

# Demographic change & ageing

## The possible role of ICT

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# Contents

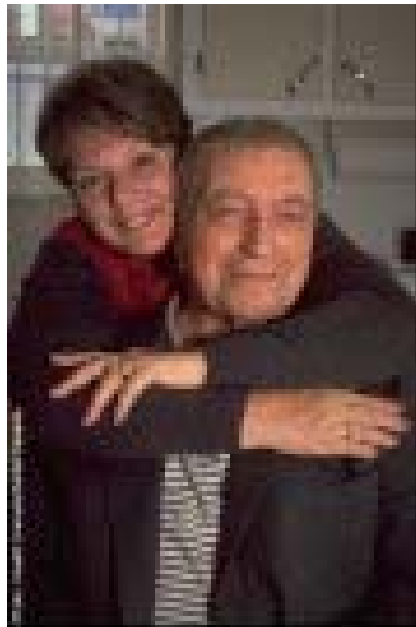
- Demographic trends
- Needs of older people & their carers
- Options for ICT enabled support
- Cornerstones for wider deployment

# Research background

- **Strategic studies on ICT & ageing**  
(e.g. SeniorWatch, “Walter” study, IPTS study on the future of Independent Living Services)
- **Pilot implementations**  
(e.g. TeleCommunity, TEN-Care, TEN-HMS, MobilAlarm, SOPRANO)

