

# How Boomers Can Help Improve Health Care

## Emerging Encore Career Opportunities In Health Care

By Sandy Atkins, Sarah Coté and Patricia Housen  
Institute for Change, Partners in Care Foundation  
San Fernando, Calif.

---

MADE POSSIBLE BY

**MetLife Foundation**

# Executive Summary

As a nation, we are in the midst of an ongoing struggle to provide universal, equitable access to quality, cost-effective care for an increasingly diverse and aging population. We are facing the potential of major shortages of nurses and other skilled health professionals. And there is concern about who will replace highly skilled health care workers if they retire in their 50s and 60s.<sup>1</sup>

As the nation grapples with these challenges, several new occupations are emerging that have the potential to keep people healthier and lower costs. Many of these emerging jobs can be designed to appeal to boomers in search of encore careers, and filling them with older, experienced employees can benefit patient care.

This paper examines six such new occupations identified by a panel of national experts in work force and health care issues. The jobs are:

1. Community health worker
2. Chronic illness coach
3. Medications coach
4. Patient navigator/advocate
5. Home- and community-based service navigator/advocate
6. Home modification specialist

While an aging population contributes to the projected strain on the health care system, boomers and older adults can help contain it by continuing to work in encore careers, which combine a desire for greater meaning with income and social purpose.

Employment projections show that hundreds of thousands of traditional jobs in the relatively robust health sector will be created in the next decade and that a projected labor shortage will require tapping encore talent to fill them.<sup>2</sup> In addition, health care reform and a movement toward consumer-centered care are expected to increase the employment potential for new health care careers, such as the six described here. Though these roles need further development, their value is becoming clear.

*Several new occupations are emerging that have the potential to keep people healthier and lower costs. Filling them with older, experienced employees can benefit patient care.*

# Introduction

There is no question that America's health care system is in critical condition. But extensive analysis of the systemic problems, and the vigorous search for ways to address them, have largely neglected one avenue for innovation: finding ways to apply new sources of talent to improve health outcomes and lower costs.

At the same time, the most highly educated generation in American history, boomers – 78 million strong – are on track to redefine the meaning of retirement by working deep into what used to be considered old age.<sup>3,4</sup> The kind of work that many seek in their second stage of life has the potential to address society's most pressing needs, including health care.

Employers and policymakers alike need to consider how the growth of encore careers presents an attractive, viable opportunity to fortify an overburdened health care system. Such careers represent a new stage of work after midlife that combines continued income, personal meaning and social impact.

Emerging encore careers have the potential to improve patient health, support independent living and lower costs by increasing access, emphasizing prevention and avoiding unnecessary hospitalization or institutionalization.

Even before the current economic downturn, Civic Ventures estimated that between 5.3 million and 8.4 million Americans age 44 to 70 had already launched encore careers. Nearly a quarter of these are in health-related fields.<sup>5</sup> In addition, more than half of the rest of Americans in this age bracket say they are interested in using their skills and experience to help others, and more than half of them are attracted to health care jobs.<sup>6</sup>

This phenomenon is expected to grow as boomers prepare for the possibility of living into their 80s, 90s and beyond and as they calculate the impact of the recent recession on their retirement savings.<sup>5</sup> Their employers, too, are likely to recognize the skills, judgment and work ethic that such experienced employees can offer.<sup>7</sup>

**Traditional health care jobs:** Despite the current economic recession, labor economists predict a bright occupational outlook for health-related jobs in hospitals; clinics; nursing and residential care facilities; and home-centered services.<sup>8</sup> Projections forecast 3.2 million new jobs within existing health care job classifications between 2008 and 2018. Education, licensing requirements and earnings vary. (See **Table 1**.)<sup>9</sup>

For example, more than a half million new jobs for registered nurses are expected. Among other jobs on the rise: mental health counselors, social workers, physical therapists, physician assistants, dental hygienists, fitness trainers and nutritionists. There also may be opportunities where new medical technologies call for more trained professionals.

# Table 1: Selected Occupational Forecasts

Occupation	Minimum Educational Requirements	Licensing	2008 Employment	2018 Employment (Projected)	Percent Change	Earnings (Middle Range)
<b>ADMINISTRATIVE SUPPORT</b>						
Medical secretaries	varies	—	471,000	597,000	27	\$25K - \$36K
<b>COMMUNITY AND SOCIAL SERVICE OCCUPATIONS</b>						
Counselors	varies	varies	666,000	782,000	18	\$39K - \$65K
Health educators	B.A. +	optional	66,000	78,000	18	\$33K - \$61K
Self-enrichment teachers	varies	—	254,000	335,000	32	\$13 - \$25/hour
Social and human service assts.	varies	—	352,000	432,000	23	\$22K - \$35K
Social workers	B.A. +	✓	642,000	745,000	16	\$31K - \$52K
<b>HEALTH DIAGNOSING AND TREATING</b>						
Audiologists	M.A., Au.D.	✓	13,000	16,000	25	\$50K - \$78K
Chiropractors	B.A.	✓	49,000	59,000	20	\$45K - \$97K
Dietitians and nutritionists	B.A. +	usually	60,000	66,000	9	\$41K - \$62K
Occupational health and safety specialists	varies	usually	56,000	62,000	11	\$47K - \$78K
Occupational therapists	M.A.	✓	105,000	131,000	26	\$55K - \$81K
Physical therapists	M.A.	✓	186,000	242,000	30	\$60K - \$86K
Registered nurses	vocational +	✓	2,617,000	3,200,000	22	\$51K - \$77K
Respiratory therapists	associate degree +	usually	106,000	128,000	21	\$44K - \$62K
Speech-language pathologists	M.A.	usually	119,000	141,000	19	\$50K - \$80K
<b>HEALTH CARE SUPPORT</b>						
Home health aides	—	usually	922,000	1,383,000	48	\$9 - \$12/hour
Massage therapists	varies	usually	122,000	146,000	19	\$11 - \$25/hour
Medical assistants	—	optional	484,000	648,000	34	\$24K - \$33K
Medical transcriptionists	vocational	optional	105,000	117,000	11	\$13 - \$19/hour
<b>PERSONAL CARE AND SERVICE</b>						
Fitness trainers	—	usually	261,000	338,000	29	\$20K - \$44K
<b>HEALTH TECHNOLOGIST AND TECHNICIAN</b>						
Athletic trainers	B.A.	usually	16,000	22,000	37	\$32K - \$49K
Licensed practical and vocational nurses	vocational	✓	754,000	909,000	21	\$33K - \$47K
Medical records and health information technicians	associate degree	usually	173,000	208,000	20	\$24K - \$39K
Pharmacy technicians	optional	optional	326,000	426,000	31	\$11 - \$16/hour

