J.A.M. GRAAFMANS (Convener). ***The incubation of gerontechnology.*** *Gerontechnology 2012;11(2):115;* doi:10.4017/gt.2012.11.02.014.00 **Participants**: *P.A.G. VERMIJS (*Netherlands), *H. BOUMA* (Netherlands), *J.L. FOZARD* (USA), *V.T. TAIPALE* (Finland). **ISSUE** The symposium will address the long road for gerontechnology to be put on the worldwide political and scientific agenda. **CONTENT** It started with the visit of social worker Vermijs to Eindhoven University of Technology; he asked for engineers to be involved in solving the problems and challenges encountered by aging people (1984). The term `Gerontechnology` was coined in 1988[1], as the first simple concepts for interdisciplinary discussion and collaboration were defined. This led to the first International Conference in Eindhoven[2] (1991, Scientific chair Herman Bouma) and the success of the conference gradually convinced many technology and social science researchers to come on board. Following the visiting professorship of Jim L. Fozard to Eindhoven (from 1992 onward)[3] a more elaborate model for gerontechnology studies was developed. Furthermore, in the early 1990`s, the European network COST A5 (Aging and Technology) was established and the political and scientific achievements of this network were instrumental to the success of the 2nd International Conference in Helsinki[4] in 1996, and in 1997 to the foundation of the ISG (Vappu T. Taipale, Chair COST A5, President Helsinki Conference, First President ISG). **STRUCTURE** The speakers will not address the chronological events, but rather the scientific and political debates and the development of concepts needed to incubate a new field of research and education. **CONCLUSION** Gerontechnology, a collaboration of engineers, social scientists, and other disciplines emerged as the result of the need felt by professionals coming from many fields.

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P.A.G. VERMIJS, J.A.M. GRAAFMANS. ***Conveying the needs and demands of older people to engineers and designers.*** *Gerontechnology 2012;11(2):115-116;* doi:10.4017/gt.2012.11.02.102.00 **Purpose** In the middle of the 1980s it became clear to the Dutch government that demographic and social developments demanded radical interventions. A sponsoring programme was started by the Ministry of Health, which, among other things, would facilitate collaboration between health and welfare workers and engineers, architects and industrial designers. The ultimate goal was to create a better quality living environment for ageing people living independently. **Method** An assessment was made of the actual living environment of older people using 500 questionnaires (response rate 25%), at 30 site visits and in-depth interviews. **Results & Discussion** Regarding the quality of products and services it became clear that (i) good quality products and services exist, but clients are not aware of this, (ii) there is a lot of bad design and there are many useless products, and (iii) there is a need for new customized products and services. The project resulted in three major successes (i) the field of gerontechnology was created, standing for the interdisciplinary collaboration between all professionals concerned with an ageing society, (ii) over 100.000 copies of 'De helpende hand' (the helping hand), an information brochure, were distributed nationwide, (iii) the first simple models and concepts for gerontechnology were developed and used for a worldwide discussion between all relevant actors and experts[1]. After a long incubation period a more refined human-technology-environment-interaction model emerged, with an emphasis on older people, and this was used as the starting point by all the keynote speakers during the First International Conference on Gerontechnology (Eindhoven, 1991). The conference was a step forward towards future collaboration between technology and other sciences, targeting the challenges posed by an ageing society.

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Keywords: communication & governance, gerontechnology, social technology, independent living, welfare and health
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H.BOUMA. ***Developments in the continuing agenda of Gerontechnology.*** *Gerontechnology 2012;11(2):116;* doi:10.4017/gt.2012.11.02.097.00 **Agenda** From the beginning of Gerontechnology in 1990, its agenda has been the insight-based optimal technological environments for ageing and aged people, i.e. real people in their physical, mental, social, and cultural environment[1]. The concept of real people means those living an active life of their own choosing, adapted to their interests, abilities, and restrictions. Note that disease, physical and mental restrictions are not central issues, although health issues such as prevention and compensation of decline are part of the agenda. In short people are more than their shortcomings. Developments in gerontechnology stem from three sources: different generations of people, different technological environments, and advancing scientific insights. The position of aging people in changing, innovative environments has been characterized by Lawton as individual and socio-cultural lag[2]. The origin of this lag is that natural adaptation to technological and other environments stops at about age 30 and is then replaced by explicit learning directed at daily needs, for example at work. The three types of development and their consequences for Lawton's lag will be discussed, updating their impact for Gerontechnology from earlier reviews[3,4].

