

OLD AGE IN A CITY OF 100,000

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Rockford is an industrial city in northern Illinois, which had a population in 1940 of approximately 85,000 within the city limits and 20,000 in the suburbs immediately adjacent to the city. Of the urban population, 6,458 were aged 65 and over and of the suburban population, 988. As is true of many cities, this community is just beginning to realize that old age presents many serious problems in addition to the economic one.

An understanding of old age problems, both psychological and social, must rest upon a factual survey of the type of old people in the community and of their living arrangements and activities.¹ The Census for 1940 gives an over-all picture of the type of old people who live in the community and where they live. Additional material comes from interviews with 205 persons aged sixty and over and from community agencies, industries, and churches.

In general, old age is a problem which has crept into the community unnoticed and which will not reach its full significance for some years to come. In Rockford, the percentage of the population that is 65 years of age and over has increased from 5.1 in 1900 to 7.6 in 1940. For the suburbs in 1940 the percentage was

slightly lower, 7.0. In accordance with estimated future increases for the total United States, old people in Rockford will probably reach 11 or 12 percent of the population by 1980.² Old people in Rockford as in other cities represent an increasing group whose needs must receive attention if the community is to avoid having a fairly large segment of its adult population without integration in the community life.

Whenever part of the population can be set off with some definite characteristic there is a tendency to think of the members of the group as all being very much alike and to apply stereotyped attitudes to them. Old people are not all alike. In fact they are as different in personality and in social experiences as any other group of adults classified by age.

In Rockford, which has several foreign-born communities, 45 percent of all persons 65 years of age and over are foreign-born; 0.7 percent are Negroes. The foreign-born represent a far greater proportion of the old people than they do of the total population, for only 16 percent of the total population are foreign-born. The Negroes represent a smaller percentage, as 1.4 percent of the total population is Negro. The foreign-born in Rockford are essentially Swedish and Italian. The peak of immigration was sometime in the past so that the foreign-born repre-

¹ Much of the material used in this paper was assembled incidental to a study of social adjustment in old age made by the writer as Research Associate for the Subcommittee on Social Adjustment in Old Age of the Social Science Research Council; additional material was secured by four senior students at Rockford College: Barbara Conklin, Joyce Gayle, Susan Eckels, and Elizabeth Siegfried.

² Bureau of the Census, Population—Special Reports: Series P-46, No. 7. September 15, 1946.

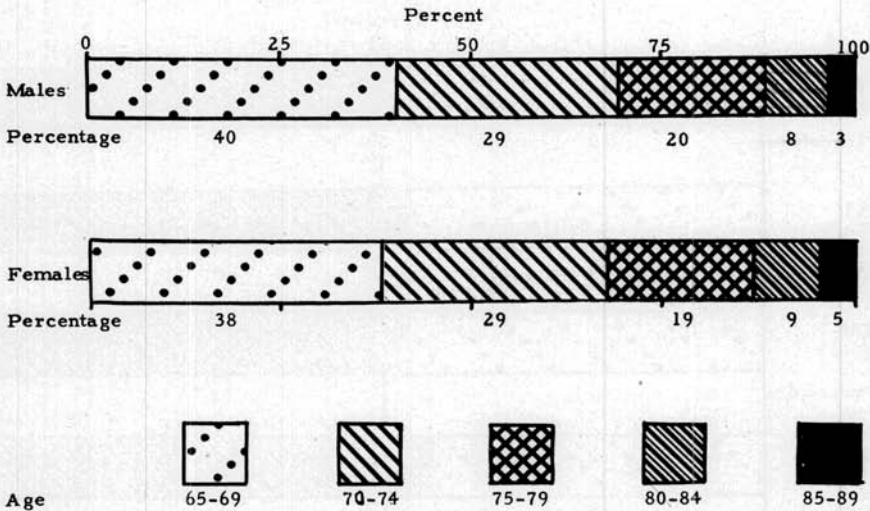


FIG. 1.—Percentage distribution of males and females aged 65 and over, by five year periods, for Rockford, Illinois, 1940. Based on Sixteenth Census of the United States, 1940, *Population*, Vol. IV, Part II, p. 614.

sent an aging group. The Negroes came in primarily at the time of the first world war as young workers who have not reached old age. Any program which penalized foreign-born people would work a great hardship on almost half the old people in the community. Also any program that overlooked the characteristic cultural, religious, and language patterns of the dominant foreign-born groups would fail of its purpose.