(Source: Occupational Outlook Handbook, 2010-11 edition)

Occupations that provide services to elders and people with disabilities – such as home health aides and certified nursing assistants – are also set to grow with an aging population. Such job classifications provide entry-level work opportunities and training for older workers in community-based, home care and institutional settings.<sup>10</sup>

These and other health care jobs offer promising encore opportunities, particularly in light of projected labor shortages.<sup>2</sup>

**Emerging, innovative jobs:** Demographic change and the emphasis on cost-effective health care may also spark innovative health-related jobs that are not yet clearly captured in current sources of occupational data, because they have not been given federal classification codes.

The Partners in Care Foundation research team established an advisory group of 15 experts in work force issues and the health care industry to identify new potential encore career opportunities. The group included academics; representatives of philanthropic and nonprofit organizations; individuals with experience in providing direct services; and human resources experts. These professionals, and 23 of the colleagues they referred, generated this list of emerging roles that present relatively low barriers to entry in terms of education and training:

**1. Community health workers** provide health education, guidance and some basic direct services to underserved populations, promoting cost-saving prevention and addressing inequities in care.

**2. Chronic illness coaches** offer personalized support and guidance to chronically ill individuals, helping them better manage the stress of chronic illness that can sometimes lead to depression and the need for additional medical treatment.

**3. Medications coaches** assist individuals with complicated medication regimens to guard against harmful, potentially costly, drug results or interactions.

**4. Patient navigators/advocates** aid patients and their families in accessing top-quality care so they may better understand preventive measures and treatment options, leading to more efficient use of the health care system.

**5. Home- and community-based services navigators/advocates** help patients access long-term support services, including adult day care and home-delivered meals, to remain living at home and potentially avoid more expensive care in assisted living or nursing facilities.

**6. Home modification specialists** create safe home environments that support independent living for seniors and the disabled, conceivably preventing costly institutionalization.

(For more about the selection process, go to [www.encore.org/research/methodology.pdf](http://www.encore.org/research/methodology.pdf).)

*Demographic change and the emphasis on cost-effective health care may spark innovative health-related jobs.*

These roles fit criteria that think tank Civic Ventures has established for encore careers. Such careers:

- Involve paying work
- Are personally meaningful
- Benefit society
- Build on workers' life and work experiences
- Offer flexibility in time commitments, and/or control over when and where the work is performed
- May require additional schooling or certification

Conducting complete job analyses for each the innovative positions the panel identified is beyond the scope of this study. But while there is a need to develop the jobs further, their potential for satisfying societal needs and individual goals is clear. In addition, health care reform and the movement toward patient-centered care have the potential to accelerate the development of and expand the demand for these emerging jobs.

# The Six Roles

These careers have the potential to improve the health and well-being of the general population and generate a large number of paid positions for encore workers with varying education and experience. Unless otherwise noted, all of the positions require at least a high school diploma and basic computer skills.

## 1. Community Health Worker

### BACKGROUND

Underserved segments of the nation's increasingly diverse and rapidly aging population face numerous barriers in accessing the health and health care-related services they need. Roadblocks may include lack of insurance; low levels of education; language barriers; age-related physiological and psychological changes; and lack of transportation. Direct costs associated with these barriers are high, because individuals require higher levels of care (such as hospitalization or nursing home admission) when services are not delivered before illness escalates into severe and debilitating forms. Indirect costs such as diminished quality of life; inability to perform family roles; lost productivity; and shifting of expense to the public sector are devastating to individuals and families, businesses and society as a whole.

### THE ROLE

Community health workers help promote the health and well-being of their clients, whose cultural background, language and life experiences they often share.<sup>11, 12</sup> They may provide health education; help people access care and obtain health insurance; offer informal counseling and guidance on health behaviors; and provide some basic direct services. Depending on their role, they have different job titles, including lay health advisers, lay health advocates, community health advisers, community health representatives, *promotores/promotoras* (in Spanish), outreach workers and peer health educators.

According to the federal Health Resources and Services Administration, in 2000 – the most recent year for which data are available – there were about 58,000 paid and 28,000 volunteer community health workers in the United States. At the time of the survey, 50 percent of community health workers were paid more than \$15 an hour. The definition of community health worker was very broad and included a wide range of employment contexts (from small nonprofits to hospitals and government agencies), training levels and duties.

