



**APPEL A PROJETS – VAGUE 2
AUTONOMIE : VIEILLISSEMENT ET
SITUATIONS DE HANDICAP
2021-2026**

DOCUMENT SCIENTIFIQUE

INNOVCARE

| | | | |
|--|---|---------------------|-------------|
| Acronyme | INNOVCARE | | |
| Titre du projet | L'innovation tirée par le <i>care</i> : le cas des soins aux personnes âgées en France et au Japon Care-led innovation : the case of eldercare in France and in Japan | | |
| Défi(s) scientifique(s)* | <p><input type="checkbox"/> Défi 3 : analyser les contextes, les situations et les expériences de l'autonomisation et de la réduction de l'autonomie, à la fois du point de vue des facteurs institutionnels et contextuels et du point de vue des individus, de leurs caractéristiques et de leurs histoires personnelles.</p> <p><input checked="" type="checkbox"/> Défi 4 : étudier la conception, la réception et les usages de dispositifs et expérimentations innovants en matière de compensation, suppléance, d'adaptation de l'environnement et d'accompagnement humain des personnes en vue de leur autonomie.</p> | | |
| Mots-clés (min. 5 – max. 10) | Autonomie, care, IA, innovation, interactions sociales, isolement, numérique, recherche participative, robotique/robotique sociale, téléassistance | | |
| Etablissement ou organisme coordinateur | EHESS | | |
| Responsable du projet (RST) | Nom, Prénom, Statut, Organisation | | |
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| Durée du projet (mois)** | 60 mois | | |
| Aide totale demandée (Euros)*** | 3 452 215 € | Coût complet | 9 005 572 € |



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Liste des établissements du consortium :

| Etablissements d'enseignement supérieur et de recherche | Statut |
|--|-------------------------------|
| <i>École des hautes études en sciences sociales</i> | <i>EPCSCP</i> |
| <i>Sorbonne Université</i> | <i>EPCSCP</i> |
| <i>Université de Bordeaux</i> | <i>EPCSCP</i> |
| <i>Université de Bretagne Occidentale</i> | <i>EPCSCP</i> |
| <i>Université Sorbonne Paris Nord</i> | <i>EPCSCP</i> |
| <i>Doshisha University</i> | <i>Établissement étranger</i> |
| <i>Hamamatsu University School of Medicine</i> | <i>Établissement étranger</i> |
| <i>National Institute of Public Health</i> | <i>Établissement étranger</i> |
| <i>Osaka University</i> | <i>Établissement étranger</i> |
| <i>Tokyo Institute of Technology</i> | <i>Établissement étranger</i> |
| <i>Toyo University</i> | <i>Établissement étranger</i> |
| <i>Sophia University</i> | <i>Établissement étranger</i> |

| Organismes de recherche | Statut |
|--|---------------|
| <i>CNRS</i> | <i>EPST</i> |
| <i>Ined</i> | <i>EPST</i> |
| <i>Assistance Publique – Hôpitaux de Paris (AP-HP)</i> | <i>EPST</i> |
| <i>Assistance Publique – Hôpitaux de Marseille (AP-HM)</i> | <i>EPST</i> |

| Instituts, fondations, associations | Secteur(s) d'activité |
|--|--|
| <i>Fondation Croix-Rouge & Red Social Innovation</i> | <i>Action humanitaire et sociale ; Innovation humanitaire et sociale</i> |

| Autres partenaires | Secteur(s) d'activité |
|---------------------------|---|
| <i>PS Institut</i> | <i>Recherche scientifique et formations</i> |

Liste des unités de recherche impliquées :

Indiquer pour chaque unité de recherche le numéro RNSR (Répertoire National des Structures de Recherche).

| Unités de recherche | Etablissement tutelle |
|--|--|
| <i>197 537 426 00011 : FFJ Fondation France-Japon de l'EHESS</i> | <i>EHESS</i> |
| <i>200612822R : CCJ Chine, Corée, Japon</i> | <i>EHESS, Université Paris Cité, CNRS</i> |
| <i>200812809T : IRIS Institut de recherche interdisciplinaire sur les enjeux sociaux Sciences sociales, Politique, Santé</i> | <i>EHESS, CNRS, Université Sorbonne Paris Nord, INSERM</i> |
| <i>200217606H : CERMES 3 Centre de recherche médecine, sciences, santé, santé mentale, société</i> | <i>CNRS, EHESS, INSERM, Université Paris Cité</i> |
| <i>201922968M : CEMS Centre d'étude des mouvements sociaux</i> | <i>EHESS, CNRS, INSERM</i> |
| <i>199517454Y : LAAS-CNRS Laboratoire d'analyse et d'architecture des systèmes</i> | <i>CNRS, Université Toulouse Capitole, Université Toulouse Jean Jaurès, INSA Toulouse, Institut National Polytechnique Toulouse, Université Toulouse 3 - Paul Sabatier</i> |
| <i>200017716L : MOPART Mobilité, parcours et territoires</i> | <i>INED</i> |
| <i>200017711F : MSE Mortalité, santé, épidémiologie</i> | <i>INED</i> |
| <i>200918463J : ISIR Institut des Systèmes Intelligents et de Robotique</i> | <i>Sorbonne Université, CNRS, INSERM</i> |



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| 201622170H : Bordeaux Population Health | Université de Bordeaux, INSERM |
| 200014448J : LABERS Laboratoire d'études et de recherche en sociologie | Université de Bretagne Occidentale, Université Bretagne Sud |
| 200918487K : UTRPP Unité transversale de recherche en psychogénèse et psychopathologie | Université Sorbonne Paris Nord, Université Paris 1 Panthéon-Sorbonne |
| 201120460W : CEPN Centre de recherche en économie et gestion de Paris Nord | CNRS, Université Sorbonne Paris Nord |
| 201019150B : Maladie d'Alzheimer | AP-HP, Université Paris Cité |
| 201220350X : ADES Anthropologie bio-culturelle, Droit, Ethique et Santé | AP-HM, Aix-Marseille Université, CNRS, Etablissement Français du Sang, Ministère de la Culture |

| | |
|--|---|
| Le cas échéant : listes des projets labellisés par le PIA/France 2030 auxquels ce projet est lié (ex. Labex, etc.)* | AURELIA (PPR Autonomie) |
| Le cas échéant : autres projets auxquels ce projet est lié* | ANR-FRQSC PASOLO (L. Trabut), MigraChiCovid - ANR-20-COVI-0046-01 (S. Wang) ; LAAS : COGNIRON (IP-FET) (http://www.cogniron.org), PHRIENDS-FP6 (http://www.phriends.eu), SAPHARI (http://www.saphari.eu), DEXMART-FP7 (http://dexmart.eu), SPENCER (http://www.spencer.eu) and H2020 MuMMER (http://mummer-project.eu/); HomeAssist 500 project funded by Fondation pour la Recherche Médicale + FEDER funds + CARSAT + CNSA+ AG2R (H. Sauzéon) ; HARP: RoCS funded by Toyota Foundation (N. Kodate) |



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RESUME DU PROJET PROPOSE

Résumé – Version française (Non confidentiel – 4000 caractères maximum, espaces inclus)

Si les technologies (notamment robotique, IA, technologies numériques) peuvent aider à l'autonomie des personnes âgées (PA), elles présentent aussi des limites (difficultés d'usage, déconnexion entre la conception et les besoins réels, questions éthiques peu ou pas considérées...) identifiées par les acteurs de terrain et dans la littérature scientifique. L'objectif de ce projet est d'essayer de les dépasser en travaillant à une meilleure adéquation entre besoins, sociaux et individuels, et apports des technologies.

Notre projet, qui répond au défi 4, vise à définir et implémenter un processus d'innovation tirée par le *care* au profit de l'autonomie des personnes âgées avec les finalités suivantes : sécuriser l'environnement de la personne ; assurer sa mobilité ; ralentir/compenser la perte de ses capacités cognitives mais aussi préserver et renforcer les liens sociaux. Fondé sur l'interdisciplinarité au sein des SHS (centrales et motrices dans le projet) et entre SHS, médecine et ingénierie, il offre en outre une perspective comparative entre la France et le Japon. Il s'appuie sur des collaborations déjà anciennes entre plusieurs membres français et japonais du consortium, ces derniers bénéficiant de leurs propres financements.

Côté français, le consortium, coordonné par l'EHESS, inclut des chercheurs et des institutions de recherches qui adhèrent tous à la démarche de « l'innovation tirée par le care » et dont les contributions sont centrales sur le sujet (USPN, UBO, INED, ISIR - Sorbonne, LAAS - CNRS, UB, AP-HP, AP-HM...), mais aussi des acteurs associatifs, privés et publics, qui garantiront un accès privilégié au terrain, avec les meilleures garanties éthiques et un impact renforcé du projet.

L'originalité du projet repose sur deux caractéristiques novatrices :

1) Nous introduisons une comparaison avec l'innovation au service des individus plus jeunes faisant face à une variété de handicaps. Elle semble en effet produire des résultats plus proches de leurs besoins réels. Il faut en tirer des leçons et dépasser ainsi la partition française entre handicap et dépendance mais aussi la dualité classique mettant l'accent sur l'aide humaine pour les personnes âgées et l'aide technologique pour les personnes handicapées.

2) Nous mettons le concept de *care* au cœur de l'analyse de l'innovation, ce qui conduit à nous centrer non pas sur des individus-usagers mais sur les relations interindividuelles et sociales, avec leurs dimensions matérielles et affectives. En effet, l'éthique du *care* appréhende une autonomie élargie au collectif. Une telle approche doit conduire à refonder les concepts de besoins mais aussi d'autonomie et de dépendance, centrales dans le contexte français, en réconciliant innovation et bien-être, et ce, à travers 2 principes structurants : i) L'objectif de l'innovation n'est pas de lutter coûte que coûte contre la perte d'autonomie mais de la prévenir, l'accompagner en évitant toute chute brutale de la qualité de vie et de bien-être, par une promotion de « l'empowerment » des personnes ; ii) La qualité de vie des personnes très âgées en France et au Japon dépend de trois capacités essentielles : (1) se déplacer dans son environnement (aller et venir comme on le veut), (2) décider pour soi-même (ne pas être à la merci de..., sous les règles d'un autre...), et (3) contribuer à la vie sociale (rester utile, mériter le respect...).

INNOVCARE se décline en 5 étapes : 1) Analyse des besoins hétérogènes et évolutifs, selon des méthodologies quantitatives et qualitatives ; 2) Analyse macro et micro des transformations des institutions de care des PA comme environnement de l'innovation ; 3) Recensement et analyse critique d'innovations marquantes dans le domaine du care des PA, de leur conception à leurs usages, en comparaison avec le domaine du handicap ; 4) Elaboration d'une méthodologie pour le design de systèmes interactifs au service du care ; 5) Expérimentations de l'innovation tirée par le care dans le cas de technologies d'assistance pour les PA.



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Abstract – English version (Not Confidential – 4000 characters maximum, spaces included)

If technologies (especially robotics, AI, digital technologies) can help the autonomy of older adults (OA), they also have limitations (difficulties of use, disconnection between design and real needs, ethical issues that may not be taken into consideration ...) identified by field actors and in the scientific literature. The objective of this project is to try to overcome these limitations by working on a better synthesis of social and individual needs and the contributions of technologies.

Our project, which responds to challenge 4, aims to define and implement a process of innovation *led by care for the* benefit of the autonomy of the OAs with the following goals: securing the person's environment; ensuring his or her mobility; slowing down/compensating for the loss of his or her cognitive abilities; and preserving and enhancing social ties. Based on interdisciplinarity within the SSH (central and driving forces in the project) and between SSH, medicine and engineering, it also offers a comparative perspective between France and Japan. It is based on long-standing collaborations between several French and Japanese members of the consortium, the latter benefiting from their own funding.

On the French side, the consortium, coordinated by EHESS, includes researchers and research institutions that all adhere to the "care-led innovation" approach and whose contributions are central to the subject (USPN, UBO, INED, ISIR - Sorbonne, LAAS - CNRS, UB, AP-HP, AP-HM...). It also gathers associations, private and public actors, who will guarantee privileged access to the field, adhering to the best ethical standards and strengthening the impact of the project.

The originality of the project lies in two central features:

1/ We introduce a comparison with innovation for younger individuals with a variety of disabilities. This seems to produce results that are closer to their real needs. We must learn from this and thus go beyond the French partition between disability and eldercare, but also the classic duality emphasizing human assistance for the elderly and technological assistance for the disabled.

2/ We place the concept of *care* at the heart of the analysis of innovation, which leads us to focus not on individual users but on inter-individual and social relations, with their material and affective dimensions. Indeed, the ethics of *care* apprehends an autonomy extended to the collective. Such an approach must lead to a rethinking of the concepts of needs, but also of autonomy and dependence, which are central in the French context, by reconciling innovation and well-being, through two structuring principles:

- i) The objective of innovation is not to fight loss of autonomy at all costs, but to prevent it and accompany it by avoiding any sudden drop in quality of life and well-being, by promoting the empowerment of people;
- ii) The quality of life of the very old in France and Japan depends on three essential abilities: (1) to move around in one's environment (to come and go as one pleases), (2) to decide for oneself (not to be at the mercy of or under the rules of another), and (3) to contribute to social life (to remain useful, to deserve respect...).

INNOVCARE is divided into 5 steps: 1) Analysis of heterogeneous and evolving needs, using quantitative and qualitative methodologies; 2) Macro and micro analysis of transformations in OAs' care institutions as an environment for innovation; 3) Identification and critical analysis of significant innovations in the field of OA care, from design to use, in comparison with the field of disability; 4) Elaboration of a methodology for the design of interactive systems in the service of care; 5) Experiments in care-led innovation of assistive technologies for OAs.



1. BACKGROUND, OBJECTIVES AND ACHIEVEMENTS

1.1. CONTEXT, OBJECTIVES AND INNOVATIVE CHARACTER OF THE PROJECT

1.1.1 Context and scientific questions: How to overcome the limits of mere technological responses to the challenges of increasing life expectancy?

