

CORRESPONDENCE

Gerontechnology, demand-driven care, and care professionals

Demand-driven care aims at supporting choices by clients or patients themselves about their own health. As long as people are in good health, we consider this self-evident. Within the limits of the law, healthy adults may do whatever they like. Also they are entitled to live an unhealthy life such as by excessive eating, excessive drinking, excessive smoking or excessive working ('work-alcoholics'). Here, government agencies have only an indirect responsibility such as in providing advisory information, curtailing advertisements, and limiting access to unhealthy merchandise.

Health has the character of a precondition for being able to fulfil one's real ambitions. If not, one will first try to get one's health restored and/or minimise one's inevitable sufferings. Unfortunately, disease, pain, and restrictions demand much attention and effort in themselves. Personal ambitions live on, but alas, one is less able to follow these up. When getting older, infirmities of old age get at almost everyone. Sooner or later older people will have to cope with one or more restrictions in mobility, in endurance, in vision or hearing, in mental defence, in short term memory, or otherwise.

The *demand for care* then entails the question of recovering one's health rapidly with a minimum of restrictions, in order to go on and follow one's personal ambitions as usual. Older people with poor vision are not 'the visually handicapped', but people with visual restrictions who otherwise have their normal personal ambitions. The type of care that older people require and generally will ask for is to be helped in minimizing pain, hindrances and restrictions in normal life. And in normal life old people wish to decide on their own agenda. The demanded care then is just a prerequisite.

Now, *what about technology?* From of old, technology increases natural options of humans. Electric light prolongs daylight, the telephone increases the distance of earshot, bike and train increase our natural speed. Generally, a suitable infrastructure is necessary such as net-

works for electricity and telephone, bicycle-paths and railway-tracks. On purpose I use rather old-fashioned examples in which since long technology has found its natural place in life. It is so evident that we hardly experience these as technologies.

For new technologies, this is different. In particular when getting older, we need some time to get used to new technologies: to discover useful functionalities, and to learn to control these. Internet, e-mail, digital camera's, MP3 players, ticket vending machines, mobile telephones with their unending options: all from the last 15 years. Particularly if advantages are not self-evident, reservations of older people are justified. What could they do with e-mail at a time that their friends and family members did not have e-mail access? Should they buy a computer because it had Intel inside? How much effort will it cost to learn to control the new technology and how long will they live to profit from it?!

What then is the role of technology for *care that increasingly will be demand driven?* The area of interest is the new technologies: innovations that make the work of the carers easier, more efficient, and simply better; that support the clients' own activities and so contributes toward their own health while diminishing dependence on others. The final aim of care itself and consequently of care technology is that older people can direct their attention and effort as far as possible on their own personal ambitions.

At an abstract level, this is what clients will demand from professional carers. But most clients are not in a position to know how to translate this into concrete terms. This is why they need professionals who are educated for advising their clients optimally about what they should ask for in order to realise their own ambitions as far as possible. Such ambitions can be of a general nature such as living independently or of a personal nature that evidently can be very diverse. With the wide spectrum of ambitions and wishes, a wide spectrum of expertise is needed: both carers with a wide professional overview and a wide spectrum of carers each with their own specific expertise. In our era, a sound judgement on options and restrictions of technology

is an indispensable ingredient of professional carers each in their own domain.

The area of interest concerns the new technologies. Already for quite some time, new technologies are coming to life in society that in mass production become affordable for many in a short period of time. The necessary infrastructure is created along, such as glassfibre networks for rapid wideband transmission or a satellite system for navigation and orientation. The dynamics of society is partly characterised by such new systems. Technological innovation has also reached the area of care, for example in telecare and telemedicine. Professional carers must be aware of the latest developments in products and services for their clients and in products and services for their own professional activities.

This requires a positive attitude as to technological innovations as well as an ongoing, continuous professional education. Any hesitation or even dislike of new technology will have to be overcome by increased insight in how new technology is changing society, what these technologies mean for the profession and also by continuous exercise and experience. The area has to be mastered and followed by reading relevant books and journals in the interdisciplinary field of Gerontechnology. Remaining up-to-date in this area has become a condition for delivering professional advice and recommendations to the client and for oneself to remain a professional in care.

