

Consultation on the pilot European Innovation Partnership on Active and Healthy Ageing

Respondent information

I am replying: for my employer (other than a public authority)
 Please indicate the sector: Organisation for older people / patients' organisation / other charity or NGO

Please provide the name of the organisation you work for, the department (if any), the country where the organisation is based and its email address:
 European Institute of Womens Health Ireland info@eurohealth.ie

Barriers to innovation

What are the **3 main barriers** to innovation? Complex or unclear regulations or lack of regulations
 End-users (patients, older people, care professionals) are not involved closely enough in the development and use of new innovative solutions
 Evidence of the benefits of innovation is scattered – hard to get an overview

You have ticked 'Complex or unclear regulations or lack of regulations'. Please expand.
 The development of geriatric treatments the gap in geriatric regulations in relation to clinical trials and the participation of older patients must be considered and the need for standardised treatment guidelines.

How do you think a European Innovation Partnership could help overcome the innovation barriers identified? Please explain briefly.

Reorienting research to take consideration of sex/gender and age factors across the lifespan. There is an increasing recognition that both biological and gender-factors affect health - for women and men. We now have a better understanding of the strong correlation between sex and the incidence, prevalence, symptoms, age at onset and severity of disease as well as the reaction to medicines. Recent research on cardiovascular disease, osteoporosis, and depression has identified significant differences among women and men with respect to the distribution of these conditions. Biological differences between males and females affect how a medicine works in the body once it is taken. Increasingly, data are showing that patterns of gene expression differ between males and females, and this could lead to biological sex differences with implications for treatment and care. The Innovation Partnership should consider the following: Need for a gender/sex specific approach in FP8 , health promotion and prevention programmes The inclusion of older people in clinical trials in numbers that match the prevalence of the disease in the general population is crucial; and the trial must be constructed in such a way that it allows for a systematic analysis of sex differences if any. In considering personalised medicines and the development of geriatric treatments the gap in geriatric regulations in relation to clinical trials and the participation of older patients must be considered and the need for standardised treatment guidelines. Share examples of best practice of what works in prevention and chronic disease management Involving older people, their carers, health professionals as partners and resource in healthy ageing. Encourage targeted health information for older people, considering gender, socio-economic background, education and ethnicity, using the most relevant communication channels to support national campaigns to improve health literacy.

Thinking about the main barrier/s you identified above, please explain how removing a barrier would benefit a specific innovation for active and healthy ageing (please provide a concrete example of a product or service and how it helps active and healthy ageing).

Barriers 2, 7, 8: Older people have several chronic conditions which in today's healthcare system are not adequately managed and therefore increase cost of the disease burden, often leading to loss of independent living and long-term care. For example, evidence and information is lacking about the appropriate and effective use of taking several medicines on a daily basis. Carers are central to the caring of older people and must be included in the innovation process. Carers, in the main women, are insufficiently recognised and supported by the health and social care system. All innovations, daily living aids, ehealth tools to enable independent living and sustain the quality of life of the older person should be made a priority for investment and involve older people and carers in the design, testing, validation and evaluation of outcomes. Active and healthy ageing could be improved by the following: Develop technical aids with clear instructions for medicines taking Improve and institute data gathering about medicines interactions Improve training of General Practitioners and practice nurses in good geriatric for better chronic disease management. Encourage the identification of effective and evaluated ICT and assistive technologies, enabling the elderly to live longer independently at home reduces the cost burden to society and improves the quality of life of the older person, their family and carers. Creative ICT tools could facilitate the integration of health and social care. Older people and carers must be included in the design concept, testing, validation and evaluation and effectiveness of results.

Existing initiatives

Yes

Have you been involved in programmes, initiatives or projects relating to innovation for active and healthy ageing (e.g. research, technology transfer, capacity building, training, financing, deployment, validation/testing of new solutions, standardisation) at trans-national, national, regional or local level?

Please describe *one* such programme, initiative or project and explain how you were involved.

Name of programme, initiative or project

Senior Online

Target group (You can tick more than one target group).

Elderly people
Informal carers
Patients

Aim of the programme, initiative and/or action

The EIWH, a partner in an EU funded project 'Senior online'(DE4002). The objective of the project was to develop software specifically for older people.

