

# HOUSING AGED PERSONS IN NEVADA

BULLETIN No. 19



Nevada Legislative  
Counsel Bureau

DECEMBER 1952



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**CARSON CITY, NEVADA**

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## FOREWORD

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The primary purpose of the Bureau is to assist citizens and officials in obtaining effective State government at a reasonable cost. The plan is to search out facts about government and to render unbiased interpretations of them. Its aim is to cooperate with public officials and to be helpful rather than critical. Your suggestions, comments, and criticisms will greatly aid in accomplishing the object for which we are all working -- the promotion of the welfare of the State of Nevada.



## PREFACE

During the 1951 Session of the Nevada Legislature, the Senate adopted Senate Resolution No. 8 which memorialized the Legislative Counsel Bureau to study the feasibility and desirability of the construction of a home for aged persons in Nevada.

At the present time the State Welfare Department is administering the old-age assistance program which was providing assistance to 2,740 aged persons in September 1952. In addition there are approximately 125 aged persons in residence at the Nevada State Hospital. That is the extent of care of aged persons that is provided at the state level in Nevada.

At the county level there are fifteen institutions caring for aged persons under a variety of conditions. There are privately managed homes for aged persons in many of the cities and towns of the state, most of which are filled to capacity.

The study begins with a discourse on homes for the aged in the United States, discusses companion apartments as a modern method of housing aged persons, devotes a chapter to a limited survey of the housing needs of old-age recipients in Nevada, and another chapter to a survey of institutions housing aged persons in Nevada, with two suggested alternatives that might aid in meeting the problem.

The Legislative Counsel Bureau gratefully acknowledges the valuable assistance of Mrs. Hazel Frskine and the State Welfare Department; Hertha Kraus, Bryn Mawr, Pennsylvania; Dr. Sidney Tillim of the Nevada State Hospital; the various county institutions that provided important information; and the Bureau of Labor Statistics, U. S. Department of Labor.

Copies of the study may be obtained free of charge from the Nevada Legislative Counsel Bureau.

J. E. SPRINGMEYER  
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# HOUSING AGED PERSONS IN NEVADA

## CHAPTER I

### HOMES FOR AGED IN THE UNITED STATES \*

Various means have been resorted to, in the United States as elsewhere, for caring for old people who are without homes or relatives to support them and those who, possessing means, lack the strength or desire to run an establishment of their own. The almshouse has been a traditional way of caring for destitute (or "paupers" as the phrase formerly was) of all ages. Supported as a public charity, the almshouse or poor farm has always been regarded by self-respecting individuals as a last desperate resort, not to be considered except in extremity, for residence in such an institution generally carried with it a painful social stigma.

The almshouse is gradually disappearing in the United States. Several factors have contributed to this. One has been the gradual public realization that, throwing together as it has, healthy indigents with those afflicted with disease of all degrees of severity, sane persons with insane, senile, feeble-minded, and epileptic, and innocent young children with adults of all degrees of moral rectitude or iniquity, the almshouse is socially undesirable. Its inmates often have had only one characteristic in common--that they were destitute.

Most States began some years ago to remove the feeble-minded and epileptic to other institutions. Likewise, children have been or are being taken from the poorhouses either to institutions specializing in child care or to foster homes. The system of mother's pensions that had been growing as a voluntary State measure for a decade or more before the passage of the Federal Social Security Act, received great impetus under that act and hastened the process of removal of children from almshouses.

The same act, providing for federally aided State allowances for aged, also had an effect on the elderly population of almshouses. Able-bodied old people whose receipt of the old-age allowance enabled relatives to care for them or who were able to live independently either alone or in a private boarding home, left the almshouse, and a number of States had at the end of the first 2 years of the operation of the social-security system already felt the results. In a number of cases almshouses were closed. In others the dwindling of the able-bodied population, leaving a larger proportion requiring personal or hospital care, has resulted in a tendency either toward conversion of the almshouse into an infirmary or toward the establishment of new centralized institutions to care for ailing aged.

A third means of care is what are generally termed old people's homes. Some of these are frankly charitable institutions, toward the support of which the resident contributes nothing. Others are philanthropic in the sense that, although the guest has contributed either in the form of a fee at time of admission or previously through his dues to the supporting organization, an additional subsidy is necessary to cover the cost of full support. Such homes are distinguished from the almshouses by the fact that they represent private philanthropy (in which the resident himself may be or have been a contributor) as contrasted with public charity. Even the few homes which receive some of their support from city or county authorities require fees from the resident and also benefit by funds from private philanthropy. In the case of state soldiers' homes, no fees are expected from the soldiers therein but shelter is accorded as a recognition of past services for their country and this is not regarded as charity. Not only does no social stigma attach to residence in an old people's home, but such is the extent of public acceptance that a large proportion of such homes actually contain one or more guests who are financially able to maintain themselves elsewhere but prefer the care and companionship available in the home.

Using the above definition of an "old people's home," the Bureau of Labor Statistics in 1939 made a survey of all such homes in the United States which it was able to discover by careful canvass of all possible sources of information. The returns received indicate that there are at present facilities for over 100,000 old people in 1,428 homes throughout the United States.

Comparison of the 1939 returns with the situation in 1929 when a similar study was made indicates that the depression beginning in 1929 had a serious effect on many of the old-established homes, dependent as many of them were on the incomes from investments. As such investments in many cases yielded little or no return during the depression or became entirely worthless, a considerable number of homes had to be closed; altogether, the returns indicated that 115 homes (or about 8 percent of the total) were forced out of operation.

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\* Bureau of Labor Statistics, U. S. Department of Labor, Bulletin No. 677, U. S. Government Printing Office, Washington, D. C., 1941.

No data are at hand to show what became of the residents in all these homes. It is known, however, that in some cases in which the same organization was supporting several homes at various places, one or more were closed and the residents transferred to the remaining institutions. In 1939 many homes were still operating at less than capacity, and one of these reported it would accept no more guests until its financial condition could be improved. Another had had its funds so depleted that two of its three buildings had to be closed. On the other hand, at least 81 new homes were opened between 1929 and 1939, and the additional facilities made available by these and by extensions to structures previously existing, together resulted in increasing the total capacity of the homes reporting by more than 10,000 during the decade.

In order to enter an old people's home the applicant must meet certain definite requirements, varying from home to home. Among these the most general are age, sex, financial, membership, and character requirements. Once accepted, in the majority of homes he becomes a "life member," entitled not only to food and shelter for the rest of his life, but also to clothing, laundry, medical and nursing care (even hospital attention in some cases), and burial.

Some homes accept guests only on payment of regular weekly or monthly rates, providing therefor only room and board; and a few provide shelter only (at very low rates), the resident being expected to provide for himself the rest of his subsistence. The greater part of the homes, however, provide complete care.

The 1939 survey did not entail visits to individual homes. Visits made in the 1929 study revealed a wide variety of conditions, ranging from scant provision of the barest necessities of life to comforts, even luxuries, comparable with those received in a prosperous well-appointed club or hotel.

Nearly 65 percent of the homes reporting required some contribution from the resident, in the form of a flat sum paid at entrance or specified weekly or monthly rates; some homes take residents on either basis. A few institutions taking life-care residents set the entrance fee in accordance with the life expectancy of the incoming resident. In such cases the fee presumably meets the greater part of the cost of care. Examination of the general level of fees and other financial requirements, however, indicates that in the majority of homes subsidy from some source is necessary.

The great majority of homes have a sponsoring organization, ranging from a labor organization or a fraternal or religious order to an informal group of local charitable minded citizens. In case of homes founded and endowed by legacy, a trusteeship usually operates the home. In the majority of cases the sponsoring organization is the only or chief source of income for the home, though many homes receive additional funds from a few or many other sources.

Several new types of dwellings have lately appeared which are designed especially to care for persons in receipt of public old-age allowances. In some of these, as in a few of the older homes, only housing is provided--at low rates--and the resident is self-supporting otherwise, from his old-age allowance. In others, recipients of public old-age assistance have clubbed together to run houses where they provide themselves with rooms and meals on a cooperative basis. In general, however, the homes are provided for specific groups--members of a specified organization (fraternal, religious, labor, etc.), nationality or race, relatives of a given group (as relatives of marines, soldiers, or sailors), or residents of a given locality. Indeed, so restrictive are the requirements in some cases that the field of usefulness of the home is drastically reduced. This is especially true of homes established under the terms of wills drawn up to meet conditions that no longer exist. At the other extreme are some of the private and religious homes whose main or only requirements are the applicant's need and lack of other suitable shelter.

Some of the institutions reporting are full to overflowing, and some also have a long waiting list. Others are only partially filled. In the whole group of homes for which information was available--83 percent of the total reporting--vacancies formed 11.7 percent of the total capacity. This figure, however, included the old soldiers' homes (which have in many cases a steadily dwindling population) and the fraternal homes; in both of these, vacancies formed over one-fifth of the total capacity.

The above average also included 700 institutions which not only had no vacancies but had waiting lists. The actual vacancy rate would be even higher than indicated above, were the average based only on homes which had vacancies. In general it appeared that waiting lists were most common among the smaller homes dependent on limited resources.

Although many of the homes expect the residents to assist about the home in such light tasks as they are able to do, most of the homes employ one or more paid employees. An exception to this is the group of large Catholic Homes operated by the Little Sisters of the Poor. In these, all of the work is done by the Sisters. The homes reporting paid employees had a total of 14,614 such workers.

#### Age of Homes

Information on year of establishment, supplied by 1,209 homes, revealed that over two-fifths dated from before 1900, another third were established in the period from 1900 to 1919, and nearly one-fifth between 1920 and 1929.

	<u>Percent</u>
Before 1800_____	0.2
1800-1849_____	1.0
1850-74_____	9.8
1875-99_____	30.0
1900-1909_____	17.8
1910-19_____	16.5
1920-29_____	18.0
1930-39_____	6.7
Total_____	100.0

#### Size of Homes

A third of the homes reporting had a capacity of fewer than 25 persons, and about three-fifths had accommodations for fewer than 50. Only 6.9 percent could care for 200 or more; this group included the large public homes for aged war veterans. Excluding the veterans' homes, the homes having a capacity of 200 or more formed only 4.5 percent of the total. The percentage distribution of homes according to their capacity is shown below:

	<u>Percent</u>
Under 25 persons_____	33.7
25 and under 50 persons_____	27.0
50 and under 75 persons_____	12.7
75 and under 100 persons_____	7.5
100 and under 200 persons_____	12.2
200 persons and over_____	6.9
Total_____	100.0

Individual homes ranged in size from a home with capacity of 3 persons to two veterans' homes with 1,500 capacity each.

#### Number of Persons Provided for

Of 1,543 homes to which questionnaires were sent, 115 had ceased operation since 1929, and 1,428 were in operation in 1939. Usable returns were received from 1,339 of the 1,428 active homes. These had a combined capacity of 92,592 in 1939, or an average of 70 persons per home. Applying this average to the nonreporting homes, it would appear that the whole group of homes for aged in the United States offers facilities for the care of over 100,000 old people.

Industrial areas, with their many wage earners whose earnings never yield sufficient margin to make provision for their old age, are those areas where the need for such homes is undoubtedly the greatest. It is in most cases the industrial States where the greatest number of homes are found. New York is far in the lead not only in number of homes but also in capacity. Pennsylvania, Illinois, California, Ohio, and Massachusetts follow, in the order named, in regard to number of aged that can be cared for. Comparatively few homes are in the agricultural States, and the Bureau could discover no homes at all in Nevada and New Mexico.

When population is taken into account, however, the situation is considerably altered. Only 10 of the 47 jurisdictions shown had capacity, in their homes for aged, for caring for over 100 per 100,000 of their population. Relating capacity to population, only California and New York of the industrial states above mentioned had a capacity exceeding 100 per 100,000 of population. On this basis the District of Columbia took the lead by virtue of the presence of the National Soldiers' Home, though even without it the District's rate would have been 136. The rates of some of the other States were also raised by the presence of national homes of various kinds, drawing residents from all over the United States and not representing facilities for the sole use of State residents. This was true of Colorado, Florida, Georgia, Illinois, Tennessee, and Virginia.

in which were situated the national homes of the printers, carpenters, and Order of Moose, railway conductors, railroad brotherhoods, printing pressmen, and Order of Elks.

To ascertain to what extent use was being made of facilities provided, the questionnaire called for data (as of January 1, 1939) on number of residents by sex, and number of vacancies, in relation to capacity. It was recognized, of course, that the "capacity" might be a quite flexible number, especially in homes providing private rooms but accepting married couples. In such cases the greater the proportion of couples the larger the number of guests that could be accommodated.

There were 1,248 homes furnishing data on all four points--capacity, number of male and female residents, and vacancies. Tabulation of these returns indicates that there were 9,829 vacancies on that date, out of a total capacity of 84,024--or a vacancy rate of 11.7 percent. The highest proportions of vacancies were found in the State soldiers' homes and in the fraternal institutions; in both of these, vacancies constituted over one-fifth of the total capacity.

On the other hand, 700 homes reported waiting lists varying from 1 or 2 persons to as many as 1,100. In several cases the waiting list was larger than the home population. The homes with waiting lists were in the main the smaller ones operated by religious or other organizations for their members only.