Although we tend to group everyone who is 65 and over into one category called old age, it is important to realize that actually this group has an age span that runs from 65 to 100 or 35 years. Two-fifths of the old people are between the ages of 65 and 69, that is, they are little different from the group that we think of as middle-aged. Many of them are still employed. We do not have the employment status by age

groups for Rockford, but for the United States in 1940, 52.0 percent of the men and 8.6 percent of the women between ages 65 and 69 were employed. Twenty-nine percent of the old age group is aged 70-74 and of this group for the United States 35.4 percent of the men and 4.7 percent of the women are employed. One-fifth of the old age group is between 75 and 79 years of age, and the proportion employed has decreased greatly. Less than ten percent of the old age group is between 80 and 84 years of age and less than 5 percent over 85 (fig. 1). About one-third of all old people must therefore be thought of as able-bodied, employed, and independent. More than half are still reasonably active. The proportion that may be termed aged and that is in need of protective personal care as well as economic assistance is relatively small. Plans for housing, physical

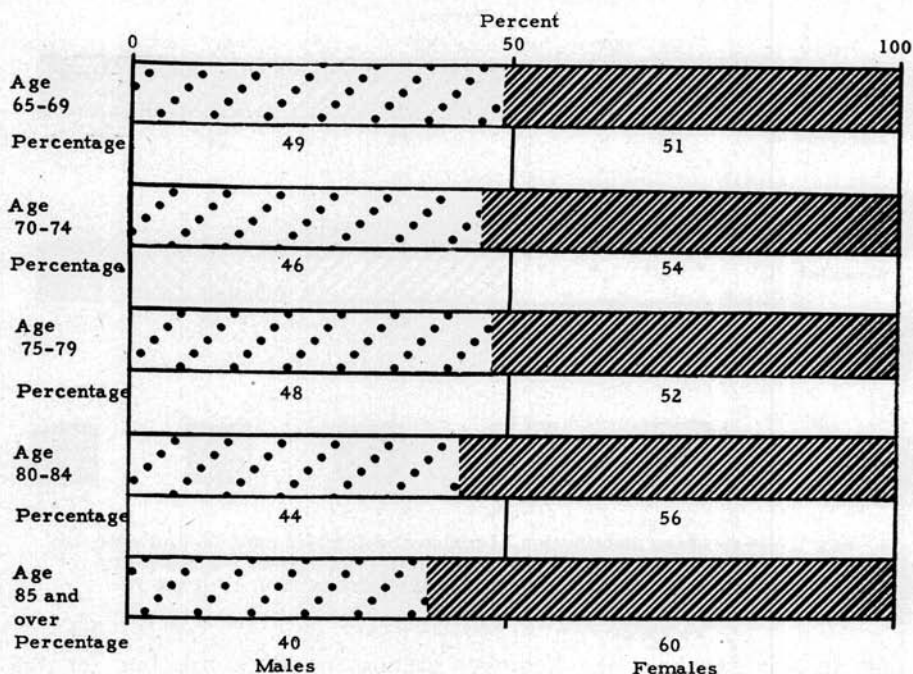


FIG. 2.—Percentage of males and females by age periods for Rockford, Illinois, 1940. Based on Sixteenth Census of the United States, 1940, *Population*, Vol. IV, Part II, p. 626.

care, recreation, and occupation should include a gradation that runs from facilities suitable to completely able and independent people to facilities for those who are physically and mentally helpless. Any one program would serve only a portion of the old age group.

The old age group is unevenly divided between the sexes with women in the majority. For the total old age group there are 12 percent more women than men. Because the death rate is higher for men than for women, with each succeeding year the ratio of women to men becomes greater. At age 65-69 women are only slightly in excess of men. In Rockford at this age women constitute 51 percent of the group. By the

time age 85 and over is reached, women constitute 60 per cent of the group (fig. 2). Aged women therefore represent a special group.

Although the death rate is higher for old men than for old women, it is high for both groups and these two facts combined create a very large number of widows and widowers, but especially of widows. As early as age 65-69, 41.7 percent of all women are widows as compared with 16.6 percent of men who are widowers. The proportion of both widows and widowers increases rapidly until, for age 85 and over, 84.9 percent of all women and 65.3 percent of all men are widowed (fig. 3). It is probable that some of those included with the married have been widowed

