UNIVERSITY OF **PLYMOUTH**

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Lecture overview

Social isolation—having few social interactions—has been linked to an increased risk for a range of physical and mental health concerns, including cardiovascular disease, stroke, dementia, and depression. Loneliness, the subjective perception of inadequate social connection, has also been independently associated with depressive symptoms. These issues have been further magnified considering the current public health emergency; the current limitations on social contact exacerbate the vulnerability of older people to social isolation, loneliness, and the associated mental and physical effects on well-being.

Social distancing and self-isolating measures designed to slow transmission of COVID-19 present challenges for older people. Because some degree of social distancing will be necessary for the foreseeable future, new ways to reduce the loneliness and social isolation experienced by older people are needed. While this was a previously existing issue, COVID-19 has highlighted the need for interventions that improve mental and physical well-being and not increase risk for older people.

Mobile digital technology and methods established in the development of eHealth enable the capability to rapidly design, build, and deploy solutions with the capacity of connecting vast communities of individuals. Despite the constraints of social distancing, such digital technology creates a capability for interconnectedness. However, the critical challenge in the design of digital innovations is to construct them in a way that allows for evaluation and will assure the potential for sustainable adoption. Using social isolation as a case study, the objective of this lecture is to present how eHealth and digital health could be used as a vehicle to address and engage health concerns.