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## USING NOVEL INFORMATION AND COMMUNICATION TECHNOLOGIES FOR THE SUPPORT OF ELDERLY'S ACTIVE PARTICIPATION IN THE INFORMATION SOCIETY

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USING NOVEL INFORMATION AND COMMUNICATION TECHNOLOGIES FOR THE SUPPORT OF ELDERLY'S ACTIVE PARTICIPATION IN THE INFORMATION SOCIETY

# ICT-based Support for the Elderly in

# Lorraine (France):

# Strategies, Policies and Good Practices

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# 1.    Introduction

In France the organization of social care is decentralized and largely entrusted to the county councils and, for a small part, to the municipalities. Local public bodies have some freedom in the management of their service's offerings. We will show in our document that some administrations are dedicated to support the elderly, while other entities are open to audiences of all ages with services / offices dedicated specifically for the elderly. We will detail in this document how responsibilities are shared amongst different administrations and offices. The organization of health care features an old-age insurance scheme whose function is to cover risks of loss of autonomy due to aging. The procedure for the request for financial help is detailed below.

During the past years, several conferences, working committees and reports have addressed the possibility of maintaining independence of the elderly using ICTs at the national level. At the local or regional levels this idea has also concerned stakeholders and has been discussed in their various interventions. As we will see in the following pages, these considerations led to the hatching, the initiation and development of geographically uneven solutions to support the independence of older persons through ICTs, based on their needs, demands, initiatives, local capabilities and intentions through the modernization of national law, by relying on existing structures and skills.

The Lorraine region includes 4 counties : Moselle, Meurthe-et-Moselle, Meuse and Vosges. The region's population is around 2.3 million people. Prospective studies suggest that by 2015, the number of dependent elderly will increase by 18% in Meurthe-et-Moselle and by 22% in Moselle, the two most densely populated counties. The number of people aged 75 and over is also increasing in Lorraine. From 77 000 persons in 1962 (3.5% of the population) it could reach 218 000 persons in 2020 (9.5% of the regional population) and 294 000 persons in 2030 (13,2% of the population; Dell'Era, 2008; INSEE, 2007). This increase will be particularly important in the central area of the region, which includes two major cities (Metz and Nancy).

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## Estimated population by gender and age

in numbers

| | Meurthe-et-Moselle | Meuse | Moselle | Vosges | Lorraine | France |
|---|---|---|---|---|---|---|
| **Total** | | | | | | |
| 60 to 74 years | 95 850 | 26 949 | 139 175 | 56 313 | 318 287 | 8 707 584 |
| 75 years or older | 61 994 | 18 764 | 83 133 | 37 286 | 201 177 | 5 554 754 |
| | | | | | | |
| **Men** | | | | | | |
| 60 to 74 years | 44 869 | 12 986 | 65 760 | 26 811 | 150 426 | 4 104 389 |
| 75 years or older | 21 961 | 6 805 | 30 589 | 12 950 | 72 305 | 2 037 803 |
| | | | | | | |
| **Women** | | | | | | |
| 60 to 74 years | 50 981 | 13 963 | 73 415 | 29 502 | 167 861 | 4 603 195 |
| 75 years or older | 40 033 | 11 959 | 52 544 | 24 336 | 128 872 | 3 516 951 |
| | | | | | | |
| **Total Population** | 730 961 | 194 237 | 1 043 581 | 379 605 | 2 348 384 | 64 322 785 |

Source: www.insee.fr, INSEE estimates 01/01/2009

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## 2. Regional strategies and policies supporting needs of the elderly

