



Outlook for ICT and Ageing

by

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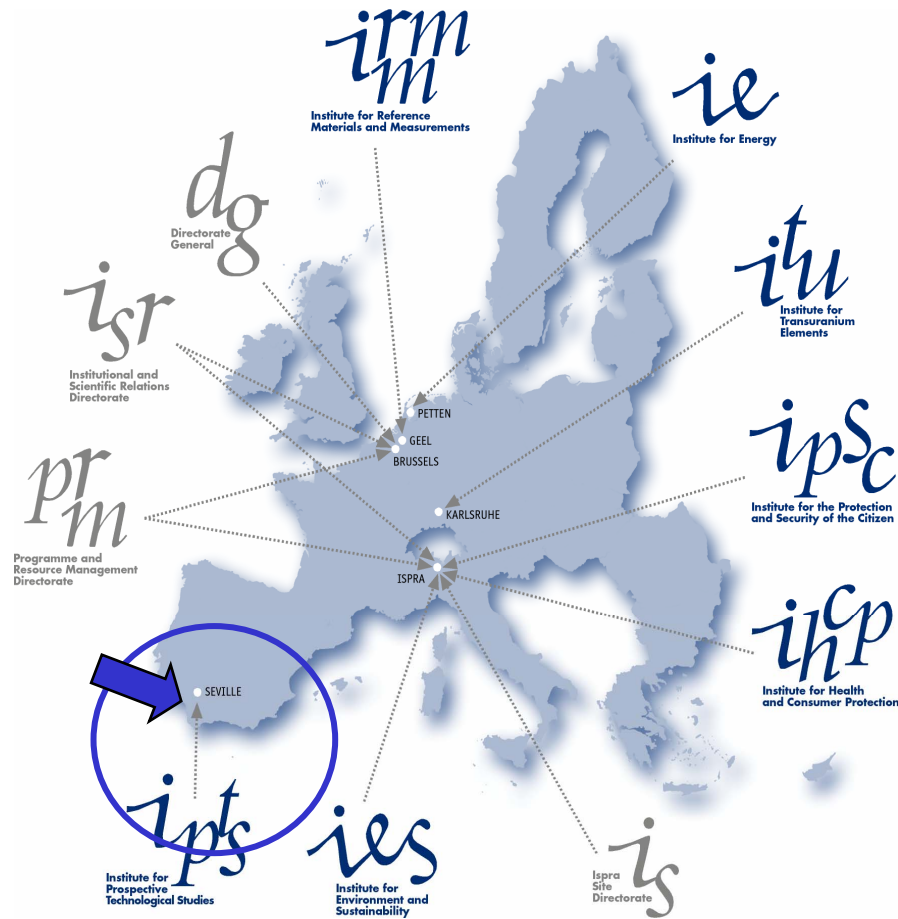
European Parliament, Brussels, 13 February 2007





JRC-IPTS

Joint Research Centre



IPTS: Part of DG JRC of the EC: 7 Research Institutes across Europe

Mission: “to provide customer-driven support to the EU policy-making process by researching science-based responses to policy challenges that have both a socio-economic as well as a scientific/technological dimension”

Modus operandi: desk research, expert groups, modelling, centres of expertise





Overview

- Key trends in the ageing context
- Key challenges in the ageing context
- The need for new approaches
 - The perspective of life course
 - User Needs of older people
 - The Social Capital approach
 - Foresight Scenarios
- Potential of ICT
- Bottlenecks to develop the potential
- Final remarks





Key trends in the ageing context

- **Demographic trends:**

- By 2050, share and number of 65+ will increase to 28% (x2)
- By 2050 old-age dependency ratio will have risen to 54% (1:2)

- **Employment rates:**

- For age 55-64 are 42.5% vs. total 63.8%. (Eurostat 2006)¹

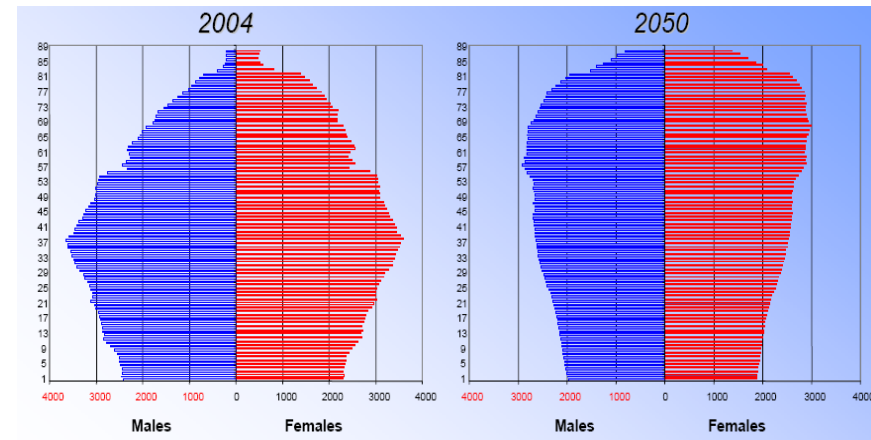
- **Rising health care costs across EU**

