Conference. Acting to address these problems whatever they are, is not only do for but first and foremost do with and let it done. To succeed we must:

- purpose to support a person throughout life irrespective of his age;
- proceed to this necessary change by changing practices, the use of innovations, changes in professional cultures. . . ;

Many of our systems are built on an organization where supply dictates demand. Now, the user is the common point of all economic issues. His participation should not be limited to the listening of the needs alone. It is essential to involve the person from design to experiments in a living situation and provide an economic and medico-social assessment. This doesn't mean to be inside but take his place in order to adapt the environment to the elderly, sick and/or disabled person. For this purpose, we are one of autonomic lab partners. There is a condition for this success: Make these networks work in complementary skills including different trades care, guidance, and research from the University, the public health and the industry, public authorities, elected officials.

Co build increases the chances of success and distribution of solutions and devices proposed in this process. The heart of this new industry is; to highlight the person, to prioritize and simplify the care pathway, to highlight the desired route: from the choice of the necessary complementarities between human assistance and technical aids, to not confuse resource and compensation, gateways between trades of CARE and take CARE to make a real life course, to legitimate their respective competences.

Finally, the desire to improve life expectancy in good health and living together.

Keywords Supply; Userl; Complementarity; Co-construction

Disclosure of interest The author has not supplied his/her declaration of conflict of interest.

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CO16-001-e
MACVIA-LR: Against chronic diseases for active ageing

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MACVIA-LR® (Against Chronic Diseases for Active Ageing in Languedoc-Roussillon) is a European Partnership Reference site of Innovation for Active Ageing and Good Health.

He answered all of the Action Plan EIP on AHA (Health–European Innovation Partnership on Active and Healthy Ageing; EIP on AHA, A1, A2, A3, B3, C2, D4) by 12 vertical projects which were grouped into transversal activities as Living Labs MACVIA-LR® interactive and networked:

- Living Labs “Medicine and Health” grouped into 4 main areas:
  - Set active aging and healthy by i) the promotion of active and healthy ageing during life; (ii) Ageing well with a rare genetic disease (cystic fibrosis); (iii) Ageing well with cancer; (iv) Preventing and treating fragility,
  - The falls with the specific problems of balance and stroke,
  - Chronic Diseases in general but also the chronic infectious diseases and hepatitis, dental health, emergency care in chronic diseases, telemedicine in medical deserts of Languedoc Roussillon,
  - Handicap;
  - Living Labs “health and autonomy”: L’Etape, CCAS Lattes, I2ML, Spa Balaruc ;
  - Living Lab “Health and Research” with Kyomed.

The presentation will aim to recall the history of the MACVIA-LR action plan in a regional dynamic creation of Living-Labs and its prospectives in terms of innovation for the patient.

Keywords Living labs; Chronic disease; Ageing

Disclosure of interest The author has not supplied his declaration of conflict of interest.

Further reading


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Living Labs Health and Autonomy: What place for users and clinicians?
The example of the French APPROCHE Association

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Introduction The concept of Living Lab in Health and Autonomy (LLSA) is emerging in France since the last decade [1,2]. By grouping public institutions, private companies, associations, users, the LLSA facilitate designing health solutions, leading to an industrial tailored and efficient service. Depending on the field of activity and depending on its own competences, the LLSA can shape in different way, relying on the ecosystem in which it is implanted.

Method Starting from the history of the APPROCHE Association, we illustrate an example of organization foreshadowing the advent of the concept of LLSA in our country. Created more than 20 years ago, APPROCHE aims to promote new technologies for disabled and elderly people, and has always developed strong partnerships between companies, researchers, clinicians and representatives of users.

Results Since 1991, APPROCHE has conducted or implemented more than 15 development/research collaborative projects focusing on technological tools applied to elderly people or people with severe impairments.

Discussion Based on this interesting experience, the association conducts a thorough reflection on the contribution of social sciences in this research, by promoting co-design approaches taking into account acceptability among technological devices. In the near future, APPROCHE plans to promote new structures labeled “Handicap and New Technologies Plate forms (PHNT)”, designed for clinical “end-users centered” expertise and research in the field of new technologies applied to handicapped patients and elderly people. The PHNT, backed by Physical Medicine and Rehabilitation Departements, may illustrate a french experiment of LLSA.

Keywords Living lab; Autonomy; Physical and rehabilitation medicine; New technologies; Research; Elderly; Handicap

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

References
The fall is defined as being driven to the ground physically or psychologically, such as fear of falling and loss of confidence. Approximately 30% of falls induce a complication that requires medical consultation. The implementation of this project will allow measuring the deleterious consequences of care delays.

**Issue**  
Assessment of a remote automated monitoring system (non-intrusive camera) dedicated to the elderly in retirement homes (accommodation for the dependent elderly) and UCC (cognitive behavioral unit); the system relies on innovative behavior-based technology enabling the detection of risk situations. The implementation of this project will allow measuring the improvement in health and personal safety, as well as the financial impact for healthcare facilities.

**Objectives of the action**  
- Technology Assessment impacts on slowing progression of the patient dependency and accelerating its support in case of danger;
- Evaluation of the impact of technology on reasurance (and confidence) of family caregivers, on the quality and safety of care and accommodation
- Evaluation of technology’s impact on the activity of health professionals (responsiveness early warning of hazards, behavior analysis.) and the evolution of organizations in medium and long stay geriatric units.

**Keywords**  
Aging; Prevention; Fall; Autonomy; Disability; ICT; Users

**Disclosure of interest**  
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Study relevance of an assistance robot for the elderly in institution

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**Objectives**  
Study relevance of a priori of a mobile service robot dedicated to seniors living in institution. The robot have three functionality: moving support for the fragile person, orientation help of the cognitively vulnerable person and assistance to carry the personal objects.

**Method**  
Beforehand, a slide show was presented suggesting the potential functionality of the robot. Then residents answered semi-structured interview and questionnaire about issues related to five areas: safety, operability, functionality, and mutual support, design.

**Results**  
Sixty-two residents were interviewed. 82.3% of residents think that robot acts as an ordinary tele-alarm. The favourite robot’s control mode was the voice (82.6%). The robot was rarely viewed as a companion, but it offered to anyone the image of a servant device to support the resident when moving, guidance as well as carrying objects. Fifty percent of the residents appreciated the three robot’s functions especially in case of loss of autonomy. Residents preferred basin height for the robot, while standing. Whatever, the robot presented through a simulation was still subject of surprise and interrogation for 42% of the residents. Finally, the residents attached more importance to the functionalities compared to the design.

**Discussion and conclusion**  
This study shows that the access of the elderly to the robot in an institution is very nuanced. The assessment is potentially biased by the difficulty of the very old person to project into the possible use of such a device. The function of security or reinsurance dominates the expectations to compensate for the delay of intervention of caregivers particularly at night and/or the discomfort to produce the call.