

Best Practice

The Secufone, a cellular phone that monitors and protects your health

The cellular phone is slowly developing into the central interface with our intelligent environment, but older persons all over the world find these machines hard to understand and to use. In 2002 a Dutch organisation for older persons (the ANBO¹) collected the experience of its 180,000 members with cellular phones. One out of 10 of the 50+ persons completing the questionnaire did not use a cellular phone because they did not understand its use. Half of the users had problems with the long list of menu's, the small buttons and the less than clean screen.

As an answer to these needs Peter Faessen, Heerlen (The Netherlands) developed a special phone in a process of international and collaborative design. Designers focussed on two aspects: (i) a comfortable user-interface, and (ii) extra safety and security functionalities, such as GPS mobile and a Personal Alarm System with Call Centre Connectivity². Peter Faessen and his team repeated the above mentioned ANBO study with CCN, a daughter of the Nürnberger Krankenkasse (Germany). In this case respondents were also asked how the ideal cellular phone should work and look like, and could choose between various mock-ups. Size of the touch screen and fonts and colours to be used were assessed together with RNIB (United Kingdom). Designing the interface was a collaborative effort together with ANBO, and older persons visiting certain technology fairs³.



The resulting product is larger than most

modern cellular phones, measuring 66 x 139 x 24.8 mm. Only 4 sizable buttons are required for regular operation: 1 to open the address book; 1 to get to the menu to change settings; 1 to confirm choices (green) ; and 1 to cancel any action (red). The touch screen (44 x 58 mm) does the rest. In addition there is a button to activate and de-activate the phone and an alarm button.

A red alarm button on top of the phone may connect to an associated alarm centre. Immediately a hands free speech connection is activated. The GPS pinpoints the location of the person in need within 5 meters, to support assistance. The user may allow other persons, for instance friends or relatives, to find him or her through the Internet. In addition the cellular phone can be configured for 'one touch' calls to family and friends to send them, rather than the call centre, an emergency signal by pressing the alarm button.



The special phone has been produced by the Swiss manufacturer Precisa Instruments AG that brought it to the American, Australian, European, and Japanese markets in October 2004. At first the phone and its associated services were priced for the well to do only, according to the ANBO, but slowly the costs are going down.

Secuphone or Secufone (depending on the country where the product is sold) is a tri-band (900/1800/1900 GSM) mobile phone designed for older persons, and also for care associations, nursing homes, doctors, security staff, and taxi drivers, according to the flyers of manufacturer and suppliers. The user chooses which functionalities s/he wishes to use. Other possible functionalities remain dormant or are not installed.

In accordance with the gerontechnology philosophy the phone, although especially designed for older persons, is at the same time a modern globally-roaming cellular phone for everyone with internet connectivity, a USB port, and its comprehensive global navigation system.

The producing company understands that older persons, after they have started to appreciate the phone, will want more. A version with a built-in camera is planned, as well as expanded speech applications for the visually impaired. In addition user studies are under way in Germany, together with the Seniors League (DSL).

How long will it take until I can also use my cellular phone for remote control of the television and video set?

References

1. www.anbo.nl
2. www.secufone.com
3. Personal communication of Nico Stroomer, Secofone Nederland, e-mail: stroomer@tiscali.nl, as of March 2, 2000

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Gerontechnologist retires

A hard to believe professional transition: Heidrun Mollenkopf retires

For many of us, it is hard to believe: On January 1, 2005, Dr. Heidrun Mollenkopf, an internationally acknowledged expert in gerontechnology, outdoor mobility, and social gerontology has stepped back from her professional duties due to German mandatory retirement law.



Dr. Heidrun Mollenkopf first began her training as a student of educational

science, sociology and psychology at the University of Erlangen-Nuremberg and then as a sociologist at the University of Mannheim. She has also been what society has long regarded as a "good mother", taking the slower track that is perhaps typical for female academics. That is, Heidrun followed her spouse to various locations in Germany, in Switzerland - where her husband was engaged as an engineer - raised her two children and, of necessity, delayed the unfolding of her own scientific potential 'until later'. But although her master's thesis was 'only' completed in 1984 and her PhD 'only' in 1995 at the Free University of Berlin, she was engaged in a very fruitful pursuit of knowledge into human ageing from 1990 until the day of her retirement, an extraordinary career that went far beyond 'mere research'. It is and will remain hard to believe what Heidrun has achieved in her less than one and a half decade long involvement in scientific gerontology. Here is just a sample:

Although Heidrun was something of a late starter, she was always a front runner in terms of the themes she selected to form the core of her scientific interests. At the end of the 1980s, she began working on the empirical analysis of ageing and technology as a research associate in a large research project funded by the German government. This was pioneering work, not only in Germany but also internationally. In Germany, ageing and technology were nearly 'non-issues' at the time; becoming old and using technology for improving the quality of life was still regarded as an oxymoron. No wonder then that Heidrun became a key driver of the evolution of a new field in gerontology, i.e., gerontechnology. Her active involvement at international gerontechnology congresses - including her latest contributions to the Florida meeting in 2002 - are undoubtedly now a major part of the still