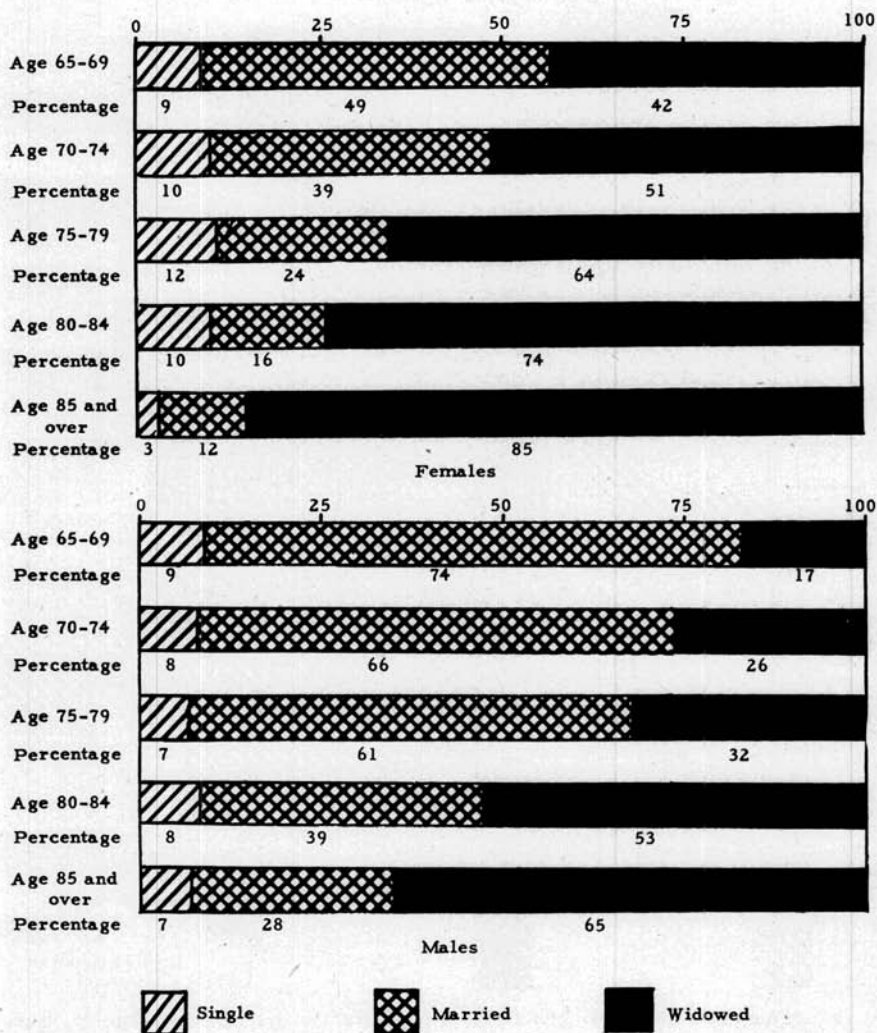


FIG. 3.—Percentage distribution by marital status for males and females according to age periods for Rockford, Illinois, 1940. Because of the small number, divorces and separations are omitted. Based on Sixteenth Census of the United States, *Population*, Vol. IV, Part II, p. 620.

during old age but have remarried. This statement applies especially to the men, who find remarriage simpler than do old women, and who often marry persons not included in the old age group. When these figures are interpreted in human quali-

ties, we are forced to think of old age as a period of increasing family disintegration through death of the husband or wife and therefore of loneliness, detachment from intimate family groups, and often the breakup of the family home and the

