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Elderly Population of Connecticut: 1970, The

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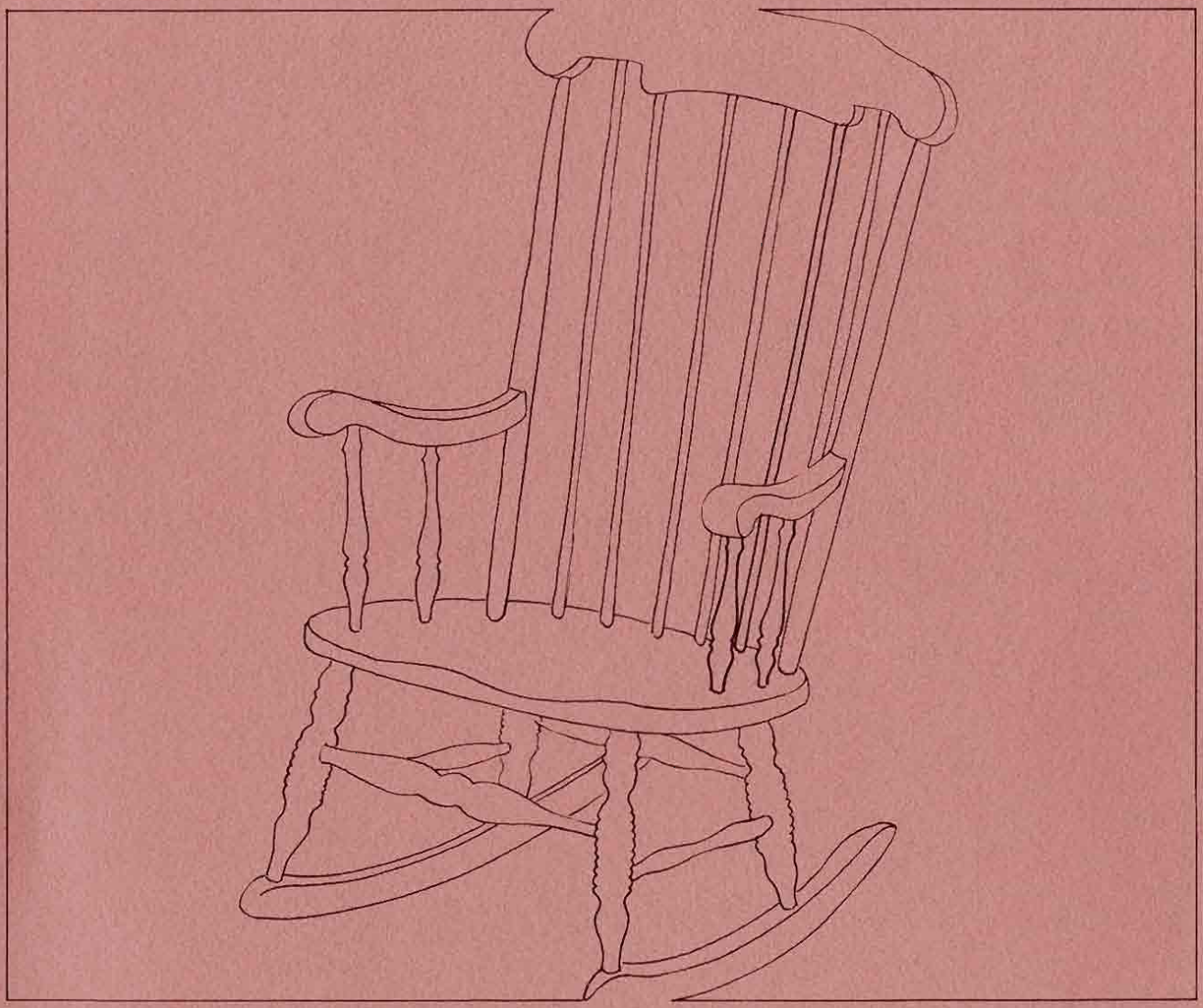

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THE ELDERLY POPULATION OF CONNECTICUT: 1970

by

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INTRODUCTION

In recent decades the numbers of elderly persons (those persons 65 years old and older) in Connecticut and in the nation have been increasing at unprecedented rates. This elderly population explosion, typical of and restricted to advanced industrial societies requires an examination of the social and economic needs of the elderly. An appreciation of these needs - what they are and their scope - presumes an understanding of the magnitude of the growth of the elderly population, of where that growth is occurring, and of the social and economic characteristics of the elderly.

The objectives of this report, one of a continuing series of reports discussing various aspects of the population of Connecticut, are several: first, the extent of the growth of the state's elderly population, both absolutely and proportionately, will be presented in a national and historical perspective; second, the geographical distribution of Connecticut's elderly will be detailed; third, a variety of social and economic background characteristics (including marital and family status, sex, income, and labor force participation) and information concerning the housing of the state's elderly population will be presented; and finally, drawing on the preceding information, we will attempt to describe and discuss some of the major needs of the elderly, with particular attention being paid to legal needs and problems.

THE SIZE AND GROWTH OF CONNECTICUT'S ELDERLY POPULATION

Table 1 shows the size of the elderly population of Connecticut and the nation from 1900 to the most recent census of 1970. During this seventy year period the elderly population of the state grew from approximately 50 thousand to about 290 thousand, an increase of about 470 percent. At the same time the nation's elderly grew from slightly over 3 million to over 20 million, an increase of about 550 percent. The number of elderly persons in both the state and the nation have, in short, increased markedly during this century; the nation's elderly population grew somewhat more than the state's.

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TABLE 1: Number and Percent Elderly, 1900-1970: Connecticut and the United States.

Year	United States		Connecticut	
	Number of Elderly	Percent of Total Population Which Was Elderly	Number of Elderly	Percent of Total Population Which Was Elderly
1900	3,083,939	4.0%	50,850	5.6%
1910	3,953,945	4.3	59,588	5.3
1920	4,939,737	4.7	68,517	5.0
1930	6,644,378	5.4	93,319	5.8
1940	9,019,314	6.8	128,554	7.5
1950	12,269,537	8.1	176,824	8.8
1960	16,559,580	9.2	242,615	9.6
1970	20,065,502	9.9	288,908	9.5

Source: U. S. Bureau of the Census, 1971, Table 21; 1972a, Table 53.

When we look at the proportional size of the elderly population (i.e., the percent of the total population which is age 65 or older), its growth is equally striking. At the turn of the century 5.6 percent of Connecticut's population was elderly. This percentage decreased during the 1900 to 1920 period to 5.0 percent, probably because large numbers of young immigrants entered the state prior to the imposition of immigrant quotas (see Hadden, 1974a) thereby depressing the relative size of older age groups. Thereafter, however, the relative size of the elderly population grew until 1960 at which time 9.6 percent of the state's population was 65 or older. The most recent decade saw a slight decrease, to 9.5 percent, in the relative size of Connecticut's elderly population. This decrease has come about through increasing out-migration of elderly persons, continued high fertility during the early 1960's resulting in larger numbers of young children and proportionally fewer elderly, and smaller cohorts entering the elderly category.

The relative size of the elderly population in the entire country was smaller than in Connecticut in every decade of this century except the most recent when the national proportion reached 9.9 percent. Unlike the pattern in Connecticut with its ups-and-downs at the beginning and end of the 1900 to 1970 period, the relative size of the American elderly population has grown uninterruptedly during this century from 4 percent to almost 10 percent. The perturbations characteristic of this state and others, as well, are absent from the national picture because of the relative insignificance nationally of idiosyncratic changes occurring in local areas.

Table 2 indicates the absolute and percentage increases in the elderly population of Connecticut during each of the seven decades of this century as well as the percentage increase in the total population for purposes of comparison. The early decades of the twentieth century saw only small absolute increases in the elderly population; succeeding decades, through the fifties, saw progressively larger increases culminating in a gain of over 65 thousand during the 1950's but out-migration

from the state of elderly persons coupled with smaller cohorts entering the elderly age group resulted in a return, during the 1960's, to an absolute increase in the elderly population resembling that of the 1940's.

TABLE 2: Absolute and Percentage Increase in the Elderly Population and Total Population by Decades, 1900-70: Connecticut.

Decade	Absolute Increase in Number of Elderly Persons	Percentage Increase in Elderly Persons	Percentage Increase in Total Population
1900-10	9,008	17.8%	22.7%
1910-20	8,929	15.0	23.9
1920-30	24,802	36.2	16.4
1930-40	35,235	37.8	6.4
1940-50	48,270	37.5	17.4
1950-60	65,791	37.2	26.3
1960-70	46,293	19.1	19.6

Source: See Table 1.

The percentage increase in the elderly population was exceeded by the increase in the state's total population during the 1900-1920 and 1960-1970 periods. During 1920-1960 the elderly population grew more rapidly than the general population; the size of the elderly population increased by more than one-third during each of the four decades between 1920 and 1960. The disporportionate growth of the elderly population of Connecticut during this century is revealed by the fact that while the general population grew by only about 234 percent, the elderly population grew by about 470 percent.

In an attempt to get some idea of what lies immediately ahead, we have projected the size of the elderly population to 1980; the validity of this projection depends entirely on the truth of the assumptions indicated in the note to Table 3. If these assumptions hold, the 1970's will see a resurgence in the growth of the elderly; nearly 368 thousand elderly will reside in the state by 1980 reflecting an increase of about 79 thousand in the 1970 elderly population size, or about 27.4 percent more elderly persons living in Connecticut in 1980 than in 1970.

In summary, the elderly population of Connecticut (and of the nation) has grown substantially during this century, both in absolute numbers and relative to the general population. It appears that this growth will continue and perhaps even accelerate during the present decade. This trend reflects the long-term growth of the state's population and the fact that more people are surviving beyond age 65 than was the case in earlier periods.

TABLE 3: Projection* of the Elderly Population by Age and Sex to 1980: Connecticut.

Age Groups	Males	Females	Total
65-69	58,681	71,468	130,149
70-74	39,760	54,840	94,600
75-79	23,415	39,350	62,765
80-84	10,717	21,431	32,148
85 and Over	14,737	33,558	48,295
Total	147,310	220,647	367,957

Source: Steahr, 1973; U. S. Bureau of the Census, 1971, Table 21.
* Two major assumptions have been made in the course of obtaining these "survival ratio" projections: (1) there will be zero net migration for these age groups between 1970 and 1980, and (2) these age groups will experience mortality levels between 1970 and 1980 which prevailed in the 1969-70 period.

THE GEOGRAPHIC DISTRIBUTION OF CONNECTICUT'S ELDERLY POPULATION

While the elderly population in Connecticut has increased markedly in recent decades, this growth has not resulted in a uniform distribution throughout the state. In this section consideration will be given to the distribution of the elderly according to size of place of residence, metropolitan area, county and town of residence. For comparative purposes we will also indicate how the general population is distributed among the various geographical divisions.