Studies show that such workers can help patients access care and help them see the benefits of a healthy lifestyle.<sup>12</sup> Local studies have shown considerable savings. Among diabetes patients in Baltimore, help from community health workers yielded \$2,245 in savings per patient.<sup>13</sup> Costs for asthma patients in Hawaii dropped with the help of community health workers – from \$735 to \$181, through reduced emergency room

visits and improved quality of life.<sup>14</sup> In Denver, care management, patient education, and other services provided by community health workers saved \$2.28 for every \$1 spent on the program.<sup>15</sup> Further research is needed, however, to determine the impact on health status and the cost benefits of community health worker programs.<sup>11, 16, 17</sup>

### QUALIFICATIONS/TRAINING

Community health workers need instruction in basic health care, which could be structured as a one-year training program at the community college level. Workers providing interpretation/translation assistance need to be proficient in medical terminology, which may require additional training. In one example of available training, Houston Community College in Texas offers a 160-hour certificate program that includes instruction in communication, health knowledge and advocacy.

LINDA BOWLING	THEN	NOW
<p>While helping a homeless relative in need years ago, Linda Bowling met several pregnant teenagers: homeless, hungry and scared.</p> <p>She felt moved. She'd take them big pans of soul food – green beans, bread and chicken – to hotels where they stayed. She'd counsel them. She'd listen. She even helped two of them pay their bills.</p> <p>That experience became the inspiration for Bowling's encore career.</p> <p>Trained in microelectronics, she worked as a laboratory technician at Hughes Aircraft for 14 years before being laid off in the mid-1990s. Word of mouth led Bowling to her next jobs as a high-tech piano salesperson and a hotel telephone operator.</p> <p>About eight years ago, Bowling's pastor recommended her for a job with the Antelope Valley Black Infant</p>	Laboratory Technician	Community Health Worker
		<p>Health Program in Lancaster, Calif., helping young mothers learn how to care for their babies.</p> <p>"I had experience, so I jumped at it," says Bowling, who is also a minister and a musician who writes inspirational songs. "I brought lot of compassion and empathy."</p> <p>The infant health program has provided Bowling with the training she needs to educate young mothers in the community about healthy choices. The ongoing training has included classes in motivational thinking, baby sleep patterns and postpartum depression.</p> <p>As part of her responsibilities, Bowling facilitates "empowerment classes" in which the participants support each other while learning about self-expression, low birth weight and HIV/AIDS.</p> <p>"My job, I feel, is really unique to what I'm about in my heart and spirit," Bowling says.</p>

## 2. Chronic Illness Coach

### BACKGROUND

More than 130 million Americans had at least one chronic condition in 2005, with associated medical costs estimated at more than \$1.5 trillion.<sup>18</sup> Examples of chronic illness include cardiovascular disease, cancer, AIDS, arthritis, asthma and diabetes. Coping with such conditions can be stressful for the individual and family, requiring adjustments at home and work and often leads to diminished quality of life.

Medical care can help those with chronic conditions minimize their symptoms and slow the progression of the disease, but the patient bears



the bulk of the responsibility. To become a full partner in their own care, patients can benefit from personalized education; help understanding and complying with their treatment plans; and motivation for positive lifestyle changes, such as exercise, diet and weight loss. For example, diabetics who successfully lower their average blood sugar readings may substantially reduce the chance of costly and devastating complications, including vision loss, kidney failure and amputations.

#### THE ROLE

Chronic illness coaches offer support and guidance to chronically ill individuals of all ages. They provide patient education; motivation to change behavior; and environmental assessments. They involve families and caregivers as appropriate.

Coaches serve patients in group settings, in private homes, on the telephone and online. They may help patients better manage the stress of chronic illness that can sometimes lead to depression and other diagnoses that require additional medical attention. Though coaches might specialize in specific illnesses, they need to know how other conditions a patient may have relate to the primary one.

Companies that provide disease management and mental health services to health plans and employers hire chronic illness coaches. There are also independent coaches working for clients able to pay out of pocket.

GREG BAILEY	THEN Schools Administrator	NOW Chronic Illness Coach
<p>Greg Bailey's doctors prepared him to die at age 46.</p> <p>He had contracted a rare form of pneumonia that left his lungs scarred. Medically disabled, Bailey left his job as assistant superintendent of a California public school district in 1992.</p>		<p>Bailey landed at Partners in Care Foundation. He learned how to work with homebound clients, calling to check how they were feeling. He received computer training and started managing data for foundation programs. In 2008, Partners in Care hired him as a full-time program coordinator.</p>
<p>Bailey went on to defy his prognosis. Over the next decade, he suffered a seemingly never-ending battery of treatments. Finally, a new medication led him to a better quality of life.</p>		<p>His supervisor recommended him to become a master trainer for the organization's Chronic Disease Self-Management Program. The program, based on a Stanford University model used in 15 countries and 39 U.S. states, helps patients improve their health and self-reliance, resulting in fewer visits to the doctor and emergency room and fewer hospital stays.</p>
<p>Fifteen years out of the work force, Bailey was ready for his encore career.</p>		
<p>"I wanted to do something that had meaning," says Bailey, now 62. "I wanted to work with seniors, with the disabled, with the sick, because I had been there."</p>		<p>During workshops, Bailey teaches chronically ill patients about exercise, stress management, medication usage, dealing with emotions and other factors that may affect patients' well-being. Bailey trains others to conduct the workshops, too.</p>
<p>Bailey sought help from the Los Angeles Department of Aging, which enrolled him in a federally funded Senior Community Service Employment Program. Through the program, low-income individuals 55 and older get paid for part-time, on-the-job training at nonprofits that serve the community.</p>		<p>"I'm able to identify with the participants," Bailey says. "I usually tell them, 'I know what you're feeling. I know that fear. I've been there.'"</p>

## QUALIFICATIONS/TRAINING

Training for the chronic illness coach includes building knowledge and skills in basic health, disability, medication usage, nutrition, physical activity, cultural competence, family dynamics and motivational techniques. Personal experience with chronic illness is an advantage, helping the coach and patient better identify with each other.

