

Chapter 1

Introduction

"...for most persons, old age means economic desperation." Gabriel Kolko.

1. Who are the "older" people in Montgomery County?

They are the 15.6 thousand persons 65 years old and older in 1969, plus the 6.5 thousand between the ages of 60 and 64. Of the entire 22.1 thousand, 2/3 are white and 2/3 are female.

They are a growing proportion of the population. From April 1, 1960 to July 1, 1967, Alabama population increased by 8.2 per cent. During the same period, the population 65 years old and older increased by 15.7 per cent^{1/}, and it appears that the proportion will continue to increase.

They are the 14.0 thousand whites, 75 per cent of whom were born in Alabama, and the 8.1 thousand nonwhites, nearly 95 per cent of whom were born in Alabama, half of them in Montgomery County.

They are the people whose average residence at their present address is 12 to 14 years. And 1/4 of the whites and 1/3 of the nonwhites among them have been at their present address for at least 20 years.

They are the 5.2 thousand white males with an average of 9.9 years of schooling, 8.8 thousand white females with 10.1 years, the 3.1 nonwhite males with 4.7, and the 5.0 thousand nonwhite females with 5.5 years.

They are those married and living with spouse: 80 per cent of the white males, nearly 70 per cent of the nonwhite males, and but 36 per cent of the white females and 27 per cent of the nonwhite females.

They are those most apt to be widowed: 74 per cent of white females 72 years old and older, and 77 per cent of nonwhite females in the same age group.

1. U.S. Dept. of Comm., Bur. of the Census, Current Population Reports, Series P-25, No. 420, April 17, 1969, Table 3. During the same period, the population 18 to 44 years old increased by 11.9 per cent.

They are those, 1/3 to 1/2 of whom have no children or stepchildren living in Montgomery County, and those, 1/2 to 3/4 of whom are without brothers or sisters living in the County.

They are those, even the most favorably situated of whom do not see their relatives as often as they would like.

They are those, except for the relatively few newcomers or recent movers, most of whom have close friends in the neighborhood.

II. What is their economic status?

Many are "poor" or "very poor:" Nearly 3 thousand whites and 6 thousand nonwhites, 60 per cent of both groups being females.

Many are without employment income, even at ages 60 to 64 years: 25 to 30 per cent of males and 60 to 65 per cent of females.

Almost none have employment income at age 72 and over: 85 to 90 per cent of males and 90 to 95 per cent of females.

An increasing proportion is self-employed part-time if employed at all as age increases.

Many in poor circumstances, especially nonwhite females, are receiving help from relatives or children quite possibly not in substantially better circumstances.

Many, especially the oldest, report incomes lower than 10 years ago.

Many save nothing and have no emergency reserves: 69 per cent of the males and 77 per cent of the females; a range of 39 per cent of the "rich" to over 97 per cent of the "very poor."

Many find it difficult to meet current expenses, especially for doctors' fees, medicine and drugs, and food.

Many of those in the 65 to 71 year old group do not receive Social Security income: 40 per cent of white males, 24 per cent of white females, about 28 per cent of nonwhites, both male and female.

At age 72 and over, need is inversely related to the proportion who do have Social Security income: white males, 85 per cent; white females, 79 per cent; nonwhite males, 73 per cent; nonwhite females, 61 per cent.

III. What about housing and living arrangements?

Most of those at the top of the economic scale live with their spouse in an "owned" house. If rent or house payments are made, they average over \$100 a month.

At the bottom of the economic scale, most live with children, grandchildren or relatives in a rented facility for which the average monthly payment is about \$30 for nonwhites and \$40 for whites.

Women are especially hard put in their living arrangements, 30 to nearly 37 per cent of the ones 72 years old or older living alone—about 1½ times the rate for men. Even in the 60 to 71 year old group, 23 to 30 per cent of females report living alone.

Overall, the women, the oldest, the poorest and the least healthy are most apt to live alone, and if not alone, then with children, grandchildren, or relatives probably no better off financially than they are.

About 1.1 thousand whites and 3.8 thousand nonwhites live in dwellings in poor or very poor repair. Including dwellings classified as being in "fair" repair, the totals increase to 4.1 thousand for whites and 6.0 thousand for nonwhites.

Overall, about 20 per cent of the 60+ population live in housing whose repair is highly inadequate, and 25 per cent in housing whose repair is inadequate.

Almost everyone has electricity and a mechanical refrigerator.

Those most in need of access to the outside community, the oldest and those living alone, are least apt to have a telephone in the house. Approximately 40 per cent of males and 20 per cent of females living alone, and 43 per cent of males and 23 per cent of females 72+ years of age report not having a telephone.

Almost all urban whites have running water. In one urban stratum about 20 to 40 per cent of nonwhites don't have running water. In rural Montgomery County 7 per cent of whites and 73 per cent of non whites are without running water.

Ownership of a hot water heater with storage tank is a white, urban refinement, essentially 100 per cent of urban whites reporting one as against 80 per cent of rural whites, 85 per cent of urban nonwhites, and 20 per cent of rural nonwhites. Those oldest and living alone are least apt to have one—over 30 per cent of persons 72+ and living alone, white and nonwhite combined. Overall, about 15 per cent of those 60+ years old do not have a dwelling equipped with a hot water heater.