Let me just indicate two areas where technology can be expected *to change professional care*. The first is caring and healing at a distance: telecare and telemedicine. This offers opportunities for intensifying and accelerating professional care. An example is television-circuits for daily personal contact with older housebound people. Experimental projects have given positive results and the feared disadvantages of privacy violation could well be avoided. Scandinavian countries with their sometimes-large distances between client and care centre have provided us with good examples². A second area is that of robots and automats. Although still hidden in the side-scenes, massive introduction is to be expected in the near future for a multitude of diverse applications: inside-climate,

home-security, self-medication, independence, hobbies, and many, many more. A case in point is a robot animal, nice and caressible, soft and hairy sitting on one's lap, attentively reacting to its boss.

We cannot predict the future but what we can do is following intensely existing trends. Among other professions, this is an obligation for professional carers,

In conclusion, my thesis is that demand-driven care requires professional expertise for advising clients and patients about which care, which products, and which services are fitting best to their specific ambitions and restrictions. The rapid advance of certain new technologies in society necessitates the care professionals to know this area well and closely follow its dynamics. They must distinguish on the one hand results that are supported by proper research and evaluation and on the other hand advertisements and propaganda that exaggerates advantages and conceals disadvantages. More and more products and services will be marketed that are specifically aimed at older people. It seems to me that a free market of care products and services is a better vehicle for actual and rapid innovation than a system of allocation by the insurance system that delays innovations, keeps prices unnecessarily high and has to support an expensive allocation system. A person-bound budget together with professional advice seems among the better solutions. A great many older persons, now and in the future, will be grateful for the advices of care professionals, trained to combine their insight into the needs of their clients with a sound judgment of new serving technologies. To me, this seems the challenging aspect of, among others, the new education curriculum announced earlier in this journal³.

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BOOK REVIEW

BS 7000-6:2005 Design management systems - Part 6: Managing inclusive design — Guide (May 2005). London: British Standards Institution, 54 pages. ISBN 0 580 44902 5

Standard or large print version and PDF, Price: £122 (£61 for BSI subscribing members); British Standards can be obtained from BSI Customer Services, 389 Chiswick High Road, London W4 4AL, United Kingdom; Tel: +44 (0)20 8996 9001; E: cservices@bsi-global.com

In 1999, the European Commission published two mandates that brought to the agenda the socio-economic imperative for adopting design-for-all principles in European products and services. In particular, both mandates required the drafting, implementation, and maintenance of guidelines to address the needs of older and disabled people in product standards. Mandate 273 addressed information and communication technologies (ICT) while Mandate 283 dealt with safety and usability of products for older people and those with a disability.

Towards implementing these mandates, a 2003 policy paper, published by the European Association for the Coordination of Consumer Representation in Standardisation (ANEC), recommended that the appropriate framework should be ISO Guide 71 - Guidelines for standards developers to address the needs of older people and persons with disabilities. Guide 71 eventually was adopted for European implementation by CENELEC, under the alternative title, Guide 6. Guide 6 remains the only official standard that deals with the practical technical aspects of inclusive design in consumer durable products, though a variety of reports and useful handbooks dealing with this are available. Incidentally, Guide 6, which is technically identical with ISO/IEC Guide 71 (price 118 Swiss Francs), can be freely downloaded as a PDF document from the CENELEC web site.

An important work in progress is ISO standard ISO/AWI TR 22411. This will provide supplementary ergonomic data and guidelines for the application of Guide 71. Comparable national standards to be noted include Spain's B651-95 (1995) 'Barrier-free design' and Germany's DIN Technical Report 124:2002

'Products in design for all'.

There has been considerably more progress concerning inclusive design standardisation in information and communications technologies (ICT). DATSCG, the Design-for-all and Assistive Technology Standardization Co-ordination Group, which operates as a sub-group of the Information and Communications Technologies Standards Board (ICTSB), focuses on user interface design. However, DATSCG's role is purely advisory and it does not dictate the policy of the various national and international standards bodies represented in its membership. Similarly, the European Commission's Fourth and Fifth Framework Programmes in collaborative research and development have provided crucial impetus, leading to important initiatives (such as the INCLUDE consortium) for the formulation and promulgation of inclusive design recommendations; albeit, again, mainly with an informatics emphasis.