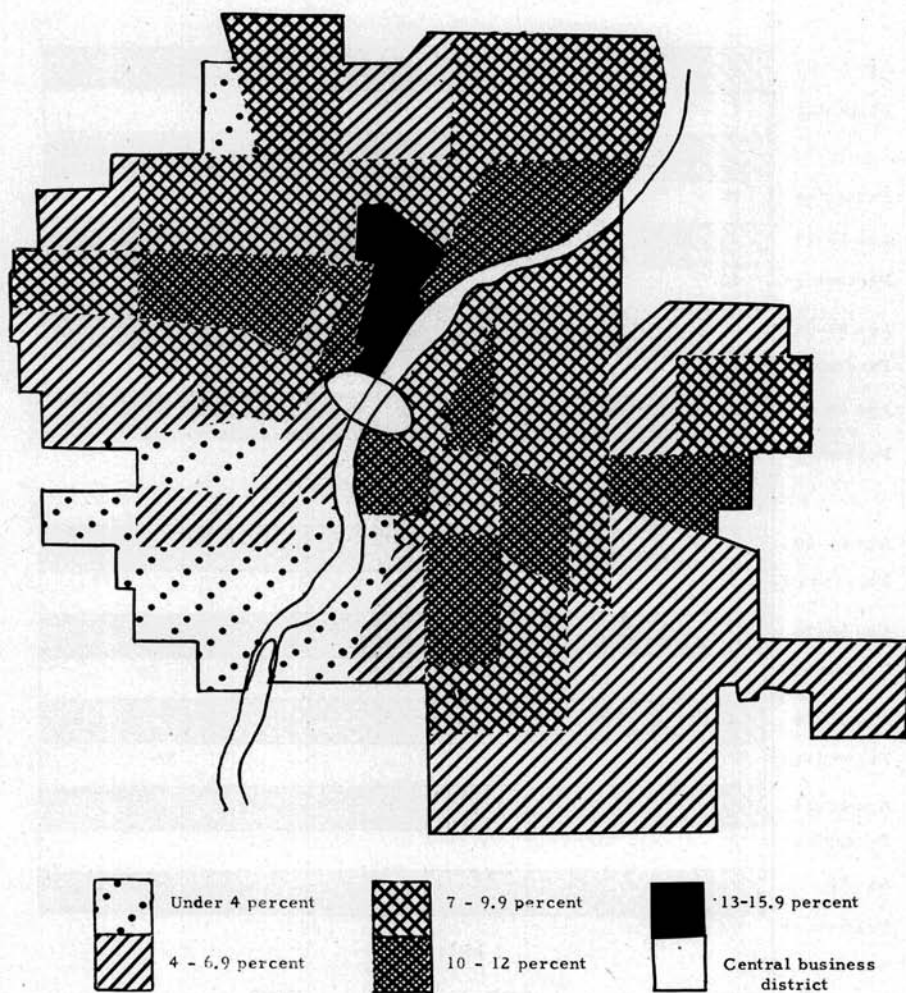


FIG. 4.—Percentage of the women in each enumeration district that was 65 years of age or older, Rockford, Illinois, 1940. Data from the Bureau of Census.

necessity of adjustment to new living arrangements.

Age 65 is coming to be accepted as the time for people to retire from active employment. Retirement usually means lowered income and often a state of complete dependency either upon public agencies or upon adult children. The sources of support for old people in Rockford can only be

estimated. About 13 percent of the group receives state Old-age Pensions, averaging \$41 per month; about 25 percent receives payments under Social Security benefits, averaging about \$26 per month. Small groups of policemen, firemen, postal employees, and teachers receive pensions. Few of the industries have pension plans, although some are in-

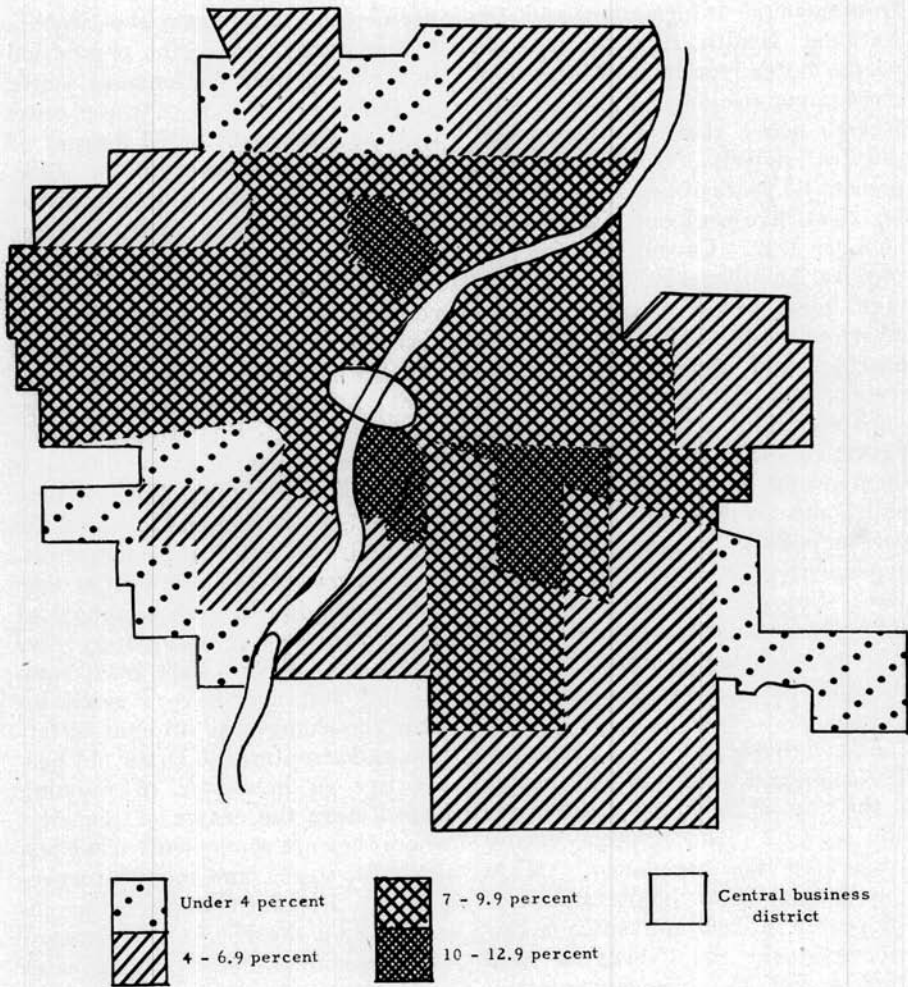


FIG. 5.—Percentage of men in each enumeration district that was 65 years of age or older, Rockford, Illinois, 1940. Data from the Bureau of Census.

augurating them. It seems to be a reasonable estimate that more than half of the old people are supported by their own earnings, savings, or their adult children. For many old people the entrance upon old age means the loss of economic security, lowered socio-economic status, movement to cramped living quarters, and drastic curtailment of social ac-

tivities. Adjustment to these changes may be as serious as adjustment to the death of husband or wife. When for an elderly woman, the death of the husband coincides with loss of income, she may face adjustment to both loneliness and lower socio-economic status at the same time.