Diagram 1: pathways for the allocation of ICT-based support for the elderly
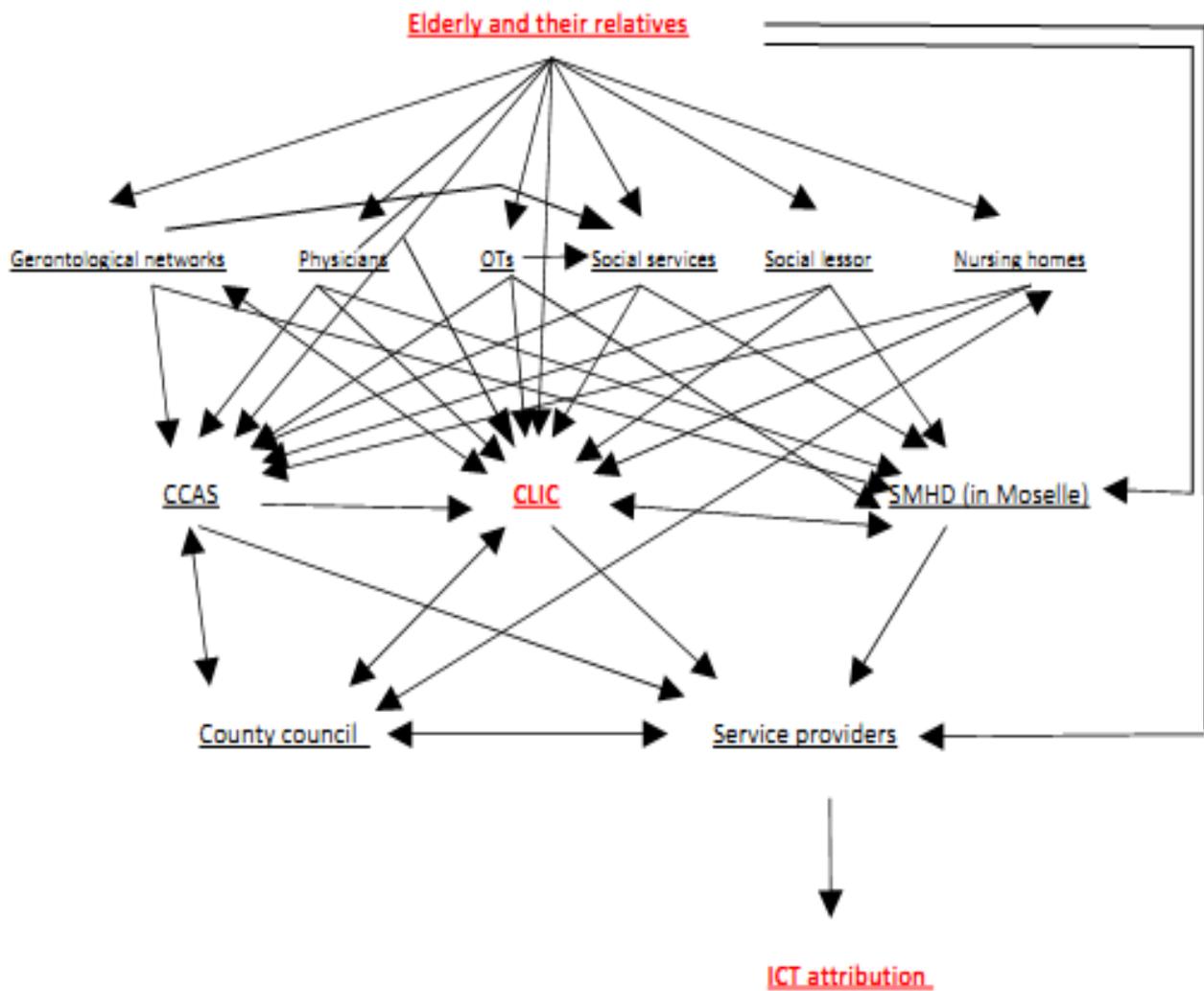


Note: OTs: Occupational therapists; CCAS: Communal Centre for Social Action; CLIC: Local Centre for Information and Gerontological Coordination; SMHD: Service for Maintaining the Disabled at Home (only in Moselle county). The labels used in the diagram are described in full within the text below, where each structure is described in more detail.

In the Lorraine region, several local structures, including coordination and information centres for the elderly, county's institutions or local offices of social affairs, among several others, have competencies in the allocation of ICTs. Most of these structures are public, but some associations also have competencies in the assessment of users, the provision of services and the allocation of general information. As can be seen in diagram 1, these structures have limited perimeters, competencies and responsibilities that are largely overlapping. These structures do not always work together. Moreover, they do not depend on the same hierarchies and when they decide to coordinate their activities, this often happens at the additional cost of creating new additional structures, such as the "Gerontological networks" or the Local coordination agencies (ILCG), described below.

**Presentation of stakeholders mentioned in diagram 1 and their policies**

| | |
|---|---|
| 1.Title/name of structure | **2.1 Communal centre for social action (CCAS)** |
| 2. Location | Whole region |
| 3. Type of elderly utilizing service | > 59 years old |
| 4. Provider(s) of solutions and/or service | Municipalities |
| 5. Size of targeted population | Almost 500 000 (number of elderly in the region) |
| 6. Project pillars | Health safety and autonomy of elderly |
| 7. Cost | Free service |
| 8.Description | There are forty-five Communal centres for social actions (Centre Communal d'Action Sociale, CCAS) in the Lorraine region, including eight in Vosges county, twenty-two in Moselle county, five in Meuse county and ten in Meurthe-et-Moselle county. The CCAS are public administrative establishments conducting a general action for the facilitation of social activities and for welfare across the town in partnership with public and private institutions. Their service coordination of the elderly/disabled concerns different areas of activity: |

▶ - Coordination of services and counseling

    1.1. Reception of the public, information, advice to families and needs assessment.

    1.2. Personalized allowance for autonomy (Aide Personnalisée à l'Autonomie,

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APA): help with the administrative procedures and collaboration with the County Council services for proposing an adapted action plan for maintaining the elderly at home.

-       Needs analysis: they provide the elements for the decision to support the elderly, as required by local officials: census of fragile people; coordination of discussions and action conducted by the partners in the field.

