Final report

How might we give the appreciation perspective a dominant place in society?

Jesse van der Veen, Marg Schoenmaker, Aryaman Dayal, Armand Georgelin, Maria Zernova

Mentor: Yavuz Tuyloglu

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1   Introduction

1.1   The challenge

The rapidly aging population and the changing demographic composition of the Netherlands are among the major challenges faced by the country's decision-makers. The number of older adults is increasing at a rate faster than other age groups. This ongoing change is due in large part to decreasing fertility rates and a decline in mortality rates, meaning that the group of adults 65 years of age (or older) will cover a larger part of the population than other generational groups. The resultant demographic imbalance raises a number of critical public health questions: How do we utilize the power of a growing group of older adults? How will we manage the growing demand for informal care? How will this be seen in the development of new trends in our society, and especially for the people in the third and fourth stage of life?

Our research focuses on what is termed as the third phase of life. Its beginning customarily marked by retirement, this phase is typically the transition period between working life and the advanced old age with all of its vulnerabilities. When it starts and how long this period lasts varies from person to person, and is typically, but not strictly, tied to the ages between 48 and 72 years. It eventually progresses to the fourth phase, when the older adults become more vulnerable and their need for help and care increase (Raad voor Volksgezondheid en Samenleving, 2019).

Furthermore, the third phase of life is often seen as the gift of this century (Raad voor Volksgezondheid en Samenleving, 2019). People are often still relatively healthy and vital and they still can and want to do many things. They have more time for friends and family, hobbies, travel and cultural activities. Given the fact that the aging population is growing rapidly and that therefore this generation is becoming more prominent in the current society, there are all kinds of societal views on the aging process and older adults that are being expressed through various channels. These views entail ideas, assumptions and stereotypes about the aging population. The views, or perspectives, can be grouped under two dominant headings: The decay perspective and the age-defying perspective (Laceulle, 2016). Both perspectives are flawed in a way that the assumptions that come with these views on aging and older adults, can prevent this generation from living their most meaningful and inspiring life.

This calls for the development and introduction of an alternative perspective on the third and fourth phases of life during which aging individuals enhance their moral agency and gain access to a richer array of resources of identity and meaning. GGD Fryslân, the public health service of the province of Fryslân in the Netherlands, has indeed identified one such alternative perspective and named it the 'appreciation perspective'. This report argues that the appreciation perspective can markedly improve society's view on aging, given its focus on working on vitality as well as preparing older adults for the upcoming vulnerabilities in later life. It addresses the need for a new paradigm, which

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can enable older adults to age with dignity and helps increase the value of life in the third and fourth phases.

We aim to achieve a broad understanding of the problem, by using a mixed method approach consisting of quantitative and qualitative research methods. The quantitative research is mostly based on literature research, whereas the qualitative research methods include interviewing different stakeholders to gain insight into their perspectives. Different quantitative data will be gathered on the scope of the problem and of interventions that have already been done. This might cover different narratives, positive and negative experiences, general observations, ideas for improvement, and so forth.

Not only do we try to achieve a broad understanding of the problem, we also aim to find and create a solution for this in which we can push the appreciation perspectives to the minds of society. We want to achieve this by using a design thinking process.

The changing demographic composition will have an impact on every city and village in the Netherlands, so many public health institutions are researching this challenge. The question of changing demography ranks high in GGD Fryslân's agenda. GGD Fryslân has prepared a document containing up-to-date information and policy proposals for the involvement of public health for the older population (GGD Fryslân, 2022). The organization has reached out to a number of stakeholders on how to get the most health gain for Frisian older adults from the angle of public health. From the conclusions that were drawn, the GGD Fryslân has taken upon to promote vitality and to positively influence the image of aging and older adults. One of the key findings of this effort was the need for an alternative societal perspective on aging. Therefore, this public health service has given us the task of researching the ways to give the appreciation perspective a dominant place in society. Therefore, our main research question is:

 How might we give the appreciation perspective a dominant place in society?

To get a better understanding of the problem at hand, a case study in a specific area of Fryslân will be executed. The area of the case study will be the municipality of North East Fryslân. With the gathered information from this specific region the research will try to link back to the main research question. With the regional information and insights about the aging population that this study tries to find, a better understanding of society's current view on aging and the older adults is tried to be achieved.

1.2   Methodology

Eventually the end goal is to come up with a feasible solution that answers the main research question. This will be achieved through a design process. The design process that will be used in this report, is a design process given and suggested to us by the Rijksuniversiteit Groningen. This design process consists of 4 phases that aim to help and guide this research in the right direction (see figure 1). These four phases are: 1. The discovery phase, in which a literature research and field

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research will be executed. 2. The define phase, in which a problem definition will be established. 3. Ideate phase, in which different prototypes and possible solutions will be raised and discussed. And 4. The Prototype phase, in which the final solution will be discussed and the process leading up to that (Rijksuniversiteit Groningen, 2022).
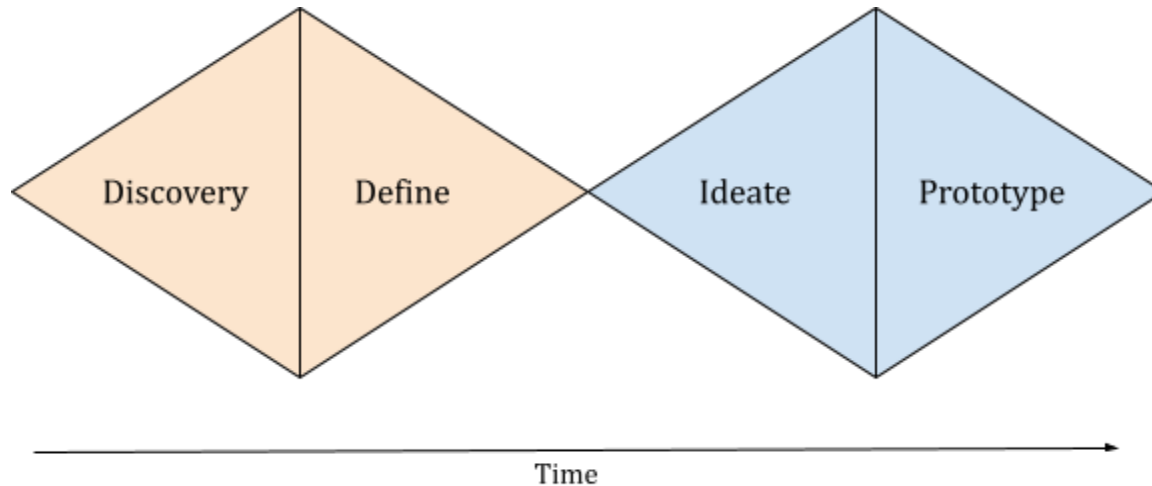

Figure 1 The four phases of the design process.

This report is divided into 4 sections inspired by the phases of the design process. In the first section, the findings will be described as a very thorough literature research. In this section every factor of the challenge will be fully explained. After the literature research, the knowledge gained about the problem is expanded by field research, where we zoom in on our case study and its aspects. We will describe the qualitative research that was done in the area that we are focusing on, and explain who exactly our end-users and stakeholders are. Next, we will discuss what problem became evident after the literature and field research. Adding to this a problem definition will be provided and different prototypes, as possible solutions for the problem. The last section discusses the final solution we carefully vetted in the last phase of the project.

2   Literature research

This part of our research was carried out in order to gain a broader understanding of the problem. The literature research was mainly focused on the terms and definitions that were used, along with the sub-questions we produced. The literature research allowed us to partly answer some of our research questions and it served us with good directions for our field research. Several types of literature were used, including qualitative and quantitative studies, commercial and governmental reports, and literature analyses. Studies included were primarily chosen on the criteria whether they had results obtained from a population that can represent our case study when looking at different groups in the population, or whether it is directly obtained from the (northern) Netherlands.

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One of the trends we will be seeing in the near future is that the average retirement age will increase. The average age for retirement will be increased to 67 years in 2024, and after 2025 it will be re-assessed according to the life expectancy years at the time (Staatsblad 2019, 246; Overheid.nl, 2019). At present, although an increasing number of older adults continue working beyond retirement, the official retirement age does not take into account the needs and the situation of each individual. As the chance of acquiring a chronic illness is higher in working adults (Rijksinstituut voor Volksgezondheid en Milieu, 2018), there will be more people who will not reach the retirement age, especially in physically demanding workplaces.

Another visible development will be the changes in the job market. Unemployment will decrease and additionally the number of people in part-time employment, in contrast to full-time jobs, will increase (Rijksinstituut voor Volksgezondheid en Milieu, 2018). The population of working adults is increasing for now (together with the higher retirement age), but we will see a decrease in the coming years, as more adults will retire (PBL/CBS, 2019). This will have serious consequences for the job market which is already seeing negative outcomes, notably in the healthcare system, where the shortage of healthcare workers is increasing annually. It will be essential to fill up these places with informal care workers in the future to partially balance the demand for healthcare workers.

2.1 Social perspective: how different generations perceive aging and the older population

Throughout the world, there is a shift towards an older population. This global trend unfolds at different rates in different countries. According to Mayhew, it is projected that the rate of population aging is going to overtake the rate of population growth (Mayhew, 2000). As a consequence, the percentage of older adults in society will grow. Currently, older adults consist of 20% of the population of the Netherlands, with 3,525,453 people over the age of 65. 850,512 of that 20% are over the age of 80 (CBS, 2021).

Our literature research mainly focuses on the third and fourth stages of life. These stages refer to the population at or around retirement age, and older. As previously mentioned, there is no set definition to describe the third and fourth phases of life. Stages are often re-defined and adapted to the research topic and policy area. For this paper, the fourth phase refers to the period of life course when older adults tend to have mental and/or physical impairments or diseases that do not allow for complete independent living. In the Netherlands the retirement age is 66 years and 7 months. This is when an individual is able to claim pension from the government. There have already been many reforms in the way that the older adults are treated in society, including benefits and special facilities to allow for better access to medical and other facilities needed for a healthy aging process for all citizens and some residents regardless of their socio-economic standing (Da roit, B., 2010).

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Currently two dominant perspectives or outlooks on aging and older adults in the third and fourth phase of life can be identified: the decay perspective and the age-defying perspective. The decay perspective considers the aging process inevitable and as a steady deterioration process. When we age, we substantially lose our physical and mental strengths and capacities. Some (Cumming & Henry, 1961) even used to consider it fitting for older adults who are in their third phase of life and approaching the fourth to withdraw from society and gradually accept their decline when nearing death. Nowadays, this perspective states that aging is heavily medicalized, frightening and deterrent, and is uniform to everyone. The socio-cultural representation of older age that is typical for this narrative thereby tends to reduce the image of older adults to a considerably limited number of miserable illustrations and roles of sickness and dependency. Therefore, the decline narrative commonly fails to acknowledge individual diversity and is unable to provide social recognition needed to advance people's moral agency. Older adults, especially suffering from diseases that are associated with old age, are prematurely denied access to several cultural resources that could otherwise help them and their surroundings uphold a meaningful identity and participation in society.

Before entering a period of life where they passively undergo 'decay', people are advised by cultural aging discourse to avoid it as long as possible. This advice finds expression in the second perspective, namely the age-defying narrative, where the opportunities for prolonged vitality, social activity and resilience are emphasized. Where the equation of aging with decline is stated explicitly in the decline narrative, it is described implicitly in the age-defying narrative where it is still so persuasive that it blocks out other possible characteristics of the aging process. In contrast to the decline narrative, the age-defying narrative does present later life as a period when older adults can live rich, satisfying and prosperous lives. Still the implicit message that aging well is equal to staying young is unrealistic. It inhibits us from looking forward to the third and fourth phase as a possibly attractive phase with many valuable and enriching experiences and goals to strive for. Furthermore, this perspective promotes active and healthy lifestyles as an individual task and responsibility, where in the process it saddles older adults who are approaching the fourth phase with social stigmatization when they cannot live up to the standards.

Both perspectives are flawed because in reality, people suffering from age-related losses often manage to lead meaningful and inspiring lives. Neither the decline nor the age-defying perspectives provide the means for people to include existential vulnerability into their lives in a meaningful way. It can therefore be concluded that both perspectives ultimately fall short of providing satisfactory resources of identity to aging individuals. They largely function as stereotyping and restrictive models of aging.

The presence of these two dominant perspectives on aging call for a paradigm change on aging and older adults. Therefore, developing a perspective that is healthy and emphasizes the importance of aging and older adults is necessary. The appreciation perspective can serve as an outcome for this problem. But in order to get a grip on what 'appreciation' entails in this context and what it means, it is necessary for this research to define the mentioned perspective. A dictionary definition of the appreciation perspective is not yet available, so we offer it the following working definition:

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The appreciation perspective is a new outlook on the third and fourth phase of life that entails ideas that highlight the importance of the acceptance and dignity of aging. It encourages older adults to partake in fulfilling activities within their physiological and psychological boundaries. The appreciation perspective aims to inform society and older adults about the physiological effects and vulnerabilities associated with aging, while encouraging them to work on their vitality and cognitive abilities in order to extend the third phase of life as much as possible.

