

Aging in America 2012—American Society on Aging; annual conference March 28-April 1, 2012 in Washington, D.C.

An overview by Joop Koopman joopkoopman@gmail.com

The reality is stark: between 2010 and 2050 the US population of 65 and older will have doubled to close to 80M. For the majority of these folks Aging (and, hence, full care) in Place has to be the solution, as there simply will not be an infrastructure and sufficient public funding to afford the majority the option of assisted living in senior residences.

Of course, Aging in Place does not only make economic sense—it allows aging boomers to maintain an active, independent lifestyle for as long as possible. In fact, Ken Dychtwald, boomer marketing visionary, even foresees a time when boomers can simply pay for the privilege of living longer and healthier!

But what those who don't have ample retirement funds and what about the Greatest Generation that preceded the boomers—will society find a way to connect them with the technology to keep them at home longer as well, comfortable and connected with the world? Can this group be taught? In this regard, Thomas Kamber, executive director of OATS (Older Adults Technology Services) www.oats.org spoke at the National Forum on the Future of Aging (one of the conference's special seminars, hosted by Richard Adler; please see the issue of the ASA journal *Generations* on "The Future of Aging," edited by Adler, featuring a boomer insert.) about OATS workshops that help elderly, taught by both young people and peers, to learn to use computers, the internet, etc. Besides access to vital information, the experience is also providing a rich social encounter.

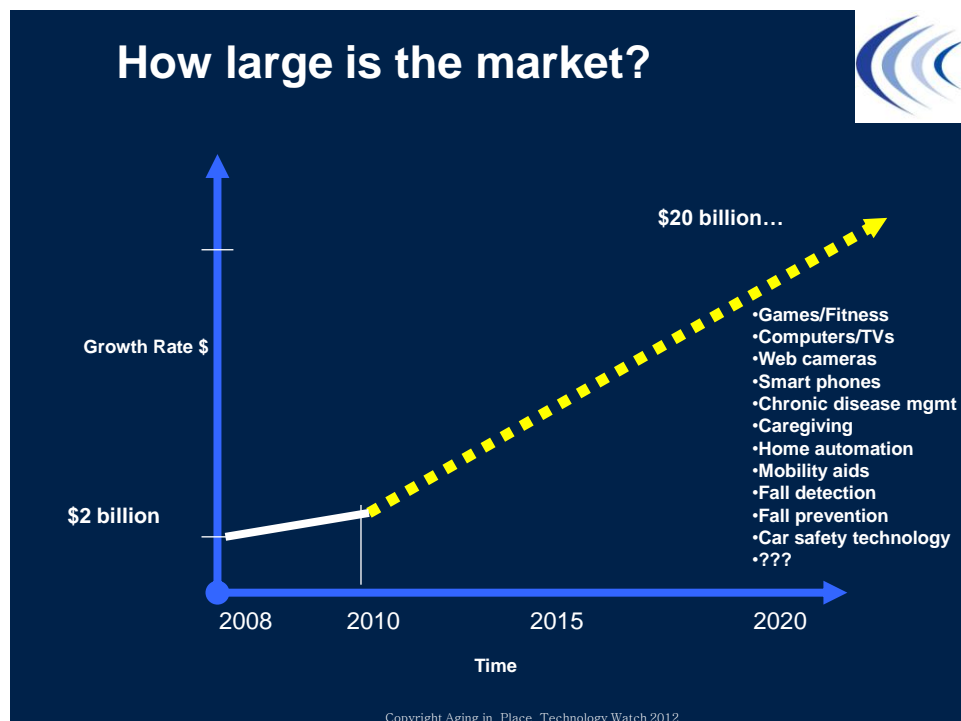
On the bright side, in the past three years there has been an explosion in the development of technology and a refinement and focus in human services to cater to almost all these seniors' needs—a body of products and services that will assist today's boomers to take care of their elderly parents and prepare for the time when they themselves will face real old age.