Apart from legislative and standardisation initiatives, various independent interest groups, such as the European Institute for Design and Disability (EIDD) and, in Britain, the Mary Hamlyn Research Centre's Design Council and the Research Institute for Consumer Affairs (Ricability), for over a decade have been in the forefront of inclusive design awareness promotion, producing a variety of influential publications on design for all practice and policy. In 2001, for instance, the Disability Rights Commission in the UK issued a landmark report (researched and compiled by Ricability) titled 'Inclusive design - products that are easy for everybody to use'.

The latest addition to the evolving repository of best practices in inclusive design is 'The Guide to Managing Inclusive Design'; part six of the BS 7000 series of British Standards on design management. Other guides in the series deal with managing innovation, design of manufactured products, managing service design, design in construction, and managing obsolescence.

Although this new guide has been drafted for the British manufacturing business community, most of the information is not geographically specific. As the title makes it fairly clear, the guide does substi-

tute for or complement a design handbook (little or no technical information is contained) but is intended specifically for design process management at the business strategic and project tactical levels. That of course does not mean that rank and file designers and engineers should not be aware of and involved in the strategic and tactical considerations relating to product development.

The guide's introduction offers a salutary warning that manufacturers failing to ensure that their products meet the needs of wider populations will be exposed to possible litigation and damage to reputation. The sweetener is that "[d]esigning products to lessen such demands can attract valuable additional market sectors often excluded by competitors." The introduction concludes with a list of five key justifications underpinning the business case for inclusive design.

Following a glossary of normative references and a list of terms and definitions, Section 4 dedicates over ten pages to the management of inclusive design at the organizational level. This process is illustrated by a top-level flow chart that maps out four phases, encompassing a total of eighteen particular stages, each of which is then explained in some considerable detail. A summary checklist for "introducing a professional approach to inclusive design management into an organization" concludes this section.

Section 5 (17 pages) deals with the nuts and bolts of managing inclusive design at the project level. This part is comprised of five classical project phases and covers a total of eleven stages. The reader is led from initial awareness and understanding of the product opportunity to product withdrawal from the market and lifetime review to build effectively on the experience for iteration into the development of improved products. This section is not merely a review of conventional best practices in project management, but explains how in particular these techniques relate to inclusive design management. The observation that "[m]any users with functional impairments develop novel coping strategies and techniques for using products" confers a crucially important perspective on the question of including users in the product development process. Similarly, in the stage concerning

the control of compromises during design changes, we are warned that "[p]articular care should be taken to see that practical compromises are in line with guiding principles of inclusive design.....to ensure the integrity of design solutions is not compromised as projects progress..... consequences of compromises should also be carefully assessed in relation to changes in usability."

A one-page checklist is dedicated for each of the 11 project stages. The checklist is organised under 5 headings: overview, generic tasks, inclusive design tasks, tools and techniques, key outputs, and stage gateway. The stage gateways basically are formal reviews following the completion a particular stage, recommended before engaging in the next stage.

Appendix A (The challenge of leading inclusivity in business) provides a good analysis of the market factors relating to the need for inclusive design policy in the UK. It includes an overview of demographic and disability incidence data, legislative change, understanding special needs among consumers, and the differential aspects of permanent, temporary, and multiple physical impairments. On the other hand, the brief notes provided under eight subject headings in Appendix B (Tools and techniques for managing inclusive design) are too generic and superficial to be useful to experienced product and marketing managers.

The bibliography provides a reasonably representative shortlist of primary sources on inclusive design, though Ricability (which has contributed importantly on design-for-all policy and guidelines), whose web site is listed, is noticeably absent from the list of representatives responsible for drafting this standard.

This guide is an important step forward in the process of promoting inclusive design as an essential feature in consumer product development. The issues highlighted and guidelines proposed are in the main pertinent to all manufacturing bases, not just the United Kingdom. A moderate, but worthwhile, effort would be required to transpose this document into a European or international standard.