Following from the definition, there are at least two ways the appreciation perspective advances society's view of aging and overcomes the shortcomings of the two dominant perspectives in society. First of all, the goal of the appreciation perspective is to help older adults gain more healthy years, which they can use to make meaning out of their life. For this reason, we decided that fulfilling activities or meaning making is necessary for the definition of the appreciation perspective. In addition to this, we included preparing for upcoming vulnerabilities in our definition because this is absent in the age-defying perspective. Secondly, this integrates a more realistic view on aging within the appreciation perspective. If realism is a priority, then the upcoming vulnerabilities cannot be ignored. We included working on vitality and cognitive abilities in our definition, because this is lacking in the decay perspective. Furthermore, working on vitality and cognitive abilities is a crucial aspect in preventing illnesses. It is therefore a noteworthy aspect for the appreciation perspective.

The appreciation perspective can be seen as an advanced perspective on aging that improves upon the two dominant perspectives of age-defying and decay. Therefore, the appreciation perspective is not merely a 'new' perspective. It is rather an 'advanced perspective' that beneficially combines the existing positive elements of the age-defying and the decay perspectives and introduces a new understanding that the existing perspectives are missing.

2.2   Health care institutions and older adults

Care practices for older adults differ from country to country, and it seems that in the Netherlands a large proportion of the older population are placed in formal care (Da roit, B., 2010). Formal care refers to when care services are paid for by the individual or healthcare institutions. This is a fairly common practice in Western Europe and the Nordic Countries. In contrast many other countries, including those in southern Europe have a predominantly informal care model. This refers to when the care of an individual is provided by those from the community: friends, family, neighborhood (Song, Y., Li, J., 2019). For example, Barbara Da Roit compares the care systems for older adults and their different implications in the Netherlands and Italy. In the latter case care is usually provided in an informal manner. The study discusses positives and negatives aspects of both forms of care. Da Roit concludes that the varying preferences are due to different societal and cultural understandings of aging and older adults. When looking at the provision of informal care, older adults are able to stay closer to more intimate sources of social support such as their friends and family, allowing them to have a more familiar setting. On the other hand, formal care often promotes

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more independent living and professional care for any problems that may be faced in the aging process (Da Roit, B., 2010).

Another strategy that is currently being adopted in many countries is the idea of 'aging in place'. This is a strategy in which older adults are given the option to stay in their current residence, while allowing them to have easy access to care facilities and staying close to their family and friends, promoting an independent living situation, and reducing loneliness and social isolation. For this, local and regional governments have to provide a safe environment for older adults, allowing them to have easy access to all amenities of society, as well as providing care facilities in close proximity. It has been shown that inadequate environmental features such as dimly lit streets, and badly maintained sidewalks can make older adults feel unsafe and therefore not seek the care they may need to promote their healthy aging (Khalaila, R., Schorr, A. V., X).

Changing care practices for older adults may result in a better quality of life, however there are still challenges that older adults face in society. In contemporary Western societies some negative attitudes towards older adults are still present. These can be institutional and interpersonal or self-directed. The overarching concept for these attitudes is ageism. Ageism stems from a variety of different thought processes, based on negative stereotypes and categorization. There is a fear of getting old, and a shared thought that older adults are incapable of carrying out many tasks (WHO, 2021).

Broadly speaking, there are three types of ageism. The first, institutional ageism, refers to the decisions and actions of institutions that are unfair and exclusionary toward older adults. This includes laws and policies that restrict older adults and create a disadvantage for them. An example of ageist policy would be healthcare rationing by age (WHO, 2021). This could also be shown in the workplace when employers are hesitant to hire older adults solely due to their age. Even though ageism in the workplace has been banned since 2000 (European Commission, 2000), some instances of ageism are still tolerated, such as denying an older person work if they are very close to retirement (The Council of the European Union, 2000.). Additionally, ageism is very hard to prove, meaning that many ageism related offenses go unpunished (NiH, 2021). Interpersonal ageism refers to the public assumptions about certain age groups. Some ageist assumptions in the public sphere include: loneliness, physical and cognitive incompetency, unproductivity and unattractiveness. Self-directed ageism refers to when an individual considers themselves 'old' due to cues from their social environment. This results in these individuals' rethinking their decisions, and may influence their mental health. These three forms of ageism result in older adults being ostracized from society, only strengthening already existing negative thoughts (WHO, 2021).

According to 'Rapport Beeldvorming van Ouderen' compiled by the Dutch Council of Elderly, there are many ways in which society may practice ageism, which may not be intentional. When doing an imaging study of perceptions towards older adults by students, it was found that terms such as 'incapable' and 'old-fashioned' were used frequently. This leads to the perpetuation of negative stereotypes towards older adults. It was also shown that individuals that have these negative perceptions about the competences of elderly would use 'baby-talk' in order to communicate with

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older adults. This is a way of speaking which is over-accommodating, which gives the impression of looking down upon this population. Many of these negative stereotypes are also self-perpetuating. This means that when older adults are confronted by these perceptions, they will act accordingly. Studies show that if older adults are confronted with more positive attitudes, they will act healthier and have a better view of themselves and the process of aging (Raad van Ouderen, 2020).

2.3   Consequences of the problem

Aging is a natural, continuous process that begins in early adulthood. Aging is not only associated with physiological changes, but also with changes in environmental, psychological, behavioral, and social processes. Aging is often seen as a negative development of the body. However, to put it in the biological context, that is the case of pathological aging, not healthy aging. In healthy aging, the body and most importantly the brain circuits change, not necessarily in a bad direction as in for example dementia. There are four individual levels on which the aging process is happening. These four levels are also considered as the four weaknesses or vulnerabilities that come with aging. The levels are 1) mental, 2) cognitive, 3) physical and 4) social.

When you get older these four vulnerabilities can take on different forms and they have different ways to express them in an individual's life. The development of the vulnerabilities is something that is unique for everyone, and in many cases inevitable. Still, there is a big stigma in our society on the development of the vulnerabilities during aging. It is a phase of life that everyone will experience, so why is Ageism, the act of stereotyping and categorizing older adults as being done with life or less capable, a big problem in the world today? (Global Report on Ageism, 2021).

It is also incorrect to categorize the group of people in their third phase of life as one homogenous group, as there is so much diversity within the older population. Not only are there differences between the older adults in their sixties, seventies and eighties, but there are also lots of individual differences. Some older people have more health problems or financial problems, where others have mental problems (Raad van Ouderen, 2020). Everyone is unique with their own experiences, and it can affect older adults negatively if everyone is categorized and seen as the same.

2.3.1 Physical consequences

With aging comes an increasing risk of health-related problems. It has been estimated that approximately 20% of older adults over the age of 65 have at least one mental health condition (WHO, 2017), including dementia and depression, and others. The same study has also shown that although a large percentage suffer from these conditions, older adults are the least likely age group to seek professional help, leading to these conditions to be left untreated and potentially worsen. Older adults are also more likely to suffer from physical health conditions such as diabetes and heart disease. This increases the need for more regular medical attention. These medical conditions often require older adults to have access to medication in order to keep their symptoms in check. It has also been shown that alcohol consumption may increase with age, which may pose an issue

with the medications that are needed, and may cause harmful side effects and worsen already existing medical conditions (Bernhold Q.S., et al., 2018).

When looking at mental conditions such as dementia and depression in older adults, it is important to realize that often these manifest simultaneously with other conditions that stem from both genetic and environmental factors. Alzheimer's disease (AD) is the most common form of dementia present in the population and it accounts for 50 to 75% of all dementia cases. AD is a neurodegenerative disease in which an individual's memory and cognitive capabilities are severely impaired. With the aging of the population AD is on the rise, however, a cure and/or treatment is yet to be found. In 2006, it was estimated that there were approximately 26,600,000 AD patients worldwide, and this is projected to reach 106,800,000 patients by 2050. AD will become a larger problem for healthcare in the near future. While research is still underway, a healthy aging process may allow for a delay in the onset of this disease (Niu, H., et al., 2017).

Depression is another hurdle for society as a whole, and it is particularly common in the older adult population. Depression is a broad concept and its symptoms affect an individual's physical, emotional and psychological state. Determining the number of those that are affected by depression is an extremely difficult task; for in many cases individuals are not aware that they suffer from this condition, and a social stigma still surrounds depression. Depression, however, has become the second cause of disability worldwide, and has overtaken cardiovascular disease (Rayner et al, 2009). It is very prevalent in the older adult population, especially in those who suffer from other disabilities. Given its prevalence, it is already a major issue of interest for governments and health professionals worldwide. With the population aging, and health conditions rising, depression will continue to pose a problem for individuals (Pagán-Rodríguez, S., et al., 2012).

There are many health conditions that couples with aging, such as hearing loss, arthritis, hypertension, heart disease and diabetes. All these conditions make carrying out everyday tasks more difficult for older adults, making it hard for them to live independently, without aid from other individuals.

In the EU, cardiovascular disease (CVD) accounts for the majority of deaths. CVD can be categorized into two main forms: coronary heart disease (this leads to heart attacks) as well as strokes. CVD accounts for 42% of all deaths in Europe. While rates of CVD are decreasing within western Europe, the decrease is mainly due to an increase of medical attention for those of a younger age. Older adults are more likely to develop CVD due to a variety of factors, and for them CVD is often more fatal. This means that as the population ages, the prevalence of CVD in society will increase (Rayner, M., et al., 2009).

Diabetes is another condition that heavily increases the risk of mortality and disability worldwide, with the most prevalent being type-2 diabetes. Diabetes rates are increasing worldwide, and will continue to increase due to the aging population as diabetes is often linked to aging. It is estimated that by 2025 380,000,000 people worldwide will be suffering from diabetes. It has been shown that individuals from low socio-economic backgrounds are less likely to have access to the medical attention needed in order to prevent mortality (Rodríguez-Sáncheza, B., et al.).

With an aging population, many of these medical conditions will become more prevalent. This will impose more strain on medical institutions worldwide. A healthy aging that allows for older adults to be aware of these issues, and therefore take necessary precautionary actions would help curb the strain on the medical system. Therefore, a new perspective on aging is needed, in which individuals are made aware of the potential risks that come with old age, while staying active and healthy to a certain degree.

2.4   Institutional perspective: position of the older population in society

The way that a society regards the process of aging and the older population profoundly influences the policies that are implemented, regulations that are passed and the opportunities that are offered to older people to carry out in their lives. For example, ageism portrays the aging process as decay and holds a very negative perspective on an otherwise rewarding phase of life. This has a significant impact on older adults, where aging people with a negative perspective live approximately 7,5 years less than older adults who view the aging process as something positive (WHO, 2021). Every phase of life comes with its own rules and opportunities; so do the third and fourth phases, such as retirement. While the average age for retirement is still increasing (with the increasing life expectancy), we can still observe that the chances of employment at an older age are still very limited. This way, we can say that the social structure of retirement age and the lower chance of being hired the older we get is mismatched with the rapidly changing demographics.

While keeping in mind the demographic changes and aging population, it is becoming more and more relevant to look at the development of the dominant structures in our society. How will the social roles be divided among different generations, and who will be responsible for the solutions and challenges of the aging population? Who will be in charge of involving the growing older population? A solution to this situation might be a participatory democracy, a system where every citizen is involved in decisions regarding policy making. Since the beginning of the 21st century there is an increasing political attention to facilitating the participation of citizens from the late phase of life. It is important to them to create a balance between the government and the citizens in question: platforms on which the representatives of the older adults advise and initiate, and channels through which the government listens to them and involves them in the process of policy making. It is important that not only the representatives advise and start the process, but also for them to be involved in the process where they carry it out. For example, older adults can work in informal care, share their wisdom and experience, organize activities, and do charity work. They can also help the decision making by implementing new decisions into their community and groups of friends and families. The policy and decision making should not merely be for the older adults, but also with and by them. Older adults will be able to provide better insight into what policies may be more beneficial for them, as well as guide governmental organizations in implementing them to promote a better quality of life for older adults. In order to allow for a more health forward aging process, older adults should be promoted into political participation.

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To that end, the Council of Elderly was set up on the 11th of October 2020 to give advice to the various ministers in the Dutch parliament. The Council's mandate is not simply to talk only on behalf of the older adults but more importantly to facilitate their active involvement. The Council of Elderly was asked the following questions: How can we, through our campaign, remind the public that older adults are not decaying or useless, but an important part of society? Also, how do we get the older adults and their environment to prepare for getting older? The Council of Elderly published a document where they set up a couple of points of advice for not only the campaign of the appreciation perspective on the elderly, but for the whole parliament to take into consideration (Raad van Ouderen, 2020).

Using the points of advice provided by the Council of Elderly, the Ministry of Health conducted a study on the effectiveness of the campaign. The target group reacted very positively to the campaign, however the images of older adults being important to the society and other important themes were not changed after the campaign (they were quite positive to begin with).