Size of Place of Residence

Table 4 presents the distribution of the total and elderly populations according to the size of community (or town) of residence. Over three-quarters (77.4 percent) of the total population lives in urban places (i.e., places having 2500 inhabitants or more) with the remaining 22.6 percent living in rural areas. Of those living in urban settings, the great majority (69.3 percent of the total population) reside in built-up urbanized areas; only about 8 percent of the total population lives in small urban places. Of those living in the state's urbanized areas, somewhat less (32.8 percent) live in the central city portion than in the fringe area (36.5 percent) around the central city. In short, the general population of Connecticut is highly urban; the most likely type of residence is urban fringe, followed by a central city residence and open-country rural places (less than 1000 inhabitants).

The elderly population is somewhat more urban than the total population; 81.5 percent of the state's elderly population live in urban

TABLE 4: Distribution of Elderly and Total Populations According to Size of Place of Residence, 1970: Connecticut.

Size of Place	Total Population Number	Total Population Percent	Elderly Population Number	Elderly Population Percent	Percent of Population Which is Elderly
Total	3,031,709	100.0%	288,908	100.0%	9.5%
Urban Total	2,345,052	77.4	235,573	81.5	10.0
Urbanized areas	2,101,658	69.3	209,699	72.6	10.0
Central Cities	993,878	32.8	107,828	37.3	10.5
Urban Fringe	1,107,780	36.5	101,871	35.3	9.2
Other Urban	243,394	8.1	25,874	8.9	10.6
Places of 10,000 to 49,999	130,108	4.3	14,707	5.1	11.3
2,500 to 9,895	113,286	3.8	11,167	3.8	9.9
Rural Total	686,657	22.6	53,335	18.5	7.8
Places of 1,000 to 2,500	42,958	1.4	5,029	1.7	11.7
Other Rural Places	643,699	21.2	48,306	16.8	7.5

Source: U. S. Bureau of the Census, 1971, Table 20.

places and only 18.5 percent in rural areas. Similarly, the elderly are more likely to be living in the dense, urbanized areas of the state than the general population is. Within urbanized areas the elderly are more likely to be living in central cities (37.3 percent) than in the fringe areas (35.3 percent); the reverse was true for the general population. Finally, the elderly are less likely than the general population to be living in the smallest rural areas; only about 17 percent of the elderly population, as compared with over 21 percent of the total population, live in places smaller than 1000 inhabitants.

The last column in Table 4 indicates the percentage of the total population in each size of place category which is elderly; this information makes it easy to see where the elderly are disproportionately concentrated. As we have already seen, 9.5 percent of the state's population was elderly in 1970, so any size of place category having a higher percentage will have a disproportionate number of elderly. This situation, in fact, holds for all urban places except the fringes of urbanized areas, and for places of 1000 to 2500 inhabitants. The concentration of elderly relative to the total population is most pronounced in small communities (1000 to 2500 population) and medium sized communities (between 10,000 and 50,000); other things equal we would expect the problems and needs of the elderly (e.g., housing, medical care, legal advice, etc.) to be more severe in these areas than the small absolute number of elderly persons would imply due to the absence of urbanized service structures.

Metropolitan Areas

Standard Metropolitan Statistical Areas (SMSA) consist of densely settled populous towns (central cities) and surrounding towns (suburban rings) which are closely integrated with the central city. Occasionally, as in the case of Meriden, no suburban ring is defined. In 1970 Connecticut contained 11 SMSAs which themselves contained 82.5 percent of the state's total population and 82.2 percent of the elderly population. Table 5 presents the distribution of the total and elderly populations within the state's SMSAs.

The several SMSAs show great variation in the extent to which population is located primarily in the central city or in the suburban ring. Hartford is the most suburbanized of the metropolitan areas, with over three-quarters of its population living outside the central city. Bridgeport and New Haven SMSAs also have a majority of their residents living in the suburban ring towns. The most centralized of the metropolitan areas is Bristol with 84.3 percent of its population in the central city (due mainly to the fact that Bristol has only one suburban ring town); Danbury, New Britain and Norwalk SMSAs are also relatively centralized. The remaining metropolitan areas - New London-Groton-Norwich, Stamford and Waterbury - have approximately equal proportions living in the central city and in the suburban ring.

Similar variability exists in the distribution of the elderly population as between central city and suburban ring. However, in most SMSAs a larger proportion of the elderly reside in the central city than is true of the general population. For several metropolitan areas - Bridgeport, New Britain, New Haven, and Waterbury - the elderly are considerably more concentrated in the central city than the general population is. In only two SMSAs - Bristol and Stamford - are there proportionately fewer elderly in the central city than is the case with the total population - and in both of these the differences are very small.

The proportion of the total metropolitan population which is elderly varies only from 8.2 percent (Bristol) to 10.5 percent (Waterbury). As the preceding discussion has suggested, the proportion of the total population which is elderly is generally higher in central cities than in either the SMSA or the suburban ring (again with the exception of Bristol and Stamford). The central cities of Bridgeport (11.9 percent), Hartford (10.8), New Britain (11.2), New Haven (12.3), and Waterbury (12.5) metropolitan areas have disproportionately large elderly populations; that is, well over 9.5 percent of their population is elderly. Only in Stamford is this true of the suburban ring.

Counties

Table 6 provides the same information for Connecticut's eight counties as we have previously reviewed for size of place and metropolitan areas. The general population is concentrated in the three highly urban counties of Fairfield, Hartford and New Haven; 77.7 percent of Connecticut's population live in these counties. A similar percentage (78.3) of the state's elderly population live in these three counties. Of these, only New Haven County has a somewhat larger elderly population than we would expect on the basis of its share of the state's total population.

TABLE 5: Distribution of Elderly and Total Population Within Metropolitan Areas, 1970: Connecticut.

Metropolitan Area	Total Population		Elderly Population		Percent of Total Population which is Elderly
	Number	Percent	Number	Percent	
Bridgeport SMSA	389,153	100.0%	37,537	100.0%	9.6%
Central City	156,542	40.2	18,584	49.5	11.9
Suburban Ring	232,611	59.8	18,953	50.5	8.1
Bristol SMSA	65,808	100.0	5,383	100.0	8.2
Central City	55,487	84.3	4,477	83.3	8.1
Suburban Ring	10,321	15.7	896	16.7	8.7
Danbury SMSA	78,405	100.0	7,004	100.0	8.9
Central City	50,781	64.8	4,823	68.9	9.5
Suburban Ring	27,624	35.2	2,181	31.1	7.9
Hartford SMSA	663,891	100.0	61,163	100.0	9.2
Central City	158,017	23.8	17,121	28.0	10.8
Suburban Ring	505,874	76.2	44,042	72.0	8.7
Meriden SMSA	59,959	--	6,033	--	10.1
New Britain SMSA	145,269	100.0	13,926	100.0	9.6
Central City	83,441	57.4	9,327	67.0	11.2
Suburban Ring	61,828	42.6	4,599	33.0	7.4
New Haven SMSA	355,538	100.0	36,768	100.0	10.3
Central City	137,707	38.7	16,940	46.1	12.3
Suburban Ring	217,831	61.3	19,828	53.9	9.1
New London-Groton-Norwich SMSA	208,412	100.0	18,044	100.0	8.7
Central Cities	111,586	53.5	10,599	58.7	9.5
Suburban Ring	96,826	46.5	7,445	41.3	7.7
Norwalk SMSA	120,099	100.0	9,886	100.0	8.2
Central City	79,113	65.9	6,862	69.4	8.7
Suburban Ring	40,986	34.1	3,024	30.6	7.4
Stamford SMSA	206,419	100.0	19,686	100.0	9.5
Central City	108,798	52.7	10,119	51.4	9.3
Suburban Ring	97,621	47.3	9,567	48.6	9.8
Waterbury SMSA	208,956	100.0	21,937	100.0	10.5
Central City	108,033	51.7	13,542	61.7	12.5
Suburban Ring	100,923	48.3	8,395	38.3	8.3

Source: U. S. Bureau of the Census, 1971, Table 24.

TABLE 6: Distribution of Elderly and Total Populations by County, 1970: Connecticut.

County	Total Population		Elderly Population		Percent of Total Population Which is Elderly
	Number	Percent	Number	Percent	
Total	3,031,709	100.1%	288,908	100.0%	9.5%
Fairfield	792,814	26.2	74,125	25.7	9.3
Hartford	816,737	26.9	76,303	26.4	9.3
Litchfield	144,091	4.8	16,059	5.6	11.1
Middlesex	114,816	3.8	11,498	4.0	10.0
New Haven	744,948	24.6	75,696	26.2	10.2
New London	230,348	7.6	19,948	6.9	8.7
Tolland	103,440	3.4	6,112	2.1	5.9
Windham	84,515	2.8	9,167	3.2	10.8

Source: Steahr, Bolduc and Skambis, 1974, Table 5; Hadden and Townsend, 1973, Appendix 1.

Of the remaining counties, Litchfield, Middlesex and Windham have larger shares of the state's elderly population than they do of the total population; there is a modest concentration of elderly in these counties. Tolland County departs most markedly from the 9.5 percent elderly which is the norm for the state; due to the presence of the University of Connecticut and the prison at Somers, both with very young populations, only 5.9 percent of Tolland's population is elderly.

Towns

There are too many towns in the state to discuss their elderly populations in a comprehensive way. Instead, we have included Figure 1 which is a map of the state indicating the location of every town. In Figure 1 we have defined three categories of towns according to the percentage of the town's population which is elderly. One category includes towns which have disproportionately small elderly populations equal to or less than 7 percent of the total population. A second category includes towns with more than 7 but less than 11 percent of their populations elderly. And the third category consists of towns with disproportionately large elderly populations - with at least 11 percent of the total population classified as elderly.