-       Provision of a range of services: home help and telecare; listing of application requests and housing allocation.

Some CCAS exercise their skills at an inter municipal scale. In these cases they are called "Centre Intercommunal d'Action Sociale", CIAS.

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| | |
|---|---|
| 1.Title/name of structure | **2.2 Local centres for information and gerontological coordination (CLIC)** |
| 2. Location | Whole region |
| 3. Type of elderly utilizing solution | > 59 years old |
| 4. Provider(s) of solutions and/or service | Municipalities |
| 5. Size of targeted population | Almost 500 000 (number of elderly in the region) |
| 7. Project pillars | Health safety and autonomy of elderly |
| 8. Cost | Free service |
| 9. Description | The CLIC is a proximity service, gathering information and helping with procedures for all health and social services specific to the elderly. The CLIC's team is responsible for guiding the elderly to appropriate agencies according to their requests and needs and helps them to complete the necessary forms (such as preparing the APA file). Le CLIC assesses the needs of the person by taking onto account their socio-economic conditions, it proposes the implementation of an individualized assistance plan and follows the preparation and execution of the assistance plan. In the Lorraine region, there are twenty-three CLIC entities, including eleven in Moselle, seven in Meurthe-et-Moselle, six in Vosges and two in Meuse county. It is a space for reception of the public and free personalized listening, whatever the origin of the request (elderly, family, social services, doctor, medical or social structure, or hospital). The CLIC also has an overview mission, by making information accessible and by constituting casebooks. |

Reception of the public and information service points (PAIS)

In Meurthe-et-Moselle county, the CLICs are physically grouped with services dedicated to the disabled aged under 60 in structures called PAIS.

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|---|---|
| 1.Title/name of policy | **2.3 Personalized allowance for autonomy (APA)** |
| 2. Location | Whole region |
| 3. Type of elderly utilizing solution | > 59 years old |
| 4. Provider(s) of solutions and/or service | Counties |
| 5. Size of targeted population | Almost 500 000 (number of elderly in the region) |
| 8. Project pillars | Health safety and Out of home support |
| 9. Description | The Personalized Allowance for Autonomy (Allocation Personnalisée à l'autonomie, APA) has been established to finance the assistance to the elderly insufficiently independent or who require to be monitored regularly, and allows them to receive the aid necessary to carry out acts of everyday life. The allowance covers individuals aged 60 and older living at home, as well as those residing in institutions. It is given under the same conditions throughout the country, according to the degree of dependence and a scale of resources. The APA is managed by counties. It can be mobilized to fund services such as home help, day care, temporary homing, technical aids or adaptation of housing and the physical environment. The maximum monthly amount of the APA is: € 1261,59 for GIR 1 ranking (see below for a detailed description of how GIR is calculated), € 1081,36 for GIR2, € 811,02 for GIR 3 and 540,68€ for GIR 4. The minimum amount is € 27. A partial amount remains the responsibility of the recipient, unless his income is below € 710,31€ per month. |

The request folder

To qualify for the APA, the elderly person or someone else must take an application package. They can do this in different organizations: the county's services

(headquarters of the county council and of the social action's district), the CCAS and town halls, the CLIC, the home care agencies licensed and regulated by the « mutuality code » and, where appropriate, the institution in which they reside. The APA request must be sent directly by the applicant to the president of the county council, who is an elected politician.

The application process includes: (1) the assessment phase of the loss of autonomy, based primarily on the AGGIR scale ("Autonomie Gérontologie Groupes Iso-Ressources"; Autonomy Gerontology Iso-Resources Groups, AGIRR); (2) the administrative phase. The assignment decision of APA is made by the president of the county council on the basis of the assessment made by medical and/or social team. The processing time for an APA application is 2 months.

The AGGIR scale

The AGGIR scale assesses the degree of loss of autonomy of APA seekers. At home, the loss of autonomy is assessed by a member of the medical and/or social team. In institutions, it is made under the responsibility of a coordinating physician or, otherwise, any licensed physician.

The assessment is based on ten variables relating to the loss of physical and psychological independence: psychological coherence (or the lived experience of ICT users, faced with new procedures they are not yet used to engage), orientation, toiletting, dressing, feeding, elimination, transfers, indoor moves, outdoor moves, and distance communication. Seven other variables, called " illustrative ", are not included in the calculation of the GIR, but provide useful information to help planning care: management, cooking, cleaning, transportation's use, compliance with medical prescriptions, shopping, and leisure activities. Each criteria is listed as A, B or C: A is only given for acts done voluntarily, independently and correctly; B is for acts partially performed; C corresponds to acts unrealized. When the elderly live at home, the assessment gives rise to a home visit by at least one member of the medical and/or social team. The living conditions of the elderly are also studied from the point of view of an "assistance

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plan". Various elements, such as material, social and environmental are taken into account: the family environment, housing, assistive technologies, geographic location, the availability of medical networks, the presence of home help services and other criteria based on individual cases. In institutions, the assessment of loss of autonomy and of the person's needs is made under the responsibility of the organism's coordinating physician.