3 Case study: North East Fryslân

3.1 Introduction to the region

Our case study will be held in the region of North East Fryslân. For an introduction of the region and background information see appendix section IV: Introduction to the case study area.

3.2 Interviews

As part of the research and exploration process, we conducted field research where we used qualitative research methods in order to get insights into the experiences of our stakeholders. We did this by conducting a series of interviews with various stakeholders.
The interviews mainly focused on the subject of what current perspectives on aging the stakeholders had and how they perceived the aging process and older adults. Other topics were touched upon, but it was different for every stakeholder. The interview guide with the list of questions can be found in Appendix IIIA.

We conducted a series of interviews and our interviewees are all involved in organizing activities for older adults – either in creating or implementing the activities. All participants of the interviews work with or for older adults in our case study area. The organizations that these participants work for have in some way an influence on how aging and older adults are perceived in the region. Therefore we chose them to interview.

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The first interview was with Anton van Zwol, a physical activities coach for older adults who works for the organizations Beweeg Team Noord Oost Fryslân. The second interview was with a policy maker at the municipality of North east Fryslân in the field of wellbeing and livability called Hugo Bruinsma. The third interview was with Reina Hes. She works for a charity organization called Welzijn het Bolwerk. The charity organizes activities related to wellbeing for a variety of age groups, including older adults. The subjects that were discussed varied from the projects they are working on to their own views on aging. But overall we wanted to find out in what ways they were in contact with older adults and how they perceived them.

3.2.1 Outcomes

After conducting the interviews, a range of interesting insights and discoveries were made. Overall the relationship between the participants of the interviews and older adults became clear. The main finding of these interviews was that none of the interviewees defined becoming old as something that comes with a specific age. They considered becoming old as something that develops through certain moments in life. These moments are when vulnerabilities become more apparent and they allow the older adults to reflect on their age. Anton van Zwol identified one of these moments for himself, when his weaker knees did not allow him to play soccer anymore. This shows that these moments can come in all stages of life as he is in his early forties. They saw aging as an inevitable process of life and they thought people should work on their vitality if they wish to age in a healthy manner. To read the full summary and outcomes of the interviews go to appendix IV: Outcomes of the interviews.

3.3   Stakeholder analysis

Before conducting any literature and field research, we made a stakeholder analysis. We brainstormed on who could be the stakeholders and the end-users of this challenge on different perspectives on aging. We identified the groups of people and the organizations that might be influenced by or have an influence on this challenge. We did this in the form of a stakeholders map, elucidating the different stakeholders and if they are internal or external stakeholders (to our client).

The map of the stakeholders (figure 3) represents the groups of people that are either influenced by, or have an influence on our challenge. We chose this format as it is best for getting a clear overview of the various groups involved. On the left, you can see that the point of this open triangle represents the core of the stakeholders map. The closer a group is to this core, the more important or directly they are involved. The upper half of the triangle represents the internal stakeholders, whereas the bottom half represents the external stakeholders.

One of the most important stakeholders on the map are the older adults, which is why they are located so close to the core.
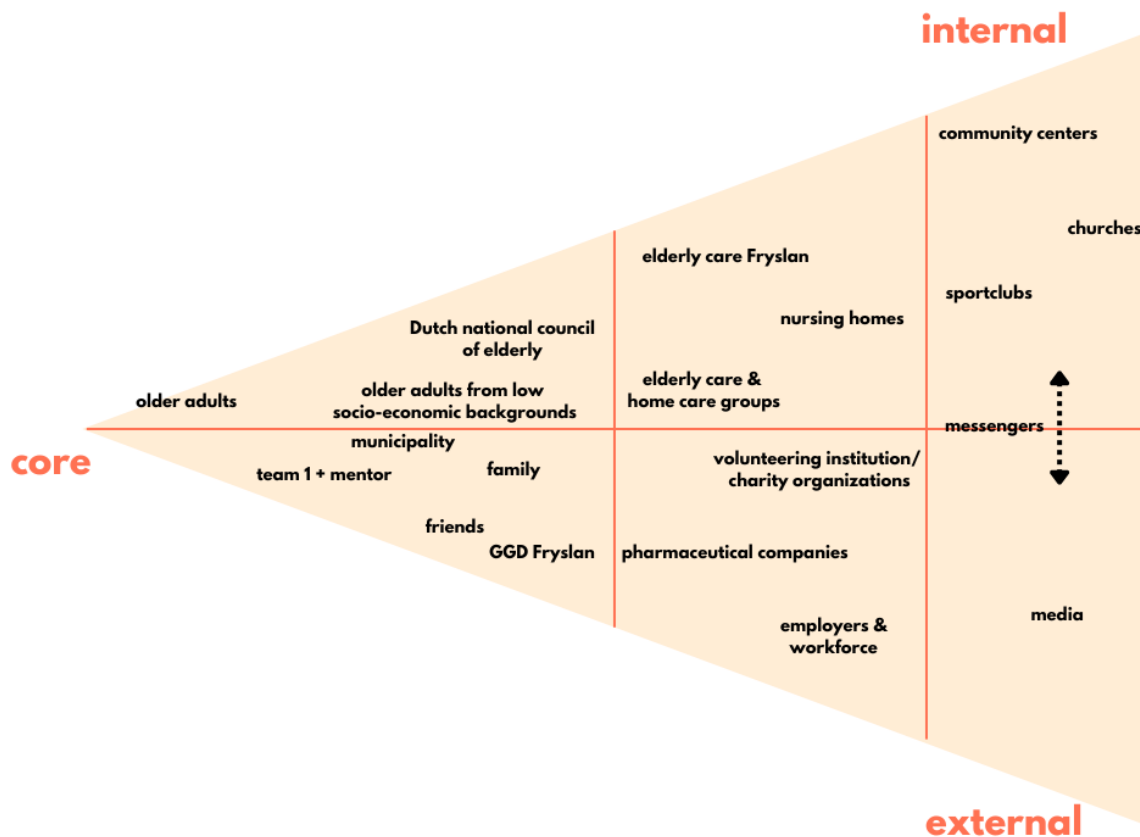
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internal

community centers

churches

elderly care Fryslan

sportclubs

nursing homes

Dutch national council
of elderly

older adults from low
socio-economic backgrounds

elderly care &
home care groups

older adults

messengers

municipality

core

team 1 + mentor   family

volunteering institution/
charity organizations

friends

GGD Fryslan

pharmaceutical companies

employers &
workforce

media

external

Figure 3 Map of all the stakeholders that are involved in our challenge.

3.3.1 Target group and End-users

After making the stakeholder map at the beginning of the research, a plan to execute interviews with stakeholders was made. After those interviews the first version of the stakeholder map (figure 3) was critically reviewed. For this project, it was important to acknowledge that 'society' is a broad target group whose perspective we will try to change. It was critical for us to research who we will benefit the most, directly or even indirectly. After implementing such a new perspective on the aging process and the older adults, one can say that everyone in our society will benefit from it. To define society more precisely that goes well with our project, we decided to split society up into four categories: older adults, other generations, the municipality, and activity organizers (figure 4). These are the stakeholders that are most closely connected to our challenge and research area and have the biggest influence, or will be influenced the most by the outcome of introducing a new perspective to society.
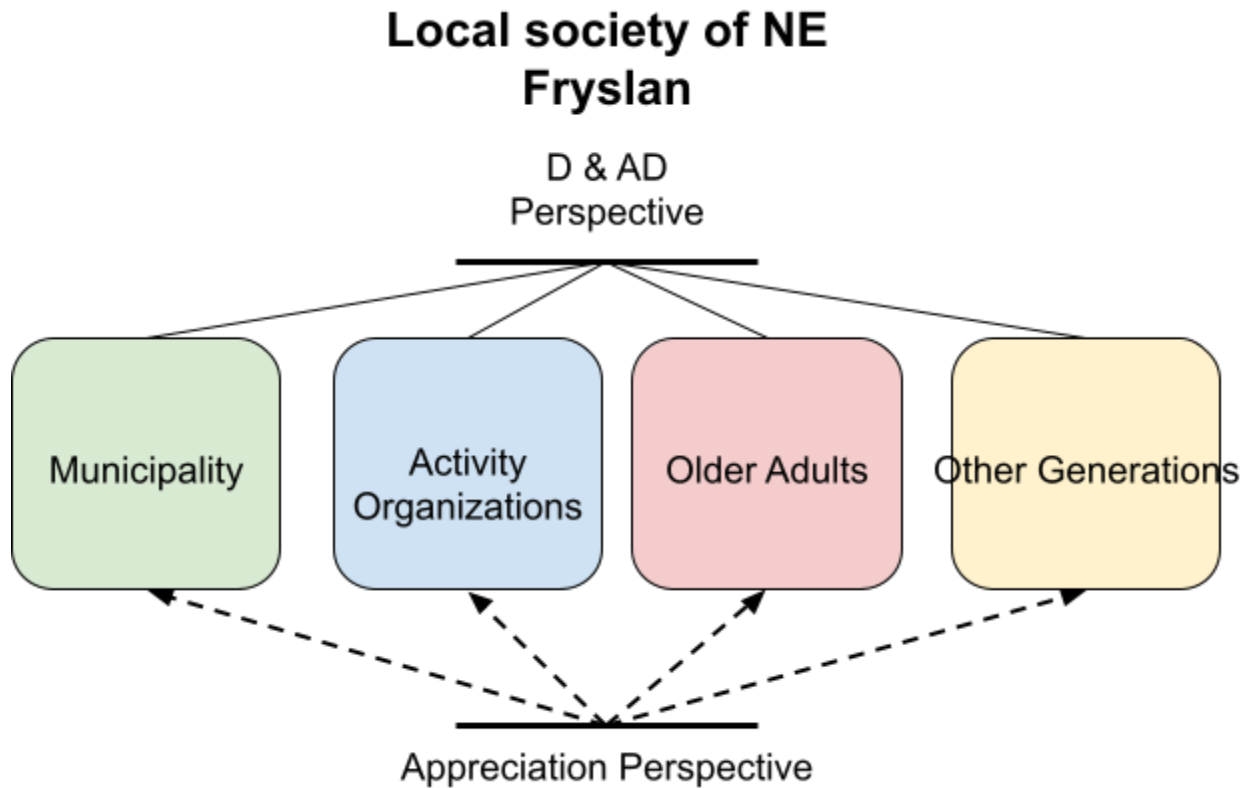
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Figure 4 A schematic representation of the most essential stakeholders from North-East Fryslan in our challenge.

Figure 4 above shows that the four important stakeholders at this moment share the two dominant perspectives, namely the decay narrative (D) and the age-defying narrative (AD). Our objective is to change this to the appreciation perspective in all four categories.

Our goal end-users are older adults, as we want to help them in the first place, and after that the other groups in society will also benefit from it. We want to ensure the highest effectiveness and efficiency possible for our potential prototypes. Older adults will feel more comfortable accepting the aging process that they are currently in, while working on their vitality and be stimulated to remain socially active. They will feel involved and included. Next to the older adults, the pressure on the younger adults will not increase in such an unavailing matter. It can also lead to a big reduction of costs and time for the municipality and activity organizers.

Figure 5 represents a scheme to visualize who is in direct contact with whom. As you can see, the municipality does not have direct contact with older adults. While the municipality might not have the highest interest of the four categories, it is evident that the municipality has a great influence on the local society of North-East Fryslan. Furthermore, the activity organizers are in contact with both the municipality and the older adults and other generations. One could say that the activity organizers could be seen as connecting/ bridging stakeholders. They adhere to the visions and plans of the municipality by organizing activities, according to those visions and plans, that benefit the wellbeing of older adults and other generations that need it. On the other hand, they also

influence the plans of the municipality by using input from the older adults and other generations. There is also an overlap between the group of older adults and the group of other generations. Older adults are usually not completely separated from the other generations, for example in families.
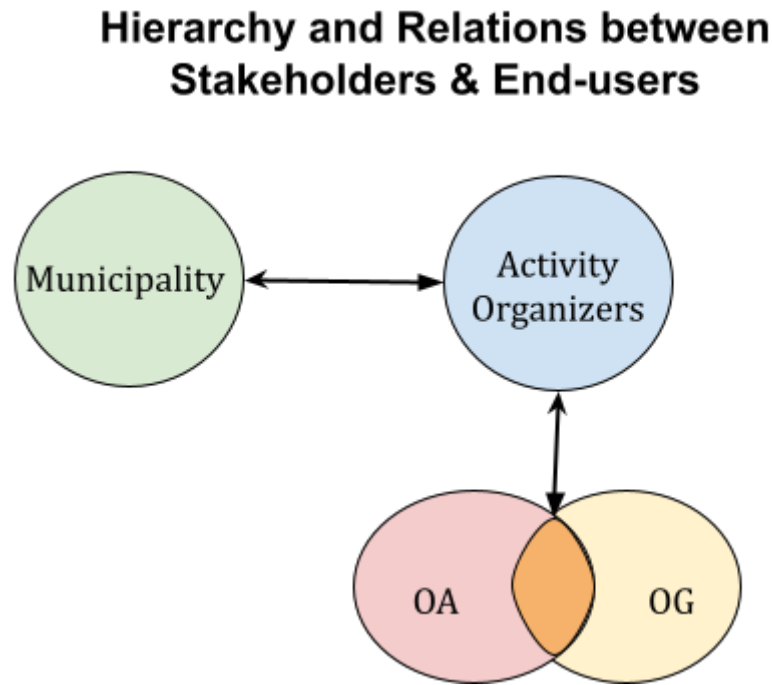
Hierarchy and Relations between Stakeholders & End-users

Figure 5 A schematic representation of the hierarchy of contact between the four categories of stakeholders that were mentioned previously. OA stands for older adults, and OG stands for other generations.