In the context of increasing human life expectancy along with an aging population, where care for older adults (OAs), who face loss of autonomy and forms of vulnerability, is a major challenge, technologies specifically aimed at OAs are being designed, developed and marketed in France and in many other countries, most notably Japan, which is the most advanced country in this field.

These varied technologies (robotics, artificial intelligence, information and communication technologies, etc.) are alleged to address a wide range of challenges, including those relating to communication, mobility or cognitive abilities. While the positive contributions of some of these technologies are acknowledged, actors in the field and in the scientific literature alike have identified significant limitations (difficulties in usage for a population often unfamiliar with these technologies, gaps between design and actual needs, a lack of awareness or consideration of ethical issues among developers). There is no shortage of examples of technological devices that have failed to keep their promises [1,2].

In this context, our research question can be formulated as follows: *could these specific problems of appropriation be resolved through a process of trial and error, or is there a more fundamental difficulty linked to how social needs and technological responses are articulated?*

Our initial hypothesis refers to the difficult articulation between social need and technologies, in the context of the prevailing Schumpeterian paradigm of innovation. This indeed presents characteristics that are potential obstacles to innovation in the field of care for the OAs: focus on new technologies to the detriment of social innovation in a given sociotechnical context; an essentially *ex post* consideration of users through the question of acceptability; a vision of innovation as a source of competitiveness [3]. Thus, in the French context, the deployment of “gerontechnologies” responds primarily to the logic of economic growth [4], which reflects a domination of industrial policy objectives over those of social policies [5]. This approach makes those who “struggle with aging” the recipients of care [6] while the expectations of the main actors in gerontology are not properly taken into account in the design of the schemes [7,8]. Our main objective is to propose an alternative to this dominant perspective, through an embodied, situated and distributed approach to innovation.

1.1.2 Specificities and innovations of INNOVCARE

We are convinced it is urgent to reconnect social and technological dynamics, by promoting a concept and practices of innovation that view well-being as the ultimate criterion of innovation [3]. Our proposal is to put the **concept of care** [9–11] at the heart of the analysis. It allows us to clarify and specify social needs, focusing on inter-individual and social relationships and to consider both material and affective dimensions of care situations mobilizing innovative technologies.

One precondition for the implementation of this project is to agree on a definition of autonomy, which is appropriate to our key concept of *care-led* innovation and will serve as the common basis for the members of the consortium. First, our *care* approach entails moving some distance from the individualistic and liberal definition of autonomy, which posits the absence of dependence as an ideal [12,13]. We understand autonomy in a relational sense [14], with the ethics of *care* assuming interdependence, in the sense of an autonomy 'extended to the collective' [15]. Under these conditions, the enlargement of the network of interdependence, whether of humans or technical artifacts [16] increases the autonomy of individuals [17]. It is then possible to address several dimensions of autonomy: functional, moral, legal, social as well as digital [18].

We propose to place our work at the intersection of science and technology studies (STS) and *care* approaches. Bringing users closer to technological innovations is far from being an isolated concern, and the analysis of technological innovations in the field of care for OAs has made significant progress in this respect



[19]. However, this approach is still very much influenced by the "acceptability" perspective [20–22]. By contrast, our project focused not on individual users but on inter-individual and social relations. For their part, despite rare exceptions [23–25], *care-centered* approaches tend to leave aside what is technological. Our aim is to bridge the gap between these two scholarships. Finally, *care* approaches also make it possible to consider questions related to gender, temporalities and ethical issues in care. Gender issues are crucial because 'carers' - whether professional or family - are essentially female ones [26]. The use of technology must therefore be examined from a gender perspective and the notion of the "neutrality" of technology must be overcome.

A second strength of INNOVCARE is related to the **collaboration with Japanese colleagues**. We are not the only ones interested in the Japanese case, given the commonalities between these countries (e.g. life expectancy dynamics) and their differences (e.g. social definition of life stages, forms of welfare state, etc.). Our innovation is related to the access to the Japanese field and the conditions of collaboration with Japanese colleagues. First, some of the members of our consortium have been conducting fieldwork in Japan for several decades and have a deep knowledge of it, which we wish to disseminate to all the members of the consortium. Second, our consortium is built around French teams, but in close ties with Japanese colleagues, with whom we have been working for many years, and who are both specialists of the issues we address.

A third innovative feature of our project is to promote a **comparative analysis with innovations in the context of disability**. Indeed, while a plain functional analysis (e.g. concerning mobility issues) leads to the recognition of similarities from the point of view of the technologies that can be mobilized to tackle the consequences of aging or disability, the situations are *de facto* contrasted. Consequently, our ambition is twofold: first, to explain this differential, by mobilizing work from the sociologies of disability [27] and of innovation [28,29], which place the emphasis on the role of users; and second, to encourage the transfer of innovations from one field to the other. It will then be possible to devise both a methodology for designing care-led innovations and a limited number of experiments in this field. In sum, our approach is very close to "universal design" approach, which is not very popular in France.

1.2. MAIN ACHIEVEMENTS

At the level of individual researchers who are members of the consortium, the list of publications in the appendix gives an idea of the past contributions of our group. All the individual members expect from INNOVCARE a qualitative shift that will allow them developing some interdisciplinary collaborations that will lead to further publications in top journals, including outside their discipline. From a qualitative perspective, some of the members of our consortium (e.g. J.-M. Robine, A.-S. Rigaud, R. Chatila, R. Alami, M. Chetouani) cumulate more than 5,000 citations from 2018 and more than 10,000 since the beginning of their careers (source: Google Scholar). Besides these quantitative indicators, some of the contributions of our members had strong impact within and outside scientific circles. Without being exhaustive, one may cite several books and articles that are at the origin of our project: [30], [31], [32], [33], [34].

Furthermore, our ambition not only to criticize the existing innovation but to propose a methodology to promote care-led innovation in the fields of robotics or ICT is grounded in past successful experiences, which will be further improved. It includes the work of CNRS-LAAS, whose team has been involved in several European projects dealing with human-robot interaction (e.g. H2020 MuMMER; see p.3 for other examples). On his side, N. Kodate has coordinated a research project entitled "Harmonization towards the establishment of Person-centered, Robotics-aided Care System" (HARP: RoCS)", and to which some of our members participated. Another example is HomeAssist, developed by H. Sauzéon, (see funding on p. 3).

Last but not least, we are confident in our ability to promote a research that will have a strong impact outside scientific research through our partnership with two entities of the Red-Cross and PSInstitut (see section 4). For example, PSInstitut is involved in a "training-action-research" coordinated by the Health Regional Agency of "Grand-Est" to promote the digitalization of care.



2. DETAILED DESCRIPTION OF THE PROJECT

2.1. PROJECT OUTLINE AND SCIENTIFIC STRATEGY

2.1.1 Strategic orientations of the INNOVCARE consortium

The collaboration between the consortium members is based on the following strategic orientations:

- 1/ To develop and favor the dialog between different disciplines, and between French and Japanese researchers. We gather 56 researchers (16 Japanese) from different disciplines, out of whom more than 40% are female.
- 2/ To support the production of new scientific knowledge with strong implications for public policies and professionals in the eldercare sector (see also section 4).
- 3/ To support and train young researchers. About 60% of the funding request will be allocated to the recruitment of doctoral and post-doctoral students. The collaboration between colleagues belonging to different generations will facilitate the circulation of knowledge (see below).

2.1.2 Scientific aims and work organization

By questioning the dynamics of innovation in the field of eldercare, the research of our consortium aims to address some of the critical issues raised by Challenge 4, in particular the conception and uses of, and experimentation with, technologies for the benefits of OAs from the perspective of their autonomy. It is organized around seven WPs: two coordination & dissemination WPs (WP0 & 6), and five scientific WPs:

- **WP1** (INED, AP-HM, EHESS) will analyze the heterogenous and evolving needs of OAs in relation to the rising life expectancy and loss of autonomy, through quantitative and qualitative methods.
- **WP2** (EHESS, INED, U. Bretagne Occ., USPN, Red Cross) will propose macro and micro analyses of the transformations of the institutions of care for OAs as an environment for innovation.
- **WP3** (EHESS, PSInstitut) will inventory and critically analyze the conception, the regulation and the use of several technologies, with a focus on some functions (safety, mobility, promotion of cognitive capabilities, and socialization). Some lessons from this critical perspective are drawn in WP4 and WP5.
- **WP4** (CNRS, Sorbonne U.) will propose, at the level of conception of technologies, a methodology for the design of interactive systems for eldercare from the perspective of care-led innovation.
- **WP5** (Bordeaux U., AP-HP) will introduce, at the level of usage, two experimentations in care-led innovation.

2.1.3 Sources and ethics

All our members are committed to making the results of the surveys available to the members of the consortium, while respecting the ethical clauses of confidentiality of each survey. Our consortium is composed of colleagues who have a great deal of experience in conducting interviews with dependent OAs, especially when they have cognitive disorders. The entire INNOVCARE team has agreed on the definition of the same principles of research ethics, which respect the legislation in force in France (e.g. GDPR) and in Japan, where the rules are more protective. All these principles and rules will be included in the consortium agreement.

The entire INNOVCARE project will be submitted to our Scientific and ethical advisory board (see section 3.4), similar to the INSERM/International Review Board (CEEI/IRB). This committee will be responsible for drawing up charters and rules for storing data after anonymization, in close collaboration with the Data Protection Officers (DPO) of the consortium institutions. More specifically for vulnerable people, we are all aware that the person must appear to understand the objectives and issues of the research (by oral consent), he or she may be introduced by a close relative or a member of staff who knows him or her well, appropriate information must be given to him or her, and his or her agreement to the interview must be sought. We commit ourselves to ensure the sensitization and training of young researchers to ethical issues.



2.2. SCIENTIFIC AND TECHNICAL DESCRIPTION OF THE PROJECT

A) DESCRIPTION OF THE 5 SCIENTIFIC WORK PACKAGES

2.2.1 WP 1: Analysis of needs related to increasing life expectancy and loss of autonomy. Quantitative and qualitative methodologies (J.-M. Robine, A.-L. Couderc, S. Wang)

From the definition of the notion of autonomy/dependence proposed above and shared by all our members, the work undertaken in WP1 aims at establishing an updated and dynamic conceptualization of this notion by taking into account (1) subjective elements (heterogeneity of individual experiences); (2) the relative impact of inter-subjective elements (social and cultural dimension); (3) the technological developments likely to intervene in the new systems of assistance for people. On this basis, a critical inventory of existing measures of autonomy, dependence and frailty will be carried out with the aim of proposing alternative measures likely to compensate for the shortcomings identified. In short, our goal is to understand and to measure autonomy through the environment in the broadest sense of the term (physical, social and cultural). The aim is to shift from an individual's autonomy to their autonomy within a given environment. For OAs, the combination of age-related illnesses and negative environmental factors leads to refraining from some activities, which, if accrued, can lead to a loss of autonomy often socially assimilated to a disability. The latest WHO classification introduces the idea of an interactive model of disability, where contextual factors must be considered.

The methodological approach adopted in this WP is mixed, mobilizing quantitative and qualitative, demographic, medical, anthropological and sociological research. The challenge is to show that the variety of definitions of autonomy corresponds to a variety of measures. What is at stake is to overcome the intrinsic limitations of each of the approaches, which are not competing but complementary, and to measure the heterogeneous needs of individuals as accurately as possible. We divide this WP into three major tasks.

Task 1.1: Quantitative approach using disability-free life expectancy and vulnerability indices - a French-Japanese collaboration (J.-M. Robine) – (M1-M24)

The researchers collaborating on this task aim first at producing a comparative French/Japanese synthesis of the work done on disability-free life expectancy (DFLE). They have participated in the main studies conducted in France and Japan on this subject as well as in the main international syntheses. The first objective of this task is thus to review existing studies in both countries with two main objectives: (a) to document the similarities and differences between the two countries in terms of DFLE and functional health status indicators; (b) to question the significance of the disabilities measured in the surveys used. We aim to develop, in collaboration with very old people in France and Japan and with their *caregivers*, a qualitative methodology to understand to what extent the categorization of disabilities previously measured were indeed the most accurate in terms of quality of life. It will make possible to validate (or not) the quantitative results and to make the link with the more qualitative approaches of WP2 and WP3. In addition to this synthesis work, our ambition is also to draw inspiration from the vibrant research agenda in Japan, which is still underway in Japan, with new surveys being deployed to further existing work and gain a better understanding of the causalities at play (e.g. Sony survey by Y. Gondo). The deliverables will be: D 1.1.1 Synthesis of the past French and Japanese research on DFLE; D 1.1.2 Proposal of a new research agenda inspired by Japanese innovative approaches.

Task 1.2: Assessment of individual, social and cultural components in the representation of autonomy and the adequacy of associated measures (A.-L. Couderc) – (M1-M36)

The goal of this task is to explore the meaning of autonomy and how to measure it on an individual basis by comparing autonomy as the OAs perceive it, with clinical autonomy as healthcare professionals evaluate it, and with medical-administrative autonomy considered in benefit assessments. Our hypothesis is that the uniform nature of psychometric measures of autonomy and of the decisions made on their basis fail to sufficiently account either for the potential vulnerability of OAs due to their social and physical situations, or



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for individual experiences of the effects of the evaluated loss of autonomy. We wish to suggest potential solutions to improve existing tools to better account for the evolution of autonomy over time, the importance of socio-cultural environments in the preservation/loss of autonomy, and the respondents' experiences.

In order to describe, measure and compare levels of autonomy in OAs and their perceptions of autonomy in different environments, we will more precisely: (1) Describe the included OAs' perceptions of autonomy; (2) Measure autonomy with the medico-social AG-GIR scale and standardized geriatric tools for the OAs; (3) Compare different measures of autonomy within and between study subgroups; (4) Compare measured autonomy with participants' perceptions of autonomy; (5) Follow changes of autonomy as a function of time in the study group (over 12 months); (6) Measure the effect of the socio-cultural environment on preservation/loss of autonomy in the study group; (7) Suggest ways in which existing measurement tools could be improved to better apprehend autonomy in a dynamic fashion; (9) Integrate reflections on our results into training programs for healthcare professionals but also for the other members of INNOVCARE.

