



CONNECTED HEALTH TRENDS 2018



CONNECTED HEALTH MOVING IN THE RIGHT DIRECTION

The figure 10,000 is now synonymous with the number of steps we should all be striving for each day to help maintain a healthy lifestyle and a whole industry of health data devices is growing on the back of this. If you wear a connected health device then you know exactly what your step tally is at each moment and, more importantly, how many more steps remain to reach the daily goal. Although the daily goal is not always reached, it seems this device is achieving what it is meant to; raising awareness of activity levels and encouraging the wearer to get up and move. For some individuals, these devices are making an impact on health – but there is still a long way to go.

One of the big questions which comes out of Ipsos' latest Connected Health Survey 2018¹ is why there has been little change in uptake of connected health (this includes wearable devices, remote monitoring devices, and health apps) over the past two years (albeit with some ups and downs by country). Since 2016, current use of connected health devices hovers at approximately one in ten participants across 28 countries (12% in 2018 and 2016). We know the health crises faced around the globe, in particular diabetes, hypertension, and other non-communicable diseases (NCDs) are not going away. So why the stagnation?

The survey results show that the one in ten who are using connected health devices tend to be younger and more educated. These devices supplement their current lifestyle and enhance their behaviour towards activity and health, as well as help support the management of chronic health conditions. Moving the other nine in ten towards using these devices is a bigger challenge.

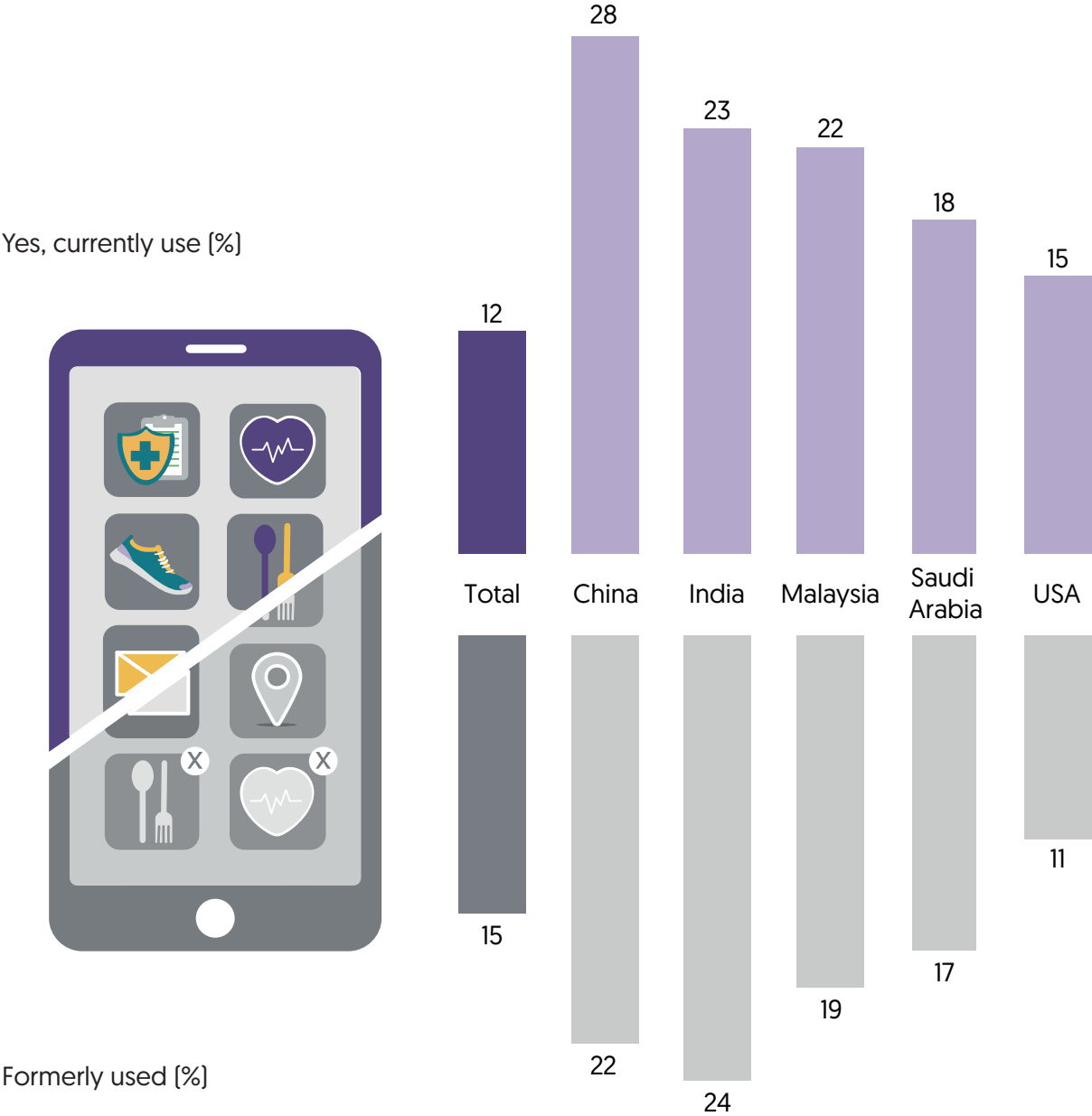
How many of those not yet using connected health devices will realistically become users, and what will it take to sustain their use? At a personal level, many internal and external factors impact the adoption and sustained use of connected health devices—from cost, to psycho-social influences on each individual's attitude towards exercise and/or chronic illness that may not be easy to overcome. However, other external factors may also influence future trends. At a national level, governments and national health bodies can either impede through restrictive policies, or help support uptake through raising awareness, improving access and incentivising individuals—including reimbursement for costs incurred through the use of connected health.

