

THE RELEVANCE OF MOBILITY, SOCIALIZING AND PRIVACY FOR AGING-IN-PLACE

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Aging-in-place is popular in our greying society [1]. However, barriers exist in dwellings or the built environments as a whole. With the 4th phase of life characterised by restrictions in functioning [2], the living environment needs to adapt to the changed aspirations, needs and abilities of the dwelling occupant. Restrictions influence the activities and participation in everyday life [3], with declining mobility being strongly correlated to a reduced health-related quality of life [4]. This contribution assesses the relevance of mobility for successful aging-in-place, also in relation to the subsequent shifts in desires in the domains of socializing and privacy.

METHODS

The following resources were used in desk research: Google Scholar, Science Direct, Web-of-Science, PubMed, Merck Medical handbooks, Reports of the World Health Organisations and the Dutch Institute of Public Health and Environment. Keywords utilized in literature searches included Mobility, Privacy, Aging-in-Place, Independence, and Quality of Life.

RESULTS AND DISCUSSION

A prerequisite for successful aging-in-place is the older person's satisfaction, in spite of restrictions. Although general pain and mental fitness also influence life satisfaction, their perception depends less on physical surroundings than mobility. General activity and mobility is beneficial for sustained health and well-being [5]. Restrictions in mobility have consequences both for the ability to socialize and protect ones privacy and for aspirations in these domains. Socializing in the 4th phase of life is hindered by a higher prevalence of chronic diseases and diminishing physical (thus including sensory) functioning and of a shrinking social network. Sensory sensitivity decreases the level of exposure deemed comfortable [6]. This also influences the sense of privacy. Coupled with decreased mobility, ones world will shrink. The person's privacy preferences will alter accordingly.

CONCLUSION

From the start of the 4th age on, mobility becomes more and more restricted. As a result, the aspirations and needs in respect to socializing and privacy will shift. More and more activities are restricted to the home environment. Taking these changes into account may improve Quality of Life of occupants in an Aging-in-Place setting.

REFERENCES

- [1] Gezondheidsraad. [Greying with ambitions 2005/06]. Den Haag: Gezondheidsraad; 2005
- [2] Baltes PB, Smith J. *Gerontology* 2003;49(2):123-135
- [3] WHO. Towards a common language for Functioning, Disability and Health: ICF, International Classification of Functioning, Disability and Health. Geneva: World Health Organisation; 2002
- [4] Groessl EJ, Kaplan RM, Rejeski J, Katula JA, King AC, Frierson G, Glynn NW, Hsu F-CH, Walkup M, Pahor M. Health-Related Quality of Life in older adults at risk for disability. *American Journal of Preventive Medicine* 2007;33(3):214-218
- [5] Heikkinen RL. The role of physical activity in healthy ageing. Geneva: The Finnish Centre for interdisciplinary Gerontology & World Health organization, Ageing and Health Programme; 1998
- [6] Beers MH, Fletcher AJ, Jones TV, Porter R, Berkwits M, Kaplan JT, editors. *The Merck Manual of Medical information – Second home edition (Online Version)*. Whitehouse Station, N.J.: Merck Research Laboratories; 2005

Topic: AGEING-IN-PLACE: THE SMART LIVING ENVIRONMENT

Key words: mobility, privacy, socializing, Aging-in-Place