. Among the over 60% of the population now living in metropolitan areas, on the other hand, most of the younger group live in the suburbs while most of the elderly live in the central city.

Geographically, older Americans are distributed among the States in a pattern quite similar to that for the total population. The three most populous States, California, New York, and Pennsylvania, accounted for just over a quarter of the older population and just under a quarter of the total population. Adding the next three States, Illinois, Ohio, and Texas, brings the six-State proportions to just over 40%. The ten largest States, adding in Florida, Michigan, New Jersey, and Massachusetts, had about 56% of the older population and 55% of the total.

Stated another way, a quarter of all older Americans lives in just three States, half lives in just eight, and three-quarters live in 19. At the other extreme, the 21 smallest States in total population accounted for only 10% of the older population.

Problems of daily living, whether urban or rural, present special difficulties to older persons. In transportation alone, for example, they face growing crises in shopping, in visiting friends and relatives, in getting to social, cultural, or entertainment opportunities, in getting to a medical office or facility (if it exists), etc.

Some of these problems may be eased or made worse by the older person's living arrangements. More than 80% of older men live in a family setting, 70% with a wife present. Another 16% live alone or with nonrelatives and only less than 4% are in institutions. Among older women, on the other hand, only 61% live in a family setting and only 34% with a husband present. An astonishing 35% live alone or with nonrelatives and over 4% in institutions.

Thus, quite contrary to one of the most troublesome and false stereotypes, over 95% of older Americans do live in the normal community--not in institutions--and they depend on community resources and services for survival.

We know that older people tend to have more and longer hospital stays, more doctor visits, more days of some degree of disability, and that they spend more on drugs--usually to treat a chronic condition. What does this mean for mobility?

Chronic conditions range from a visual impairment corrected by eyeglasses to completely disabling arthritis. Of the older people outside of institutions, 14% have no chronic conditions at all and 67% have chronic conditions that do not interfere in any way with their mobility. In other words, a total of 81% of the aged in the community have no limitations on their mobility. Another 8% have some trouble getting around but can still manage on their own, sometimes using a mechanical aid. Another 6% need the help of another person to get around. And only 5% is homebound.

The popular picture of the decrepit, doddering oldster is so gross an exaggeration as to be completely misleading. The overwhelming majority of older people can easily manage in the community if society permits. They could manage even better if society would encourage such activity through the provision of essential services.

Now for some economics. The median income of older families and individuals is consistently less than half of that of their younger counterparts. In 1970, the median income of older couples was about $86 a week and of older people living alone or with nonrelatives, $37 a week.

According to the official poverty index, in 1970 almost 5 million, or a quarter, of all older Americans lived in households with total income below the poverty threshold for that type and location of household. Of the aged poor, about 65% were women and 85% were white. Although the total number of poor is decreasing, the aged poor form a slowly increasing proportion of the total. The aged make up 10 percent of the population but 20% of the poor. If you're old, you're twice as likely to be poor.

As might be expected, older people, having half the income, spend about half as much as do younger consumers. By the same token, their consumption pattern is different, revealing the interaction between continuing needs and restricted income.

Proportionately, older consumers spend more of their income on food, housing, household operations, and medical care than do younger units. To compensate for these larger expenditures for essentials, they spend proportionately less than younger units on transportation, clothing, household furnishings, and recreation. Howerver, studies of consumption by units at the same income level show similar expenditure patterns regardless of age. We must conclude, therefore, that it isn't that older people need so much less, they just can't afford a more reasonable standard of living.

Paying the costs of purchasing health care for the older population is complicated not only by the fact that their needs increase just as their incomes are slashed by retirement but also by the fact that their needs change to long term care as a result of the prevalence of chronic conditions, diseases, and impairments. In fiscal year 1970, per capita health care expenditures for older persons were three and a half times as high as those for under-65 persons ($791 vs $226) and two-thirds of the bill for older persons was paid by public programs. The older population makes up 10% of the total population but used 27% of the value of health care ($15.7 billion out of $58 billion).

When someone retires, he does not have a basement stuffed with the goods and services he will need for the rest of his life. For him as for everyone else, practically everything consumed comes out of the current production of goods and services. The owners, the managers, and the members of the labor force exercise first claim; the nonproducers, including the aged, get a share based mostly on the producers' willingness to share. The size of the aged's share is determined by how much purchasing power is transferred to them. Methods of financing and the like are important but incidental; in the end, it comes down to the younger group's willingness to share--in other words, on the ordering of their total national priorities.

Let me summarize and sermonize. I have tried to paint a broad picture of the aging as a group and how they compare with and fit into the total population. I have tried to remind you that there are vast differences between the aged and the younger, within the aged group itself, and varying rates of aging within the individual. Let me also remind you that group data can supply only a general or average background, but some day somebody in a specific community will have to apply this knowledge to specific people at a specific time to meet specific needs in a specific environment.

You are the experts in community organization--in the less urban U. S. The 8 million more disadvantaged older people in your areas need and deserve your interest and help.