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J.L. FOZARD. ***The relevance of Gerontechnology for medical, biological and behavioral studies on aging.*** *Gerontechnology 2012;11(2):116-117;* doi:10.4017/gt.2012.11.02.098.00 **Purpose** To show how the major concepts of Gerontechnology provide a framework for understanding and guiding research on human aging. **Method** Gerontechnology -the development and adaptation of technology for the goals and ambitions of aging and aged people- is applied in nature. Four fundamental concepts underlying Gerontechnology: the 4 goals of technology, the 5 domains of life activity to which technology is applicable, the changing dynamics of person-environment interactions over time, and the identification of the multidisciplinary knowledge base for Gerontechnology are shown to be relevant to basic and applied studies of aging. **Results & Discussion** The goals of gerontechnology are derived from those for public health-prevention or delay of age-associated declines in health and functioning (primary prevention), compensation for common functional decline, mostly perceptual motor function (secondary prevention), care for persons with disabilities (tertiary prevention), and for all three an improvement in quality of life as defined by the WHO. The 4 goals of Gerontechnology are equally relevant to 5 domains of human activity-health and self-esteem, housing and everyday functioning, communication, transportation, and work and leisure[1-2]. The changing dynamics of interactions between people and their environment reflect both human aging within and between successive age cohorts and secular changes in the environment. This transactional view of aging informs both the questions and methods used in gerontological research[3]. The interdisciplinary basis for Gerontechnology-the engineering and basic sciences of supporting technology and the biological and behavioural sciences supporting gerontology-are basically the same in gerontological research[4].

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V.T. TAIPALE. ***International, political and scientific networking in Gerontechnology resulting in the foundation of the Society of Gerontechnology***. *Gerontechnology 2012;11(2):117;* doi:10.4017/gt.2012.11.02.130.00 **Purpose** The aim is to assess the development in national and international innovation policies and the opportunities this present for Gerontechnology. **Method** Different policies on ageing, Gerontechnology and innovation are reviewed. **Results & Discussion** The ageing of the population was insufficiently politically targeted in the 1980's despite the UN Summit on Ageing (1982). Ageing is to be understood as a cultural, social and physiological phenomenon, which implies multidisciplinary research in the field. Pioneers in Europe, the USA, and Japan created these core concepts that led to the creation of Gerontechnology[1]. From the very beginning there was a strong user perspective. One of the leitmotives is to listen to the needs of an ageing person and to communicate her/his needs to the multidisciplinary innovation team and to a wider community. Gerontechnology constitutes thus an excellent partner for innovation policies. There are interesting opportunities for everyday life, self-care, and proactive prevention, as well as to create better living environments in social, financial and human terms. The existing political and research cooperation structures were slow to understand the new needs but COST[2] accepted an action Ageing and Technology[3] and the international networks started to build up resulting in the foundation of the Society. European Union explored the issue[4] and recognised it in the 5th Framework Programme of Research[5]. However, later developments have not been only positive. Today, there is a considerable interest in demand-side innovation policies in a number of countries[6]. National policies increasingly stress the importance of innovation as a partner of research and development. In the European Innovation Partnerships[7], the first topic will be active and healthy ageing. Current budget pressures also have generated interest in demand-side innovation policies while increasing the cost-effectiveness of services in areas of strong societal demand, such a health and population ageing. The lack of economic research and evaluation still makes evidence-based policy making difficult. If the world sees a positive development, we will be faced with an operating model based on which a well-informed ageing citizen, the consumer of services, becomes a driver of development.

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