The period of waiting before being admitted also varied widely, ranging from a week or two to 10 years. The questionnaire asked for an estimate of the average period of waiting between submission of application and entrance into the home. A large proportion of the homes with waiting lists replied that the periods varied so widely that an estimate was impossible. In many homes, the applicant's only chance for admission is when one of the residents dies. One superintendent in this group pointed that "practically all residents remain for life, and some reach a great age." In the largest group reporting, however, the waiting time was less than 6 months.

The following statement shows the distribution of 320 homes with waiting lists, that reported average time between application and admission:

	<u>Number</u>	<u>Percent</u>
Less than 1 month.....	13	4.1
1 month and under 6 months.....	116	36.2
6 months and under 1 year.....	20	6.2
1 year and under 2 years.....	63	19.7
2 and under 3 years.....	57	17.8
3 and under 4 years.....	19	6.0
4 and under 5 years.....	16	5.0
5 and under 6 years.....	11	3.4
6 and under 7 years.....	1	.3
7 and under 8 years.....	1	.3
10 years.....	3	1.0
Total.....	320	100.0

In order to cope with such a situation, some of the homes have enlarged their facilities since 1929. Thus, comparison of the returns for 1929 and 1939 indicates extension of facilities in 83 homes, providing quarters for 7,312 additional residents.

The 81 new homes established since the 1929 survey had a combined capacity of 3,118. The following statement shows the number of persons for whom accommodations were provided in each year beginning with 1930:

	<u>Number</u>	<u>Capacity</u>
1930.....	21	642
1931.....	9	692
1932.....	8	214
1933.....	6	325
1934.....	11	275
1935.....	7	208
1936.....	9	500
1937.....	4	115
1938.....	4	69
1939.....	2	78

## Homes for Special Groups

### Occupational Groups

Among the institutions for which reports were received were 72, admission to which is limited to specific occupational groups. Only 5 of this group of homes were supported entirely by a labor organization or by contributions from the specific occupation. The others received their support from various sources. The homes for soldiers and sailors were publicly supported, the religious workers' institutions depended largely on donations from churches or individuals of the particular denomination sponsoring the home, as well as (in most cases) from moderate life-care fees. The remaining institutions had been largely established under the terms of wills and depended for the most part on the income from such legacies, though these homes also received some income from fees and, occasionally, from the local community chest.

Sixty-nine of the 72 homes had facilities for caring for more than 15,000 persons. Two of the homes established for the benefit of ministers, missionaries, and others in church service provided only living quarters at extremely low rates; the resident was expected to be otherwise self-supporting.

In some cases considerable periods of service in the occupation were required in order to qualify for admission. Thus, in order to enter the home for mechanics the applicant must have served 10 years at some mechanical trade. The home for music teachers required evidence of 25 years' service. One of the actors' homes was open to persons of either sex who had had 5 years' experience on the dramatic stage; foreigners were required to have had 10 years' experience, 3 of which (immediately preceding application) must have been on the American stage. For one of the homes for retired workers in the religious field, 20 years' work in the service of the sponsoring church was a prerequisite. Twenty years' service in the Regular Army is required for entrance to the National Soldiers' Home, but one of the seamen's homes (run under private auspices) requires only 5 years' sea service under the American Flag.

### Homes for Negroes

To 964 homes only white persons are admitted, 50 homes take only colored people, and the bylaws of 325 contain no specific provision on this point.

The 50 homes for Negroes had a capacity of 1,293. Most of these homes were very small. Of the 49 reporting as to capacity, 36 had accommodations for fewer than 25 persons each. Only two homes could care for over 100 residents; these had a capacity of 140 and 125, respectively. The average for the whole group was 26.

In the 1929 study 9 homes for colored persons were visited. These visits revealed that physical conditions at the Negro homes did not in general equal those at the homes for whites, although there were homes in the latter group that were as bad as the worst found among the colored.

### Homes for Nationality Groups

There were 37 homes with a capacity of 1,909 admission to which was restricted to specific nationalities. These homes represented 13 different nationalities.

The number and capacity of these homes are shown below:

	<u>Number</u>	<u>Capacity</u>
British_____	4	210
Czechoslovak_____	1	35
Dutch_____	2	180
French_____	2	43
German_____	6	294
Polish_____	1	102
Scandinavian_____	15	867
Danish_____	4	188
Swedish_____	4	394
"Scandinavian"_____	7	285
Scotch_____	2	89
Spanish_____	1	10
Swiss_____	1	38
Welsh_____	2	41
Total_____	37	1,909

A few homes are for "Americans" only--those born in the United State, or naturalized citizens. Thus, 9 homes place United States citizenship as a prerequisite for admission. Twenty-two homes specify that the applicant must be an "American" or a "native of the United States"; one of these, however, will admit naturalized citizens if they have been such for 21 years or more. Two homes require not only that the applicant be a native, but his parents must also have been born in this country.

The above are the only ones having a specific requirement on this point, but this requirement is of course implicit in some of the others--such as birth or life-long residence in a specified city, county, or State.

#### Homes for Handicapped

Six of the homes included are designed especially for the care of aged in specific handicapped groups. Thus, two homes accept only deaf old people, one only deaf mutes, two only deaf or deaf-blind, and one only blind. The capacity of these homes is shown in the following statement:

Accepting only---	Number	Capacity
Deaf mutes _____	1	33
Deaf _____	2	70
Deaf or deaf-blind _____	2	83
Blind _____	1	31
Total _____	6	217

#### Homes for Old-age Pensioners

During the past few years-- since the inauguration of the social-security system--several new types of homes have appeared. These include individual dwelling units in apartments, colonies of individual cottages, and clubs run collectively on the cooperative plan by "roomers" who are also the members and operators of the houses. All of these new forms have evolved as an attempt to provide housing accommodations for aged receiving the small allowances under the public old-age assistance plan.

#### Sponsoring Organizations

A wide variety of sponsoring organizations was found. Of 1,327 homes for which data on this point were received, the largest group, 537, was run by religious denominations or under their auspices. These homes had a combined capacity of 39,980. Among the individual sects, Catholic homes had accommodations for 17,975 persons, Jewish homes for 6,082, and all the Protestant denominations combined for 15,923.

Fraternal homes numbered 129, with a capacity of 13,371. Some of the fraternal organizations, such as Loyal Order of Moose and Order of Elks, have a single, national, home for their aged members. In other cases where several homes are shown, the homes are generally supported by the lodges in a single State or in several neighboring States, with the grand lodge for the region acting as sponsor and operating the home. The two leading orders, in point of both number of homes and persons cared for were the Masons (and Eastern Star) and the Odd Fellows (and Rebekahs).

Institutions supported from public funds had accommodations for 14,260 of which 12,035 were in State-supported homes for war veterans and their wives and widows. The homes established or supported by county or city authorities were generally maintained (on a partially self-supporting basis) for aged local citizens.

Nine institutions (caring for 1,531 persons) were supported by occupational groups, mainly the trade-unions. Other sponsors in this group were a retail druggists' auxiliary association and 2 organizations of volunteer firefighters.

#### Entrance Requirements

##### Age

Generally the prime requirement that must be met in all homes, before acceptance, is that of age. The age most commonly set as the minimum for admission is 65 years. Of 1,239 homes reporting on this point, 622 set 65 years as the lowest entrance age; 302 others set 60 years. The percentage distribution of homes according to minimum age of admission was as follows:

	Percent
50 years_____	1.5
51 to 59 years_____	.8
60 years_____	24.4
61 to 64 years_____	.3
65 years_____	50.2
66 to 69 years_____	1.4
70 years_____	4.9
Over 70 years_____	.6
No age requirement_____	15.8
Total_____	100.00

Where different ages are set for men and women, the most frequent combinations found are (1) 60 for women, 65 for men; (2) 65 for women, 70 for men; and (3) 68 for women, 70 for men.

### Fees

Nearly 65 percent of the homes reporting were at least partially dependent upon fees from the residents -- either a life fee (entitling to care for the remainder of the applicant's life) or a weekly or monthly rate.

Of the organizations operating on a life-care basis, over two-fifths required no fee for admission to the home. The majority of these were homes run by organizations for their members only, in which the member was considered already to have made his contribution to the home through monthly dues over a period of years.

This was true of all of the homes run by labor organizations and of a very large proportion of the fraternal homes, as well as of a substantial percentage of those run by religious denominations or under sectarian auspices. None of the soldiers' homes charged admission fees, but in one case--the National Soldiers' Home, Washington, D. C.--the contributions from warrant officers and men in the Regular Army furnished the greater part of the necessary funds and the guest was therefore considered to have already paid his way in. About one-eighth each had life-care fees of from \$500-\$600 and \$1,000-\$2,000. For nearly 7 percent there was no set fee, each case being considered on its merits and the fee being varied according to the resources of the applicant. In a very large proportion, even of homes having a set scale of fees, worthy persons were sometimes accepted without fees.

In a great many cases no indication was given as to the basis for the rate set. In some institutions, however, the entrance fee was based upon the applicant's age at time of admission (i.e., upon his life expectancy).

The following statement shows the percentage distribution of the homes accepting life-care residents, by fees charged:

	Percent
No fees_____	44.2
Less than \$300_____	5.3
\$300 and under \$400_____	5.6
\$400 and under \$500_____	2.0
\$500 and under \$600_____	12.4
\$600 and under \$1,000_____	7.2
\$1,000 and under \$2,000_____	12.5
\$2,000 and over_____	3.9
Fee varies according to resources of applicant_____	6.9
Total_____	100.0

In addition to the entrance fees, a few homes require the deposit of a sum (ranging from \$60 to \$200 in those reporting) to cover the cost of burial, or require that the applicant obtain a guaranty by relatives or friends that they will meet such expenses. One home requires that the guest be the possessor of the deed to a cemetery plot. Most of the homes require that the applicant transfer to the home, on admission, any property, insurance, or other assets of which he may be possessed. This transfer may be absolute at that time, or the property may be held in trust until the resident's death.

Over 300 of the homes charged monthly or weekly rates. There was, however, some duplication here with the life-care homes, as some institutions had both life residents and boarders. Of the homes taking boarders,

a considerable proportion were those operated under religious auspices.

The rates charged indicate the presence of a subsidy, in many cases, from other sources. Often the subsidy came from investments or endowments. The distribution of the homes charging weekly or monthly rates is shown in the following statement:

Weekly rate of---	Number	Percent
Less than \$5	15	4.5
\$5 and under \$10	56	16.9
\$10 and under \$20	27	8.1
Monthly rate of---		
\$10 and under \$20	18	5.4
\$20 and under \$30	74	22.3
\$30 and under \$40	94	28.3
\$40 and under \$50	28	8.4
\$40 and over	20	6.0
Total	332	100.0

#### Sex Requirements

The returns indicate that aged women are better provided for by far than are aged men. An aged man would, on the basis of the entrance requirements reported, have a chance for admission to 67.9 percent of the homes, whereas an aged woman would have a chance in 95.9 percent of the homes. Of 1,338 homes reporting on this point, nearly one-third admitted women only.

	Percent
Men only	4.1
Women only	32.1
Both sexes	5.8
Both sexes and couples	58.0
Total	100.0

Omitting the soldiers' homes (which shelter largely men), the women formed 64.7 percent of the residents; including the soldiers' homes they formed 58.5 percent.

#### Health Requirements

A vast majority of the institutions refuse to take mental cases. Most of them also specify that at the time of entrance the applicant must be in 'normal health,' meaning thereby a state of health normal for the person's age. Others specify practically the same thing by requiring that the resident must be "ambulant," "able to care for his own personal needs," "not bedridden," "able to come to the dining room for meals," "not requiring personal care," "not a bed patient," etc. Some further specify that the applicant must be free from communicable, "objectionable" or malignant disease, or from certain named ailments (epilepsy, tuberculosis, cancer, paralysis, diabetes, blindness, etc.)

These, it should be emphasized, are entrance requirements. Should the resident become incapacitated after admission the great majority of homes (except the strictly "boarding homes") will furnish medical and nursing care.

Other homes, notably the large Jewish homes, accept infirm and disabled and some give preference to them over the able-bodied applicants. As already noted, several take only deaf, deaf-mutes, or blind aged.

Submission to thorough medical examination, at the time of entrance to the home is practically a universal requirement, even in those institutions which accept the infirm and disabled.

#### Other Requirements

The prime requirement for admission to a home sponsored by a definite group or organization is generally membership in the organization, often for a specified period of years. Thus, to enter a Masonic home the applicant must ordinarily have been a member in good standing in a local lodge contributing to the support of the institution.



Only one home specified that applicants must be "free from marked personality defects." Several others include such required characteristics as "adaptability," "congenial," "good disposition." In practice, however, these are very general requirements, which the probationary period provides opportunity to evaluate.

A number of the homes specify that the applicant must be without other means of support, or unable to support himself; the fraternal homes figure largely in this group. Some refuse an applicant if he or she has relatives or children able to furnish support. A few of the homes for women accept only childless or unmarried persons, and one accepts "spinsters" only.

Although residence requirements are found in all groups, homes supported or sponsored by local organizations are more likely than the others to have, as one of the prime requisites for entrance, a specified period of residence in the city, county, or other designated region. The most commonly required periods are 2, 3, 5, and 10 years, but periods ranging from 6 months to 30 years were found. Two homes require, respectively, lifelong residence in the city and in the State, and another gives preference to persons born in the city where the home is situated.

