

e-Health Technical Committee

Sep.-Oct., 2012 Volume I, No. 2

Editors' Corner

The e-Health Technical Committee of the IEEE Communication Society (ComSoc) has launched a global eHealth newsletter, which provides a platform for information sharing on technology advancement, national eHealth policy, service deployment and venture investment, as well as collaboration opportunities in the eHealth area. The second edition of the newsletter brings to you the *first-of-its-kind* independent living facility in "CoMO," in the USA.

- Aravind Kailas (UNC Charlotte, USA) and Nazim Agoulmine (University of Evry, France)

University of Missouri Eldertech Research at TigerPlace

Marjorie Skubic, Director, Center for Eldercare and Rehabilitation Technology and Professor, Electrical and Computer Engineering, University of Missouri, Columbia, MO 65211, E-mail: skubicm@missouri.edu

Many senior citizens want to postpone or even avoid nursing home care, instead preferring to remain in their own homes, or *age in place*. An interdisciplinary research team at the University of Missouri (MU) has been investigating technology to support aging in place in a unique housing facility called TigerPlace (Figure 1). State legislation enabled the construction of TigerPlace, built by Americare Systems, Inc. in collaboration with the MU Sinclair School of Nursing: a state of the art independent living facility, built to nursing home standards, licensed as intermediate care so people can use long term care insurances, and operated as independent housing with 54 apartments in Columbia, Missouri. The eldertech research team, now led by the Center for Eldercare and Rehabilitation Technology in the College of Engineering, is successfully engaged with key researchers from the Schools of Nursing, Medicine, Social Work, Health Management and Informatics, Health Professions, and others at MU.



Figure 1: The TigerPlace Aging in Place Facility

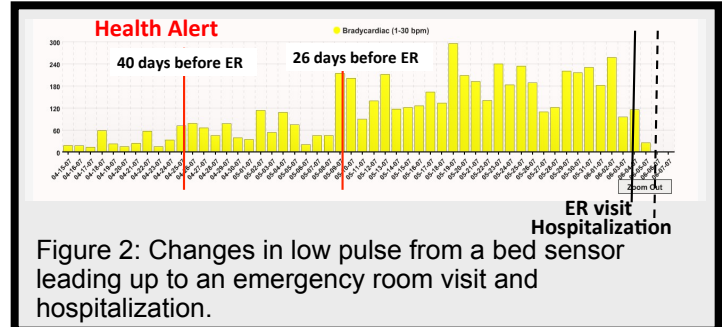


Figure 2: Changes in low pulse from a bed sensor leading up to an emergency room visit and hospitalization.

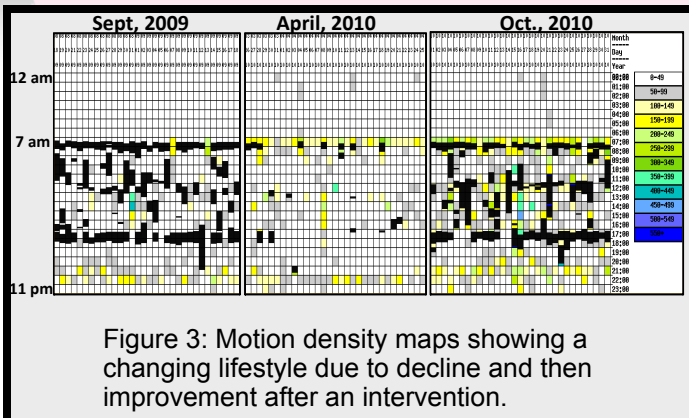
apartments for an average installation time of about two years. The suite of sensors includes motion sensors, a stove sensor, and a bed sensor capturing restlessness, and low, normal, and high pulse and respiration rates [1]. An integrated monitoring system captures data about the residents and their environment in a noninvasive manner [2]. Algorithms have been developed to extract patterns of activity from the collected sensor data and generate alerts that indicate a potential health change. The system acts as a decision support system, alerting clinical staff to potential health problems very early so that early interventions can be offered when problems are still small [3-4]. The team has also evaluated the usability of the interfaces and investigated the acceptability of the technology by seniors [5]. Figures 2-3 show examples of sensor data displays and illustrate changes in patterns that follow health changes.

