

L. SNAPHAAN, E. VAN DER LUBBE-VERHAEGH, L. VAN GASTEL, E. WOUTERS, I. BONGERS. **Social innovation to reduce the gap between innovative assistive technology and people living with dementia.** *Gerontechnology* 2016;15(suppl):63s; doi:10.4017/gt.2016.15.s.793.00 **Purpose** Currently, most technology (robotics, smart homes, etc) that has been developed for the healthcare sector are difficult in use, expensive and often not affordable for individual persons in their home situation. Affordable innovations that activate people instead of taking tasks over can be a major breakthrough intervention in several treatments for different patient groups. On the other hand the already existing assistive innovations in home situations still don't reach a large population¹. Scaling up innovations in public sectors, has more challenges in comparison with private sectors^{2,3}. The hypothesis of this study is that technical innovations need a social innovative approach to improve the availability and the use of technology by a larger population of people living with dementia. **Method** A Dutch Ecosystem research model for Dementia Care (EDC) was created. The main building blocks of social innovation in the EDC are communities of practice (CoP). In these CoPs, representatives of companies, knowledge institutes, healthcare organizations and governmental bodies are collaborating to study how people with dementia can be sufficiently supported based on three key principles: shared values, shared knowledge, shared savings. Per CoP case-studies are done. One CoP and accompanying case study focussed on putting ambulant nursing students as linking pin between assistive technology and people living with dementia at home. **Results & Discussion** A CoP seems to be a strong vehicle to tackle and gain knowledge on a specific issue, in this case reducing the gap between innovative assistive technology and people living with dementia. One major barrier (Table 1) for clients is to ask for help in learning to use technology. Healthcare students appear to be the linking pin between stakeholders' perspectives and overcome the barrier of hesitant to ask for help. The huge intrinsic drive to come up with solutions from different stakeholder perspectives is structurally facilitated by the EDC.

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Table 1. Qualitative analysis on reducing the gap between technology and people with dementia; ADL=Activities of Daily Living

Actor	Attitude change	Finance	Worries & barriers	Needs
Client	Unchanged; strongly related to family's attitude	Large investment, uncertain return → need for hire option & free trial	Difficult to learn new technology, hesitant to ask for help	Mainly solving ADL problems to unburden family
Entrepreneur	Unchanged; very positive	Client or family should buy, it is worth the investment	Difficult to identify, to reach and to influence decision makers	Identifying and reaching decision makers within the healthcare sector
Family member	Either unchanged or slightly more positive	Need for hire option & free trial, more willing to buy than client	High cost, only needed for a short period of time	Mainly solving ADL problems regarding safety of family member
Healthcare student	Changed positively: "It is also part of healthcare"	Hesitant to advise expensive product	"Technology replaces human healthcare"; fear of becoming a 'salesperson'	Knowledge of products and their functionality; caring instead of selling