Good moral character is a general requirement and a substantial proportion require one or more character references. In the endeavor to maintain a home population on a high level of culture, some of the institutions specify that the applicant must be a "gentlewoman," "a woman of refinement," "a gentlewoman in reduced circumstances," "a person of good cultural background." Most of these are associations taking women only, but one home restricted to men requires that the applicant must have been a person of some means and standing in the community, not divorced.

Other, infrequent, requirements include belief in a Supreme Being (several fraternal homes), Christian, church member, etc.; that the applicant shall not be addicted to the use of alcoholic beverages, drugs, or (two homes only) tobacco; clothing sufficient for a specified period; furnishings for the resident's room; ability to assist in the operation of the home.

Most of the homes accepting guests on a life-care basis have a trial period of varying length (2 to 6 months, in the majority of cases). During this period both home and resident are on probation. The guest has the opportunity to judge whether he or she is likely to be contented there, and the home superintendent is given a chance to observe the resident in his relations with the others and to determine the desirability of his continued presence there. If either party, during or at the end of the period, decides unfavorably, deduction is made from the entrance fee of the cost of room and meals and the remainder is returned to the applicant on his departure.

#### What the Residents Receive

Examination of the cost to the residents of the homes, in the form of entrance fees, indicates that these old people receive more than their money's worth. Assuming an average cost to the home of \$410 per person per year, it is evident that fees and other contributions by the guest would cover at best only a few years' care. The applicant may live only a year or two after admission; on the other hand, he may live 15 or 20 years. It is the experience of the homes that the good physical care provided, and above all the comforting sense of security, tends to prolong the lives of the residents, and many of them live to a great age.

A large proportion of the homes require that the applicant must be in reasonably good health, considering his age, at the time of admission. Once accepted, however, practically all of the life-care homes provide medical or nursing care, or both, if the resident falls sick. Thus, of 1,241 homes reporting on this point, 83.2 percent furnished both medical and nursing care, 6.0 furnished nurse only, 2.7 doctor only, and 8.1 expected the resident to bear the cost himself.

That such care may entail considerable extra expense for the home is indicated by a study of chronic sickness in homes for aged, made in 1931. That study, which covered 78 homes for aged within a radius of 50 miles of New York City, revealed that 48 percent of the guests had chronic incapacitating ailments; more than a tenth were bedridden, and 6 percent were confined to wheel chairs. A large proportion had been receiving care since shortly after their admission to the home.

Some of the larger homes have one or more paid full-time physicians. In a number of cases, the homes receive free service from local physicians who give their time as a charity.

In addition to shelter, food, laundry, medical and nursing care, a great many of the homes also provide burial (though a few require a specific fee for this expense).

In order to recoup some of the loss between fee income and obligations assumed, it is a general practice of the homes to require the incoming guest to transfer all or part of such income or property as he possesses to the home. In return the home may bind itself to pay some or all of the income from it to the guest during his lifetime.

On the other hand it is a quite common practice to accept, free, persons without means to pay the fee, if they fulfill all the other conditions of entrance.

#### Sources of Income of Homes

Where the home has a sponsoring organization, generally the sponsor also provides a large measure of financial support for the institution, for even where entrance fees are charged these are often entirely inadequate to cover the cost of care during the remainder of the resident's life. In many homes originally established under the terms of a will, the legacy has so dwindled as to be insufficient for support and often in such cases additional assistance has had to be sought from other sources.

Homes established by fraternal orders are supported solely by the order, generally through regular dues paid by the members for the purpose or by appropriations made from the organizations' general funds. The same is true of the trade-union homes.

Of the homes operated under Catholic auspices a large proportion receive no financial support from the sponsor. Thus, the homes of the Little Sisters of the Poor--all large institutions offering only the barest necessities of life and usually having as their main (or even only) requirement that the applicant be destitute, depend for their support upon voluntary contributions of food, clothing, and other articles from business men (grocers, bakers, etc.) and private individuals. The homes are, however, run by the sponsoring order and usually the Sisters perform all of the work, with what little assistance can be given by the residents.

In the homes sponsored by an outside organization, such as a labor union or a fraternal order, usually the only source of support for the home is that organization and its members. Generally such homes require no fees, as the resident is considered to have made his contribution during his years of membership in the sponsoring organization. Of the 1,201 institutions which reported as to their sources of income, nearly 10 percent were endowed homes operating entirely on the income from invested funds or with these supplemented by an entrance fee. In 23 percent the support came from a sponsoring organization alone or with some supplementary income from fees or other sources. Three percent were homes dependent on individual contributions (most of these were the homes of the Little Sisters of the Poor), and fewer than half of 1 percent were supported entirely by a local community chest.

Nearly 5 percent of the homes were dependent entirely on the fees paid by the guests. Most of these were homes of the "boarding" type, charging fixed rates per week or month and supplying no care beyond food and shelter.

The largest group of homes (nearly 55 percent) received support from a variety of sources, including one or more of the following: Fees, residents' pensions or old-age assistance allowances, sponsor, city or county, local community chest, donations by individuals, collections from churches and other local organizations, proceeds of bazaars, entertainments, "tag days," legacies, endowments or other investments, and income or products from home farm. Of the 1,201 homes, 187 were receiving some assistance from the local community chest.

## CHAPTER II

### HOUSING OUR OLDER CITIZENS \*

Modest but regular cash incomes, as provided by social insurance benefits, by industrial and government pensions, by annuities, and also by old-age assistance have given to many of our older citizens a new freedom. Some are thus given freedom to determine whether they want to live in their own households as owners or tenants, whether they prefer to be partly or wholly relieved from housekeeping responsibilities by moving into a hotel, a rooming house or a boarding house, whether they wish to live under the care and management of a public or private charitable institution, or whether they would feel happier and more useful moving in with married children or other close relatives, sharing their homes and some of their responsibilities. Such choice represents great improvement indeed as against earlier periods, not so long ago, when mostly for economic reasons the older generation was forced to yield its independence in exchange for family support, or for the far less acceptable support of almshouses and other congregate institutions.

In reality today the choice may be quite restricted, however: by anxiety in anticipating need for personal care in illness and emergencies; by the shying away from responsibilities for household management, cooking, cleaning, marketing; or by failing strength. There are the inconveniences and hazards of dwellings not planned for the older years. In many cases, income is so limited as to prohibit an easy change to a more suitable dwelling. And there is definitely a shortage of desirable dwelling units of low and medium cost, and of desirable living arrangements in pleasant and welcoming institutions.

#### Income Restrictions on Housing

There is a general belief that most older people wish to live in their own homes. Data from the 1950 Census show that, whether by choice or circumstance, over 80 percent of the urban and rural nonfarm families of people 65 years of age and over maintain independent households. Generally speaking, their housing circumstances are worse than those of the rest of the population. The aged tend to occupy relatively more very low rent dwelling units and low value structures, and their housing is relatively more dilapidated and deficient in plumbing facilities.<sup>1</sup>

Limited purchasing power is, of course, a primary factor influencing choice of living arrangements of older people. Families at the upper age levels are disproportionately numerous among all low income families.

Obviously there is little or no problem in this respect for people of substantial means who can select hotel or apartment living or independent homes at prevailing rates, and who have the funds from which they can supplement their housing by invited, usually paid, companions, and by professional and personal services as their conditions may require them.

There is also, perhaps, little of a housing problem for those who continue in employment, earning incomes high enough to maintain acceptable living standards in a familiar setting among old associates with some money to pay for lightening domestic responsibilities and to meet the exigencies of ill health. Continuing employment and earning may delay their housing problem--not necessarily solve it for a later period. And, finally, there is a group of unknown size--parents and grandparents--needed and personally wanted by a younger generation of their family, and willing and able to adjust to the younger generations life pattern and friends in exchange for the satisfaction of continued usefulness and an affectionate climate.

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<sup>1</sup>L. S. Silk, "The Housing Characteristics of the Aged in the United States, 1950", paper presented at the Second International Gerontological Congress, St. Louis, September 13, 1951, p. 4.

## Factors in Unsatisfactory Housing

In the records of community agencies, in national and local studies, and in the experience of many professional workers and volunteers there is ample evidence that housing and living arrangements for many of our older people are often most unsatisfactory. Ministers and physicians, caseworkers, visiting nurses, and visiting housekeepers know of the problems. Councils of social agencies and information centers receive innumerable requests from older persons to find new living quarters for them. Boarding and nursing homes serving the aged often have long waiting lists, particularly those which offer desirable arrangements in familiar neighborhoods. Hospitals, general and mental, know of many patients who might be released if they could only have a home suitable for some continued care.

Severe family tensions, most painful conflicts and injuries to old and young, are reported by psychiatrists and caseworkers when families are trying to combine arrangements satisfying for two or three generations in the same home. People living alone or with elderly spouses may fight a constant depressing struggle with environmental hazards: difficult stairs, poor lighting or heat, inconvenient kitchens and bathrooms which grossly overtax the capacity to deal with daily needs. Malnutrition and neglect of personal care and cleanliness may result for some, while others are filled with increasing anxiety and guilt. But even a convenient home may be lonely because of its inaccessibility for relatives and friends.

Besides, housing costs may be too great, quite out of proportion to total incomes. Pricing rentals for an elderly couple in eight large cities, Social Security Administration Studies found in 1946-48 that they must spend from 37 to 51 percent of their total budget on rent, heating and light.<sup>2</sup> Among nonfarm householders 65 and older, 1946 figures of the Bureau of the Census show that more than two-thirds--2.5 million of the 3.5 million households in this group--owned their own property. We may also wonder how many of the 2.5 million homeowners are actually able to maintain their property in adequate condition, and how many contribute to deterioration and blight of entire neighborhoods.

The overwhelming evidence of need and social damage can be offset only to a very small degree by the positive response of those older people who in recent years have been helped to strengthen their living arrangements and are now occasionally reached by newer community services extending into their homes. Friendly visiting and counseling, housekeeping and nursing aid, recreation, library, and hospital extension services have brought a new outlook, and a new lease on life to a fortunate few.

## Community Response

There has also been a new sympathetic response to the gradual discovery of the housing needs of our senior citizens. We begin to recognize that the rapid increase of the aging population, the longer life span of many individuals, the longer span of married life--in combination with other well-known factors such as urbanization, industrialization, physical mobility, and class mobility--have created conditions which can no longer be met by traditional measures and practices. We have also become a little more sensitive to the meaning of emotional needs which will hardly be satisfied by extending minimum economic support.

Current attention and efforts, responding to increasing demand, have approached the housing problem from various angles, including: (1) nationwide attempts at modernization and expansion of various institutional facilities; (2) extension of diversified services into the homes of aged persons or at least into their immediate neighborhoods in an attempt to strengthen and prolong independent living arrangements; and (3) fact-finding and exploratory studies, workshops, conferences, and programmatic statements on better housing.

The Working Committee on Aging in its progress report<sup>3</sup> to the Federal Security Administrator set forth six principles with regard to housing, confirmed by the 1950 National Conference on the Aging: (1) development of substitutes for family life and encouragement of opportunities which will allow older people to form new families; (2) consideration of certain amendments of the National Housing Act which would permit federally aided public housing projects to include units for the elderly who are living alone; (3) exploration of the merit of government loans to municipalities, co-operatives, and other nonprofit groups to build low-cost or low-rent housing for older people; (4) expansion of nonresident community services, with special emphasis on housekeeping and nursing; (5) allocation of some space for specially designed and equipped units in all public housing projects and in those supported by private investments; and (6) mobilization of extensive research for the study of existent facilities and

<sup>2</sup>See Social Security Administration, "A Budget for an Elderly Couple," Social Security Bulletin, Feb. 1948.

<sup>3</sup>Federal Security Agency, Programs for an Aging Population, March 1950, pp. 23-25.

trends, and appraisal of current efforts.

It must be noted with distress that, within the entire range of activities and plans, least attention is being given to improving and increasing the actual supply of low- and medium-cost dwelling units for those who wish to live outside of institutions and also independent of their own families if such exist.

Waiting for a solution are those in inadequate dwellings, those spending far too much of their meager income on maintaining their independence, those forced into rooming houses and rented rooms who crave the dignity of their own homes, and those forced into dependency on a younger family without being compatible or welcome.

There are practically no new developments in this area. We scan the literature and meet the same old friends: a few cottage colonies for the elderly developed by public enterprise as in Millville, New Jersey or by Fraternal efforts in a few spots in California and Florida; fewer than three hundred apartments designed for the aged in public projects in New York City, Chicago, Denver, and Bridgeport, Connecticut; and even a smaller number of apartments for the aged under the auspices of voluntary agencies in New York City.

More must and can be done. We may need a clearer focus. Experience, observation, assorted studies--all available information indicates: (1) a clear preference of an overwhelming majority of aging people for non-institutional living; (2) great benefit for the individual of continuing as long as possible in familiar surroundings in personal homes; (3) the need to protect many specialized and expensive institutions against the growing demand for longtime care by patients who might be cared for differently at less expense to the community and to themselves, and with far greater comfort; and (4) the high capital and operating costs of institutional care of every type--general hospitals, mental hospitals, hospitals for the chronically ill, nursing homes, and boarding homes of adequate standards--which can rarely be met without substantial subsidies.