To reach these objectives, the planned research in Marseille is based on a mixed sequential "QAL TO QAN" design, which consecutively involves a qualitative and a quantitative study, generating two separate datasets [35]. 200 participants will be recruited across several sites: medical consultation facilities (geriatrics wards in hospitals, associations), at home or in retired immigrant workers' residences. The expected outcomes are: D 1.2.1 Delivery of a questionnaire on self-assessed; D 1.2.2 Identification of the environmental factors with the greatest effect on autonomy; D 1.2.3 Concrete proposals to improve the grading scales currently used to evaluate autonomy; D 1.2.4 Use of data collected for the other members and for the training programs for healthcare professionals working with OAs with modules specifically devoted to evaluating autonomy.

Task 1.3: Qualitative and interdisciplinary approach to the autonomy and dependence of OAs of Asian origin in France (S. Wang) – (M1-M36)

This task aims to study the aging experiences of OAs of Asian origin in France, as well as the practices and support systems implemented to ensure their autonomy, through an interdisciplinary and participatory approach. Complementary to task 1.2, the aim here is to understand the impact of ethnocultural variables. This task will unfold along two research strands: 1) Analysis of access to health care and entitlements for OAs of Asian origin; 2) Analysis of the daily life of OAs of Asian origin and the dynamics of care at local, national and transnational levels. Deliverables will be: D 1.3.1 Academic articles; D 1.3.2 Report on the situation of OAs of Asian origin facing loss of autonomy; D 1.3.3 Qualitative dataset for the benefit of other WPs.

2.2.2 WP 2: Macro and micro analyses of the transformation of care institutions for OAs from a sociological and public policy perspective (A.-M. Guillemard, L. Braverman, P. Molinier)

The contribution of this WP2 to the whole project, anchored in a sociological perspective, is manifold. The ambition is to conceptualize and implement a *care* approach in a comparative framework between France and Japan for the dynamic analysis of transformations in care institutions for OAs. Through several case studies, this WP also proposes a micro approach allowing for a refined analysis of the various practices according to the targeted populations and the various objectives of the systems. It is directly connected to WP1, which identified the importance of individuals' environment as a major determinant of perceived autonomy.

Task 2.1: Comparing French and Japanese autonomy regimes and care regimes in long-term care (LTC) arrangements: macro approaches

This task partakes in a dialog with AURELIA (which will be ensured by means of a seminar), a project that was selected in wave 1 of the PPR Autonomy, some of whose members are also contributors to INNOVCARE. The complementarity between these two projects is evidenced in this task through the deepening of the comparison between France and Japan, the development of the *care* perspective, as well as the analysis of the articulation of social policies (at the heart of AURELIA) and industrial policies.

Subtask 2.1.1: Autonomy and care regimes: a comparative theoretical framework (H. Hirata) – (M1-M12)



In order to clarify the concept of care and operationalize it in the analysis of innovation to promote care-led innovation, this subtask will define a comparative framework at the national level for the analysis of care policies for frail OAs and the dynamics of the transformation of care institutions for OAs, drawing on analyses in terms of care regimes [36]. International comparison has the merit of showing substantial diversity across countries. The main activity of this task will consist of organizing a seminar for all our members.

Subtask 2.1.2: Comparing French and Japanese perspectives on LTC (A.-M. Guillemard) – (M1-M24)

The objective of the French and Japanese teams will be to synthesize and compare research on the dynamics of care for frail OAs in the two countries with two main objectives: 1) To analyze the similarities and differences in the policy models implemented in each country and their benefits and limitations; 2) Identify how the two models of public action may construct different, even antagonistic, representations of age, as well as contrasting problematizations of the issue and conceptions of responses in terms of social welfare. This comparison is very insightful for the contrast between the Japanese 'active aging culture' and the French 'early exit culture' [37].

Subtask 2.1.3: Connecting LTC policies and innovation policies: overcoming the limitations of "silver economy approaches" (D. Argoud) – (M1-M24)

The contributors to this task propose to conduct a critical and comparative analysis of the implementation of the "silver economy" sector in France and Japan, from a critical socio-historical perspective. In the field of autonomy, as in other fields such as healthcare, there is a very strong incentive to promote technological innovation, at the national and local levels. This often obscures strictly economic issues, for which the question of usage and response to needs is not considered. It is particularly visible in the case of the emergence in 2013 of the "silver economy" sector, which is currently struggling to find its public because it was built in a way that was disconnected from the needs of people and professionals in the field and based on a stereotyped representation of the experiences of aging. In the Japanese context, one can assume that "technological solutionism" is also very advanced, as the "Society 5.0" scheme proves, which aims to reconcile industrial policy and innovation objectives with various aspects of public policy in the social field (including LTC).

Overall, this research will lead to three deliverables: D 2.1.1 Academic articles and an edited book; D 2.1.2 Summary report on the evaluation of public policies; D 2.1.3 Technical report on the institutional environment of innovation in eldercare, for other WPs.

Task 2.2: Institutional transformations in the field of autonomy: case studies

The objective of task 2.2 is to better document the transformations of institutions in favor of OAs and people with disabilities by studying institutional and/or organizational innovations, both in France and in Japan. The study of these systems will be based on a qualitative methodology. Ethnographic observations will be carried out as well as interviews with professionals, users and relatives. The tools of visual and filmic sociology will also be mobilized to produce data. The results drawn from the case studies should thus make it possible to identify the levers and obstacles to the transformation of institutions at the micro level.

Subtask 2.2.1: The case of Centre René Fortin (G. Fernandez) - (M6-M30)

The EHPAD-type (i.e. care home for OAs) facilities are facing structural criticisms leading to a rethink of its model [33]. This subtask will consist of a monograph on the Centre René Fortin, which will undergo a major architectural, organizational and technological renovation program over the next five years. The study will rely on the existing collaborations with professionals involved in this transformation.

Subtask 2.2.2: A comparison with innovative home support systems in the field of disability: the case of supported, shared and integrated housing in local life (L. Braverman) - (M12-M48)

The ambition is to compare innovative home support systems in the field of disability, focusing on the case of Supported, Shared and Integrated Living (API), which aims to articulate *care* and an objective of inclusion [38]. Access to the field will be facilitated by the partnership with the French Red Cross, a major actor in the



support of children and adults with disabilities at home and in institutions. The case study of the EPHAD Saint François de Sales (Lille) will be conducted by A. Benvenuto, in a complementary manner.

Subtask 2.2.3: A comparison with Japanese innovative devices (C. Picard and Japanese partners) – (M12-M36)

The Community Integrated Care System for Home Care will be the core of the analysis. Since 2012, it has promoted innovation through the intervention of a host of actors. The community logic encourages a less sectorial approach to care, considering the different aspects of home care within the same geographical area.

Subtask 2.2.4: Aging of people suffering from mental illness in Seine-Saint-Denis. Participatory research and social innovation (P. Molinier) – (M1-M36)

Continuing a research-action carried out by the USPN team and the Groupe d'entraide Mutuelle (GEM) of Saint-Denis, which aimed to produce an inventory of the hosting facilities and support systems for people suffering from mental illness, through interventions articulated between the health and social sectors but also the local authorities, and its socio-cultural actors, this sub-task aims to experiment with the setting up of a platform for citizen inclusion, *La trame 93*. Traditionally, psychiatric wards for adults and care institutions for dependent OAs escape their responsibility when it comes to taking care of these patients, who are deemed not to correspond to their public. The question of their hosting in alternative facilities can therefore be raised, particularly when the ethical principle of these facilities is "unconditional hosting". Aging entails specific needs for people with mental illnesses or disabilities. The aim here is to gain a better understanding of social innovation in the field of care for aging or OAs with psychiatric trajectories. The inclusion of this initiative in INNOVCARE will allow for initiating contact with Japanese colleagues carrying out similar initiatives (Sophia U.). This also inscribes itself in participatory science by associating professionals, care users and researchers.

The overall deliverables of task 2.2 will be: D 2.2.1 Academic articles and an edited book; D 2.2.2 Video clips on the consortium website and / or available only to the participants of the consortium; D 2.2.3 The specific work on barriers to and facilitators of institutional transformations will be presented in one scientific symposium held in Brest; D 2.2.4 The major outcome of the last sub-task will be a seminar held on Campus Condorcet, open to all the members of the consortium.

2.2.3 WP 3: Survey and critical analysis of several innovations in the field of elder care in France and Japan, from conception to usage (B. Hauray, N. Kodate, S. Lechevalier)

The objective of this WP is to question the service rendered by the use of technology to compensate in part for autonomy loss and to understand the effects of this technological recourse on the welfare of people by comparing OAs with people with disabilities. The aim is not to be exhaustive, but to take a fresh look at several remarkable technologies that are actually used and selected according to their purpose of promoting autonomy and social participation (and not their technical characteristics). In this WP, we will develop a qualitative and inductive methodology to analyze the world of "prescribed uses" by industrial actors, the world of regulations, and the world of actual uses of technologies. We will use composite material (interviews, documentary corpus, ethnography) and propose a methodology that synthesizes the contributions of several recent theses, including by members of our consortium [31,39–44] and numerous articles [45–47].

Our approach lies at the crossroads of STS and aging studies, with the aim of bringing together the industrial worlds and the experiences of OAs. We position ourselves in a literature that has identified and criticized the stereotypical and negative representations that orient the work of designers [48,49]. In continuity with WP1, our analytical framework is based on a broad definition of care. We thus seek to account for what innovation does to *care*, as care practice, ethics and work, in order to orient the work of WP4. The other aspect of the ethics of *care* under scrutiny is how care supported by innovation promotes OAs reconnecting with social ties [50], or, on the contrary, provides only a palliative, generating 'cold' care [31]. We will also consider the material dimension of the organizations in which the interactions between humans and non-humans take place. In particular, we will consider EHPAD, but also individual homes as '*infrastructures of care*' [51].



Task 3.1: Understanding the technological expectations/promises (B. Hauray) – (M1-M36)

In order to analyze the prescribed uses and the associated promises, interviews with the designers and developers of the technologies will be conducted. The aim is to understand the technical functioning and the device scripts, to analyze the companies that design and sell them, to observe how they think of direct users and indirect users (relatives in the home and professionals in institutions), their relationship with regulations and the ethical issues raised by their devices. Particular attention will be paid to advertising slogans as well as to the new products unveiled at trade fairs (e.g. CES) in how they reveal the promises of technology.

Task 3.2: Analysis of the world of regulations via the analysis of a corpus of texts aimed at framing good practices in technologies (J. Wright) – (M1-M24)

Secondly, the aim is to understand the world of regulations through the analysis of various types of texts, both legal (e.g. Delvaux report) and ethical (CERNA report on machine learning), aimed at framing 'good practices' vis-à-vis technologies, while considering processes of standardization (e.g. the development of ISO standards), in order to identify the values and norms that are mobilized. Interviews with people who have participated in the drafting of these texts will be conducted in order to understand the debates ahead of establishment of these normative texts. Finally, we will try to understand how they have circulated and their impact on the field.

Task 3.3: Analysis of the variety of usages (N. Kodate) – (M12-M48)

To study the variety of usages, we will carry out ethnographic observations of the use of these devices. In connection with members of WP5, we will analyze DOMIROB, as well as the use of the companion robot Paro for home help services. The objective is to observe the usages, and possibly the non-usages, or the repurposing of the technical devices. During these observations, semi-structured interviews will be carried out with residents, professionals and relatives.

In total, there will be several different deliverables in WP3: D 3.1 Several academic papers submitted to journals, including potentially a special issue; D 3.2 An interim report by PSInstitut entitled "Good Practice Recommendations for Care-Led Innovation"; D 3.3 A catalog of several technologies used for care in the case of disability and old age, which will be used in the task 5.2.

2.2.4 WP 4: Methodology for the design of interactive systems for *care* (R. Alami; M. Chetouani)

The objective of this WP is to contribute to identifying the needs, the technical hard points and the protocols to overcome the current limitations of innovative *care* systems, as they are designed and implemented today. The challenge will be to revisit in a multidisciplinary approach of concerted design, the challenges of selection, development and deployment of decision-making capacities of interpretation and control of actions, initiatives and interactions of an interactive assistant robot in the context of *care*.

Task 4.1: The case of interactions between cognitive robots and humans (LAAS) – (M12-M60)

The LAAS will bring to the project its experience in the elaboration, development and deployment of the decisional capacities of the cognitive robot as well as its practice of multidisciplinary research with philosophers, developmental psychologists, cognitive scientists and ergonomists [52–54]. This approach will be enriched and refined thanks to the skills of the other partners. The approach, which has been successfully initiated for a few years (ANR JointAction4HRI project), aims at identifying very early the cognitive and sensory-motor processes implemented by humans when they perform collaborative and assistive tasks, and at analyzing them in everyday life and over time. It integrates the consideration of the essential notions of joint action [55,56] and of the decisional and sensorimotor processes that support it and facilitate the conduct of collaborative tasks with the aim of developing and experimenting cognitive architectures [57].

The challenge here will be to considerably broaden the field to better apprehend all the elements that impact the care applications in a process of re-examination and re-projection of functions, purposes and deployment criteria. In addition to the mechanisms of joint action, this will involve the explicit consideration of ethical and usage considerations, roles and prerogatives. In this perspective, we plan to revisit the notion of



Human-Machine Interaction and the processes of perception and continuous interpretation of the context and of the human across different roles (patient, caregiver, assistant). This approach will have to integrate the ontological limits of the systems and combine them with the primacy assured to the human and their choices.

This work will be conducted in three stages: 1) A study to identify the hard points that would require technological developments to meet the interpretation and decision needs of the machine in the context of care; 2) The development of protocols allowing for a more detailed analysis in the context and long-term monitoring of the assistance activity; 3) The selection and implementation of a few protocols corresponding to aids of various kinds (e.g. cognitive assistance) and the conduct of experiments in a multidisciplinary framework.