- > 5% annual increase of health costs (to go on) (OECD, 2005) (but not just as a result of ageing)

- **New lifestyle and family patterns challenging family long term care (+80)**

- Increasing share of women at work
- Changing family patterns
- Greater mobility and migration

=> **Global trends**

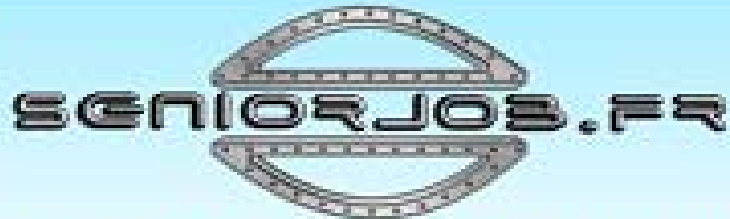




Key challenges in the ageing context

- Prevention of significant physical and cognitive impairments
 - Health: E.g. from cure to prevention
- Enhancing the perceived quality of life of older persons
 - Inclusion: Independent living, social networking and integration
- Using the experience and knowledge of the older citizens for society as long as possible
 - Employment, learning, competitiveness, voluntary work/care
- And stabilizing cost in public expenditure for health and care
 - Public expenditure and governance.





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Need for different visions and new approaches

Definition of active ageing (Based on WHO 2002)

“Active ageing refers to a continuous participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or part of the labour force. Active ageing views elderly people as active participants in an age-integrated society.”

- ⇒ **High on the political agenda** (international, EU, national, etc.)
E.g. WHO, EU Employment Strategy, i2010 and FP7 IST,
Riga Ministerial Declaration