Although health figures are not available for Rockford, we know

from general information and the National Health Survey that old people suffer from more illness than do younger people and also are subject to many chronic diseases and physical defects. On the average, persons 65 years of age and over suffer about five weeks of disabling illness per year.³ Chronic diseases and physical handicaps include arthritis, high blood pressure, heart disease, arteriosclerosis, failing sight and hearing, and general physical enfeeblement. All these handicaps in some way limit activity and participation in social activities; many of them cause recurrent or chronic pain; and some of them make the person bedfast or otherwise totally dependent upon others for physical care. Any plan for the care of the old or for occupations and recreation must be adjusted to different types and different degrees of physical disability.

Although there are no communities composed solely of old people in the city of Rockford, neither are old people distributed evenly throughout the population. Maps were made to show the percentage of old people in each enumeration district used for the Census of 1940 (figs. 4 and 5). The communities with the lowest percentages of old people are on the outskirts of the city and in the suburbs. One area with a population of 167 people has only one old person. An area with 1217 has only 49 old people. In many only 3 or 4 percent are 65 or older. These are the communities most recently settled and into them have moved young couples with chil-

dren. The old people constitute a higher percentage of the population in the areas near the business center of the city. A few of these areas have as high as 12 or 13 percent of the population who are 65 or older. These areas are the old part of the city. In the better class old areas old people live in homes which they have lived in and owned since their youth. Near the business center are also the rooms and flats over stores and the large homes converted into light housekeeping rooms where rents are low. Into these quarters move the old people whose income is low. Three or four families may share one bathroom and many of the old houses do not have central heating. Some of the old people who have never had a high standard of living are content and happy; for others who at one time lived comfortably but now have a small income the change has brought bitterness and resentment. Other old people live in hotels or in rooming houses near the center of the city, where they are conveniently near restaurants, stores, and motion picture houses. Rockford requires an inspection by the Health Department of all rooming houses which cater to six or more roomers. There are ninety rooming houses in Rockford, most of them within two-thirds of a mile of the central business district. Not all of these rooming houses serve old people, but some include a few old people and others are operated especially for them, with the landladies providing meals as well as rooms and a certain amount of care in case of illness. Some of these rooming houses and boarding homes that cater to the old charge as much

³ National Resources Planning Board, *Human Conservation, the Story of our Wasted Resources*: Government Printing Office, Washington, D. C., 1943, pp. 92-93.

as \$125 per month; others will accept the amount received by old-age pensioners, averaging \$41 per month. The old people who are scattered throughout the residential districts live in their own homes, with their children, or in private families that take only one or two roomers and hence are not included in the official list of rooming houses with six or more roomers.

The problem of housing for old people is revealed only partly by a study of the communities where they tend to congregate. The prevalence of chronic illness among old people has been mentioned. Chronic illness and the general enfeeblement that comes with advanced years create a special housing problem, for here is a group unable to live independently and at the same time not sufficiently ill to become hospital patients. Some of these ailing old people are cared for by adult children; others have no children; in other cases the complications of adapting a normal family life to the demands of a chronic invalid have become so great that continued care in the home of a son or daughter threatens the integrity of the family. Finances are also a complication, because the income of those on Old-age Pensions is low even though the state makes additional grants to those in need of physical care. No comprehensive planned attempt has been made in Rockford to provide for old chronic invalids. Nevertheless, various institutions have developed out of the evident need, or already existing institutions have adapted themselves to some degree to provision for chronic invalids. The institutions

that help to meet the need fall into five types.

1. The County Farm does not limit its service to old people, but the old constitute most of the clients. The County Farm has four divisions. The division known as the Farm Home houses 45 people, including old people who have not yet reached the age of 65 when they are eligible for Old-age Pensions and those who for some other reason are not eligible. A convalescent ward cares for 42 people and there is a plan to increase the capacity to 100; this ward is planned for the chronically ill and caters for the most part to the old. There is also a hospital which can give care to 65 acutely ill persons; these are not all old. A small contagious ward is also operated in connection with the County Farm, but we are not concerned with this ward as few old people contract contagious diseases. When anyone enters the County Farm he must be a client of township relief; this means that when an old-age pensioner enters he gives up his pension from the State. When married couples enter the Farm Home they are placed in separate men's and women's wards.