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PEOPLE

Yi Hyong-sang and old age

Yi Hyong-sang or Lee Hyeongsang was a prominent writer during the reigns of King Sukjong (1674-1720) and his two sons King Gyeongjong (1720-1724) and King Youngjo (1724-1776) of Joseon (Korea). Yi's writings deal with a variety of subjects: astronomy, history, geography, music, economy, novels, national defence, foreign policy, Western studies, and especially songnihak, the neo-confucianism.



In 1702-1703, Yi Hyong-sang served as governor and military commander of the South-Korean island Jeju, also spelled Cheju or called Tamna. This island is located at 33° North and 126° East; has a size of 1,845 km², and in 1702 it was inhabited by 43,515 persons (currently 560,000). It was also a place of political exile, but since the 70th of the last century, an Island of tourism. Jeju Island (Jeju-do) is volcanic and lays in the subtropical zone with a temperate oceanic climate. Mount Halla rises in the center to 1950 m above sea level. The rest of the island slopes down from its summit towards the sea¹.

In spring and fall governor Yi made an inspection tour over the island. The trip in the fall of 1702 has been recorded in an album of 40 paintings by Nam-gil Kim, two pages of explanation by the governor, and a detailed map of the island¹.

The elite scholar and bureaucrat Yi burned five Buddhist temples and 129 Shamanist shrines during his inspection journey in a fruitless attempt to restore Confucian realism on the island. The priests were sent into farming. The governor also followed the Confucian habit to pay respect to the elder heads of households. He invited them to banquets in the three walled towns of the island: Jeongui-hyeon, Daejeong-hyeon, and the capital Jeju-mok (see the front cover of this issue). In all cases the governor himself presided over the event. People were only considered elderly when they had passed their 80th anniversary. Jeju-do

counted in total 243 elderly (5.6 %), of which three had passed their 100th birthday!

The reason for the long vital lives of the Islanders had been observed 40 years earlier by Yi's predecessor, governor Yi Won-jin², who attributed it to natural climatic conditions. Mount Halla blocked harmful forces blown from the southern sea, while the cool air blowing from the north drove out both heat and humidity. At the same time it was observed that the northern side of the mountain is better for the old than the southern side. In fact, the three centenarians of 1702 all lived north of Mount Halla.

A more astrologic explanation is addressed as a legend, as could be expected in Confucian circles. It is good for the elderly to look in spring and fall in the night sky to a South-Pole star called the Elder's Star or Star of Longevity in China, and Canopus or the Horn Star in the Western World³. The fact that this star is easily seen on Jeju-do in spring and autumn would explain the high numbers of elderly persons on the island. This second brightest star of the universe is currently known from the 'Canopus star trackers', devices of NASA used to set space flight coordinates with the aid of the star.

Another reason for vital aging on the island in 1702 is not mentioned in the text, but shown abundantly on the paintings in the book. The island produced and produces extensive crops of citrus fruits, both in governmental orchards and in private gardens. Especially tangerines were famous. Their benefits were so highly appreciated that much of the tribute to be paid to the king's court and to China, were shipped as tangerines or their peels.

After 300 years the album commissioned by governor Yi Hyong-sang shows us a different outlook on what is old for persons: 80 years instead of the 50 or 55 used nowadays in many regions. However, as to our opinion on healthy food and climate, nothing has changed.

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Who is who: editorial board (3)

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Vladislav Povoroznjuk (1954) obtained his physician diploma in general medicine at the Medical Institute of Kiev, Ukraine, in 1977. After postgraduate training and clinical work he earned a Candidate of Science degree in 1987, and the Doctor of Science (medicine) title in 1998, becoming a university professor in 2000. Currently he is Head of Department of Clinical Physiology & Pathology of the Locomotor Apparatus, Institute of Gerontology, Kiev, Ukraine, since 1992; Director of the Ukrainian Scientific Medical Centre of Osteoporosis; President of the Ukrainian Association of Osteoporosis, since 1995; Editor-in-Chief of the journal 'Problems of Osteology', since 1998, and Editor of the International Osteological Journal, since 1998. Former positions include Principal Physician of the Institute of Gerontology Clinic (1987-1992), Junior Research Worker, Department of Clinical Physiology & Pathology of Locomotor Apparatus, Institute of Gerontology, Kiev (1985-1987), Postdoc in traumatology and orthopedics, Institute of Gerontology, Kiev (1982-1985), Chief of the Army Hospital Division (1980-1982), and physician at the Department of Clinical Physiology & Pathology of Locomotor Apparatus, Institute of Gerontology, Kiev, Ukraine (1977-1978).