Six iso-resources (GIR) are used to classify people according to different stages of loss of autonomy within the AGGIR grid. The first four GIR qualify for a financial compensation by the APA. GIR 5 and 6 qualify for home help, provided either by the retirement plan of the elderly, or their county welfare service.

The choice of an assistance plan and the attribution of the APA

Established by a medical and/or social team, this personalized plan identifies the applicant's needs and the kinds of aids needed to maintain him/her at home. The APA is used to cover the expenses described in the assistance plan. Home care services covered by these expenses can be human assistance at home, transport services, or telecare. The technical aids may include a wheelchair, a cane, a walker, a medicalized bed, or a patient lifter, among others. In an institution, APA helps its beneficiaries to pay for their dependence costs, but a personalized plan is not provided. The dependence cost also includes an additional amount paid by the elderly from its own resources to the nursing home, for the additional costs associated with its dependency.

| | |
|---|---|
| 1.Title/name of structure | **2.4 Gerontological coordination's local bodies (ILCG)** |
| 2. Location | Meuse county |
| 3. Type of elderly utilizing solution | > 59 years old |
| 4. Provider(s) of solutions and/or service | County councils |
| 5. Size of targeted population | 43 000 (number of elderly in the county) |
| 7. Project pillars | Health safety |
| 8. Cost | Free service |
| 10. Description | The Meuse county decided to add to the structures already mentioned the ILCG. These are intended « to encourage partners to work together and to sustain thoughtful and coherent actions in the field, encompassing all the problems faced by the elderly. » (Source : County Council of Meuse). There are 27 ILCG in this county. Each of them encourages all local persons and structures implied in the welfare of the elderly to work together, in a township or inter-municipality. The missions of ILCG are to identify needs, coordinate and improve the activities dedicated to the elderly, inform and accompany their demands. |

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|---|---|
| 1.Title/name of practice | **2.5 Comprehensive assessment of disabilities and advice for improving the autonomy of the disabled** |
| 2. Location | Moselle county |
| 3. Type of elderly utilizing solution | > 59 years old |
| 4. Provider(s) of solutions and/or service | Service for Maintaining the Disabled at Home (SMHD) |
| 5. Size of targeted population | 200 000 (number of elderly in the Moselle county) |
| 6. State of the practice | Production |
| 7. Project pillars | Improving autonomy |
| 8. Cost | Free |
| 9. Description | The SMHD is addressed to any dependent person: child, adult, elderly. In most cases, it intervenes at the request of a social service of the regional health insurance, of the county's disability house ("Maison départementale des personnes handicapées"), or of a social landlord. But it can also be contacted directly by anyone who wishes an advice or any information for compensation regarding a technical device or an adaptation of their vehicle or home.

The team of SMHD consists of occupational therapists (OTs) and technicians who are experts in home adaptation.

The SMHD delivers services ranging from simple advice to a comprehensive study including a cost estimate analysis. During one or more visits to the home of elderly, OTs provide a needs assessment regarding the realization of acts of daily life and the intervention of third parties. They check the technical and architectural constraints of the life environment. Based on this evaluation, the OT and the person responsible for the technical studies analyze together the different technical solutions adapted to the life project, and submit their proposals to the dependent person. The SMHD does not use any |

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validated assessment criteria.

In the context of benefits to the elderly, the SMHD enjoys partnerships with the Regional Health Insurance Fund (CRAM), the county council of Moselle and the social landlords. The SMHD intervenes across the Moselle county, most often following the request of a partner (social service from the CRAM, the county disability house, or a social landlord). It can also answer directly the request of any person. Because of its partnerships, the benefits of SMHD are free to all insured persons at a health care plan, as well as when the request comes from a county disability house.

To obtain financial support from CRAM and the county council, the SMHD has the obligation to conduct a minimum of 500 case studies per year.

| | |
|---|---|
| 1.Title/name of policy | **2.6 Coordination between health professionals, specialty fields, medical and/or social response plans, and re-assessments after one year** |
| 2. Location | Whole region |
| 3. Type of elderly utilizing solution | > 59 years old |
| 4. Provider(s) of solutions and/or service | Gerontologic networks |
| 5. Size of targeted population | Almost 500 000 (number of elderly in the region) |
| 6. State of the practice | Production |
| 7. Project pillars | Communication |
| 8. Cost | Free |
| 10. Description | Gerontological networks have been created to coordinate stakeholders around the fragile person over 75 through a simple procedure: initial geriatric assessment, coordination meetings between professionals of the different health fields, medical and/or social response plan, and the re-assessment after one year. Gerontological networks aim to foster the maintainance of seniors at home by proposing them a coordinated medical and/or social assistance, which may include assistive technologies, under the responsibility of their general practitioner. The organization of these stages is provided by the operational team of network coordination, and the private health professionals are compensated for their time spent to coordinate care, to participate in coordination meetings and the meeting regarding the re-evaluation. |
| | The comprehensive geriatric assessment ("Evaluation Gériatrique Standardisée"; EGS,) is a screening tool and is performed, with the consent of the person concerned, at his/her home by a gerontological network's nurse or geriatrician, with or without the person's general practitioner. « The EGS is a multidimensional and interdisciplinary approach aiming to make the point on the medical and psychosocial changes of seniors |