The 40 towns with proportionately few elderly, while scattered throughout the state, seem to be primarily located in or on the periphery of the Hartford metropolitan area; 22 towns form an unbroken stretch from Barkhamsted in the west to Chaplin and Lebanon in the east. Most of these towns can be characterized as suburban, as can those in the southern portion of the state in Fairfield, New Haven and New London counties. The towns of Ledyard and Mansfield have the smallest

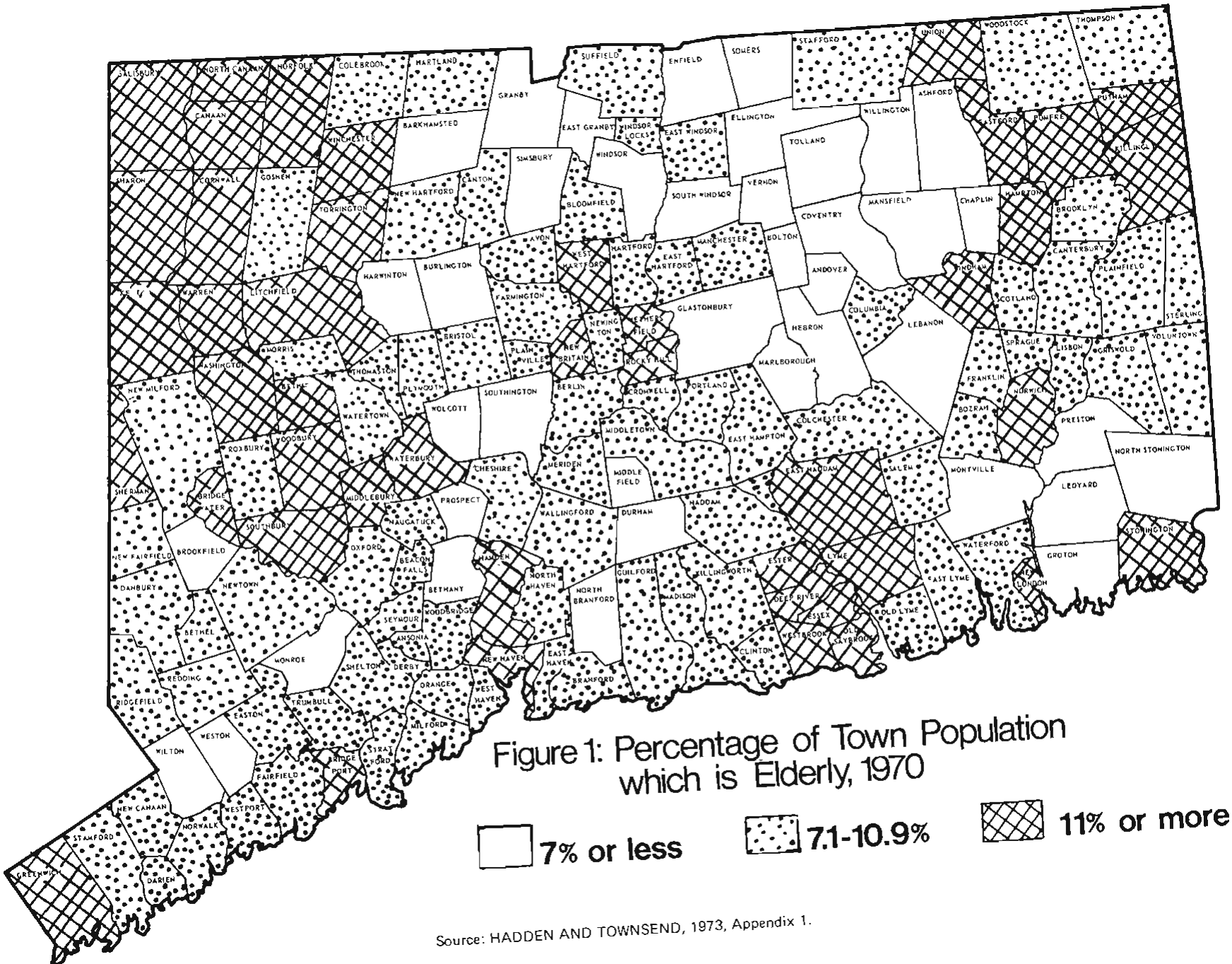

Figure 1: Percentage of Town Population which is Elderly, 1970

Source: HADDEN AND TOWNSEND, 1973, Appendix 1.

proportion elderly in the state, 2.4 and 3.6 percent respectively; Ledyard has a fairly large military population and Mansfield a substantial college student population, both of which are overwhelmingly young.

In contrast, towns with relatively large proportions of their populations in the elderly category are primarily located in the rural areas of the state - the northwest, northeast and south central. Several metropolitan centers - Waterbury, Bridgeport, New Haven, New Britain and New London - are also in this category. Salisbury and Sharon, both in rural Litchfield County, have the highest proportion elderly - 19.9 and 18.5 percent respectively.

Summary

In terms of absolute numbers the state's elderly population, like the general population, is concentrated in metropolitan areas and, unlike the general population, often in the central cities of metropolitan areas. In relative terms, however, the elderly are primarily concentrated in small rural towns and central cities of metropolitan areas. The elderly, in short, are most likely to be found at the extremes of the community size distribution - in the largest places and in the relatively small places; they are disproportionately missing from suburban areas of moderate size.

CHARACTERISTICS OF CONNECTICUT'S ELDERLY POPULATION

In this section we will describe a variety of demographic, social and economic attributes of the state's elderly population; among the characteristics to be discussed are: age, sex, race, national origin, marital status, family status, residential mobility, education, labor force participation, occupation and industry for those who work, income and poverty status. When possible and appropriate, we will present information about trends in recent decades for characteristics of the non-elderly adult population for comparative purposes.

Age and Sex

Table 7 presents the distribution of the elderly population in various age groups classified by sex for Connecticut for 1940, 1950, 1960 and 1970. Several patterns are evident in Table 7. First, there has been a general decline in the proportion of elderly - both male and female - who are between 65 and 74 years old; this decline is most pronounced among the 65 to 69 year olds and is only slight among the 70 to 74 year olds. There has been a corresponding increase in the proportion of elderly - again, both male and female - above age 74. Modest improvements in life expectancy among the elderly are partially responsible for this general upward shift in age composition of the elderly population.

Second, males are more concentrated in the 65-74 age group than females throughout the 1940-70 period, while females are more concentrated in the 75 and over categories than males. This reflects the superior life expectancy of females; more women than men survive to age 75 and over.

TABLE 7: Elderly Population Classified by Age and Sex, 1940-1970: Connecticut.

Age and Sex	1940 Number	1940 Percent of Elderly	1950 Number	1950 Percent of Elderly	1960 Number	1960 Percent of Elderly	1970 Number	1970 Percent of Elderly
Total	128,554	100.0%	176,824	100.0%	242,615	100.0%	288,908	100.0%
65-69	54,530	42.4	71,242	40.3	92,837	38.3	96,959	33.6
70-74	37,054	28.8	48,982	27.7	70,086	28.9	77,851	27.0
75-84	31,898	24.8	47,821	27.0	65,605	27.0	91,676	31.7
85 and Over	5,072	4.0	8,779	5.0	14,087	5.8	22,422	7.7
Male	59,313	100.0	80,387	100.0	107,210	100.0	116,794	100.0
65-69	25,898	43.7	33,985	42.3	42,839	40.0	42,198	36.1
70-74	17,295	29.2	22,498	28.0	31,725	29.6	31,665	27.1
75-84	14,132	23.8	20,633	25.7	27,497	25.6	35,246	30.2
85 and Over	1,988	3.3	3,271	4.0	5,149	4.8	7,685	6.6
Female	69,241	100.0	96,437	100.0	135,405	100.0	172,114	100.0
65-69	28,632	41.4	37,257	38.6	49,998	36.9	54,761	31.8
70-74	19,759	28.5	26,484	27.5	38,361	28.3	46,186	26.8
75-84	17,766	25.7	27,188	28.2	38,108	28.2	56,430	32.8
85 and Over	3,084	4.4	5,508	5.7	8,938	6.6	14,737	8.6

Source: U. S. Bureau of the Census, 1971, Table 21.

Finally, this longevity advantage of women is increasing as indicated by the fact that in 1940 27.1 percent of the elderly males were over 74 as compared with 30.1 percent of females; by 1970, 36.8 percent of males were over 74 (9.7 percent increase) and 41.4 percent of women were in this age category (or 11.3 percent increase). Recent changes in life expectancy for males and females are consistent with this interpretation. In 1960, females in the 60 to 64 age group had a future life expectancy of 18.6 years; this increased by more than a year to 19.7 years in 1970. Males, with lower life expectancy to begin with, improved less; in 1960, males 60-64 years old had a life expectancy of 15.4 years and this increased only one-half year to 15.9 in 1970 (Steahr, 1973 , Tables 1-4).

The disparity in age composition between males and females, and the differing longevity becomes clearer when we look at trends in sex ratios from 1940 to 1970 for various age groups. This information is presented in Table 8. There has been a general decline in the sex ratio for the total population from about 99 males for every 100 females in 1940 to 94.5 males per 100 females in 1970. This decline is due partly to net gains in the female population through migration relative to males and partly to greater improvements in female life expectancy than in male longevity.

TABLE 8: Sex Ratios* of the Total and Elderly Populations, 1940-1970: Connecticut.

Age Groups	Sex Ratios*			
	1940	1950	1960	1970
Total Population	98.9	97.0	96.4	94.5
Elderly Population	85.7	83.4	79.2	67.9
65-69	90.5	91.2	85.7	77.1
70-74	87.5	84.9	82.7	68.6
75-84	79.5	75.9	72.2	62.5
85 and Over	64.5	59.4	57.6	52.1

Source: Table 7.
* Sex ratio is defined as the number of males per 100 females.

The effect of greater advance in female than male longevity is evident in the large decline in the sex ratio for the total elderly population, from 85.7 in 1940 to 67.9 in 1970, as well as the substantial decreases in the sex ratios for all four elderly age groups.

The sex ratio declines with increasing age, as well. By 1970 there were only about 77 males 65 to 69 years old in the state for every 100 females in this age group. This ratio decreases to 68.6, 62.5 and 52.1 for the 70-74, 75-84 and over 84 age groups respectively. In the oldest age group there are almost 2 females for every 1 male. The excess numbers of elderly females relative to males has serious implications for the dissolution of marriages when one spouse - most often the wife - succeeds the other by years. We will consider this problem in a subsequent section.

Racial and Ethnic Composition

Table 9 shows the percentage of specific age groups (and total population) which were native white, foreign born white, and non-white in 1960 and 1970, and Spanish speaking in 1970. Several patterns are evident in Table 9.

A large majority of the total population was native white in both 1960 and 1970, there having been a slight increase in the relative size of this group by 1970. The foreign born population in both 1960 and 1970 was larger than the non-white population although this situation will probably change by 1980 since the foreign born white population decreased in relative size between 1960 and 1970, and the non-white (mainly Negro) population increased; there is no reason to expect the course of these trends to be altered.

The racial and ethnic composition of the state's elderly population differs substantially from that of the general population. In 1960 only about 56 percent of the elderly were native born whites; the foreign

TABLE 9: Percent of the Total and Elderly Populations Which are Members of Selected Racial and Ethnic Groups, 1960 and 1970: Connecticut.

Age Groups and Year	Racial and Ethnic Groups			
	Native White	Foreign Born White	Non-White	Persons of Spanish Language
Total Population				
1960	84.9%	10.7%	4.4%	--%
1970	85.3	8.3	6.4	2.4
Total Elderly				
1960	56.3	41.7	2.0	--
1970	65.3	31.7	3.0	0.7
65-69 Years Old				
1960	58.6	39.2	2.2	--
1970	72.4	24.0	3.6	0.9
70-74 Years Old				
1960	52.9	44.9	2.2	--
1970	65.1	31.9	3.0	0.8
75-84 Years Old				
1960	55.3	43.0	1.7	--
1970	59.0	38.7	2.3	0.5
85 and Older				
1960	62.6	35.6	1.8	--
1970	60.4	36.3	3.3	0.7

Source: U. S. Bureau of the Census, 1972b, Tables 138 and 139.

born white component was much larger among the elderly (almost 42 percent in 1960) than in the total population. This, of course, reflects the survival of many people who immigrated into the state from Europe during the first two decades of this century (see Hadden 1974a for a fuller discussion of the foreign born elderly population). By 1970 the foreign born elderly population had diminished to 31.7 percent showing simultaneously the effects of the sharp decrease in immigration around 1920 (i.e., the cohorts now entering elderly status contain relatively few foreign born persons) and the deaths of many of the earlier immigrants. The native white elderly correspondingly increased in relative size to 65.3 percent by 1970. Both the non-white and Spanish language components of the elderly population are smaller than in the general population reflecting the recency of arrival of large numbers of young persons in these two racial-ethnic categories.

