

J. PETERMANS, F. MAERTENS, C. LEJEUNE, D. GILLAIN. **State of the art on gerontechnology in Wallonia.** *Gerontechnology* 2016;15(suppl):55s; doi:10.4017/gt.2016.15.s.633.00 **Purpose** To introduce the situation of gerontechnology policy, research and implementation in Wallonia. **Method** To define the situation and current studies, the purposes of the studies and the situation of knowledge, and the needs and impact of the new techniques. **Results and discussion** The 6th Belgian State reform transferred to the Communities and Regions blocks of power amounting to € 20 billion (around 5% of GDP). An important block of power transferred, concern care of the elderly and certain aspects of health care policy (including mental health and preventive measures). So, the public authorities of the Walloon region adjusted their regional development strategy¹. Its 13th measure aims to stimulate innovation and to optimize the management of health care. One of the targeted actions is to promote medical technology innovation and stimulate the development and use of new technologies with particular attention to gerontechnologies. Within the promotion of new formations, the report also mentions the gerontechnologies as a potential source of new jobs. In 2013, in an inventory of the social welfare sector, the department of analysis of the labor market and training mentions gerontechnologies in aid and home care sector¹. Four areas of action are mentioned: health, comfort, communication and security. We notice that public authorities have understood that gerontechnologies and, more widely, the silver economy are one opportunity for our ageing societies in search of a new industrial breath. So, the Greater Region (i.e., the area of Saarland, Lorraine, Luxembourg, Rhineland-Palatinate, Wallonia, and the German-speaking Community of Belgium) targets this domain as having a high potential of growth and which must be integrated into a common strategy. In this context of cross-border development, many INTERREG programmes² intervene to foster innovation. But the involvement of academic circles needed for the development of new technologies induces that these gerontechnologies are produced, at present, rather by university spin-offs. Although gerontechnologies begin to arouse the interest of all stakeholders in the aging sector, brakes exist nevertheless in their expansion, mainly their cost of development and purchase price. It is therefore essential that SMEs seize this area to achieve a production volume compatible with an accessible distribution to many. Some companies have understood the usefulness and the potential in new jobs that area brought by gerontechnology and participates in ambient assisted living projects. For example, 'Living lab well'³ dedicated to health in Wallonia, has been in operation for one year to develop projects concerning diabetes, hypertension and follow up of patients with chronic diseases in connection with a big assurance company. In another way, actigraphy is used in the follow up of psychotropic medications and sleep disorders but also can help on how to organize the patients' survey in nursing home and in hospital. Some other technologies as accelerometry or gait area are used in research on movement and gait disorders but are not already in the diagnostic methods even if some applications should be considered. Communication with tablets and telemedicine begin to maintain social contact but also to help nurses for cares at home. Unfortunately, the utility of gerontechnology is not already well sustained in the organization of cares and the financial impact is not known actually. The following of physiological parameters are well developed but not enough their functional aspect; the help to the health care professional by these new techniques have to be promoted. Actually there is no thinking about how to finance these new types of cares; only assurance dependency is in progress. **Conclusion** In Belgium, a lot of works have to be done to promote the knowledge, the need and the utility of the new technologies to maintain autonomy. Some teams have understood the impact for the future but public health policy has to be convinced and to be involved actively in the process.

Reference

1. Marshall Plan 4.0; planmarshall.wallonie.be; retrieved September 14, 2016
2. Intereg 4b NW region 2008-2013; www.nweurope.eu; retrieved September 15, 2016
- 3 www.thelabs.be/well; retrieved September 14, 2016

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