3.3.2 Needs of the end-users

The end-users that we want to help directly are the older adults. We aim for the implementation of the appreciation perspective to help promote a more positive image of older adults and the process of aging, on both societal and individual level. Society will be coordinated in such a way that people in the third and fourth phase of life can have a positive and meaningful contribution. Working on your vitality will be one of the major elements, where activities such as fall-prevention and participating in physical activities or activities focusing on increasing cognitive performance are of great importance. Next to the focus on the physical and cognitive vulnerabilities, social vulnerability is also a very important factor, as was stated by the interviewees. By stimulating older adults to create or sustain their social network, their psychological wellbeing will be positively improved. One way that this can be done is through intergenerational connection, by for example activities where different generations can socialize and share thoughts, so the gap between older adults and different generations will decrease. Older adults can share their experiences, wisdom, and advise younger people, which ultimately also benefits other generations, but indirectly.

The municipality as a stakeholder, can also indirectly benefit from our project, by for example offering people in the third phase a more gradual transition to the fourth phase. This can be done by

having a more flexible retirement age, and more stimulation to do charity work or doing informal care. This way, a big gap in the job market can be filled. It can also cut back on healthcare costs if older adults work more on their vitality, and less help from healthcare professionals is needed.

3.4   Personas

We made two versions of fictional personas of our end-user and biggest stakeholder, namely the older adults. These personas were based on interviews, our desk research and meetings with our clients at GGD Fryslân. The personas will help us understand better the point of view of the older adults and define our end-users. The two versions represent two older adults with the two different dominant perspectives on aging: the decline narrative and the age-defying narrative.

We have created two personas, Siebe (fig. 6) and Gea (fig. 7), they both belong to the group of older adults we try to reach with our MHY project. They both represent different ways people tend to age in today's society. Siebe's lifestyle matches with the decay perspective since he does not have any major goals left in life and lives in the moment. Gea on the other hand represents the age-defying or denial perspective, she overworks herself, ignoring what might be best for her health. Our appreciation perspective aims to improve these two end-users' view of aging.

It needs to be said that these personas can come over as 'extreme', and not completely realistic. However, especially with regards to the classification of social perspectives on aging, they are employed for analytical purposes only and they do not necessarily exist in their pure form in society.
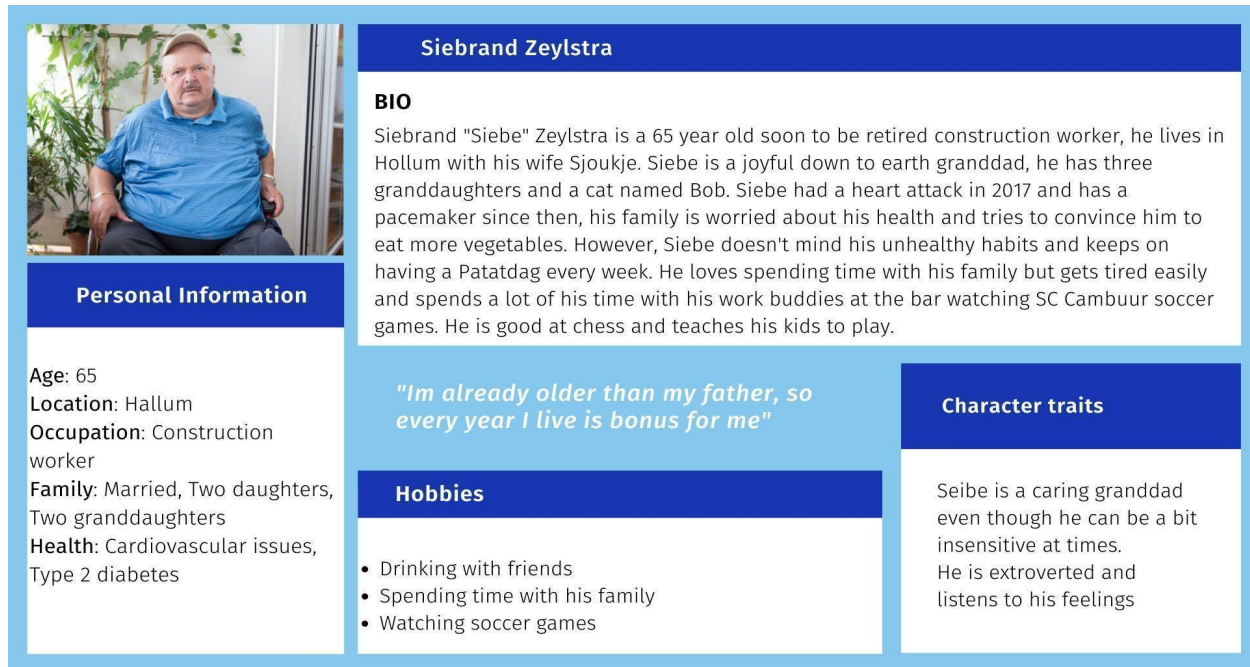
Siebrand Zeylstra

BIO

Siebrand "Siebe" Zeylstra is a 65 year old soon to be retired construction worker, he lives in Hollum with his wife Sjoukje. Siebe is a joyful down to earth granddad, he has three granddaughters and a cat named Bob. Siebe had a heart attack in 2017 and has a pacemaker since then, his family is worried about his health and tries to convince him to eat more vegetables. However, Siebe doesn't mind his unhealthy habits and keeps on having a Patatdag every week. He loves spending time with his family but gets tired easily and spends a lot of his time with his work buddies at the bar watching SC Cambuur soccer games. He is good at chess and teaches his kids to play.

Personal Information

Age: 65
Location: Hallum
Occupation: Construction worker
Family: Married, Two daughters, Two granddaughters
Health: Cardiovascular issues, Type 2 diabetes

"Im already older than my father, so every year I live is bonus for me"

Character traits

Siebe is a caring granddad even though he can be a bit insensitive at times.
He is extroverted and listens to his feelings

Hobbies

- Drinking with friends
- Spending time with his family
- Watching soccer games

Figure 6 The fictional persona of Siebrand 'Siebe' Zeylstra with the decay narrative on aging.

Gea de Jong

BIO

Gea is a 73 year old widow, she has lived all of her life in Moddergat. She has been working as a nurse for over 43 years. Now Gea does informal elderly care in her neighborhood to keep her busy after she got pushed out of her job. Gea's husband died in 2019, since then she struggles mentally, and her two sons live too far away to stay in contact with her, she feels very lonely. Gea injured her hip while ice-skating last winter, she since then has had pain when walking but ignores it. Gea used to drink coffee with her neighbor every day until she passed away. Now Gea keeps doing informal care, while hoping her kids move a bit closer to her.

Personal Information

Age: 73
Location: Moddergat
Occupation: Retired
Family: Widowed, Two Sons
Health: Mental struggles, Hip injury

"My sons want to buy me a walking stick, I always tell them they're crazy"

Character traits

Gea is an extrovert who always needs to be doing something, even though she might hurt herself. She is sweet but stubborn, and really cares about her sons.

Hobbies

- Walking her dog
- Going to church
- Doing informal elderly care

Figure 7 The fictional persona of Gea de Jong with the age-defying narrative.

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3.5   Customer journey

We have created two customer personas and a journey. Customer journeys are mainly used as a means to make the end-users more detectable and to see what it is like to walk a mile in their shoes. Siebe and Gea's persona journeys embody difficult situations our end-users could encounter, and then show the opportunities for personal growth that arise from those difficult situations. Both persona journeys have a dramatic event, where the personas could either give up on life or make use of our solution, the appreciation perspective, and turn their life around. A turning point in Gea's journey is her hip injury, and how she decides to deal with it. Siebe's turning point is a heart attack and his road to recovery. Both personas benefit from our appreciation perspective, and the customer journeys help to illustrate that.

As seen in the customer journey on the next page, we defined the key moments in two years of Gea's life and the opportunities that can be used to shift her perspective. She tends to have more of the age-defying perspective, where she does not associate herself with other older adults in for example the nursing home or decides not to go to the doctor after her fall. It can be an opportunity for her to reflect on the vulnerabilities that come with the aging process.

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Gea de Jong

|						
User's actions	Husband died of a heart attack in 2019, and she still misses him.	Her neighbour (good friend) develops dementia and is placed in a nursing home.	Gea walks on ice and falls, where she damages her hip.	Gea starts to understand that she is getting older and falls into a little depression.	Gea goes to the general practitioner and takes fall prevention lessons. The church community reaches out to her.	One of her two sons and his family moves closer to Gea. A boy from the neighbourhood helps her and walks her dog.
Context	When Gea's husband dies, she gets a dog and becomes more actively involved in the church community. She is still actively doing informal care.	The disease develops quite fast, and her friend is going away to a nursing home on the other side of the city	After the fall, she does not fully and has trouble walking her dog for a long period of time.	She starts to develop the decay rather than the age-defying perspective. She isolates herself.	Gea's GP recommends fall prevention lessons. Stichting Welzijn het Bolwerk suggests a couple more activities.	Her son and grandchildren move closer. This way she does not have to travel a long distance.
Content	Gea visits her neighbour more often and has more contact with people in church.	Gea still goes to church but without her friend. She also visits her in the nursing home.	Gea refuses to get checked by the doctor and shuts off to process and recover.	Gea isolates herself from the people around her and from her church community.	During the fall prevention lessons she makes more friends and connections. She has more contact with friends from the church community	She has much more contact with her family this way which makes her very happy.
What can be done	In this phase, there is an opportunity to build up a social network.	To compare herself with people of her age/generation.	Fall prevention lessons and activities. There is also an opportunity to talk with the general practitioner about the ageing process.	There is opportunity to reflect on vulnerabilities (physical and social). The opportunity to create a more realistic look on aging.	To participate in more activities and create a social network.	She has to stay active to keep up with her grandchildren. Also there is an opportunity for intergenerational contact.
Emotion	🙂	🙁	🙁	😠	🙂	😊

Figure 8 The fictional customer journey of Gea de Jong with the age-defying narrative.

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4   Linking the literature with the case study

To begin with, current perspectives on aging and older adults are still considerably limited and negative. Where the decline narrative considers the aging process inevitable and steady deterioration, the age-defying narrative calls for an escape from the fourth phase of life. There are at least four types of weaknesses acknowledged as attendant to getting older: psychological, cognitive, physical, and social. An interesting study by Sabine Otten and collaborators (2015) showed that the more distanced the older person becomes from its age category and peers (the more they are focused on the younger age group), the more unhappy they feel. Distancing themselves from the idea of becoming old, such as in the age-defying narrative, is therefore not the best strategy to deal with the aging process. Many older adults suffer the consequences of the two dominant perspectives of our society. Therefore, it is important to implement a new perspective. This should be a perspective which accepts the aging process and acknowledges that it is a full-fledged phase of life, and in the meantime where the older adults are valued and actively included where they serve a meaningful role in society. This new paradigm, appreciation narrative, aims to inform society and older adults about the physiological effects and vulnerabilities associated with aging, while encouraging them to work on their vitality and cognitive abilities. By the use of this narrative, we are trying to create a more realistic view on aging.

It was interesting to see that while ageism is banned from places such as workplaces, it is first of all hard to prove and it still exists and happens often (WHO, 2021). For example, there is institutional ageism, where age discrimination keeps employers from taking on people in the third phase of life. Alternatively, there is interpersonal ageism where society has certain, limited, negative assumptions of the older age group. During the interview with policy-maker Hugo Bruinsma, it became evident that he thinks it is important for the older adults to voice their concerns, and most importantly, be involved in the decision- and policy-making process. However, he also stated that there is no direct contact between the municipality and the older adults that live in Dokkum.

Our societal framework, such as policies, provisions, rules and laws are still insufficiently aimed at utilizing all the possibilities that come with the third and fourth phases of life. Many people that are retiring or moving out of the working life, want to have a purpose and be useful in our society, but this is sometimes limited. For example, even if older adults might want to work by retirement, they are curtailed by the set retirement age and the hard limit on the collective labor agreement.

Another interesting thing we found out was that older adults had a somewhat more positive than negative look on their own age group. However, they still expected that younger people have a more negative look on older adults and aging (Otten, S., 2015). In this study done in the Netherlands, the older adults are pessimistic about what society's perception of them is. Also, the poorer an older person's health, the more frequently they identify with the elderly population. This suggests that the negative aspects are rooted in the self-perceptions of the older population and that being old is only accepted when there is nothing left to hold on to.

