A.S. Macdonald, D. Loudon, C.S.C. Lim. Developing inclusive and user-centred design methods and tools for ageing populations. Gerontechnology 2008; 7(2):158 This paper discusses, through three case studies, the user-centric and inclusive design approach of the Inclusive Design (ID) Lab in the School of Design at The Glasgow School of Art. The ID Lab is concerned with developing methods and tools to assist the major stakeholders in designing healthcare pathways and associated technological products for ageing populations. The demographic age shift, drivers in healthcare policy and delivery, and the changing nature and role of design provide context for this discussion. **Methods** The first case study is concerned with the visual mapping of pathways of health and healthcare and exploring how these can more holistically represent a number of different perspectives to include also those of patients. This describes the involvement of clinicians and other health sector professionals in visualizing these pathways and discussing their implications to allow a more strategic approach to the design of systems of products, environments and services[1]. The second case study demonstrates a means of sharing, more widely across specialist disciplines, biomechanical data on older people's muscles and joints as they perform daily living activities, achieved through an innovative visualization method. This has enabled a range of specialist stakeholder disciplines concerned with older adults' health and wellbeing, such as physiotherapists, bioengineers, ergonomists, designers, clinicians, and exercise scientists, as well as older adults themselves, to engage in a joint discourse shaping the design of the built environment and healthcare pathways for older people[2]. The third case study is concerned with the design of a tool embodying an approach to the design of ICT product interfaces, separating out the 'generation effect' from the 'age effect', and which has implications for the design of many technological products particularly those used in self-medication and self-monitoring in healthcare amongst older users[3]. **Results** All three case studies are united by a concern for the individual, the end-user, at the heart of development processes and how design thinking, which has a strong emphasis on the consumer or user perspective, can assist with the changing requirements for healthcare delivery through an improved, earlier, and ongoing engagement with - and participation from - the recipients of healthcare. The first two studies have attracted UK AHRC/EPSRC, and EPSRC/ESRC research council funding respectively. The second study is currently (2008) part of the UK ESRC's New Dynamics of Ageing programme of funded research programme.

References

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