

# Designing for Age

## *Redefining Safety*

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Europäische Union  
Europäischer Fonds für  
regionale Entwicklung  
Investition in Ihre Zukunft



INTERREG4A  
SYDDANMARK-SCHLESWIG-K.E.R.N.



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# Prologue

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During the last few years, it has become more and more obvious that the European society will have to deal with major demographic problems in the next 10 to 20 years. We are becoming older. Even nowadays the retirement of the baby boomer generation is starting to throw its shadow upon our social system. The result of such changes is a multi-dimensional shift in the social, economical and health sectors. It has become apparent that in the near future we won't be able to offer enough care taking facilities to every person who needs it nor serve the increasing number of older people with nursing, housekeeping and meals at their homes – not with the infrastructures and organizations we have today, anyways.

It is now of crucial importance to think about and rethink the topic of Aging: every part of the social system, the way we live in the cities, the way we organize our lives, the way we treat older people; it all has to be considered and if necessary redefined for coping with this phenomenon. In addition to this, due to the continuously changing conditions, the concept of Aging that is commonly known in the society today isn't necessarily adequate anymore. In other words, the ideas of Aging are not contemporary anymore and must therefore also be redefined. That's why the efforts of the European Union to fund and support such programs as Interreg 4A are based upon the need to come up with new ways and ideas to overcome and manage this challenge successfully.

Introducing  
**HANC**



HANC – aka ‘Healthy Aging Network of Competence in Southern Denmark - Northern Schleswig-Holstein’ – is a two-year EU-funded research program aiming to build a network that integrates different fields of expertise on the topic of Healthy Aging. HANC is part of the Interreg4a program, which promotes the development of cross-border cooperation projects in this region.

The main goal of HANC is the promotion of ‘Active Aging in a Healthy Region’. The mission of HANC is primarily to use, merge and transfer new knowledge in the field of Healthy Aging into tangible products and services that facilitate an active aging of the citizens of the German and Danish region. For this reason, HANC focuses on the promotion of innovation and the implementation of emerging research knowledge. Having started in December 2012, HANC should deliver research outcomes by the end of 2014.

HANC consists of eight project partners, lead by the Institute of Sports Science and Clinical Biomechanics of the University of Southern Denmark in Odense (SDU). The industrial, health-care and education sectors are represented by these partners, building a core of competences for the development of new ideas. In addition to these, there are also a number of network partners that support and facilitate the cooperation in the region.

The Muthesius Academy of Fine Arts (MUH), the only project partner with a design background, has the goal of developing a sustainable and valuable vision for Active Aging. This vision should be able to show how different parameters can motivate older people to stay active. Therefore, the focus of this work package lies on the following topics: Diversity of Age, Motivation and Active Aging.

The secondary output is the HANC journal, which aims to facilitate the transfer of knowledge between partners and third parties. This should provide periodically insight into the design process and build a basis for discussion on the topic.

We hope that our work not only delivers important information on how ‘Active Aging in a Healthy Region’ should be understood and applied on a personal level, but also raise social awareness for this topic and function as a basis for the development of new ideas from the industry and government.