This task will result in the following deliverables: D 4.1.1: Identification of the hard points that would require technological developments to meet the interpretation and decision needs of the machine in the context of care; D 4.1.2: Elaboration of protocols allowing their analysis in a given context; D 4.1.3: Selection and implementation of a few exemplary protocols corresponding to various types of assistance (e.g. mobility).

Task 4.2: Collaborative development of a design evaluation grid (ISIR) – (M12-M60)

To address the lack of consensus on the design of interactive systems, a DELPHI method [58] has been proposed to define an evaluation grid called DICTI (Design Information Communication & Technology Inventory) in the field of information technology evaluation for neurodevelopmental disorders [59]. It allows for the evaluation of 13 dimensions including personalization, usability, accessibility, etc.

Here, we propose to adapt DICTI to the field of interactive systems for *care* by setting up a DELPHI method involving all the stakeholders concerned by these systems and by integrating a value-oriented approach. A sociological and philosophical analysis will allow the construction of a set of values operating in the field of the design of devices for *care*, in relation to WP1 & 2. It will allow an orientation of the evaluation tools for the conception and the realization of the technological object in its ecological environment. Among the developments carried out at ISIR, a robotized walker for people experiencing a loss of autonomy has reached the stage of industrialization. Investigating the actors involved in this development for example will provide a basis for identifying the points of adaptation of the DICTI method to a wider field related to *care*.

One of the major concerns of this task is to accompany ecological evaluation. Technology developers, faced with the complexity of evaluation in an ecological context, limit experimentation in terms of the diversity of users, scenarios and duration. It is necessary to accompany them throughout all the phases of their project. Here, we propose to create a guide, which will be widely distributed to the autonomy community (e.g. CNSA). Deliverables will be as follows: D 4.2.1: Presentation of the various stages of the value-oriented approach and its effects on technical choices; D 4.2.2: Development of an evaluation grid for the design of interactive systems in the field of *care*; D 4.2.3: Development of an accompanying guide to ecological assessment.

2.2.5 WP 5: Two care-led innovation experiments with assistive technologies (H. Sauzéon; A-S Rigaud)

So-called "friendly" socio-environmental approaches promote social inclusion through the adaptation/accessibility of the environments of social participation in order to offer the conditions for optimal expression of the person's self-determination in their daily life activities according to the 8 socio-environmental domains defined by the WHO. According to these approaches, a well-documented lever is the person's accessibility of their physical environment, either through direct modifications (e.g., adaptations of housing) or via environmental supports, such as assistive technologies (AT). Disability sciences and environmental gerontology have demonstrated the effectiveness of environmental interventions centered on the person in a broad sense (e.g. home adaptations, AT): they can be effective levers to prevent loss of autonomy or to support functional empowerment and social participation (e.g. [60]). To move the field of environmental gerontology forward, WP5 aims at user-centered scenarios of deployments of socio-environmental and digital innovations *led by care* for OAs and evaluating their added value for the person, their social network and broader society. In a related way to WP1, both experiments will investigate the autonomy gains and health benefits from



personalized digital therapeutics. The first experiment will involve the analysis of personalized smart home-based interventions amongst pre-frail and frail OAs while the second one will assess personalized packages of off-the-shelf AT in the context of geriatric day care hospitals (GDCHs).

Task 5.1: Digital therapeutics driven by Self-Determination (H. Sauz on & L. Dupuy) – (M12-M60)

Task 5.1 will rely on ergonomic methods of user-centered design of technologies and clinical research methods through a project that aims at assessing the added value for autonomy and healthy aging of an ambient and personalized digital assistant at home. The originality of our projects is to propose digital therapeutics developed according to participatory design methods and with the ambition of supporting the person's self-determination (Self-Determination Theory, SDT [61–63]). Basically, SDT emphasizes the (psychological) need to create one's own goals autonomously in order to be fulfilled by maintaining oneself with self-chosen and self-acquired skills and social participation. This SDT approach has already proven valuable in the field of disability (e.g. [64]), and is beginning to be explored in aging [65] with encouraging results in terms of healthy aging. Digital ATs can also reinforce the self-determination of OAs when they are designed with this purpose and through a knock-on effect improve the autonomy and well-being of the person at home [66–68].

In this part of WP5, the objective is thus to assess digital actions that support the self-determination (and thus autonomy, social participation and quality of life) of OAs at various levels of frailty (non-frail, pre-frail, and frail). Let us bear in mind that OAs with pre-frail and frail conditions alone cover more than 40% of over-65s [69]. By leveraging data already collected from 131 pre-frail and frail individuals who, for 12 months, used an ambient assistant-living set-up co-designed to support self-determination and covering 3 domains of need (daily activities, home safety, and social participation), the aim is to analyze various clinical (frailty, autonomy, SDT, etc.) and use data, in order: 1) to relate the benefits regarding care to the use of assistive and monitoring services provided by HomeAssist (HA); and 2) to explore the predictive value of data provided by HA for explaining clinical data. Task 5.1, which will benefit from other WPs, will have the following outputs: D 5.1.1 Data and their analysis to be used by all the members of the consortium; D 5.1.2 Articles.

Task 5.2: Pilot experimentation of the implementation of a clinical practice for the provision of ATs for older adults within the framework of geriatric day care hospital consultations (A.-S. Rigaud, M. Pino)

In spite of the development and strong expectations regarding the use of technologies to support healthcare and independent living for OAs, most of these technologies are still unknown and underused, as shown in WP3. In particular, Assistive Technologies for Cognition (ATCs), or Psychosocial Assistive Technologies (PATs), are not yet well integrated into care pathways. ATCs refer to technological products and services that aim to assist the person in their cognitive functioning. PATs - which include socially assistive robots, virtual reality therapy etc. - can support OAs by promoting communication, enhancing social interaction, reducing stress, and improving self-esteem. Besides several barriers to the implementation of these technologies for OAs (see WP3), a major problem is that there is little data on the service delivery process of ATs for OAs [70].

GDCHs aimed at providing specialized care and support for OAs could offer a suitable framework for the prescription of AT solutions. One of the assets of GDCHs is to carry out a biopsychosocial assessment of patients by taking into consideration their individual characteristics, health needs and physical and social context (see WP1). The objective of this WP is to study the feasibility of implementing a specific AT consultation in the context of GDCHs in France and to conduct a 2-year-long pilot of this innovative practice.

Subtask 5.2.1 Analysis of the conditions for implementing a consultation for ATCs and PATs (M12-M18)

Based on results obtained in previous WPs, we will conduct a qualitative study of five GDCH sites (France) and at least one in Japan to understand the organizational contexts and their diverse needs in order to take this diversity into account for a future generalization of the AT consultation in GDCH settings.

Subtask 5.2.2 Co-design of a catalogue of technologies (M12-M18)



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We will identify a series of ATCs and PATs that meet various criteria (perceived usefulness, moderate costs, ease of installation, security and ethical standards, etc.), which will be part of a catalog of AT solutions to be offered to OAs. A first version of the catalog will be submitted for validation by professionals and OAs during focus groups (FG). We will then purchase a model of each AT to use during the consultation.

Subtask 5.2.3 Consultation description and implementation (M18-M42)

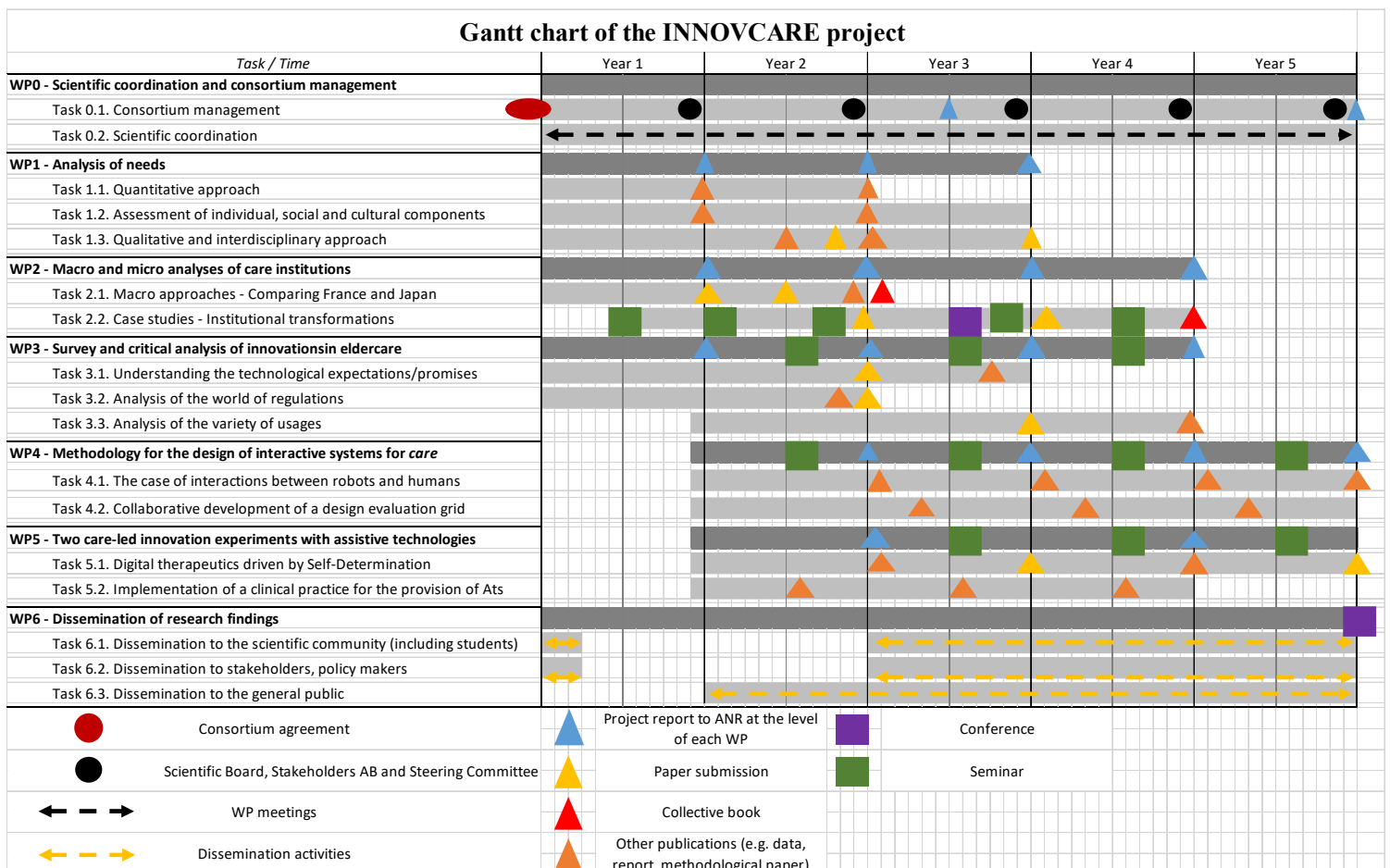
GDCH physicians will refer the OA to the technology consultation service where the occupational therapist will assess the OA's needs, examine whether offering an ATC or a PAT to the OA would be valuable, and explain the technology to the OA (and their caregiver, if relevant). Patient follow-up will include 2 to 4 visits to the technology consultation service, to assess the impact of the use of technology on health (cognition, socialization, quality of life). In total, 60 patients will be offered this consultation, over a 2-year period.

Subtask 5.2.4 Evaluation of the implementation of the consultation (M36-M48)

Feedback on the framework of consultation will be provided by OAs and their caregivers and by professionals in 4FG. All data will be analyzed by the researcher in order to determine benefits, barriers and facilitators, and recommendations for the implementation of a technology consultation service in GDCH will be provided. Patient follow-up will include 2 to 4 visits to the technology consultation service according to necessity, during which the professional will assess the impact of the use of technology on health.

Outputs of task 5.2 will be: D 5.2.1 Protocols for ethical validation and GDPR compliance; D 5.2.2 Catalog of technologies with simplified information leaflets; D 5.2.3 Report on the use of TAC and TPS of the catalog by OAs and caregivers in daily life; D 5.2.4 Report on their implementation in GDCS.

B) CALENDAR





C) TRAINING ACTIONS

Several training actions will be undertaken according to the target audiences. Concerning students and young researchers, we will set up workshops to prepare them for the field, with an emphasis on ethical (see 2.1.3) and methodological issues. We will also put into practice principles of circulation of these students between the different partners, in order to develop a base of transdisciplinary competences, at conceptual and methodological levels. The training will be provided by the consortium members in France and in Japan, through several devices: validated research seminars (ECTS credits) within master and PhD programs, a summer school (with guests), as well as more technical and punctual webinars. Last but not least, our Japanese partners have committed themselves to the organization of training programs for our students.

We are not forgetting the benefits of continuing education for senior researchers, who will also benefit from dedicated training activities in the context of their exchanges with colleagues from other countries, other laboratories and other disciplines. We are also convinced of the benefits for them from their confrontations with innovations brought by young researchers in terms of themes, practices and methodologies.

As far as professionals of LTC and families are concerned, we will mobilize PSInstitut, which has a very good knowledge of what already exists and what is missing. This will allow us to identify the targets and adopt training to the needs not addressed by the existing systems. PSInstitut will thus play a role of mediator and bridge between research and actors. PSInstitut will also be nourished by the contributions of the project, in particular those resulting from the France-Japan comparison, in order to elaborate innovative training.

As far as actions with public decision-makers are concerned, the members of the consortium who are involved in several institutions and mechanisms (e.g. A.-M. Guillemard, O. Giraud, M. Chetouani) will be in charge of proposing adapted mechanisms, in particular at the level of the CNSA and the HCFEA. From the observation of the field in Japan, we hope to help them in a work of anticipation and prospective.

Finally, on the occasion of the two colloquia, training forums will be organized to bring together these different audiences who will thus have the opportunity to exchange their experiences.