In-Home Sensor Networks with Health Alerts

Sensor networks have been installed in TigerPlace apartments since Fall, 2005, totaling nearing 50

e-Health Technical Committee

Sep.-Oct., 2012 Volume I, No. 2



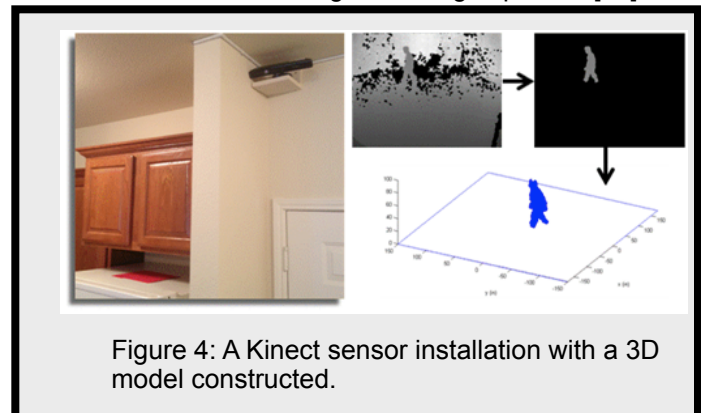
In a recent NIH study, the team showed statistically significant differences in health outcomes between a control group and an intervention group in which health alerts (based on sensor data) were automatically sent to nurses [6]. Nurses rated the clinical relevance of the alerts and their potential in aiding early interventions; this information has been captured in a database for future development of the health alert algorithms [7].

The MU eldertech team has also developed a new hydraulic bed sensor, placed under the bed mattress, that captures quantitative pulse and respiration rates as well as bed restlessness [8-9]. Algorithms automatically separate the ballistocardiogram heart signal from the respiration signal to compute pulse and respiration rates. This innovative bed sensor is being integrated into the health alert system deployed at TigerPlace. The hydraulic bed sensor provides more finely grained information for detecting changes in sleep patterns and physiological signals that may indicate changing health conditions.

Passive Fall Detection and Gait Analysis for Fall Risk Assessment

One in every three people age 65 or older falls each year, making falls the most common cause of injuries and hospitalizations for trauma in older adults and the leading cause of death due to injury. The MU eldertech approach to fall detection does not require the client to wear anything, push any buttons, or charge any batteries. Rather, the team is investigating sensing that can be embedded in the environment, including vision, depth

images (e.g., from the Kinect), acoustic arrays, and radar [10-12]. Likewise, fall risk assessment is accomplished through daily monitoring in the home, also using sensing installed in the environment [13-16], to capture gait changes that may indicate problems in physical or cognitive health. Figure 4 shows a Kinect sensor installed in a TigerPlace apartment and an example of the 3D point cloud model constructed from the Kinect depth data. Gait parameters are extracted from the 3D point cloud model and tracked to detect changes in the gait pattern [17].



Sensing systems are rigorously studied in the lab with a motion capture system for validation. Stunt actors are trained to fall in 21 different falls typical of older adults and then act out the falls for data collection. Volunteers aged 20 to 90 have participated in studies that have validated the measurement of fall risk parameters such as walking speed, stride time, stride length, sit to stand time, and body sway. The approach is being tested in TigerPlace apartments with a two-webcam voxel system, the Kinect, and the radar system. Gait parameters are captured automatically as residents walk around the home during their normal, daily activities. These systems have been installed in ten TigerPlace apartments and will remain in place for two years; data are collected monthly with the residents on fall risk instruments and with stunt actors for falls to provide ground truth in the home.

This work has been supported by grants from the NIH, NSF, AHRQ, the U.S. Administration on Aging, the

e-Health Technical Committee

Sep.-Oct., 2012 Volume I, No. 2

Alzheimer's Association, and RAND Health [18]. In a recent project funded by the NSF, the sensor network and health alert system has been installed in a 100 year old senior housing building in Cedar Falls, IA. This deployment in 15 apartments, which includes motion sensors, the new hydraulic bed sensor, and the Kinect gait analysis system, will further test the sensor-based health alert approach coupled with remote care coordination.