# Demographic trends: “Triple ageing”

*More  
older citizens*



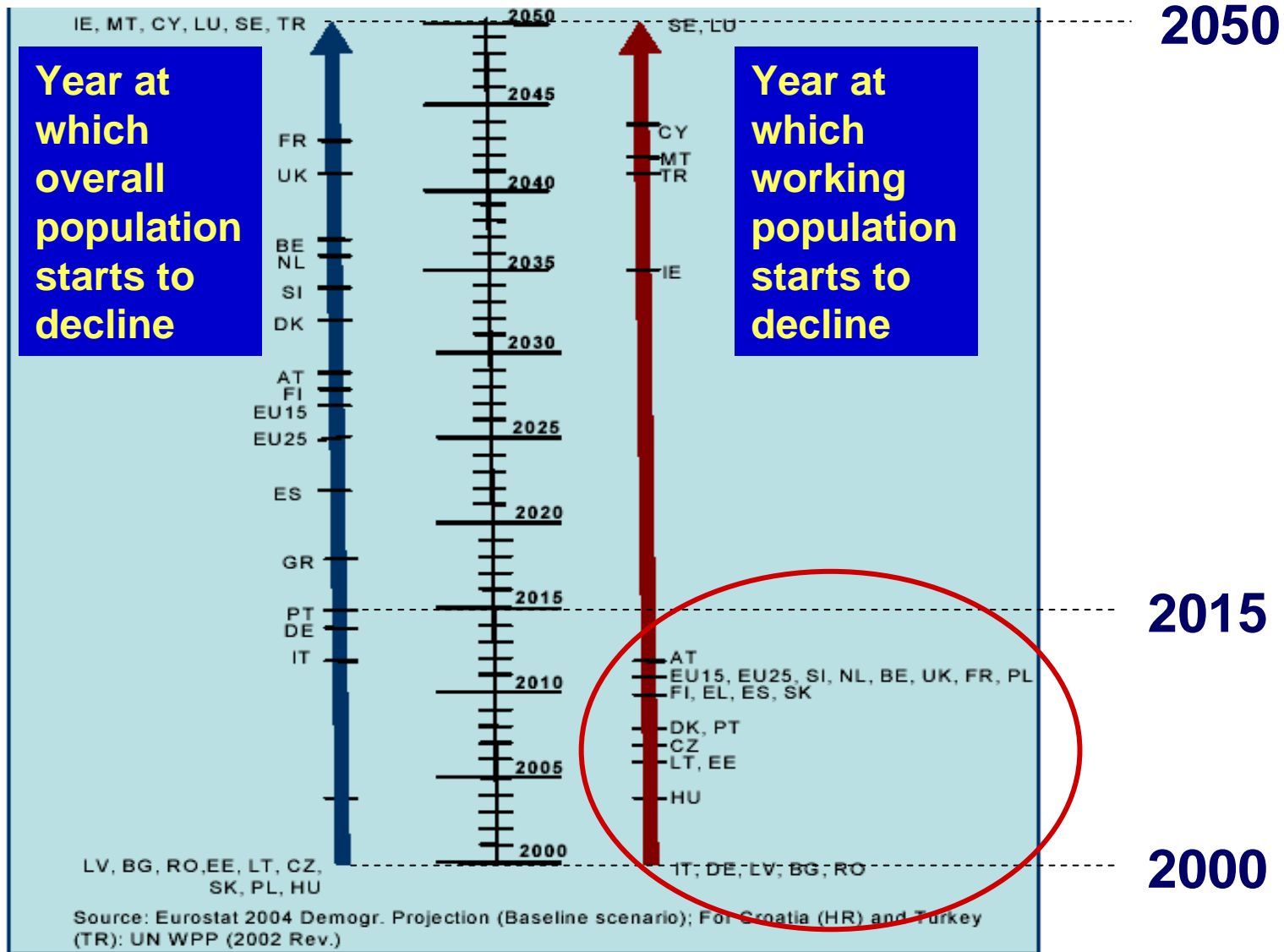
*Ageing  
workforce*



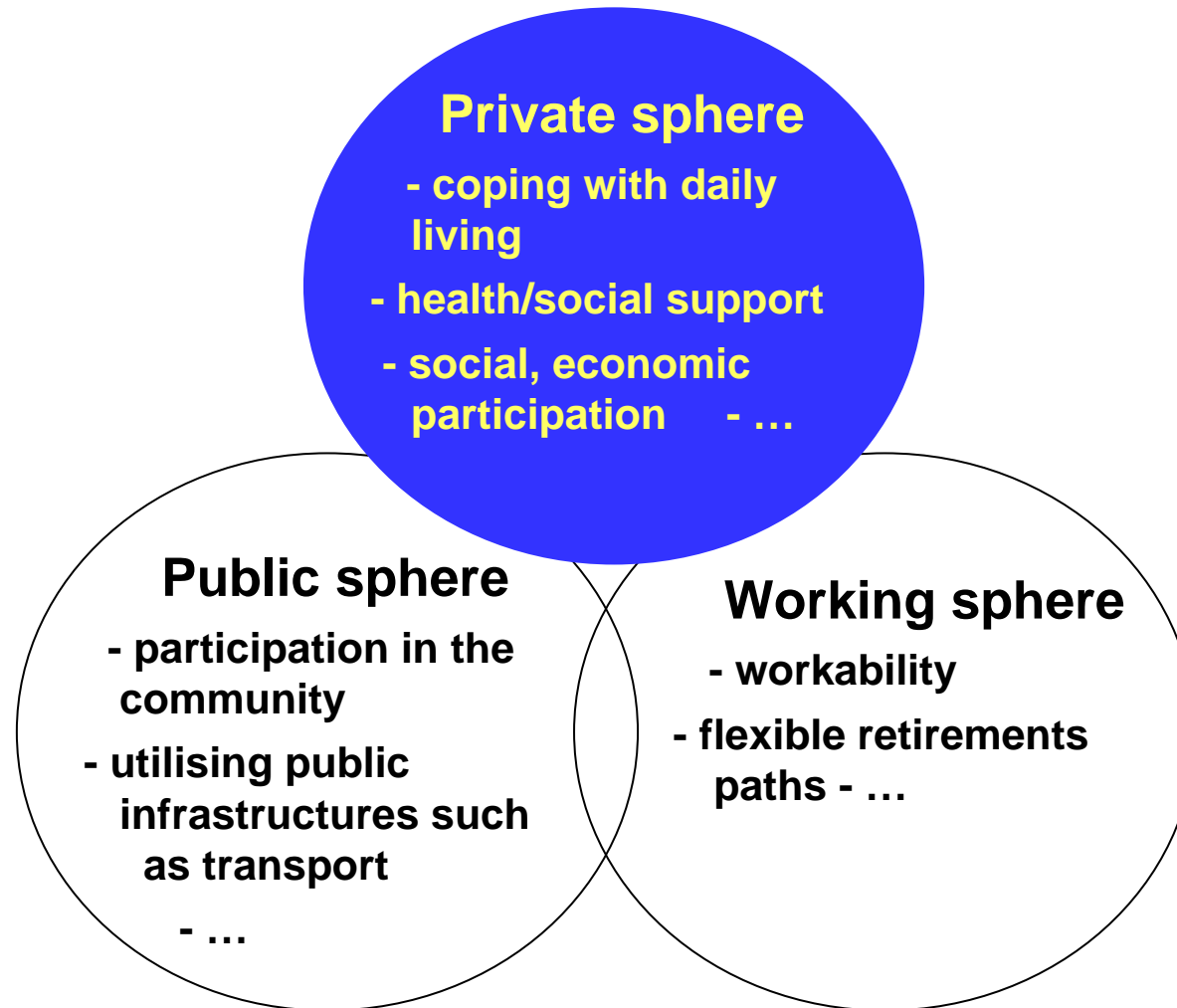
*„Elder  
ageing“*



# Economic pressure on social/health systems



# Implications for