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and their functional disabilities. The general idea at the origin of EGS is that older patients have complex and multi factorial health problems and that a consistent medical approach must be taken to understand all the problems faced by the elderly and their repercussions. It does not replace the traditional medical approach, but enriches and supplements it, and often guides it. » (See "Gerontology" *by J. Belminn, P. Chassagne, R. Gonthier, C. Jeandel, and P. Pfitzenmeyer, 2003, Collection "For the practitioner", Masson Edition.*

A coordination and health file is jointly constituted by the gerontological network and the local CLIC. The aim of the circulation of the file among these organisms is to improve the communication of information between health and social stakeholders intervening at home**,** and to facilitate the management of the patient in an emergency. It is kept at the home of the elderly, completed regularly by the different stakeholders, and can only be read with the concerned person's consent.

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# 3. Good practices

## 3.1 ICT-based products and services for the support of elderly

| | |
|---|---|
| 1.Title/name of practice | **3.1.1 Telecare** |
| 2. Location | Whole region |
| 3. Type of elderly utilizing solution | > 55 years old |
| 4. Provider(s) of solutions and/or service | Dozens of companies and associations |
| 5. Size of targeted population | Almost 500 000 (number of elderly in the region) |
| 6. State of the practice | Production |
| 7. Project pillars | Health safety |
| 8. Cost | 20-32€ monthly |
| | Activation cost: 0-75€ |
| 9. Pros and cons | Pros: easy to use |
| | Cons: possibility of false alarms |
| 10. Description | Material |

The telecare service for home safety combines two equipments: **a transmitter for calling the hotline center** and a trigger to activate the transmitter remotely. The first transmits the signal from the trigger to the hotline center. Equipped with a free-hand system, it is supposed to make possible the dialogue between the subscriber and the hotline center's employee in any circumstance. Th**e second is a small box,** in a pendant, clip or bracelet form, designed to preserve the mobility of the subscriber in its environment. Once activated, the trigger sends

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a signal to the transmitter that initiates the call to the hotline center.

The trigger has a built-in SIM card, that allows to emit calls to the hotline center without going through the home's telephone line. Without a SIM card, use of this service is impossible (for example, for Asymmetric Digital Subscriber phone lines (ADSL). This transmitter is waterproof and compatible with pacemakers.

Operation

The telecare for home safety gives the possibility to the customer to be connected remotely to a network of close and trusted persons as well as to emergency services. Led by a specialized operator from a hotline center, the contact between the subscriber and the center's staff goes through three phases: (1) Call: The subscriber can initiate a call to the hotline center 24h/24, by simply pressing a trigger's button (on a necklace or a wristwatch, as desired by the user) ; (2) Communication: the subscriber is linked with an operator who listens and identifies its needs, in order to provide the most appropriate response; (3) Intervention and relief: the persons from the solidarity network of the subscriber are immediately informed. This network consists of 2 to 4 persons belonging to the immediate surroundings, of friends or the family of the subscriber, and/or the patient's doctor. If necessary, or in case of lack of available persons in the solidarity network, the emergency services are immediately and directly alerted (police, fire, ambulance).

The number of service user is unknown.

| 11. Recommended for the site visit | No |
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|---|---|
| 1.Title/name of practice | **3.1.2 Geolocation** |
| 2. Location | Whole region |
| 3. Type of elderly utilizing solution | Alzheimer's Disease and related dementias |
| 4. Provider(s) of solutions and/or service | A couple of companies |
| 5. Size of targeted population | Almost 500 000 (number of elderly in the region) |
| 6. State of the practice | Production |
| 7. Project pillars | Out of home support |
| 8. Cost | From 0€/month for models without subscription to a model with hotline costing 30-40€ monthly |
| 9. Pros and cons | Pros: Preserve the freedom of movement of the elderly who may be lost<br><br>Cons: The communication problem with the demented elderly when lost is unresolved |
| 10. Description | This technology enables to maintain the moving habits of the elderly in a defined security perimeter defined for themselves by their family. The equipment on the elderly person is a watch. When the person leaves the security perimeter a signal is sent to the company that notifies the referent person or a message is sent directly to the referent person by SMS. The referent person can either go immediately to check on the elderly or wait and be kept informed by his/her movements. A company proposes also a model integrating a fall detector. |
| 11. Recommended for the site visit | Yes |