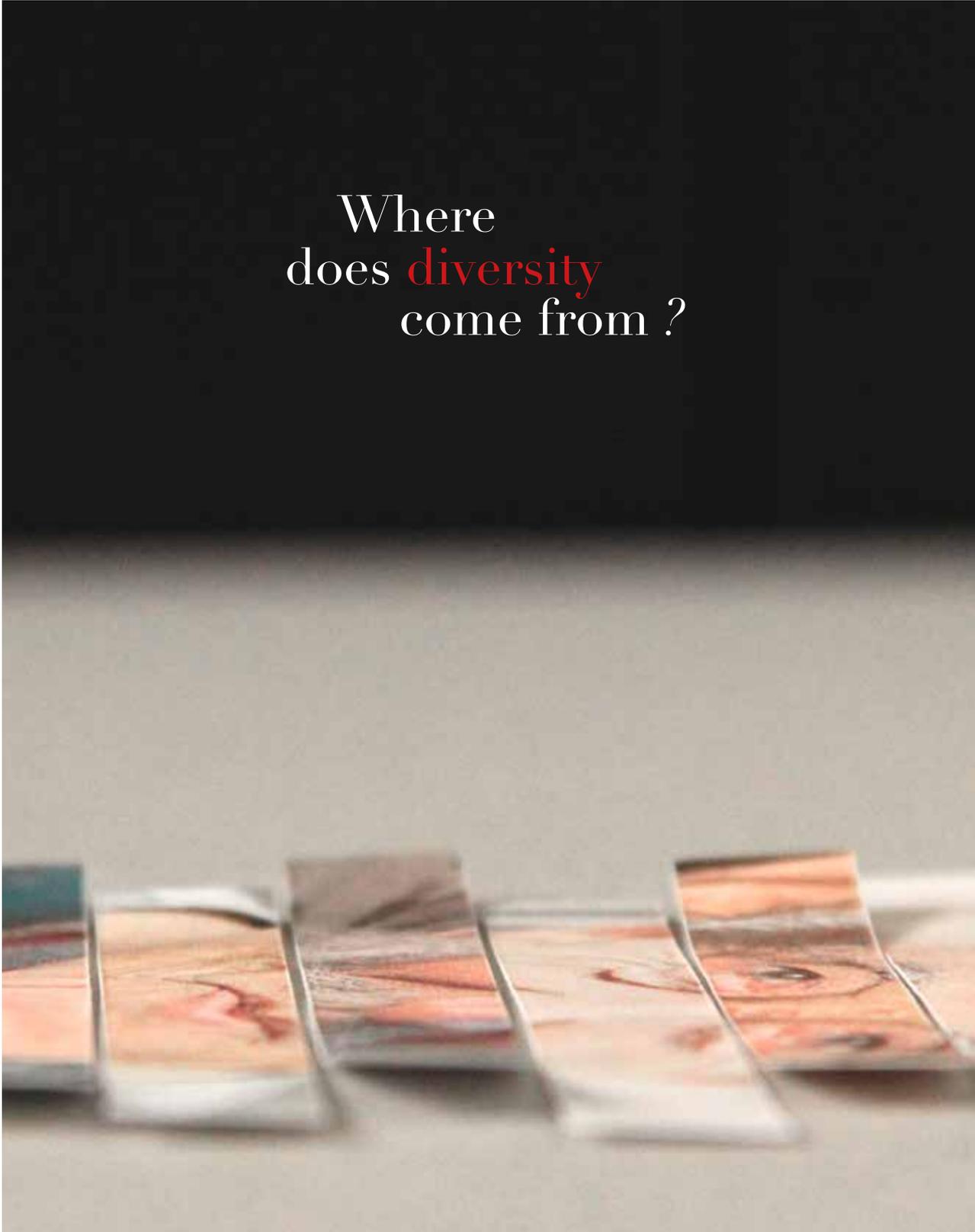


# the Faces of Age

We when think of older person, we usually have one image in mind: wrinkled face, white hair, small, walking slow... maybe it resembles our grandmother, maybe our neighbour or the older man at the store...

This image is directly related to our understanding of 'Being Old', which is formed by the experiences we've had, the culture we were born in, the media we are exposed to, etc. That is why these images are different from individual to individual. The problem is that Age itself is a very diverse factor. Two persons of the exact same age can be (and probably are) totally different to each other. So even if we'd all try to come up with the one image, we couldn't. That's why there are many forms of understanding 'Being Old'. What causes such diversity?

Where  
does **diversity**  
come from ?



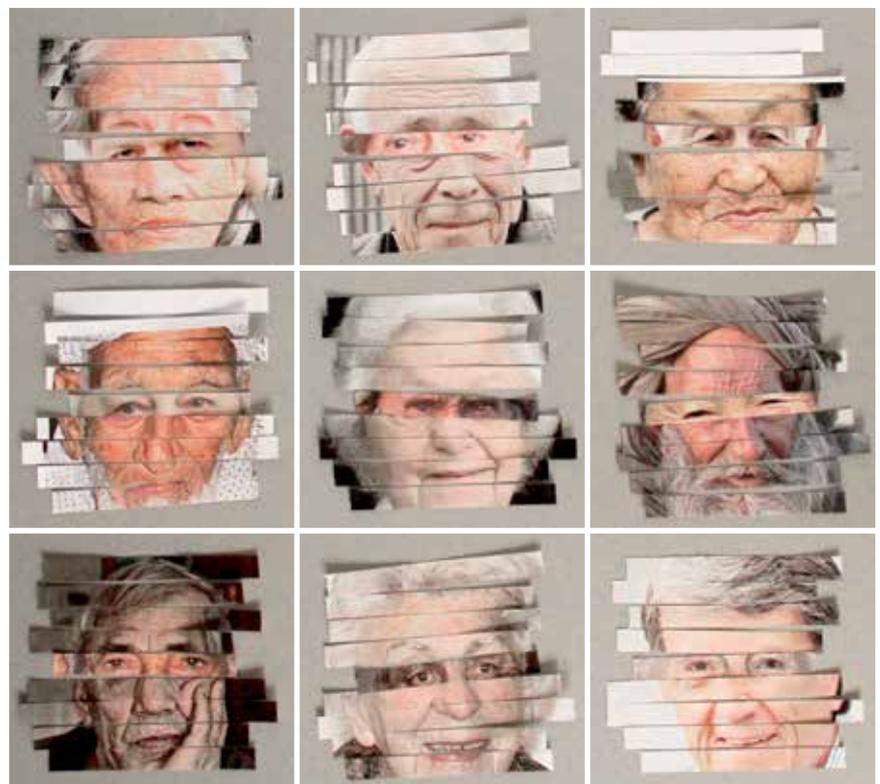
The fact that being an older person automatically means having also lived more time, in which all possible things could happen, leads to diversity itself. Diverse means in this context the differences in physical and mental abilities, in social, health and material resources, and in the individuality of concepts of life, wishes and values. All of these aspects result from the different life course trajectories.

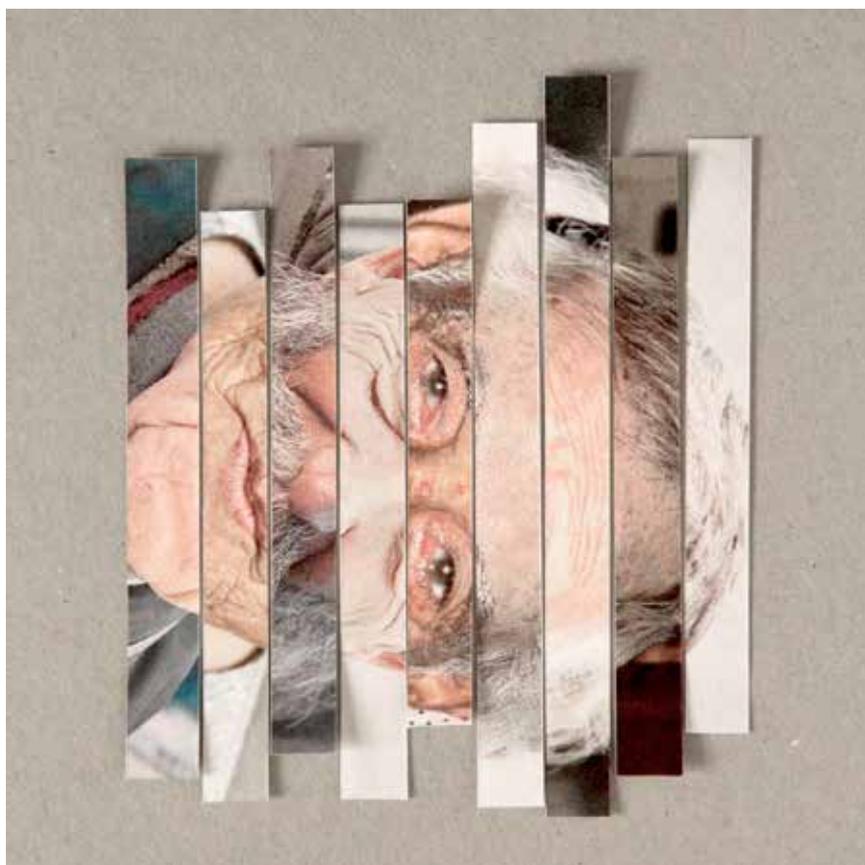
- > *A realistic concept of Age helps older people to be conscious about their own situation (their possibilities and limitations according to their circumstances), and so it contributes to the promotion and preservation of their individual health.*

