

Future Shock: The Effects of the Demographic Imperative for Jobs in Aging

By Kathleen H. Wilber

What will the expanding elder population mean for jobs in aging? Bruce Clark, senior vice president of Age Wave Health Services in Emeryville, Calif.; John Menefee, director of health care research at Watson Wyatt Worldwide in Bethesda, Md.; Bernice A. Parlak, chief of interdisciplinary and community-based programs at the Bureau of Health Professions of the Health Resources and Services Administration in Rockville, Md.; and David Peterson, professor of gerontology and director of the Leonard Davis School of Gerontology at the Andrus Gerontology Center, University of Southern California, Los Angeles, spoke about the workforce of tomorrow in the field of aging. James J. Callahan Jr., director of the Policy Center on Aging, Heller School, Brandeis University, Waltham, Mass., responded, and Kathleen H. Wilber, associate professor at the Andrus Gerontology Center, moderated. This article was written by Wilber. Sponsor: ASA's Research and Education Committee.

Many of us in gerontology remember a time not too long ago when most people didn't know what gerontology was, and those who did were not generally enthusiastic about it. I was often hesitant to tell recent acquaintances that I was a gerontologist because of their strange questions and the inevitable explanations required to set the record straight: Does that have something to do with skin? Women's health? Bacteria? Astrology?

In contrast, today aging is recognized as an important social, policy and professional area. Issues related to aging are increasingly driving the domestic policy agenda in the United States. Recent national public debates have focused on how to restructure Social Security and Medicare, how to meet current and anticipated needs for long-term care services, and the impact that the aging of the baby boom generation is likely to have on age-based entitlements. Corporate America too is paying attention to aging, looking at how to manage an increasingly older workforce and how benefits packages may need updating, to include eldercare, for instance.

Technological advances of the 20th century, including major research breakthroughs coupled with lifestyle changes, have resulted in a population of older Americans that is longer-lived, healthier, more productive and more diverse. In recent years, our newfound knowledge of normal and successful aging and of the prevalence, course and treatment effects of diseases associated with later life have dispelled many myths about aging. As Fernando Torres-Gil and Michele Puccinelli proclaimed in *The Gerontologist* in 1994, "Aging has come of age."

Although knowledge about the aging of individuals and the population as a whole is slowly making its way into public awareness, misperceptions persist, painting an inaccurate or incomplete picture. As an aging society, we can ill afford to allow such myths to drive decisions that will shape our future. Health policy, long-term care, retirement income and housing are complex issues; to deal with them successfully, society will need professionals with knowledge and skills in these substantive areas and with an understanding of how individuals and societies age.

The Changing Job Market

There is a certain irony that as human life expectancy continues increasing, the "life expectancy" of careers

and job skills is decreasing dramatically. Most of us can expect to have multiple careers and to professionally reinvent ourselves as employment demands change. Experts tell us that in many professions, job skills can become obsolete in less than five years--and in some areas the time frame is much shorter. The jobs many of us will have in the future may not even exist today. Because we believe that it is important to consider the workforce needs of an aging society, asa's Research Committee invited a panel of experts from education, healthcare, management consulting and public policy to discuss their perceptions of the future of jobs in aging. What follows is a summary of this discussion.

What Do We Know About Jobs in Aging?

David Peterson, director of the Leonard Davis School of Gerontology at the University of Southern California, conducted six research studies of people who have completed coursework or degree programs in gerontology, those who serve older adults through other professions (i.e., occupational therapy, social work, recreational therapy) and those who work in the aging network in state units or area agencies on aging. These studies suggest that variety is the word to best describe jobs in aging. Gerontologists work in a number of different roles including administration, policy, planning, counseling, education and training. Job sites also vary from community agencies to for-profit corporations to government. Peterson noted that two-thirds of the respondents in his survey reported that they were satisfied or very satisfied with their jobs and hoped to continue in the field. While salaries appear comparable to those of other helping professions, there are fewer career advancement opportunities for people who want to remain in certain areas of aging. As the field matures and job opportunities arise in larger and more complex organizations, professionals should be able to advance more within the field of aging.

Because the profession of gerontology is so new, many of those who participated in Peterson's studies did not have degrees; however, a large number reported attendance at workshops or conferences. Many came to their positions in aging from other professions, through myriad permeable boundaries. As a field of study, gerontology lacks requirements, standards and credentialing. While this has opened up opportunities for people with different backgrounds, as the field matures, it will be important to identify qualifications and core competencies that define the profession of gerontology and to work to ensure that professionals are prepared in these areas.

The number of individuals beginning their careers with degrees in aging is increasing. And although most jobs in aging do not require training or specific knowledge of aging, 90 percent of those surveyed who had degrees in aging recommend them for others.