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|---|---|
| 1.Title/name of practice | **3.1.3 Fall detector** |
| 2. Location | Whole region |
| 3. Type of elderly utilizing solution | > 55 years old |
| 4. Provider(s) of solutions and/or service | Vitaris company and « Taking care » association |
| 5. Size of targeted population | Almost 500 000 (number of elderly in the region) |
| 6. State of the practice | Production |
| 7. Project pillars | Health safety |
| 8. Cost | 40-45€ monthly |
| 9. Pros and cons | Pros: automatic alarm<br><br>Cons: many stakeholders still have doubts about its reliability (high number of false alarms) |
| 10. Description | Distributed in Lorraine by *Vitaris* after proposal of the association « Taking care », based in the town of Yutz in Moselle county. *Vitaris* offers a fall detector equipped with a microprocessor that triggers an automatic call if the person is lying for more than 15 seconds, after an impact caused by a fall. The sensor analyzes both the shock and loss of verticality. A pre-alarm is issued if, after registering an impact, the sensor remains in a horizontal position. In the case where the user continues to lye down and doesn't cancel the pre-alarm, the alert is then forwarded to the hotline center with a specific message. The detector comes with a case and must be worn on a belt or around the chest. An emergency call can also |

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be triggered manually. Calls are made over the frequency range 869 MHz, dedicated to this social alarm.

| | |
|---|---|
| 11. Recommended for the site visit | No |

| | |
|---|---|
| 1.Title/name of practice | **3.1.4 Carephone** |
| 2. Location | Whole region |
| 3. Type of elderly utilizing solution | > 55 years old |
| 4. Provider(s) of solutions and/or service | TAM Lorraine company |
| 5. Size of targeted population | Almost 500 000 (number of elderly in the region) |
| 6. State of the practice | Production |
| 7. Project pillars | Health safety |
| 8. Cost | 25-28-32€ monthly<br><br>Activation cost: 75€ |
| 9. Pros and cons | Pros: different options<br><br>Cons: activation cost |
| 10. Description | The equipment is an electronic bracelet weighing 11 grams, that is waterproof, resistant to products such as shower gel, chlorine, cleaning products, and allows to stay in security at a distance of about 150 meters from home. The elderly are requested to keep the bracelet on themselves at all times, even when sleeping. The transmitter can check its functions without making a call and therefore avoid an over invoicing. |

TAM Company in Lorraine provides the Carephone system with three options:

_ The relatives telecare, or CA 300 : the elderly person can choose from 1 to 5 numbers of his/her relatives (neighbors, family, doorman…). In case of no response to a call he leaves an emergency message and continues making the next calls on its list, until someone answers and enters a code to stop the alert;

_ The mixed telecare, or CA 350 : the customer can choose up to three numbers in his surroundings and in case of no response the transmitter is programmed to call the company's hotline;

_ The standard telecare with a medical file, or CA 150 : the transmitter of the elderly person is connected to the switchboard of the company available 24h/24 and 7days/7. The company works with the general practitioners (GP) of the concerned persons, or with the care services when the GP is not available, or with emergency services (e.g. fire), or the family and hospitals, as needed. The family is kept informed in case of an emergency treatment.

| 11. Recommended for the site visit | Yes |
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|---|---|
| 1.Title/name of practice | **3.1.5 Minifone** |
| 2. Location | Whole region |
| 3. Type of elderly utilizing solution | > 59 years old |
| 4. Provider(s) of solutions and/or service | TAM Company based in Lorraine (same company as for the Carephone) |
| 5. Size of targeted population | Almost 500 000 (number of elderly in the region) |
| 6. State of the practice | Production |
| 7. Project pillars | Communication |
| 8. Cost | 16.9-25-32-38€ monthly<br><br>Activation cost: 75€ |
| 9. Pros and cons | Pros: mini mobile phone, easy to use, hotline 24h/24, eligible for financial public aid.<br><br>Cons: The user can call only pre-recorded phone numbers |
| 10. Description | The Minifone is a watch phone designed to increase the security of fragile people living alone. It has only two buttons and allows one to call automatically and successively three people whose phone numbers have been pre-recorded. If no one answers the call, the hotline will. The subscriber is automatically identified and the hotline organizes the help needed: they call the relatives or the emergency services.<br><br>The Minifone is also connected to the landline phone at home. When the subscriber |

receives a call on the landline phone he can answer with the Minifone and its loudspeaker allows him/her to talk hands-free.

