

# Using a new talent pool to solve old problems

## Commentary by Claire Altman and Jess Geevarghese

Claire Altman, immediate past executive director at ReServe Elder Service, Inc., had been with the organization from 2006 to 2008, after two decades as an advocate for affordable housing. Jess Geevarghese, senior program officer at ReServe Elder Service, Inc., has previously worked in the fields of global health public relations and social entrepreneurship.

**T**he availability of millions of talented, experienced people searching for encore careers provides creative nonprofits with an opportunity to search for new ways to tackle problems that may have seemed intractable.

A quick look at the ReServe Health Navigator Program, for example, demonstrates how energetic, capable retirees can extend independent living for elderly people recovering from illness.

Here's the problem: When frail, isolated seniors leave a hospital or rehabilitation facility, they often don't maintain connections with health maintenance and other support services. Without these connections, many older patients are unable to consistently manage even minor medical or life problems and are vulnerable to hospital readmission or frequent emergency room visits.

A recent study by the Commonwealth Fund estimates that hospital readmissions of Medicare recipients within 30 days of discharge cost the Medicare system \$15 billion annually. The study also estimates that 20 percent of those visits could be avoided if effective community-based supports were in place.

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About a year ago, ReServe launched the Health Navigator Program as a two-year pilot, testing two key notions: 1) that retirees with an interest in delivering direct service to elders could fill a role not currently being met in the health care system, and 2) that by identifying older adults at risk of re-hospitalization and providing them the supports to help them, unnecessary readmissions and emergency room visits could be avoided.

To launch the program, ReServe developed partnerships with two major hospitals in New York City—Beth Israel and St. Luke's Roosevelt, and several major foundations,

including MetLife Foundation, Guttman Foundation and Max & Victoria Dreyfus Foundation, which provided grants to get started. Costs include recruitment, training, and \$10/hour salaries for the part-time Health Navigators.

ReServe's current cadre of Health Navigators is small, but includes people with a diverse range of backgrounds, including professional and executive careers in banking, news media, marketing, health information management, public relations, financial services, and social work.

They seem to find the task compelling and important. "We enter the lives of older people who have no support system, no family or friends. They're isolated and maybe depressed," said one Health Navigator. "We gain their trust and then they allow us to do something for them. We encourage them to look outward, to re-engage with life."

All the Health Navigators are pleased to be able to put the skills they've developed over their careers to continued good use. Most seem to be succeeding by drawing on the judgment, resourcefulness and patience they developed working in positions of significant responsibility and negotiating complex interactions.

After just six months of operations, early results are promising. The Health Navigators are proving effective intermediaries, because of their basic communication and organizing skills, willingness to learn how to provide direct service, and desire to serve in a helping role that allows for a flexible work arrangement.

So effective, in fact, that the New York City Health and Hospitals Corporation recently called upon ReServe to supply six public hospitals with Health Navigators to provide the linkages between frail, older diabetics, their health care providers and specially designed wellness programs at senior centers.

We'll be studying this pilot in great detail over a long period of time, but it's already clear that the payoff can be enormous and far reaching. This program has the potential to provide frail seniors with a way to stay in their homes, offer Health Navigators fulfilling encore careers, and generate considerable savings for the Medicare program—a triple win.

The Health Navigator Program is one example of an innovative program that builds upon the skills, experience, and commitment of people in encore careers to help solve a costly public problem. The countless other public issues that could be addressed by deploying this talent pool is limited only by our imaginations. ■

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