Coaches specializing in particular diseases or conditions need additional training. Many disease or condition-specific positions are tied to a structured curriculum, such as Stanford University's Chronic Disease Self-Management Program, which requires a week of training related to the particular illness. (Kaiser Permanente, Puget Sound Health Cooperative and numerous other health plans and physician groups have adopted Stanford's program as part of their benefits packages.)

In another example of available training, Duke University offers an Integrative Health Coach certificate program for individuals with bachelor's degrees or health care experience. Students meet four times in four-day blocks over the course of several months.

There is no mandatory certification for jobs in the field. Organizations deploying coaches have training requirements that vary from a few hours of specialized instruction to a nursing license.

Health service providers that employ coaches – not necessarily called “chronic disease coaches” – have their own educational requirements. For example, American Healthways hires health coaches to work as members of multidisciplinary teams, requiring a bachelor's degree plus two weeks of specialized training. Magellan Health Services recruits coaches, requiring an associate degree and a vocational/practical nursing license. UnitedHealth Group hires telephonic health coaches, requiring a bachelor's degree and related experience.

## 3. Medications Coach

### BACKGROUND

Often chronically ill people take multiple medications, frequently prescribed by more than one doctor. The danger is grave, as some drug interactions can be deadly. And some individuals do themselves harm by not adhering to their drug regimens because of cost, side effects or forgetfulness.

Such medication-related problems bear a huge cost for individuals and society. The direct cost of adverse drug reactions and other drug-related events (such as overdose) exceeds \$200 billion each year in hospitalizations, institutionalization, emergency room and physician visits and other treatments.<sup>19</sup>

The situation is especially serious among older adults, for whom 28 percent of hospitalizations, including 32,000 hip fractures a year, result from adverse drug reactions and noncompliance. About 80 percent of people 65 and older have at least one chronic health condition, and that group takes more prescribed medications than any other age group.<sup>20</sup>

Further complicating matters, pharmacokinetics (how the body affects drugs) and pharmacodynamics (how drugs affect the body) change as people age. As a result, older adults are especially at risk for adverse drug reactions and medication-related episodes that can lead to illness, hospitalization and other serious consequences.

#### THE ROLE

The medications coach would assist individuals with complicated medication regimens – such as those with diabetes or AIDS – to guard against harmful, and costly, drug interactions. They would educate patients about the importance of adhering to drug regimens; counsel on the proper use of medications; and help identify sources of funding to pay for medications.

During home visits, medications coaches would compile comprehensive lists of prescription drugs, over-the-counter medications and supplements to guard against dangerous drug results or interactions.

#### QUALIFICATIONS/TRAINING

The role of medication coach is so new that few references to existing resources could be found. In the context of disease management companies, the minimum requirement appears to be a vocational nursing license. In one research study the medication coach was identified as a registered nurse or “trained research assistant.”<sup>21</sup> The use of a research assistant implies that a training program could be derived to enable non-nurses to provide medication coaching. The advisory group provided this description of the qualifications:

“This potential encore career would require a background and education in pharmaceuticals and knowledge of medical terminology, geriatric physiology and metabolic changes. Licensing or certification could be required. Online medication risk screening software and drug reference web sites can facilitate medication coaching in the home. The medication coach would work as part of an interdisciplinary team, including nurses and doctors, to address risks.”

## 4. Patient Navigator/Advocate

#### BACKGROUND

The potential for cost savings makes patient navigators attractive to hospitals and community health organizations. Such assistance helps patients and their families maneuver an increasingly complex health system. This help often results in faster recovery and fewer trips to the hospital, potentially saving billions of dollars a year.

## THE ROLE

The patient navigator serves as an intermediary between the patient and the many layers of the health care system. Navigators can help patients get prescriptions, file insurance claims and arrange transportation to medical appointments. In addition, they may assist patients in developing, interpreting and following health care plans.

More than 700 hospitals and other facilities have patient navigators.<sup>22</sup> The Patient Navigator Outreach and Chronic Disease Prevention Act of 2005 authorized the U.S. Department of Health and Human Services to fund grants to place navigators in community health centers and agencies associated with the Indian Health Service, Office of Rural Health Policy and the National Cancer Institute. The federal Health Resources and Services Administration runs the program and is supporting pilots in California, Florida, Georgia, New York, South Carolina and Texas.

## QUALIFICATIONS/TRAINING

Patient navigators need basic social work, counseling and interpersonal communication skills. They also need to know the intricacies of the health care system, including patients' rights and hospital procedures.

