

### Conceptualizing trust and AAL-technology: Steps towards a comparative framework

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**Participants:** S. Nakrem (NOR), A. Malmgren Fänge (SWE), K. Thommes (GER), P. Nyvoll (NOR), R. Kirchhoff (NOR). **ISSUE** Active Assistive Living refers to technological aids and networked systems whose purpose is to improve quality of life, independence and health of functionally impaired individuals, throughout the lifespan. Investments in AAL-technology are motivated by fundamental demographic shifts, with low fertility and mortality levels pushing the population towards a higher mean age than in previous decades. However, applications, acceptance and sustainable AAL-adoption across different health care systems depends on whether different actors trust the technology and the social institutions that provides them. While most work on AAL has been technology-driven, it is critical to understand how and why trust in AAL-technology varies in different social contexts. In this symposium we explore different aspects of trust in AAL-technology, empirically and conceptually. This includes political and organizational trust, questions of trust and value, the connection between trust, regulations and ethics, and how trust is expressed in relationships between health professionals, users, caretakers and AAL-technology. **CONTENT** Nakrem et al. examine how digital medication technology influences patient-staff relationships, drawing on a multi-case study in five Norwegian municipalities using semi-structured interviews with healthcare professionals. Malmgren et al. investigate barriers and facilitators to acceptance and use of innovative assistive technology through a systematic literature review, as well as focus-groups and semi-structured interviews with patients and family-members from the iDO-project and the TECH@HOME-trial. Thommes et al. shed light on trust processes, and the interplay of knowledge and broader social concerns in Finland, Sweden and Germany. Drawing on content analysis from semi-structured interviews with policy, decision-makers, insurers and science communicators, the authors identify key arguments that slow down the implementation of assistant robots in care, and structures that should be implemented to increase trust in assistant healthcare technology, such as transparency and information dissemination. Nyvoll et al. present studies on social robots going through alpha and beta-testing for commercial use through public municipality programs in Norway where different barriers like language issues and problems of trust, are identified. Kirchhoff and Solberg aim to increase the comparability of data on governmental trust in the context of AAL-technology. The authors propose a synthetic framework to analyse how governments in different health-care systems conceptualize and frame trust in AAL-technology through reforms. **STRUCTURE** The symposium will be structured around an introduction, individual presentations, and a moderated roundtable discussion at the end with a discussant, and the speakers. **CONCLUSIONS/OUTCOMES** The symposium will facilitate development of a research framework for comparative analyses of different dimensions of trust in socially situated AAL-technologies. Participants are drawn from a proposed COST-research action, known as AAL-TRUSTTECH: Consortium for the comparative analyses of trust and situated AAL-technologies. The symposium should be of interest to both researchers and practitioners in the field of gerontechnology.

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