Vladislav Povoroznjuk supervised 11 dissertations for the degree Candidate of Medical Science and 3 dissertations for the degree of Doctor of Medical Science. He authored or co-authored more than 500 publications, including 12 mono-



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Patricia Wright PhD, member of the editorial board

Patricia Wright has long been interested in how information design can support communication with the general public. Leaving University College London, United Kingdom, in 1963 with a PhD in Psychology, this interest took her to



Cambridge to work at the Medical Research Council's Applied Psychology Unit until 1998 when she moved to Cardiff University. There her recent research has included the development of IT memory aids for people experiencing memory problems following closed head brain injury. With colleagues at the universities of Swansea and Oxford she contributed to the development of a decision explorer for men considering having the PSA test for prostate cancer (www.prosdex.org.uk). She has compared interfaces for software that helped people see how changes in their lifestyle could change their risk of coronary heart disease and stroke, and found that older people differed from young men in the interface they preferred and most successfully used. Another investigation, as part of the ESRC programme PACCIT (People at the Centre of Communication and Information Technologies), explored older people's modality preferences when using multimedia documents in a variety of contexts (e.g. to answer questions or carry out instructions). The findings suggest that designing an interface so that it offers people choices of how information is presented, can accommodate diversity more successfully than trying to find a single solution to fit everyone. She has lots of publications and in 2005 received the Goldsmith Award for Distinguished Contributions to Engineering Communication from the Institute of Electrical and Electronics Engineers (IEEE).

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Birgit Jæger has a Master in Technological and Social-economic Planning from Roskilde University and a Ph.D., also from Roskilde University, Denmark. 1989-97 she was Senior Research Fellow in AKF (Institute of Local Government Studies), with a break for two years when she was Research Fellow at the Technical University of Denmark. In 1997 she became Associate Professor at Roskilde University, Department of Social Sciences where she was appointed as professor in 2005. Birgit Jæger has made evaluation of experiments with information technology in local communities; studied the Danish development of multimedia in a local as well as an international context and she is now studying the use of information technology in the public sector in Denmark. Recently she has finished a research project concerning senior citizens' use of ICT funded by the Danish Research Council.
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Helianthe S.M. Kort PhD, member of the editorial board

Helianthe S.M. Kort (1962) studied biology, subspecialty medical biology, at Utrecht University, the Netherlands, obtaining her MSc in 1987. In 1994 she earned a PhD degree at Eindhoven University of Technology, after completing research projects on well-structured allergen avoidance programs in the inter-university task force 'Home & Health', a collaboration of Utrecht University and Eindhoven University of Technology. Between 1994 and 2000 she was a self-employed adviser on medical-technical problems. However, she did not leave the academic environment altogether and in 1995 she was project leader in the inter-departmental task force 'Biomedical and Health Care Technology (BMGT)' of Eindhoven Technological University. Then she



switched to care technology and served from 1997-2001 as program coordinator 'Care' at the Netherlands Institute for Care and Wellbeing (NIZW), becoming head of the department of 'Care & Professionals' in 2004. Currently she is head of the NIZW Department of 'Quality of Care', as well as lecturer 'Demand-driven care' at Utrecht University College (Hogeschool Utrecht), where gerontechnology is one of her focal areas of research.
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ISG BUSINESS

The ISG list server

All voices are invited to join this free online forum for building knowledge about Gerontechnology. A few of the topics included in discussions over the past six months are conference information and summaries, older adults in research design, best practices, ethnic and cultural dimensions of assistive and other technologies, telemedicine and homecare, economic and social issues intertwined with hardware, and how online communications utilizing Internet Technology contribute to research, theory, and applications. As an international society for a domain that is multidisciplinary, discussions invite collaborations as well as clarifications of different approaches. To register, go to Discussion Forums on the Journal website (<http://www.gerontechnology.info/>).