Partners

Connect.ie, EIWH

Outcome

The role of the EIWH was to provide research about user needs from test groups involving 55+ citizens. Over 100 users participated. The objective of our research was to encourage people in the 55+ age group to lead a more active and independent life through access to ICT . Our research showed that there was a potentially large audience who would like to use and exploit the potential benefits of Internet based services and mostly for specific needs, such as accessing health information online. The result also highlighted specific needs of older people : Access to the necessary equipment with connectivity Access to training preferably by peers A central, easily reached location. A social and friendly environment An ability to work at their own pace with their peers. The above research led to the development of the e-Tearoom , as an example of what can be done in practice. Based centrally in Dublin, Ireland, the facility used a specially set up server with a network of recycled pc's with internet access to the technical partner's services. The project cost approximately 5000 euros and running costs were met through the user's voluntary donations, to meet connectivity costs. The project was staffed by senior volunteers, who were specially trained for this task. Part of this activity was aimed at encouraging seniors who had been trained to share their knowledge with others. The e-Tearoom trainers had access to support from technical project partner, who designed, installed and maintained the network. The project's success was recognised by various agencies and the media in Ireland and became a model of best practice for engaging older people in the "new" communication technologies. It was used as an example by the Dept of the Taoiseach's Information Age Action and a TV documentary was made about the e-Tearoom activities, ' Dot What'. An EU research project, Seniorwatch reviewed the E-tearoom as the best, most appropriate and cost effective activity for meeting the needs of seniors from their EU wide research. Senior Watch review:
<http://www.seniorwatch.de/cases/case09.html>

Web link

<http://www.seniorwatch.de/cases/case09.html> <http://www.youtube.com/watch?v=f8j2OR8coUQ>

What barriers did you encounter in this process?

Initial cost barrier, which was overcome by private support and the use of recycled equipment.

Future initiatives

How do you think you could contribute to achieving the European Innovation Partnership's strategic objectives (e.g. financing, expertise and know-how, implementation, new business models)?

Providing the user and carer perspective and involvement, based on previous research and practical experience in projects activities and their results. The EIWH has been working over the last number of years on the promotion of gender equity in public health, research and social policy at the EU and national level. The EIWH has built up a knowledge base on gender and women's health across policy areas by its involvement in various health related activities, including, publications, position papers ,health promotion and disease prevention information programmes on specific disease issues, such as cancer, CVD, Alzheimer's and other areas pertinent to women over their lifespan, including health literacy, ICT and e-health. The organisation has been involved in a number of EU funded projects to providing information to sustain its policy and work.. The EIWH is supported by an extensive and diverse network and the Expert advisory board comprising MEPs, patient organisations and scientists. The EIWH is committed to promoting and influencing evidenced based, effective health and research policy that includes credible and accessible health information, and equitable access to quality treatment and care for the major diseases that affect women and their families. The EIWH interacts with the policy and decision making agencies in the EU, including the EU Commission, EU Parliament, Committee of the Regions, EMA. Fundamental Rights Agency and with other NGOs and patient groups. EIWH is a member of the European Cancer Partnership and collaborating partner in the

Work packages on Prevention and Screening as well as Cancer Care.

Yes

Do you already have ideas for starting a project or programme in connection with the European Innovation Partnership?

Aim of the proposed programme or project and main deliverables:

The development of EU Guidelines for including older people in clinical trials and to better understand drug interactions.

Evidence base of the proposed programme or project, demonstrating the need for action
Many older people are admitted to hospitals due to inappropriate medicine taking and unwanted side effects, which can range from severe reactions such as hospital admissions, loss of independent living due to loss of balance, dizzy spells and falls, etc. This is a costly for society and detrimental to older people's quality of life and sense of usefulness, social integration. Given Europe's increasing ageing population, supporting seniors in keeping older people healthy, actively engaged and out of institutional care would be a major gain for a more innovative and social Europe.

Approximate budget (in euros) of the proposed programme or project (optional question)
Not decided

If you are thinking of starting a project or programme, which key partners would you need for it to be successful?

Pharmaceutical companies and clinical research organisations, regulators, health professionals such as GPs and geriatricians, pharmacists, ICT companies, users such as older people and their carers.

No

Do you have another specific programme or project to propose?

How do *you* think a European Innovation Partnership could support active and healthy ageing through innovation?

Reducing the chronic disease burden, making people stay out of institutional care as long as possible. Develop best practice for assisted living.

Do you have any other comments? Please fill in box below. You can also upload a file or send it to the following e-mail address: <mailto:SANCO-AHAIP-CONSULTATION@ec.europa.eu>
[subject=Consultation_AHAIP](mailto:SANCO-AHAIP-CONSULTATION@ec.europa.eu)

The European Institute of Women's Health recognises the AHAIP as a major opportunity to address the challenges of an active and healthy ageing population Europe. This is why the EIWH and its Network of members would like to participate in and contribute to the AHAIP Work Packages from the user perspective. There are now approximately three women for every two men between the ages of 65 and 79, with over twice as many women over the age of 80. Some may argue that women have the

advantage in the longevity stakes but the extra years are often marked by chronic illness, disability and loss of independence. Today's 60 year old woman may have another twenty years of fulfilling life ahead of her. She wants to stay active and involved in society and she most seriously wants to maintain her physical mobility and wants to avoid what older people fear most : becoming a burden to family or society.(extract by Hildrun Sundseth, EIWH published in Europe's World 2010).

Meta Informations

Creation date

28-01-2011

Last update date

User name

null

Case Number

512641620471302811

Invitation Ref.

Status

N

Language

en