personal life

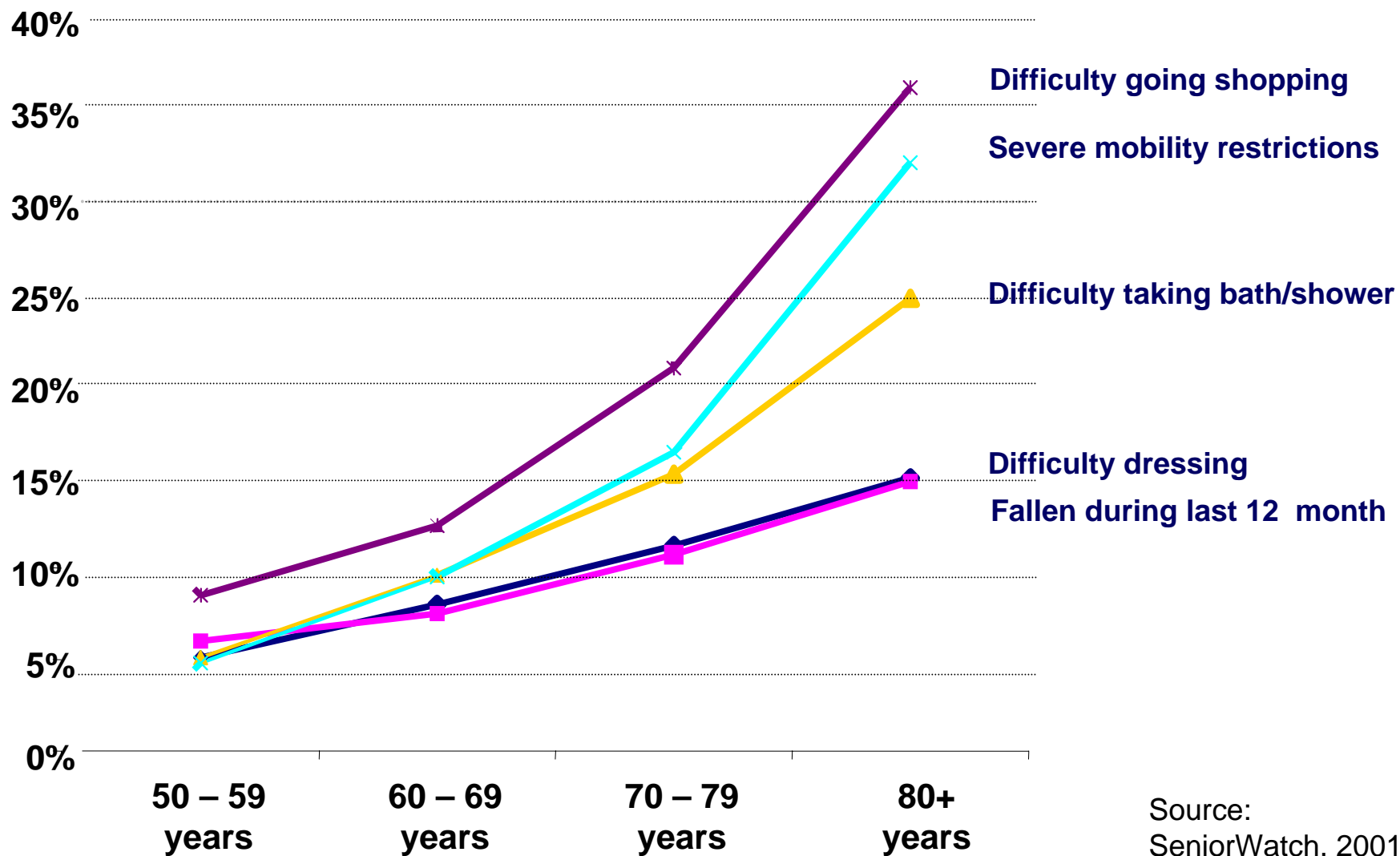


# Chronic conditions

Disease \ Age	Prevalence in %				
	Total	50-59	60-69	70-79	80 +
High blood pressure	33.7	23.1	34.8	44.9	41.7
Heart disease	16.8	7.4	14.5	27.4	35.7
Chronic respiratory disease	8.5	5.4	8.8	11.5	11.4
Diabetes mellitus	9.2	6.8	9.4	12.2	10.1
Joint/bone/muscle diseases	25.6	18.9	27.0	30.3	35.2
Other long term condition	18.7	16.7	18.5	20.9	22.2
<b>At least one chronic disease</b>	<b>62.0</b>	<b>49.0</b>	<b>64.2</b>	<b>73.4</b>	<b>74.0</b>