Ownership of a nonportable house heating device is almost 100 per cent among urban whites, about 84 to 89 per cent for urban nonwhites, 92 per cent for rural whites, and 43 per cent for rural nonwhites. Overall, 10 to 11 per cent of the 60+ population live in a house without permanently installed heating equipment. But, 13 per cent of females, and 22 per cent of males 72+ years old and living alone do not have such equipment.

Ten to nearly 30 per cent of nonwhites in the 3 strata in Montgomery City and 80 per cent in rural Montgomery County do not have an indoor toilet. In the City, white ownership of such a facility is almost 100 per cent; in rural Montgomery County, about 84 per cent. Overall, 12 per cent of the 60+ population do not live in a dwelling with an indoor toilet.

Ownership of an electric or gas cooking stove is essentially 100 per cent for both urban and rural whites, something less than universal for urban nonwhites, and 60 per cent for rural nonwhites.

Ownership of an automobile and of a washing machine are lumped together because ownership patterns are similar. Ownership of both items is relatively low for older people, and most markedly so for the oldest, the nonwhites, and those living alone. Rural/urban ownership rates are alike within races (60 to 70 per cent for whites and 28 to 35 per cent for nonwhites) and lowest for 72+ females living alone, only 17 per cent reporting ownership of an automobile and 28 per cent a washing machine.

Ownership of a TV or radio set is least frequent for nonwhites, the oldest, and those living alone. For example, of persons 72+ years old and living alone, 25 per cent of females and 35 per cent of males do not have a TV set.

In summary, ownership of, or access to, things making for accessibility, mobility, and minimum adequate, comfortable living is greatest for urban whites and least for the oldest, the rural, the nonwhites, and those living alone. Even such less elegant twentieth century embellishments as running water and an indoor toilet are not available to all, even in Montgomery City.

IV. What about health and nutrition?

As a measure of general health, 80 per cent or more of the 60 year old and older population reports being able to get out and around. The proportion is a function of income, ranging downward from an average of 93 per cent at the top end of the economic scale. Getting about also is a function of age with the proportion for those under 72 years of age 10 percentage points higher than for those 72 or older. Overall race and sex differences, apart from age and economic differences, are negligible.

As income decreases, the proportion of the 60+ population ever having had any medical, dental, eye, foot, etc. care decreases. For example, 5 per cent of the very poor report never having been to a medical doctor, 24 per cent never having been to a dentist, and 40 per cent never having had an eye examination. In contrast, at the other end of the economic scale, the figures range from zero to 3.5 per cent as against the 5 to 40 per cent cited.

Also, the poorest who have had any health care, usually are least apt to have had any recently.

Over 4 times as many nonwhites as whites report never having been hospitalized. As one goes down the economic scale, one finds an average of 6 per cent at the top end, and nearly 40 per cent at the bottom end who never have been hospitalized.

Few of the older people have all of their teeth. But having and using artificial teeth when natural teeth are missing is strongly a function of income. Of those with missing teeth, over 90 per cent at the top end of the economic scale have and use artificial teeth; only 40 per cent at the bottom end of the scale. Between 4 and 5 thousand persons 65 years old or older and with missing teeth do not have artificial teeth. If the 60 to 64 year old group is included, the counts must be increased by 30 to 40 per cent.

About 3 thousand 60+ persons never have had an eye examination, and another 12 thousand who have had one, did not have it within the last year.

About 1 to 2 thousand 60+ persons need glasses and do not have them.

Perhaps as many as 500 to 700 are blind, or functionally so.

About 4 to 5 thousand report trouble with hearing without ownership of a hearing aid.

About 4.9 to 6.5 thousand report foot trouble without ownership of special shoes or braces.

Perhaps as many as 600 need but do not own a wheelchair; as many as 300 need but do not own crutches.

Forty-five to 63 per cent of the 60+ people take some kind of medicine all the time. The proportion is highest for females and the oldest.

Median monthly expenditure for medicine taken regularly is \$12 to \$14 representing 5 to 9 per cent of median income for males and about 13 per cent for females—who make up 2/3 of the group.

Twenty-one per cent of males and almost 26 per cent of females who take medicine all the time report not buying it sometimes because of lack of money. Roughly 1/10 to 1/5 of this group got help from a clinic or physician at one time or another when they couldn't buy the prescription. Overall, if the same proportions prevail in the total, 1969 population of persons 60 years old and older, about 800 males and 2,100 females sometimes are without funds to buy a medicine they are supposed to take all the time.

About 2.1 thousand persons 60 years old and older, or roughly 10 per cent of the 1969 total, do not know a physician to call when they are sick or injured. The proportion runs from under 5 per cent for those at the top end of the economic scale to 23 per cent for those at the bottom.

Each of the 5 most frequently reported disease conditions (heart, high blood pressure, arthritis or rheumatism, bladder or kidney trouble, nervousness) retains its rank irrespective of age, sex, or economic level. But, frequency increases with age and with decreasing economic level. This makes the health burden the heaviest for the oldest and poorest.

