

J. Knies, J.E.M.H. van Bronswijk. *Privacy and mobility in Aging-in-Place*. *Gerontechnology* 2008; 7(2):141. In our greying society older persons wish to age within their existing home, also in the 4th phase of life¹. As much as 80% of restrictions experienced by elderly are attributed to chronic disease, and both the number of these diseases and their severity go up with age². Mobility and privacy become aspects of concern and ask for changing dimensions of the living spaces. The aim of this study is to elucidate the positive effect of dynamic control over room partitions on experienced privacy, and shown mobility. **Methods** Based on desk research, scenario's were written describing the common life course in the 4th age of a couple that starts healthy, but increasingly develop complaints of frailty (mobility, hearing, sight, heart). The husband dies, leaving his wife in a one-person household set-up. Clinical and epidemiological data together with social and psychological theory provided insight in the aging and health status, generational features, lifestyle and motivational characteristics. These insights determine the changing ambitions and needs of the fictitious couple, for which the first author developed a dynamic floor plan of 105 m² with flexible room partitions and sliding doors. Gradual transitions in time take place in the organisation of semi-public and (semi) private spaces (*Figure 1*). **Results, discussion & conclusion** The flexibility of the floor plan allows for continued occupant control over his/her immediate surroundings, thus enhancing the sense of self-efficacy, perceived privacy and actual mobility in the 4th phase of life, presumably allowing for Aging-in-Place up to a higher age. Only the sanitary building services are excluded from this flexibility.

References

1. Gezondheidsraad. Den Haag: Gezondheidsraad; 2005
2. Berg Jeths A van den, Hoeymans N, Poos MJJC, Timmermans JM. In: [The elderly now and in the future. Health and care 2000-2020]. Houten: Bohn; 2004; pp 19-36

Keywords: accessibility, privacy, mobility, Aging-in-Place, adaptable, self-efficacy
Address: Eindhoven University of Technology, the Netherlands; E: j.knies@tue.nl



Figure 1 Basic design for Aging-in-Place. A: Balcony: not used at first, semi-public later; B: Living area at first, semi-public dining and semi-private bedroom area later; C: Private: bedroom, living area later; D: Open kitchen: Semi-private to semi-public; E: Semi-public multiple use area; F: Semi-public: dining and living area; G: Storage space (multifunctional); H: Outdoor public space