| 11. Recommended for the site visit | Yes |
|---|---|

| 1.Title/name of practice | **3.1.6 Free Internet access points (FIAPs)** |
|---|---|
| 2. Location | Whole region |
| 3. Type of elderly utilizing solution | > 59 years old living in nursing homes |
| 4. Provider(s) of solutions and/or service | Some nursing homes |
| 5. Size of targeted population | < 20 000 (number of bedrooms in nursing homes) |
| 6. State of the practice | Production |
| 7. Project pillars | Communication |
| 8. Cost | Free |
| 9. Pros and cons | Pros: free<br><br>Cons: only in nursing homes |
| 10. Description | To strengthen the communication between the elderly living in nursing homes and their relatives, some nursing homes have decided to install computers with an internet connection in open access areas or in living rooms. |
| 11. Recommended | No |

for the site visit

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|---|---|
| 1.Title/name of practice | **3.1.7 Access to the game console Wii** |
| 2. Location | |
| 3. Type of elderly utilizing solution | > 59 years old living in nursing homes |
| 4. Provider(s) of solutions and/or service | Some nursing homes |
| 5. Size of targeted population | < 20 000 (number of bedrooms in nursing homes) |
| 6. State of the practice | Production |
| 7. Project pillars | Communication and advertisement |
| 8. Cost | Free |
| 9. Pros and cons | Pros: encourages communication and physical activity |
| 10. Description | To strengthen the activities of the elderly living in nursing homes and their relatives, some nursing homes have decided to install the game console Wii in communal living rooms. |
| 11. Recommended for the site visit | No |

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| 1.Title/name of practice | **3.1.8 Internal telecare** |
| --- | --- |
| 2. Location | Whole region |
| 3. Type of elderly utilizing solution | > 59 years old living in sheltered housing |
| 4. Provider(s) of solutions and/or service | Sheltered housing for the elderly |
| 5. Size of targeted population | > 6 000 (number of apartments in sheltered housing in the region) |
| 6. State of the practice | Production |
| 7. Project pillars | Health safety |
| 8. Cost | Included in the rent |
| 9. Pros and cons | Pros: quick intervention; increases the feeling of safety |
| 10. Description | Telecare services are provided for occupants of sheltered housing. The elderly person's call is sent to the residence's guard or to the night watchman. |
| 11. Recommended | No |

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for the site visit

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|---|---|
| 1.Title/name of practice | **3.1.9 Telephon'âge ("phone-age")** |
| 2. Location | City of Nancy |
| 3. Type of elderly utilizing solution | > 59 years old |
| 4. Provider(s) of solutions and/or service | The CCAS of Nancy |
| 5. Size of targeted population | Elderly population of the city of Nancy |
| 6. State of the practice | Production |
| 7. Project pillars | Health safety and communication |
| 8. Cost | Free |
| 9. Pros and cons | Pros: breaks the isolation of some elderly |
| 10. Description | The CCAS of the city of Nancy has introduced a service of daily calls to all retirees who wish to discuss with them in order to break their isolation. |

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| 11. Recommended for the site visit | No |

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|---|---|
| 1.Title/name of practice | **3.1.10 Help phone number for isolated elderly (except emergencies)** |
| 2. Location | City of Metz |
| 3. Type of elderly utilizing solution | > 59 years old |
| 4. Provider(s) of solutions and/or service | The CCAS of Metz |
| 5. Size of targeted population | Elderly of the agglomeration |
| 6. State of the practice | Production |
| 7. Project pillars | All (Health, communication, out of home support) |
| 8. Cost | Free |
| 9. Pros and cons | Pros: telephone number that allows the identification and location of older people |

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requiring support to remain independent

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| 10. Description | The CCAS of Metz has established a phone line to collect names and addresses of isolated elderly in the city. Everybody can call them and signal an elderly who lives alone with apparent difficulties. The CCAS can, after investigation and assessment, propose a technical help. |
| 11. Recommended for the site visit | No |

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|---|---|
| 1.Title/name of practice | **3.1.11 Espaces numériques ("digital spaces, public internet access points")** |
| 2. Location | City of Metz |
| 3. Type of elderly utilizing solution | > 59 years old |
| 4. Provider(s) of solutions and/or service | Some municaplities |
| 5. Size of targeted population | Almost 500 000 (number of elderly in the region) |
| 6. State of the practice | Production |
| 7. Project pillars | Novel communication |

| 8. Cost | Free |
| --- | --- |
| 9. Pros and cons | Pros: easy access |
| 10. Description | Some municipalities have established free internet access points where each person can use a computer with an internet connection in spaces specifically dedicated to this service. |
| 11. Recommended for the site visit | No |

## 3.2    Practices promoting ICT within the elderly

| 1.Title/name of practice | **3.2.1 Courses on ICT for elderly** |
| --- | --- |
| 2. Location | Whole region |
| 3. Type of elderly utilizing solution | > 59 years old |
| 4. Provider(s) of solutions and/or service | Local associations |
| 5. Size of targeted population | > 500 000 (number of elderly in the region) |
| 6. State of the practice | Production |
| 7. Project pillars | Novel communication |
| 8. Cost | Very low prices, suitable for all audiences |
| 9. Pros and cons | Pro: Education adapted to the elderly |

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10. Description

Some associations have received grants from local administrations to hire employees and to organize regular courses in computer literacy and new technologies in nursing homes and in recreational clubs reserved to retirees.