There is some agitation in the community to induce the county board of supervisors to convert the Farm Home into a home for chronic invalids, most of whom of course would be old people. The State of Illinois now makes provision for county farms to convert to hospitals for chronic cases and receive payment for their clients from Old-age Pension funds of the State. The county must bring the physical equipment and personnel of the in-

stitution up to a given standard and meet certain standards of care. The State then pays a sum previously agreed upon for each old-age pensioner who finds it necessary to enter the institution. At present when old people on pensions enter the Farm Home they become clients of township relief. In some counties the county farms had closed when their clients left to receive pensions and live independently. The effect of the law was to induce counties to re-open their county farms and to modernize them. The Winnebago County Farm did not close and is now handling as many persons as it can. If a conversion was made the effect would be to provide care for more chronically ill and to assure a larger proportion of the income of the Farm from the state pension funds rather than from township funds. At the same time, other provisions might have to be made for any persons in the Farm Home not chronically ill or not eligible for the State Old-age Pension.

2. The second type of institution serving chronically ill old people is the private nursing home. These homes are operated as a business venture by women who make a living by caring for old people. There are at least six such nursing homes in Rockford, located in large old houses. A local ordinance provides for inspection of these nursing homes by the Health Department. The inspection covers all types of sanitation, lighting, ventilation, heating, care of food, number and types of nurses, and records kept. Fire safety provisions must also be met. It is extremely difficult for most of these nursing homes to meet

the requirements and at the same time keep the fees charged low enough to make it possible to give care to the low income group. There is a tendency to subdivide rooms sometimes only by partitions which run part way to the ceiling and to place several persons in one room. The operators of some of the homes meet criticism of the physical aspects by calling attention to the limited needs of the old and by emphasizing the response of their patients to sympathetic personal care. A few of the nursing homes charge higher fees and have more adequate facilities.

3. There is one small private hospital whose patients are mostly old persons who are chronic invalids. This hospital is organized as a non-profit institution and caters to about 25 people. Standards are high and it is well administered.

4. The fourth type of institution does not specifically solicit chronically ill persons but by nature of the service given provides for many who are chronically ill. There are three privately financed institutional Homes in Rockford caring for a total of about 150 persons, not all from Rockford, however, as the largest of the three Homes serves the entire state. Each of these Homes has its own entrance requirements. One serves only those affiliated with a lodge; another only those of one nationality background; two have entrance fees. All three require that the resident be in good health at the time of entrance; but once accepted the resident is assured of adequate care through whatever illness may develop. Hence these Homes have a number of chronic invalids.

Very few of the residents of these Homes are men and none are married couples.

5. The fifth type of institution that serves the chronically ill old person is the general or special hospital which serves all classes of the population, the old included. Rockford has three general hospitals, a private mental hospital, and a municipal tuberculosis sanitarium. Each of these institutions has its quota of the old, and although the general hospitals dislike to take chronic cases because of the demand for facilities for acute cases they are not always able to avoid it.

As we put together the various bits of information on housing and correlate them with the types of old people in the population, the two most acute needs not well met are sufficient care for the chronically ill and feeble old persons, and better provision for those still able to carry on alone but who are on Old-age Pensions or have other small incomes not large enough to provide comfortable living quarters. There is also need for better provision for old couples. The classes of old people best provided for in the matter of housing are those with adequate private incomes, those cared for by their adult children, and those in institutional Homes.

Old people typically have more time than they know how to fill satisfactorily. Old men especially, after retirement, have unfilled days. Old women are in a similar position if they have been employed, if they enter a Home for the old, and often if they become members of a son's or daughter's household. The situation is complicated by the lowered

income of many of these people after retirement and also by decreasing strength which makes an expansion of activities difficult. The typical picture is of the old person sitting around or aimlessly puttering at almost useless jobs or restlessly getting into other people's way in trying to help. As age increases, it becomes more difficult for the old person to travel about the city alone, and he drops first one type of contact and then another. If he cannot afford to pay dues or put money in the collection plate at church he drops out of organized groups soon after retirement. The need for activities is not met in any definite manner in Rockford—in fact it is scarcely recognized as a need. Some community agencies more or less incidentally supply old people with occupations. This situation is true of the Goodwill Industries, whose function is to rehabilitate handicapped workers. At least during the war period when private employment was plentiful, most of their workers were over 60 years old. In a period of industrial expansion, as during the war, many industries employed old people, although none of the industries where interviews were held had a policy of employing old people. Some of the industries give recognition at company dinners to employees who have been with the company for long periods of time. After retirement securing of paid employment is a matter for individual effort—no agency takes the initiative in helping old people find jobs. Likewise, no agency was found that definitely had a plan for helping old people find unpaid occupations. Four enterprising old men regularly gave

volunteer work to the ration board during the war, but the initiative came from one of the old men who volunteered his services and brought in three friends. A sampling of churches did not reveal any effort to provide organizations for old people, although some churches more or less incidentally had organized activities that appealed to old people. In one church, for instance, a thriving Red Cross sewing group provides both productive work and a social outlet for a group of elderly and old women, but it was not begun with the idea that it would appeal to these women. There are no specifically old-age clubs, such as the Borrowed-Time Clubs or Three-quarter Century Clubs found in some cities. Retired teachers have a club. Other old people are in clubs which they, as young persons, organized and which now are old people's clubs by virtue of the passage of time and the failure to take in new and younger members. The settlements and community houses in the city have no special activities for the old, although the old are able to participate if they wish in the general activities for adults. Also the lodges, and men's and women's clubs and civic or social organizations have their contingent of members who have grown old. Although one often hears it said that old people should not be herded together into groups but should participate with younger people, nevertheless we also have to recognize that often they are pushed aside in younger groups and have no opportunity to serve as officers, on committees, or actively in providing programs. In their own organizations they may set their own pace

and exercise initiative and authority. It seems that some of the outlets of old people should cater specifically to their interests and be limited to their abilities.

