

Introduction

Technological innovation offers many opportunities and challenges to support the health and well-being of older adults. AGE-WELL is a pan-Canadian network created to drive technological innovation that benefits older adults. This study, as part of the DRIVE Project in the POLICY-TECH work package, aims to understand how the perspectives of older adults can be integrated into the development of health technologies and Regional Health Innovation Ecosystems (RHIEs).

Evolution of Innovation Ecosystem Models

Innovation arises from a knowledge created in a trilateral network of university, government and industry relations called the Triple Helix, as proposed by Etzkowitz & Leydesdorff (1995). Quadruple and Quintuple Helix models add public and socio-ecological contexts that suggests knowledge exchange & flows occur in an ecosystem that includes five subsystems: 1) education, 2) economy 3) natural environment, 4) government/political, and the 5) civil society.

Regional Innovation Ecosystems (RIEs) are important mechanisms for the uptake and commercialization of innovation to benefit the local economy (Doloreux & Parto, 2004). To date, this framework has not been applied to the health sector in the context of innovation (novel goods, services, processes) to support an aging population. Current trends towards transparency, citizen empowerment and the democratization of health within the civil society helix, impact relations with other helices when developing Regional Health Innovation Ecosystems (RHIEs). Figure 1 displays the evolution of the innovation ecosystem model supported by this project.

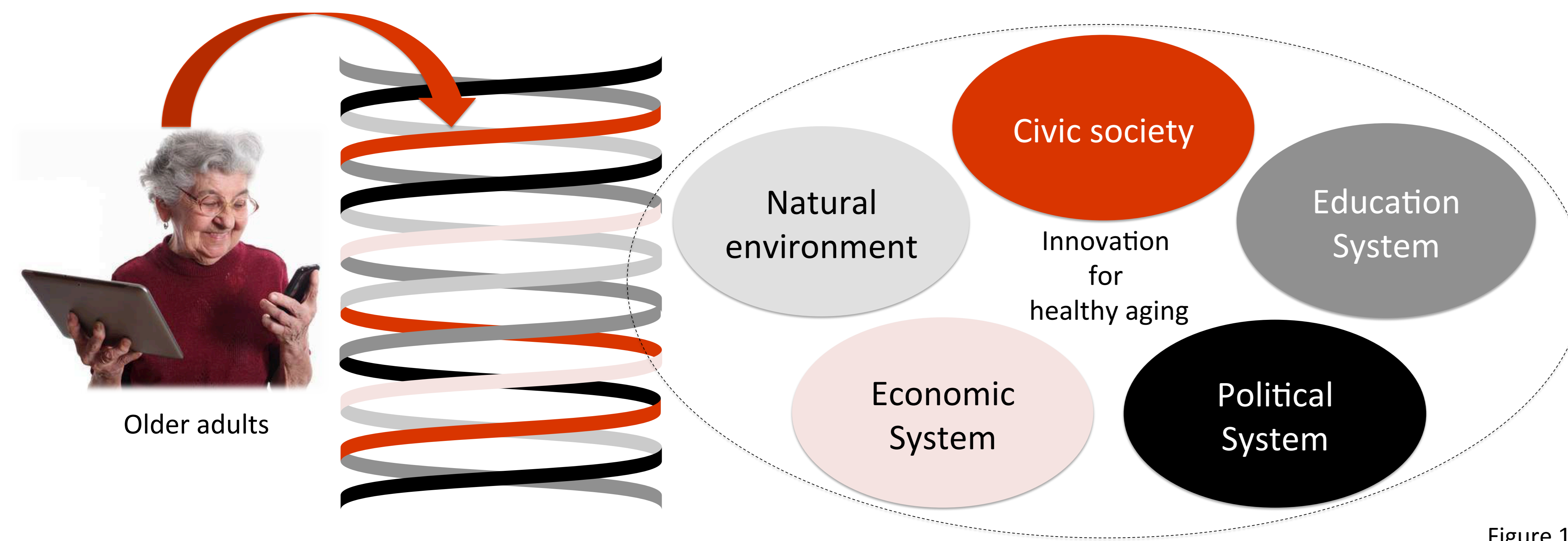


Figure 1

Results

Results indicate that **older adults are interested in and want to be involved in health innovation**. Initial conversations with older adults about involvement in innovation, technology, and processes for health innovation reveal important distinctions between these concepts.

There are multiple roles older adults can play in health innovation. *“There might be different roles for different people to play depending on their age, their personality or what they might want to do... It’s like a huge chain with some people coming up with ideas and some testing them out and we’re part of the chain.”* (Participant)

Diversity is important in planning older adult involvement in health innovation. *“There are different levels of age, I mean what do you consider older? Because younger seniors or people who aren’t quiet seniors yet might have a different perspective than people who are already experiencing old age.”* (Participant)

Barriers such as ageism and lack of awareness of opportunities to be involved affect older adults engagement in health innovation. *“We’ve got to teach people that we aren’t all stupid just because we’re over 65! Anyone can come up with a good idea, about something, no matter what their age or what they’re doing.”* (Participant)

Beyond the moral and ethical rationale for involving older adults in RHIEs, preliminary results reveal that **engagement of older adults in the development of system capacity to support health technology innovation can yield insights into values, experience and traditions that can enhance the value, acceptability and use of these technologies**.

“A significant role that we as seniors can play in our collective future is to establish priorities and that is essential to make the most of our time and contribution to know the most important things to go after, with technology for example.” (Participant)

“Change isn’t always good... we can alert them to what we see as the pitfalls or dangers, we can think about oh well, what if I had to do this or that, we can say well you better think about this.” (Participant)

Methods

Focus group interviews were conducted with older adults from the Waterloo Wellington region including members of the *Seniors Helping as Research Partners* (SHARP) Network (n=17), using specific questions informed by the projects constituting the POLICY-TECH work package. Interviews were transcribed verbatim and analyzed using line-by-line coding. Themes were member checked with participants to ensure accuracy of the results.

Conclusions and next steps

The results of this study are being used by the POLICY-TECH AGE-WELL projects to understand how frameworks and collaborative partnerships might evolve to support development and appropriate adoption of health technology innovations that have the potential to improve the health and quality of life of older adults.

The next steps of this project follow the Concept Mapping methodology of Kane and Trochim (2007) to further develop our understanding of older adult involvement in RHIEs from multiple stakeholder perspectives.



References

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