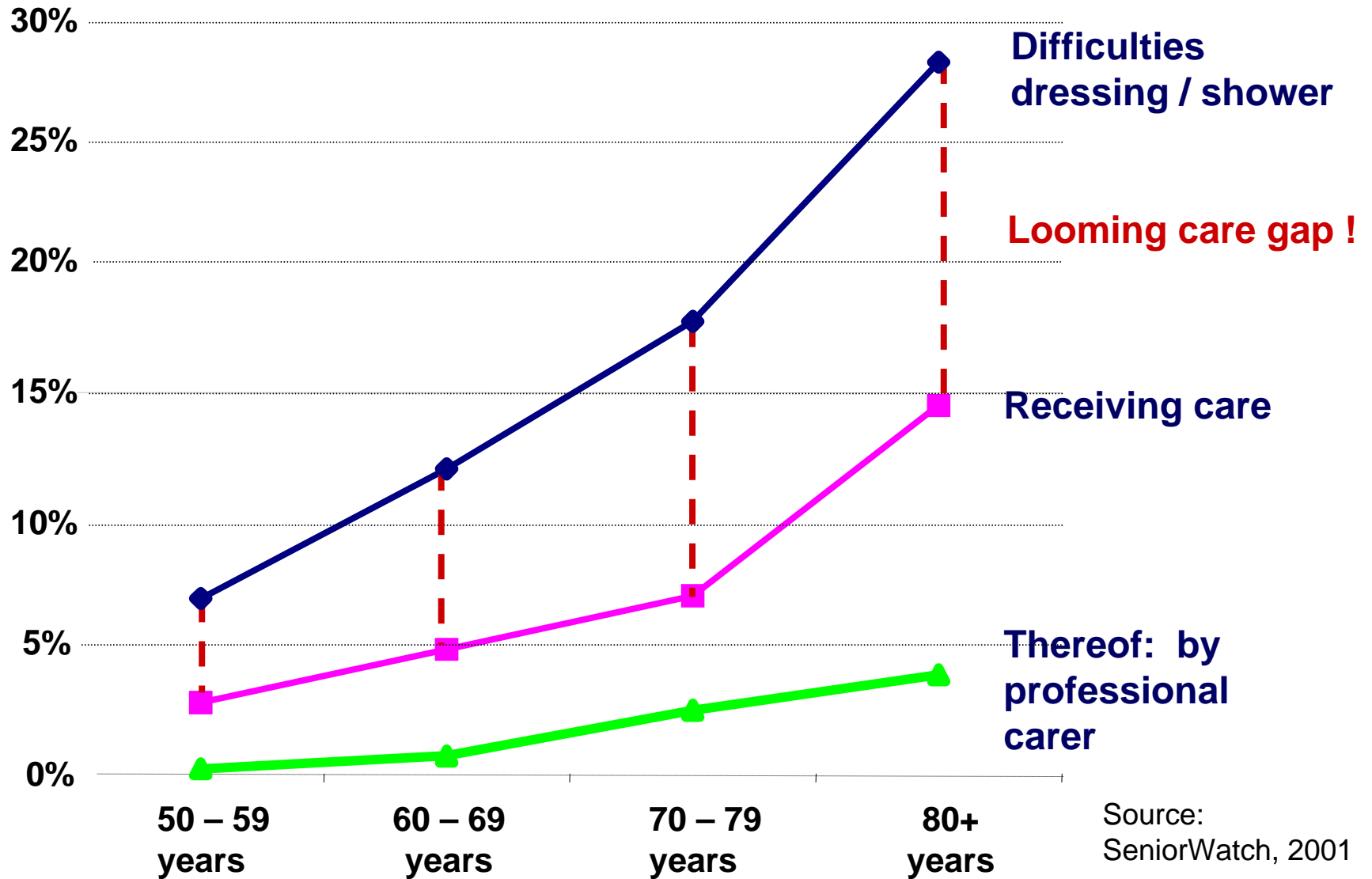
Source: SeniorWatch, 2001

# Activities of daily living (EU15)

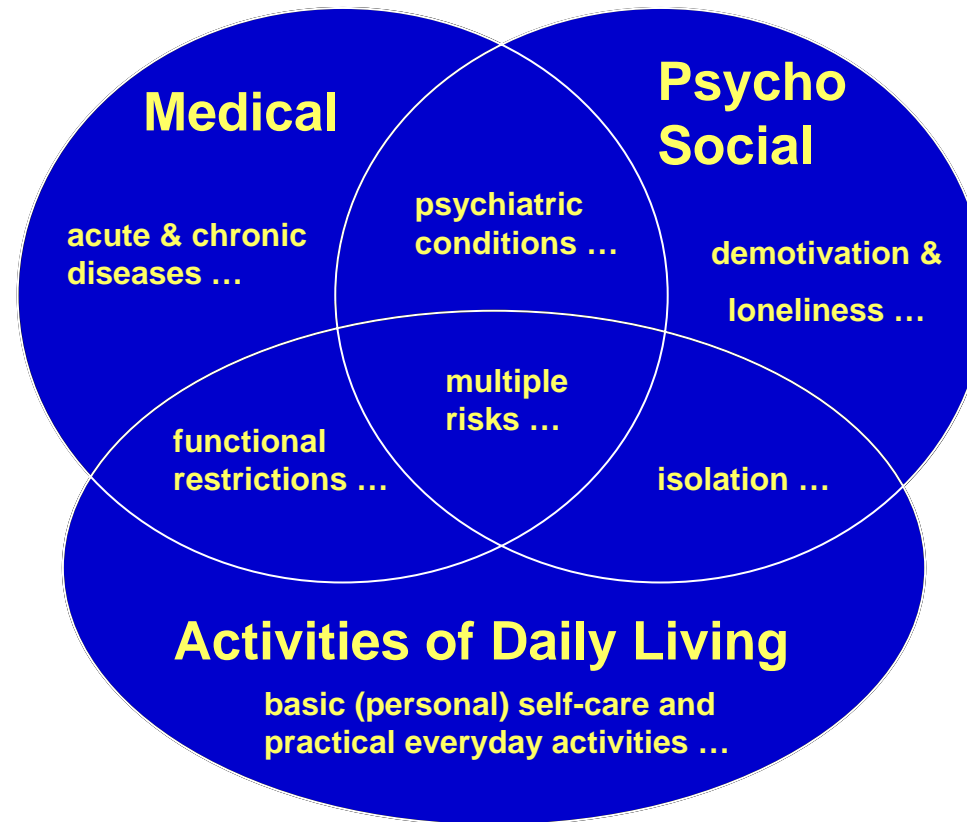


Source:  
SeniorWatch, 2001

# Proportion of 50+ receiving care (EU15)



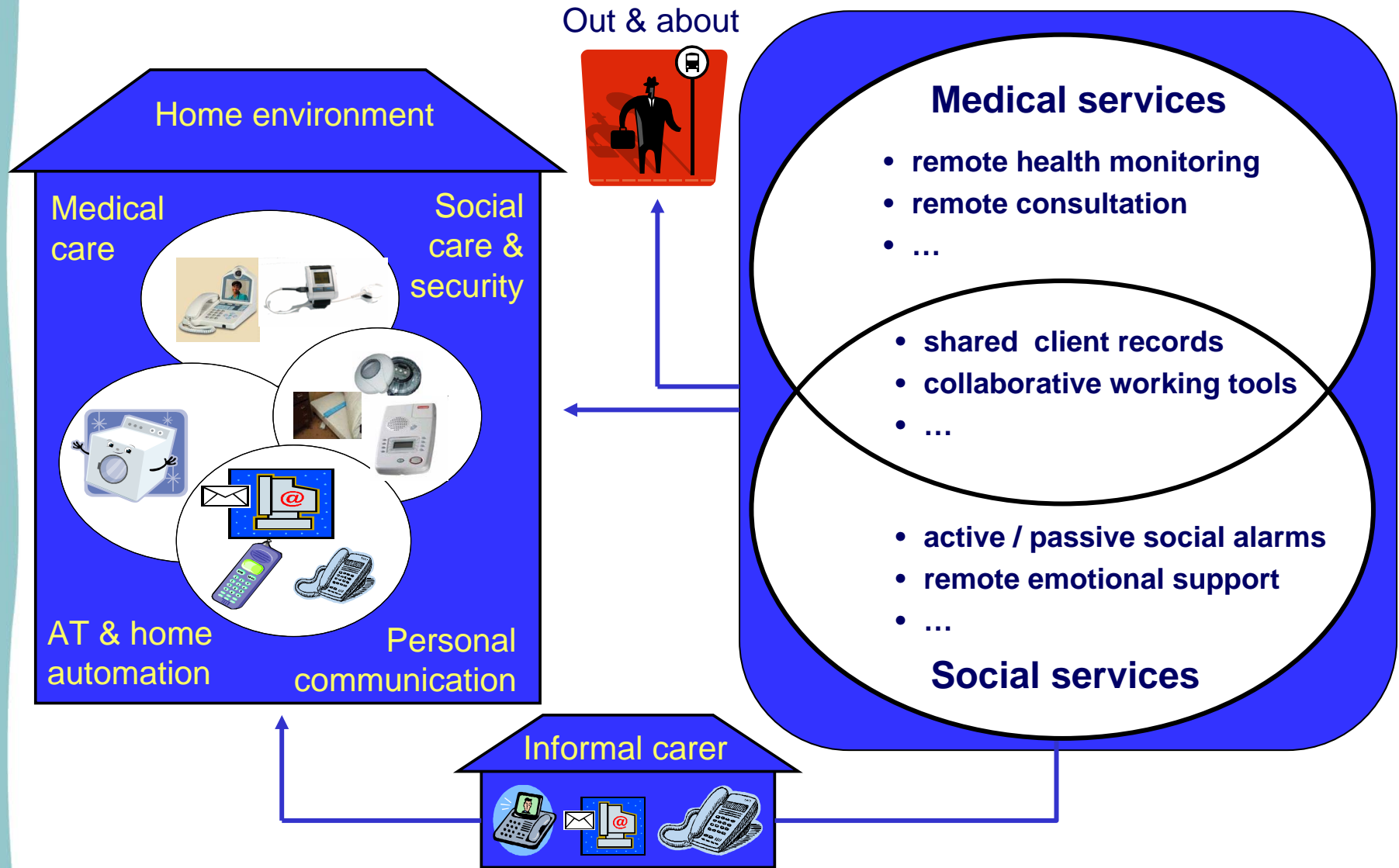
# Multiple threats to independent living in old age



## ... not to forget informal caregivers

- “Burnout” indicators (Doty, 1993):
  - frequent sleep interruptions
  - inability to leave the care recipient alone
  - physical demands when helping with ADL
- Mean number of chronic health problems of informal caregivers (Health Canada, 1998):
  - 2.6 for caregivers of persons with dementia
  - 1.9 for caregivers of persons without dementia

# Options for ICT enabled support



# Can we make it happen ?

- Technologically: e.g. interoperability of existing systems, emerging technologies such as Aml
- Economically: e.g. sustainable business models, value systems
- Organisationally: e.g. integration of health & social services, intra-organisational change
- Ethically: e.g. dehumanisation of care, equality of access to good quality services

# Thank you for your attention !

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