3. ORGANISATION AND MANAGEMENT OF THE PROJECT

3.1. PROJECT MANAGER

Sébastien Lechevalier, PhD in Economics (2003) and HDR (2013) is a Professor at the EHESS and President of FFJ. His research falls in two major categories, socio-economics of innovation, and institutional change and inequalities, with a focus on Japan and its ageing society. He is the author of 3 books and of more than 20 articles published in peer review journals. He is also a monthly columnist of *Le Monde* and published extensively in foreign newspapers. Between 2015 and 2019, he has been the PI of the INCAS project (“Understanding institutional change in Asia: a comparative perspective with Europe”) involving researchers from Oxford, FUB, Waseda, and EHESS (EU funded MSC RISE program). He has been the director of the French network on Asian Studies (2013-2017). He is also editor of *Socio-Economic Review* and member of the board of several academic journals. He has been visiting professor in several Japanese universities.

3.2. RESEARCH UNIT

The Ecole des Hautes Etudes en Sciences Sociales (EHESS) is the major graduate school in sociales sciences in France. It includes 500 faculties and 3,000 (including 1,500 PhD) students. According to the High Council for Evaluation of Research and Higher Education (HCERES), in its 2019 report, “EHESS is a prestigious institution, which is a reference of high standards in the field of social sciences and which enjoys a great national and international reputation” (our translation). Six components of EHESS will contribute to the project: FFJ, CCJ, PHS, Cermes3, IRIS, CEMS. EHESS is the leading social science partner of CNRS with 40 joint research units and a very close partner to INSERM (which is involved in CEMS, IRIS and Cermes3).



Among the research topics investigated by its researchers and students, the issues related to ageing, disabilities, and care on the one hand and on the relations between societies and technologies are among the structuring ones of the EHESS scientific project. They are at the core of the research agenda of IRIS, Cermes3, CEMS, as well as of PHS. It increases the legitimacy of EHESS as the coordinator of this consortium.

EHESS international strategy is focusing on Japan, as a major partner. It is visible in the complementary role between the research center “Chine, Corée, Japan” (CCJ) - which is conducting research *on* East Asia – and Fondation France Japon – which is promoting research collaboration *with* Japanese colleagues. The EHESS is the only French research institution to have an invitation program that allows it to invite every year about 150 foreign scholars for one month and that will be mobilized for our project.

3.3. ORGANISATION OF THE PARTNERSHIP

Our consortium includes 9 French academic members and 7 Japanese academic partners as well as 2 non-academic French partners, which have already strong research ties. The consortium has been built for more than 2 years through our pre-configuration activities, mainly through a webinar and an annual forum, as well as visits of Japanese colleagues, which allowed us to constitute a core group and to foster a first convergence between us (<https://innovcare.hypotheses.org/>). In a second step, thanks to “PPR autonomie”, we have introduced our project to colleagues, who were not initially involved. We have thus developed our research team by filling the initial gaps (in response to our identified needs) and by trying to contribute to the structuring of research around our approach which proved to be attractive to a certain number of colleagues. It has allowed us to enrich WP1, 4 and 5, with the inclusion of colleagues from the medical and technological fields.

The result is a stabilized and coherent consortium around some fundamental principles (interdisciplinarity within and beyond the SHS, international cooperation, agreement on definitions of autonomy, as well as of some other key concepts, *care* approach), which is ready to engage in collaborative work over 5 years in a coordinated way. This consortium is characterized by its diversity (in terms of ages, nationalities, and disciplines), its coherence (through the presence of EHESS in all WPs) and a very collaborative approach. The shared responsibility of each WP is explained in section 2.1. As for the Japanese partners, they are distributed according to their skills in all the WPs in association with French members.

Finally, to promote exchanges between the WPs and the different tasks, the following organization devices have been introduced: i) joint seminars (e.g. for 2 WPs or within a WP between the French and the Japanese); ii) systematic dual affiliation (primary and secondary) for researchers (e.g. WP1 & WP4); iii) systematic mobility of postdocs between WPs and teams; iv) promotion of joint degrees for doctoral students.

3.4. MANAGEMENT FRAMEWORK

The consortium activities will be coordinated by the **Executive team**, consisting of the project coordinator, the leaders of the WPs and one executive manager (to be hired). The executive team will be responsible for producing an annual activity report, which will include various monitoring indicators measuring scientific outcomes (bibliometric measures, number of workshop participations), dissemination outcomes (number of meetings and hearings with actors, twitter account activity, website traffic) and consortium management (schedule monitoring, budgetary control). A **Steering Committee** will validate the consortium strategic orientations and objectives, its operating rules and the resources allocation. It will be composed of the executive team and one representative of each partner. It will establish the consortium agreement between the different partners and will approve the annual activity report. The Executive team and the Steering Committee will benefit from the support of a **Scientific and ethical advisory Board** composed of the emeritus professors, who are engaged in the project (J.-M. Robine, A.-M. Guillemard, R. Alami, H. Hirata; K. Shimohara). Our intention is also to establish a **Stakeholders’ Advisory Council**, which would be composed of representatives of the scientific council of “PPR autonomie” and representatives of key institutions in the field of autonomy.

Various resources will be pooled within the consortium and help to turn the consortium into an actual



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research community. Scientific exchanges will be organized at regular intervals to enable all partners to benefit from the expertise gathered within the consortium, coordinate research projects and produce common knowledge. The data produced by the consortium will be shared within the consortium, and later outside the consortium, according to a principle of open-science and under the control of the DPOs of all members. PhD students and postdoc will be the primary beneficiaries of this. A website will allow information to be shared.

3.5. INSTITUTIONAL STRATEGY

While the topics dealt with by INNOVCARE are at the core of the research agenda of EHESS (but also of other members of the consortium: see section 1.2 and the publication of our members), it is worth emphasizing two other characteristics that show how it is central to its strategy: i) the EHESS is located on the Campus Condorcet, together with INED and USPN. It is thus expected that it will have a structuring effect; ii) among the theses defended at the EHESS during the last five years or about to be defended, not less than 6 are directly related to INNOVCARE and most of their authors are members of our consortium.

As coordinator, EHESS will support all the project's transversal dimensions, including technical, legal, administrative, and financial coordination, search for complementary funding (through FFJ), communication and dissemination strategy (in close collaboration with the non-academic actors mobilized in WP6).

4. EXPECTED OUTCOMES OF THE PROJECT

Our consortium can rely on two points of strength in its goal of improving scientific knowledge and answering the strong demand from LTC stakeholders and policy-makers in terms of innovation in eldercare. First, it includes major French institutions involved in the research at the crossroad of sociology of ageing, socio-economics of innovation, care approaches, robotics, gerontology, etc. Second, INNOVCARE has a strong outreach dimension, towards professionals, field workers, families, as well as policymakers. It will be an asset of the consortium, thanks to our enduring dialogue with non-profit organizations (e.g. Red Cross).

The criteria of success of the project will be multidimensional: number of PhD (funded by the "PPR autonomie" and beyond), number of postdocs (as well as their professional outcomes), number of articles and books (and later citations), extent of the media coverage. The impact on stakeholders and policy makers will be more difficult to measure but we will nonetheless pay a particular attention at it, in particular in our WP6 that will promote exposure to our research methodology and output for these two categories of people.

Building on its numerous publications about innovation in eldercare, our project will push the frontiers of **scientific knowledge**, in at least two dimensions. Firstly, the project will have a significant impact on the different SHS disciplines mobilized for the project. Our project will produce new knowledge in the fields of sociology, socio-economics, anthropology, psychology, and demographics, because it will connect diversified areas of knowledge pertaining to innovation and care research. Moreover, the comparison with Japan is certainly not new but its systematic nature in INNOVCARE and the collaboration with Japanese colleagues will produce novel knowledge in making the Japanese case more accessible and intelligible. Secondly, this work is especially ambitious because it goes beyond the field of human and social sciences, especially by mobilizing engineers, medical doctors and gerontologists. In short, the most ambitious part of the project is not to limit ourselves to the critic of existing innovations in the field of care but to promote a new approach (*care-led innovation*) that should have an impact on the methodology developed by roboticists (WP4) and should lead to concrete experimentations in care settings (WP5).

We have also identified a certain number of **risks** but also **countermeasures** to cope with them:

- Difficulties in the access to the field: some of our members have a long experience with the field of eldercare, are already involved in several fieldworks and have a direct and institutional access to them; the collaboration with the Red Cross is also a strong asset (see WP2);



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- Problems of communication between Japanese and French scholars: the long-term experience of several members of the consortium as well as the role of FFJ as a facilitator should mitigate this risk;
- Problems of coordination between the different WPs and the different disciplines (especially between SSH and non SSH ones): all the members of the consortium are aware of this risk and a major part of their motivation to join INNOVCARE is to cope with it. At a more institutional level, the double WP affiliation (primary and secondary), the circulation of students and young researchers between the different WPs and institutions as well as the role of our different governance bodies (see section 3) should help us overcoming this risk. The fact that all the members of the consortium have contributed to the writing of the project is a good sign.

The **dissemination** of the results is an essential aspect of the project. The WP6 is devoted to it and aims to communicate the findings both to the scientific community and to a wider audience.

The first level of dissemination will target the scientific community, within as well as outside institutions already working on the topic. To disseminate the results as widely as possible, we rely on a multi-level (national and international), Trilingual (French, Japanese and English), multi-disciplinary and open-access strategy. The main academic outputs of the project will be oral presentations at conferences, publications in academics journals and at least one collective book published in French, English, and Japanese, aimed to reach varied scientific audiences. We will target specialized journals in sociology of ageing, gerontology, disability research (e.g. *Alter*, published by the EHESS), or innovation (e.g. *Research Policy*), in which all of members have already published, and we will also consider “generalist” academic journals, in order to increase the visibility of this research agenda. A final conference will be organized, in which members of the consortium will present the project results in front of others scholars. In particular, we expect to engage in a dialogue with members of other consortia selected by the “PPR autonomie” (first and second waves). From this perspective, our collaboration with AURELIA (first wave) will be extremely fruitful. The visibility of the project findings will be enhanced in two ways. First, we will set up a website to publicize all project activities and outputs. Second, the authors’ version of all journal articles published in the project will be deposited on both the project website and an open-access repository (HAL). The project website and the repository will guarantee the durability, openness and visibility of INNOVCARE output beyond the end of the project. We also expect to pool some tools with other consortia selected by “PPR autonomie”.

The second level of dissemination will target stakeholders (care professionals and families) and policy-makers. The fact that some of our members are involved in the CNSA (O. Giraud, M. Chetouani, A.-S. Rigaud among others), the HCFEA (A.-M. Guillemard) and some Regional Health Agencies (PSInstitut) will ensure the transmission of the scientific results to the public sphere and local authorities. Throughout the project, we will benefit from the feedback of the Stakeholder Advisory Board. A full day of the final project conference will be devoted to discussing the project findings with LTC sector actors and policy-makers. As a side event of the final conference, the EHESS Communication Department will convene a press conference.

The third level of dissemination involves reaching out to the widest possible audience. We are concerned by the valorization of our research and the promotion of scientific culture. Each academic publication will be accompanied by a lay summary of findings on the website, together with a Twitter communication plan. The EHESS Communication department will help designing an effective social media strategy to increase the outreach of our activities. PSInstitut and Red-Cross will also contribute to our dissemination strategy (WP6). The leader of the project as well as several members are often contributing to medias through interviews, opeds, and columns. They will use their reputation and networks to promote the results of INNOVCARE and contribute to the public debate. In short, the comparative analysis between France and Japan will enable the dissemination and stimulation of good practices for institutions, organizations, the people concerned, and their families, at the individual level or through associations.



5. JUSTIFICATION OF THE MEANS REQUESTED

The requested aid for this 5-year project is 3.4 M euros, which will be shared among 9 eligible beneficiaries, who are also committed to contributing financially to the project with a contribution of approximately 5.5 M€. This budget is divided into several items:

Recruitment of contractual research staff: 2.1 M€

The project relies on the mobilization of permanent staff covering all aspects of the project. We are requesting significant additional resources to recruit 6 PhD students and a volume of 216 months of postdoc (minimum of 18 months per postdoc), which are distributed among all partners, with the understanding that their research will require circulation within the consortium. This corresponds both to well-identified needs at the level of each WP, tasks and transdisciplinary skills that are sought within the research community on autonomy issues that do not exist in France to date. We already have a pool of candidates identified within the partners (e.g. having recently defended their thesis). Nevertheless, all job profiles will be submitted on EURAXESS-type platforms. All young researchers will benefit from the consortium, in terms of data collection in the field, of scientific, methodological and technical supervision, and of the dissemination of their work.

In addition to the financing of doctorates and postdocs, we have recruited an occupational therapist in charge of mediating between existing technologies and patients' needs, assisted by a hospital research engineer (AP-HP), and a research engineer who will help the Bordeaux team to analyze data from the HomeAssist experiment (WP5). Finally, we have also foreseen internship gratifications that contribute to the training through research, in addition to the project seminars set up by the different partners (EHESS, USPN, etc.).

Coordination of the consortium: 213,000 € (of which 105,000 € paid by EHESS)

In order to ensure the administrative coordination of the project but also the valorization of the research results (website, training, scientific mediation, organization of scientific events, administrative coordination of the project), we will recruit a colleague, whose salary will be taken in charge for half by the EHESS.

Missions: 258,000 €

Mission expenses correspond to data collection in the field, meetings of consortium members and missions to disseminate the project results. Everything will be done to limit the carbon impact of travel by carrying out as much as possible (given the time difference between France and Japan) meetings remotely. In the same vein, we will give preference to long-term missions in order to limit the number of round trips. The relatively low amount planned for these missions is explained by the contributions of the Japanese partners, who already have their own budget, by the financial involvement of the members of the consortium, and by the role of the France Japan Foundation to raise funds for the financing of missions between France and Japan.

External expenses: 146,000 €

This item of expenditure corresponds mainly to the purchase of computer equipment for the staff recruited, the purchase of data and the costs of publication in open access.