For those who live into the later years and for many with chronic handicaps different types of occupation and recreation are needed—those that can be brought to the old person at home or which can be carried out in the immediate neighborhood. There is no provision for such activities on a community basis. The nursing homes and institutional Homes do very little, although most of them provide for holidays, birthdays, and other special occasions. Sometimes groups from the community go in to sing or entertain. While this type of effort provides entertainment or amusement it is not of the type to give the old person the satisfaction of participating in an activity himself, or creating or producing something. In the institutions that were visited (several of them a number of times) the old people seemed to spend most of their time in their own rooms, behind closed doors, listening to the radio, reading, or in other solitary pursuits. This isolation was not because of any pressure from those in charge of the institutions. It arose in part because of a desire for quiet, but also because of a lack of provision for interesting group activities. In time, old people become habituated to isolation and solitary activities and develop ingrown and egotistical personalities which make it difficult for them to maintain satisfactory social contacts.

The problem of participation in groups outside the house is acute for

many old people. In one Home many old people were housebound unless someone called for them in a car or a matron took them in a car as the Home is several blocks from the bus line and there is no sidewalk. Even the residents of a Home near the center of the city were housebound in winter unless some friend came for them, because they feared to venture on the icy sidewalks. Those in their own homes may also be isolated. One woman whose foot dragged because of a stroke several years before had not been out of her basement apartment for five months during the winter because she was afraid she would fall on the slippery walks. Her only human contact was the daily one with a dull and slightly demented husband.

A less obvious need of old people in Rockford as elsewhere, is for intimate companionship and affection. As physical strength declines, self-confidence also declines, and the need for a protective love increases. The assurance of physical care relieves many of the anxieties of old people, but it does not take the place of personal affection. The old couple is most happily situated for each has the companion of many years standing, to love and be loved by, to quarrel with and to make up with, each understanding the peculiarities and appreciating the good qualities of the other. When the old person is left as a widow or widower the first thought of family, friends, and community agencies is to provide good physical care. The conception of good physical care held by a younger member of the family or by the community may involve moving the old person from his home and perhaps

from his neighborhood or city. This involves still further loss of intimate relationship, for the old person is then separated from his friends. If the old person becomes a member of the household of a married son or daughter, he may find a family circle that is complete without him and he may never feel completely a member of the family. There are times when it is better for an old person to move in with another companionable old person or into an institution than to live with a son or daughter but not be a member of the family circle. The old person will at least find someone of his own age in the partnership with another old person or in the institution, and he will expect less affection than from his own family and therefore feel less tension if relationships remain on an impersonal basis. As people become very old and more helpless it is important for them to have a sympathetic, somewhat younger person to whom to cling who will give assurance of continued loving care. This person may be a member of the family, or may be a nurse or attendant. The loneliness and detachment of old people are greater in a city than in small towns, for there is less neighborliness and therefore less concern of people for one another.

Finally, we come to a consideration of the personal happiness of old people and the personal disorganization which may result when unhappiness is long continued and there is no prospect of future happiness. Drastic changes normally cause some disorganization and unadjustment at whatever age they come. When the child first enters kindergarten, when the adolescent becomes a col-

lege student, when the youth secures his first job, when the young adult marries, there is a period of uncertainty and doubt. But usually these changes have prospects of increased pleasures to offset the temporary disturbance. Deaths, unemployment, illnesses, disappointments in love and in ambitions come also to the young; but again they may be offset by other values or they may disturb only one area rather than many areas of life. And the young look into the future and adjust to the difficulties of the present. The old person is in a different situation. In the first place, many of the changes are permanent in character: retirement is permanent unemployment; illnesses are likely to be chronic rather than brief; widowhood holds little future promise of remarriage. In the second place, the changes of old age are likely to be cumulative: retirement means lowered income, which in turn means lowered social status and a giving up of many activities and luxuries; or death of a husband means not only loneliness but loss of income and perhaps the inability of the old widow to continue in her own home. Even when changes are not related to each other, they seem to come to the old with only brief intervals between. The person over 65 must accept the prospect of unemployment, lowered income, deaths of family and friends, decreased vitality, and increased and perhaps chronic illnesses. These many and drastic changes that come to the old are not offset by the prospect of future gains. In general the world of the old is a contracting one with an ever shortening and more dreary future. It is not surprising