One's life is embedded in social structures and strongly influenced by the accumulation

of opportunities and risks. Inequality or variance in the rate of opportunity and risk is influenced individually by the context: biological, social, psychological, economic and ecological processes all determine our living situation. Diversity is then a multi-dimensional concept par excellence, since it may refer to the financial, social, functional, spiritual and cognitive sphere. In addition, there are two very significant contributing factors: culture and gender.

After realizing how diverse Age is, it is obvious that the first step towards working with this topic should be to develop a new concept of Age, which is more real and differentiated and takes into account its various faces.





Having identified the parameters that cause the diversity of Age itself, it should be possible to create a 'variability matrix', where each and every one of these parameters could be investigated individually; e.g. economical resources can be divided into intervals, creating a scale that exemplifies

all possibilities within this category. This method would create of map that illustrates the diversity and also raise awareness for its complexity.

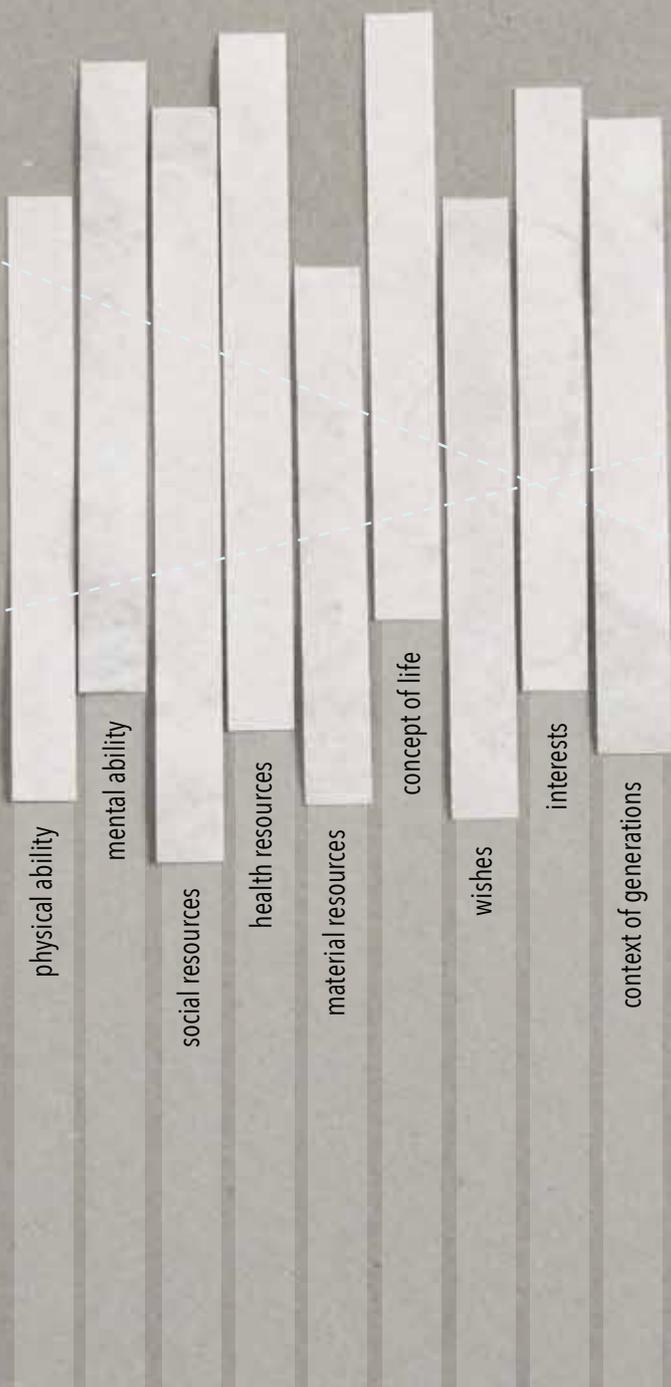
Definiton for HANC:  
older people are people over 65

sixty-five  
& over:  
years old

DIVERSITY THROUGH

CULTURE

GENDER



physical ability

mental ability

social resources

health resources

material resources

concept of life

wishes

interests

context of generations

# Who are the people at **risk**?

RISK PROFILE



A classification of Age concepts by their dimension provides a first step towards understanding how Age is perceived. Every dimension requires an own method of investigation. A deep understanding of the concepts of Age from the individual perception to the collective pattern of interpretation should also prevent the simplification (and stigmatization) of what we call 'Being Old'.