#### Alternative Housing Patterns

What then shall we do? Shall we try to build up a stronger feeling of family responsibility so that the homes of the younger generation will increasingly provide a solution?

Is return to the three-generation family the natural, the decent, the most economical way? Many factors point in the opposite direction. The answer is likely to be "no." The arguments of great mobility, urban living, smaller size of families and of family homes, all in line with long-time trends, have been stated frequently.

If, then, a return to family care and three-generation living arrangements seems rather unlikely for considerable numbers of the aged, now and in the near future, what can be done realistically to provide large numbers with more adequate homes? Will the present community services, expanding, provide the answer?

All true friends of individualized service must recognize the inherent limitations of community services outside institutions, must wish to protect them against the dangerous and crushing pressures of mass demand. Their continuing extension into numerous homes will depend on a number of rather uncertain factors: leadership; sustained community interest, understanding, and support; availability of qualified personnel in specialized fields, capable of functioning both independently and as part of interprofessional teams.

Even if there should not be any lack in most of these areas, the problem of priority and of balance in the utilization of a limited service potential must arise. Who shall have first claim on highly skilled and costly services if not all can be helped: the younger or the older generation? the well, those only slightly handicapped, or those severely disabled? those who can be helped to reach a high level of social and economic productivity, or those where such expectation would be entirely unrealistic?

Is a further expansion of general and specialized institutions for the care of the aging urgently needed? Frankly, we do not know. The obvious current demand may be partly, if not largely, a result of inadequate domestic living arrangements. The pressure on institutional services, including mental and other hospitals, may represent a last choice, an escape out of intolerable conditions--not necessarily a desirable, suitable, and advantageous solution in meeting real needs.

Caution seems indicated before we decide to make substantial permanent capital investments in order to create institutional service units which cannot easily be converted if housing conditions or policy should change. The surplus of children's institutions, of antiquated almshouses, or correctional institutions for youth should serve to underline this consideration. It may be one of the most important characteristics of the expanding non-institutional home-service program that, without capital investment, they can be stretched to meet urgent needs temporarily, taking some of the pressures off the institutions until we are more ready to focus attention, energies, and coordinated action on the greatest gap in our resources for the aging--special housing with built-in facilities

We are dealing with a mass problem, rather similar to the problem of income protection as we discovered it in its true proportion only during the depression of the thirties. Then we learned, at the cost of great and prolonged suffering of millions of people, that mass problems cannot be solved by improvisation, by voluntary action alone, by personal resourcefulness, or even by a maximum of professional individualized service, and certainly not by charity.

### Foreign Developments

At this point a brief look at foreign developments in our field may be in order. Limited space will allow only a sketchy analysis of available data, and an attempt at their interpretation in reference to the American scene.

Old-age housing is receiving marked public attention in a good many countries. Outstanding illustrations of carefully planned projects have become known especially in England, Sweden, Denmark, the Netherlands, Germany, and Switzerland; also in the Union of South Africa, New Zealand, and Australia. On this continent, Canada and Mexico have produced interesting developments in recent year.

Most of these countries have a tradition of nation-wide public housing programs for the planned improvement of neighborhoods and family dwellings covering all population groups, not only those in the minimum income brackets. Most of them have also established public old-age insurance and pension schemes which for many years have provided large groups of aged with modest but regular cash incomes, outside public assistance.

In their current planning for the aged, all recognized typical repetitive conditions which can be anticipated. Needs differ only slightly, in degree, among several groups: the able-bodied older folks, those frail and in need of some help, those more seriously disabled, and those disabled requiring hospital care and service. Foreign countries now tend to integrate facilities for these groups, so that any transition as needed may be easy and will not represent a complete break with familiar surroundings. They also tend to relate institutional units more closely with the community at large, making small institutions part of integrated neighborhood schemes, to become available in every planned neighborhood. Such an approach has meant the development of projects where institutions have taken on many features of living arrangements once typical of private dwellings only, and specially designed private dwellings have been increasingly enriched by built-in services once typical of institutional care.

Isledon House in London (England), the Protestant Evening Sun Home at Velp (Holland), the sixty Catholic institutions following the design of Raalte (Holland), the standard model for town planning as approved by the Dutch Ministry of Reconstruction and Housing with its senior apartment-cottages-hospital unit, may illustrate this point. So may the Riehler Heimstaetten in Cologne (Germany), the Sabbertsbergs Alderdomshem in Stockholm (Sweden), and the Eventide Home at Rockhamton (Australia).

These and many other projects are imaginative attempts, many frankly experimental, to deal effectively with a world-wide problem. Solutions have been encouraged by close co-operation of public bodies with mutual aid, co-operative associations and other voluntary agencies. A policy of mutual trust and partnership, applied also to many other fields of social welfare, has provided public funds for a substantial part of the capital outlay without stifling private initiative and freedom of management by nongovernmental groups.

### Design and management

Foreign design for community housing of elderly people is quite varied. There are nursing homes everywhere (also modified as rest and "halfway" houses); there are boarding homes and hostels; there are residence clubs with light housekeeping facilities; and there are many low-rent cottage colonies, including one-family and duplex buildings. There are also many small and large apartment houses, practically always with special provisions for housekeeping and nursing aid and for group recreation. Many have nursing units for those who are incapacitated, or simply sick bays--a somewhat controversial feature. While all newer units have been designed with very special attention to health and accident hazards, and to the convenience of elderly people, there is a clear influence of national preferences and living patterns on each national program and its unit design.

Responsibility for management of the housing units varies. Often the municipal government has charge through its public welfare department. Public housing agencies, also administering other housing projects, may carry full responsibility, unless co-operative associations, voluntary nonprofit housing societies, or church-related or other humanitarian agencies assume the role of landlord. In the same country several different forms are practiced side by side.

## Financing

There is, however, a practically uniform source of finance for the entire investment capital, or at least a very substantial part of it. Public funds are used everywhere. They are at the core of all newer projects. They may stem from different budgets: from funds allocated to housing in general, from social insurance reserve or operating funds, or from the budgets of local public welfare and health agencies in line with their traditional policy of developing adequate social facilities. In addition to public funds, capital investments by co-operative associations have played some role; also generous contributions from foundations and private trust funds, mostly interested in social experimentation. Churches of all denominations have channeled substantial funds into housing developments for the aged, supplementing public grants for the same purpose.

In the main, projects try to cover most of the operating expenses from earnings: income from rentals, boarding fees, or service charges. Rentals follow a sliding scale related to current tenant incomes. There is also, frequently, regular project income from subsidies, from social insurance funds, or from government housing funds. Some voluntary contributions and a great deal of voluntary personal service enrich the programs of both public and voluntary enterprises.

An additional word about subsidies may be in order. Their pattern in each country follows closely the general pattern of government subsidies for all kinds of social welfare purposes. Subsidies may be attached to specific housing units or, as more recently in Sweden and some other countries, to individuals and families wherever they find adequate housing, as long as they are eligible for such subsidy within a given legal category.

It should, however, be clearly understood that these subsidies are not part of a public relief scheme, and are never administered as such. Under European conditions, subsidies not only reflect a different, completely accepted policy, hardly controversial; they may serve as a device in equalization in order to meet, at least in part, the differential between the cost of prewar and postwar housing, thus spreading the advantages of modern housing to all income groups. They may also serve the purpose of supplementing rather inadequate social insurance benefits which reflect heavy losses of capital by inflation and other retarding factors. Low-cost housing and subsidized rents may offer an inflation-proof supplement to many beneficiaries, while cash benefits follow but slowly the ever rising cost of living.

## Scope of programs

The scope and speedy expansion of many programs for special senior housing is truly impressive against the background of impoverished economies struggling with a multitude of pressures and social responsibilities. England and the Netherlands both aim at producing not less than 5 percent of special housing, counting all dwelling units, old and recent. This means at least 10 percent of all new buildings--a figure not yet completely reached but a clear objective. In 1947 there were already 13,000 housing units for old-age pensioners in little Denmark; the current goal is 20 percent special units for the population 65 and over.

Observation, study, and reports of foreign developments reflect clearly: (1) a rapidly broadening concept of public social policy; (2) wide interest in active support for good housing and neighborhood planning as an important community resource; (3) a leading role of local government in planning, initiation, and operation of community services for the aged, often assisted by strong citizen participation; and (4) a sincere recognition of the peculiar needs and urgent claims of an aging population.

They also reflect the strong of war and destruction on many countries; a heightened sensitivity to human misery, a readiness to yield a high priority to the needs of a sinking generation involved in the shocks and losses of at least two wars. Shortages of supplies and scanty capital have not interfered substantially with imaginative design, nor with carrying plans into action.

## Challenge to America

On the American scene with its mass problem of more than 12 million aged right now--a rapidly increasing group according to all population forecasts--we note the hopeful beginnings in federal legislation and public opinion of a new national housing policy, but a tragically small public housing program. It currently provides 50,000 units a year narrowly confined to the minimum income groups, and among them to families coming from substandard housing, with some exceptions for veterans. Shall we simply expect the aging in the American community to take their chances in housing along with other millions of limited means? Shall we refer our friends and ourselves for our sunset years to the famous "filtering down" process in housing, which perhaps may yield some cheap housing which no one else wants?

What counsel do we have for the 4 million people over 65 with incomes between \$500 and \$2,000 a year (1948), or the 5.5 million with less than \$500 (among them some spouses of the first group)? We are not even sure whether the three-quarter million people who boasted incomes between \$2,000 and \$3,000 a year in 1948 will find adequate dwellings.

The validity of special housing schemes for the aging, particularly of low-rent projects, is questioned by some well-meaning people, while it is strongly endorsed by most experts. The latter are not afraid of segregation in any well-planned scheme. Nor are they convinced that most elderly people would prefer to live in the midst of crowds of children, teen-agers, young couples, and their visiting friends. Older people will always be quite free to do so if they wish.

Adequate housing for the aged must develop at the crossroads of two important programs: better housing in better neighborhoods within the reach of all income groups and more adequate services to meet the peculiar needs of a large and growing senior consumer group commonly characterized by wanting ability and a proneness to multiple handicaps. Because of these characteristics, service resources for them must be widely available, highly decentralized, truly accessible. Those commonly in greatest demand and of greatest importance should be built into their homes and immediate neighborhoods--resources for preventive care, support, and active aid.

### **Planned Environment, a Basic Resource**

We all know the importance of a positive, helpful environment. Why not deliberately create such environments and put them to work? An environment may be planned in such a way that it will release the powers of self-help and mutual aid; it may stimulate satisfying activities and give them scope. It may form a strong supporting base for those specialized services and facilities which may be needed at times, and which the community at large must continue to provide in increasingly adequate manner--leisure time facilities, casework, nursing and medical services; hospitals, nursing and convalescent homes, and clinics of all kinds.

In American communities, as abroad, oldsters should have a choice among a variety of living arrangements, priced within reach of medium and low income groups but meeting high standards: Nursing and boarding homes, residence clubs (all managed by nonprofit organizations); senior apartment hotels; colonies of single and two-family dwellings units arranged in clusters, in addition to traditional dwelling units in one-family or multiple dwellings. Standard hotels and apartment houses might devote some sections or entire floors to a senior unit with special facilities. Some homeowners favoring stability and preferring to continue in their own homes with a reduced income, or just looking for a sound investment, might plan for their own retirement a small but independent senior annex--creating the American version of the British "Plus Granny" flat.

In line with foreign experience and with a natural approach, it would seem that many neighborhoods in both urban and rural communities should have several or all of these facilities under good management, as closely cooperating units and part of a balanced neighborhood scheme.

### **Companion Apartments**

Realism suggests an additional design which at first glance may find little approval. But are we not dealing with a group whose economic status is rather low and who cannot expect to improve it substantially in any foreseeable future, a large number of whom tend to be lonely, would enjoy more visiting, and would profit from help in keeping house?

Under American cultural conditions, companion group apartments may be a practical answer, promising economy in investment and operation. They are designed for economy and comfort for otherwise lonesome people, for people who during their working years have been quite used to eating out and rather enjoy eating in company, for people whose idea of fun is doing something with others, for people who like to be good neighbors and have naturally and simply helped when there was trouble or some special strain, for people who enjoy friendly relations without expecting to become close friends. Such folk seem to be abundant in the American community. Many have great ease in working together without direction for some immediate tangible purpose.

Aging people of such background and long-established habits of co-operation may be suited by a dwelling which allows for both privacy and group experience in the same unit.

The standard basic unit, similar to a large apartment, would provide family-style facilities for a pseudo family of approximately seven residents, among whom one, the senior resident, would have specific responsibilities.



Seven pleasant single rooms, some connecting, all with running water, would be planned around a large, comfortable living-dining-kitchen, preferably with a common porch or balcony. There would also be a small office in each unit for the senior resident's outside contacts and for sickroom supplies. There would be two toilets, one spacious, well-equipped bathroom, convenient for people who might need assistance for physical care. The family kitchen would be planned to allow for individual preparation of meals if so desired or for doing things together. Each would have his own food locker and space for supplies. All essential kitchen utensils, pots and pans, china and silver, would be part of the initial equipment of the "family" unit. A reasonable number of such basic units would be clustered in one apartment house or in a block of such buildings, with a minimum of common facilities, preferably a spacious multiple-purpose workshop, a hobby room, and some club rooms.