Arthritis or rheumatism involves the largest number of 60+ persons, probably 4 to 5 thousand males and 8 to 9 thousand females. Figures for the other 4 of the 5 most frequent conditions are about 2 to 3 thousand for males and 4 to 7 thousand for females.

Probably about 5 thousand of the 60+ population have reservations about the food they eat. Of the 5 thousand, between 1 and 2 thousand have serious

reservations, and about 1 thousand "almost never eat anything really good." The poorest, those not working, those living alone, and those with a health problem are least apt to find their food of an acceptable order.

A program to rectify nutritional deficiencies, such as "meals on wheels," if efficiently designed and benevolently administered, will have to provide for from 1 to over 5 thousand persons, depending upon resources available and the proportion able to make full or part payment (probably not over one-half can pay a substantial part).

V. What about recreation and leisure?

If better incomes, housing, health, etc. are provided for the 60+ population, the ability to discern dissociation from active living becomes but sharper. There can then be an exasperating circularity in which restricted activity leads to physical and mental deterioration leading to still further restricted activity. Recreational programs for the older person are of critical importance in maintaining health and a healthy interest in living.

Most older people have leisure time, especially the oldest.

The relatively few older people who still are working are less apt to have free time, but are more apt to spend whatever free time they have as they would like.

Ability to spend leisure time as desired is strongly related to income with the lowest income brackets least apt to spend leisure time as they like—which leads to a progressively worsened situation.

A numerically large group, possibly 70 to 80 per cent of the entire population 60 years old and older, stands to benefit from a good recreation program.

The chapter on recreation and leisure contains detailed information on the level of interest in a number of activities. Preferences are analyzed by level, direction, and as to patterns by age, sex, education level, and urban/rural residence.

Maximum interest for the 60+ population appears to lie in those activities representing 1) getting out from within 4 walls and out into the world (automobile rides, walking or shopping, going visiting, working in the yard or garden), 2) participation in the process of growth and regeneration (raising flowers or potted plants, helping with children, 3) a continuation in community life (mainly through church work).

Minimum interest lies in activities 1) not traditional or usual for the group (crocheting for males, woodworking for females), 2) requiring physical effort (working part-time, especially for the oldest), 3) requiring a different cultural, educational or religious background (dancing, playing cards or games, going to the library, playing a musical instrument, doing art work).

Whatever the general patterns of interest, those with maximum education have the highest level of interest in the greatest number of activities. In part this is a by-product of sophistication, and in part a by-product of access by means of the higher income usually accompanying the higher education.

VI. What about the churches and religion?

Less than 2 per cent of the people in Montgomery County who are 60 years old or older stated they had no religion or refused to state a religious preference.

Protestant religions predominate, Baptist being the largest (71 per cent of nonwhites and 41 per cent of whites), and Methodist the second largest (18

per cent of nonwhites and 26 per cent on whites).

As far as church attendance is concerned, those least apt to attend as often as before are the oldest, the least well, the poorest, and those living alone. Overall, less than one-half of the people 60 years old and older attend church as often as they used to, and no single reasons stands in full explanation. Why?

Other challenging questions arise for the churches in the analysis of the data. For example, why is there a strong relationship between income level and church preference? A search for answers to this and other questions may more favorably condition the response to a plea for expanded church participation in older citizen programs.

Doing church work is stated to be a preferred activity by many of the people 60 years old and older. The older people also put going visiting and going for an automobile ride high on the preference list. This being so, let the churches organize a program for the older people. The older person can be picked up once a week and taken to church. Afterwards he or she can be taken home for lunch, and later taken for an automobile ride before being taken back to his or her own place. In one single day, most of the principal interests of the older person will have been indulged—leaving other local agencies with less of a burden and the church with a better conscience.

VII. What about legal aid?

Use of a lawyer's services is strongly related to income. It is not entirely clear if a lower income commits a person to a less complicated existence in which less legal aid is necessary, or if an element of unmet need is implied. Usual minimum legal fees, however, probably are beyond the

reach of the lowest income groups—who are not entirely without need of legal help. This being so, there is a strong possibility that the lowest income groups do not always become parties to the most fair and equitable of contracts for rent, housing and merchandise purchases, etc.

If the poor/very poor groups of persons 65 years old and older are accepted as warranting free legal aid, approximately 5 thousand persons will be involved, 1.6 thousand white and 3.4 thousand nonwhite. If the 60 to 64 year old group is included also, the total increases to approximately 7 thousand persons, 2 thousand white and 5 thousand nonwhite.

In addition to the poor/very poor group, a responsive legal aid agency will leave room also for those older persons whose income is adequate to buy usual legal service, but not the service required in occasional, complex situations.

Since a large part of the poor/very poor are women, many living alone and most without employment income, the group to be assisted clearly merits the effort. Further, these people have minimum mobility. Thus, for a legal aid program to have maximum effectiveness, it will have to be tied in with a program providing a means of bringing the provider and the user together in one place.