## SCIENTIFIC METHODS FOR ANALYSING THE DIMENSIONS OF AGE CONCEPTS \*

| dimension of age concept   | method proposed                               | * 2010: 6. Altenbericht der Bundesregierung. |
|--|---|--|
| collective pattern of interpretation (social perception of older people)                     | analysis of public discourses                 |  |
|  | analysis of media                             |  |
| organizational or institutional interpretation (Law, Health System, etc.)                    | analysis of law and institutions              |  |
|  | analysis of organizational systems            |  |
| interaction between individuals (perception and communication between different generations) | analysis of language                          |  |
|  | analysis of communication between generations |  |
|  | observation of interaction                    |  |
| individual idea and beliefs (mental structures to discern and judge age)                     | interviews with target group and experts      |  |
|  | experiments with focus groups                 |  |

On the other hand, it is almost impossible to include every single aspect. This is the dilemma that haunts every scientific research: how many parameters should we take into account? How much diversity is needed? We believe that the most interesting boundary for evaluating the spectrum is the risk boundary. Identifying the critical points of every parameter should be a first guideline for handling the research on diversity of Age.



# On Motivation

**One of the main reasons why older people have health problems is the lack of motivation to take care of themselves. They don't eat, they don't go out, they don't shower. Many health intervention programs address this problem by promoting Active Aging. Still, many of these aren't successful.**

The first concept that has to be understood is that Active Aging isn't a random phenomenon: the economic, social and environmental contexts determine the opportunity and risks, but the individual is agent of his or her own ageing process. There are two types of individual-based factors that influence this: the behavioral (lifestyle) and the personal factors (both biogenetic and psychological). Motivation is part of both and can be examined also from two different perspectives: the first one being more practical oriented by taking behavior as the basis of investigation, and the latter being more interested in the unconscious and emotional part of it.

Based on a behavioral perspective, there are two phases that are important for a person to act in a specific way: the formulation of

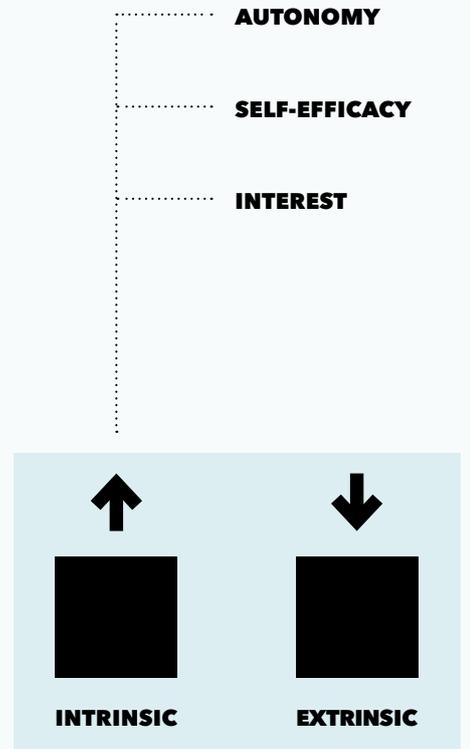
intensions (Motivation) and the conversion of intensions into action (Volition). An intension can be then developed through external or internal factors or, as in most of the cases, through a combination of both. That's why motivation is so difficult to influence: if you really want to motivate someone, then you have to come up with some external factor that triggers the individual's inner motivation.

The concept of intrinsic motivation also describes three different layers that can be the source of the inner formulation of intensions. First, the autonomy of an individual (attribution of results to factors that are under the individual's control); second, the feeling of self-efficacy (belief of effectiveness when trying to reach a goal); and third, the interest in achieving a goal



*Non-intenders*

FORMULATION OF INTENTION



*Intenders*

TRANSLATION INTO  
ACTION

**BEHAVIOR**

*Actors*

(based on values and beliefs). From an external point of view, autonomy and the feeling of self-efficacy can be addressed more directly than a person's interests, although all three of them are correlated to each other. That's why the first two factors have been identified as two points of access to motivation that can be approached by design.

Another critical aspect that can be addressed is the fact that people don't often act according to their intentions. This phenomenon isn't directly connected to motivation: people may be motivated to be active, but don't do it. It is more a matter of taking good intentions and putting them to action. The 'Health Action Model Approach' calls these individuals 'Intenders'. The main problem with this group is that they need help translating their intentions into actions, which also forms the foundation for the design approach.

In the context of HANC both concepts, Motivation and Volition, play an important role. They complement each other and can contribute to promoting Active Aging.