There might or might not be a small professional staff; the regular community agencies would extend their professional services into the buildings.

The management would provide, as standard housekeeping service, the regular periodic cleaning of bathrooms and toilets and of individual rooms. Laundry service for all household linen, if not for personal items, should also be part of the service covered by rentals.

The extent of additional services within each unit would depend on the grouping of residents in each and on their particular needs or desires. As needed, the senior resident in a number of units (or one member of a resident couple) might actually be a practical or graduate nurse, an attendant capable of meeting the problems of mental disorders, a housekeeper-cook, a skilled semiprofessional homemaker and case aide. Some units might also decide, as a family group, to hire a part-time cook to prepare the main meal. They might share a practical nurse with a neighboring unit in the same building. Some might be fully capable of managing all their own affairs as a co-operative group, perhaps taking turns in handling the role of the senior resident and his public relations.

#### Expected Advantages

This plan claims a number of distinct advantages, of which only a few may be listed here. It allows for utmost flexibility in grouping of residents and in their service, adaptable to changing needs, advancing years, and decreasing capacities. It offers the physical framework within which mutual and neighborly aid may be readily available and may be stimulated into new and satisfying experiences. It forms a solid base for many organized community services and would thus strengthen home care, even in critical days.

It is likely to meet such personal needs as the desire for sheltered independence, for belonging, for recognition, for sociability and friendly relations. It makes self-help convenient by providing fully adequate physical facilities (bathrooms, kitchens) and by decreasing the chores of individual housekeeping. It lends the support of neighborly help and, incidentally, provides a new outlet for resourcefulness, initiative, and skills, as applied to daily and familiar problems.

It improves the standards of sanitation and cleanliness, and probably also of nutrition. It has a potential for all kinds of leisure-time activities at home without the need to face traffic and unpleasant weather conditions. It may attract many more "friendly visitors" from the community willing to share time and skill with groups of older folks who have become easily accessible.

It offers physical care and companionship in familiar surroundings during periods of disability and reduces the anxiety about such days. In other words, it substantially strengthens the potential of home care, even for the chronically ill.

Last, but not least, it may provide an increasingly eager group with work opportunities, creating suitable part-time and full time positions. In addition, neighborhood demand may discover many capable baby sitters, seamstresses, part-time household aides, secretaries, bookkeepers, and handymen ready and waiting for calls. The common workshop would also allow the placement of some industrial homework under favorable conditions.

This unit plan of a companion group apartment with semi-independent housekeeping is also applicable to cottages and small buildings designed along similar lines, and to the remodeling of large, outdated family homes if they have at least seven bedrooms on the first and second floors.

#### Personnel and management

The management of these group apartments would best be in charge of various co-operative and voluntary agencies, including "senior housing" associations. In the long run, nonprofit associations of women managers, somewhat similar to the Octavia Hiss Associations of England, might handle most effectively the innumerable

daily details of such projects. Personnel would need some training and provisions for staff development. Early model units should be equipped as training centers for additional staff groups needed elsewhere. Each unit might well offer new and satisfying work opportunities for a middleaged group and for the "young" old folks whose employment on a mature level we desire so urgently.

### Financing Senior Housing in U. S.

What about the financial aspects of such and similar ventures? Should they become a part of the public housing program? In line with present American traditions and laws, probably they should not. They should not be tied up with the replacement of substandard housing, with slum clearance, with severely restricting requirements for tenant selection. They should not be in competition with all too limited housing funds for the urgent improvement of living conditions of families with growing children. They should not be tainted by the unfortunate stigma of public care for the lowest income group. And perhaps they should not aim at a form of financing which is characterized by annual public subsidies.

Units may and should, however, profit from redevelopment plans and their financial advantages in cutting the cost of land. A good many of them belong in downtown districts, close to the busy life and to the old, familiar places. Incidentally, broad developments in senior housing should release many low- and medium-cost family homes for younger families, according to foreign experience--an advantageous exchange for both parties and for the community at large. They might also release some definitely substandard housing ready for demolition or at least for major repairs, again to community advantage.

Apart from public housing and redevelopment funds, there are obviously various sources for investment capital for senior projects: insurance companies, national and local foundations, churches, and special state and municipal funds which may become available. Co-operative associations of church members, union members, fraternal, professional, and interprofessional groups may be able to raise substantial funds. There are also, as a new and rapidly growing capital source, important labor welfare funds resulting from collective bargaining programs and their "fringe benefits."

The most important potential source for developing adequate senior housing as the very core and center of old-age security all over the land must be seen, however, in a substantial common property of the working people of this nation--the Old Age and Survivors Insurance Trust Fund with assets of \$14.5 billion (as of May 1951). According to present responsibilities and estimates, this reserve fund will continue to grow for some time. At its peak in 1990, it is expected to hold \$83.5 billion or eight times as much as the highest expected annual disbursement for the following five years--from all angles an exceedingly strong reserve. According to law, it is now invested exclusively in United States Government securities for general government purposes at less than 3 per cent interest.

Let us assume a review of fiscal policy and an amendment to the law which would authorize the Secretary of the Treasury, managing trustee, to invest \$500 million a year for, we may say, a period of five years, in non-profit housing developments (under various auspices) for the exclusive benefit of older people and their dependents. Then those insured, 90 per cent of the population, would become eligible as tenants at a minimum age of 60 to 65 years. Let us further assume that the average per capita cost of senior housing units would be \$5,000 exclusive of land, the latter to be contributed locally. Investing roughly one-half of the yearly increase of the OASI reserve fund in various approved types of senior nonprofit housing units as a basic community resource would thus yield 100,000 units a year, or half a million units in five years--a reasonably adequate supply until further experience is gained. A return of 3 per cent interest would keep the reserve fund on at least the same earning level as now. It would provide approved senior housing projects with a source of capital at least 2 per cent cheaper than ordinarily available and thus contribute also to the economy of operating cost. It would provide a stable security factor, limited rent for shelter plus, in the midst of generally rising prices and dwindling values of earnings and benefits.

Must this capital be amortized? Perhaps very slowly, perhaps not at all. It might thus become a permanent social investment of the American People raising the senior citizens' living standards, generation after generation. It might keep annual costs of community services to the aged, public and private, within more reasonable bounds, thanks to built-in social security.

Must we now pay for and pile up a tremendous reserve in order to relieve the economic burden of future generations alone, while those who are elderly now or will be in the near future, and their families, have not yet been relieved from the crushing burden of seriously inadequate housing and its consequences? Why not put our capital to work to meet immediate as well as permanent needs?

## Ventures in Social Investment

A recent survey<sup>4</sup> on organized community planning for old age, covering 155 American Communities with populations of 75,000 and more, showed that "the most pressing need pertains to living arrangements and housing." "Extremely few community areas are operating programs and services that are on the frontier of knowledge or are substantially experimental." There is urgency for action, for putting available knowledge and experience to work. Action should mean experimentation on a limited scale, experimental as a responsible first phase of a large-scale program of national scope. We need linked experiments, not on paper but built right into community neighborhoods in selected communities, offering a welcome and active participation, a grant of land in the right setting, and enthusiastic citizens' committee (with a good share of senior citizens) with some modest funds of its own as an equity and token of sincere interest.

From the very start, experimental housing units for the aged, following different designs, should be studied and become part of an integrated research project. Live research in controlled environments should, after a few years of intensive study and participant observation, yield concrete answers for many questions of the senior citizen and his family; of the taxpayer, the social economist, and the designer, manager, and administrator of the planned services; and of the various occupational groups and interprofessional teams concerned with the welfare of the aged.

The immediate call is for venture capital and leadership in free nonprofit enterprise for the common good.

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<sup>4</sup> P. W. Swartz, "Organized Community Planning for Old Age," Journal of Gerontology, Vol. 6, Supplement to No. 3 (Sept. 1951), Abstract, p. 154.

### CHAPTER III

#### A SURVEY OF HOUSING NEEDS OF OLD-AGE ASSISTANCE RECIPIENTS IN NEVADA

The 1951 Session of the Nevada Legislature directed the Legislative Counsel Bureau to study the need for a state home for the aged. At the request of the Legislative Counsel, the Nevada State Welfare Department agreed to cooperate in the study to the extent of conducting a survey on a sample basis among the persons receiving old-age assistance in Nevada. The purpose of the survey was to determine present housing and service arrangements as well as physical capabilities, and relating this data to individual preferences and requirements for different living arrangements, including a state home for the aged. The survey was conducted by old-age assistance field workers, and was compiled by Mrs. Hazel Erskine of Reno, Nevada. The discourse of the survey, without appendix, follows.

#### ATTITUDES TOWARD GROUP LIVING

##### A State Home for Older People

Old people's opinions of a Nevada state home can be summarized briefly and succinctly; a majority thinks the state should provide some sort of shelter for the needy aged--but only two per cent would be ready to move into a state old people's home themselves if it were available today. These were the opinions of a state-wide sample of Old Age Assistance recipients randomly selected to be representative of the total case load for Nevada. Table 1 compares what these old people thought of a state home for themselves and for others.

Table 1. Attitudes Toward a State Home for Self and Others

Attitudes toward state home	for Self	for Others
Approval	2%	45%
Qualified approval	24	22
Disapproval	74	33
100%- total persons answering	292	292

In dealing with a group of people as homogeneous as this one it would be all too easy to fall into the error of clichés and stereotypes. It is a common error to lump people into classes and to forget that they remain individual members of the body politic. Most old people continue to be just as conservative or liberal, opinionated or unthinking, conformist or rebellious as they ever were. The questionnaires certainly demonstrate their continued diversity. Many of the old people rendered judgment on the obligations of the state to the aged as objectively as if it concerned them personally not at all. They still talked as thoughtful citizens if they had been thoughtful citizens earlier in their lives. Not infrequently one of them would discuss the problem from the taxpayer's point of view, saying that a state home was a fine idea but impractical with Nevada's present tax situation. They have not necessarily altered their normal ways of thinking because of this situation of dependence in which they find themselves. They certainly did not change magically the day they passed their 65th birthdays.

The question on a state home was phrased in general terms without suggesting any details of structure, administration or location. However, respondents obviously answered in terms of a single institution to serve the entire state. The language in which their opinions were couched ran the complete gamut of human emotion. Aside from the two per cent who were personally interested in the idea of such an institution for themselves:

12% said it would be "fine," "excellent," "very nice,"  
"wonderful," "marvelous" to provide such a home  
for old people who needed it.

31% approved less extravagantly -- considered it "good," "needed by many," and that "it should be available."

This makes four out of ten who genuinely approved the idea of a state home -- for others.

22% more did not oppose the idea but spoke in such lukewarm terms as:  
"okay for seniles," "guess it would be all right for those who want it but not for me," or "it would be better than nothing for those who have no homes of their own."

A total of two-thirds, all told, thus did not oppose the idea that Nevada could probably use a home for old people somewhere in the state. The remaining third were definitely against it for both themselves and others. One in ten spoke in such violent terms as "it fills me with horror," "it would kill me," "it would mean slavery," "the end," or "the black bottle."

#### A Group of Separate Private Cottages

The concept of "a group of separate private cottages planned for older people" was much more popular than a single state institution. When asked about the cottage plan for old people in general:

42% approved the idea,  
45% qualified their approval in various ways, and only  
13% voiced complete disapproval of the plan.

When it came to considering living in such cottages themselves, acceptance was more limited.

20% would like to live in such cottages themselves if they were now available,  
35% might possibly consider cottages if they were well planned and administered,  
or if some change in their present living arrangements became necessary,  
42% were against the idea for themselves under any circumstances -- which included 3% who would prefer an institution to cottages if they were ever forced to make a choice.

Practically none would relish the prospect of going to a state home -- or at least to their conception of an old people's home -- but a fifth would be pleased if cottages were available to them. The vast majority said they were completely satisfied with the way they are living now and prefer to remain independent as long as they are able. The question arises as to what meanings the terms "state home" and "cottages planned for older people" held for these respondents. Nothing was said in the questionnaire about state sponsorship of the cottages. Furthermore, there is actually no reason why cottages could not be developed through the auspices of non-governmental organizations. On the other hand, not only may the sequence of questions have lent an official connotation, but the interviews were made by state social workers. Respondents undoubtedly answered in terms of state-sponsored cottage groups. The old people's home was an old idea, undoubtedly befogged and burdened by countless preconceived notions and tales of old-time poor farms. The cottage idea was probably new to most, and relatively unhampered by unpleasant overtones. The question also included a partial definition of their structure and administration when it described them as "separate" and "private." Much of the popularity of cottages must have stemmed from the obvious independence which would go with them. It could logically be assumed that life in a private cottage with an entrance of its own could only mean freedom from most of the rules and restrictions which would inevitably accompany group life in a single institution.

#### Combined Attitudes toward Both Forms of Housing for the Aged

In spite of the fact that the cottage plan was favored ten to one over a state home for old people, nevertheless the attitudes toward both housing proposals were highly related. (Tetrachoric correlation, .81.) Nearly all the people who opposed cottages were also against the state home as well. The relationship is shown in Table 2.