Service charges: 343,000 €

These expenses correspond to several types of needs: 1) Requirements for the technical realization of the project: databases, software development; 2) Needs of mediation in the access to particularly difficult fields for practical, legal and ethical reasons; 3) Translation costs (partly covered internally, via various existing mechanisms within the consortium); 4) Transfer of the project's achievements in the form of: i) training courses for professionals and the publication of BPRs (recommendations for good professional practice); ii) drafting and dissemination of policy briefs for managers and public decision-makers; iii) production and dissemination of podcasts for a wider audience, posted on the Red Social Innovation digital platform. It should be noted that service providers have already been identified for the realization of these specific requests but without exemption from competition.



6. ANNEX

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APPEL A PROJETS – VAGUE 2
AUTONOMIE : VIEILLISSEMENT ET
SITUATIONS DE HANDICAP
2021-2026

DOCUMENT SCIENTIFIQUE

INNOVCARE

- Publications

Nom de l'entité :

1) *Ecole des Hautes Etudes en Sciences Sociales (EHESS)*

Chevallier Martin, Guillemard Anne-Marie, Tamaki-Welply Yuko, Lechevalier Sébastien, Wright James, Kodate Naonori, Bessin Marc, Dalgalarondo Sébastien, Hauray Boris, Bataille Philippe, Benvenuto Andrea, Nakamura Fujimori, Argoud Dominique, Wang Simeng, Picard Camille

Liste des publications par ordre chronologique :

Books

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Benvenuto A., Bregain G., Maziani M., (compiladores), 2019, *Perspectivas comparadas sobre discapacidad. Francia-América Latina*, Ciudad Autónoma de Buenos Aires, Estudios Sociológicos Editora. Libro digital. <<http://estudiossociologicos.org/portal/perspectivas-comparadas-sobre-discapacidad-francia-america-latina/>>

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PhD Dissertations

Chevallier M., 2023 (Forthcoming), *Des robots d’accompagnement à l’accompagnement des robots : une socio-ethnographie de la robotique sociale en France*, PHD dissertation, Paris, EHESS (2023, forthcoming).

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DOCUMENT SCIENTIFIQUE

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Nom de l'entité :

2) Sorbonne Université — ISIR

Raja Chatila, Mohamed Chetouani, Ludovic Saint-Bauzel, Tomohiro Shibata (Kyushu Institute of Technology)

Liste des publications par ordre chronologique :

Articles in refereed Journal

2019

Grynszpan O., Sahai A., Hamidi N., Pacherie E., Berberian B., Roche L., **Saint-Bauzel L.**, 2019, “The sense of agency in human-human vs human-robot joint action”, *J Consciousness and Cognition*, 102820.

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Caselles-Dupré H., Sigaud O., **Chetouani M.**, 2022, “Pragmatically Learning from Pedagogical Demonstrations in Multi-Goal Environments”, *NeuRIPS*.

Habilitation à Diriger des Recherches

Saint-Bauzel L., 2021, “Modélisation computationnelle de la coopération physique patient-robot : De la prédiction du mouvement pathologique pour la commande de robots d'assistance à l'étude de l'interaction humain-robot. Interface homme-machine [cs.HC]”, Sorbonne Université. <https://hal.science/tel-03982729/document>



Nom de l'entité :

3) Université de Bordeaux

Lucile Dupuy, Hélène Sauzéon

Liste des publications par ordre chronologique :

Articles in refereed journals

2019

Dupuy L., N’Kaoua B., **Sauzéon H.**, 2019, Role of cognitive resources on everyday functioning among oldest-old physically frail, *Aging clinical and experimental research*, 1-9 [10.1007/s40520-019-01384-3](https://doi.org/10.1007/s40520-019-01384-3)

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Philip P., **Dupuy L.**, Morin C., De Sevin E., Bioulac S., Taillard J., Serre F., Auriacombe M., Micoulaud-Franchi J-A., 2020, Smartphone-based virtual agents to help individuals with sleep concerns during COVID-19 confinement: Feasibility study, *Journal of Medical Internet Research* 22(12), e24268. [10.2196/24268](https://doi.org/10.2196/24268)

Dupuy L., De Sevin E., Cassoudesalle H., Ballot O., Dehail P., Aouizerate B., ... & P. Philip, 2020, “Guidelines for the design of a virtual patient for psychiatric interview training”, *Journal on Multimodal User Interfaces*, 1-9. [10.1007/s12193-020-00338-8](https://doi.org/10.1007/s12193-020-00338-8)

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Book Chapters

Sauzéon H., **Dupuy L.**, Fage C. & C. Mazon, 2019, “Assistances numériques pour la cognition quotidienne à tous les âges de la vie”, In *Handicap et Recherches : Regards pluridisciplinaires* (Chap. 8, pp. 135- 149). *CNRS Editions*.

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Saint-Supery, I., Mazon, C., Meyer, E. & **Sauzéon H.** (à paraître), “Conception d’une application de soutien à la coéducation pour l’inclusion scolaire des élèves TSA”, In M. Kohout-Diaz & M-C. Deyrich (eds.), *Trajectoires et pratiques inclusives : des idéaux éthiques à l’épreuve des faits*, Champs Social Editions.

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Cinquin PA, Guitton, P. & **Sauzéon H.**, 2019, “Accessibilité des systèmes numériques d’enseignement en ligne pour les personnes en situation de handicap d’origine cognitive”, In E. Dugas (ed.), *Handicap et Recherches : Regards pluridisciplinaires*: Edition CNRS éditions.



Nom de l'entité :

4) Université de Bretagne Occidentale

Louis Braverman, Guillaume Fernandez

Liste des publications par ordre chronologique :

Books

2019

Le Borgne-Uguen F., Douguet F., **Fernandez G.**, Roux N., Cresson G., 2019, *Vieillir en société. Une pluralité de regards sociologiques*, Rennes, PUR.

Articles in refereed journals

2019

Braverman L., 2019, “La sexualité des hommes après un cancer de la prostate : âge, genre et pouvoir”, *Sciences sociales et santé*, 36 (3), 5-30. DOI : 10.1684/sss.2019.0146

Pédrot F., **Fernandez G.**, Le Borgne-Uguen F., 2019, “Les maisons de santé pluriprofessionnelles : des espaces de coordination du soin entre professionnels de santé, patients et proches-soutiens”, *Journal de gestion et d'économie médicale*, 1 (1), 1-17.

2020

Braverman L., Lorette A., 2020, “La santé face aux inégalités et aux discriminations”, *Émulations. Revue de sciences sociales*, 35-36, 7-19.

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2021

Rolland M., Abiven P., Devoye D., **Fernandez G.**, Saliou P., André C., Le Niger C., “Study on the transfusion representation by nurses and midwives at the university hospital of Brest”, 2021, *Transfusion Clinique et Biologique*, 28(1), 80-85.

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2022

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Book chapters

2019

Fernandez G., 2019, “Les médecins généralistes dans les situations de soins complexes au grand âge. Evolutions des politiques publiques et des positions professionnelles”; In Le Borgne-Uguen F., Douguet F., Fernandez G., Roux N., Cresson G., *Vieillir en société. Une pluralité de regards sociologiques*, Rennes, PUR.

Fernandez G., Gentric A., 2019, “Entre continuité, ruptures et renégociations : quelles déprises après un diagnostic de maladie d’Alzheimer ?”, In A. Meidani et S. Cavalli., *Figures du vieillir et formes de déprise*. Toulouse, ERES.

2020

Braverman L., 2020, “Âge et genre dans la prise en charge du cancer de la prostate”, In Meidani A. (dir.), *Masculinités et féminités face au cancer*, Toulouse, ERES.

2022

Fernandez G., Le Borgne-Uguen F., Pedrot F., 2022, “Les relations aux patients dans les maisons de santé pluriprofessionnelles. Des configurations entre autonomisation, coordination et cadrage”, In Denise T., Divay S., Dos Santos M., Fournier C., Girard L. et Luneau A. (Coord.), *Pratiques de coopération en santé. Regards sociologiques*, Paris, éd. IRDES.

2023

Fernandez G., “Les médecins généralistes et le diagnostic de la maladie d’Alzheimer : pratiquer, contester ou transformer un dispositif ?”, 2023, In Chamahian A., Caradec V., *La sociologie face à la maladie d’Alzheimer*, Lille, Presses Universitaires du Septentrion.

Publications in non-Peer reviewed Journals

2021

Braverman L., Levasseur M., 2021, « Christian Jetté et Catherine Lenzi (dir.) (2020), *Les territoires de l’intervention à domicile. Regards croisés France-Québec* », *Lectures*, Les comptes rendus. <<https://journals.openedition.org/lectures/47257>>

Braverman L., 2022, “Les dispositifs renforcés de soutien à domicile : quels apports à la lutte contre l’isolement ?”, *Les papiers de la Fondation*, (39). <https://www.fondation-croix-rouge.fr/wp-content/uploads/2022/09/fcrf_pdlf39_braverman-promo21_juil22_fr.pdf>



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DOCUMENT SCIENTIFIQUE

INNOVCARE

Braverman L., 2022, « Les dispositifs renforcés de soutien à domicile : quels apports à la lutte contre l'isolement ? », *Pratiques & humanités*, (5), <https://www.fondation-croix-rouge.fr/wp-content/uploads/2022/07/fcrf_ph-5_louis_braverman-1.pdf>

Braverman L., 2022, “Les DRAD permettent de rompre avec la dichotomie domicile/EHPAD”, entretien pour la *newsletter* de la Fondation Croix-Rouge. <<https://www.fondation-croix-rouge.fr/%E2%80%89les-drad-permettent-de-rompre-avec-la-dichotomie-domicile-ehpad%E2%80%89/>>



Nom de l'entité :

5) Université Sorbonne Paris Nord

Pascale Molinier, Fabien Hildwein, Helena Hirata

Liste des publications par ordre chronologique :

Books

2019

Ibos C., Dammame A., **Molinier P.**, Paperman P., 2019, *Vers une société du care. Une politique de l'attention* (coll. Idées reçues). Paris, Le cavalier bleu. 2019.

2020

Araujo Guimaraes N., **Hirata H.**, 2020, *O Gênero do Cuidado. Desigualdades, significações e identidades*. Sao Paulo, Ateliê Editorial.

Araujo Guimaraes N., **Hirata H.** (ed.), 2020, *El cuidado en América Latina. Mirando a los casos de Argentina, Brasil, Chile, Colombia y Uruguay*, Buenos Aires, Fondation Medifé Edita.

Molinier P., 2020, *Le travail du care*, Paris, La Dispute, 2^{ème} Ed.

2021

Hirata H., 2021, *Le care : théories et pratiques*, Paris, La Dispute.

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**APPEL A PROJETS – VAGUE 2
AUTONOMIE : VIEILLISSEMENT ET
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Marc-Karim Bendiane, Anne-Laure Couderc, Patrick Villani

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Nom de l'entité

7) CNRS (LAAS)

Rachid Alami, Malik Ghallab, Simon Lacroix, Félix Ingrand, Matthieu Herrb

Liste des publications par ordre chronologique :

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Nom de l'entité :

8) Institut National d'Études démographiques (INED)

Loïc Trabut, Olivier Giraud, Armelle Klein, Jean-Marie Robine

Liste des publications par ordre chronologique :

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2019

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2020

ATOLLs L., Jedlicki F., Lelièvre E., **Trabut L.**, Rault W., Sierra-Paycha C., ... Leroy S., 2020, *Être collégien en classe de troisième en Polynésie française : des scolarités au gré de la mobilité*, Documents de travail n°25, Paris, Ined. Consulté à l'adresse <https://www.ined.fr/fr/publications/editions/document-travail/etre-collegien-en-classe-de-troisieme-en-polynesie-francaise/>

Trabut L., & Garabige A., 2020, *Personnes âgées et solidarités locales*, Rapport final du projet ANR PASOLO, Paris, Ined.

2021

Robine JM., 2021, Ageing populations: We are living longer lives, but are we healthier? United Nations, UN DESA/POP/2021/TPNO.2. https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2021/Sep/undesa_pd_2021_technical_paper_no.2_healthy_life_expectancy.pdf

Fardeau L., Lelièvre E., ATOLLs L., Rault W., Sierra-Paycha C., **Trabut L.**, ... Thauvin, P., 2021, *L'enquête Feti'i e fenua (Enquête Famille, territoire et relations intergénérationnelles en Polynésie française) : Apurement et imputation des données*, Documents de travail n°262, Aubervilliers, Ined.

2022

Klein A., 2022, "Innovation et organisation du maintien à domicile des personnes vulnérables en île de France", Rapport d'évaluation du PRS de l'ARS Ile de France.

Pasquier J. & **Trabut L.**, 2022, "Feti'i e Fenua : caractéristiques des familles et solidarités autour des parents âgés", *Points études et bilans de la Polynésie française*, 4 (1295). Consulté à l'adresse <https://www.ispf.pf/docs/default-source/publi-pf-bilans-et-etudes/1295-fetii-e-fenua.pdf?sfvrsn=12>



Nom de l'entité :

9) Assistance Publique - Hôpitaux de Paris (AP-HP)

Anne-Sophie Rigaud, Maribel Pino

Liste des publications par ordre chronologique :

Articles in refereed Journals

2019

Demange M, **Pino M**, Kerhervé H, **Rigaud AS**, Cantegreil-Kallen I., 2019, "Management of acute pain in dementia: a feasibility study of a robot-assisted intervention", *J Pain Res.*, 12; 1833-1846. doi: 10.2147/JPR.S179640.

Cohen A, Vidal JS, Roca F, Rananja H, Hernandorena I, Coude du Foresto L, Seux ML, **Rigaud AS**, Hanon O, Duron E, 2019, "Feasibility and Determinants of Orthostatic Hypotension Self-measurement at Home in an Elderly Community- Dwelling Population", *Am J Hypertens.*, 32(9), 824-832. doi: 10.1093/ajh/hpz066.

Marlats F, Djabelkhir-Jemmi L, Azabou E, Boubaya M, Pouwels S, **Rigaud AS**, "Comparison of effects between SMR/delta-ratio and beta1/theta-ratio neurofeedback training for older adults with Mild Cognitive Impairment: a protocol for a randomized controlled trial", *Trials*, 20(1):88. doi: 10.1186/s13063-018-3170-x.