I move, therefore I am

S y d d a n s k

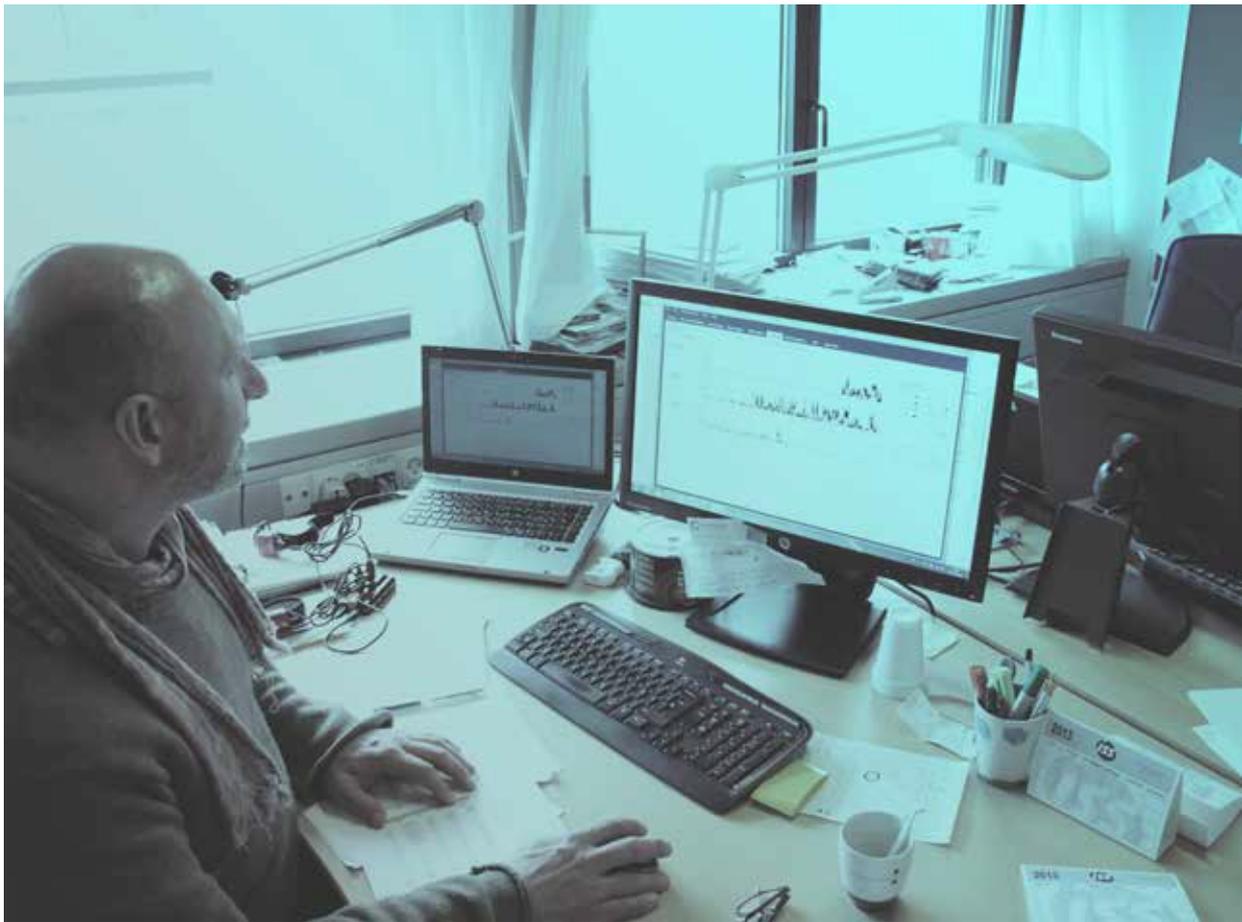


U n i v e r s i t e t

*Institute of Sports Science  
and Clinical Biomechanics,  
University of Southern  
Denmark in Odense*

*3-day Visit*



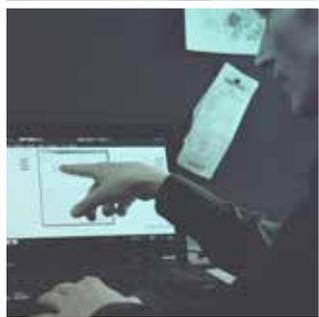




When dealing with the subject of Aging and especially Healthy Aging, it is inevitable to come across the topic of Movement and Mobility of older people. The fact that physical function and health in general are correlated to each other is commonly known. However, researchers from all different scientific backgrounds are still trying to fully understand this relationship. Being aware of this, it was clear that we had to get in touch with scientists working in this field to get a deeper insight in the actual research questions and their specific approaches. That's why we visited our HANC project lead-partner: the Institute of Sports Science and Clinical Biomechanics at the University of Southern Denmark in Odense (SDU). From April 17th to 19th we had the opportunity to be part of this project. In addition, the visit was a good chance for us to start our intended cross-border cooperation within the HANC project.

By the time we got there, they have already started to conduct a study with people of age in cooperation with the municipality of Odense, making use of the existing infrastructure of the Danish social system. This system is very different to the system in Germany. The approach in Denmark to take care of the general health status of older people has found a form that wouldn't be imaginable on the German side: social workers visit every citizen over 75 at least once a year at home. The purpose of this home visit is to have an overall picture of the person's health status and life, so that they can advise and prevent them from a serious health decline.







A main part of our work is to answer following question as precisely as possible: how can older people be motivated to start and live a healthy lifestyle? The municipality workers and the researchers from SDU in Odense are confronted with this issue every day. Talking to two of the elderly consultants, several very interesting points came up about motivation and it's correlation to the disposition to be physically active.

Being part of the Danish social infrastructure, the consultants could tell us a lot about their experiences with people and their cooperation with the University in Odense. They helped us pinpoint critical aspects of aging, especially factors that affect the process of getting old. For example, there are great differences in dealing with the individual situation in life according to gender. While men's motivation in general is often low even more when they loose their wives and are alone, women can adapt much easier to new circumstances in their older days. This hint is just one of many we have to understand in the context of Motivation. An overall conclusion was that it would be helpful to have solutions to this question with the goal to transfer their study results into reality.

In a broader sense, the three days in Odense with all its discussions and experiences led to a new definition of our working focus. The topic of Motivation served as the starting point for a deeper examination, which led to a perspective shift. We realized that the personal feeling of 'being safe' and 'moving safely' in daily interactions is a prerequisite for any kind of motivation. That is why our new approach is entitled 'Redefining Safety'.



# *Redefining Safety*

DESIGNING FOR AGE

*A society with changing age-structures is confronted with very diverse and complex questions. One of these is how can the majority of the people organize their own life autonomously as long as possible. Regarding this issue, a new and more differentiated definition of 'Safety' is needed that goes beyond any of the so far formulated possibilities, such as 'home monitoring' and 'ambient assisted living'.*

'Safety' must be understood as one of the vital premises for enabling people to maintain an independent lifestyle under the changing life conditions. Which aspects should be addressed? What are the new ways of thinking and new constellations for achieving this goal?