Marital Status and Family Status

Table 10 indicates the marital status of males and females in the general population (14 years old or over) and in the elderly population. A majority of both males and females in the general population are married and living with their spouses. Males are somewhat more likely to be married and living with their spouse than are females, and females are more likely to be single. A relatively small proportion of both males and females are either divorced or living away from their spouses.

TABLE 10: Marital Status of the Total and Elderly Populations by Sex, 1970: Connecticut.

Sex and Marital Status	Population 14 Years Old and Over		Elderly Population	
	Number	Percent	Number	Percent
Males	1,065,966	100.0%	116,794	100.0%
Single, Never Married	310,223	29.1	10,511	9.0
Married, Spouse Present	672,079	63.0	78,369	67.1
Spouse Absent	32,230	3.0	5,022	4.3
Divorced	21,378	2.0	2,686	2.3
Widowed	30,056	2.8	20,206	17.3
Females	1,171,558	100.0	172,114	100.0
Single, Never Married	287,585	24.5	18,917	11.0
Married, Spouse Present	672,005	57.4	55,546	32.3
Spouse Absent	40,216	3.4	4,553	2.6
Divorced	34,153	2.9	4,105	2.4
Widowed	137,599	11.7	88,993	51.7

Source: U. S. Bureau of the Census, 1972b, Table 152.

The major difference between males and females is with respect to widowhodd; females are far more likely to be widowed (11.7 percent) than are males (2.8 percent). When we look at the marital status of the elderly, the reason for this disparity is clear; over one-half of elderly females are widowed as compared with only about 17 percent of elderly males. There are, in fact, over four times as many elderly widows as widowers. Consequently, a much smaller proportion of elderly women are married and living with their spouse than is true for elderly males. Elderly males and females do not differ much on the other three categories of marital status.

Approximately 90 percent of both males and females have been married by the time they reach age 65. A relatively small number of these marriages, at least among the state's 1970 elderly population, were broken by separation or divorce. The death of a partner is overwhelmingly responsible for the dissolution of marriage among the elderly; most commonly this involved the death of the husband. The differences in life

expectancy noted earlier is a mixed blessing for women; many more women than men spend their last years without spouses. As we will see later, this has a substantial effect on the income status of elderly widows.

The marital status of elderly persons has a major effect on the kinds of living arrangements they have. Table 11 provides an indication of the differing living arrangements of elderly males and females. First, because their families are less likely to have been broken by the death of a wife, elderly males live with their families (primarily as family head) more frequently than elderly women. And many more women than men live with relatives (usually children, grandchildren or siblings). Second, and deriving from the above, elderly women are more than twice as likely to be living alone or with non-relatives as primary individuals than elderly men are. Third, women are more likely than men to be living in institutions, particularly homes for the aged, than their male counterparts.

TABLE 11: Distribution of the Elderly Population According to Family Status, by Sex, 1970: Connecticut.

Family Status	Males		Females	
	Number	Percent	Number	Percent
Total Elderly	116,794	100.0%	172,114	100.0%
Living in Families	95,189	81.4	107,425	62.4
Family Head	82,377	70.5	16,501	9.6
Wife of Head	--	--	53,452	31.1
Other Family Member	10,321	8.8	34,148	19.8
Not Related to Head	2,491	2.1	3,324	1.9
Not Living in Families	21,605	18.6	64,689	37.6
Primary Individual*	15,488	13.3	51,705	30.1
Living in Group Quarters	6,117	5.3	12,984	7.5
Inmate of Institution	5,337	4.6	11,595	6.7
Mental Hospital	653	0.6	822	0.5
Home for Aged	3,811	3.3	10,238	5.9
Other Institution	873	0.7	535	0.3
Other Group Quarters**	780	0.7	1,389	0.8

Source: U. S. Bureau of Census, 1971, Table 22; 1972b, Tables 153 and 154.
* A primary individual is one who resides alone or with non-relatives in a single household and not in group quarters.
** Other group quarters include boarding houses, rooming houses, barracks, dormitories and the like.

In short, because they live longer and have marriages broken by death, elderly women frequently live away from kin and loved ones, either alone or in homes for the aged, far more often than elderly males. This is surely one of the tragedies of growing old, whether confronted by man or woman.

Residential Mobility

Table 12 shows the mobility status of the population classified by age and sex. Several conclusions can be drawn on the basis of this information. First, total mobility is relatively low for the youngest age group, increases markedly among the 20-34 year olds, and then decreases among the older age groups. This pattern, which holds for both men and women, is a function of the family life cycle and occupational career progression. Mobility of all kinds is highest among those persons (20-34 year olds) who are forming families and establishing careers; marriage, the birth of children and the pursuit of a career all frequently involve residential mobility. As careers become established, children enter school and social ties with a particular community emerge, mobility generally declines; thus, children (5 to 19) and their families, and older families have relatively low mobility rates.

TABLE 12: Mobility Status by Age and Sex, 1965-70: Connecticut.

Age-Sex Group	Non-Mobile	Percent of the Age-Sex Group Who, Between 1965 and 1970, were: Mobile*			
		Total	Inter-County Movers	Intra-State Migrants	Inter-State Migrants
Population 5 Years Old and Over					
Male	57.0%	43.0%	21.6%	3.8%	9.6%
Female	58.0	42.0	21.9	3.8	8.9
5-19 Years Old					
Male	58.3	41.7	21.4	3.8	8.8
Female	57.4	42.6	22.0	3.9	9.2
20-34 Years Old					
Male	29.7	70.3	30.7	6.8	19.3
Female	30.6	69.4	33.2	7.4	17.2
35-49 Years Old					
Male	60.4	39.6	21.2	3.2	8.4
Female	65.4	34.6	18.9	2.5	6.9
50-64 Years Old					
Male	75.6	24.4	14.8	1.8	3.4
Female	74.8	25.2	15.1	1.8	3.6
65 and Older					
Male	76.0	24.0	13.6	2.0	3.0
Female	72.5	27.5	15.7	2.1	3.9

Source: U.S. Bureau of the Census, 1972b, Table 145; Hadden, 1974b.

* Mobile category also includes "abroad" and "moved, not reported" so "Total Mobile" will be greater than the sum of the three components presented.

Second, local (intra-county) movement is by far the most frequent type of mobility at all ages and for both sexes. This reflects the tendency for people to make their residential adjustments without breaking established community ties whenever it is possible to do so; also, because economic costs of mobility increase as distance increases, people will resist the high costs of long distance movement when that is possible.

The elderly population is generally about as mobile as the next oldest age group (50 to 64 years old); both of these groups are substantially less mobile in all respects than other age groups and than the total population. Apparently, entering elderly status, despite the fact that employment frequently ceases to be a constraint on mobility, does not alter patterns of mobility in any important way; the elderly are no more or less likely to change their residence than the 50 to 64 year old group.

Educational Attainment

Substantial long term improvements in the breadth and duration of formal education have occurred during this century. This is evident for Connecticut's population from information contained in Table 13. We see that in 1970 a very small proportion of the population 14 and older had no formal education. On the other hand, one female in five and male in four had received some college training. One-half of males and females over age 13 had completed high school, as reflected by the 12.1 median school years completed.

The elderly population differs markedly from the general population with respect to education. Larger proportions had no formal education, smaller proportions had received some college training, and the median years completed was much lower. Among the elderly, one-half of the population surviving to 1970 had less than a ninth grade education. And among the oldest elderly group, those 85 or over, approximately ten percent of males and females had no formal schooling and about the same proportion had attended college. In general, elderly women had more education (as reflected by the medians) than elderly men, although a slightly larger proportion of the women had no formal schooling and a slightly smaller proportion had attended college.

The effects of the long-term gains in educational attainment are apparent among the elderly as well as among the general population. The youngest elderly group had substantially smaller proportions of males and females with no education, larger proportions attending college and higher median years of schooling than the oldest elderly age category. In fact, the percentage of the youngest elderly age category which had received no formal schooling had nearly reached the low level currently held by the general population. These factors suggest that the large disparity in educational attainment between the general and elderly populations will diminish further over the next few decades unless large additional advances are made in the amount of formal schooling which contemporary youth receive.

TABLE 13: Educational Characteristics of the Total and Elderly Populations, by Sex, 1970: Connecticut.

Age-Sex Group	Educational Characteristics		
	Percent With No Education	Percent With Some College	Median* School Years Completed
Population 14 Years Old and Over			
Males	1.3%	26.0%	12.1
Females	1.6	20.6	12.1
65 to 69 Years Old			
Males	1.9	17.2	8.9
Females	2.5	14.1	9.4
70 to 74 Years Old			
Males	3.9	14.6	8.7
Females	5.5	12.2	8.8
85 Years Old and Over			
Males	9.7	10.9	8.3
Females	9.9	10.8	8.6

Source: U. S. Bureau of the Census, 1972b, Table 148.
* The median is that value which divides the group in two parts, one-half of which is above the median and one-half below the median.

Labor Force Participation

Entry into elderly status frequently means the termination of employment. And, as Table 14 shows, the ending of employment upon reaching age 65 is more frequent now, among males anyway, than in the past. In 1970, 28.5 percent of elderly males were in the labor force (compared with 82.3 percent of the working age male population) and 11.8 percent of elderly females (compared with 49.1 percent of working age females). As recently as 1950, on the other hand, 43 percent of elderly males and 9 percent of elderly females were in the labor force; there has been a large decrease in labor force participation of elderly males accompanied by a modest increase among elderly females. This increase in elderly female participation parallels a larger increase among the working age female population. In short, the elderly are far less likely to be in the labor force than younger people; and this tendency has been increasing among males, while elderly females have become somewhat more likely to be in the labor force over the past two decades.

Where people live may have an effect on their likelihood of being in the labor force. This is clearly shown to be true among the elderly by information presented in Table 15. Elderly males and females who live on farms are much more likely to be members of the labor force than the urban or rural non-farm elderly are. At the same time, working age

TABLE 14: Labor Force Participation of Working Age and Elderly Populations by Sex, 1950-1970: Connecticut.

Population	Percent of Population in the Labor Force		
	1950	1960	1970
Population 14 to 64 Years Old			
Males	84.2%	86.4%	82.3%
Females	38.2	43.3	49.1
Elderly Population			
Males	43.0	32.4	28.5
Females	9.0	11.4	11.8

Source: U. S. Bureau of the Census, 1972c, Table 46.

TABLE 15: Labor Force Participation of Working Age and Elderly Populations by Sex and Rural-Urban Residence, 1970: Connecticut.