References

1. Mack, D.C., et al. (2009). Development and preliminary validation of heart rate and breathing rate detection using a passive, ballistocardiography-based sleep monitoring system. *IEEE Trans. on Inf. Tech. Biomedicine*, 13: 111-120.
2. Skubic, M., et al. (2009). A smart home application to eldercare: current status and lessons learned. *Technology and Health Care*, 17(3): 183-201.
3. Alexander G.L., et al. (2011). Evolution of an early illness warning system to monitor frail elders in independent living. *J. Healthcare Engineering*, 2(2): 259-286.
4. Skubic, M, et al. (2012). Non-Wearable In-Home Sensing for Early Detection of Health Changes. *Quality of Life Technology for the Disabled and Elderly*, R Schultz, ed. CRC Press.
5. Demiris G, et al. (2009). Older adults' privacy considerations for vision based recognition methods of eldercare applications. *Technology and Health Care*. 17(1): 41-48.
6. Rantz, M.J., et al. (2012). Automated technology to speed recognition of signs of illness in older adults. *J. Gerontological Nursing*, 38(4): 18-23.
7. Skubic M, Guevara RD & Rantz M (2012). Testing Classifiers for Embedded Health Assessment. *Proc. Intl. Conf. Smart Homes and Health Telematics*, Artimino Italy, June 12-15.
8. Heise, D., Rosales, L., Skubic, M., & Devaney, M.J. (2011). Refinement and Evaluation of a Hydraulic Bed Sensor, *Proc. IEEE EMBC*, Boston, MA, August 30-September 3.
9. Rosales, L., Skubic, M., Heise, D., Devaney, M.J., & Schaumburg, M. (2012). Heartbeat Detection from a Hydraulic Bed Sensor Using a Clustering Approach. *Proc. EMBC*, San Diego CA, August 28-September
10. Anderson, D., Luke, R.H., Keller, J.M., Skubic, M., Rantz, M., & Aud, M. (2009). Linguistic summarization of video for fall detection using voxel person and fuzzy logic. *Computer Vision and Image Understanding*, 113(1): 80-89.
11. Liu, L., Popescu, M., Rantz, M., Skubic, M., Cuddihy, P. and Yardibi, T. (2011). Automatic Fall Detection Based on Doppler Radar Motion Signature, *Proc. Pervasive Health Conf.*, Dublin, Ireland, May, *Best Poster Award*.
12. Li, Y, Ho KC & Popescu M. (2012). A Microphone Array System for Automatic Fall Detection. *IEEE Trans. Biomedical Eng.*, 59(2): 1291-1301.
13. Stone, E.E., Anderson, D., Skubic, M. & Keller, J.M. (2010) Extracting Footfalls from Voxel Data, *Proc. EMBC*, Buenos Aires, Argentina, Aug 31-Sept 4, p.1119-1122.
14. Yardibi, T., Cuddihy, P., Genc, S., Bufi, C., Skubic, M., Rantz, M., Liu, L. & Phillips II, C. (2011). Gait Characterization via Pulse-Doppler Radar, *Proc. Pervasive Computing, SmartE Workshop*, Seattle, WA, March.
15. Stone, E.E., Anderson, D., Skubic, M. & Keller, J.M. (2010) Extracting Footfalls from Voxel Data, *Proc. EMBC*, Buenos Aires, Argentina, Aug 31-Sept 4, p.1119-1122.
16. Yardibi, T., Cuddihy, P., Genc, S., Bufi, C., Skubic, M., Rantz, M., Liu, L. & Phillips II, C. (2011). Gait Characterization via Pulse-Doppler Radar, *Proc., Pervasive Computing, SmartE Workshop*, Seattle, WA, March.
17. Stone E & Skubic M (2012). Capturing Habitual, In-Home Gait Parameter Trends Using an Inexpensive Depth Camera. *Proc. EMBC*, San Diego CA, August 28-September 1.
18. www.eldertech.missouri.edu

NEWSLETTER OF eHEALTH TECHNICAL COMMITTEE (TC)

Editors: Aravind Kailas and Nazim Agoulmine

Editorial Committee Members (alphabetical order): Jose David Cely (Columbia), Tiffany Jing Li (Lehigh University, USA), Hsi-Pin Ma (National Tsing Hua University, Taiwan), and Kaoru Sekai (University of Tokyo, Japan)

Regional correspondents: **Africa:** Thabo Nkwe (Botswana) and Fortuin (South Africa) | **America:** Tiffany Jing Li (USA) and Jose David Cely (Colombia) | **Asia:** Kaoru Sezaki (Japan), Sungyoung Lee (S. Korea), Jian Song (China), Tsong-Ho Wu (Taiwan), and Khanh-Toan Tran (Vietnam) | **Europe:** Barbara Tappeiner (Austria), Nazim Agoulmine (France), Pantelis Angelidis (Greece), Stefano Giordano (Italy), Jorge S- Silva (Portugal), Christos Verikoukis (Spain), and Nada Philip (UK)