

OLDER PEOPLES' PERSPECTIVES ON e-HEALTH

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UN DAY OF OLDER PEOPLE -

Celebration of longevity BUT need to improve Healthy life expectancy ie. a better quality of life and less dependency.

EU goal – under Horizon 2020, an increase in HLE by 2 years.

- 2012 Year, Social Fund investment priority 2014-2020

European Innovation Partnership on Active and Healthy

Ageing. <https://webgate.ec.europa.eu/eipaha/news/index/show/id/598>



Burden of disease amongst older people

- Top 3 physical conditions impacting HLE - Cardiovascular disease, cancer, diabetes – reducible through disease prevention + health promotion
- Mental illness huge impact on HLE - Depression and Alzheimer affects 10-15% of people 65+(highest for older women, low socio-economic status). Depression sufferers often have 2 + chronic diseases, a higher risk of at least one limitation on ADL , and more likely to commit suicide/ self-harm.
- Reducing mental illness would increase HLE and improve QOL for older people and their carers.

Greek Ministry of Health

Policies for e-health to

- **improve HLE** - focus on the main culprits of chronic disease (cardio vascular, depression, dementia, cancer, diabetes, myoskeletal) while dealing with increasing numbers and tight budgets.
- **promote disease prevention , better and effective management and rehabilitation of older people – prevention work will affect people of all ages and many Ministries and bodies e.g..Sport and Young people, the Min of the Interior to work with local government for age friendly environments to encourage participation.**
- **work with and support family carers**

Gains and Issues for older people in e-health

- **keep records & data accessible by patients and health professionals.** (Issues of privacy , 2014 EU Green Paper on data protection and security. Current revision of Data protection directive to take into account changes in new technologies such as mHealth. Green paper 2014 on m-health.)
- **ICT allows new forms of Communication between patient and health care professionals - older people slow adopters- ICT use of traditional media -**
- **Rapid changes in ICT- issues of affordability, accessibility, reliability, and technical support.**
- **Better and more accurate diagnoses and treatment protocols.for health professionals and personalised protocols. e.g.depression**

Gains and Issues for OP in e-health- 2

- **Stimulate preventive actions** -smart phone/ wearables for exercise, fall prevention, pharmaceutical adherence, management of diabetes. mHealth solutions relate to who is the end user (e.g. healthcare professionals or patients) and what is their purpose e.g. mHealth with a clear medical purpose or mHealth for wellbeing.
- **Support family carers** – e.g. Support of OP with depression/ dementia/ Alzheimer using ICT, to live at home – AAL
- **Overcome health disparities** in access to health and care services- rural/ marginal areas- outreach.
- **Digital literacy a key requirement**, unless existing technologies adapted
- **Affordability** – WiFi, outlay, maintenance costs. Obsolescence. many of most at need on basic pensions – unaffordable.
- **e-Accessibility** – e.g. those with disability/impairments. Are interfaces user-friendly. Severe vision, hearing, mobility or dexterity problems, frustrate many older peoples' efforts (21% of the over 50s) to engage in the information society.



References

<http://ec.europa.eu/digital-agenda/ehealth-and-ageing>

AGE Platform Europe – www.ageplatform.eu - see HomeSweet Home- acceptance and barriers to using ICT, **eAccess+** , **Atis4All** on accessibility.

50plus Hellas –

http://www.50plus.gr/images/files/50kaiHellas_Position_Paper_on_Active_and_Healthy_Ageing.pdf