For the qualitative research, the results of the interviews were insightful. The most significant finding from these interviews was the biggest weakness of the older adults according to our interviewees. This weakness is not physical nor cognitive, it is social. They identified loneliness as a common vulnerability amongst older adults. Anton van Zwol stated that the cup of coffee the group makes in breaks between physical activities is just as crucial for the older adults as the activity itself. According to Reina Hes, the best method to prepare for upcoming vulnerabilities is to create a social network. She continued with more detail about loneliness because of the absence of a partner. She concluded that partners stimulate each other to stay active and social. This means that loneliness increases without this stimulation. Loneliness is especially apparent if the older adult previously had a partner but lost this partnership due to death or divorce. What could be interesting to look at is whether intergenerational contact might combat loneliness. It was interesting to see that all interviewees did not perceive becoming old as something that comes with a specific age, as they thought of it as something that comes with certain moments in life.

The changing demographic composition of the Netherlands is a multifaceted and complex issue, for which a fully developed solution is not immediately applicable. It must be gradually invented and revised in practice. It is promising that while the whole country is busy worrying about the future, steps are already taken on a regional level. A desirable society is where everyone, including people in the transition period of the working life to advanced old age with all its vulnerabilities, should be asked to participate and listened to. Where we live safe, sustainably, and affordably, in an environment which we shape together and benefits our vitality and health. It became evident that this problem affects all age groups in our society, and increased awareness is needed.

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5   Defining the problem

In this part we will discuss our findings, and further define the sides of the problem that we want to focus on. A part of this theoretical framework is an inductive stakeholder scheme, which we identified after executing a part of the field research.

5.1   Problem definition

As previously mentioned, we have established four factors so far that are linked to aging. These factors are social, physical, psychological, and cognitive, and they are also considered to be vulnerabilities. The two dominant perspectives on aging hinder the older adults to cope with these vulnerabilities properly. The age-defying narrative has a negative perspective on the vulnerabilities that come with old age, and encourages people to stay young for as long as possible. This might hinder older adults to cope with the physical vulnerability and push themselves too far, or they distance themselves from their peers which also affects the social vulnerability. Furthermore, the decay narrative can affect the four weaknesses as well, where older adults for example do not work on their vitality or social connections.

The World Health Organization has determined that up to one in three older adults in big parts of the world feel lonely, including Europe, the USA, and China (WHO, 2021). Loneliness has direct consequences for one's health, some argue that chronic loneliness causes as much damage, if not more, than well-known risk factors such as obesity, smoking, and physical inactivity (WHO, 2021). Research (Mushtaq, R et al. 2014) has linked loneliness to a direct increase in mental health disorders and poorer physical health, as well as cognitive decline (Lara, E. et al, 2019). It is safe to assume that loneliness is very common among older adults and, if left unaddressed, can cause a variety of psychological, cognitive, and physical issues.

In addition, the perception of aging and older adults in our society is often linked to loneliness. The Leyden Academy on Vitality and Aging carried out a content analysis on articles concerning elderly in the Dutch News Media in the year 2018 (Lindenberg, 2019). They found that the word 'elderly' was most often used in combination with words such as loneliness, (elderly) care, lonely, sick, and young adults (see figure 8). As the graphic represents, the combination of the words, 'elderly' and 'loneliness', was used the most (8000 times that year). The combination 'elderly' and 'care' came second (7587 times) and the word 'vulnerable' came in third (4122 times). We did a small-scale analysis ourselves, for which we surveyed the local papers: Leeuwarder Courant, Friesch Dagblad and Nieuwe Dockumer Courant. Over the period from 2018 to November of 2022, the word 'elderly' was mentioned only 341 times. After randomly selecting 15 articles for content analysis, only one mentioned something about loneliness in older adults.

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Figure 8 A graphical representation of the adverbs that were used the most in Dutch news media throughout the year 2018. 'Eenzaamheid' (which translates to loneliness) was the most used word when talking about older adults.

In the upcoming phases we will be focusing on all weaknesses, but we determined that the social vulnerability is central. For analytical purposes we wanted to narrow down the solution to be focused on one or two of the weaknesses. It became evident that this factor is connected to the other three factors and might have the biggest impact if the solution were to be focused on this vulnerability.

The field research also strongly indicated that the most striking weakness from these factors is the social weakness. The interviewees all stated that older adults suffer from loneliness and that the social aspect of activities organized for this age group is crucial — even in activities primarily focused on improving vitality. The visits to the activities for older adults indicated the same conclusion. Many older adults that came to the Buurtkamer came after the loss of a partner. The coordinator stated that the activities of the Buurtkamer are the sole social events in the week for many visitors. Visitors to the exercise garden, an activity focused on improving vitality for older adults, were very excited to have coffee together and talked about how important that was for them. One aspect that became apparent during the activities was the emotional threshold for the activities. Although the financial threshold is quite low, many older adults consider it to be quite difficult to join such activities because of social and physical insecurities. Therefore, the older adults consider the threshold to be quite high.

Having analyzed the results and narrowed down our research by empathizing with the end-users by the use of our personas, we are now able to specify our problem definition as follows:

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Given the fact that older adults are dealing with various vulnerabilities, due to the dominant perspectives on aging, how might we help older adults in the third phase of life with establishing a (intergenerational) network so that they and their network can embrace the appreciation perspective.

At the moment, the dominant perspectives hinder older adults to cope with the four types of vulnerabilities. We found that the social weakness is foremost and is connected to the other three weaknesses. To narrow down our research we want to focus on this weakness, but also understand that it is often intertwined with the other vulnerability factors. The appreciation perspective is also part of the problem definition, as it is part of our solution. Therefore, it is worth mentioning it in the passage. We are working on the solution and its parameters. As a result, the following research question will guide us through the upcoming phases of our research:

How might we prepare older adults, in their third phase of life, to cope with their upcoming vulnerabilities?

6   The Ideate phase

Once the problem was defined, the project proceeded to the third phase. This phase was called ideation. Its main goal was to create as many ideas as possible that might resolve our problem. This phase was different compared to other phases as it was meant to be completed into two long sprint days, which were guided by the design thinkers.

6.1   Brainstorm

The first step in this process was a brainstorm. These were sessions where the group members were first asked to have a silent brainstorm for themselves. The idea was to create a large number of ideas. Therefore, every idea that came to mind had to be written down, no matter how ineffective or infeasible an idea might have appeared. Afterwards random objects were given to the group members. The objects had characteristics that had to be identified. Afterwards these characteristics could be applied to new solutions. For example, one object was foreign. Therefore, a solution that came from that was organizing vacations for lonely older adults. After all the ideas were written down and then categorized. Some of the categories for this project were: Physical activities, medical solutions, social activities within their generation, social activities outside of their generation, and lowering the emotional threshold.

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6.2   Idea Selection

After categorizing and uncluttering the vast majority of ideas, the ideas could be evaluated and selected based on quality. Each group member was tasked to select three ideas that they thought were of value. These ideas were then placed in a graph. The x-axis of the graph was the level of originality. The y-axis of the graph was the level of impact. This created four boxes in which the ideas could be placed. The lower left box was for ideas that were neither impactful nor original. The upper left box was for ideas that were impactful yet unoriginal. The lower right box was original ideas that lacked impact. The upper right box was ideas that were both impactful and original. The ideas in the upper right box were the highest in quality. As a result, four ideas that were placed in the upper right box had to be selected for the next steps of the ideate phase. The ideas for this project were:

- A buddy system, where older adults could make a new friend based on common interests.

- Intergenerational group activities, focusing on improving vitality.

- Creating more publicity for the International Day of Older Persons.

- Creating a campaign where older adults share experiences on how certain activities have improved their lives in the area of loneliness.

6.3   Burn and Improve

The third step of the ideation phase is to burn and improve. This meant that other groups in this minor got the opportunity to review and to evaluate the selected ideas. The groups provided some useful feedback on the ideas. The buddy system was criticized for being unoriginal, as there are already existing programs which pair people up. Someone noted that the intergenerational sporting activities might be difficult to execute in public, as younger generations might be less interested in exercising with older adults. Other feedback was on the International Day of Older Persons. Someone noted that a day like this would lack enthusiasm of the public. The intergenerational sporting activities were improved by making the idea affordable or even free as a high school sporting option for mandatory activities. The buddy system was improved by making it clear that the people signing up would both be in need of a friend. Instead of a system where one person is lonely and one person is the volunteer.

6.4   Visualization

 The next step allowed for the group members to advance their creativity. Now that the ideas were more concrete, they could be visualized. The design thinkers provided the group members with a

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variety of materials which could be used to visualize the ideas. After the group members created the artworks that represented the ideas, the visualizations were documented in the form of pictures. These pictures were later used in our next step where we received feedback from end- users.

6.5   End User Feedback

In the next step, the end-users and the client were informed of the ideas from the first steps. Several older adults were presented with the ideas. The older adults did like the idea of intergenerational activities. However, they did note that exercise would not be the best activity for intergenerational activities. This was because other generations might need different levels of intensity, when it comes to exercise. They were not as enthusiastic about the sharing experiences campaign. They said that they have tried to share their experiences with other older adults. However, it was hard to convince others who already have a high emotional threshold for these activities. The others might still feel anxious about joining such a group. They were enthusiastic about the buddy system. They appreciated that the relationship between the paired-up participants was on an equal ground. Instead of a relationship between an older person in need of help and a volunteer.

The client was also skeptical about the exercise aspect of the intergenerational activities. Not because they doubted the abilities of the older adults in exercise activities. It was because this would limit the activities for the older adults. Not all older adults are interested in sporting activities. However, they might be interested in other activities to do with other generations. They also considered the day of aging to be counterproductive. Although the day would reach all of society, we would only appreciate the older adults for one day of the year. Furthermore, the day might have an opposite effect, in which the day would lead to feelings of pity towards older adults. The client did like the buddy system. However, they advised the group to keep other generations in mind since the problem refers to society.

6.6   Selecting the final idea

For the final step, one of the ideas had to be selected in order to transition into the fourth phase. Another graph was created in order to rank the ideas. This time the x-axis was the level of feasibility. The y-axis was the level of value fit, which is the level of which the end-users saw the value in the ideas. This again created four boxes. The lower left box was for ideas that were low in value fit and not feasible. The upper left box was for ideas that the end-users did see value in, however the idea did not seem feasible. The lower right ideas were for ideas that were considered feasible yet low in value fit. The upper right box was for feasible ideas that end-users did consider valuable. Ideas in the right box were of the highest quality and adequate for the fourth phase. Of our ideas the buddy system was the idea that made it into the upper right corner of the graph. This meant that we wanted to continue with this idea and that we will take the buddy system into the prototyping phase.

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7   The Prototype

7.1   The Duo system

Our best shot at tackling the loneliness issue among older adults is a duo system. In order to set the duo system in motion, first, the older adults have to be reached by marketing. This outreach activity is feasible, given the high rate of digital literacy among the 55 to 64-year-olds. Of them, 86% use a smartphone, 94% use the internet at home, 70% correctly identify advertising on Google, and 73% have a social media profile. Of 65 and above, 55% use a smartphone, 77% use the internet at home, 58% correctly identify advertising on Google, 59% have a social media profile (Ofcom, 2020). So contrary to popular belief, older adults can be reached via social media and online advertising campaigns. Furthermore, older adults tend to pay more attention to radio broadcasts and TV advertising than younger generations, however physical newspaper readership is decreasing (Bergström, A.,2020). The most logical way to reach older adults is through internet campaigns, TV advertising, and radio.

Our duo program would work like existing concepts with a number of key differences. Current systems require buddy pair supervision by a coordinator, which, if applied on a large scale, will require large amounts of employees or volunteers to keep monitoring the buddy pairs. Additionally, there is a maximum duration of the buddy pair. An alternative way of designing our duo system is to pair up people under a coordinator's supervision, monitor the relationship between duos to ensure a good match and then let them be, while giving them the opportunity to reach out to coordinators in case something goes wrong.

We have already established that many older adult's outlook on life either corresponds to the decay or denial perspective. In order to tackle this issue our duo program could match older adults with opposing perspectives with the hope that the encounter between people with such different views will have a positive impact on both their perspectives.

Another way of approaching this issue would be to pair up older adults with the same perspective and guide their activities accordingly. For example, a denial pair would be motivated to attend disease prevention courses, while a decay pair could go to social gatherings. This pairing up system only works if an analysis of each potential buddy is conducted before the pairing up process.

Data collection would also be part of our system. Occasional meetings between duos and coordinators can be used to collect data from the project, questions asked during those meetings could include: How many activities did you do together? How is your mood? What are your health markers? And so on.
As said before, older adults can be reached via online campaigns, but also TV advertising, and radio. Additionally, mouth to mouth marketing has been proven to be extremely effective (Karlíček & Tomek, 2010). Therefore, upholding good relationships between older adults and the duo system personnel is of utmost importance.