Community colleges and nonprofit organizations are developing training and certification programs to move more people into this role. For example, ReServe Elder Service – a New York nonprofit that finds encore jobs for retirees – runs a program that trains people to become patient navigators to older adults. The program has helped keep patients from being readmitted to hospitals and has enhanced quality of life.<sup>23</sup> Such success has attracted the city government, which is contracting with ReServe to assign patient navigators to several public hospitals.

LYNN SPRAFKA	THEN	NOW
<p>Lynn Sprafka saw the need for patient navigators up close.</p> <p>In her more than 30 years as a nurse, she had informally helped friends care for their aging parents. When her friends were out of town, she visited their elderly loved ones to make sure they were all right. Most of all, she tried to demystify the health care system so the families could make more informed decisions.</p> <p>“I felt that I had the background, knowledge and ability to help others,” says Sprafka, a former nursing home administrator who herself had personal experience managing her parents’ care from four states away.</p> <p>The 58-year-old turned her expertise into an encore career in 2007, when she and her business partner launched HealthCare Navigators LLC, in Loveland,</p>	Nursing Home Administrator	Patient Navigator
		<p>Ohio. In this venture, Sprafka is showing her belief in the navigator concept, its economic viability and potential for improving lives.</p> <p>“We realized that there is a large communication gap between the family, the health care providers and the patient,” Sprafka explains. “We knew we could fill that gap and provide better outcomes for patients and families,” including fewer trips to the doctor.</p> <p>“The need is huge,” Sprafka adds. “Unfortunately, it is only a private pay service, so many people are not able to afford it.”</p> <p>For Sprafka, the work is flexible and rewarding. The biggest challenge: “It is difficult to build trust to allow someone into your life and provide this service,” she says. “Word of mouth is our best referral.”</p>

## 5. Home- and Community-Based Services Navigator/Advocate

### BACKGROUND

The population of Americans age 65 and older is set to grow tremendously when boomers start reaching that age next year. In 2000, there were 35 million people aged 65-plus. That number is projected to more than double to 72 million by 2030. Those 85 and older – the age group most susceptible to illness and hospitalization – will rise to 21 million by 2050, from 4 million in 2000.<sup>24</sup>

Many of the oldest old will suffer from chronic illnesses and functional decline, which in the past would have led to institutionalization. We know that older adults and those with chronic illnesses or disabilities typically prefer to remain living at home.<sup>25</sup> Apart from the psychological benefits of maintaining independence, this option may be more cost effective than assisted living facilities or nursing homes.

To help this population remain at home, a wide range of services has evolved, including adult day care, personal care, home-delivered meals, exercise programs and home modifications. This array of services is available through and paid for by a variety of agencies, each with distinct requirements and application processes. However, accessing such services can be challenging for individuals and their families. Services are fragmented and vary from place to place. The chronic care system has been described as a “nightmare to navigate.”<sup>26</sup>

### THE ROLE

In contrast to the patient care navigator described above, which focuses on the medical care system, the home- and community-based services navigator would assist patients and their families with handling complex situations and identifying services at the community level. He or she would provide information about a broad array of resources and services, such as housing (home sharing/matching, transitions from home to care facilities), transportation, financial/legal assistance and homemaker services. The core goal of the home- and community-based services navigator is to enhance quality of life and functioning, enabling continued community residence.

### QUALIFICATIONS/TRAINING

This job requires gaining an extensive knowledge about options and services at the community level and an understanding of specific populations (for example, individuals coming home from the hospital or nursing facilities). The navigator would need basic social work skills and knowledge of payment systems, such as long-term care and disability insurance, Medicaid and Medicare.

## 6. Home Modification Specialist

### BACKGROUND

Most homes in America, even the newest, are not equipped to support individuals with disabilities. Most people want to “age in place” in their own homes<sup>25</sup> for an improved quality of life that is typically less expensive than assisted living facilities and nursing homes. More than half of boomers, however, believe their homes will not meet their needs during that time.<sup>27</sup>

Repairs and home modifications – such as grab bars, transfer benches, lever handles, ramps, insulation, air conditioners and handrails – can help individuals stay in their homes. The remodeling can help prevent accidents, increase comfort and reduce the need for costly personal care services.

As technologies to support independent living evolve, homes may also be wired for monitoring, computer controls and other telecommunications-related health services. Home modifications are an important part of a comprehensive plan to prevent falls, which can lead to expensive hospitalization and rehabilitation and even death.

### THE ROLE

Home modification specialists design and build home environments that support aging in place and independent living, from ramps and grab bars to adjustable-height counters and wiring for monitoring systems.

The National Association of Home Builders reports that there are more than 1,200 such specialists in the United States and calls home modifications for aging in place the “fastest growing segment of the residential remodeling industry.”<sup>28</sup>

### QUALIFICATIONS/TRAINING

Carpentry and general contractor skills are vital for this job, as well as training in fall prevention, assessment of environmental aspects of aging, disability, dementia and age-related sensory changes. The National Association of Home Builders offers classes to become a certified aging-in-place specialist, focusing on technical, business management and customer relations skills.

*The National Association of Home Builders calls home modifications for aging in place the “fastest growing segment of the residential remodeling industry.”*

# Implications

This study focused on emerging, innovative encore career opportunities with the potential to be cost-effective by improving health and quality of life; avoiding or delaying institutionalization; and decreasing current health care use and costs.<sup>11, 12</sup> However, empirical evidence for a business case supporting these innovative jobs is still in short supply.