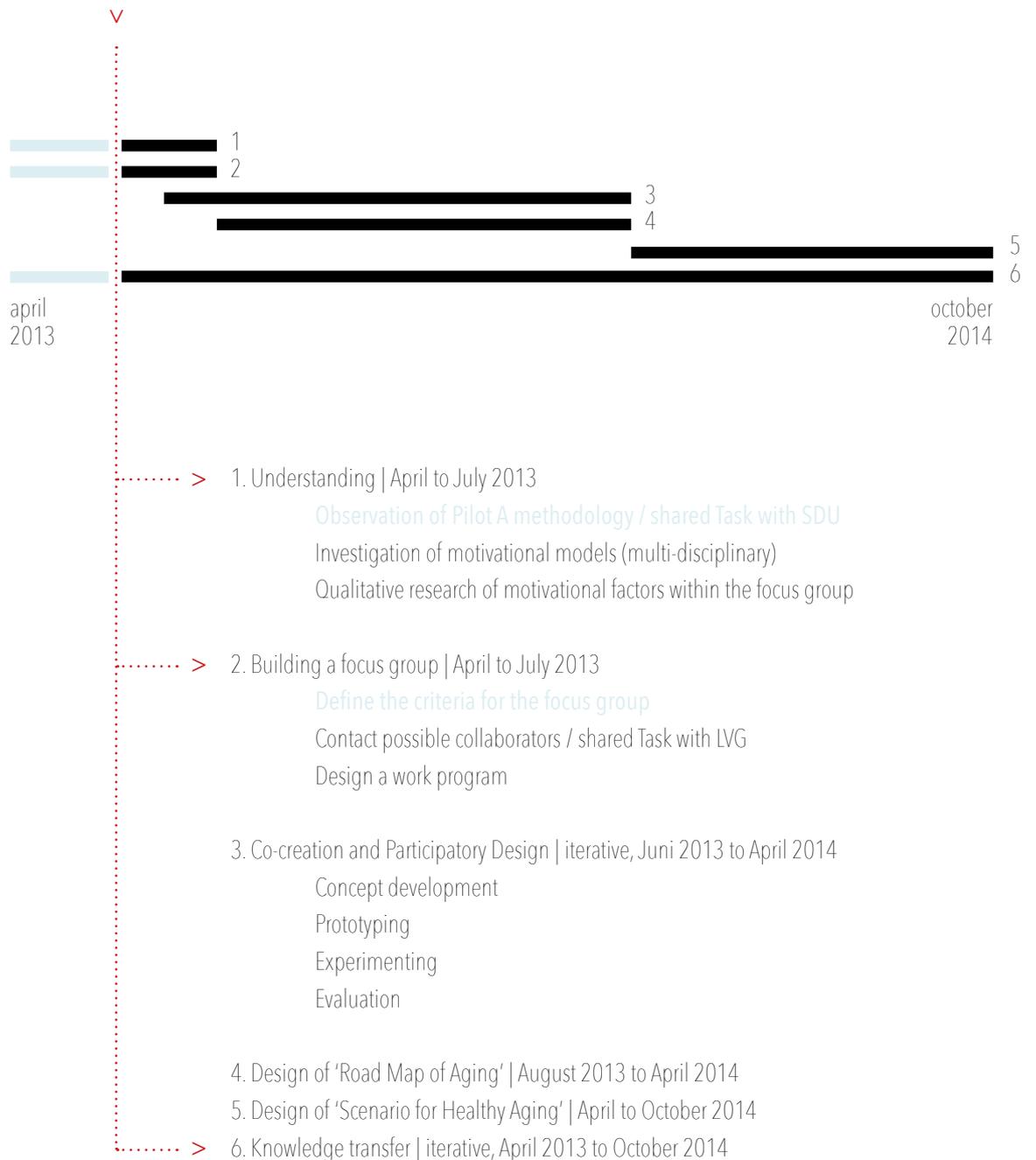
Taking into consideration our goal of creating a vision for motivating older people to stay active, we now have a more concrete approach for analyzing the current living situations and identifying critical points for intervening. Two basic contexts can be identified then for this analysis: the private and public spaces. Feeling safe both at home and in the streets is relevant for a person, if this person wants to be able to act independently in both environments. Risk estimation and management play hereby an important role. Although these two contexts have very particular constraints, the redefinition of both and potential merging of them should be also taken into account, since the main goal is to establish safety structures.

In recent years, there has been an effort from all sectors to manage people at risk through very different methods. Monitoring systems for older people, for example, represent a technical approach. However, this kind of systems has also caused different side effects that are counterproductive and an impediment for embracing them in the society. Along with all possible sources of misinterpretation, there are emotional and social aspects as

well that do not guarantee that a person feels safe just because he or she is being monitored constantly (e.g. if I don't feel safe because I feel weak, then I won't stay up and walk to the kitchen just because I know that when I fall there will be someone to pick me up). And even if the system may act prophylactically, I have to trust it, or even better, be able to control it myself, so that I can feel safe. That's why just as relevant as the context is the self-assurance of a person that he or she is capable of doing things successfully on his own (*vide* On Motivation, p. 14). What are then the measures that should be taken into account to offer security for older people? This is the main question for the upcoming project phase.

# Progress & Next Steps

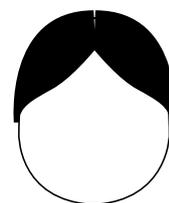
## Timeline



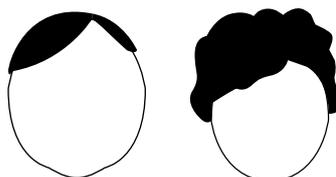
## Step 1: Four basic cases



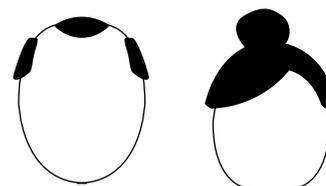
**CASE 1  
SINGLE MAN**



**CASE 2  
SINGLE WOMAN**



**CASE 3  
COUPLE: SIMILAR  
HEALTH STATUS**



**CASE 4  
COUPLE: ONE PARTY  
WITH CARE NEEDS**

In order to sharpen our view on the topic of 'Redefining Safety', we chose a method of analyzing '4 Basic Cases'. We want to illustrate these different concepts of living and forms of organization, in order to compare them to each other. The way to gain information for these profiles is to observe and interview older people similar to these. Therefore we started already to contact people of age who are in different social circumstances. By

visiting and getting to know them, we will try first to inspire confidence on our work, so that personal barriers can be removed and a qualitative research can be more successfully conducted. After gaining insight and creating these profiles, problems and risks of every day life of people of age will be summarized in an overview.

