



How is eHealth addressing ageing and older generation issues?



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AGE Platform Europe

- More than 160 organisations of and for people aged 50+ representing over 30 million older people in Europe
- Mission: To monitor and influence EU policy developments of relevance to older people
- Funding: EU PROGRESS and other funding instruments, and membership fees



**AGE brings forward
the user perspective and
provides links to EU policymaking**

Why and how is AGE concerned?

- **Increase awareness among developers on older people's needs and expectations**
 - ICT developers/eHealth providers and users are not speaking the same language
 - Developers/providers are not involved with interests & problems of older people
- **Increase awareness among older people about how they can benefit from the new technologies and systems**
 - Fight against the « digital gap »
 - Older persons may be misinformed about eHealth technology
 - Support active participation of older people in society.

How can eHealth improve care for older persons?



eHealth can ...

- improve access to health and care services, in particular in remote areas
- increase availability of health information
- promote independent living, and
- empower users through a deeper understanding of their own conditions;
- increase efficiency and lower cost of healthcare service delivery
- improve ability to prevent, diagnose, treat, care and monitor diseases
- expand access to health education and training for health professionals and informal carers.

Older persons' views – what we learned from several ICT & eHealth projects:

- **Older persons are not a homogeneous group.** They are
 - men or women
 - living with a partner / living single / among a large social network
 - young, healthy and active or old and chronically ill
 - wealthy or poor
 - patients of nursing homes, clients of care organisations or living on their own
 - technology experienced or digitally illiterate
 - living in urban or rural areas
 - living in which kind of welfare system and health services -
- **all of which can influence eHealth acceptance and uptake.**

Until now, the younger, healthier, better educated and wealthier older people profit most from technological developments.

This increases further marginalisation of older people who have not the digital literacy skills to buy, access and use new technologies and systems.

Older persons' views – what we learned from several ICT & eHealth projects:

- In the beginning, older people show distance towards innovative technology, but ---
- older people are happy to use assistive technologies
 - if technologies address their needs
 - if the older people receive the necessary training

*"In the beginning I was anxious about the equipment and about using it.
But with practice and demonstrations I got used to it."*

- if technologies are accompanied with social attention and support:

"I will miss the chats with those who called when looking after the equipment."

When projects end, many people do not miss the technologies:

"I don't need all this stuff ..., / I cannot wait to take the devices out ..."

"Of course I would not pay for it, I am a pensioner."



Older persons' views – lessons learned:

Technology

- Continue making ICT/AAL systems accessible, affordable, reliable and interoperable
- Involve all stakeholders and, in particular, older persons
- Adapt the systems to the conditions and requirements of the different phases of old age
- Consider especially older persons with disabilities and/or chronic conditions
- Consider the need of continuous technical support (installation, change of batteries, maintenance, training)
- Clarify responsibilities in case of failure of the technology and of damages caused
- Ascertain privacy and data protection.



Improve eHealth systems and services further.

Older persons' views – lessons learned:

- Consider diverging experiences, attitudes – and the digital divide
- Respect decisions, dignity and integrity of individuals
- Balance independent living and risk of isolation
- Balance independence and control
- Establish safe infrastructure
- Respect ethical principles.

- Consider older persons' diverging living and housing conditions
- Develop new organisational forms and business models
- Consider the diverging welfare / health / care regulations in the EU member states.



Consider the whole human-technology context.



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