¹See technical notes for sample and methodology

INCENTIVISATION IS MAKING A DIFFERENCE

DO YOU CURRENTLY, OR HAVE YOU EVER, USED A CONNECTED HEALTH DEVICE OR TOOL TO MANAGE YOUR HEALTH?

Let’s take a deeper look at the countries in the survey, with the top five users: China, India, Malaysia, Saudi Arabia and the US.



Source: Ipsos Global Connected Health Trends 2018
Base: 23,249 online adults aged 16-64 across 28 countries May 25 – June 8, 2018

In the results from the Connected Health Survey 2018, we see signs of good penetration of connected health in countries such as China, India, Saudi Arabia and Malaysia. Governments in these countries (as in a number of other countries) are implementing strategies to drive forward use of healthcare technology, and promote prevention of non-communicable diseases, thus encouraging the use of tools such as connected health devices. With populations of more than one billion, and rapidly ageing populations, India and China are embracing technology to help manage the health of the nation in the 21st century and incentivise healthy living.

According to the survey, we also see that public health concern in these countries sways more towards obesity and diabetes than the number one concern in other countries – cancer. This higher public interest in avoiding obesity and

diabetes – a well understood benefit of connected health devices—may be further boosting uptake. When survey respondents are asked why they use a connected health device, the link to exercise and improving physical activity (and losing weight) is clear.

These countries are also experiencing a relatively high level of drop out (not using any more). The dynamics behind this decision will be interesting to understand and could relate to it being a new and dynamic market place (many new and cheaper products available, high younger population, more trialists) leading to a high level of interest to try connected health, but which does not ultimately embed into their lifestyle. The inability of health systems to effectively integrate the data generated through connected health technologies into prevention and/or treatment processes may be contributing to this drop-off rate.

DRIVERS AND BARRIERS IN THE TOP FIVE COUNTRIES

China, India, Saudi Arabia, Malaysia and the US.