Even so, the future looks promising. The chronic care model – which focuses on the interaction of medical care, home, community, family and especially the patient – is becoming mainstream, leading to more patient participation, an emphasis on prevention and team-based health care. The future of health care will likely place greater emphasis on empowering patients to become members of a care team. That team may be led by physicians, but it includes other disciplines to help coordinate medical and social services, teach self-care skills and ensure that the home environment is safe and supportive.

## Table 2: Potential Employment Opportunities for Top Six Health-Related Encore Careers

EXAMPLES OF CURRENT AND FUTURE EMPLOYMENT OPPORTUNITIES	Community Health Worker	Chronic Illness Coach	Medication Coach	Patient Navigator	HCBS Navigator	Home Modification
Health plans, which are motivated to use low-cost, high-impact methods to improve behaviors and health	●	●	●			
Disease management firms, which help large employers and health plans address behavior change and control of clinical symptoms, such as blood sugar or blood pressure readings	●	●	●			
City and county health and social service departments	●				●	
Community clinics, rural health and Indian health organizations	●	●	●	●	●	●
Oncology, diabetes and other specialty clinics	●	●	●	●		
Hospitals with programs to reduce readmissions (to maximize Medicare, for example)		●	●	●	●	
Government-funded programs intended to prevent/delay nursing home admissions and keep people independent and living in the community					●	●
Community agencies with public health missions	●	●	●	●	●	●
Health plans and physician groups that are paid a flat rate for each patient	●	●	●			
Care/case management organizations and departments in hospitals and social service agencies	●			●	●	
Large employers, especially those that are self-insured for employees' health care		●		●		
Disabled adults paying privately			●		●	●
Developers and contractors						●
Families/caregivers paying privately			●		●	●

Health care reform proposals point toward less fee-for-service payment and more payment structures that support coordinated services aimed at maintaining optimal health. The incentives built into the payment system will shape the way care is given. As we move away from paying for each service provided, the redesigned system is likely to create incentives for interventions that are known to improve patient health at the lowest effective cost. For example, Medicare is expected to soon deny payment for readmissions for the same problem as the original hospitalization, potentially creating employment opportunities for health coaches in organizations that coordinate and support transitions among levels of care and from care facility to home.

The fragmentation of our health care and social services helps create the need for most of the encore careers identified in this study, but it also makes the sources of payment and employment of these workers unclear. An array of separate services, each funded and regulated by separate federal, state and local legislation and agencies, has evolved to address specific needs and populations. Meal programs, transportation services, nursing homes, adult day care programs, case management and homemaker services, for example, are each funded and administered separately, with differing qualifications and methods for access. Depending on one's age, health or disability, employment status, location, income and resources, services may be paid for by Medicare, Medicaid, Older Americans Act funds, state developmental disability agencies or private insurance, or the services may only be available if paid for privately.<sup>11, 12</sup>

Though employment opportunities for the six encore careers identified in this study are still developing, some sources of employment already exist. (See **Table 2.**) Companies, such as private disease management firms and insurers, represent a growing area of support.<sup>12</sup> Other opportunities are emerging out of health care reform, regulatory change and research in health care improvement.

## Conclusion

Our nation needs an improved health care system that is cost effective, provides access to everyone and emphasizes both individual responsibility for personal health and institutional responsibility for top-quality care. Creative use of our nation's talent can help achieve these goals.

At the same time, boomers – who make up the healthiest, best-educated and most affluent generation in history – are reshaping the bonus decades of life between midlife and old age. Many expect to and are interested in remaining active and at work. With years of experience behind them, they look forward to putting their skills to use serving the greater good, in a new stage of work. Encore careers can satisfy the need of the individual to make a difference and the need of the health care system to become more efficient.



This study identified six promising encore careers in health-related fields that could attract boomers to the health care work force. Perhaps the best established and most familiar of the roles is that of community health worker. The role overlaps with other job titles, including three of the emergent encore career roles (chronic illness coach, patient navigator/advocate and home- and community-based services navigator/advocate). Descriptions for these job titles are somewhat fluid, reflecting the diversity of the populations served and the range of treatment needs. Though each job requires further study and development, they all hold great potential to draw on boomers' life and work experience to address key health challenges.

In addition to the roles described here, there are many other opportunities for experienced people seeking encore careers – including those who are highly skilled – to meet important health care needs. Examples include professionals who transition from successful business careers to become quality assurance officers; data analysts improving clinical outcomes and managing costs; and performance managers strengthening organizational effectiveness. There are also opportunities for physicians and nurses, who may transition to flexible encore careers as adjunct faculty or coordinators implementing practices to prevent costly medical errors.

The 2009 American Recovery and Reinvestment Act and health care reform proposals came to the forefront while this report was being developed. If we were to repeat our process today, it is possible that there would be a stronger business case for other promising encore career opportunities. For example, a Recovery Act program to stimulate the adoption of electronic health records among thousands of primary care physicians and hospitals was developed. That program created opportunities for information technology-related jobs to help physicians redesign workflow and learn how to use computerized systems to improve care.

Each of the six roles identified in this study is based on a respect for the values and preferences of the patient; the sharing of important information that will help the patient make decisions; and the customization of the care or environment to best suit the patient's needs. A more informed patient is a potentially healthier one who needs less medical care. The promise of cost savings is well worth further exploration of these and other vital encore careers.