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7.2   Testing the prototype

The initial idea for a prototype was a buddy system where older adults themselves were paired up. Although our stakeholders liked a buddy system to combat loneliness amongst older adults, they did have one point that we had to take into account. They mentioned that the appreciation perspective is not so apparent in this idea. Furthermore the challenge was to have society gain the appreciation perspective and not just older adults. So they suggested making the idea intergenerational. So the idea turned into a mentor programme, where older adults would take on a mentor role for a younger adult.

We tested this improved version by proposing the ideas to older adults who are working in the field of aging. The first thing they said was that one aspect was lost from our original idea in the meteor programme. The relationship between the participants would not be equal in a mentor mentee relationship. The younger generations certainly could benefit from the experience and wisdom of older adults. However this does not mean that older adults could not learn from the younger generations. So the pairings became equal again. The pairings would be intergenerational, based on shared interests and topics on which they would like to learn more from each other.

Other adjustments include the name of the project. We started by referring to the project as a buddy system. Stakeholders suggested using other terms for two reasons. First of all it will then immediately be associated with existing programs who bear the same name. Additionally the word buddy does entail a relationship where someone needs help and someone is able to offer this help. So the name was changed to the word duos. Duos suggest an equal relationship between two people. This name fits the prototype that was developed more.

In order to build a foundation for duos to meet up, categories were created in order to identify the interests and topics on which they might need or can provide help (figure 9). We tested these categories under young adults with a questionnaire. We had not spoken to many young adults, so we needed to measure the interests and willingness for participation amongst young adults. The questionnaire was first sent to high schools in the municipality. The schools refused to cooperate with the project. So we went to Dokkum ourselves and recruited young adults to fill in the questionnaire. The same thing was done in Groningen in order to gain a larger sample.

The categories were digital skills, creative hobbies, sport, board games, literature, study or life choices and film and television. There was also an option to suggest a category yourself. The young adults thought they could learn the most from older adults on study or life choices. Other categories that were selected many times were literature, board games and creative hobbies. The categories in which they thought older adults could learn from them were mostly digital skills and film and television (figure 10).
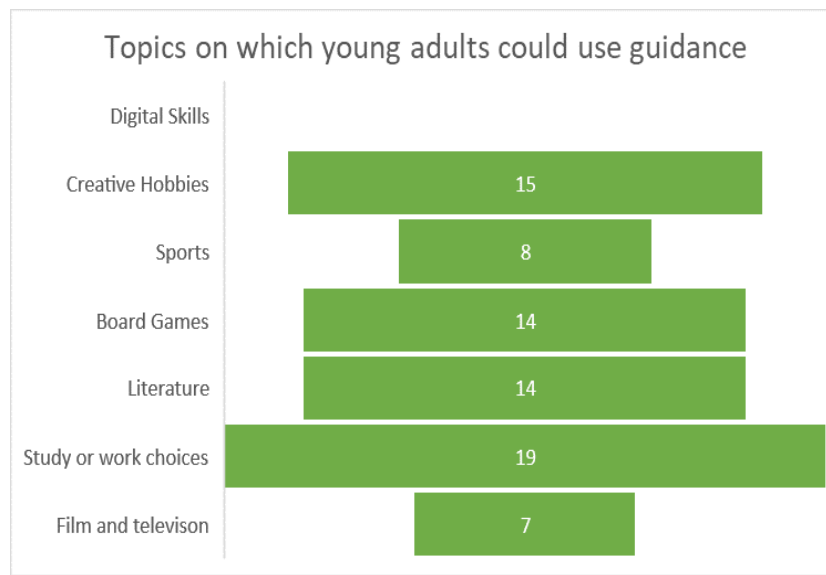
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Figure 9 A graphical representation of the frequency that an option was chosen by students in the survey. The number in the middle of each category is the number of times it was chosen.
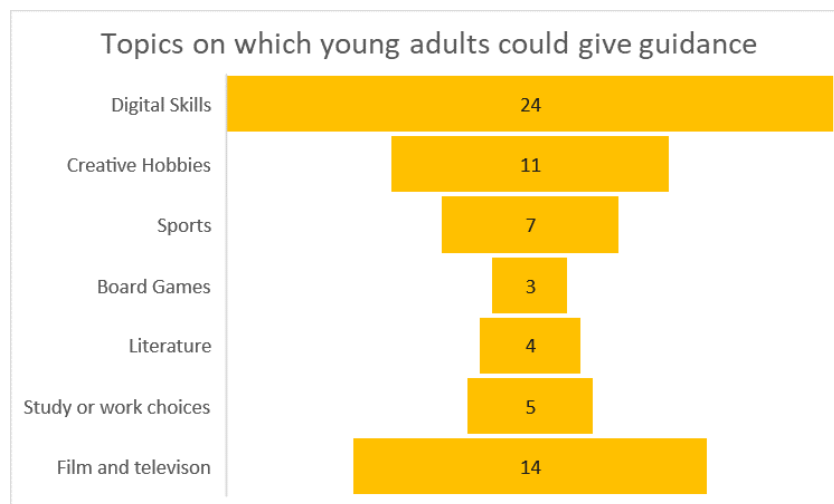

Figure 10 A graphical representation of the frequency that an option was chosen by students in the survey. In this question, they were asked what they could offer in turn to their duo. The number in the middle of each category is the number of times it was chosen.

A third stated that they would be interested in participating in the duos. 30% selected maybe and 36,7% selected no.

Figure 11 A graphical representation of percentages for each answer to the question whether the students would want to participate.
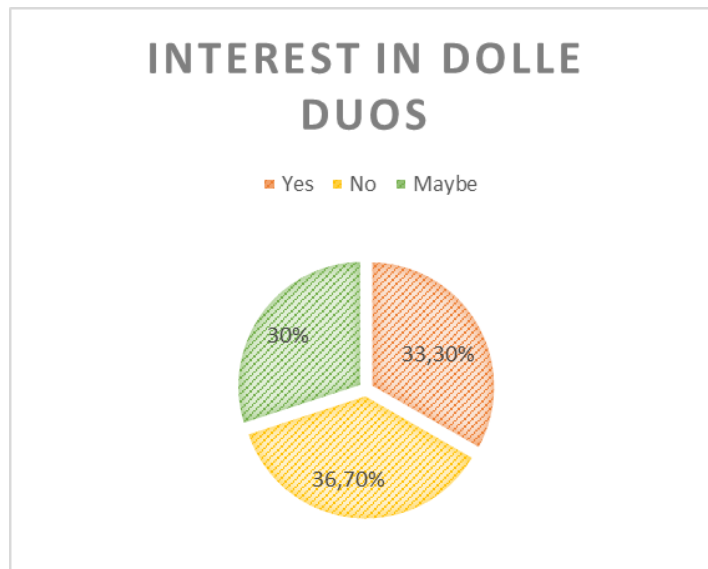
7.3   Concluding statements

To end this report, we would like to share a chronological overview of the report before finally reflecting on this project.

How might we give the appreciation perspective a dominant place in society? That's the question we received from GGD Fryslan and that we've been working on for the last couple of months. We wanted to research throughout the minor how to get the most health gain for older adults, where this particular challenge was one of the themes. During the initial research, we found that the existing social views on older adults and the processes of aging still fall short of satisfactory identifying aging individuals. They can function as stereotyping and restrictive models of aging. Through the stakeholder matrix, a description of the research challenge and an initial imagination of our end-users in the forms of personas and customer journeys, we familiarized ourselves with the problem and prepared our research. During the first stage, we compared existing claims in literature to our findings from both quantitative and qualitative research in North-East Fryslan. We analyzed the scope of this problem and talked to various stakeholders about this. Eventually, we came across the problem of the four weaknesses that older adults stumble upon. It was evident that the social weakness was very important to the older adults, and that it is connected to the other three weaknesses.

After conducting thorough research, we concluded that older adults were going to be the end-users of our final product. We also chose to let go of the idea of going down the educational path, where we would inform people in our society by for example designing an information campaign. We found that a few previous information campaigns were not as successful as they needed to be.

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Our challenge was to seek a way to promote vitality and positively influence the image of aging and older adults. In the search of solutions we came up with several ideas, where some were better than others. We used our research and understanding of the problem to develop a prototype. After discussing every possible solution with the client and stakeholders, we settled on the idea of organizing a duo system. This project is called the Dolle Duo's, where the system pairs up members who have signed up in order for them to do everyday activities or more, together. The concept works as follows, people of a younger age (such as a high school student) and an older adult can sign up, voice their interests and hobbies, and their preference for meeting frequency. These people then get paired up with a partner who matches their interests. Dolle Duo's aims at giving buddy pairs autonomy, while still having volunteers available for the first meetings, to make the meeting go smoothly.

To finish up the project and guarantee a smooth hand over to our client, we set up a proposal document (see appendix I). In this document the problem is described, along with the proposal of the solution we designed. It also describes products such as a folder and a newspaper advertisement, which you can read more about in the document itself. This document can also be sent to stakeholders.

Overall, this project has been a challenging yet ultimately rewarding experience for the entire team. The most interesting and compelling element that we found was how motivated and invested stakeholders and end-users are to combat this challenge. For example, a few team members went to the Leyden Academy of Vitality and Aging to gain more insights on the problem, and the many (older) adults were inspired and encouraged to work on this challenge in our society. The many conversations that were held there were very interesting to us and made a big impression. The growing number of people who recognise this problem gives us confidence that progress will be made despite the ending of our participation. A welcome confirmation of our efforts is also the invitation from one of the volunteering organizations to present our solution and research. We hope that we can meet the expectations of our clients with these prospects.

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8   References

Utrecht University. (2016). Becoming who You are: Aging, Self-realization and Cultural Narratives about Later Life. Accessed via https://research.uvh.nl/ws/portalfiles/portal/19975250/Becoming_who_you_are_Aging_self_realization_and_cultural_narratives_about_later_life_Hanne_Lacuelle_LR.pdf

Bernhold, Q. S., Gasiorek, J., & Gilles, H. (2018). Communicative Predictors of Older Adults' Successful Aging, Mental Health, and Alcohol Use. *The International Journal of Aging and Human Development*. Accessed via https://journals.sagepub.com/doi/full/10.1177/0091415018784715?casa_token=VQk4AcrfYo0AAAAA%3Ae91rfF-PxxVCiYOzGiMXgahTT9pSkGNdg1KmqJDVpbWBaEKE6VyMwRnkXKyMjAeosnWiI8xmWSU7#bibr37-0091415018784715

CBS. (2021). Ouderen. *Centraal Bureau voor de Statistiek*. Accessed via https://www.cbs.nl/nl-nl/visualisaties/dashboard-bevolking/leeftijd/ouderen

Coleman, P. (1991). Cumming E. and Henry W., Growing Old: The Process of Disengagement. Basic Books, New York, 1961. *Ageing and Society*, 11(2), 217-220

Da Roit, B. (2010). Strategies of care: Changing elderly care in Italy and The Netherlands. *Amsterdam University Press*. ISBN: 978 90 8964 224 0

Gemeente Noord-Oost Friesland. (2022). *Gemeente Noardeast-Fryslân in cijfers en grafieken*. Retrieved from https://allecijfers.nl/gemeente/noardeast-fryslan/

GGD Fryslân. (2022). Vitaliteit in de derde levensfase: Een opgave voor publieke gezondheid. Accessed via https://www.ggdfryslan.nl/media/8121/vitaliteit-in-de-derde-levensfase-extern-adviesrapport-ggd-fryslan.pdf

Lara, E., Caballero, F. F., Rico-Uribe, L. A., Olaya, B., Haro, J. M., Ayuso-Mateos, J. L., & Miret, M. (2019). Are loneliness and social isolation associated with cognitive decline?. *International journal of geriatric psychiatry*, *34*(11), 1613–1622. https://doi.org/10.1002/gps.5174

Li, J., & Song, Y. (2019). Formal and Informal Care. *Encyclopedia of Gerontology and Population Aging.* https://doi.org/10.1007/978-3-319-69892-2_847-

Lindenberg, J. (2019). Rapport beeldvorming van ouderen. *Leyden Academy on Vitality and Aging*. Accessed via https://www.leydenacademy.nl/onderzoek/

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Mayhew, L. (2000). Health and elderly care expenditure in an aging world. *International Institute for Applied Systems Analysis.* Retrieved from https://pure.iiasa.ac.at/id/eprint/6109/1/RR-00-021.pdf

Mushtaq, R., Shoib, S., Shah, T., & Mushtaq, S. (2014). Relationship between loneliness, psychiatric disorders and physical health: A review on the psychological aspects of loneliness. *Journal of clinical and diagnostic research, 8*(9). https://doi.org/10.7860/JCDR/2014/10077.4828

Niu, H., Álvarez-Álvarez, I., Guillén-Grima, F., & Aguinaga-Ontoso, I. (2017). Prevalence and incidence of Alzheimer's disease in Europe: A meta-analysis. *Neurología (English Edition)*. Accessed via https://www.sciencedirect.com/science/article/pii/S2173580817301232

