



For Further Information Contact
Kelly Besecker
571.308.0147
info@afamedigital.com
www.afamedigital.com

Media Release

For Immediate Release

NEW STUDY TO EVALUATE ADVANCED HEALTH MONITORING TECHNOLOGY FOR SENIORS

February 23, 2010, Reston, VA – A study funded by the National Institute on Aging (NIH/NIA), and conducted by the Pepper Institute on Aging and Public Policy at Florida State University and the school's psychology department, has begun to evaluate advanced technologies that will allow seniors to better manage their health and maintain an active, independent lifestyle. Research has shown that poorly managed health concerns, such as chronic disease, can diminish the quality of life for millions of seniors and place a substantial burden on our health care system.

The study, being conducted in the homes of seniors ages 75-85 in Florida, is using an advanced wireless telehealth monitoring system from AFrame Digital, Inc. of Reston, Virginia.

The AFrame system includes a wireless, discrete wristwatch monitor and delivers an out-of-the-box, in-home installation in a matter of minutes to automatically record and securely transmit the senior's heart rate, blood pressure, blood oxygenation (O2 Sat), weight, location, and activity patterns. Multiple individuals may simultaneously be monitored in a home or long term care facility. The system also enhances senior safety and security by maintaining a silent vigil to detect impacts due to a fall, change in room temperature, and similar important safety factors. All data is trended to create personal baselines and exceptions generate an immediate alert to remote caregivers, family members, or fellow seniors in a community support arrangement. The transfer and delivery of all information is secure, private, and HIPAA compliant.

Additionally, if a user does fall, the wrist monitor's built-in alert feature sends out a distress call. There are no buttons to push or alarms to activate. "Our goal is to help the elderly get the thoughtful medical care they need to ensure long-term wellbeing," said Dr. Amy Papadopoulos, AFrame Digital's Senior Research Scientist.

The two week study is structured to answer two key questions. First, how well are seniors able to regularly measure their vital signs and respond to prompts and self-administered health and wellness survey questions from the system. The second question is to determine "how intrusive the system is in the home environment in terms of its aesthetics and how comfortable each person is wearing the AFrame watch monitor and using the system's equipment," said Dr. Neil Charness, William G. Chase Professor of Psychology and Associate at the Pepper Institute on Aging and Public Policy at Florida State University, the study's lead researcher.

“The wrist monitor doubles as a functional watch and has been designed to protect and respect the privacy of the user,” according to Charness. We expect to see how easily seniors learn to use the system and how well we can interpret the data to predict potential health issues.”

The system used in the test is based upon AFrame's MobileCare™ Monitor that has received 510(k) clearance from the U.S. Food and Drug Administration (FDA). Additionally, this study system design supports NIH/NIA research in aging to promote wellness and reduce health outcomes disparities, an integral part of improving national public health policy objectives.

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AFrame Digital, www.aframedigital.com, is a research-based technology company delivering intelligent, nonintrusive, and secure wireless wellness monitoring and alerting solutions to senior living communities, rehabilitation facilities, and in the home. The AFrame Digital system is FDA-cleared and in use in several long term care facilities and independent residences. The company is actively engaged in research in collaboration with the Defense Advanced Research Projects Agency (DARPA), Brooke Army Medical Center and Walter Reed Army Medical Center to support the recovery of wounded warriors and veterans in outpatient and home settings. This project is supported by Award Number R43AG029196 from the National Institute On Aging. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute on Aging or the National Institutes of Health.