*Encore careers can satisfy the need of the individual to make a difference and the need of the health care system to become more efficient.*

# Notes

1. Nyce, S.A. (2007). The Aging Workforce: Is Demography Destiny? *Generations*, 31(1), 9-15.
2. Bluestone, B. and Melnik, M. (2010). After the Recovery: Help Needed; The Coming Labor Shortage and How People in Encore Careers Can Help Solve It. San Francisco: Civic Ventures.
3. Civic Ventures. (2005). MetLife Foundation/Civic Ventures Blueprint for The Next Chapter. San Francisco: Civic Ventures.
4. Johnson, R.W. (2009). Employment opportunities at Older Ages: Introduction to the special issue. *Research on Aging*, 31(1), 3-16.
5. Civic Ventures. (2008). MetLife Foundation/Civic Ventures Encore Career Survey. San Francisco: Civic Ventures.
6. Civic Ventures. (2005). MetLife Foundation/Civic Ventures New Face of Work Survey. San Francisco: Civic Ventures.
7. Dychtwald, K. and Flower, J. (1990). Age wave: How the most important trend of our time will change your future. New York: Bantam Books.
8. Bureau of Labor Statistics. (2009). Occupational Outlook Handbook, 2008-09 edition. Accessed May 29, 2009, from <http://www.bls.gov>
9. Bureau of Labor Statistics. (2009, December 17). Occupational Outlook Handbook, 2010-11 edition. Accessed January 1, 2010, from [http://www.bls.gov/oco/oooh\\_index.htm](http://www.bls.gov/oco/oooh_index.htm)
10. Nemko, Marty. (2008, December 4). Ahead-of-the-Curve Careers. In U.S. News & World Report. Accessed November 6, 2009, from <http://www.usnews.com/money/careers/articles/2008/12/04/ahead-of-the-curve-careers-2008.html>
11. Ro, M. J., Treadwell, H.M. and Northridge, M. (2003). Community Health Workers and Community Voices: Promoting Good Health. Atlanta: Community Voices.
12. Community Health Worker National Workforce Study. (2007). U.S. Department of Health and Human Services Health Resources and Service Administration Bureau of Health Professions.
13. Fedder, D.O., Chang, R.J., Curry, S. and Nichols, G. (2003). The effectiveness of a community health worker outreach program on healthcare utilization of west Baltimore City Medicaid patients with diabetes, with or without hypertension. *Ethnicity and Disease*, 13(1), 22-7.
14. Beckham, S., Kaahaaina, D., Voloch, K.A. and Washburn, A. (2004). A community-based asthma management program: effects on resource utilization and quality of life. *Hawaii Medical Journal*, 63(4), 121-6.
15. Whitley, E.M., Everhart, R.M. and Wright, R.A. (2006). Measuring return on investment of outreach by community health workers. *Journal of Health Care for the Poor and Underserved*, 17(1), 6-15.
16. Swider, S. M. (2002). Outcome Effectiveness of Community Health Workers: An Integrative Literature Review. *Public Health Nursing*, 19(1), 11-20.
17. Berman, P.A., Gwatin, D.R. and Burger, S.E. (1987). Community-Based Health Workers: Head Start or False Start Towards Health for All? *Social Science & Medicine*, 25(5), 443-459.
18. Centers for Disease Control and Prevention. (2009, October 7). Chronic Disease Overview. Accessed November 6, 2009, from <http://www.cdc.gov/nccdphp/overview.htm>
19. American Society of Consulting Pharmacists. Seniors at Risk: Designing the system to protect America's most vulnerable citizens from medication-related problems. <http://www.ascp.com/publications/seniorsatrisk/upload/AtRisk.pdf>
20. National Council on Patient Information and Education. (2007). Fact Sheet: Medicine Use and Older Adults. Accessed November 6, 2009, from [http://www.mustforseniors.org/documents/must\\_factsheet.pdf](http://www.mustforseniors.org/documents/must_factsheet.pdf)
21. Sorensen, J.L., Haug, N.A, DeLucchi, K.L., Gruber, V., Kletter, E., Batki, S.L., et al. (2007). Voucher reinforcement improves medication adherence in HIV-positive methadone patients: A randomized trial. Multi-Campus: Accessed from <http://www.escholarship.org/uc/item/337955xw>
22. Bank, D. (2009, June 17). Encore "Navigators" Improve Health, Reduce Costs. Accessed January 1, 2010, from <http://www.encore.org/news/encore-navigators-work-i>
23. Altman, C. and Geevarghese, J. (2008, November 20). ReServe Matches Experienced Workers with Vulnerable Patients. Retrieved January 1, 2010 from <http://www.encore.org/reserve-s-health-navigat>
24. He, W., Sengupta, M., Velkoff, V. and DeBarros, K. (2005). 65+ in the United States: 2005. Accessed January 1, 2010, from <http://www.census.gov/prod/2006pubs/p23-209.pdf>
25. U.S. Department of Health and Human Services, Administration on Aging. (2008, October). Home Modification Fact Sheet. Accessed November 6, 2009, from [http://www.dss.virginia.gov/files/division/dfs/as/aps/abuse\\_prevention\\_month/handouts\\_fliers/home\\_mod.pdf](http://www.dss.virginia.gov/files/division/dfs/as/aps/abuse_prevention_month/handouts_fliers/home_mod.pdf)
26. Committee on Assuring the Health of the Public in the 21st Century. (2002). The Future of the Public's Health in the 21st Century. Washington, D.C.: National Academy of Sciences.
27. AARP/Roper Public Affairs & Media group of NOP World. (2004). Beyond 50.05 A report to the nation on livable communities: Creating environments for successful aging.
28. National Association of Home Builders. (2010). What is a Certified Aging-in-Place Specialist (CAPS)? Accessed January 1, 2010, from <http://www.nahb.org/generic.aspx?genericContentID=9334>

# Acknowledgments

We would like to thank the team at Civic Ventures, and especially Jim Emerman and Phyllis Segal, for their guidance and helpful suggestions.