## Step 2: Talking to experts



### **Kieler Stadtkloster Stiftung** **3-day internship at a local ambulant nursing service in Kiel**

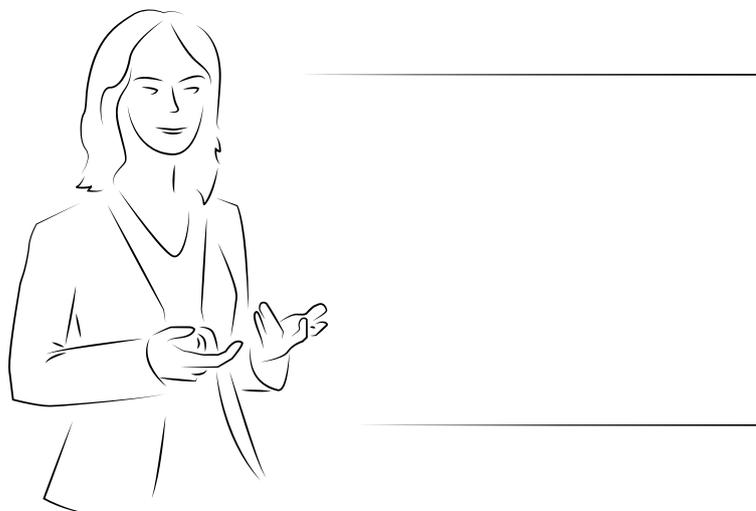
In order to gain qualitative knowledge about age and life of older people, a good starting point was to get in contact with experts of this field. Since they have been dealing with people of age and their problems for years, they have a huge amount of experience that is useful. One of the first persons we got to talk to is the leader of a local ambulant nursing service in Kiel, Mr. Friedemann Doehner.

In several conversations during a 3-day internship he pointed out that dealing with older people is very challenging, because every person gets older in a different way. Nevertheless, there are a few things and wishes that are common and can be easily identified: things that most of the older persons in general long for. One point, for example, was the wish to stay in their homes as long as possible. From another conversation with a nursing home

manager, we drew the conclusion that two points are particularly important for further examination. The first one is the loss of feeling of safety and the other is the risk of isolation.

According to the discussions we had and impressions we gathered from our interviews already, our insights seem to concentrate more on soft factors for healthy ageing than the hard scientific facts so far. In order to extend our knowledge and broaden our horizon even more, we need to keep on finding more of those experts and older people we can visit and interview.

This would continue to develop our approach to incorporate a more qualitative research into the HANC.



### **„Zukunftswerkstatt“ Cooperation with Landesvereinigung für Gesundheitliche Förderung in Schleswig-Holstein e.V. (LVG)**

Having started to work on the topics of motivation and Active Aging, it was of great interest for us to get in touch with the LVG in order to gain some insight into what kind of programs they offer and how this could be related to the same goal of motivating people to be active.

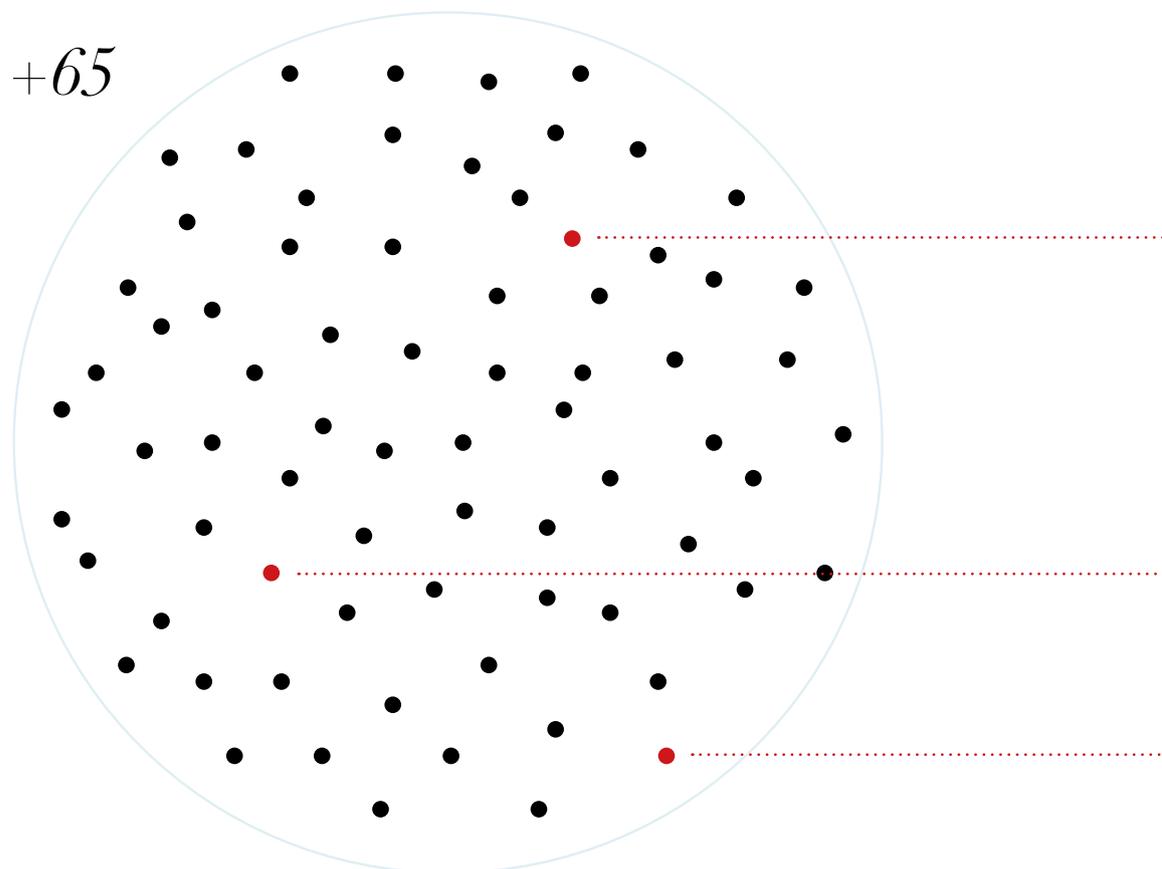
Since the beginning of the project two meetings have been held. The goal of understanding motivation and how to approach older people was directly understood as a common goal for both organizations, so that we could start thinking about how to create a format to approach this.