Table 2. Attitudes toward a state home by attitudes toward the cottage plan

Attitude toward state home	ATTITUDE TOWARD COTTAGES		
	Would live in cottages	Might live in cottages	Would not live in cottages
Would live in state home	3%	0%	3%
Might live in state home	51	34	5
Would not live in state home	46	66	92
100% = total persons answering	59	100	131

Though resistance to a state home occurred among almost half the people who liked the cottage idea, it rose to two-thirds among those lending only qualified approval to cottages, and leapt to near unanimity (92%) among those who spurned cottages under any circumstances.

What were the overall attitudes of the group toward the two housing proposals for the aged? Interrelated views on both a state home and cottages as they existed among all 303 persons interviewed are shown in Table 3. Here are the overall housing preferences in order of numerical importance:

- 1% would live in either a home or cottages,
- 3% might prefer a single institution if a choice became necessary,
- 22% might consider living in either under certain circumstances,
- 32% might like cottages but not a state home, and
- 42% would not consider either form of sponsored housing for the aged under any circumstances.

Since only one per cent were definitely interested and preferred a single state institution to the cottage plan, for all practical purposes speculation about an old people's home can be dispensed with insofar as these survey results are concerned. Further discussion will therefore center largely around attitudes toward the cottage plan for old people.

Table 3. Interrelated attitudes of all persons interviewed toward living in a state home or cottages

Attitude toward state home	ATTITUDE TOWARD COTTAGES			TOTAL
	Would live in cottages	Might live in cottages	Would not live in cottages	
Would live in state home	1%	0%	1%	2%
Might live in state home	10	12	2	24
Would not live in state home	9	23	42	74
Total per cent	20%	35%	45%	100%
Total number answering =	59	100	131	290

#### THE MEANING OF THE SURVEY FINDINGS FOR THE STATE

If a fifth of the sample of O. A. A. Recipients would like to live in cottages especially planned for older people, what does this portend for potential interest throughout the state if such a project ever became a reality? This question cannot be answered in simple terms, for a figure of 20 per cent based on a sample of 300 cases cannot be applied to the total O. A. A. population with reasonable accuracy within about four per cent. On the basis of the survey it can only be predicted that interest in cottages probably exists among 16 to 24 per cent of all the aged recipients in the state. The number of O. A. A. paid grants in October 1952 was 2706. Roughly speaking, about 540 aged persons in Nevada might like to live in cottage groups, but interest might run as low as 438 or as high as 644 persons.

### Factors influencing interest in cottages : Geographical Location

The obvious possibility of distributing cottage units for old people at various points throughout the state undoubtedly contributed to the greater popularity of the cottage plan over a single state home, in spite of the fact that this advantage was not explicitly set forth in the interview questions. The importance of this consideration is illustrated by this fact: six out of ten respondents would not want to leave their home communities regardless of what they thought of cottages. Only about one in ten would be willing to go anywhere in the state to live, and willingness did not increase appreciably with degree of interest in cottages. Table 4 shows willingness to leave home community by varying attitudes toward cottages. Even among those seriously interested in cottages for themselves, no more than 14 per cent would be willing to go anywhere in the state to live. And these answers showed more resignation than carefree mobility. Typical comments of the so-called mobile were: "Beggars can't be choosers," "If a person needs help he can't be choosy where he gets it," or "If I weren't able to take care of myself, I wouldn't care where I was."

Table 4. Willingness to leave home community to live in cottages by attitude toward cottage plan

Preferred location of cottages	ATTITUDE TOWARD COTTAGES			TOTAL
	Would live in cottages	Might live in cottages	Would not live in cottages	
Would not leave home community	56%	66%	61%	62%
Cottages should be widely distributed through state	2	3	3	2
Would leave home community:				
For other specific location	27	16	21	20
To go anywhere in state	14	15	6	12
Uncertain	1	--	9	4
100 % = total persons answering	59	99	77	235

Actually only eight persons out of the 303 or 2.6 per cent wanted to live in cottages for old people and would go anywhere in the state to avail themselves of the opportunity. Projected to the state case load of 2706 O. A. A. recipients, this means that perhaps 71 persons in all would not mind moving to any location in the state where cottages might become available. But allowing for the limits of accuracy of the survey, the true number in the state might vary as low as 30 or as high as 112 persons. Even 30 mobile persons added to any local population would be more than would be needed to start a group of cottages for old people anywhere in the state.

In any event, attachment to home communities is not necessarily an important handicap to the development of cottage groups for old people. The plan would lend itself to small units widely dispersed wherever a demand existed. Such groups of cottages would seem especially suited to meet Nevada's peculiar geographic problems of a small population scattered over a vast area.

In how many communities in the state might there be enough interested old people to make a cottage unit feasible? First, a digression is required since interest in cottages tends to vary somewhat with size of community. The more populous the county, the lower the demand for cottages. Sixteen per cent in Clark and 17 per cent in Washoe County liked the idea, as compared with an average of 24 per cent in all the remaining counties added together. The survey findings are projected to the October case load for the state, with the aforementioned differentiation for Washoe and Clark counties, in Table 5. It shows the potential number of elderly people in each of thirteen major population areas of the state who might be seriously interested in cottages if they were made available in the near future. The last two columns show the range within which the survey figures may be projected with 90 per cent accuracy.

Table 5. Estimated number of persons interested in cottages for the aged in various population centers in Nevada

Population center	Counties	Case load Oct. 1952	ESTIMATE NUMBER OF AGED INTERESTED IN COTTAGES	
			Survey estimate <sup>a</sup>	Range for 90% accuracy
Reno, Sparks	Washoe	801	136	86 - 187
Las Vegas, Boulder	Clark	539	86	46 - 126
Fallon	Churchill	246	59	44 - 74
Ely	White Pine	173	41	31 - 52
Elko	Elko	171	41	31 - 51
Tonopah	Esmeralda, Nye	161	39	29 - 48
Carson City	Ormsby, Storey, Douglas	117	28	21 - 35
Yerington	Lyon	107	26	19 - 32
Hawthorne	Mineral	92	22	17 - 28
Winnemucca	Humboldt	90	21	16 - 27
Austin, Eureka	Lander, Eureka	81	19	15 - 24
Pioche	Lincoln	71	17	13 - 21
Lovelock	Pershing	57	14	10 - 17

<sup>a</sup> Calculated on the basis of 17% interested in cottages in Washoe County, 16% in Clark, and 24% in remainder of counties.

Even with the most conservative interpretation of the survey predictions, there probably would be as many as thirteen spots in the state where at least ten aged persons might be interested in combining forces in a group of private cottages. There would, of course, inevitably be some people who would find a move to the nearest of thirteen housing developments too distant from their home communities to contemplate. Even a shift within the boundaries of one county could mean effective separation from friends, family or familiar surroundings in a state the size of Nevada. On the other hand, as long as there are at least 30 mobile persons in the state (and the actual number may be many more) who would be willing to go anywhere to live in such cottages, there would probably be little difficulty in finding occupants in any location where a group of buildings might first be started. On the contrary, the demand would probably be larger than could be satisfied for years to come. Even with the proportionately low interest in the larger counties, the size of the O. A. A. population in Reno and Las Vegas is sufficiently great that one cluster of houses in either town of a size practical for administration would only be a drop in the bucket toward satisfying the probable demand.

#### Theoretical Nature of the Questions

Statistical variations might also be quite small in comparison with some other factors. For one thing, there might be quite a gap between hypothetical interest in cottages and the numbers who might want to live in them if they became an actuality. The theoretical nature of the questions in this survey makes it impossible to say how many old people would abide by their replies if such housing -- with special conveniences especially planned for the aged -- came into being. There was no way to formulate questions on non-existent structures which was not hypothetical. Furthermore, replies were based on the supposition of a change in the respondents' already settled living arrangements. Most of the old people are living in their chosen home communities, and many of them in their own homes, or living with their families.

42% are paying rent for houses, apartments or rooms, and may thus be more or less unfettered in that respect, but  
 29% live in their own houses,  
 18% live in private homes of other people, largely relatives,  
 10% have their shelter otherwise supplied,  
 1% are in county hospitals.



Few visualize any immediate change in their circumstances. Respondents were forced to answer the interview questions in terms of an unknown future in which the variables might be many -- whether they would remain physically able to care for themselves or not, whether they could continue to live with their children indefinitely, whether any housing for the aged would even materialize, and so on. It is hazardous business at best to evaluate answers to such blatantly hypothetical questions. Yet many seemingly factual queries are implicitly theoretical. In a way much of Gallup's widely publicized trouble is the same -- he has difficulty in predicting actual future behavior from present stated opinions. Not only may opinions change, but action is not synonymous with a publicly stated opinion. Political pollsters cope not only with possibility of evasive answers, but with changes of mind and on top of that, they gamble on whether a given respondent will appear at the polls on election day. A much greater disparity is obviously conceivable between opinion and action in the present survey because the question of housing has such momentuous personal implications for a persons life. There might be little relation between what a person says about a state home or cottages today, and what he might decide to do if his health unexpectedly failed, if he lost his spouse, or if some new form of housing might become available to him.

#### Physical Features of Cottages

The demand for cottages in any community would certainly depend to a considerable extent on the attractiveness of the buildings and the conveniences they offered. It is entirely possible to conceive that the appearance of an attractive modern court with central facilities and services especially suited to the needs of older people could create a demand which had no relation whatsoever to these hypothetical survey responses. Respondents in the survey were asked specific questions on a central gathering place, and how much cooking and laundry they would be able or willing to do for themselves.

#### Central recreation area

The idea of a centrally located gathering place was especially well received. Seven to one thought a joint recreation area would be a desirable adjunct to a cottage group. Few advocated group living in a single building, but with the privacy and freedom assured in cottages, these elderly respondents would overwhelmingly welcome a spot where they could mingle with other old people when they felt like it. Those who favored the cottage idea most highly seemed to be more basically sociable than the others, for:

- 93% of those who would choose to live in cottages themselves,
- 67% of the ones who might possibly consider cottages if circumstances compelled a change in their lives, and
- 55% of those who rejected the idea of cottages under any conditions -- thought the central recreation area was a fine idea.

#### Cooking and laundry facilities

Certainly if cottages for old people are ever planned, they should provided private cooking facilities. Seven out of every ten of the most enthusiastic cottage advocates said they would want to do all of their own cooking. Laundry facilities, perhaps centrally located, would also be an attractive convenience to a sizeable number of the old people. Over half of the seriously interested said they would be able to do some of their laundry. On the other hand, four in ten would require complete laundry service or budgetary provision for getting laundry done. At this point emerges the first of several clues that cottage life appeals to the more dependent in this group of old people. Table 6 shows ability to do cooking and laundry by attitude toward living in cottages.

Table 6. Ability to do cooking and laundry by attitude toward cottages

Ability to do cooking or laundry	ATTITUDE TOWARD COTTAGES		
	Would live in cottages	Might live in cottages	Would not live in cottages
COOKING: Able to do all	69%	76%	76%
Able to do some	10	10	11
Able to do none	19	9	7
Uncertain	2	5	6

Table 6. (continued)

Ability to do cooking or laundry	ATTITUDE TOWARD COTTAGES		
	would live in cottages	Might live in cottages	Would not live in cottages
LAUNDRY: Able to do all	42%	43%	46%
Able to do some	14	22	27
Able to do none	42	32	20
Uncertain	2	3	7
100% = total persons answering	59	96	71

More than twice as many unable to do any cooking or laundry appeared among potential cottage occupants as among the anti-cottage people. Naturally physical conditions has a great deal to do with willingness or ability to take on housekeeping tasks by the elderly. Here are the proportions able to do all their own work among the able vs. the more infirm people interviewed.

Table 7. Proportions able to do cooking and laundry by physical condition

	Completely able to care for self	Not always completely able to care for self
Per cent able to do all cooking	80%	57%
Per cent able to do all laundry	52	19

Physical condition is, of course, only part of the story -- men were also much less anxious than women to do their own housework. Even though social custom causes much of the difference, lack of practice at household tasks is probably a very real handicap to elderly men. Then, too, men must cope with the shirt problem, which is perhaps sufficient difficulty to cause much of the sex difference. The differences between men and women in ability to do all of their own cooking or laundry are shown in Table 8.

Table 8. Proportions of men and women able to do cooking or laundry

	Men	Women
Per cent able to do all cooking	64%	85%
Per cent able to do all laundry	29	61

The majority of both men and women in good physical shape, however, said they could do all of their cooking. If infirm at all, most of the women but few men would attempt cooking. In the case of laundry, even among the able men, very few felt they could manage all of their washing. Neither sex can very frequently take on all of their laundry if physically unfit.

Table 9. Proportions of men and women able to do cooking or laundry by physical condition

	Completely able to care for self		Not always completely able to care for self	
	Men	Women	Men	Women
Per cent able to do all cooking	72%	88%	43%	79%
Per cent able to do all laundry	34	71	18	21

Preparation of meals would be needed by relatively few of the elderly people and only part of the time. Laundry constitutes a larger problem in planning facilities for the aged. There are enough who can do their laundry to warrant central laundry facilities in housing for old people. On the other hand, provision for having laundry done would be required by sizeable numbers.

