

What the Future of Caregiving Looks Like

Here's what to expect in 5 years, 10 years and the 'Jetsons' future

By [Denise Logeland](#) for [Next Avenue](#)



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older. We wanted learn how everything will change — or not: living, learning, work, personal finance, health and now caregiving.

We received help on the caregiving front from three experts who have an eye on trends.

Demographically, we'll be facing hard realities in the next five to 10 years, says Ken Dychtwald, founder and CEO of the research and consulting firm [AgeWave](#), and a 2016 Next Avenue [Influencer in Aging](#). There'll be a handful of profound demographic shifts" — among them, a boomer generation with fewer children than their parents — "that will alter our capacity for caregiving," Dychtwald says. "That will create great need and demand for alternate solutions."

"The hope with the experimentation that's going on [now], is that we'll come up with better models that don't involve residential care for the disabled elderly" in nursing homes, says John Haaga, director of the Division of Social and Behavior Research at the [National Institute on Aging](#).

Technology will play a big role in helping people stay in their homes, says Laura Sands, professor at the [Center for Gerontology](#) at Virginia Tech and editor of a new journal, *Innovation in Aging*, published by the [Gerontological Society of America](#). But we'll get more nuanced in our use of things like sensors and apps.

"What I mean by that is that it's not obtrusive. It doesn't violate basic principles of privacy and dignity," Sands says.

Expect a caregiving environment rich in technology in the not-so-distant future. But along with that, there'll be an emphasis on human connection to counter the devastating health effects of social isolation on older people.

This month, we've been marking the fifth anniversary of Next Avenue, but not with a look back. Instead, we've been trying to peer into the future for people 50 and

Those are the broad strokes. Now here's more on what our experts see as the future of caregiving in the next 5 years, 10 years and beyond:

Within 5 Years

Apps and online tools for family caregivers will be widely adopted, Sands says. Caregiving has already been inundated with tech gadgets. What's been missing is a foundation of research and evidence to weed out the schlock from what's truly usable by older adults and their families and will lead to good caregiving or good health outcomes.

That evidence is more available now and tech tools known mostly in the research world will be entering the consumer market, Sands explains. She says: "There's really a lot of opportunity for entrepreneurs to use this evidence-based literature to start thinking about, 'How can I bring this into a cell phone environment?'"

We'll be feeling the gap between lifespan and "healthspan," says Dychtwald. Our health care system has "done a pretty good job of keeping people alive longer, but not necessarily alive longer with health," he notes. Pair that with the demographics — families with fewer children, families more geographically spread out and more women becoming primary breadwinners as well as having less capacity for the caregiving they've traditionally done the lion's share of — and we'll be forced to redefine our goals, Dychtwald says. Instead of thinking only about how to improve long-term caregiving services and supports, we'll be looking for ways to prevent more people from needing them.

We'll benefit at least a little bit from disease trends that are turning in the right direction, says Haaga. "The worst fears about the growth of the population that has dementia and severe disabilities so far haven't come true. Those populations are growing, but I think they're growing slower than most people would have forecast 10 years ago," he notes. The percentage of the population developing Alzheimer's disease is going down, Haaga says, but because the population of older adults overall is growing, the absolute number of Alzheimer's cases is still on the rise.

Within 10 Years

Next-generation sensors will support caregivers and older adults who want to continue living at home, Sands says. There'll be better "privacy checks" to control who gets the information, she explains, and "really deep thoughtfulness as to what is the information they're collecting and why are they collecting it." Instead of gathering a massive amount of ongoing data about all of a person's movements in the house, for example, sensors will use logic checks built into their operating software to collect and store only the movements that seem like red flags.

We'll get better at designing environments that don't prematurely "drive people into dependency," Haaga believes. The "universal design" elements that make a home more accessible and user-friendly for those with physical limitations are one example of this. But Haaga is talking about community design as well. "I predict that in 10 years, there will be no brick sidewalks in the United States. They will have been replaced by exposed aggregate" that reduces fall risks, he says. He expects the car-centric suburban model of community planning to give way to plans that are more walkable and livable for nondrivers.

A "good death" will take priority over prolonging life, says Dychtwald. The social, emotional and financial costs of a stretched caregiving system will prompt us to look hard at our health care system's bias toward prolonging life — even when prolonging it isn't what the dying person wants. "I'm not saying we should shorten people's dying process unnaturally, that's a slippery slope," Dychtwald says. But many people will welcome a conversation "about 'good death' . . . the idea of dying in a natural way without a lot of technology hooked up to you, in a comfortable setting, perhaps at home and not having it stretched out longer than nature would have it."

Farther Out, in the 'Jetsons' Future

Mapping out highly individualized "care pathways" will become possible, says Sands. It will involve layering together three things: 1) a person's genetic makeup and the tendencies that come with it — for example, being a good or bad metabolizer of a certain drug; 2) metadata analyses of whole populations and the way specific health interventions tend to lead to certain kinds of outcomes and 3) a person's life and health preferences and goals.

The result will be the ability to predict just how effective a certain treatment will be in a patient and to make a care plan that the person is likely to stick with and benefit from. "I think we have that opportunity in the future, but we're still a ways off," Sands says, "because it takes a lot of communication" between technologists and clinicians.

Robots will share in caregiving, Haaga says. "Not the high-touch and highly personal aspects" of care, he adds, but for some of the physically difficult aspects of care. For example, "we won't have to have home health care aides spraining their backs turning people over."

Haaga is also "really optimistic about things like self-driving cars" to help older adults overcome isolation and get out into the community. Dychtwald, on the other hand, has a different take and wants to see a driver in that car with the older adult.

"We're going to have to become more comfortable with interdependence," Dychtwald says. Independence has been our goal for generations, and we've all learned to want our own houses, cars, bedrooms, TVs, phones and tech gadgets. "But independence combined with

aging creates a lot of isolation,” Dychtwald says. In recognition of that problem, “more of what we call ‘senior housing,’ will be intergenerational” in the future. Where families are scattered or don’t exist, we’ll create intentional communities like the village movement to stay connected, he says.

“The thing about the Jetsons is they lived in a world with lots of cool technology, but what we liked was the family,” Dychtwald adds. “They were together in their bubble car.”

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