The ISG Forum email address (after registration) is isg_discussion@jdc.org.il.

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WORLD NEWS

Gerontechnology at the 50th Anniversary of SIGG

The Italian Society for Geriatrics & Gerontology (SIGG) celebrated its 50th anniversary by the National Congress held in Florence, 9th through 13th December 2005. The event was truly successful, involving more than 2300 persons: some 1600 subscribed participants, plus more than 300 people attending nursing courses, 300 attending a cognitive rehabilitation course, and more than 100 attending a course for psychologists - a 'new entry' initiative. SIGG retiring president - Prof. Marco Trabucchi - praised the session on gerontechnology, which was held as a pre-congress event, just before the opening ceremony. The session was divided into 2 halves. During the first

half, the potential of informatisation was highlighted on behalf of clinical governance, resulting in valuable costs savings, among other benefits. By the way, in his masterly lecture – close to the end of the congress – titled “the future of geriatrics”, Robert Kane pointed at the huge investment USA are sustaining to foster the maximal informatisation of clinical records in the long term care. Later on, besides introducing some principles of domotics, applicative examples were shown not only abroad, but also the ones starting throughout Italy. Some hints have also been spotted in the last two issues of “Gerontechnology”: vol. 4 N° 1 (by Paolo Dario: pages 1-4, and 57-58), and vol. 4 N° 2 (by Mariabeatrice Picco). One of the speakers – architect Assunta D’Innocenzo, who is also a consultant for of the ongoing projects – remarked that while most old people own their homes, the mean age of those houses is over 40 years, opening room for technological updating. What may be the most important fact is that through the congress in Florence – its historical headquarter – SIGG officially included gerontechnology among its scientific fields of interest: the next ISG international congress in 2008 will be held in Pisa, nearby ...

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CALENDAR OF EVENTS

February 1 - 5, 2006

International Conference on Aging, Disability and Independence (ICADI)
Hilton, St. Petersburg, Florida, USA
Organizer: University of Florida
Info: <http://icadi.php.ufl.edu/index.php>

February 16-17, 2006

International conference on teaching of modern aspects of gerontology
Kiev, Ukraine
Organizer: The Ukrainian Institute of Gerontology, the Department of Internal Medicine and Geriatrics of Kiev Medical Academy for Post-Graduate Education, and the State Educational Geriatric Center
Info: olena@post.harvard.edu; stadnyuk@mail.ru; sg@geront.kiev.ua

April 2 - 6, 2006

Geriatrics 2006: International Congress of Elderly Health
Istanbul, Turkey
Organizer: Turkish Geriatrics Society
Info: www.geriatrics2006.org

May 18-19, 2006

1st International Conference on Persuasive Technology for human well-being
Eindhoven, The Netherlands
Organizer: Technische Universiteit Eindhoven
Info: www.persuasivetechology.org

May 30 - June 2, 2006

8th Global Conference of the International Federation on Ageing
Copenhagen, Denmark
Organizer: International Federation on Ageing
Info: www.global-ageing.dk

September 18 - 20, 2006

ICDVRAT 2006 - International Conference Series on Disability, Virtual Reality and Associated Technologies.
Esbjerg, Denmark
Organizer: Aalborg University
Info: www.icdvrat.reading.ac.uk

June 18-21, 2007

11th International Conference on Mobility and Transport for Elderly and Disabled Persons (TRANSED 2007/COMOTRED 2007)
Montreal, Canada
Organizer: Canada Transport
Info: www.tc.gc.ca/transed2007

June 16 - 19, 2007

Festival of Conferences on Disability, Aging and Technology
Toronto, Canada
Organizer: Smart Move Training and Development Inc, Toronto, Canada
Info: www.ficdat.ca

May 20-23, 2008

6th International Conference on Gerontechnology: Smart Technology for active Longevity

Pisa, Italy

Organizer: Scuola Superiore Sant' Anna in collaboration with the Italian Chapter of the ISG
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Announcements of meetings and other events for the Gerontechnology Calendar may be submitted by e-mail to: j.e.m.h.v.bronswijk@gerontechjournal.info.

See also www.gerontechjournal.net