The United States has belatedly recognized the major demographic changes that have occurred over recent decades. Even more dramatic changes are anticipated between now and the year 2000, and beyond. While the 1961 and 1971 White House Conferences on Aging focused on the growing numbers of older adults, the rapid increase in older Americans up to the present and projected for the future is center stage for the 1981 White House Conference on Aging.

Some Demographics
The statistics are generally well known, both in actual numbers and in percentages—there are now 25.5 million persons in the United States over 65 years of age, which represents an increase of 28 percent in the past decade. This is compared with an increase of 11 percent for the population as a whole. Actually, the number of persons over 65 doubled from 1950 to 1980 because of better health and advances in economic security and educational level. By the year 2050, there will be 55 million persons 65 and older. It should be pointed out that the life span has not been lengthened; rather, more people live to be old. The hope for the future is to make it possible for more and more older adults to spend their later years in reasonably good health and to re-

The data on a graying America require special consideration in relation to care and service needs.

An important facet of the growing numbers in the older population is the ratio of women to men. In 1980 there were about 147 women 65 and older for every 100 men in the same age group. Among persons 85 and older there were 220 women for every 100 men. One result is a concentration of older widows within the aged population.

About 14 percent of all older people live below the poverty level, with the percentages twice as high or more for those with little or no

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education. Almost two-fifths of all nonmarried women live below the poverty level. When the income measure is raised to 125 percent of the poverty level, to include the near poor, the percentage of all aged rises from 14 percent to about 25 percent.

The great majority of the noninstitutionalized older population remain independent in all of the activities essential to daily living. They are usually estimated at about 80 percent of the aged. Only 5 to 6 percent are in institutions, whereas the remaining 15 percent or so have physical and mental limitations in varying degrees.

These, then, are some of the data that provide the basis for consideration of the care and service needs of a graying America.

**Areas of Need**

Despite the many studies of needs expressed by older adults and the various assessment tools in widespread use to evaluate needs from community to community, there are a few basic needs common to older people in general. There are, of course, individual variations and degrees of intensity related to health conditions, economic status, urban-rural location, and racial and ethnic group. Even so, the major needs everywhere are: income security, access to adequate health care, services to facilitate home maintenance and continued living in one's own home, and transportation. There are certainly other facets to achieving "quality of life" but none is as compelling as these four. The needs are iterated again and again in local forums for older citizens across the country.

From another approach, the television program dealing with the aging, *Over Easy*, examined its letters received over a 3-year period. Common problems cited were: a sense of social isolation, an active mind in a frail body, difficulty in dealing with the mental and physical changes of the older years, and lack of warmth and comfort among older persons.

Between these two approaches one finds the wide range of concerns that must be dealt with in burgeoning programs directed toward the older segment of the population. A common thread among them is the importance of activity, whether mental or physical, whether in the home or in the community at large. Today there are many excellent programs in rural as well as urban areas but they meet only a fraction of the need. **Where the older person lives determines the extent to which a continuum of services is available.** Hence, we must continually re-look at the extent to which the needs of older people are actually being met despite the impressive statistics of the last few years.

**Role of the Occupational Therapist**

What, then, is the significance of the major developments in the field of aging for occupational therapy? First of all is the fact that the potential contributions occupational therapy can make have been little recognized by the planners, the administrators, and the legislators who deal with older adults. Acceptance of the potential role of occupational therapy in home health care was slow in coming, and even today is in jeopardy as a reimbursable item under Medicare and Medicaid.

With the growing interest in encouraging older workers to remain employed, not only until age 65 but also beyond, training or re-training will be necessary in a significant proportion of cases. Closely allied is the interest in the private sector and in government in pre-retirement counseling. Here, too, occupational therapy can make a contribution toward helping individuals adjust to changing circumstances in both the work place and the home.

But occupational therapy is by no means limited to the gainfully employed or would-be employed among older adults. The experience of using such therapy for individuals partially or fully confined to the home is increasing. A recent report from Sweden summarizes the coordination between health and social services that is reflected in interdisciplinary teams consisting of homemaker supervisor, social worker, physical therapist, occupational therapist, and physician who together plan with the individual for his or her care. Some, but all too few, homemaker-home health aide services in the United States include

**Where the older person lives determines the extent to which a continuum of services is available.**

an occupational therapist among the professionals providing interrelated evaluation and services at home. Those agencies that do employ these specialists report on the value of adapting the home environment for safe and independent living conditions and in training older individuals to carry out the functions of everyday living.
With most older adults living at home, either alone, with a spouse, or other family members, there is a large and growing population within which the skills of the occupational therapist are demanded, with emphasis on helping older persons to make the best possible use of their capacities and to learn to adjust to the frailties that increase among the old-old. For those with chronic disabilities, the occupational therapist has a unique opportunity not only in helping older individuals cope with their problems, but also in encouraging positive attitudes toward life in general.

Since occupational therapy has been identified historically with institutional care for the mentally ill, the mentally retarded, the tubercular, and meeting the needs of the military hospitals, beginning with World War I, it should follow that its role would be recognized in nursing homes and other institutional care of the aged. Yet, only the most advanced programs have turned to the professional competencies of the occupational therapist. There has not been a significant carry-over from the strong occupational therapy departments in hospitals.

The reports of isolation, boredom, and lack of activity in institutions for the aged are legion. Many institutions have activity programs, indeed are required to, but they are seldom geared to individual assessment and a range of needs that may involve physical, psychological, social, and economic dimensions. Moreover, these activities need the skilled supervision of a well-trained occupational therapist, who may provide direct help in attaining or retaining self-care and independence to the fullest extent.

Besides the opportunities for occupational therapy for older individuals in their own homes or in institutional care, there are a growing number of inbetween facilities. Here older adults are provided with services on a regular or intermittent basis. Closest to the institutional pattern are the day hospital and the medically oriented day center caring for severely incapacitated older adults who can continue to live in family setting if cared for during the working day. For the mobile, and largely independent, older person, the senior center offers a community service with a wide range of activities, including congregate meals. The potentials senior centers have for meeting a range of individual needs are largely untapped in the present emphasis on group activities and numbers served.

All of the older persons referred to so far, whether in their own homes or in full or part-time group care, are receiving a range of services. Undoubtedly, more use of occupational therapy would expand and enrich such programs and enhance the quality of life for older people. But there are also the uncounted numbers of older persons who are not yet associated with any type of community services, institutional or noninstitutional. Outreach is a continuing but often elusive goal. Those unreached are frequently the most isolated, depressed, and lonely—the individuals for whom the occupational therapist can help to provide the range of remedial activity so essential to psychic and physical well-being.

The roles of physician, nurse, social worker, physical and speech therapists, homemaker-home health aides have been increasingly clarified in terms of the continued well-being of older adults. On balance, the role of the occupational therapist is less well understood, the professional service less well financed in a time of general financial uncertainty. The challenges appear to be twofold: for other professions to recognize the gaps in services that they are not equipped to meet, and, most especially, for occupational therapy to develop a major emphasis on the older population, wherever found, and on the positive contributions this specialty can make in enhancing the lives of countless numbers of older adults.