Gerontology courses are expanding too. Of the 3,000 colleges and universities in the country, 500 currently offer one or more courses in gerontology. While some such programs have been discontinued, four times as many have thrived.

Peterson believes that to increase the standards and requirements for jobs in aging, educators need to prove to employers that gerontology offers "value added." He also called for greater exposure to the field of aging for all college students through expanded course offerings to the 2,500 educational institutions that do not currently teach gerontology.

The View From the Hyperturbulent Field of Healthcare

Healthcare, America's largest industry, is expected to grow dramatically in the coming years, driven by technology, the aging of the U.S. population and the increasing need for chronic care services. While the good news is that more jobs will be created, the downside of this growth is increasing cost. With healthcare currently consuming one trillion dollars, or 15 percent of the U.S. gross national product (gnp), Bruce Clark, senior vice president of AgeWave Health Services, based in Emeryville, Calif., believes that spending that amount on health will be necessary and acceptable. He and others fear, however, that we may see healthcare costs rise to 25 percent of the gnp. If this happens, it will seriously challenge our ability and willingness to foot the bill.

Driven by the need for cost containment, a key question for healthcare now and in the future is how to deliver high-quality care--particularly chronic care to older people--most efficiently. One approach is to improve the delivery systems used to provide such services. While there is debate over whether or not managed care

improves service delivery, it nonetheless represents a major catalyst for changing how services are delivered. Currently 15 percent of Medicare recipients are enrolled in managed care Medicare Risk programs. Clark suggested that within five years this number may double. Large managed care systems are developing new ways to organize and deliver healthcare for all Americans. One of the key questions for these evolving healthcare delivery systems is how to design and incorporate comprehensive eldercare networks that adequately address the needs of people with chronic conditions.

While it is important to prepare for changes expected to occur in the next decade, we also need to better prepare for the aging of the 77 million members of the baby boom generation who will begin turning 65 in 2011. Clark noted that healthcare is virtually the only industry in the country to resist developing a strong consumer service focus. For example, research suggests that providers consistently rate themselves higher than their patients do in such areas as courtesy, time spent with patients and efficiency. Consumer satisfaction is important today. It will be critical for tomorrow's older adults who are likely to live longer with more chronic illnesses and to be more educated about their health and healthcare and more demanding of quality.

Clark identified several areas of high-potential work opportunities in health and aging. The first was the information explosion. Consumers are increasingly interested in information about health and wellness as many seek to educate themselves about illnesses, treatment options and beneficial health behaviors.

Alternative and complementary therapies are a second dynamic area as increasingly, older adults turn to new treatment options. For example, in 1992 older people actually made more visits to alternative therapy providers than to primary care physicians. Moreover, 43 percent of older adults have used alternative therapies.

Clark noted that job opportunities will be created to meet end-of-life demands. Workers who understand a variety of issues from pain management to the funeral business will be needed to meet changes in the field of death and dying. Other new job opportunities in aging will include: designing better service delivery systems and treatment options for older adults, managing complex health systems, case management or helping consumers navigate the healthcare systems that are developed, teaching continuous education to healthcare workers, work in home health or as geriatric clinicians, designing and marketing home safety products and conducting home safety audits.

Corporate America: Are You Learning as Fast as the World Is Changing?

John Menefee, director of healthcare research for Watson Wyatt Worldwide, spoke from the perspective of the large corporation, the Fortune 1,000 companies which represent over half of the United States workers. He suggested that gerontologists may overlook corporate America as an employer and encouraged people to think of opportunities in the corporate sector. But to succeed, he cautioned, those interested in working for large, private sector companies must first understand the worldview of the executives and managers who run these companies.

Change is the norm in corporate America, and the speed of change is accelerating rapidly. For example, the life expectancy of a computer program is about six months. About two-thirds of the time, change is initiated by the rule breakers of today who become the leaders of tomorrow.

The traditional social contract of lifelong employment for workers has been replaced by the currency of "shareholder value." This means that workers must demonstrate that they add value on an ongoing basis and that employers will get a reasonable return on their investment in their "human capital." There is no job entitlement. Despite this change, employers are more aware of the importance of understanding and using human capital most effectively.

For most executives, key corporate issues are age neutral. The role of the gerontologist is to help executives understand and maximize the potential of an aging workforce. To do so, gerontologists must address this question: What is the "value added" of older workers?

Menefee presented survey research that Watson Wyatt Worldwide has conducted with 2,200 ceos and cfos over the last decade. This research suggested that corporate America is not paying a great deal of attention to the reality that its human capital is aging, perhaps because large employers currently have adequate human

resources to draw from. However, as members of the baby boom generation begin to consider retirement, the demand for older workers will become more compelling.