The key challenges include: how to scale up promising local initiatives—such as the work of the Cleveland Clinic, the MIT Age Lab, the interest of cable providers to enter the home monitoring business, and even public libraries stepping in to help train seniors to use computers and access the internet, among many others—and make these services and products available to a national populace. This process of bringing Aging in Place services and technologies to the marketplace must rely on an ingenious collaboration, and mutually beneficial interplay between commercial enterprise and public funding.

In this regard it is worth noting that while Europeans may look with admiration to US business-driven inventiveness and technological savvy; Americans look to Europe wistfully as it sees ample government funding applied to progressive experimentation. Ideally, the two models would come together on both sides of the Atlantic (as well as in Asia and elsewhere).

Noted Aging in Place technology analyst Laurie Orlov [noted](#) the irony of the sharp contrast between the e hundreds of participants in the ASA conference—many of them social workers, gerontologists and hands-on aging services providers, relying on public monies and insurance coverage—and the small group of boomer marketing entrepreneurs that kicked of the proceedings with the 2012 What’s Next Boomer Business, all of them eager to sell a plethora of newfangled products designed to make care-giving smart and aging more humane. Optimistic business folk look at the economic prospects of the AARP-titled “longevity economy” in the US as something on the par of the power of emerging economies of India, China, Brazil and India.

The market potential is huge and could get bigger—pharmaceutical companies may jump into the lucrative device market before long!



Somehow, the twain—need and commerce—must meet! That challenge, arguably, was an important subtext of this year’s gathering.

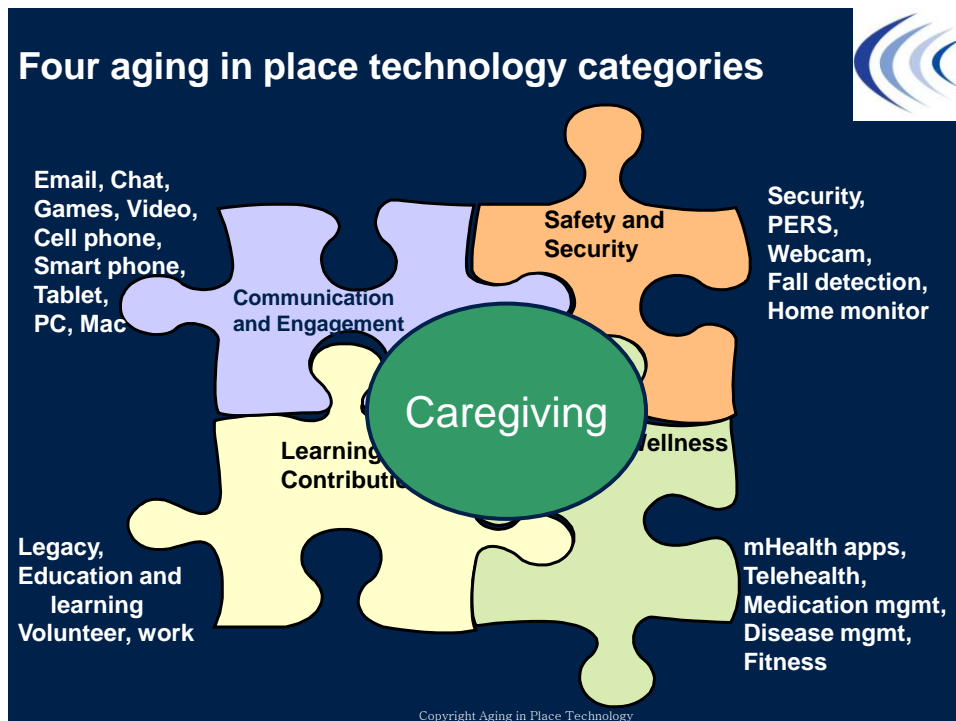
Public funds alone cannot get the job done; business has to be part of the solution. Some participants speculated that what might really get this Aging in Place industry of the ground is if its appeal would mirror that of the Green Revolution, the pursuit of sustainability.

