

Why it Matters in 2016 Aging Services: Gender, Generations and Geography

Thank you for being at the Dallas Area Gerontological Society meeting today. Our goal in this presentation is to explore three areas that impact the work of aging services in 2016:

1. Gender

Specifically the impact of gender of the older adult being served, the gender of the person deciding what care/services the older adult receives and the gender of the person in the field of aging services

2. Generations

How each generation that interacts with the older adult brings a different worldview, vocabulary, and method of fulfilling the need

3. Geography

How place and proximity to place becomes a major deciding factor in services for the aging

Gender

We're all familiar with the fact that women comprise a larger portion of the oldest old (www.agingstats.gov). The Federal Interagency Forum (13 entities including CMS, VA, etc) breaks out factors relating to specific and overall well-being of those age 65+ by sex. Widowhood is more common with 65+ females than 65+ males. And, more older adult women live alone than older adult men. According to this report "Americans are living longer than ever before. Life expectancies at both age 65 and age 85 have increased for men and women. Under current mortality conditions, women who survive to age 65 can expect to live an average of 19.2 more years, nearly 5 years longer than women age 65 in 1960. In 2009, the life expectancy of people who survive to age 85 was 7 years for women and 5.9 years for men."

And who are the ones deciding aging services? Sometimes it's the older adult, but mostly it's the daughter or daughter in law, or another female in the family. Occasionally it's a hired professional geriatric care manager, another female. Caregiving in America remains a female domain.

Think about your marketing plan: do you tailor your information and details for a female decider? My experience is that not enough details are provided to the women deciders, either in the form of slick brochures or websites with spotty specifics. Females like to compare and contrast, they are used to comparison shopping. Men on the other hand, tend to hunt down the one option that seems to fit and move forward. They are less focused on details. They

might decide upon an assisted living facility based on the décor in the lobby or the mannerisms of the female marketing representative in stilettos. Women are more likely to compare several agencies facilities or services before they decide, and be less persuaded by the marketing representative (AKA “community liaison” or “property counselor” “business development manager” euphemisms for the person who closes the deal). So, for 2016 ask your management to consider being more specific, yes even more fully transparent in marketing to older adults and their female deciders.

Also consider your staffing.

Just visit an older adult housing community and you’ll find preponderance of females on staff.

Same is generally true for

- home health care
- hospice agencies
- sitter services and non-medical staffing agencies

Women are mostly serving women at the mid and lower levels. So is language “gender neutral” to be inclusive for male clients? What about the attitude and demeanor when it comes to female workers and clients?

And what about upper management in aging services? It’s common to see male senior management rather than female senior management. Are these male senior executives making choices to include gender point of view? Who decides which marketing plan to follow and are they geared to the decision makers? Who makes the choice about overall philosophy of management and its profitability?

Take some time as you do your work to consider that choices made at the very highest level are often male dominated choices which include their gender specific point of view.

Generations

Each generation is around twenty years. That group of people is united by historical and economic events and cultural changes that impact the worldview. This is the cohort effect: what happens to us as groups moving through the years – birth to higher education – form our values, our preferences and our lens of how we view the world around us. It’s about shared experiences in the formative years impacting us throughout our lives.

For example: Boomers, born 1946 to 1965. The youngest of this generation are now age 50; the oldest are now age 69, turning 70 in 2016. Boomers are likely to be the ones today selecting services for their parents and other aging relatives.

Boomer Influences: television, wide spread higher education, drug use/hippies, Woodstock, John F Kennedy and LBJ, Vietnam War, Civil Rights movement, women's equality, rock n'roll and hard rock music, the birth control pill, microwave ovens, disbanding of institutionalized mentally ill, suburban sprawl, first generation of the computer technology age

Boomer Values: Competitive; work centric; career driven "two income families"; independent "hands on" thinkers; difficulties with parents when teenagers; dream of "having it all;" spenders not savers; sexually active: high respect for upper levels of education/expertise and lifelong learning; often divorced and remarried; one or two offspring; embraced "newest and latest" to become digital immigrants; well-traveled; wide span of political and spiritual beliefs from conservative to liberal; embrace psychological services and well-being; honor the right to personal choice in lifestyle, career, and religion; love their pets; first generation to embrace fitness centers; many different hobbies.

If your company provides older adult "active living" housing options targeting Boomers, how has the organization embraced the Boomer values?

- a dog park on property
- lifelong learning seminars
- travel options
- fitness and wellness center with trainers for hire
- resource center with specialized hobby space
- the latest technologies everywhere on property
- gourmet and "clean food" eating options
- concierge services, including transportation to airports and pet sitters

And as Boomers move into assisted living and long term care facilities, how will those organizations modify their services to fit Boomer values?

Folks, no longer is it okay to have bingo and bridge and a performance by an Elvis impersonator, and call that an activity program.

Boomers will demand so much more. 2016 is the time to rethink what services and programs are presented today and will be offered in the near future.

The "Greatest Generation" who served in WWII (born 1910 to 1928) are fewer and fewer each year. Aging services are likely to currently serve "The Lucky Few Generation", born 1929 to 1945 (age 86 to 70). This group is small in number due to fewer births during the Great Depression and during WWII. So, organizations providing aging services are chasing this smaller number of persons. Many of these persons do not today have a "felt need" for aging services. They will as physical issues appear. Be aware than many in this group identify with Boomer

values and are less comfortable with the term “seniors” which refers to the Greatest Generation cohort. They will be more demanding of “person centered care”, a well-worn phrase but a tough dynamic to deliver. This cohort is civic minded, lifelong volunteers and seriously patriotic and family focused.

Geography

Like the real estate professionals say: it’s all about location, location, location.

Where you provide services remains crucial to your marketing. Know your key constituents – the demographics of your area and the wants, needs, and preferences of your target audience. Whether you offer Medicare paid home health services, private pay home care services, hospice care, assisted living, memory care, long term care and skilled nursing rehab – get to know your geographic area. What works in one area doesn’t in another. And unless you have multiple locations and offices throughout the Metroplex, it’s impossible to cover all areas quickly and thoroughly with quality services.

When older adults decide to move to a retirement community, or even to assisted living, they are most likely to want to stay in the area they know and love. Why? To be close to the church, hairdresser/barber, the accountant, the local bank, the investment advisor, and friends. People like the familiar. If they move some distance away, it’s most likely because their daughter or daughter in law or sister or niece lives in that new vicinity. Location matters. Your facility might be the best in the city, but if it is not geographically central to that family’s work or home location, they are most likely to choose another facility closer to where they work and live. So target your marketing to people who use your location as their preferred area of town.

Summary

Whether it’s gender, generations, or geography, the times are a changin’ for 2016. We are on the cusp of change: the “seniors” that our industry has focused on is dying off. The younger cohorts moving into the need for aging services want different things delivered in different ways. Plan some time as you move into the new year to strategically think through how you and your organization is adapting to the evolving world of aging services. Doing what you’ve always done (i.e., calling everyone you serve “a senior”) will likely not get you your business plan goal. Think about what you might desire if you were the client, the resident, the patient. Then reconfigure your services, your marketing and your message. Best of luck to you in the New Year.