Population	Percent of Population in the Labor Force		
	Urban	Rural-Non-Farm	Rural Farm
Population 14 to 64 Years Old			
Males	76.2%	77.0%	77.6%
Females	44.6	39.7	38.9
Elderly Population			
Males	28.3	28.4	46.2
Females	11.7	11.7	17.4

Source: Hadden, 1974c, Table 10.

males are not differentiated by place of residence and working age females living on farms are actually less likely to be in the labor force than those living in urban or rural non-farm locales. The reason for the high incidence of elderly labor force participation among farm residents is to be found in the relative absence of retirement programs and, particularly, compulsory retirement among those who are self-employed (as many farmers are) and among the farm population in general. Farmers are not prevented from continuing to work as long as they are physically able which, of course, os often long after reaching 65 years of age.

Table 16 presents rates of labor force participation for males and females according to marital status. In the general population males

TABLE 16: Labor Force Participation of the Adult and Elderly Population by Sex and Marital Status, 1970: Connecticut.

Marital Status	Percent of Population in the Labor Force: Population 16 Years Old and Over		Elderly Population	
	Male	Female	Male	Female
Total	80.3%	45.6%	28.5%	11.8%
Single	63.2	58.1	22.9	20.0
Married, Spouse Present	89.1	43.1	33.1	9.5
Spouse Absent	71.8	50.9	21.8	16.2
Widowed	36.9	29.3	16.0	10.6
Divorced	77.7	69.3	23.9	24.6

Source: U. S. Bureau of the Census, 1972b, Table 165.

who are married and living with their wives are most likely to be in the labor force. Similarly, elderly married males living with their wives are most likely to continue working beyond age 65, probably because social security and retirement plans provide inadequate financial resources for a family; and, correspondingly, elderly married females living with husbands are least likely to be in the labor force. Elderly widows are also less likely than the average to be in the labor force, probably because their husbands' estates and social security often provide them with a modicum of financial security thereby eliminating the necessity of working and because, other things equal, widows are older than other elderly females and are less able to work. The other elderly female groups - single, married but not living with husband, and divorced - are relatively likely to be working because they do not have the resources provided by a working or retired husband or by a deceased husband's estate.

Occupation and Industry

Tables 17 and 18 indicate the occupational and industrial composition, respectively, of the general and elderly population of Connecticut in 1970. The differences in the distribution of the elderly and the general population arise from two major sources: first, the general economy has changed considerably over the past four or five decades and, hence, we would expect young people beginning work during the 1960's to pursue different occupations in different industries than older people who have been working for several decades and, second, compulsory retirement is more likely in some occupations and industries than others thereby selectively eliminating elderly persons from those occupations and industries in which they spent their working lives.

Table 17 indicates that adult males in Connecticut were working primarily in four broad occupational groups: craftsmen (22.7 percent), professional and technical (18.0 percent), non-transport operatives

(13.9), and managers and administrators (12.9). Adult females are also mainly in four of the occupational groups: clerical (37.3 percent), professional and technical (17.3), non-transport operatives (16.6) and services located outside the home (12.5). The large manufacturing component in the state's industrial sector is apparent from the large proportions of the labor force engaged in essentially manufacturing occupations - crafts and operatives.

TABLE 17: Occupation Composition of the Total and Elderly Populations, by Sex, 1970: Connecticut.

Occupational Groups	Total Population 14 and Over		Elderly Population	
	Male	Female	Male	Female
Total Number*	721,490	452,005	31,768	19,207
Total Percent	99.9%	100.1%	99.9%	100.1%
Percent of Labor Force in:				
Professional, Technical	18.0	17.3	13.7	15.5
Managers, Administrators	12.9	3.3	12.7	4.9
Sales	7.2	7.3	10.0	10.7
Clerical	7.6	37.3	8.0	25.1
Craftsmen	22.7	1.9	16.3	2.3
Operatives, except Transport	13.9	16.6	10.0	12.9
Transport Equipment Operatives	4.3	0.4	3.1	0.5
Laborers, except Farm	4.7	0.9	5.0	1.1
Farmers and Farm Managers	0.4	0.1	1.5	0.3
Farm Laborers and Foremen	0.5	0.2	0.9	0.4
Service except Pvt. Household	7.6	12.5	18.3	15.6
Private Household	0.1	2.3	0.4	10.8

Source: U. S. Bureau of the Census, 1972b, Table 174; 1972c, Table 46.
* We have excluded those persons who were in the labor force but failed to report an occupation; there were, for example, 52 thousand males and 37.5 thousand females who did not report an occupation but were in Connecticut's labor force in 1970.

Elderly males are concentrated, although to a lesser extent, in the same major occupational groups as the total male population; in addition, 18.3 percent of the elderly male work force were in service (excluding private household) occupations. Further, relatively more elderly males than total males were in sales and farm occupations. Elderly females are concentrated in the same four occupational groups as total females, but are also fairly heavily represented in sales and private household (i.e., domestic) occupations.

The elderly, in short, are working mainly in the same occupations as the general work force and in sales and service occupations. The latter jobs may be pursued on a part time basis and are generally not very physically demanding.

Table 18, which shows the industrial composition of the total and elderly populations, reveals that both males and females in the general population are working mainly in manufacturing, wholesale and retail trade, and professional service industries. The elderly, too, are concentrated in these areas but, as suggested above, are also more concentrated in the various service industries and in agriculture, forestry and fishing than the general work force is.

TABLE 18: Industrial Composition of the Total and Elderly Populations, by Sex, 1970: Connecticut.

Industrial Groups	Total Population 16 and Older		Elderly Population	
	Male	Female	Male	Female
Total Number*	723,314	451,461	31,768	19,207
Total Percent	100.0%	100.0%	99.9%	99.9%
Percent of Labor Force in:				
Agriculture, Forestry, Fish.	1.5	0.6	3.2	1.2
Mining	0.2	0.0	0.1	0.1
Construction	8.9	0.8	7.8	1.2
Manufacturing	39.8	26.9	25.7	17.2
Transport, Communication, Public Utilities	5.8	3.2	4.0	1.6
Wholesale & Retail Trade	17.8	19.8	20.7	21.2
Finance, Ins., Real Estate	40.8	8.5	6.0	5.0
Business, Repair Service	3.5	2.2	4.5	2.2
Personal Services	1.6	0.6	1.5	0.7
Entertainment, Recreation	0.6	0.6	1.5	0.7
Professional Services	10.9	29.4	16.3	30.9
Public Administration	4.6	2.7	5.7	3.4

Source: U. S. Bureau of the Census, 1972b, Table 187.
* We have excluded the 58 thousand males and 50 thousand females who were in the labor force in 1970 but who failed to report the industry in which they were working.

The idea that the elderly are more likely to end up in occupations and industries requiring sporadic, part time workers is supported by the fact that 47.8 percent of elderly male workers and 41.2 percent of elderly female workers were working full time (50 to 52 weeks) in 1969 as compared with 68.8 percent of the general male and 43.3 percent of the general female work force (U. S. Bureau of the Census, 1972b, Table 167). The difference is pronounced for males but only modest for females. Elderly persons, in short, are less likely to be in the labor force than the general population and those who are in the labor force are more likely to be working in occupations and industries where full time employment is not required. Both of these patterns have consequences for the size of incomes available to elderly persons and for the incidence of poverty among the elderly.

Income and Poverty

Table 19 presents the median personal income* in 1969 of the population of Connecticut classified by age, sex and race. The well-known gross disparities are obvious: (1) males have higher incomes at all ages and for both races than females; (2) with a few exceptions (males 20-24, females 30-44) whites have higher incomes than Negroes; and (3) peak incomes occur in middle age with young adults (not in the labor force full-time, not established in careers, and nót having accumulated longevity in jobs) and the elderly (dependent on social security or other retirement incomes, out of the labor force, or often working only part-time) having substantially lower incomes; for a fuller discussion of these and other points, see Hadden, Groff and Bolduc (1974).

TABLE 19: Median Personal Income, by Age, Race and Sex, 1969: Connecticut.

Age Group	Total Population		White		Negro	
	Male	Female	Male	Female	Male	Female
Total, 14 and Older	$7,926	$2,828	$8,079	$2,812	$5,749	$3,036
20-24 Years Old	4,011	3,099	4,016	3,123	4,116	2,948
25-29	8,429	3,641	8,574	3,645	6,527	3,557
30-34	9,843	3,076	10,104	2,914	6,755	3,918
35-39	10,648	3,373	10,947	3,294	7,222	3,972
40-44	10,736	3,846	11,012	3,845	6,979	3,857
45-49	10,447	4,108	10,690	4,146	6,891	3,576
50-54	9,604	4,460	9,739	4,511	6,588	3,542
55-59	9,003	4,379	9,123	4,441	5,852	3,038
60-64	8,184	3,562	8,295	3,630	5,281	2,462
65-69	5,053	1,978	5,150	2,003	2,836	1,539
70-74	3,430	1,757	3,466	1,768	2,435	1,362
75 and Over	2,554	1,498	2,571	1,502	1,934	1,362

Source: U. S. Bureau of the Census, 1972b, Table 193.

The elderly, in particular, experienced sharp drops in income upon reaching age 65. For example, between ages 60 to 64 and 65 to 69, male median income dropped by 38 percent; the corresponding figure for females is 44 percent. By the time females reach the 65 to 69 age group, income is approaching rock-bottom and cannot decline much for them. For males,

* The discussion of income refers to income received in 1969 only (i.e., new income). Similarly, the identification of persons in poverty is based on the 1969 level of income. Thus, other resources (e.g., savings, property, stocks and bonds, etc.) are excluded from consideration except insofar as they contribute to the 1969 income as rents, interest, dividends and the like.

however, the decline continued as labor force participation declined; between ages 65 to 69 and 70 to 74, male median income decreased by another 32 percent.

While incomes of the elderly - male and female, black and white - are well below the incomes of those approaching elderly status, the income position of the elderly may be improving. Table 20 compares median personal incomes in 1959 and 1969, by sex, for the total population and for two elderly age groups. The male median was 60 percent higher in 1969 than in 1959, and the female median was 48 percent higher. Elderly males between 65 and 74, and over 74 increased their median income by 62 and 65 percent respectively, while the elderly females between 65 and 74 almost doubled their incomes and elderly females over 74 increased theirs

TABLE 20: The Ratio of 1969 to 1959 Median Personal Income by Age and Sex: Connecticut.

Age-Sex Group	Median Income 1969	Median Income 1959	Ratio of 1969 to 1959 Income	Absolute Difference 1969-1959 Income
Total Population, 14 and Over				
Male	$7,926	$4,963	1.60	$2,963
Female	2,828	1,908	1.48	920
65 to 74 Years Old				
Male	4,198	2,598	1.62	1,600
Female	1,862	936	1.99	926
75 and Over				
Male	2,554	1,536	1.66	1,018
Female	1,498	820	1.83	678

Source: Table 19; U. S. Bureau of the Census, 1962, Table 134.

by 83 percent. The income levels of elderly males increased at about the same rate as males in general did, and elderly females increased theirs at a much higher rate than females in general. In relative terms, then, the elderly appear to have registered income gains during the 1960's. When we look at absolute gains (the far right-hand column of Table 20), however, a different, more distressing picture appears. With the exception of 65 to 74 year old females, who just held their own, the elderly experienced substantially smaller dollar gains than the general population did. The incomes of the elderly went up, to be sure, but the number of dollars available to them to purchase the necessities of life increased much less than was the case among the general population. It is not surprising that disproportionate numbers of elderly persons are living in a state of poverty.