The result is something called 'Zukunftswerkstatt'. This is the first attempt to build a focus group to work with on our different topics. This focus group should consist of a variety of experts (8 to 12 persons) that work

in the fields related to aging such as care, physiotherapy, etc. The future participants will be contacted by the LVG and invited to take part in a one-day workshop that will be held at the Muthesius Academy of Fine Arts in Kiel. The goal of this workshop is to offer a space for developing and exchanging ideas together with people from the practice.

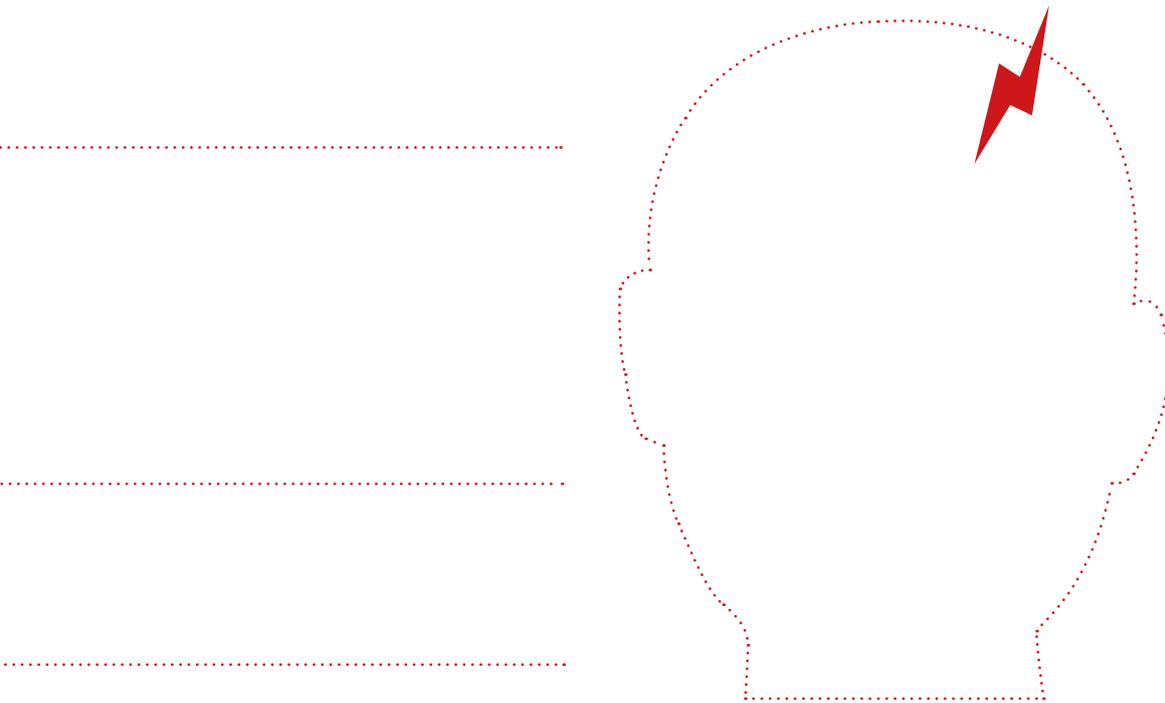
The first 'Zukunftswerkstatt' will be held on 25th calendar week. The topic of this workshop will be 'Motivation and Age'. Further dates will be planned.

### Step 3: A Cloud of Age



With the insight gained on the diversity of Age as well as the interviews and experiences with experts and older people, the goal is to create a cloud of different cases that should illustrate this. This cloud should grow in the next weeks, so that a first analysis of risk patterns by the end of the first phase of the project can be executed. This cloud should also provide the first database for the 'Road Map of Age'.

## Step 4: Risk Profiles



Based on this cloud, 'Risk Profiles' will be developed. This profiles would form the basis for the following project phases. This profiles should focus on the topic of security (*vide* Redefining Safaty, p. 26).

## On other topics

- > Martin Knigge, designer and co-founder of grauwert: agency for demographically inclusive products and services, was invited to lecture about 'Universal Design' on April 9th 2013. He will be coming again in a near future to lead a workshop on this topic with the HANC team.
- > Benjamin Overhoff, 'Medical Design' Master student, has been enrolled in this project. He will be working for a year and writing his Master's in one topic derivated from HANC.
- > The first and second semesters of the Master programe 'Medical Design' are currently working on a project called 'organizing everyday-life: aging well at home'. Their work and results should give also an impuls for HANC.
- > The first efforts towards the enrollment of a second research assistant have started.