#### Sex Differences

Apparently men and women are attracted to the cottage plan out of somewhat different motives. Such semi-group living seems to attract men who need some housekeeping assistance, whereas women seem to see in it an opportunity to continue to be independent and to keep house for themselves. Statistical support for this theory is not overly reliable in a sample as small as 300, but Table 10 is nevertheless presented for the sake of the interesting clues it contains. It shows the proportions of men and women able to do all of their cooking and all of their laundry when divided by degree of interest in living in cottages.

Table 10. Proportions of men and women able to do all cooking or laundry by degree of interest in cottages

	ATTITUDE TOWARD COTTAGES					
	Would live in cottages		Might live in cottages		Would not live in cottages	
	Men	Women	Men	Women	Men	Women
Per cent able to do all cooking	60%	90%	67%	82%	62%	89%
Per cent able to do all laundry	27	74	28	56	34	57

Of all the men interviewed, the ones who choose cottages are least likely to want to do their housekeeping. Out of the total elderly women interviewed, the ones choosing cottages are the most anxious to do their own housework. The greater need of men for housekeeping help is perhaps responsible for the fact that the men interviewed were more interested in the cottage plan than were the women:

25% of the men --- but only  
14% of the women would be seriously interested in cottages  
for themselves if they were available.

This difference occurred in answer to a question in which the facilities involved in the cottage plan were not defined -- beyond the implication contained in the phrase, "cottages planned for older people." It is pretty certain that the conveniences offered by any completed cottages would affect the numbers and types of people who would want to live in them. In a place offering some cooking and laundry services, men would undoubtedly outnumber women. This greater demand for cottages by men is further complicated by the normal preponderance of men in the O. A. A. population of the state. This is generally known by the social workers, though substantiating figures are not available on the total case load at the moment. The survey sample included 55 per cent men to 45 per cent women. This disproportion has obvious implications for the services needed in cottages for elderly people. If the survey is approximately correct in its finding of 55 per cent men receiving Old Age Assistance, this means there may have been 1488 men to 1218 women in the October case load of 2706 persons. If 25 per cent of 1488 men were interested in cottages, it might mean a total of approximately 372 interested men throughout the state. On the other hand, the lesser interest among women (14%), who also constitute a smaller number of O. A. A. recipients (1218) might result in about 170 women interested in cottages. Of the total of about 542 possibly interested in cottages:

372 men constitute 69%  
170 women equal 31%

Other things being equal, male applicants for cottages might possibly outnumber women more than two to one.

### Present Living Arrangements

The greater interest of elderly men in cottages may also be enhanced by allied factors other than the hope of some assistance with their household tasks. For example, more of the men receiving Old Age Assistance in Nevada live alone; more of the women than men live with relatives.

Table 11. Living arrangements of men and women

Living arrangements	Men	Women
Live alone	63%	47%
Live with spouse	20	15
Live with relatives	11	28
Other arrangements	6	10
100% = total persons interviewed	168	135

The insecurity of living alone at an advance age apparently makes the idea of living in cottages surrounded by other old people seem attractive.

25% of the elderly people who lived completely alone,  
20% of those living with their spouses, but only  
13% living with relatives would like to get a cottage  
if they could.

Interest is highest among the lonely, but still sufficient among the married to indicate that planning should make provision for a certain number of quarters adequate for elderly couples. People living with relatives were least likely to favor cottages. To what extent does this occur because of the relatively few men and many women who live with their relations? Table 12 shows the proportions of men and women interested in cottages when divided according to their present living arrangements. The hypothesis is not supported by the figures. More men than women tend to be interested in cottages regardless of how they are now living. The total proportion of men interested in cottages is perhaps heightened because so many of the men live all alone -- but even those who live with someone else are more attracted to cottage life than are women living under similar circumstances.

Table 12. Proportions of men and women interested in cottages by present living arrangements

Living arrangements	Men	Women
Living alone	29%	17%
Living with spouse	26	9
Living with relatives	14	12

### Satisfaction with Living arrangements

More crucial than the actual way in which old people are living is their relative happiness or unhappiness about their arrangements.

33% of those dissatisfied with their living arrangements as  
compared with only  
15% of the satisfied -- would like to live in a group of  
cottages if they were available today.

This is neither a highly significant difference, nor is the number of the infirm in the sample great (23%), but it does have implications for the planning of cottages for old people. Apparently the idea of living in a cottage group connotes more assistance and security to old people than they have in their present ways of existence. If the infirm represent a relatively large proportion among potential applicants for cottages, supervisory and service functions become of greater importance in planning for cottage units. Granted that separate cottages would not be feasible for the more seriously disabled, nevertheless this type of group living for the ones who are most in need of special services could prove quite an improvement over their present individual living arrangements. Physical condition and age are, of course, intertwined to some extent, but the former was more crucial than age in determining choice of living arrangements:

22% of the recipients under 75 years of age, and  
19% of those 75 and over were interested in cottages.

While all of these elderly people under survey are financially dependent, their grants vary in accordance with their outside resources. Reliance on some outside income or assistance changes the psychological climate in which they operate sufficiently to influence their feelings about sponsored housing. In Table 13 attitudes toward sponsored housing may be seen for the two groups, those with outside income or assistance compared with the ones completely dependent on their Old Age Assistance grants.

Table 13. Attitudes toward housing for the aged by economic dependence

Attitudes toward housing	Outside Assistance	No outside assistance
Would live in cottages	21%	18%
Might live in cottages	31	51
Would probably prefer state home to cottages if choice were necessary	4	2
Would not want to live in either home or cottages under any circumstances	44	29
100% = total persons answering	239	49

Variations in financial security within the narrow range found in the Old Age Assistance case load do not affect interest in cottages per se, but they do break down resistance to the idea of special housing for the aged in general. Those who have outside help of any sort apparently can afford to be more independent and forthright in their rejection of any form of subsidized housing. The completely dependent on O. A. A. are more likely to reserve judgment. They are not as free to reject the possibility that they might some day need a place to go. It is in terms of the unknown future that the vast difference emerges:

51% of the more insecure, but only  
31% of those with any sort of outside help -- reserve the  
right to consider cottages some time in the future if  
it should ever become a necessity for them.

Forty-four per cent of the more secure turned down the idea of any form of housing for the aged flatly. Only 29 per cent of those without outside income would be so bold. There are more "if's" in the lives of those who have nothing but O. A. A. to keep them going. They cannot afford to say categorically that they would never consider any form of group housing no matter what the future holds for them.

## OVERALL ATTITUDES TOWARD GROUP LIVING

Interest in living in cottages is thus not the complete antithesis of total rejection of any form of sponsored housing. Certain people not immediately interested in cottages, nevertheless did not feel sufficiently independent to reject entirely the possibility that one day they might be forced into a position of needing some form of group living. Table 14 is a summary of the major influences on attitudes which have been examined thus far. It shows the proportions of stalwart diehards who were unalterably opposed to considering either a state home or cottages for themselves under any circumstances, and some of the factors which cause them to vary.

Table 14. Proportions opposed to both state home and cottages by various influencing factors

		Opposed to both home and cottages	Difference
<b>ATTITUDE TOWARD PRESENT LIVING ARRANGEMENTS</b>			
	Satisfied	46%	16%
	Dissatisfied	30	
<b>DEPENDENCE ON OLD AGE ASSISTANCE</b>			
	Outside income or assistance	44%	15%
	No outside income or aid	29	
<b>PRESENT LIVING ARRANGEMENTS</b>			
	Live alone	38%	8%
	Do not live alone	46	
<b>PHYSICAL CONDITION</b>			
	Completely able to care for self	43%	8%
	Not always completely able to care for self	35	
<b>AGE:</b>	Under 75 years of age	40%	3
	75 years and over	43	
<b>SEX:</b>	Men	42%	1
	Women	41	

As seen before, financial insecurity bore little or no relation to acceptance of cottages, yet is one of the most important differentiae in inspiring caution regarding the vicissitudes of the future. Conversely, even though men and women differed in desire to live in cottages, they vary not a whit in proportions rigorously denying any need for special housing for themselves. Dissatisfaction with living arrangements, together with unsatisfactory living arrangements and falling physical condition, however, all work hand in hand to increase interest in cottages, and simultaneously decrease the willingness to turn down the whole idea of sponsored housing too emphatically.

The first four items listed in Table 14 may be called measures of different forms of insecurities to which the aged are subject. Each of the "anxiety" factors played some sort of role in determining acceptance of assistance. Personal characteristics such as sex and age played no part whatsoever. On the other hand, no one of these individual handicaps reached complete statistical reliability in predicting attitudes in the total population from a sample of this size. When, however, these four items which might contribute to the insecurity of an aged person are considered together, and are compounded as they are in real life, the effect on attitudes is startling. Giving one point for dissatisfaction with living arrangements, physical infirmity, complete dependence on O. A. A., and for living alone, all respondents were placed on a five-point "handicap scale" ranging from 0 to 4. The larger the score, the closer to the edge of insecurity the person is living. Four points mean the person is not only unhappy in his present living arrangements, but is not always completely able to manage

alone physically, has no income besides his O. A. A. grant, and lives alone. Naturally only a handful had scores this high because of the unlikelihood of anyone living alone with any great degree of infirmity. Fifteen per cent, however, scored 3 or 4, which means perhaps as many as 400 elderly persons in the state are living under conditions of considerable insecurity or anxiety. The people with scores of zero are pretty hale, hearty and satisfied. Those with a score of one are also relatively well off. A little over half or 55 per cent had only one or no handicaps; 45% had two or more strikes against them. When these crucial factors are thus added together, as they are in actuality, the difference between people with high and low scores in acceptance of sponsored housing is reliable even in this small sample. Table 15 shows overall attitudes toward a state home and cottages according to the number of these "insecurities" each person had.

Table 15. Attitudes toward state home and cottages by number of handicaps

Attitudes toward state home and cottages	NUMBER OF INSECURITIES			
	None	one	two	Three or more
Would live in cottages	9%	18%	23%	30%
Might live in cottages	38	30	41	38
Would probably prefer state home to cottages if choice were necessary	2	5	1	4
Would not want to live in either home or cottages under any circumstances	51	47	35	28
100% = Total persons answering	47	115	85	43

Only a handful of the people who are relatively healthy, happy, independent or not completely alone were interested in making any change. Over half were brash enough to throw their complete rejection of any housing assistance in the face of fate. The proportion denying all ideas of sponsored housing decreased steadily from 51 per cent among the most fortunate old people, to 47 per cent among those who have only one of these difficulties to cope with, to 35 per cent if they suffered from two shortcomings, down to 28 per cent if they face three or four of these particular handicaps. Conversely, the greater the dependence, the greater the desire for cottages especially planned for older people. Only one in ten of the most secure as compared with three out of ten of the least fortunate were seriously interested in such separate dwellings for themselves. Any planning for housing the needy aged in Nevada would do well to incorporate those services and facilities which would be essential to some of the more handicapped of the Old Age Assistance recipients. Perhaps the most remarkable thing is that even of those in the most dire circumstances -- the infirm ones, perhaps living alone on nothing but their O. A. A. grants and some of them under conditions unsatisfactory to them -- 28 per cent still cling stubbornly to their independence. All told, two-thirds of them are not ready to give up in the foreseeable future. This is the key to the spirit of these old people -- within the limits of their failing abilities, they prize independence above all else.

#### SUMMARY AND CONCLUSIONS

Old Age Assistance recipients generally agree that the state of Nevada should make some official provision for shelter for the needy aged. The cottage plan would meet this problem with widespread approval in comparison with a single institution.

The majority, however, visualize their own lives going on very much as they are. They are generally satisfied with their present more independent living arrangements. Only a minority would wish to make a change even if special housing for the aged became available.

The old people of Nevada cherish their independence. As long as they are physically able to fend for themselves, most of them want to continue to do it. When the inevitable concomitants of old age begin to crowd in on them -- and only then -- will most of these old people admit to a certain degree of dependence. Though forced to recognize their need for assistance, they would most appreciate an arrangement which allowed them as much independence as their handicaps will permit.

Since the cottage plan appealed to the relatively more dependent of the group, planning should not fail to include facilities and services for the handicapped, if it is to aid the group which needs and would welcome this

form of assistance the most. The cottage plan could offer the needed security and assistance, while avoiding extremes of group regimentation, and without sacrificing normal privacy and freedom.

Groups of cottages would be an ideal solution for the state of Nevada, if it ever undertook to alleviate the housing needs of the aged. Not only could such a plan be developed on a small scale gradually without the initial outlay entailed by a single structure, but small units could be distributed throughout the state wherever an interested nucleus existed. Thus the needful old people would not be compelled to break their ties with familiar surroundings as they would if a single state home were built.



## CHAPTER IV

### A SURVEY OF INSTITUTIONS HOUSING AGED PERSONS IN NEVADA

Questionnaires were sent from the office of the Legislative Council Bureau to county hospitals, nursing homes, poor farms - places known to the Hospital Licensing Division of the State Department of Health that have aged persons in residence. The purpose of the survey was to determine the number of persons now receiving institutional care in various parts of the state, and statistics were secured on age, sex, race, marital status, mobility, personal services needed, preferred living arrangements, and percentage of total subsistence received from outside sources.