After all, by providing better, more focused care for the elderly, insurance companies can potentially save enormous sums in terms of costly hospital stays equipment. Smarter strategies could help reduce health care premiums designed to cover such major interventions as unnecessary long hospital stays, where (often limited) services are provided that could just as effectively and much more cheaply be provided in the home. Unfortunately, the reimbursement system is geared to bring old people to the hospital even for minor care.

Wanted: a happy medium, a happy wedding between social welfare and entrepreneurship—each party helping the other making the most of its means. Tax incentives for entrepreneurs in the care-giving industry come to mind, as well as public research funds for product development, with part of the eventual proceeds recycling back into the public coffers to fund additional research. The exigencies of business, also, can make the process of public funding more effective.

Specifics

The Aging in Place electronic triangle connects care-givers (the boomers!) and professional caregivers, the elderly recipient, and the doctor(s). The system is charted as follows (courtesy of Laurie Orlov)



Basically, all the elements are in place (see also enclosed sample product brochures). By some predictions, by 2017 there will 170 million wearable devices for use in sports and health care; and by the end of 2012 there could be as many as 13,000 health smartphone apps. But how to get these devices to the people that need them most—and how will they be paid for?

The US government has yet to become more flexible in its funding of certain technology; a cumbersome, costly and often unworkable device serving speech therapy may get funded, but a much cheaper iPhone or other smartphone that are running apps that do the job much more efficiently are rejected.

This gets to the heart of the debate over universal design, known as “design for all” in Europe. Universal design implies that a home or device is designed in such a way that users from every age can use it comfortably; major adjustment need not be made when a person become elderly and needy in older age. In home design, this means allowing for extra room in kitchens, hallways and bathrooms—space ‘borrowed’ from the start from bedrooms and living rooms. But it will take a visionary, concerted effort to join government and the building industry in such smart planning.

Related to this issue, a number of observers insist, is the breaking open of the housing and health care silos, so that both industries so vital in the lives of aging persons can interact openly and embark on joint ventures.

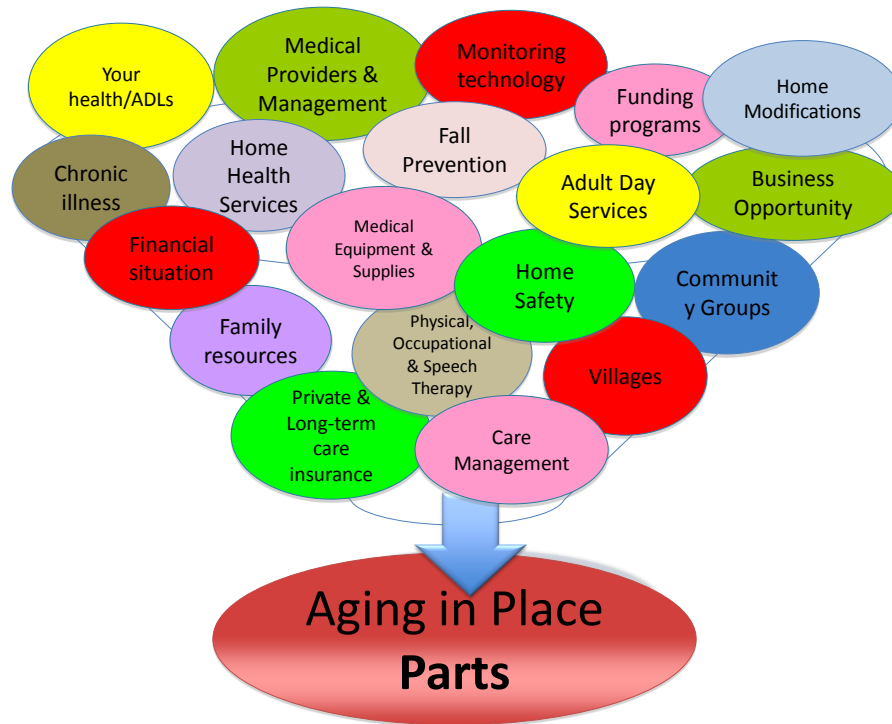
Clearly, many great products and services that make healthcare for boomers and those older above all a personalized experience are already online—however, localized access to them might still be—and many others are in development, perhaps waiting for a final round of funding. The overwhelming challenge—and opportunity—is to bring these goods and services to market in an effective way, a way that makes it easiest for the customer, who in most cases is the caregiver.