Table 21 shows the percentage of families, by sex of head, and unrelated individuals who are below the poverty level (See note to Table 21).

Among all families with a male head the likelihood of being in poverty is greatest when the head is 65 years old or older; some 8.7 percent of elderly families (or 7,137 families) were below the poverty level. This finding holds as well for white and Negro male-headed families, but not for Spanish language families. The percentage of male-headed, elderly families below poverty is highest among Negroes and lowest among Spanish. Among each group the lowest incidence of poverty may be observed for the 45 to 64 year old group which generally includes the peak income age groups.

TABLE 21: Poverty Status of Families and Unrelated Individuals, by Age, Race and Sex, 1969: Connecticut.

Family Status, Sex and Age	Percent of Families or Individuals Below the Poverty Level*			
	Total	White	Negro	Spanish
Male-Headed Families	3.3%	3.1%	8.7%	9.8%
Under 25	6.2	5.7	11.4	12.8
25-44	2.7	2.4	7.8	10.6
45-64	2.0	1.8	7.1	6.0
65 and Over	8.7	8.4	18.9	8.0
Female-Headed Families	23.0	19.1	44.1	56.3
Under 25	56.9	57.7	55.7	68.4
25-44	37.4	33.3	49.7	65.0
45-64	10.6	9.1	26.4	30.9
65 and Over	9.4	9.0	20.5	34.0
Unrelated Individuals	28.7	28.2	33.5	29.4
Under 25	45.1	44.6	46.9	42.5
25-44	13.8	12.8	20.8	20.2
45-64	17.4	16.4	28.3	26.5
65 and Over	40.0	39.6	51.0	47.6

Source: U. S. Bureau of the Census, 1972b, Table 207.
* Poverty level is determined by such factors as the sex and age of family head, size of family, and farm-non-farm residence.

The proportion of female-headed families below the poverty level is higher for every age and ethnic group than was the case for male-headed families; this is most pronounced at the younger ages where more than half the families with female heads are below the poverty level. Here, however, we find that the elderly category has a relatively small proportion in poverty as compared with the younger female-headed families burdened as they are with the costs of child-rearing (including being kept out of the labor force and dependent upon marginal welfare incomes). Nonetheless, the percentage of elderly families with female heads which are in poverty is higher than was the case for elderly male-headed families, particularly among the Spanish language population; a total of 9.4 percent

of all elderly female-headed families (or 1,503 families) are below the the poverty level.

It is among elderly unrelated individuals, however, that the incidence of poverty is at a maximum; fully 40 percent of all elderly unrelated individuals (30,273 persons) are below the poverty level. The Negro and Spanish unrelated elderly have about a 50-50 chance of being in poverty.

In a state as affluent as Connecticut (See Hadden, Groff and Bolduc, 1974), it is indeed a shame that poverty among all age, sex, and ethnic groups is as high as Table 21 shows it to be. Overall, there were 40,967 families and 62,188 unrelated individuals below poverty in the state in 1970. Of these, 8,640 families and 30,273 unrelated individuals were elderly; this amounts to 21.1 and 48.7 percent of all poverty families and unrelated individuals, respectively. And while our focus here is upon the elderly, we would be remiss if we did not make special note of the extremely high extent of poverty among families headed by young females; their economic plight is clearly unacceptable.

The ability on the part of elderly families to avoid poverty is clearly enhanced by the attainment of formal education. Both male and female-headed elderly families are more likely to be below the poverty level when the family head has received relatively little formal schooling. Table 22 shows that 12.7 percent of all elderly families whose head had less than eight years of education were in poverty; this percentage decreases with increasing education of the family head, reaching 3.8 percent for families whose head had received some post-graduate college training. In addition, larger proportions of female-headed families are in poverty at all education levels except the lowest.

TABLE 22: Poverty Status of Elderly Families, by Sex of Head, According to Educational Attainment of Head, 1969: Connecticut.

	Percent of Elderly Families Below Poverty Level		
Educational Attainment	All Families	Male-Headed Families	Female-Headed Families
TOTAL	8.8%	8.7%	9.4%
Less Than 8 Years	12.7	12.9	11.3
8 Years	9.1	8.6	11.7
1-3 Years High School	6.4	6.2	7.2
4 Years High School	6.5	6.5	6.6
1-3 Years College	5.0	4.6	7.2
4 Years College	4.5	4.4	5.3
5 or More Years College	3.8	3.7	4.2

Source: U. S. Bureau of the Census, 1972b, Table 211.

The education that an elderly person has attained will affect the likelihood of being in poverty in several ways. The lifetime earnings

and, therefore, retirement savings will generally be greater among those who have had the most education. Also, people with extensive, specialized educations are probably more likely to continue careers beyond age 65 than those with only modest schooling and it may be more common for those with greater educations to plan for their retirement years with adequate retirement programs. Finally, an awareness of various sources of support in old age (e.g., social security benefits, medicare, food stamps, etc.) may be greater among those with relatively large amounts of formal education.

Whatever the case, continued employment beyond age 65 has a pronounced impact, for elderly males and females, on the likelihood of being in poverty.

Table 23 shows clearly that being out of the labor force (i.e., neither working nor looking for work) results in a relatively high incidence of poverty among elderly families. Working full-time - at least 35 hours per week - reduces poverty among both male and female-headed elderly families to an almost negligible level. Part time employed elderly have a somewhat higher percentage in poverty and being unemployed is higher yet. Clearly, to remain in the labor force, preferably working on a full-time basis, is tantamount to avoiding poverty for the elderly*.

TABLE 23: Poverty Status of Elderly Families, by Sex of Head, According to Employment Status, 1969: Connecticut.

Employment Status	Percent of Families Below Poverty Level: All Families	Male-Headed Families	Female-Headed Families
TOTAL	8.8%	8.7%	9.4%
Employed			
Total	2.3	2.3	1.8
Worked 35 Hours/Week	1.7	1.8	0.9
Unemployed	5.5	5.5	5.6
Not in Labor Force	11.6	11.7	10.8

Source: U. S. Bureau of the Census, 1972b, Table 209.

* We again call the reader's attention to the fact that only new 1969 income has been taken into account in defining poverty and that other resources, such as savings, have been excluded. Thus, it is probable that some of the families and unrelated individuals defined as in poverty are actually economically secure.

Education, as mentioned above, as well as health are important determinants of ability to remain in the labor force. There is, however, another important consideration: compulsory retirement.

Occasionally, perhaps frequently, workers are forced to relinquish their positions to younger workers for no reason other than their having reached some arbitrary age. Elaborate rationales have been worked out justifying such policies. However, it is worth noting that many elderly men and women, surely more than are presently employed, are capable of continued useful work. These people constitute wasted human resources who, at the same time that the products of their labors are being foregone, are deprived of the opportunity to maintain themselves above the level of poverty.

Are the elderly poor concentrated in particular locales or are they distributed more or less equally in every corner of the state? Table 24 indicates that most poor elderly families and unrelated individuals are located in urban places (over 2500 inhabitants); this is not surprising since the bulk of the state's total and elderly populations are likewise located in urban places (See Table 4). On a percentage basis the results look different, except for unrelated elderly individuals who are also most likely to be in poverty if they live in an urban place.

TABLE 24: Poverty Status of Elderly Families, by Sex of Head, and Unrelated Individuals by Rural-Urban Residence and for Large Central Cities, 1969: Connecticut.

	Number and Percent of Elderly Below Poverty Level:					
	Male-Headed Families		Female-Headed Families		Unrelated Individuals	
Residence	Number	Percent	Number	Percent	Number	Percent
Urban	5,729	8.7%	1,278	9.3%	25,753	40.6%
Rural Non-Farm	1,329	8.5	219	10.4	4,385	37.4
Rural Farm	79	9.9	6	5.3	135	32.8
Bridgeport City	535	11.2	106	8.2	2,685	43.9
Hartford City	387	9.6	106	9.1	2,503	37.0
New Haven City	546	12.1	146	13.8	2,325	42.6

Source: U. S. Bureau of the Census, 1972b, Table 207.

Those male-headed families living in rural-farm areas are most likely to be below the poverty level, while those female-headed families living in rural non-farm areas are most likely to be in poverty. These differences, however, are not large; the biggest difference revealed by the upper panel of Table 24 is one we have already noted - that unrelated elderly persons are far more likely than families, whether headed by males or females, to be in poverty.

The lower panel of Table 24 indicates the percent of elderly families and unrelated individuals who live in the state's three most

populous cities and who are below the poverty level. In general, there are no striking differences between the three cities (except perhaps the relatively large proportion of female-headed families in New Haven who are in poverty) nor between these cities and the urban population in general.

Finally, Figure 2 shows cartographically which towns have relatively low (less than 10 percent) and relatively high (more than 20 percent) proportions of their elderly populations below the poverty level. In general, although not without exception, low rates of elderly poverty are found in suburban towns - in Fairfield County and around Hartford, particularly. The town of East Granby had by far the lowest percentage of its elderly population below the poverty level (2.3 percent). Generally, but again with a few exceptions, high rates of elderly poverty are found in towns which are central cities of metropolitan areas (Bridgeport, New Haven, Hartford, New London, Norwich) and in rural towns in eastern and northwestern Connecticut; Goshen had an unusually high percentage of elderly in poverty - 43.7 percent.

Housing

Table 25 presents selected information concerning the housing of the state's population according to the age of the household head. We see that the elderly are somewhat more likely than persons under 60 years old to own their own homes and that the proportion of elderly owning their own homes will probably increase as those between 60 and 64 years old enter elderly status.

TABLE 25: Summary Characteristics of Occupied Housing Units by Age of Head, 1970: Connecticut.

Characteristics	Age of Head		
	Under 60	60 to 64	65 and Over
Number of Housing Units	692,630	74,292	166,128
Percent of Units:			
Owner Occupied	61.5%	70.0%	63.6%
Lacking Some or All Plumbing Facilities	1.7	2.8	4.0
With More Than One Person Per Room	7.5	1.3	0.8
In One-Unit Structures	61.2	61.8	52.0
Median:			
Income of Occupants	$11,800	$10,400	$4,900
Value of Owner-Occupied Units	$26,600	$24,000	$22,700
Gross Rent of Renter-Occupied Units Per Month	$132	$115	$105

Source: U. S. Bureau of the Census, 1973, Table 43.