Currently, private sector executives are concerned about growing benefit liabilities. As public policy makers explore changes to shore up Social Security and Medicare, executives fear that public cost-shifting will occur at the expense of the private sector. This concern is coupled with the current reality that medical benefits are overwhelming the bottom line, in part as a result of recently implemented accounting requirements.

When asked to rank how important the aging workforce is as an issue, American corporate leaders placed it sixth out of 10. Menefee noted that this was up from ninth a decade ago, yet contrasts sharply with opinions of business leaders in Japan who rated it second and in Europe who rated it third. The survey also found that executives believe productivity peaks at about the fifth decade (from about age 47 to 60) and then declines. It follows that executives who believe productivity declines after age 60 will be likely to support early retirement and to be less interested in programs to support older workers.

What should gerontologists adopt as a strategy to address these views? Menefee advised that to demonstrate their value in the workplace, gerontologists need to understand corporate America's view of aging, articulate the relevant issues and illustrate how an enlightened policy toward older workers will enhance shareholder value. With changing demographics and the likelihood that there will be too few workers available when the boomers retire, concerns will focus on how to attract and maintain a productive workforce. Gerontologists must recognize and achieve corporate indicators of productivity, including technical knowledge, critical-thinking abilities, interpersonal communication skills, decision-making skills, and the ability to deal with ambiguity.

A survey that Watson Wyatt Worldwide conducted of over 2,000 healthcare executives in the United States found their major concern to be managing the health of an aging population in a cost-effective manner. Although currently focused on managed care, the structure of healthcare is changing dramatically. Healthcare delivery appears to be evolving from managed care to contractual networks and "virtual" healthcare systems. Menefee echoed Clark's concern that runaway costs in the healthcare sector could have serious repercussions for the economic health of the country.

With change the norm, where people work and how people work is also changing. About one-third of the workforce no longer works a traditional 40-hour week in the office. More people are telecommuting, job sharing or working flextime. Such situations are ideal for nontraditional workers, including older workers. Business is increasingly interested in knowledge workers who have critical competencies and areas of expertise. It is up to those of us with knowledge of the field to demonstrate how gerontological expertise, older workers and aging issues fit into the structure and needs of the business community.

What Jobs Are We Talking About?

While the three panel members from education, healthcare and industry painted optimistic pictures of jobs in aging, James J. Callahan Jr., director of the Policy Center on Aging at the Heller School, Brandeis University, cautioned that it is important to consider where jobs in the future are likely to be. Policymakers, educators and those interested in building a career in aging might want to reflect on several important questions. To what extent are jobs likely to be high-powered positions in industry or managerial positions in health vs. other less glamorous hands-on positions? Will the age boom be led by gerontologists or will other occupations (medicine, law, business) incorporate more aging-related concerns into their disciplines to meet the need? Who is it that will speak authoritatively on "gerontology"? Who "owns" aging?

Data from the U.S. Department of Labor suggest that relatively low-paying paraprofessional positions such as home health aides and physical and occupational therapy assistants will account for the bulk of job growth in the field. In addition to the bread-and-butter issues of adequate retirement income and high-quality services, Callahan challenged advocates in the field to consider the problem of low wages for hands-on workers in gerontology and how these low wages will negatively affect the workers' own health and retirement.

Many of us who have been in gerontology for some time have become accustomed to being the only game in town, in part because no one else has been interested in the field of aging. Increasingly, however, we can anticipate competition from other professionals beginning to serve older adults and from larger corporations,

particularly in healthcare, competing with smaller social service providers for customers. How will this reality affect the services that we deliver, particularly for agencies and universities that have grown complacent with their standard operating procedures and noncompetitive routines? Will gerontology become more innovative and consumer oriented in the face of competition, or will the response be "Don't rock the boat"?

In anticipating the future, Callahan posed these questions: Who wants the services you provide? Who is your audience? What is your special claim to the field? What expertise do you have or will you need to develop to solve problems that no one else can solve? And how will you relate to others moving into the field to meet increasingly diverse needs?

Callahan offered several suggestions to current and future professionals from which the field of gerontology can benefit:

- Expect the unexpected. It is not clear how things will play out given the high stakes, important issues and rapid pace of change.
- Expect to hear more from women. While long-term care is already considered a woman's issue, women will also become more vocal about their economic situation, conflicting roles, expectations and other issues that confront them.
- Don't freeze your thinking. Don't rely on previous ways of addressing problems. Be creative.



American Society on Aging
833 Market St., Suite 511
San Francisco, CA 94103
www.asaging.org
info@asaging.org