Drivers



Monitor and improve exercise



Lose weight



Interested in health data



Store personal information

Barriers



Don't know enough about them



Devices, apps too much effort



Concern about data privacy



Cost

Source: Ipsos Global Connected Health Trends 2018

Base: 23,249 online adults aged 16-64 across 28 countries May 25 – June 8, 2018

REASONS FOR CURRENTLY USING A CONNECTED HEALTH DEVICE

	China	India	Saudi Arabia	Malaysia	USA
1 st	 Interested in own health data	 Monitor and improve exercise	 General wellbeing	 Prevent illness	 Monitor and improve exercise
2 nd	 Monitor and improve exercise	 General wellbeing	 Lose weight	 Monitor and Improve diet	 Lose weight
3 rd	 Store personal health info	 Store personal health info	 Interested in own health data	 Lose weight	 General wellbeing

Source: Ipsos Global Connected Health Trends 2018

Base: 23,249 online adults aged 16-64 across 28 countries May 25 – June 8, 2018

The survey shows some interesting differences in reasons why participants are using connected health devices. In China, an interest in personal health data is higher up the list of reasons to use. Are individuals encouraged to take more personal responsibility for their health in China? Do the Chinese public have a more general interest in technology and data? In Malaysia, prevention of illness is the top reason to use a

connected health device. One answer could be that lifestyles are changing fast and the simultaneous high levels of obesity² are more striking. In addition, according to the Global Digital Health Index, Malaysia's digital health maturity is a Phase 5, indicating a strong enabling environment for the use of technology to promote health.³

² New Straits Times October 2017 – Malaysians Most Obese in Region

³ https://index.digitalhealthindex.org/country_profile/MYS

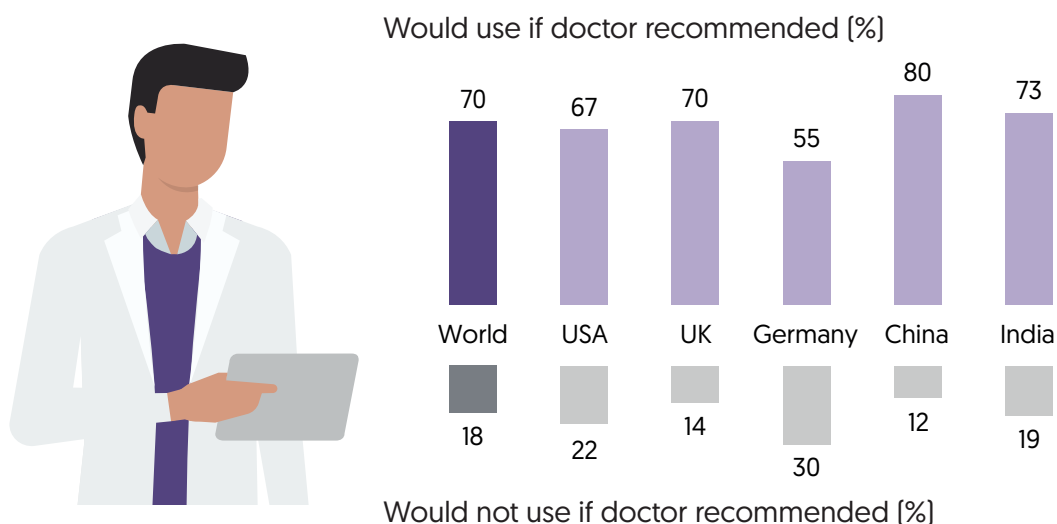
HCPS WILL PLAY A KEY ROLE IN THE SUCCESS OF CONNECTED HEALTH

Personal health information is a relatively new concept to most people. Our health data has previously been the domain of Healthcare Professionals (HCPs) so, understandably, using the device as a way of storing personal health data is of interest. On the surface the benefits are obvious; these gadgets provide us with information about what is happening with our bodies so that we can make informed choices to improve our health. But there is a large gap between having the data and knowing what to do with it to make long-term changes.

