

Bracing for the Boomers

Buried in the demographic trends are implications for public health



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The “age wave” representing the graying Baby Boomers is about to change the landscape of health and human services. As the 76 million adults now aged 42–60 enter their retirement years, we know that they will reshape our thinking about aging and society. Boomers’ distinctive needs and preferences will affect the way they live into their elder years. Six key Boomer characteristics in particular influence how this generation relates to health and health care, and suggest ways for how health care and social services can relate effectively to them.

Eroding link between age and retirement

The oldest of the Baby Boomers will turn 65 in 2011. On average, these men and women can expect to live another 18 years, to 83, and many will live into their 90s. This might be one reason why increasingly, Boomers do not see 65 as the age of retirement. Financial security is another reason. In general, sources of retirement income for Boomers are less secure than those of previous generations. The combination of longer lives and a need for additional income means that many Boomers expect to work beyond the traditional retirement age of 65—but interestingly, research suggests they may seek more non-traditional jobs in the not-for-profit sector.

Chronic health challenges

Boomers face health challenges that include being overweight and living with chronic conditions such as diabetes and hypertension. Ethnic and racial minority Boomers face even more health challenges as disparities remain stubbornly endemic in health indicators and social determinants of health. In King County, Washington, African Americans and Native Americans, for example, have much higher death rates for heart disease, cancer, stroke, and accidents—four of the top ten leading causes of death. African Americans also have a higher diabetes death rate, and Native Americans have a higher rate of death from chronic liver disease.

Increased diversity

Boomers are more culturally, economically, and socially diverse than the generations who came of age in the 1940s and 1950s. These adults will seek health solutions that speak to their interests, backgrounds, and cultures.

A family focus

Nicknamed the “Sandwich Generation,” many Boomers are involved with their parents at one end of the spectrum and their children and grandchildren at the other. Nationally, 30 percent of Boomers have been or are currently responsible for an aging parent. As caregivers to their parents, Boomers want to support them in home-like settings. At the same time, Boomers are the head of more than 64 percent of households with four or more family members, and a substantial number of Boomers are raising grandchildren in their own homes or are otherwise involved in their day-to-day care.

Purposeful lives

Boomers seek purposeful living when it comes to meaningful employment and civic engagement. Close to one-third of Boomers say they expect to participate in community service after retirement. For those who were the social activists of the 1960s, involvement in socially responsible efforts, such as volunteering, environmental and social justice efforts, and community leadership, will be of interest.

Personal choices

Boomers want choices and ease of access to services at convenient times. This generation has a working knowledge of the Internet and is comfortable researching information about products and services. They want to be in control. As one marketer noted, “Ask them what they want, don’t tell them what you can give them.”

Implications for public health

So, what do these Boomer characteristics mean for public health and aging programs in the future?

Capitalize on technology

Because Boomers are comfortable with the Internet and online services, Web-based health education materials and resource links, “chat rooms” for caregivers and those who are isolated, and special self-management tools for chronic conditions will grow in popularity and use. The development of personal health records for the individual to track and manage health changes offers promise to those who want to take charge of their health. Tools such as www.sharedcareplan.org and www.networkofcare.org are expanding in this arena.

Resource databases, whether for housing, health care, caregiving, or general information, are becoming more useful and interactive. Check out www.seniorservices.org for a good example of what the aging network offers those seeking access to programs and services. A national CDC-funded pilot called Active Options is lining up local community physical activity inventories, with several communities already signed on, including King County, Washington (www.activeoptions.org). The Healthy Aging Partnership (www.4elders.org), bringing public health and aging partners together for community benefit, offers free articles on health topics, just right for community newsletters and local papers.

Put the Boomer in charge

Health-oriented programs for Boomers will need to focus on personal empowerment, motivational interviewing for behavioral change, and evidence-based “coaching” approaches. Significant research efforts by the UW Health Promotion Research Center over the past decade have demonstrated that self-management skills, goal setting, and follow-through are the keys to addressing chronic conditions for older populations. Here in Washington, and in 20 additional states, one of the UW-researched efforts, Project Enhance (*see article on p. 20*), is offered in a number of community and health settings. Another, the Program to Encourage Active, Rewarding Lives for Seniors (PEARLS), brings relief from minor depression among isolated older adults through in-home problem solving using motivational interviewing and personal goal setting. PEARLS reduces depression scores for participants and is slowly expanding in Washington to both elders and Boomers as resources for implementation become available.

Pay attention to words

Keep in mind that Boomers do not relate to traditional terms for older adults. They do not identify as elders, seniors, or as being in their golden years. Terms that connect aging to life experience resonate better with this group. Consider experience leaders, lifetime learning, active for life, and freedom years, which speak to aging as a part of the life process rather than a dead

end. Elderhostel, for example, has developed a new Road Scholar program aimed at the 50+ adult, and congregate meal sites are renaming themselves cafés in several parts of the nation.

Work in the local community

To reach the diverse communities of Boomers, public health programs serving the elderly must reach out to community groups. The good news is that local cosponsorship of healthy aging programs brings credibility to these programs in the Boomers’ social marketplace. Recent years have seen the development of strong ethnic agencies, special programs that effectively reach communities of color, and mutual assistance groups for recent immigrants and refugees. Gay, lesbian, bisexual, and transgender groups also have an increasing interest in the graying of their members. New health promotion programs must link with these partners to reach underserved groups.

Look across ages

Policy changes that would overcome the boundaries caused by categorical funding and encourage programs that benefit more than one generation merit involvement and investment by public health. Cross-generational programs, such as health buddies, youth mentors, and physical activity programs offered in recreational settings bring mutual benefits for the participants and offer an alternative to age-segregated programs (www.gu.org). Policy changes focused on the built environment, such as walkability improvements and zoning changes that permit a greater residential/commercial mix, hold a promise that Boomers may be able to remain living in active, multigenerational settings well into late life.

Promote civic engagement

Public health agencies and clinics might consider tapping Boomer retirees from health-related professions for new part-time careers in meeting critical public health needs. The US Environmental Protection Agency, for example, is developing volunteer environmental stewards in nonprofit organizations (www.epa.gov/aging).

The national organization Civic Ventures sponsors an initiative called Next Chapter that provides assistance to community groups across the country working to help people in the second half of life set a course, connect with peers, and find pathways to significant service. Personal health and wellness, continued learning, community connections, and finding a new meaning for life are the organization’s key focus areas (www.civicventures.org/nextchapter).

The ability to engage Boomers in improving their own health and that of the community is an important challenge ahead. Yes, the Boomers are coming, and they intend to continue leading, inspiring, and changing the world. ■

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