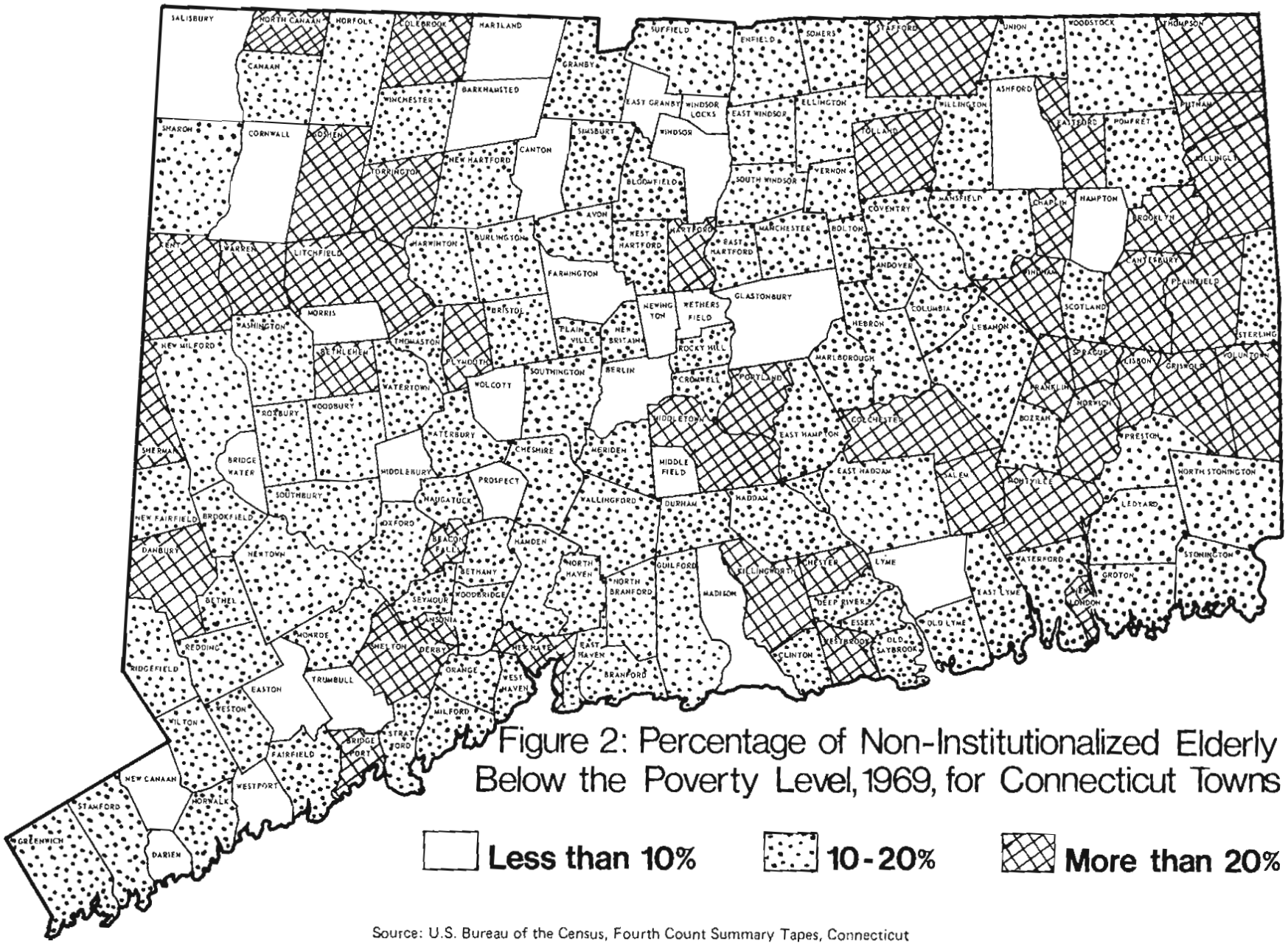

Figure 2: Percentage of Non-Institutionalized Elderly Below the Poverty Level, 1969, for Connecticut Towns

Less than 10% **10-20%** **More than 20%**

Source: U.S. Bureau of the Census, Fourth Count Summary Tapes, Connecticut

Availability of plumbing facilities is often used as a rough indicator of housing adequacy. Not surprisingly, most of the housing in the state does have complete interior plumbing facilities, although housing occupied by the elderly is a bit more likely to be deficient in this regard than housing occupied by younger households. This probably reflects the fact that elderly persons often reside in structures that are relatively old.

The number of persons per room is, of course, a measure of crowdedness in residences and, as such, refers to the adequacy of housing. As we can see, very few residences occupied by the elderly are crowded; fewer than one percent of such residences had more than one person per room. This probably reflects the fact that elderly families often continue to occupy the housing in which they reared children even after the children have left and formed families of their own, resulting in fairly spacious residential units. That this is not always the case is revealed by the fact that the elderly are somewhat more likely than younger persons to reside in multi-unit structures such as apartment buildings.

The lower portion of Table 25 presents some basic information concerning the economics of elderly housing. We see again that the income of occupants of housing is lowest among those households headed by persons over 65 years old. The large decline in income between the 60 to 64 and 65 and over groups is as pronounced as we saw earlier. The value of housing owned by the elderly is lower than among the other two age groups; this probably reflects the fact that homes owned by the elderly are often quite old (See Table 26). The elderly pay lower rents than the younger groups do, probably mainly because the rental units are smaller than would be true for households larger than one or two persons.

Table 26 presents a variety of characteristics of households according to type of household. Several facts revealed by Table 26 are worthy of note. First, small households (one-person) are less likely to be occupied by the owner than larger households are. This probably results from two factors; persons who never marry are less likely to buy housing than persons who have families, and families which remain intact are probably more likely to retain residences which they own than surviving spouses are. Second, housing occupied by the elderly is likely to be relatively old; about 60 to 70 percent (depending upon household type) of elderly housing was built before 1940. This reflects the continued occupancy, particularly among those who own their homes, of residences which were first occupied when the elderly were young and rearing families. It probably also indicates that elderly renters often occupy older units which generally will have lower rents. Some support for these interpretations is provided by the fact that a majority of elderly persons who own their homes have occupied them for at least two decades, and the fact that large proportions (not quite a majority) of elderly renters have occupied their units for only a few years. Third, a large majority of larger elderly families (2 or more persons) have automobiles at their disposal, while elderly persons living alone frequently do not; elderly women living alone, in particular, are quite unlikely to have a car available to them. So, those elderly least likely to own their own homes are also least likely to have an automobile. Since a "one-person household" is roughly equivalent to an "unrelated

TABLE 26: Characteristics of Housing Units Whose Head is 65 Years Old or Older, by Type of Household, 1970: Connecticut.

Characteristics	Two-or-More Person Households			One Person Households	
	Male Head, Wife Present No Non-Relatives	Other Male Head	Female Head	Male	Female
Number of Housing Units	75,840	7,632	19,200	15,257	48,199
Percent of Housing Units:					
Owner Occupied	75.2%	69.7%	67.8%	46.8%	48.2%
In One-Unit Structures:					
Owner Occupied	78.2	76.0	72.3	70.7	68.3
Renter Occupied	15.9	18.2	11.5	11.7	9.5
Built Before 1940	57.9	72.9	72.4	68.1	65.0
Occupied by Owner Who Moved in Before 1950	49.9	61.6	63.4	58.7	67.7
Occupied by Renter Who Moved in Since 1965	43.7	43.3	40.7	50.7	47.4
With Automobile Available	83.6	80.0	69.8	57.6	34.5
Median:					
Rooms Per Unit, Total	5.2	5.6	5.4	4.1	4.2
Owner Occupied	5.5	6.0	5.8	5.2	5.2
Renter Occupied	4.3	4.5	4.5	3.0	3.2
Value of Owner-Occupied Units	$23,400	$22,700	$22,900	$19,800	$21,300
Gross Rent of Renter-Occupied Units	$118	$118	$112	$87	$97
Percentage of Renter-Occupied Units Whose Gross Rent Exceeds 35 Percent of Occupant's Income	22.4	35.6	31.0	47.4	59.4

Source: U. S. Bureau of Census, 1973, Table 46.

individual", we see that the same group characterized by a high incidence of poverty is also characterized by the lack of an owned home and an automobile. Fourth, as might be expected, elderly renters have smaller residences than elderly home owners; depending upon the type of household, renters have from one to two fewer rooms in their homes than owners do. The relatively small size of rental units, particularly among one-person households, doubtlessly is an important means of economizing. For, as we see in the last two rows of Table 26, one-person elderly renters pay relatively little (87 to 97 dollars per month on the average) for their apartments but even this small amount constitutes a major expense;

approximately one-half of both male and female one-person households expended at least 35 percent of their 1969 income for rent alone. Smaller proportions of households consisting of two or more persons expended such a large percentage of their 1969 income for housing.

SUMMARY AND IMPLICATIONS

A large amount of information dealing with various aspects of Connecticut's elderly population has been presented and discussed - too much information, in fact, to attempt a comprehensive summary. We will, instead, discuss selectively several of the more problematic characteristics of the elderly and spell out two of the major implications of these characteristics - social isolation and poverty.

Social Isolation

A number of factors which we have dealt with lead us to conclude that the elderly are, and are becoming more, socially isolated. Many of the ties which integrate people into the community and into the larger society, and impose order upon and give coherence to their lives diminish substantially upon reaching elderly status. The two major integrating forces, whose weights generally differ for men and women, are family and work.

We have seen that less than half (about 46 percent) of the state's elderly population are married and living with their spouse; most of the remainder are either single (about 10 percent) or widows (about 38 percent). While some of the single and widowed persons are living with kin, most are not. In fact, almost one-half of the elderly live by themselves, in institutions, or with persons to whom they are not related. Substantial numbers of the state's elderly, in short, live outside the familial context which serves to tie most people into the social life of the neighborhood and community.

Social isolation deriving from an absence of family ties has been increasing in recent years. A smaller proportion of elderly are now living in families, a larger number are widowed, and a larger proportion are inmates of institutions (e.g., mental hospitals, homes for the aged). In 1960, for example, 71 percent of Connecticut's elderly were living in families (as compared with 45 percent in 1970), 87,963 were widowed (increasing to 109,199 in 1970), and 3 percent were inmates of institutions (compared with about 9 percent in 1970).

We must, for a variety of reasons, be cautious in inferring that people who do not live with kin are necessarily socially isolated. It is, of course, unnecessary to live with family members in order to have kin contact, interaction and mutual support. Because independent living arrangements are often equated with autonomy and non-dependence, many elderly persons doubtlessly choose not to live with their children or other kin. That this need not result in isolation is clear from a number of studies (Rosencranz, Pihlblad and McNevin, 1968; Rosow, 1967; Shanas, 1962) which show that older people who live separately are often in close proximity to middle-aged children, see them often, and get and give mutual aid.

A similar pattern of low and decreasing involvement was apparent when we investigated the participation of the elderly in the work force For example, we saw that in 1970 only 28 percent of elderly males and 12 percent of elderly females were in the work force, and many of those in the labor force were actually unemployed and seeking work. While female participation had increased slightly (about 3 percent) since 1950, male participation decreased substantially (about 15 percent) over the same period. In 1970, larger numbers of elderly persons than ever before found themselves excluded from employment and therefore deprived of an important source of outside contacts.

To be sure we have not been able to investigate the extent to which the elderly are involved in other kinds of social networks (e.g., friendships, visiting with kin and neighbors, participation in informal social organizations, and so on). These may serve important integrating functions reducing the social isolation of elderly persons.

Poverty

Partly as a consequence of the same factors which result in social isolation and partly due to other factors such as declining health, diminished savings, and increases in the cost of living, the economic situation of many elderly persons is, at best, marginal. Despite gains in median personal income between 1959 and 1969, income levels of the elderly were still drastically below those of younger persons. Well over one-half of the state's elderly population had incomes in 1969 below $4000.