The 2018 results show there are strong signals that HCPs will play a key role in the success of connected health devices. Approximately two in three respondents (70%) said they would use a device if the doctor recommended it. The link

here may be that of a 'real' health concern or diagnosis as the doctor is already involved, which implies that the patient is more incentivised to do something about their health or that it is better integrated into their long-term health planning. The recommendation to use a connected health device could be part of a prevention or treatment programme. However, even with a recommendation, cost could still be a barrier if not paid for by the health service or insurance company. With more research showing the benefits of connected health, more countries are paying for their use. The Centers for Medicare and Medicaid in the United States recently expanded reimbursement for remote patient monitoring, which may contribute to an upward trend in connected health adoption in the future.

WOULD USE CONNECTED HEALTH DEVICE IF RECOMMENDED BY OWN PHYSICIAN



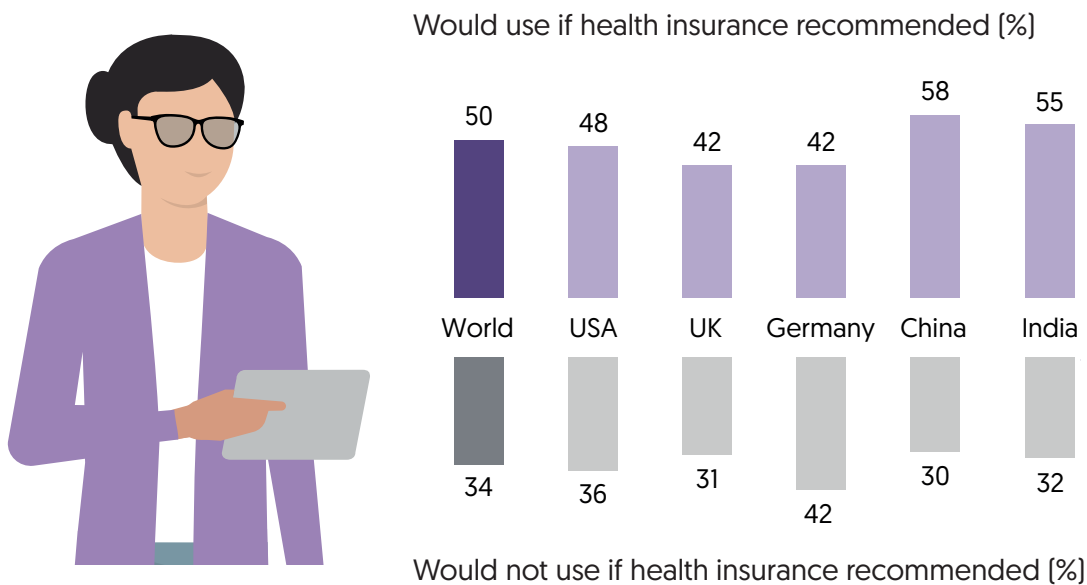
Source: Ipsos Global Connected Health Trends 2018

Base: 23,249 online adults aged 16-64 across 28 countries May 25 – June 8, 2018

In conjunction with HCPs, incentivisation by insurance companies has the potential to play an important role [the results show in most countries at least one in two participants would use a connected health device if recommended by their health insurance company]. A number of insurance companies are looking to partner more with people to improve their lifestyle, rather than just providing insurance, and connected health devices are

part of this journey [e.g. Vitality in the UK ‘rewards you for being healthy’ and offers discounted health data tracking devices]. The survey data shows health insurance companies playing a role to a certain extent across all countries in the survey, irrespective of the type of healthcare system within that country.