Finding a solution on this front is what is driving Louis Tenenbaum, who has launched an alliance of manufacturers, service providers, insurance companies, social workers and all manner of fellow travelers. He is in the process of creating the Aging in Place Institute, which driven by a [study](#) by the MetLife Mature Marketing Institute that shows that boomers overwhelmingly want to age in place, has launched a national brainstorm, whose key objectives are:

Reduced and more strategic spending for personal and medical care by way of fewer hospitalizations and readmissions (which are often foisted upon families and caregivers by insurers); more successful and effective businesses and agencies serving those aging in place; happier consumers; and more effective use of all resources, including family and informal caregivers, reducing reliance on public monies.

The hoped-for final result will look something like a smart grid, though which resources are allocated and dispatched in the most efficient ways possible. Possibly, there will be a national call center, a single, one-stop shopping web site where caregivers, doctors and patients can find both commercial and publicly funded products and services, including topflight customer service to help people find their way through the bureaucratic maze that makes dealing with government systems and insurance companies often so maddening.

Aging in Place, as Tenenbaum puts, is made up of numerous parts that all must fit together just right to make up the “car”—so that the customer can simply get in and turn the key and ride off into the sunset. Just selling individual parts won’t do. (Graphic below; ADL stands for Activities of Daily Living).



Richard Adler notes that, in this constellation of products and services that will make Aging in Place (AiP) possible, *social* innovations are equally important (or more important than technology, particularly in the near-term future) in supporting AiP, such as the “virtual villages” movement that provides access to a range of support services for people aging in place (see www.vtvnetwork.org), and models of integrated care for the frail elderly such as On Lok in San Francisco (www.onlok.org), which has been replicated nationally as the PACE program (www.npaonline.org). (It is interesting to note that the villages movement is almost entirely self-funded (though it has attracted some foundation grants to support its growth), while the programs for the frail elderly are largely government-funded through Medicare and Medicaid. The broader name for this type of program is Home- and Community-Based Services (HCBS).)

Sample products

VitalLink Assisted Computing www.vitallink.net

Free Captioned Telephone Services (Sprint CapTel)

HearthMath—emWave2 and emWave/Desktop; self-monitoring of stress levels; www.hearthmath.com

EmFinders, EmSeeQ Devices—locate elderly who have gotten lost; www.emfinders.com

Copilot Touch Screen Systems—keeping track of senior data usage, attendance; www.copilot21.com

Attainment Company—devices for communication, mental fitness, memory, caregiving; www.attainmentcompany.com

Automated Protective Services System; www.AutomatedProtectiveServices.com

Touch screen technology from Telekin; www.telekin.com

OATS: Harness the Power of Technology to Change the Way we Age; www.oats.org

Elder Care Locator: www.eldercare.gov

Fitness Systems for older, active adults: www.playworldsystems.com

Secure family websites; www.trustdots.com

Simplified PC, web skills: www.generationsonline.org

Manage your caregiver and services: www.consumerdirectcare.com

Caregiver's directory; www.Care.com , nation's largest

Caregiver's directory; www.carelinx.com

Caregiver training videos: www.mmLearn.org

Senior service software; www.mjminnovations.com

Subscription-based health monitoring: www.virtualhealth.com

Joop Koopman is a consultant in New York City. He prepared this report on behalf of Bayard Presse, which publishes 10 magazines throughout Europe that cater to the 50-plus readership. joopkoopman@gmail.com