Otten, S. (2015). Samenvatting van resultaten uit een onderzoek over ouderen en ouder worden in Nederland. *Nationaal Programma Ouderenzorg*. Accessed via https://www.hannn.eu/nieuws/65-en-dan
Pagán-Rodríguez, S., & Pérez, S. (2012). Depression and Self-Reported Disability Among Older People in Western Europe. *Journal of Aging and Health*. Accessed via https://journals.sagepub.com/doi/full/10.1177/0898264312453070?casa_token=A3w5OatpAgQA AAAA%3A80UDBF8R3sAdI3atDliDYC-83bgbDxlcmZoUrI47J5BLO1DlP4F9nJfKhiDH8ZR_8tyV8Rnj2 7nG

PBL. (2019). Regionale bevolkings- en huishoudensprognose 2019-2050: Belangrijkste uitkomsten. *Planbureau voor de Leefomgeving.* Retrieved from https://www.pbl.nl/publicaties/pbl-cbs-regionale-bevolkings-en-huishoudensprognose-2019-205 0-belangrijkste-uitkomsten

Raad van Ouderen. (2020). *Voorbereiden op de derde levensfase.* Accessed via https://open.overheid.nl/repository/ronl-24c8d63d-2b75-49a5-ba58-03454c2a5d26/1/pdf/advie s-raad-van-ouderen-voorbereiden-op-het-levenseinde.pdf

Raad voor Volksgezondheid en Samenleving. Summary of the advice 'The Third Phase of Life: the Gift of the Century'. (2019). Retrieved from https://www.raadrvs.nl/documenten/publications/2019/09/12/summary-of-the-advice-the-third -phase-of-life-the-gift-of-the-century

Rayner, M., Allender, S., & Scarborough, P. (2009). Cardiovascular disease in Europe. *European journal of cardiovascular prevention and rehabilitation*, *16*(2). https://doi.org/10.1097/01.hjr.0000359235.59808.ba

Rijksinstituut voor Volksgezondheid en Milieu. (2018). Volksgezondheid Toekomst Verkenning 2018: Een gezond vooruitzicht. *Xerox/OBT.* Accessed via https://www.vtv2018.nl/synthese-vtv-2018-een-gezond-vooruitzicht

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Rijksuniversiteit Groningen. (2022). Minor Healthy Years Workbook Design Thinking. Accessed via https://brightspace.rug.nl/d2l/le/lessons/95220/topics/2180269

Rodríguez-Sáncheza, B., & Cantarero-Prieto, D. (2019). Socioeconomic differences in the associations between diabetes and hospital admission and mortality among older adults in Europe. *Economics & Human Biology*, *33*, 89-100. https://doi.org/10.1016/j.ehb.2018.12.007

Roit, B. D. (2010). Strategies of care: Changing elderly care in Italy and The Netherlands. *Amsterdam University Press*. ISBN: 978 90 8964 224 0

Schorr, A. V., & Khalaila, R. (2018). Aging in place and quality of life among the elderly in Europe: A moderated mediation model. *Archives of Gerontology and Geriatrics*, 196-204. https://doi.org/10.1016/j.archger.2018.04.009

Staatsblad. (2019). Overheid: Officiële bekendmakingen. Retrieved from https://zoek.officielebekendmakingen.nl/stb-2019-246.html

Troen, B. R. (2003). The Biology of Aging. *The Mount Sinai Journal of Medicine, 70(1).* Accessed via https://www.researchgate.net/profile/Bruce-Troen/publication/10961016_The_Biology_of_aging/links/60b37c2345851557baac352a/The-Biology-of-aging.pdf

VNG. (2022). Waar staat je gemeente. Retrieved from https://www.waarstaatjegemeente.nl/jive/

World Health Organization. (2021). Global Report on Ageism. Accessed via https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/combatting-ageism/global-report-on-ageism

Adults' Media Use and Attitudes report (2021), accessed via https://www.ofcom.org.uk/

Bergström, Annika. (2020). Exploring digital divides in older adults' news consumption. Nordicom Review. 41. 163-177. 10.2478/nor-2020-0021.

Karlíček, Miroslav & Tomek, Ivan & Křížek, Miroslav. (2010). Word-of-Mouth Marketing: An Integrated Model. Ekonomika a Management. 2010.

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9   Appendix

I: Proposal document

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RUG UNIVERSITY

13 JANUARY 2023

DOLLE DUO'S

PROPOSAL

MINOR MORE HEALTHY YEARS
Mentor: Yavuz Tuyloglu

PREPARED BY :
Marg Schoenmaker, Armand Georgelin, Jesse van der Veen, Aryaman Dayal, Maria Zernova

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DOLLE DUO'S

We are a group of students from the University of Groningen who did a project on how to get the most health gain for Frisian older adults. During the initial research, we found that the existing social views on older adults and the processes of aging still fall short of satisfactory identifying aging individuals. They can function as stereotyping and restrictive models of aging. Our challenge is to seek a way to promote vitality and positively influence the image of aging and older adults. With this proposal, we would like to discuss the solution we came up with: Dolle Duo's.

This project is a duo system, where two participant are coupled to one another. People join buddy systems for two main reasons, the first is to find for a partner to accomplish daily tasks, where the partner is often a volunteer who does not get anything back in return. The second reason is that joined activities are more fun.

"ELKAAR WAARDEREN DOOR VAN ELKAAR TE LEREN"

The system will be implemented in Dokkum. Dolle Duo's is a concept in which a participant is connected to another participant from a different generation, thus forming a duo. It is a concept in which we want to give people a chance to appreciate other generations and to learn from other generations.

The matching process is based on similar interests or hobbies. When the duo is matched up they can meet up and plan activities together. For this concept our focus is on the older adults (age 48-73). They are our end-users, because we want them to benefit the most from this project. Nevertheless the concept is not only for older adults and should not only be used by older adults. It is also not strictly for only a duo; more than two participants can match to form a group if they wish to do so. The concept is beneficial for everybody. Dolle Duo's is for all generations, because we aspire for whole society to eventually benefit from it. On the next page you can see the logo that was designed for the Dolle Duo's concept.

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GOALS

The goal we want to see reached is:

Implementing a system in which we pair up generations and let them interact with, learn from and accept each other, and to sustain this system in the long run.

During our extensive research, we found out that loneliness is quite prevalent and has a big impact on older adults. By implementing Dolle Duo's, we want to take a major step towards tackling this problem. The initial objective of this project is to let the older adults and older generations feel appreciated, but we also want to remind everyone of the importance of older generations to our current society. In addition the concept tries to combat vulnerabilities that older adults may have, including loneliness.

To conclude, we want to change the perspective that is now dominant in society on aging and older adults. We would like to replace the existing perspectives with the appreciation perspective that we researched extensively during the past months. We established a working definition of the appreciation perspective:

The appreciation perspective is a new outlook on the third and fourth phase of life that entails ideas that highlight the importance of the acceptance and dignity of aging. It encourages older adults to partake in fulfilling activities within their physiological and psychological boundaries. The appreciation perspective aims to inform society and older adults about the physiological effects and vulnerabilities associated with aging, while encouraging them to work on their vitality and cognitive abilities in order to extend the third phase of life as much as possible.

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WHO

VOLUNTEERS (OLDER ADULTS), THE MUNICIPALITY, STJOER/BOLWERK

A project like this will need local organizations that will implement this idea and continue the system after the minor has ended. The first organization we would like to involve in this project is Stjoer. Stjoer organizes volunteering work specifically for volunteers dealing with vulnerabilities and has experience with pairing up programs. We would also like to involve Stichting Welzijn het Bolwerk. This organization has extensive experience with projects organized specifically for older adults. They work with older adults in a wide variety of areas, such as low socioeconomic status and working on improving their vitality.

Although the project would be coordinated by the organizations, work such as pairing up the duos and collecting feedback from them would be done by volunteers. We would prefer that the volunteers to be mainly older adults themselves. Volunteering is a meaningful way to spend time in the third phase of life, so we would like older adults to have the opportunity to work on this project and make meaning in their life. Furthermore older adults could bring their input in areas they deem valuable for their duo.

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HOW

When it comes to aligning the needs of older adults and the younger generations, it will be important to ensure that there are mutual topics of interest as well as a mutually beneficial relationship.

This can be done during the pairing up process in order to pair two like minded individuals.

To ensure this is a mutually beneficial relationship we need to make sure that both buddies have the common interests, in which information and/ or skills can be shared between each other. We have to ask about interests in the application, and then carefully select buddies to allow for a good relationship. This can also be done by pairing participants up by the use of a categories of hobbies.

PURSUING VOLUNTEERS AND PARTICIPANTS

Organizations such as Stjoer and Stichting Welzijn en Bolwerk are well connected to older adults. Another way to pursue older adults is by social media, contrary to popular belief, as older adults can easily be reached via social media and online advertising campaigns. Dolle Duo's could be advertised through local newspapers, folders and other physical media. Folder could easily be distributed through for example the general practitioner. Dolle Duo's should be advertised to younger generations through presentations in schools, and/or inexpensive physical media such as folders or posters. Later more advanced advertising should include social media, and TV.

At last, younger adults such as students attending the college in Dokkum can be reached through for example teachers. Almost every college in the Netherlands teaches in many programs of studies the course 'Burgerschap'. This course takes students through various subjects such as societal matters and vitality. Teachers can offer students to sign up for the Dolle Duo's as part of their education.

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<div style="background-color:orange;color:white;padding:8px;text-align:right;">ACTIONPLAN</div>

TIMELINE - 6 MONTHS
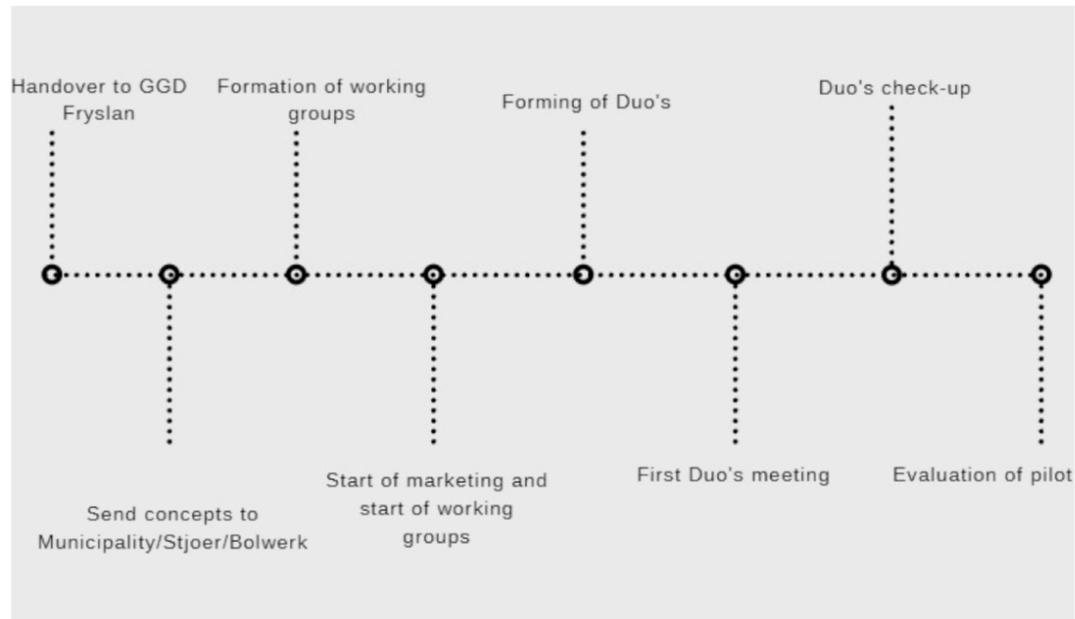
This plan of action is designed for the organizations that will take on this project. First, this concept will be sent to our client, GGD Fryslan, and to important stakeholders such as the municipality (Dokkum), Stjoer, and Stichting Welzijn en Bolwerk. The organisations will need to consider work on this project and they will need to think about what exactly is needed to realise this. If the decision is to continue and realise the Dolle Duo's project, following steps will be taken.

To start with, a group needs to be formed to work on the organization of the project. A location has to be appointed as the base of operations where for example meetings can be held. The organizers will be volunteers, and preferably older adults. They can be approached at an organization such as Stjoer or Bolwerk, who have many connections with volunteers.

ACTIONPLAN

Then, the project needs to be promoted to potential participants. Participants will be either older adults or people from a younger generation (for example high school or college students). Promoting will be done by the use of a folder, which can be distributed in places such as the general practitioner or a place where different generations come together, e.g. the grocery store.

After all the preparations are completed (first 3 months), the project itself will be commenced. The participants will be coupled to form a duo with each other. The 'duo' does not strictly need to consist of only two people according to the participant's wishes. The duo will usually be formed according to similar interests or hobbies. They can also be formed on the preference of what they seek from a buddy. This can be done by the use of a spreadsheet where all the participants and their hobbies/ interests/ requests are listed. It is also important to couple participants according to their availability and desired frequency of meeting. Due to time limitations we did not succeed in developing such a product ourself.
When the duos are formed, the participants will be notified (on the phone) and they will be asked for their availability on certain dates. When a date is found where both participants are available, the first meeting should be held on middle ground (public space) such as a cafe or a park, with a volunteer from the organization present. They will be there to ensure a smooth first meeting and to make the participants feel comfortable.

