

Editorial - Special Issue on Informatics for Ageing and Aged-Care

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The World Health Organisation (WHO) 2011 report on global health and ageing suggests the world is facing a situation without precedent: We soon will have a greater number of older people than children and more people at extreme old age than ever before. As both the proportion of older people and the length of life increase throughout the world many issues of health care, wellbeing and social inclusion arise. WHO suggest “with these futures inevitable, we must act globally to establish a physical and social infrastructure that might foster better health and wellbeing in older age”.

This special issue is focused on the development of human capital, social capital, critical infrastructure, regional competitiveness, environmental and social sustainability, social inclusion, health, safety, literacy, and business of ageing and aged care.

Technology for ageing and aged care remains one of society’s great frontiers yet to be fully addressed. Over the past decade there have been great advances in innovations in technologies and it is possible to purchase GPS shoes, smart watches, home sensors and other wearables. Smart homes for ageing and independent living can be found in many countries including in Australia, although there are few people yet living in such technology-rich environments.

There have been many trials, pilots and evaluation projects; research has generally indicated satisfaction of consumers and carers with these devices and their supporting services; comparable results can be found despite differences in technology, whether for example it involved telehealth or telecare. There are reports of reductions in hospital admissions and readmissions, and some of clinical benefits. Other reported benefits include reductions in consumer and carer travel.

What to date has largely been missing has been moving beyond pilots to large-scale adoption. The vehicle fleets of home care organisations travel thousands of kilometres each year to visit their clients in their homes; anecdotally many of those services could be delivered through the aid of technology. The evidence of underserved clinical and social needs of older people living in the community as well as in institutional care suggests there is great potential for technology. Consequently the common phenomenon of projects failing to move from the pilot stage into widespread operational use is puzzling.

It is also puzzling in an era when we can access many of our required services and needs through the Internet that consumers have not demanded greater use of technology for their care. It may be a generational issue and perhaps ageing Baby-boomers will have greater expectations for healthcare and support services to be delivered digitally. If so, early innovators may find a lucrative market if they can discover the thus-far elusive “killer-ap” that just through its existence will spread. Newly emerging technologies such as IoT (Internet-of-Things) offer a promise of greater integration of smart technology into every-day life.

This special edition of the eJournal of Health Informatics will not answer these questions or suggest the way forward. It aims to contribute to this debate by presenting some of the research and discussions in the field. There is clearly much to be done in understanding the experiences of older people and carers and what might encourage them to adopt smart ageing technology. Johnston & Hume’s paper makes a contribution through research on opinions of Chief Executive Officers (CEO) and sector leaders in aged care toward government re-

forms and current aged care policy. Nguyen et al used a case study approach to examine the role of technology when introduced into the specific setting of residential aged care and then analysed the associated changes to this complex socio-technical network of human and technology actors on the introduction of this technology using Actor Network Theory. Soar et al is an example of the many small-scale pilots that are perceived by participants to have positive outcomes but which don't move into widespread adoption.

On the technology side the slow adoption of smart ageing technology stands in stark contrast to the exponential growth of e-commerce and social media; there is much to learn from experiences in other industries.

We may be at a tipping-point in terms of adoption of smart ageing technology. The first cohort of Baby-boomers are now in the age bracket when ageing services will increasingly be required, the technology has evolved considerably, research has demonstrated that the benefits can be realised, and governments and other healthcare funders have indicated a willingness to support technology-enabled service provision.

Researchers and technologists working in this field have a wonderful opportunity to have a lasting impact.

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