therefore that many old people are irritable, quarrelsome, and inclined to criticise others for their unhappiness; or that others are self-centered and take refuge in pains and aches or try to dominate those about them; or that others are torn by fears and anxieties beyond any reasonable degree. In our contacts with old people in Rockford, these and other symptoms of unhappiness and maladjustment were found. A few cities in the United States have established consultation centers for old people, where old people or those concerned for their welfare may go to talk over their problems and receive advice as to special agencies that may help them. Rockford does not have such a center, although there is some tendency for people to go for general advice to the staff of the Division of Public Assistance, which administers Old-age Pensions, as well as to make applications for pensions. The policewomen of Rockford also find that old people, men and women, come to them for advice and reassurance, especially when they feel that someone is imposing upon them. Some ministers attempt to keep in touch with old people even after they are no longer able to attend church. But other ministers center their attention upon the young and are blind to the needs of the old; and some ministers who call upon the old have developed techniques for keeping their calls short and formal, thus forestalling the flood of repressed grievances that might pour forth. The social agencies proper, that are concerned with personal and social adjustment, tend to concentrate their attention upon the young, for in them they see the

threat to future community welfare and the prospect of improvement. The experience in other cities has shown that many old people may be helped both to find more satisfactory living arrangements and activities and thus decrease their dissatisfactions and to readjust their attitudes toward themselves and others so that they will more gracefully accept the increasing limitations of old age. It is true, of course, that some of the old who are unadjusted cannot be helped. Senile dementia claims some of the old. In Rockford, as in most communities, serious cases of senile dementia find their way to the state asylums, and mildly disturbed people are accepted in some of the local nursing homes. What is not clearly understood is that there is a wide twilight zone between well developed senile dementia and normality, a zone of unhappy and slightly disturbed old people whose problems might be solved by reorganizing their activities and helping them to readjust their attitudes.

In conclusion, the conditions and problems of old people in Rockford (and in other cities) may be listed:

1. In 1940, persons aged 65 and over equalled 7.6 percent of the population of the city and 7.0 percent of the suburban population.

2. The proportion of the old that is foreign-born is three times the proportion in the general population that is foreign born.

3. The foreign-born equal 45 percent of all old people: Negroes represent only 0.7 percent of the old.

4. Old age, running from 65 to 100 years, is a long period. The younger group in general is able-bodied, active, and often employed;

the middle group usually is not employed and has reached a period of limited activity; a small, older group requires personal care.

5. Women exceed men, especially in the older age brackets. For age 85 and over, 60 percent of the group are women.

6. Widows and widowers become an increasing proportion of the old age group with each five-year period. For the oldest group, aged 85 and over, 84.9 percent of all women and 65.3 percent of all men are widowed.

7. Sixty-five is coming to be accepted as the age for retirement, although in a prosperous period such as the war period, many work until age 70 or even longer. Retirement brings problems of support. In Rockford about 13 percent receive Old-age Pensions and about 25 percent receive Social Security benefits. Others continue to work, live on their savings, receive pensions as public or industrial employees, or are supported by their sons and daughters. The number falling into these classes is not known.

8. The amount of ill health and the number of serious physical handicaps are not known but surveys in other communities indicate that physical disabilities of all kinds are common among old people.

9. Old people in Rockford tend to congregate more heavily in areas near the business center than in outlying communities. Some live in comfortable homes but others are living in rooming houses, light-house-keeping rooms, or hotels.

10. The chronically ill present a special problem of housing and care. Rockford has a variety of facilities but is inadequately prepared to care

for the feeble and chronically ill with low incomes. The provisions include the County Farm Home and the convalescent ward of the County Hospital, one small private hospital that caters to the old, a half dozen private nursing homes with varying fees, and the facilities of the hospitals that serve all classes of the community. Institutional Homes care for about 150 old people, some of whom have become physically disabled after entering the Homes.

11. Among all types of institutional care little provision is made for old couples, who find themselves either not accepted in the institutions or are compelled to live in separate men's and women's wards.

12. Old people are left to find occupations and recreation as best they can, either in clubs and organizations to which they have belonged since earlier years or in activities not planned especially for the old but which happen to appeal to them. Almost no attention is given in the

community to old people who are unable on their own initiative to find satisfying activities.

13. Many old people are unable to leave their homes or immediate neighborhoods. Unless families or friends are able to take them out they spend weeks and perhaps months without outside contacts.

14. Many old people are unable to adjust without aid to the many changes that come in old age and to the prospect of continued ill health and restrictions in activities. Although various community agencies give these old people some guidance there is no agency that accepts this work as a special function.

15. Finally, the problems of the old in Rockford are probably the problems of the old in any small industrial city; its facilities for their care are probably equal to facilities elsewhere; and its slow awakening to the needs of the old is no doubt typical of many communities.