

G. Cornet, P. Rumeau. *Gerontechnology in France. Gerontechnology 2009;8(2):109; doi: 10.4017/gt.2009.08.02.015.00* The institutional context for gerontechnology development in France is improving. Still a number of obstacles remain before rapid mainstreaming of products and services in mass markets can take place. The wide range of innovative supply is not yet matched to the demand of the end users. In addition, social benefits are rather poorly funded. Gradually, decision-makers in French public policy come to acknowledge the benefits of telemedicine and coordinated ICT policy for healthcare and autonomy at home for the old and the disabled. **Recent actions** Parliament is discussing refunding of medical practice through telemedicine<sup>1</sup>. The Ministry of Industry has just enforced a National Coordination Center for ICT development supporting health care and autonomy at home<sup>2</sup>. The General Counsel for Energy and Technology<sup>3</sup> (CGIET) has launched qualitative surveys and strategic collaborative projects to design assessment tools for ICT products and systems: do they match the users' needs and are they of economic value? The National Alzheimer's Program stresses the need for daily life technology support<sup>4</sup>. The CNSA public funding authority is fostering teleassistance services for disabled old persons<sup>5</sup>. The CNSA public R&D on independent living funding body is fostering teleassistance availability for the disabled older persons. Home telemedicine experiments remain limited to networks between public hospitals and nursing homes: (i) Telegeria in the European Hospital Georges Pompidou (APHP Paris)<sup>6</sup>; teleconsultation in the PACA region (Alpes de Haute-Provence, Alpes maritimes) with the support of the CHU Hospital of Nice<sup>7</sup>, as well as (iii) other local or regional areas such as Embrun (Hautes Alpes)<sup>8</sup>, or Toulouse-Midi Pyrenees region<sup>9</sup>. Training the care-givers in gerontechnology is an overwhelming issue. SFTAG (French Society for Assistive Technology and Gerontechnology) is running a postgraduate training course. **User studies & problems** National Awards are now on the yearly agenda: (i) les Trophées du Grand Age, and (ii) the Pole Allongement de la Vie Charles Foix Hospital/Ivry Award. But the use of assistive technology is not yet considered in the national 'Aging well' program, nor in the professional caregivers' training and registering guidelines. French Social Security fails to refund preventive technology to support autonomy. ICT have no economic model for the general older public. Profit making teleassistance services in France have some 340,000 subscribers only<sup>6</sup>. Some service providers are working on Telehealth service platforms with a 24/24 medical service. Many innovative products and services are proposed to local authorities who support autonomy and care for the home dwelling frail or disabled elderly persons: wearable geo-localizers, transmission of vital signs, emergency situations detecting devices for support, video interactive communication connected to touch-screen computers or TV-video games are used successfully in nursing homes for entertainment and cognitive stimulation. A catalogue assessing the use, reliability and availability of the gerontechnological devices is required. Built on the experience of the gerontechnology prescription practice, set in Grenoble by A. Franco, SFTAG has composed guidelines for a guidance and advice network for the end user<sup>10</sup>.

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