Wu YH, Lewis M, **Rigaud AS**, 2019, "Cognitive Function and Digital Device Use in Older Adults Attending a Memory Clinic", *Gerontol Geriatr Med.*, 2 (5), 2333721419844886. doi: 10.1177/2333721419844886.

Duron E, Vidal JS, Grousselle D, Gabelle A, Lehmann S, Pasquier F, Bombois S, Buée L, Allinquant B, Schraen-Maschke S, Baret C, **Rigaud AS**, Hanon O, Epelbaum J., 2019, "Corrigendum: Somatostatin and Neuropeptide Y in Cerebrospinal Fluid: Correlations With Amyloid Peptides A β ₁₋₄₂, and Tau Proteins in Elderly Patients With Mild Cognitive Impairment", *Front Aging Neurosci.*, 11, 11. doi: 10.3389/fnagi.2019.00011. Erratum for: Front Aging Neurosci, 2018 Oct 01;10:297. Bombois, Stéphanie [added].

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El-Yacoubi M. A., Garcia-Salicetti S., Kahindo C., **Rigaud A. S.**, & Cristancho-Lacroix V., 2019, "From aging to early-stage Alzheimer's: Uncovering handwriting multimodal behaviors by semi-supervised learning and sequential representation learning", *Pattern Recognition*, 86, 112-133.

Wang Z., Abazid M., Houmani N., Garcia-Salicetti S., & **Rigaud A. S.**, 2019, "Online Signature Analysis for Characterizing Early Stage Alzheimer's Disease: A Feasibility Study", *Entropy*, 21(10), 956.



Demange M, **Pino M**, Kerhervé H, Harlé L, Cantegreil-Kallen I, **Rigaud AS**, 2019, “Le phoque Paro : une intervention à médiation robotique pour les personnes âgées”, *Revue Rhizome*, 72.

Pino M, Charlieux B, Benveniste S, **Rigaud AS**, 2019, “Robots sociaux en Ehpad et gériatrie Facteurs d’humanisation, *REVUE HOSPITALIÈRE DE FRANCE*, 591, 80-81.

2020

Marlats F., Bao G., Chevallier S., Boubaya M., Djabelkhir-Jemmi L., Wu Y. H., **Rigaud AS** & Azabou E., 2020, “SMR/Theta Neurofeedback Training Improves Cognitive Performance and EEG Activity in Elderly With Mild Cognitive Impairment: A Pilot Study”, *Frontiers in Aging Neuroscience*, 12.

Rigaud AS, Lenoir H, Hugonot-Fiener L, 2020, “Psychopathologie du sujet âgé”, *Neurologie, Psychiatrie, Gériatrie (NPG)*, 20, 67-82.

Manera V., Abrahams S., Agüera-Ortiz L., Bremond F., David R., Fairchild K., **Pino M**, ..., & Robert P., 2020, “Recommendations for the nonpharmacological treatment of apathy in brain disorders”, *The American Journal of Geriatric Psychiatry*, 28(4), 410-420.

2021

Isabet B., **Pino M**, Lewis, M., Benveniste, S., & **Rigaud A.S.**, 2021, “Social telepresence robots: a narrative review of experiments involving older adults before and during the COVID-19 pandemic”, *International Journal of Environmental Research and Public Health*, 18(7), 3597.

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Frison E, Proust-Lima C, Mangin JF, Habert MO, Bombois S, Ousset PJ, Pasquier F, Hanon O, Paquet C, Gabelle A, Ceccaldi M, Annweiler C, Krolak-Salmon P, Béjot Y, **Rigaud AS**, Belin C, Wallon D, Sauvee M, Beauvils E, Bourdel-Marchasson I, Jalenques I, Chupin M, Chêne G, Dufouil C, 2021, “Diabetes Mellitus and Cognition: Pathway Analysis in the MEMENTO Cohort.MEMENTO Cohort Study Group”, *Neurology*, 97(8), e836-e848.

Pino M, Dacunha S, Berger E, Gocalves A, **Rigaud AS**, 2021, “Intérêt de la robotique sociale et d’assistance auprès des sujets âgés”, *Actualités pharmaceutiques*, 611.

2022

Blavette L., Rigaud A. S., Anzalone S. M., Kergueris C., Isabet B., Dacunha S., & **Pino M.**, 2022, “A Robot-Mediated Activity Using the Nao Robot to Promote COVID-19 Precautionary Measures among Older Adults in Geriatric Facilities”, *International Journal of Environmental Research and Public Health*, 19(9), 5222.

Hanon O, Vidal JS, Lehmann S, Bombois S, Allinquant B, Baret-Rose C, Blanc F, Mangin JF, Buée L, Touchon J, Hugon J, Vellas B, Galbrun E, Benetos A, Berrut G, Paillaud E, Wallon D, Castelnovo G, Volpe-Gillot L, Paccalin M, Robert P, Godefroy O, Camus V, Belmin J, Vandel P, Novella JL,



Duron E, **Rigaud AS**, Schraen-Maschke S, Gabelle A & BALTAZAR study group, 2022, “Plasma amyloid beta predicts conversion to dementia in subjects with mild cognitive impairment: The BALTAZAR study”, *Alzheimer's & Dementia*.

Chaby L, Benamara A, **Pino M**, Prigent E, Ravenet B, Martin JC, Vanderstichel H, Becerril-Ortega R, **Rigaud AS**, Chetouani M., “Embodied virtual patients as a simulation-based framework for training clinician-patient communication skills: an overview of their use in psychiatric and geriatric care”, *Frontiers*. (Forthcoming), <https://doi.org/10.3389/frvir.2022.827312>

Naudé B., Rigaud A.S. & **Pino M**, 2022, “Video calls for older adults: A narrative review of experiments involving older adults in elderly care institutions”, *Frontiers in public health*, 9, 2228.

Isabet B., Rigaud A. S., Li W., & **Pino M**, 2022, “Telepresence Robot Intervention to Reduce Loneliness and Social Isolation in Older Adults Living at Home (Project DOMIROB): Protocol for a Clinical Nonrandomized Study”, *JMIR Research Protocols*, 11(10), e40528.

Carfora D., Kim S., Houmani N., Garcia-Salicetti S., & **Rigaud A. S.**, 2022, “On Extracting Digitized Spiral Dynamics’ Representations: A Study on Transfer Learning for Early Alzheimer’s Detection”, *Bioengineering*, 9(8), 375.

Haegel C., **Maribel P.**, **Rigaud A-S.**, 2023, “Robothérapie en gériatrie”, *La Revue du Praticien – Médecine Générale*, 36(1072), 525-7.

2023

Naudé B., **Rigaud A. S.**, & Kamali L., **Pino M.**, 2023, “Barriers and Enablers for the Use of Digital Interactive Television in Nursing Home Settings: An Interview Case Study with Older Adults and Professionals”, *International Journal of Environmental Research and Public Health*, 20, 1813.

Conference Papers

Kachouri M., Houmani N., Garcia-Salicetti S., & **Rigaud A.S.**, 2021, “A new scheme for the automatic assessment of Alzheimer’s disease on a fine motor task with Transfer Learning”. 43rd Annual International Conference of the IEEE Engineering in Medicine & Biology Society (EMBC), 3823-3829.



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Nom de l'entité :

10) Croix-Rouge française et espagnole (Centre de ressources d'innovation sociale - Red Social Innovation & Fondation Croix Rouge)

Zucchini Giulio, Antouly Julien, Leger Vincent, Troit Virginie

Liste des publications par ordre chronologique :

How to foster innovation within a social organisation - en partenariat avec la Stanford Social Innovation Review - Février 2022.

Territoires solidaires | Guide pratique d'innovation territoriale - co-rédigé avec sept autres acteurs de l'Economie Sociale et Solidaire : AG2R La Mondiale, Avise, Bleu Blanc Zèbre, Croix-Rouge Insertion, Familles rurales, Kawaa, Yes We Camp - Mars 2022.

Les personnes âgées et la santé mentale en Europe | Lutter contre l'âgisme et favoriser le lien social - en partenariat avec EY Fabernovel et le Centre Psychosocial de la Fédération Internationale de la Croix-Rouge et du Croissant Rouge - Octobre 2022.

La blockchain peut-elle améliorer l'action humanitaire ? - en collaboration avec la Croix-Rouge britannique - Mars 2023.



Nom de l'entité :

11) PSInstitut
Christophe Humbert

Liste des publications par ordre chronologique :

Coordination of journal issues

Goulinet-Fité G., **Humbert C.**, Levilain H., 2023 (Forthcoming), *La fabrique de l'inclusion numérique des personnes âgées*, dossier spécial de la *Revue des Sciences Sociales*, (70).

Articles in refereed journals

2022

Humbert C., 2022, "Vieillir chez soi en situation de dépendance : attachement au domicile et (dis)continuité identitaire au grand âge", *Enfances, Familles, Générations*, (39), 2022. <<https://journals-openedition-org.scd-rproxy.u-strasbg.fr/efg/12569>>

2023

Lemaire C. *, **Humbert C.** *, Racin C., Sueur C., 2023, "Use of Digital Technologies for Older Adult's Ties during Visitation Restrictions in Long-Term Care Facilities : A Scoping Review", *JMIR Aging*, 5. (*These authors contributed equally) <http://dx.doi.org/10.2196/38593>

Humbert C., 2023, "Évolutions d'un métier du *Care* dans l'innovation en coordination gérontologique", *Gérontologie et société*, 45(172), (Forthcoming).

Humbert C., 2023, "Le déploiement d'un SI pour la coordination gérontologique comme catalyseur d'innovation institutionnelle à l'échelle d'un département ?", *Network and Communication Studies* (Forthcoming).

PhD Dissertation

Humbert C., 2020, *Dépendance, innovation et coordination gérontologique. Des dispositifs sociotechniques pour l'autonomie des personnes âgées?*, PhD dissertation, Strasbourg, Université de Strasbourg.

Reports

Humbert C., 2023, "Accompagnement de la démarche d'inclusion sociale des personnes âgées en situation de solitude et d'isolement *Viens avec nous*", Rapport commandé et financé par la municipalité de Strasbourg, à destination des élus en charge des solidarités et du pôle santé et autonomie. < <https://hal.science/hal-03987325>>



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Other publications

2021

Hintermeyer P., **Humbert C.**, Kaltenbach G., 2021, “Éditorial : Pour une éthique de l' "autonomie négociée" des personnes âgées en situation de dépendance”, *Lettre du Centre Européen d'Enseignement et de Recherche en Éthique*, Université de Strasbourg, <<https://ethique.unistra.fr/presentation/lettres-du-ceere/>>

Sueur C., Braccini V., Capelli F., **Humbert C.**, Lemaire C., Racin C., 2021, “Innovations numériques et organisationnelles en EHPAD suite à l'épidémie de COVID-19 - Innovehpad”, Published Abstract, *Prospectives INEE 2021*, <<https://prospectives21.sciencesconf.org/>>

2022

Hintermeyer P., **Humbert C.**, 2022, “Éditorial : Maintenir les liens sociaux des résidents d'EHPAD via le numérique ?”, *Lettre du Centre Européen d'Enseignement et de Recherche en Éthique*, Université de Strasbourg. <<https://ethique.unistra.fr/presentation/lettres-du-ceere/>>

2023

Humbert C., 2023, “Figurez-vous... Que les échanges via les tablettes numériques entre les résidentes des EHPAD et leurs proches requièrent une aide substantielle des professionnelles”, *Les Figures du mois*, Institut de la longévité, des vieillesse et du vieillissement. <<https://www.ilvv.fr/fr/mission-2-faire-connaître/la-pepinière/les-figures-du-mois>>



Nom de l'entité :

12) Doshisha University

K. Shimohara, Y. Niimi, T. Iio

Liste des publications par ordre chronologique :

2019

Niimi, Y., & Horioka, C. Y., 2019, The wealth decumulation behavior of the retired elderly in Japan: The relative importance of precautionary saving and bequest motives. *Journal of the Japanese and International Economies*, 51, 52–63. <https://doi.org/10.1016/j.jjie.2018.10.002>.

Shimohara, K., 2019, Boundary and Relationality Perspective Systems Approach Toward Designing System of Systems, *Proc. of SICE AC 2019*, pp.491-494.

Tanaka, M., Shioya, R., Yonezaki, K., Shiozu, Y., Tanev, I, and **Shimohara, K.**, 2019, Multi-Agent Simulation of Relationality Assets to Enable Community Vitalization, *IEEE Computer Science and Data Engineering*, DOI:[10.1109/CSDE48274.2019.9162353](https://doi.org/10.1109/CSDE48274.2019.9162353)

Shimohara, K., 2019, Boundary and Relationality in Systems Design: Toward Designing System of Systems, *IEEE Computer Science and Data Engineering*, DOI:[10.1109/CSDE48274.2019.9162423](https://doi.org/10.1109/CSDE48274.2019.9162423)

Shioya, R., Tanaka, M., Yonezaki, K., Shiozu, Y., Tanev, I., and **Shimohara, K.**, 2019, Self-motivated Information Sharing in Communities for Promoting Regional Revitalization, *IEEE Computer Science and Data Engineering*, DOI:[10.1109/CSDE48274.2019.9162394](https://doi.org/10.1109/CSDE48274.2019.9162394)

2020

Iio, T., Yoshikawa, Y., Chiba, M., Asami, T., Isoda, Y., Ishiguro, H., 2020, Twin-Robot Dialogue System with Robustness against Speech Recognition Failure in Human-Robot Dialogue with Elderly People, *Appl. Sci.*, 10(4), 1522.