Sample courses:

* Workshop for beginners :

    o use of mouse and keyboard

    o use of the desktop environment & of windows

    o use of internet

    o use of email service


* Digital photography for beginners

    o shooting

    o transferring pictures from the APN to the PC

    o use of the software "picasa"

    o distribution of pictures on the web

* Organizing a slideshow


* Making a greeting card


* Introduction to word processing


* Organizing a PC

\* Public digital writer : free sessions open to all. The animator handles all questions asked by participants – a sample of the topics covered in 2010:

    o setup a Wifi laptop connection

    o use of the software "photo mosaik"

    o create a folder to store videos

    o the battle against viruses (e.g. "codec vlc")

    o update an antivirus

    o use skype

    o change the user password on windows

    o downolad & install firefox & addictive typing lessons

    o use the graphic interface "charmap" on Windows

    o update Windows

    o install an arabic font in the Windows system

    o downolad & install openoffice

    o increase the RAM on a PC

    o secure and unsecure websites

    o The different operating systems : Windows / Mac OS / Linux

    o which Antivirus to choose ?

    o how to forward a message ?

    o what use for the file extension (.doc, .jpg, .xls, .xlsx,...)

    o what is Openoffice ?

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o how to capture a screen image

o install linux with Virtual Box

o freewares distributed by the association Emmaüs

o browsers : Chrome/Explorer/Firefox

o set up a wireless router

o retiree's card request or renewal via the internet

o use of an address line and of a search engine

o change case, insert a table & create borders with OpenOffice

o presentation of the software "Picasa"

| 11. Recommended for the site visit | Yes |
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|---|---|
| 1.Title/name of practice | **3.2.2 Providing second-hand computers to the elderly** |
| 2. Location | City of Metz |
| 3. Type of elderly utilizing solution | > 59 years old |
| 4. Provider(s) of solutions and/or service | Association "everyconnected.com" (tousbranches.com) |
| 5. Size of targeted population | Elderly of the city of Metz |
| 6. State of the practice | Production |
| 7. Project pillars | Novel communication |
| 8. Cost | 50/100,00 € per computer |
| 9. Pros and cons | Pros: cheap for consumers |
| | Cons: can use only Linux and freewares |
| 10. Description | The project is to equip the elderly with second-hand computers equipped with Linux and open source software. In France, two million computers are thrown out each year by companies, who no longer need them. The association « everybodyconnected.com » asks these companies to make a gift of these computers to them instead of throwing them out. After installing Linux and open source software on these computers, the association « everybodyconnected.com » will then redistribute them to the elderly who have been trained on Linux. Each computer for an elderly person would only cost her 50/100€. |
| 11. Recommended for the site visit | No |

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|---|---|
| 1.Title/name of practice | **3.2.3 Hotline for computers provided to the elderly** |
| 2. Location | City of Metz |
| 3. Type of elderly utilizing solution | > 59 years old |
| 4. Provider(s) of solutions and/or service | Association "everyconnected.com" (tousbranches.com) |
| 5. Size of targeted population | Elderly of the city of Metz |
| 6. State of the practice | Under development |
| 7. Project pillars | Novel communication |
| 8. Cost | Not yet decided by the provider |
| 9. Pros and cons | Pros: cheap for consumers<br><br>Cons: can use only freewares and Linux |
| 10. Description | This project is to test a hotline service for computers and ICTs-related questions. The computer hotline that will be created soon, aims to provide help for all sorts of computer problems faced by the elderly. A button on the computer keyboard will be dedicated to the connection to a hotline. Once the button is pressed, a technician will operate a remote control on the computer to diagnose and fix the problem directly, without any direct intervention by the elderly.  The hotline technicians may be recruited among students. |
| 11. Recommended for the site visit | No |

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## 4. Summary

In this report we described the administrative and social aids available to improve the quality of life of the elderly who are faced with the deterioration of their health and the reduction of their autonomy in Lorraine. We showed that different offices and services exist according to national laws and are managed by county councils and municipalities who have some degree of freedom in this management. Associations are also active and collaborate with administrations and services/technology providers. In our document we cited the different stakeholders and the phases at which they operate. We also pointed out the increase of the number of dependent elderly and the elderly more generally in the region.

We identified four types of practices in the field of ICT-based support for the elderly in Lorraine: practices for health safety, communication, out of home support and promotion of ICTs within the elderly. Practices of the first type are telecare (including home telecare in sheltered housing and carephone), fall detector, phone-age plan, installation of a Wii game console in nursing homes and encouragements to maintain the dynamism of the elderly, and the help phone number plan used to identify isolated older people and their needs. Practices of the second type are free internet access points, public internet access points, minifone and phone-age plan. The "good" practices concerning "out of home support" in Lorraine concern the geolocation, free courses on ICTs for the elderly, attribution to the elderly of second-hand computers equipped with freewares for a modest financial contribution, and in a near future, a hotline service for computer-related problems, with the aim to promote ICTs within the elderly. For the site visits, the Carephone system, the Minifone system, the geolocation system, and ICTs-related courses for the elderly are recommended.

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