Information regarding poverty status for Connecticut was not available before 1970 so it is not possible to ascertain whether elderly poverty is increasing or decreasing. We can say, however, that an unacceptable portion of the state's elderly population is living its last years in a condition of poverty. As we have seen earlier, 8,640 elderly families and over 30,000 unrelated individuals were subsisting on less income than is thought minimally necessary for an adequate level of nutrition, clothing and shelter.

The incidence of poverty among the elderly, like the problem of social isolation, is too widespread to be considered an individual problem which can be resolved by personal acts of frugality and prudence. Rather, the problem is so severe as to demand concentrated and sustained remedial actions by the same society which has benefitted from the labors, whether in the work place or in the home, of those whose only failing has been to grow old.

Of course, social security, medicare and other social welfare programs have been designed to deal, among others, with the problems of elderly poverty. We will conclude this report with a brief discussion of some of the legal problems confronting elderly citizens.

LEGAL PROBLEMS OF THE ELDERLY

Employment

Our national and statewide treatments of the elderly is consistent with the traditional anticipation of a substantial annual growth in population and gross national product. The arbitrary removal of the elderly from the labor market through forced retirement creates opportunity and openings for younger entrants from the expanding population.

It is ironic that the ability to retain employment in old age is often directly proportional to the responsibility and importance of the occupational position. For example, the legislative and judicial bodies which tolerate job discrimination through forced retirement of the elderly in other occupations have a disproportionately large percentage of elderly members. While we have national and state laws which prohibit job discrimination on the basis of race, religion, national origin, or sex, there is an absence of laws preventing the arbitrary exclusion of the elderly from the labor market.

There is a basic distinction between the elderly and other groups potentially subject to discrimination. There is a possibility that an individual will be unable to perform a job because of a disability that is a direct result of the individual's status as elderly. But there is no disability which can result directly from the condition of being a member of a racial, a national or religious group. The one exception is sex and pregnancy in which job discrimination has been prohibited by federal legislation. There are factors other than age which can cause disability and which prevent satisfactory job performance. However, as in sex and pregnancy, discrimination is often prohibited against those individuals. For example, Connecticut has a statute which prohibits job discrimination against the handicapped while explicitly permitting the termination of employment on the basis of age if the employee is entitled to retirement or pension benefits.

State and national laws which force the retirement of elderly from employment in the public sector are, in effect, laws which relegate the elderly to a form of second-class citizenship. Elderly people are singled out and denied the right to earn their own living. The often arbitrary removal of the elderly from the labor market is a major causative factor of the employment patterns, incidence of poverty, housing conditions, and social isolation of the elderly which were discussed earlier. There is a lack of effective legislation to compensate the elderly for their forced removal from the labor market.

Pensions

The large numbers of elderly who rely upon governmental programs, in part or in full, for their assistance can be directly related to the absence of laws effectively regulating and protecting pensions. Congress has recently enacted legislation which requires disclosure of standards, federal reporting, and minimum periods of employment for vesting of pensions. Hopefully this law will have a beneficial effect for future generations of the elderly. However, there is little in the way of protection

for elderly females whose personal income is considerably below that of their male counterparts (See Tables 19, 20, 21, and 24). A major factor in the poverty among elderly females is the non-vesting of pensions for widows. Elderly women all too frequently outlive their spouses (See Tables 3, 7, 8, and 10). Our society typically defines the male role as family breadwinner with the female responsible for performing child rearing and household maintenance activities, even though she is increasingly likely to be in the labor force as well. Unfortunately, the husband's death often terminates the pension leaving the wife to live off the couple's savings or to rely on governmental benefit programs.

Taxes

Perhaps because of low earning power, forced reliance on governmental benefits, and fixed income, the elderly population has a tendency to concentrate in those sections of the state which are typically the least desirable for individuals living on fixed incomes, i.e., cities and semi-rural areas (See Table 4, 5 and Figure 1). Connecticut central cities and semi-rural areas generally have high effective rates of taxation. While Connecticut has passed a law which provides for a $400 exemption for the elderly from the municipal real estate tax, the taxing structure itself does not distinguish between the elderly and other municipal residents in terms of services provided. A high concentration of elderly homeowners in a municipality can be a financial benefit to the local community. The biggest single municipal expenditure is for education. The elderly demand little in the way of services and virtually nothing in the way of elementary and high school education. It would seem to be in the interest of the growing suburban communities of Connecticut which typically have heavy burdens in educational costs to attract the elderly. It is unfortunate that the elderly are now concentrated in those areas of the state which are financially least able to provide services for the elderly. It is also unfortunate that the Connecticut law which provides for a $400 exemption from the municipal real estate tax excluded those elderly residents in the greatest need; any elderly individual who receives welfare assistance us unable to take advantage of this tax reduction.

Government Programs

Inadequate pensions and savings force a large segment of the elderly population to rely upon governmental agencies to meet their income and medical needs. Too frequently these governmental agencies are administered in an arbitrary and cost-conscious manner which results in hardship and suffering of the elderly who are dependent upon them. While many elderly residents who suffer at the hands of an unfeeling administrative agency have adequate legal remedies, their social and physical isolation may prevent access to social agencies which could achieve a solution to their problems.

To take a rather extreme example, the widow of a prominent and well-to-do Connecticut judge found herself without assets and sufficient income to pay her expenses in a convalescent home. A Connecticut regulation created a legal but fallacious presumption that she had transferred property in an attempt to make herself eligible for Medicaid. Threatened with eviction from the convalescent home and faced with a bill in excess

of $5,000 she was finally placed in contact with a Legal Services attorney who was able to demonstrate the inaccuracy of her presumed ineligibility; her medical bills were then taken care of by the medicaid program. In the meantime, she had been forced to exist for over five months without sufficient income to meet her minimum personal needs for items such as slippers and a daily newspaper. Under the medicaid/social security program, she was finally entitled to $5.60 per month to cover those personal needs beyond medical services.

When Congress enacted the Supplemental Security Income (SSI) program* which replaced the state welfare Old Age Assistance in January of 1974, it increased the personal needs allowance to $25 per month for convalescent home patients. Nevertheless, the Connecticut State Welfare Department only increased the personal needs allowance for these patients in April of 1974 after litigation by Legal Services attorneys, vigorous newspaper coverage of the problem, and the threat of action by the social security administration.

Neither the Old Age Assistance welfare program, nor its replacement, SSI, claim to meet or are required by law to meet the minimum standard of living of elderly recipients. When the minimum standard of living is not provided for, insufficient housing, food, and clothing become a daily fact of life for the elderly poor. Illegal reductions or terminations of benefits cause a critical hardship for those afflicted. In the new SSI program, recipients suffer payment reductions through arbitrary recoupments of claimed overpayments, assumptions of nonexistent recipient income, and the inability of the SSI computer payment system to respond to admitted erroneous underpayments and non-payments.

Even the reduction of SSI social security payments by relatively few dollars can create hardship. In transferring welfare Old Age Assistance recipients to the social security and SSI programs, the social security administration informs recipients that they can retain their "valuable" medicare coverage by having social security deduct $6.90 per month from their benefits. What social security does not inform these recipients of is that they are already covered by the more comprehensive medicaid (Title XIX) program and that the medicare program provides virtually no additional benefits to them. In this manner, recipients may be led by social security into paying for medicare coverage which will continue to provide sub-insurance for the state's medicaid payment and little or nothing for the elderly payer. While $6.90 may seem like a small sum, this may represent the cost of one week's meals for an elderly resident subsisting on the SSI payments of $150 per month.

Frequently laws are passed with the best of intentions but without a thorough appreciation of the inadequacy of the law or harmful long-range effects. For example, Congress has recently passed a series of cost of living increases for social security benefits. These increases have been incorrectly ballyhooed by politicians and the press as helping the elderly to keep pace with the inflationary spiral. Since social security payments in most instances do not match the minimum

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* This is part of the social security program aimed at the elderly and the disabled.

cost of living, the cost of living increases do not even maintain the same degree of poverty experienced prior to the increase in cost of living. For example, if the minimum cost of living is arbitrarily assigned a value of $200 per month in 1968, and the cost of living increased 20 percent by 1974, then the cost of living would be $240. A social security recipient who received $150 per month would be $50 below the minimum cost of living in 1968. If the recipient received a 20 percent increase in 1974, the payments would be boosted to $180 per month and the recipient would now be receiving $60 less than the minimum cost of living. So, despite a cost of living increase, the actual income deficit below the poverty level increased.

Congress has replaced the Old Age Assistance welfare program with a national standard payment under the SSI program. This program provides for a payment of $150 per month for each eligible elderly individual irrespective of the state in which they reside. This means that an elderly individual living in Mississippi, which has about one-half the average family income as Connecticut, receives the same number of dollars. By non-recognition of the fact that the cost of living varies considerably from state to state, the SSI program mandates an impoverished existence for many of the elderly in states such as Connecticut which is ranked among the highest in the United States in cost of living. Ironically, the State of Connecticut is one of the very few in the Northeast that has not taken the government's option to have a non-mandatory supplement to the $150 per month in SSI benefits.

Perhaps one of the most well-intentioned laws passed for the elderly poor has been in the enactment of medicaid coverage. In Connecticut, medicaid provides for virtually all medical needs of the elderly poor. Unfortunately, almost all of an elderly individual's assets must be exhausted before they are eligible for medicaid. Thus, an elderly individual or couple will have to expend virtually all of their assets paying for medical needs as a supplement to the less comprehensive medicare program before their medical needs will be met by medicaid.

The medicaid program has made it possible for the elderly poor to receive convalescent home care. This has resulted in a great growth in the convalescent home business. Unfortunately, alternatives to convalescent home care are not available to most elderly persons. While states are mandated to provide essential services such as homemaker and day-care for the elderly poor, there is no aggressive pursuit in developing such programs and making them available on a case-by-case basis. Since there is little in the way of alternative home care programs, the living conditions of the elderly often deteriorate to the point where it is necessary for placement in a convalescent home. If the deteriorating condition of the elderly individual was anticipated and provided for, the crisis situation might not develop and home care or day-hospital care could be a viable alternative to permanent institutionalization. Of course, the amount of social isolation experienced by elderly persons might be diminished as a by-product of a home care or day-hospital care system.

The British system of providing comprehensive medical care for the elderly revolves about public hospitals. In many cases the British have hospitals which are devoted entirely to the elderly. Emphasis is placed upon providing home care as an alternative to institutionalization, a middle ground of daily hospital care with the patient living

at home or temporary hospitalization. The British system of financing health care has had the natural result of forcing the British to examine the entire picture of elderly hospital and medical care. The American system has resulted in a profit oriented convalescent home system which by its very nature will not examine and develop alternatives to convalescent home care. Agencies and institutions which might have developed alternatives have atrophied under the American medicaid system.

Permanent institutionalization has been the American way of slow death for many elderly persons. It is also an extremely expensive way of caring for the infirm elderly poor. Surely a more humanitarian and less expensive way of caring for the infirm elderly can be devised.

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