There were 218 persons reported, 27 of these being under 65 years of age, but many of these were 64 and the rest of them were nearly all over 60. The average age of these 218 persons is 74.86 years. Of the 218, 165 were male, 53 female; 211 were white, 3 Chinese, 3 Negro, and 1 Japanese; 198 were single or widowed, 20 had living spouses.

As to mobility, the questionnaire showed that 73 were bed-ridden, 60 were chair-fast, and 88 were not house-bound. Under "Personal Services Needed", it was found that 110 needed assistance, either completely or in lesser degrees, in toilet functions, dressing, etc., 24 needed assistance in eating, 50 needed help in walking, negotiating stairs, etc., while 71 needed no assistance. Three of those needing help were blind.

Under "Preferred Living Arrangements" it was found that 131 indicated "hospital." This is understandable since the query was made of institutions which were in the main hospitals or nursing homes. Undoubtedly these aged persons would not be in a hospital if they did not require a certain amount of medical or nursing care. Some 71 preferred an aged persons' home, 30 indicated a preference for living with non-relatives, 6 with relatives, 10 preferred a separate dwelling, 4 an apartment or room. These last figures total 252 indicating that some listed an alternate choice as well as a first preference.

Of the 218, 112 receive no outside financial assistance and are supported entirely by the institution. Of the 106 receiving some assistance, 1 receives 10% of the total required, 3 receive 15%, 9 - 20%, 18 - 25%, 50 - 40%, 19 - 50%, 1 - 60%, and 5 receive 100% financial assistance. Most of those receiving 40% through 60% assistance come under the Old-Age Assistance Program. Some have retirement, one Nevada Industrial Commission compensations, several Social Security benefits, and a very few receive assistance from relatives.

A set of questionnaires was submitted by the Director of the Washoe county Welfare Department covering 40 persons cared for by that agency who do not need hospitalization. Through the Department's frequent personal contact with these persons, the Director was probably well qualified to answer for those cases the portion of the questionnaire dealing with personal preference. Of these 40, 10 are under 65 years of age, 3 are under 60 (55, 57, 56). The average age of this group is 70 years. There are 28 males, 12 females; 39 white, 1 Chinese; 38 single or widowed and 2 with living spouses. Of this group, 1 is bed-ridden, 2 chair-fast, while 37 are not house-bound; 1 who needs more or less extensive personal services, 4 who need assistance in walking or handling stairs, and 35 who need no personal services. These persons are the ones who might benefit from a program of making available separate dwellings or apartments. The Welfare Director for Washoe County indicated that their living conditions were in some cases indescribably poor and inadequate. Their preferred living arrangements were: 5 - apartment or room, 32 - separate dwelling, 2 who needed more assistance - aged persons' home, and the bed-ridden case, with relatives.

As far as financial responsibility is concerned, 38 were completely without any source of income, 1 receives 50% of his support from an unnamed source and another receives 30% from insurance.

It is not surprising that of the 133 aged persons that were chair-fast or bed-ridden, 131 preferred hospital living arrangements. It is unusual, however, to find that 71 seemed to prefer an aged persons home, since that is contrary to the usual findings.

TABLE 1 - INSTITUTIONAL CARE AND FACILITIES IN NEVADA

1.  NAME OF HOSPITAL	1-a	1-b	1-c	2. MARITAL STATUS		3. MOBILITY			4. PERSONAL SERVICES NEEDED				5. PREFERRED LIVING ARRANGEMENT						6. OUTSIDE INCOME (Estimate % of total subsistence received from outside sources.)				
	AGE	SEX	RACE	a. Single	b. Spouse living	a. Bed-ridden	b. Chair-fast	c. Not house-bound	a. In toilet functions, dressing, etc.	b. In eating	c. In walking stairs, etc.	d. None	a. Apartment or room	b. Separate dwelling	c. Aged Persons' home	d. Hospital	e. With relatives	f. With non-relatives	a. Employment	b. Retirement	c. Insurance, Old Age Assistance	d. Other	e. None
Elko General Hospital		2-F 3-m	5-W	4	1	4	5	-	4	-	4	1	1	1	-	-	1	2	-	-	-	3	2
Lyon County Hospital		7-M 1-F	8-W	7	1	2	1	5	1	1	1	6	1	-	-	7	-	-	-	2	6	-	2
Battle Mountain General Hospital		1-M	1-W	1	-	-	-	1	1	-	-	-	-	-	-	1	-	-	-	-	1	-	-
Churchill Public Hospital		4-M 1-F	4-W 1-N	5	-	4	1	-	5	-	-	-	-	-	-	4	1	-	-	-	-	-	5
Mineral County Hospital		4-M	4-W	4	-	1	-	1	3	-	-	1	1	-	1	2	-	-	-	-	2	1	1
Lander County Community Hospital		1-M	1-W	1	-	-	-	1	1	-	-	-	-	-	-	1	-	-	-	-	-	1	-
Humboldt County General Hospital		9-M 3-F	11-W 1-J	12	-	3	8	1	11	3	1	1	-	1	-	12	-	-	-	-	3	2	7
White Pine General Hospital		8-M 1-F	9-W	9	-	5	5	-	7	-	2	1	-	1	-	8	1	-	-	-	1	3	6

Symbols: male (M), female (F), white (W), negro (N), Indian (I), Chinese (C) Other (O).

1.  NAME OF HOSPITAL	1-a	1-b	1-c	2. MARITAL STATUS		3. MOBILITY			4. PERSONAL SERVICES NEEDED				5. PREFERRED LIVING ARRANGEMENT					6. OUTSIDE INCOME (Estimate % of total subsistence received from outside sources)					
	AGE	SEX	RACE	Single	Spouse living	Bed-ridden	Chair-fast	Non-house-bound	In toilet functions, dressing, etc.	In eating	In walking, stairs, etc.	None	Apartment or room	Separate dwelling	Aged Persons' home	Hospital	With relatives	With non-relatives	Employment	Retirement	Insurance Old Age Assistance	Other	None
Ormsby County Hospital for Aged		10 M	8-W 1-C 1-N	9	1	1	1	7	3	2	3	4	-	-	10	-	-	-	-	-	-	1	9
Lincoln County Hospital		9-M 2-F	11 W	10	1	2	1	8	4	1	-	9	-	2	-	9	-	-	-	-	7	-	4
Pershing County General Hospital		12 M 2-F	14 W	14	-	4	7	3	7	2	-	5	-	-	-	14	-	-	-	1	6	-	7
Eureka County Nursing Home		7-M	7-W	6	1	-	-	7	3	-	4	3	-	-	-	7	-	-	-	-	2	1	4
Southern Nevada Memorial Hospital		25 M 7-F	31 W 1-N	27	5	8	6	18	19	4	8	11	1	-	31	2	3	28	-	-	18	5	10
Nye General Hospital		8-M 9-F	17 W	17	-	2	2	13	4	3	6	8	-	4	5	8	-	-	-	-	10	1	6
Washoe Medical Center		57 M 25 F	80 W 2-C	72	10	37	22	23	37	8	21	21	1	1	24	56	-	-	-	-	23	11	49
TOTALS	AV. 74.86	165 M 53 F	211 W 3-N 8-C 1-J	198	20	73	60	88	110	24	50	71	4	10	71	131	6	30	-	3	79	29	112
Washoe County Welfare Department	AV. 70	28 M 12 F	39 W 1-C	38	2	1	2	37	1	-	4	35	5	32	2	-	1	-	-	-	1	1	38

Symbols: male (M), female (f), white (W), negro (N), Indian (I), Chinese (C), Other (O).

## Nevada State Hospital

The number of persons in average daily residence at the Nevada State Hospital has been increasing every year for a number of years, as illustrated by the following table:

<u>Fiscal Year</u>	<u>Admissions</u>	<u>Patients in average Daily Residence</u>
1944-1945	79	327
1945-1946	109	336
1946-1947	137	355
1947-1948	128	359
1948-1949	116	350
1949-1950	155	367
1950-1951	167	374
1951-1952	180	392

This means that additional new construction is necessary from time to time in order to provide additional space. There are certain types of aged persons that require institutional care, but one-story structures to house them would be adequate, and such structures could be built at considerably less cost. The Superintendent of the Nevada State Hospital has estimated that there are 120-130 aged persons now in residence at the Nevada State Hospital who could readily reside in a home for aged persons, and thus avoid the hazards that go with association with those who are mentally ill. It is obvious that the removal of such persons from the State Hospital to a more suitable facility would aid immeasurably in their well-being, as well as alleviating the overcrowded conditions which are bound to recur with ever-increasing patient load at the Hospital.

### Summary

The survey of institutions housing aged persons revealed that there were 218 aged persons in various county institutions, and 40 more being cared for by the Washoe County Welfare Department. In addition, there were 120-130 aged persons in residence at the Nevada State Hospital. Thus, there are approximately 343 aged persons in Nevada that are now receiving institutional care, with conditions in said institutions ranging from commingling with mentally ill persons to a variety of other physical conditions that may or may not be desirable. In addition, there is an undetermined number of aged persons on the old-age assistance rolls, and being cared for by the Washoe County and Clark County welfare departments who might benefit from some type of institutional care. The construction of pilot facilities would relieve crowded conditions at the Nevada State Hospital and eliminate the need for any new additional construction at the Hospital for many years. The construction of some facilities would enable the closing of any county hospitals or "poor farms" that might appear to be undesirable, and would relieve the financially hard-pressed counties of the burden of their maintenance and operation. The construction of such facilities would provide better housing for those aged persons on old-age assistance rolls who now have very poor housing and who would be willing to try a limited type of group living on a voluntary basis, and largely eliminating the usual institutional characteristics.

### Recommendations

It is recommended that the 1953 Session of the Nevada Legislature consider the feasibility of the gradual construction of a housing project embodying companion apartments as described in Chapter II, where aged persons that needed a minimum amount of care could find reasonably satisfactory living conditions. Since the project is for aged persons, it should be under the supervision of the State Welfare Department which is now administering the old-age assistance program. The project could start with the construction of one standard basic unit, similar to a large apartment, with family style facilities for approximately seven residents. These units could be largely self-governed, the residents of each electing one of their number as manager. The manager would be in turn responsible to the Welfare Department for his handling of the affairs of his particular unit. Additional units could be constructed as funds were provided by the Legislature from year to year. There would have to be a small managerial staff, probably consisting of one person at the beginning of the program. In future years, additional units could be constructed that would provide more highly specialized care

for those aged persons who were less able to take care of themselves. All units could be single story, of simple design, and economical to construct. Consultation with architects reveals that an appropriation of \$35,000 would probably build a single unit as described above, and \$60,000 would build two such units.

Also, it is recommended that the Legislature consider the possibility that the large facilities of the Nevada Indian Agency at Stewart may be disposed of by the U. S. Department of the Interior sometime during the next five or eight years. It may be possible for the State of Nevada to acquire this property for a nominal sum, and in such case, only comparatively few changes would be necessary in order to provide a variety of types of hospital and institutional care. If it is felt that the immediate need for facilities for housing aged persons is not too pressing, and that the Indian Agency facilities may become available within a reasonable length of time, then no new construction should be embarked upon at this time.

## APPENDIX

July 5, 1952

Mr. Jeff Springmeyer, Legislative Counsel,  
Capitol Building,  
Carson City, Nevada.

Dear Jeff:

A matter came to my attention the other day which I wish to submit for your consideration. I was informed that the Nevada State Game Farm west of Verdi is or is about to go on the market for sale. It holds over 400 acres and a number of usable buildings. It also has an ample water supply and the power lines pass through the property. I looked over the location and thought it pre-eminently suitable for 3 State projects for which there is an immediate need and which must eventually be met.

1. A State owned and operated Tubercular Sanitarium. The present cost for the care of such cases is at least double what it would be in a State owned institution. Since the responsibility of care rests at the County level a State owned institution could afford the County's service for twice as many as are being cared for at present without a proportionate increase in the financial burden.

2. The need of expansion in the institutional facilities for the care of the aged seems already recognized. An institution for this special purpose at the State level could relieve the pressure on the Counties for those cared for at the County level and also the pressure at the State Hospital by the transfer of approximately 100 patients in the old age group who could be cared for in such an institution.

3. A separate facility for the care of mentally handicapped or mental defective minors.

Subjects 2 and 3 have been discussed between us a number of times in the past. Prior to knowledge of the existing acreage the thought was to establish an annex on the State Hospital grounds. The hospital's acreage since its inception has been considerably reduced until the present holdings are below reasonable adequacy. All indications are that the annual admission rate will continue high and will rise as the State's population increases. To avoid further immediate needs for construction of bed space at the hospital requires a separate location for the care of these two special groups by establishing these units on the grounds of the Game Farm. Being only about ten miles from Reno - the supervision could still be maintained from the hospital without duplication of administrative personnel. Type of construction required for the care of such

cases could be more cheaply done than if the construction were carried out on the State Hospital grounds. Because we should conserve all existing facilities for the specialized care of the mentally ill, I am in favor of the new location to accommodate the aged and the children.

Incidentally, I have been given to understand that there would be very little, if any, return to the State from the sale of this land. I hope you will find this subject interesting enough for further consideration and advise me of your conclusions on the matter.

Sincerely yours,

Sidney J. Tillim, M. D.  
Superintendent