**WOULD USE CONNECTED HEALTH DEVICE
IF RECOMMENDED BY HEALTH INSURANCE**



Source: Ipsos Global Connected Health Trends 2018
Base: 23,249 online adults aged 16-64 across 28 countries May 25 – June 8, 2018

MOVING CONNECTED HEALTH INTO THE MAINSTREAM

HCPs, national health bodies and health insurance companies will no doubt further impact uptake of connected health devices over the next few years. The connected health industry will continue to offer more advanced, cheaper, and better-connected options to encourage uptake. The one to watch for now will be the Apple Watch with the new Electrocardiogram (ECG) function, providing the ability to alert the wearer to possible risk of atrial fibrillation. Although people may buy the Apple Watch for reasons other than this, it may move

people (both voluntarily and involuntarily) towards engaging with connected health data as it has a more short-term, significant impact on a potential health problem (atrial fibrillation). This is another step towards mainstreaming connected health into healthcare systems. How the dynamics of using this data play out between HCPs, the general public and technology companies, as well as the policy environment that enables it, will be interesting to see evolve.

TECHNICAL INFORMATION

2018 DATA

Data taken from the Ipsos Connected Health Trends Survey 2018 using the Ipsos Online Panel system. The survey was conducted between May 25 and June 8, 2018 with 23,249 adults across 28 countries. All survey respondents are aged 18-64 in Canada and the U.S. and 16-64 in all other countries. The sample size per country in each survey is approximately n=c. 1,000 for Australia, Brazil, Canada, China, France, Italy, Japan,

Malaysia, Spain, Germany, Great Britain, and the U.S., and approximately n=500 for Argentina, Belgium, Colombia, Chile, Hungary, India, Mexico, Peru, Poland, Russia, Saudi Arabia, Serbia, South Africa, South Korea, Sweden, and Turkey. Weighting has been employed to balance demographics and ensure that the sample's composition reflects that of the adult population according to the most recent country census data.

2016 DATA

Data taken from the Ipsos Global Trends Survey, conducted with 18,180 adults aged 16-64 (in the US and Canada 18-64) between 12 September and 11 October 2016.

The survey was carried out online using the Ipsos Online Panel System in 23 countries – Argentina, Australia, Belgium, Brazil, Canada, China, France, Great Britain, Germany, India, Indonesia, Italy, Mexico, Japan, Peru, Poland, Russia, South Africa, South Korea, Spain, Sweden, Turkey and the United States of America. The 2014 wave covered the same countries, except for Indonesia, Mexico and Peru.

Approximately 1000+ individuals were surveyed in Australia, Brazil, Canada, China, France, Germany, India, Indonesia, Italy, Japan, Spain, Great Britain and the United States of America. Approximately 500+ individuals were surveyed in Argentina, Belgium, Poland, Mexico, Peru, Russia, Saudi Arabia, South Korea, Sweden and Turkey.

In established markets with a higher level of internet penetration (more than 60% online), the results can be taken as representative of the general working age population. However, in emerging markets where internet penetration is lower, the results should be viewed as representative of a more urban, affluent and 'connected' population.

The results are weighted to ensure that the sample's composition reflects that of the adult population according to the most recent country census data, and to provide results intended to approximate the sample universe. Total global data have not been weighted by population size, but are simply a country average.

Where results do not sum to 100, this may be due to computer rounding, multiple responses, or the exclusion of don't knows or not stated responses. All sample surveys and polls may be subject to other sources of error, including, but not limited to coverage error, and measurement error.

CONNECTED HEALTH TRENDS

CURRENT USAGE

Country	2016 Results %	2018 Results %
Total	12	12
Argentina	9	6
Australia	11	14
Belgium	12	9
Brazil	6	7
Canada	10	11
Chile		6
China	28	28
Columbia		5
France	7	8
Germany	9	13
Great Britain	11	11
Hungary		10
India	26	23
Indonesia	16	
Italy	12	12
Japan	7	4
Korea	11	12
Malaysia		18
Mexico	9	8
Peru	4	8
Poland	3	8
Russia	6	11
Saudi Arabia		22
Serbia		6
South Africa	12	12
Spain	8	9
Sweden	14	12
Turkey	17	9
USA	21	15

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