We are indebted to the members of the advisory group, who generously shared their knowledge, expertise and time: **Cynthia Banks, B.A.**, County of Los Angeles Community and Senior Services, director; **Molly Coye, M.D., M.P.H.**, California Regional Health Information Organization, CEO; **Helen DuPlessis, M.D., M.P.H.**, University of California, Los Angeles, assistant professor; **Sarah Griffen, M.C.P.**, Boston Health Care and Research Training Institute, director; **Francine Kaufman, M.D.**, Children's Hospital of Los Angeles, director of the Comprehensive Childhood Diabetes Center and head of the Center for Endocrinology, Diabetes & Metabolism; **Ron Komers**, director of Riverside County Human Resources and assistant executive officer of Riverside County; **Jacquelyn McCroskey, D.S.W.**, University of Southern California School of Social Work, professor; **Nancy Morrow-Howell, Ph.D., M.S.W.**, Washington University in St. Louis, professor; **Sandra Nathan**, National Council on the Aging, vice president of work force development and economic initiatives; **Cheryl Schraeder, Ph.D., R.N., F.A.A.N.**, Institute for Health Care Innovation, UIC College of Nursing, director of policy and practice initiatives and associate professor; **June Simmons, M.S.W.**, Partners in Care Foundation, CEO; **Robyn Stone, Dr.P.H.**, director of Better Jobs, Better Care, executive director of the Institute for the Future of Aging Services and senior vice president of research at the American Association of Homes and Services for the Aging; **Lester Strong**, Experience Corps, CEO; **Laura Trejo, M.S.G., M.P.A.**, Los Angeles City Department of Aging, general manager; and **Greg Voorheis, Ed.M.**, Vermont Department of Labor, senior grant manager.

We are also grateful to the experts participating in the initial brainstorming survey for their thoughtful input: **Barbara Alberson, M.P.H.**, California Department of Health Services, State and Local Injury Control, chief; **Marta Ames**, deputy director of Senior Service America and director of its Senior Community Service Employment Program; **Bonita Lynn Beattie, P.T., M.P.T., M.H.A.**, National Council on Aging, vice president injury prevention; **Terry**

**Bonecutter, M.B.A.**, QueensCare Family Clinics, CEO; **Debra Cherry, Ph.D.**, Alzheimer's Association California Southland Chapter, executive vice president; **Wotjtek Chodzko-Zajko, Ph.D.**, University of Illinois at Urbana-Champaign, professor and department head; **Bonnie Cramer, M.S.W.**, AARP, board chair; **Lynn Daucher, B.S.**, California Department of Aging, director; **Thomas Endres**, National Council on Aging, vice president civic engagement; **Gene Fernandez, M.S.**, L.A. Care Health Plan – Los Angeles, chief information officer; **Rebecca Haag, M.B.A.**, CEO of AIDS Action Committee of Massachusetts Inc., and CEO of the AIDS Action Council; **Lura Hawkins, M.B.A.**, California Association of Physician Groups, director of member services; **Kathryn Johnson, M.S.**, Health Care Forum Foundation, board member and former CEO; **Stuart Levine, M.D., M.H.A.**, Health Care Partners, chief medical officer; **Phoebe Liebig, Ph.D.**, University of Southern California, associate professor emerita; **Minh Ha Nguyen**, Community and Senior Services LA County, assistant director; **Greg O'Neill**, National Academy on an Aging Society, director; **Betul Ozmat, M.S.W.**, Washington University in St. Louis, assistant dean for strategic initiatives; **Rea Panares, M.H.S.**, Families USA, director of minority health initiatives; **Laura Robbins, M.B.A.**, The Atlantic Philanthropies, program executive; **Jennifer Taylor**, Kaiser Permanente, Corporate Meeting Services, program assistant; **Richard Van Horn, M.Div.**, CEO of Mental Health America of Los Angeles, commissioner on the Mental Health Services Oversight and Accountability Commission and system leadership team member of the Los Angeles County Department of Mental Health.

We would also like to thank Linda Bowling, Greg Bailey and Lynn Sprafka for sharing their encore career stories.



**Partners in Care**

**FOUNDATION**

*changing the shape of health care*

Sandy Atkins (Vice President, Institute for Change), Sarah Coté (Research Assistant) and Patricia Housen (Health Care Researcher) work at Partners in Care Foundation, a nonprofit that creates, implements and tests health care program innovations. The Partners in Care Institute for Change Research Center provides comprehensive technical research capabilities to assist in the design, development and evaluation of evidence-based health and social services research projects.

[picf.org](http://picf.org)

## **MetLife Foundation**

MetLife Foundation was established in 1976 by MetLife to carry on its longstanding tradition of corporate contributions and community involvement. In the area of aging, the Foundation funds programs that promote healthy aging and address issues of caregiving, intergenerational activities, mental fitness, and volunteerism.

[MetLife.org](http://MetLife.org)

## ● ENCORE ; CAREERS

Civic Ventures is a national think tank on boomers, work and social purpose. Its Encore Careers campaign aims to engage millions of boomers in encore careers, providing personal fulfillment doing paid work and producing a windfall of talent to solve society's greatest problems.

[Encore.org/research](http://Encore.org/research)