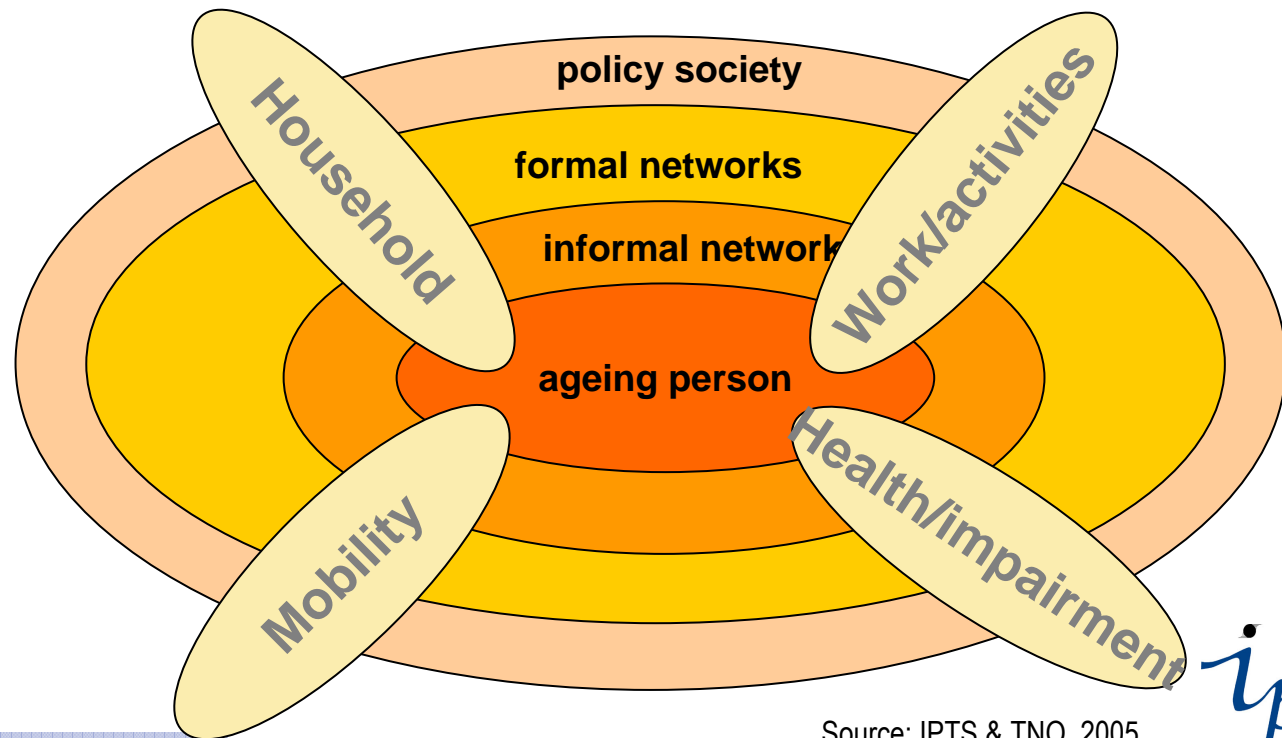




New approaches 1: Life course

- Age is not only a biological fact and ageing not chronological but also a social construction.
- People move through different “life spheres” (education, work, family life, residence)
- Different life-spheres are not independent from each other.
- Every person has a personal life course characterised by events social circumstances, personal decisions, individual opportunities and transitions, having a particular impact on the needs.

Not individual but
social



Source: IPTS & TNO, 2005





New approaches 2: Needs of older people

Generic needs:
Health, Safety, Independence, Mobility, Participation



Technology related needs

- individual level
- individual environment
- societal environment

=> Need for differentiation to identify user needs (but not just based on age):

- Age close to formal retirement
 - with good health condition; or
 - poor health condition
- Autonomous age as pensioner
- Age with increasing handicaps
- Dependent pensioners' age





New approaches 3: Social Capital

“the extent, nature and quality of social ties that individuals or communities can mobilize in conducting their affairs”

- Empirical evidence: SC positively linked to
 - learning, skill development, employability, employment, productivity, civic and political participation,
 - perceived **well-being**, diagnosed **health** conditions, ability to cope with **adverse** life situations
 - ICT transforms, expands, diversifies Social Capital
 - Examples:
 - ICT skills via peer learning: DK (Silkeborg) seniors teach other seniors (social learning)
 - UK: Health alerts via SMS: treatment and appointment reminders enhance compliance
 - Seniornet: dedicated online spaces for seniors
 - Self-help groups (E.g. Equip) and networks of informal carers FI: Kansaalinen)
 - Mobility and cultural diversity: UK: Dept. Work and Pensions: multilingual website and docs
- ⇒ Without support: ICT-enabled networking blesses the already blessed and leaves the disadvantaged further behind
- ⇒ Potential of web 2.0 for social networking?





New approaches 4: Foresight Scenarios

Political-economic
Central role of market

Scenario D:

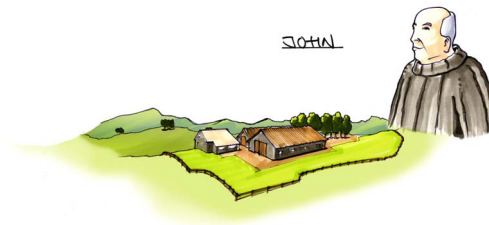


Scenario A:



Socio-cultural
Individual among individuals

Scenario C:



Socio-cultural
New Collectivism

Scenario B:



Political-economic
Central role of government / public sector



ICTs Potential for Active Ageing

Enabling services in all dimensions of life

ICT based services

- with Ambient Intelligent technologies
- with medical technologies and services
- with other technologies (bio, nano, cogno)

- ⇒ Participation, social networking, learning, entertainment
- ⇒ Home security, monitoring, comfort services
- ⇒ New models of care:
Enabling paradigm shifts to interface, procedural and organizational dimensions of medical care
e.g. Tele care, Home care, seamless care
- ⇒ Future converging applications

Time and Complexity





Bottlenecks to develop the potential

- Mis-match between supply and demand leading to market failures
 - Supply: usability not adapted to impairments, usefulness
 - Demand: functionality, affordability, privacy, threat to human contact, personal control
- Low ICT use in the health care and social care sectors
- Low ICT use by older citizens
 - +50% of people aged 50+ have difficulties in using a PC and a mobile phone
- Social issues
 - Harm to self image, to self confidence
- Ethical issues
 - Control of decision, privacy and access rules to EHR, intrusiveness, critical technologies: risks and responsibilities, equity, potential erosion of social interactions

Final remarks

Policies addressing user needs

- **Holistic approach** to ageing : complex interrelation of policy fields
- **Stakeholder dialogues and awareness** of the potential of ICT
- **Market-driven** approach not enough by itself => role for EU policies

Sectorial

- Stimulate investment and deployment of the needed **ICT infrastructure and services**
- Closer **co-ordination/merging of health and social services**
- Emphasize **prevention** and **seamless provision** of services to avoid unnecessary hospitalization
- Support the crucial role of **informal carers** in inclusion and health policy making
- Explore the potential of ICTs for **AA and independent living**

ip^ts



Thanks
for your Time !

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