Niimi, Y., 2021, Juggling paid work and elderly care provision in Japan: Does a flexible work environment help family caregivers cope? *Journal of the Japanese and International Economies*, 62, 101171. <https://doi.org/10.1016/j.jjie.2021.101171>

Shiozu, Y., Muramatsu, S., Shioya, R., Yonezaki, K., Tanaka, M., and **Shimohara, K.**, 2020, Does Visualization of Health Data Using an Accelerometer Be Associated with Promoting Exercise Among Elderly People? *HCI 2020, LNCS 12184*, pp. 145–155, https://doi.org/10.1007/978-3-030-50020-7_9

Shimohara, K., 2020, System Design of Community Toward Wellbeing, *HCI 2020, LNCS 12185*, pp. 254–263, July 2020. https://doi.org/10.1007/978-3-030-50017-7_18

Takahara, M., Gosho, K., Huang, F., Tanev, I., and **Shimohara, K.**, 2020 Home Care System for Supporting Caregivers and Elderly Care Receivers, *HCI 2020, LNCS 12185*, pp. 529–538, <https://doi.org/10.1007/978-3-030-50017-7>



Shimohara, K., 2020, Interpenetration of System Borders Mediated by Human Activities: Weaving Trees with Rhizome, Kaihara, T., et al. (eds.), Innovative Systems Approach for Designing Smarter World, pp.95-108, https://doi.org/10.1007/978-981-15-6651-6_7

Shiozu, Y., Tanaka, M., Shioya, R., and **Shimohara, K.**, 2020, Examination of the optimum regional point system by Gift & Circulation Model, IEEE Asian-Pacific Conf. on Computer Science and Data Engineering, DOI:10.1109/CSDE50874.2020.9411385

2021

Nishio, T., Yoshikawa, Y., Sakai, K., **Iio, T.**, Chiba, M., Asami, T., Isoda, Y., Ishiguro, H., 2021, The Effects of Physically Embodied Multiple Conversation Robots on the Elderly. *Frontiers in Robotics and AI*, 8, 61.

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Iio, T., Yoshikawa, Y., Ishiguro, H., 2021, Double-meaning agreements by two robots to conceal incoherent agreements to user's opinions. *Advanced Robotics*, 1-11.

Tamura, Y., Shiomi, M., Kimoto, M., **Iio, T.**, **Shimohara, K.**, Hagita, N., 2021, Robots as an Interactive-Social Medium in Storytelling to Multiple Children, *Interaction Studies*, Vol.22, No.1, pp.110-140.

Fu, C., Yoshikawa, Y., **Iio, T.**, Ishiguro, H., 2021, Sharing experiences to help a robot present its mind and sociability. *International Journal of Social Robotics*, 13, 341-352.

Shiozu, Y., Tanaka, M., Shioya, R., and **Shimohara, K.**, 2021, Can Community Point System Promote the Interaction Between Residents? *HCI 2021, LNCS 12766*, pp.312–325, https://doi.org/10.1007/978-3-030-78361-7_23

Aso, H., Ohara, Y., Yoshida, S., Shiozu, Y., Yonezaki, K., Tanev, I., and **Shimohara, K.**, 2021, Individuality-oriented Community System Design, *Proc. of SICE Annual Conf. 2021*, pp.509-513.

Ohara, Y., Aso, H., Yoshida, S., Shiozu, Y., Yonezaki, K., Tanev, I., and **Shimohara, K.**, 2021, Community System Design to Elicit Functionality as Leader, *Proc. of SICE Annual Conf. 2021*, pp.514-517.

2022

Someya, Y., **Iio, T.**, 2022, Comparison of Philosophical Dialogue with a Robot and with a Human., *Applied Sciences*, 12(3), 1237.

Shiozu, Y., Arai, S., Aso, H., Ohara, Y., and **Shimohara, K.**, 2022, Examination of Conditions that the Point System Contributes to the Activation of Local Communication, *HCI 2022, LNCS 13305*, pp.99-117, https://doi.org/10.1007/978-3-031-06424-1_9



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Ohara, Y., Aso, H., Yoshida, S., Shiozu, Y., Yonezaki, K., Tanev, I., and **Shimohara, K.**, 2022, Community System Design through Network-focused Simulation to Investigate Mechanisms Related to Leadership, Proc. of SICE Annual Conf. 2022, pp.984-988.

Aso, H., Ohara, Y., Yoshida, S., Shiozu, Y., Yonezaki, K., Tanev, I., and **Shimohara, K.**, 2022, New Development in Individuality-oriented Community System Design, Proc. of SICE Annual Conf. 2022, pp.989-993.

Shuang, G., Tanev, I., and **Shimohara, K.**, 2022, Individuality-Oriented Incentive Design to Lead the Older Adults to Go out for a Walk, Proc. of SICE Annual Conf. 2022, pp.1004-1008.



Nom de l'entité :

13) Osaka University Graduate School of Human Sciences/ School of Human Sciences
Y. Gondo

Liste des publications par ordre chronologique :

2019

Kiyoshige E, Kabayama M, **Gondo Y.**, Masui Y, Inagaki H, Ogawa M, Nakagawa T, Yasumoto S, Akasaka H, Sugimoto K, Ikebe K, Arai Y, Ishizaki T, Rakugi H, Kamide K., 2019, Age group differences in association between IADL decline and depressive symptoms in community-dwelling elderly. BMC Geriatr., 19:309.

Kiyoshige E, Kabayama M, **Gondo Y.**, Masui Y, Ryuno H, Sawayama Y, Inoue T, Akagi Y, Sekiguchi T, Tanaka K, Nakagawa T, Yasumoto S, Ogawa M, Inagaki H, Oguro R, Sugimoto K, Akasaka H, Yamamoto K, Takeya Y, Takami Y, Itoh N, Takeda M, Nagasawa M, Yokoyama S, Maeda S, Ikebe K, Arai Y, Ishizaki T, Rakugi H, Kamide K., 2019, Association between long-term care and chronic and lifestyle-related disease modified by social profiles in community-dwelling people aged 80 and 90; SONIC study. Arch Gerontol Geriatr, 81:176-181.

2020

Gondo Y., & Ishioka YL., 2020, Centenarians. Danan Gu, Matthew E. Dupre. (ed.) , Encyclopedia of Gerontology and Population Aging, Springer, Cham, Ger, Berlin.

Noma T, Kabayama M, **Gondo Y.**, Yasumoto S, Masui Y, Sugimoto K, Akasaka H, Godai K, Higuchi A, Akagi Y, Takami Y, Takeya Y, Yamamoto K, Ikebe K, Arai Y, Ishizaki T, Rakugi H, Kamide K., 2020, Association of anemia and SRH in older people: the SONIC study. Geriatr Gerontol Int, 20:720-726.

Cho J, Nakagawa T, Martin P, **Gondo Y.**, Poon LW, Hirose N., 2020, Caregiving centenarians: Cross-national comparison in Caregiver-Burden between the United States and Japan. Aging Ment Health, 24:774-783.

2021

Yasumoto S & **Gondo Y.**, 2021, CBSI as a Social Innovation to Promote the Health of Older People in Japan. International Journal of Environmental Research and Public Health. 2021;18(9):4970.

Gondo Y., Hirose N, Yasumoto S, Ishioka YL, Inagaki H, Masui Y, Arai Y & Saito Y, 2021, Age Verification of Three Japanese Supercentenarians Who Reached Age 115 . Demographic Research Monographs, 297-316.

da Rosa GD, Martin P, Kim J, Russell D, Abraham WT, **Gondo Y.**, Hirose N, Masui Y, Poon LW, for the Georgia Centenarian Study, 2021, A Cultural Comparison of Personality Profiles of U.S. and Japanese Centenarians. The International Journal of Aging and Human Development, 93(1): 562-583.



2022

Leung Y, Barzilai N, Batko-Szwaczka A, Beker N, Boerner K, Brayne C, Brodaty H, Cheung KSL, Corrada MM, Crawford JD, Galbussera AA, **Gondo Y**, Holstege H, Hulsman M, Ishioka YL, Jopp D, Kawas CH, Kaye J, Kochan NA, Lau BHP, Lipnicki DM, Lo JW, Lucca U, Makkar SR, Marcon G, Martin P, Meguro K, Milman S, Poon LW, Recchia A, Ribeiro O, Riva E, Rott C, Sikkes SAM, Skoog I, Stephan B, Szewieczek J, Teixeira L, Tettamanti M, Wilczyński K, Sachdev P., 2022 Cognition, function, and prevalent dementia in centenarians and near-centenarians: An individual participant data (IPD) meta-analysis of 18 studies. *Alzheimer's & Dementia*, 1-11. <https://doi.org/10.1002/alz.12828>

Martin P, **Gondo Y**, Lee G, Woodard JL, Miller LS, Poon LW., 2022, Cognitive Reserve and Cognitive Functioning among Oldest Old Adults: Findings from the Georgia Centenarian Study. *Experimental Aging Research*, 5: 1-13.

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Akagi Y, Kabayama M, **Gondo Y**, Masui Y, Yasumoto S, Klinpuatn N, Srithumsuk W, Godai K, Ikebe K, Akasaka H, Yokoyama S, Nozato Y, Takami Y, Takeya Y, Yamamoto K, Sugimoto K, Arai Y, Inagaki H, Ishizaki T, Rakugi H and Kamide K., 2022 Alcohol drinking patterns have a positive association with cognitive function among older people: a cross-sectional study. *BMC Geriatrics*, 22: 158. <https://doi.org/10.1186/s12877-022-02852-8>

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Nom de l'entité :

14) Hamamatsu University School of Medicine
T. Ojima

Liste des publications par ordre chronologique :

2019

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Nom de l'entité :

15) Tokyo Institute of Technology, School of Environment and Society

T. Sugihara

Liste des publications par ordre chronologique :

2019

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2020

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2021

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Nom de l'entité :

16) National Institute of Public Health

Y. Nakanishi

Liste des publications par ordre chronologique :

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Nom de l'entité :

17) Toyo University

H. Imamura

Liste des publications par ordre chronologique :

2022

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18) Sophia University

H. Nagano, M. Ikeda, Y. Abe

List of publications in chronological order :

2019

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2020

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ANNEXE AU DOCUMENT SCIENTIFIQUE

Dans ce document, nous reprenons les points faibles et points forts identifiés par le jury, en précisant les réponses que nous y avons apportées, y compris au niveau de l'implémentation du projet de recherche INNOVCARE. Puis, nous présentons les conditions de l'adaptation du projet à la coupe budgétaire de 8%.

Nos réponses aux commentaires du jury

- **It lacks an integrating conceptual framework.**

Nous avons retravaillé notre cadre conceptuel suite à notre audition pour bien préciser et articuler ses 2 bases : l'approche post-schumpetérienne de l'innovation et l'éthique du care. Nous avons également précisé les implications en termes de politique publique dans le domaine de l'autonomie, avec notamment un principe de hiérarchie des objectifs de politique sociale par rapport aux objectifs de politique industrielle. Du point de vue de la conduite du projet, sans modifier l'architecture d'ensemble des WP, nous avons créé un groupe de travail sur le cadre conceptuel, transversal à l'ensemble des WP.

- **A more in-depth review of the literature would have been useful background**

Le groupe de travail ci-dessus sera également en charge du développement de la revue de littérature, avec notamment la mobilisation des jeunes chercheurs et étudiants pour la réalisation de celle-ci sous la forme de documents de travail, partagés et discutés au sein de notre consortium.

- **The connection between the different work packages is not always clearly spelled out**

Nous avons discuté au sein du consortium et notamment avec l'ensemble des leaders des WP et des sous WP pour aboutir à une clarification de l'articulation des différents WP. Ce point fait actuellement l'objet d'une discussion au sein de notre conseil scientifique et donnera lieu à des échanges approfondis et réguliers avec les leaders des WP.

- **The interaction with different stakeholders could be better presented as there might be a risk of that even if the focus is on the users, this is not consistently included in the way the project will be carried forward.**

Ce point est extrêmement important et l'objet de toutes nos attentions. L'expérience de projets passés qui avaient la volonté de mettre l'accent sur les usagers mais n'y sont pas toujours parvenus nous conduit à la mise en place de dispositifs nous permettant de garantir leur inclusion à tous les moments du projet. Ce point a fait l'objet de nombreuses discussions au sein du consortium et il sera de la responsabilité de notre conseil scientifique et des responsables des WP de s'assurer de la bonne implémentation de ce principe central pour INNOVCARE.

- **The relation with and inclusion of Japan's researchers could be stronger.**

Nous sommes tout à fait d'accord avec ce point. C'est pourquoi, contrairement à la recommandation de l'ANR, nous tenons absolument à maintenir l'ensemble des partenaires japonais dans le document financier, que nous avons corrigé en incluant leur contribution en termes de moyens humains, après coordination avec chacun des partenaires. Leur exclusion de cette annexe pourrait en effet mettre en péril l'ensemble du projet

- **A solid research proposal with a focus on technology and autonomy, including a strong interdisciplinary approach and use of a variety of methodologies.**

- **Overall, with good expectations of that solid research could be the outcome of the project.**

- **Large-scale proposal carried by a high-quality consortium.**

- **Substantial use of external resources are an illustration the consortium's capacity.**

Nous nous assurerons de maintenir ces principes et de bien les implémenter pour la réussite du projet.

Conditions de l'adaptation du projet à la coupe budgétaire de 8%.

Ce point a fait l'objet d'une discussion approfondie au sein de notre consortium. Comme souligné par le jury international dans son rapport et surtout au cours de l'audition, notre demande budgétaire initiale était tout à fait au niveau de l'ambition du projet. C'est pourquoi, il ne nous semble pas possible de réaliser le projet tel qu'il a été conçu initialement avec un budget moindre. Dans ces conditions, sans revoir à la baisse l'ambition générale du projet, nous avons décidé collectivement de réduire la voilure au niveau de son implémentation. Cela implique que nous allons limiter le nombre d'études de cas et d'expérimentations. Nous avons essayé de répartir la coupe budgétaire sur l'ensemble des WP et sur l'ensemble des partenaires, de façon équilibrée et pondérée, par exemple en prenant en compte l'impossibilité pour certaines équipes de réduire la durée des postdocs ou le risque associé à la suppression de certaines tâches. Nous espérons également avoir limité les tensions au sein du consortium en favorisant une approche consensuelle et transparente de l'implémentation de la coupe budgétaire. Le détail de ces principes est précisé dans l'annexe financière.