Participants are then encouraged to meet as much as they would feel comfortable doing so. They can exchange phone numbers or email addresses for communication. For some duos this will for example mean meeting once a week, while others might feel comfortable meeting twice a month. In a month, the organization will check on the duos by giving them a phone call. They will ask whether they are still meeting and how the acquaintanceship is going. They will also ask the participant whether is still happy with their buddy, and if not, if they would want to be coupled to somebody else.

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ACTIONPLAN

At the end of 6 months, the pilot will be evaluated by the organizers in the Dolle Duo's concept. This can be done by conducting interviews. They will evaluate whether they find the concept has benefits for the people in Dokkum and what they think about the concept itself. There are possibly adjustments that can be implemented for even a better result. Dolle Duo's works as it should if duos meet and interact positively on a regular basis. The organisation can therefore measure the progress of the pilot by counting how many duos have stayed in contact with each other, and how often they have engaged in activities together. Additionally, measuring individual member's mental health markers prior to pairing them up and after a period in the system would indicate if Dolle Duo's improves their wellbeing.

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PRODUCTS

On the next couple of pages, you will find a couple of products we designed that can be used to help the Dolle Duo's system launch.

First, we will design a folder that can be distributed in Dokkum to draw attention and to stimulate people to sign up. The folders can be distributed at the organizations like Stjoer and Bolwerk to inform older adults that this system is there, but also at the general practitioner. It can also be distributed at other places where both younger and older generations can be found, such as a grocery store.

In addition, a newspaper advertisement is a good way to reach older adults or even at many times younger adults. This newspaper article can also be used as a template or inspiration. Then, to cover some online advertising, a Facebook group can be set up where people can sign up (application link posted in the bio) or share their experiences. They can share for example stories of having a buddy. This is something that the organization has to set up themselves.

FUNDING

We attempted to give an estimate for the funding that is needed to realise the Dolle Duo's project.

ITEM	DESCRIPTION	UNIT	AMOUNT
Folders	The folders that will be distributed for promotion of the project. There will be around 300 – 500 folders.	500	€60
Newspaper advertisement	Gross price for an advertisement 1/8 of a whole page.	1	€327
Coffee coupons	To set a first meeting of the duos for example in a cafe. The coupon can be 50% off or a free coffee.	50	€150
Developing a website	Costs to develop a website where organizers can log into for an overview of participants and to pair them up.	1	€15.000

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PRODUCTS

We included the costs of the development of a website into the estimated budget that is needed. To develop such a website, the following things need to be considered to be processed into it:

1. It is going to have the relational database where the information of the applicants is stored (age, email, phone number, hobbies, etc.). Back-end where there is authorization and authentication and being user friendly (for both young and older generations) on the front-end.
2. The organizers can log onto the website. The organizers will get a clear overview of all the applicants. They can couple up applicants on the basis of the entered information.
3. Participants have the option to apply to the project on the website.
4. Organizers can contact the participants by the use of for example the entered email adress or phone number. There has to be a window of all the participants with their entered information in maybe a table format. This sheet also has the option to tick off boxes.
5. The spreadsheet of all the participants contains three boxes per person: 1) sending an email of confirming their application, 2) contacting the participant and setting up the first meeting with their duo, and 3) contacting them after a month to check on them. After an action is completed, the organizer can tick off the box.

If a volunteering organization will work on the project, and to further minimalize the costs, a decision can also be made to include a subsection on the Dolle Duo's onto their existing website instead of developing a whole new website. Participants can apply on that part of the website.

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FOLDER

"Elkaar waarderen door van elkaar te leren."

ZIN OM IETS NIEUWS TE LEREN?

Leer van elkaar bij het Dolle Duo's project en ga aan de slag om elkaar nieuwe kwaliteiten, activiteiten of handigheden te leren.

AANMELDEN

Ben jij geïnteresseerd? Vul dan onderstaand formulier in en stuur hem op naar ons postadres. Of vul het digitale formulier in op onze website. Heb je nog vragen? Kijk dan eens op onze website of stuur ons een mail. We hopen je snel te zien!

Elk veld met een * is verplicht.

Naam*:

Tel-nummer*:

E-mail adres:

Leeftijd*:

Hobbies of interesses*:

Andere voorkeuren in jouw duo:

Overige opmerkingen:

DOLLE DUO'S!

Ontmoet. Leer. Waardeer!

www.dolleduos.nl | hallo@dolleduos.nl

FOLDER

ONS VERHAAL

Wij zijn er om te helpen leeftijdsdiscriminatie tegen te gaan, door intergenerationeel contact te stimuleren. Op deze manier willen wij de beeldvorming over het ouder worden positief beïnvloeden.

Dolle Duo's is het project waar je jezelf kan ontwikkelen en kennis kan laten maken met andere inzichten, interesses en mensen. Leer over elkaars hobby's, maatschappelijke belang en deel ervaringen! Dolle Duo's is het project waar je een vriend kunt vinden!

JE VINDT ONS HIER

Adres, 1234 AA Elkestad,

0275-5656000

hallo@dolleduos.nl

www.dolleduos.nl

Do Uo DOLLE DUO'S

DOLLE DUO'S

WIE

Dit project is bedoeld voor iedereen en laat je kennis maken met mensen van een andere generatie. Dus ben jij gepensioneerd, werkende, student of scholier? En heb je interesse in nieuwe mensen leren kennen en nieuwe ervaringen opdoen? Dan ben je hier aan het goede adres! Neem een kijkje op onze website of neem contact met ons op via ons e-mailadres.

WAT

Na aanmelding voor dit project worden duo's gevormd op basis van interesses. Dit zou je allemaal samen kunnen doen:

Samen wandelen
Samen koffie of thee drinken
Samen sporten
Samen in gesprek over elkaars plek in de samenleving
Samen muziek maken
Samen in de tuin bezig
Samen ervaringen delen en nieuwe ervaringen opdoen
Samen creatief bezig

En vooral, samen veel plezier hebben!

Hey! Dat is leuker met twee

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NEWSPAPER ADVERTISEMENT

This newspaper advertisement (version 1) can be used to attract older adults. The advertisement on the next page (version 2) targets the younger generation.

NEWSPAPER ADVERTISEMENT

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DOLLE DUO'S

CONCLUDING STATEMENTS

To sum up, we wrote this proposal where we introduced our concept with a couple of products we designed or advised for to be developed. After conducting thorough research over the last 5 months, we hope to have informed well about the problem and its consequences. This document is a finalised package of manageable recommendations to help the perspective on aging shift to a more positive one.

THANK YOU

We want to thank everyone that we interviewed and that helped us throughout this project. We could not have done it without you.

Kind regards,

The team

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II: List of contacted people

Steffie Bunk and Bilbo Schickenberg	Client - GGD Fryslân	In-person meetings	Every two weeks
Anton Zwol	Neighborhood coach	In-person meeting	18-10-2022
Hugo Bruinsma	Policy maker at municipality North-East Friesland	In-person meeting	19-10-2022
Reina Hes	Mienskipswurker (community worker)	In-person meeting	20-10-2022
Yolanda Dijkstra	Volunteer counselor	In-person meeting	22-11-2022
Two older volunteers	Volunteers		29-11-2022
Visit to the Buurtkamer	Focus group activity	In-person visit	08-11-2022
Visit to the Buurtkamer	Focus group activity	In-person visit	22-11-2022
Visit to the Beweegtuin	Focus group activity	In-person visit	24-11-2022

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III: Interview guide

A: Question sheet interviews

Interview guide for Hugo Bruinsma policy-maker at municipality of North-East Fryslan (19-10-11)

Dutch:

Openingsvragen:
1. Kunt u zichzelf voorstellen? Wie bent u?
2. Kunt u iets vertellen over u werk?
   - Hoe lang werkt u hier al? Hoe bent u bij de gemeente terecht gekomen?
   - Wat is u rol binnen de gemeente?
   - Op welke manier heeft u te maken met ouderen in uw werk

Hoofdvragen:
1. Hoe ziet voor u een typische dag op het werk eruit?
2. Wat voor projecten lopen er dit moment voor ouderen? Waar u mee bezig bent?
   - Waarom bent u bezig met dit soort projecten en onderwerpen? Waarom zijn dit soort projecten belangrijk?
   - Wat is het doel van van dit soort projecten voor ouderen?
   - Wat zijn belangrijke thema's en onderwerpen in dit soort projecten? Wat voor aspecten staan voorop?
   - Wat is u rol in de projecten voor ouderen?
3. Waar bent u verder mee bezig in u werk?
   - Op wat voor manier speelt het beleidsprocess een rol in het leven van ouderen?
   - Wat denkt u dat uw werk voor impact heeft op de bevolking van de gemeente en specifiek voor de ouderen die hier wonen?
4. Hoe werkt het beleidsproces bij u in gemeente?
   - Hoe ontstaat beleid? Zijn het directe problemen van inwoners waarmee u aan de slag wil?
   - Wat is het doel van het beleid dat jullie binnen de gemeente maken?
   - Wat is u rol daarin?
5. Op wat voor manier staat u in contact met de ouderen?
   - Hoe ervaart u deze interactie?
   - Hoe ervaart u deze groep?
6. Wat denkt u dat deze groep(ouderen) te bieden heeft voor de samenleving?
7. Wat denkt u dat de kwetsbaarheden zijn van deze groep(ouderen)?
   - Hoe denkt u dat mensen zich het beste kunnen voorbereiden op ouder worden?
8. Wat vind u zelf van het process van ouder worden?
   - Wanneer zou u iemand oud noemen?

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- Kent u mensen in uw persoonlijke omgeving die u als oud beschouwt?
- Ja? -> In hoeverre is u perspectief verandert over die mensen sinds ze dat punt hebben bereikt?

9. Hoe ziet u de toekomst van het ouder worden in Noord-Oost Friesland?
   - Hoe ziet u de toekomst van de volgende oudere generatie voor zich?
   - Hoe ziet die generatie eruit?

Afsluitende vragen:
1. Heeft u nog vragen?

Specifieke vragen achteraf:
- Reina Hes van 't Bolwerk
- PCOB
- De buurtkamer
- Verdere contacten evt.

English:
Introduction questions:
1. Please introduce yourself? Who are you?
2. Can you tell us something about your work?
   - For how long do you work here at the municipality? How did you get to this job?
   - What is your role/position within the municipality?
   - In what way do you deal with elderly in your job?

Key questions:
1. What does a typical day for you at work look like?
2. What kind of projects are there at the moment for older adults? What projects are you working on for older adults?
   - Why are these kinds of projects important for the municipality?
   - What is the aim or goal of these projects for older adults?
   - What kind of themes and aspects are important in these kinds of projects?
   - What is your role/position in these projects?
3. Other than that, is there more you are working on in your job?
   - In what kind of way does the policy-process play a role in the lives of older adults?
   - What do you think the impact of your job and the policies you make have on the older adults that live in the municipality?
4. How does the policy-process in the municipality work?
   - How does a policy come to existence?
   - What is the aim/goal of the policy you make?
   - What is your role in the policy-process?
5. In what kind of way do you have contact with older adults?
   - How do you experience this contact?
   - How do you experience this generation/group?
6. What do you think older adults can bring to society?

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7. What do you think are the vulnerabilities of this generation/group?
   - How do you think people can best prepare for these vulnerabilities?
8. What do you think of the process of aging?
   - When would you consider someone as old?
   - Do you know people in your direct environment that you consider as old?
   - Has your perspective on older adults changed since people close to you reached the point of being considered as 'old'?
   - Has your perspective on older adults changed since you made more contact with them?
9. How do you see the future of older adults in North-East Fryslan?
   - How do you imagine the future of the next generation of older adults?
   - What does this generation look like?

Closing questions:
1. Do you have any questions?

Questions for after the interview:
- About further contacts for the fieldresearch.

Interview guide for Anton Zwol Neighborhood Coach at Beweegteam Noardeast-Fryslan (18-10-22)

Dutch:

Openingsvragen:
1. Kunt u zichzelf voorstellen? Wie bent u?
2. Kunt u iets vertellen over u werk?

   - Hoe lang werkt u hier al? Hoe bent u hier terecht gekomen?
   - Wat is u rol binnen de beweegteam noordoost fryslan?
   - Waarom werkt u met ouderen?
   - Op welke manier heeft u te maken met ouderen in uw werk?
   - Wat is de leeftijdsgroep waarmee u werkt? Kunt u schatting maken?

Hoofdvragen:
1. Hoe ziet voor u een typische dag op het werk eruit?
2. Wat voor projecten/activiteiten lopen er dit moment voor ouderen? Waar u mee bezig bent?
   - Waarom bent u bezig met dit soort projecten en onderwerpen? Waarom zijn dit soort projecten belangrijk?
   - Wat is het doel van van dit soort projecten voor ouderen?
   - Wat zijn belangrijke thema's en onderwerpen in dit soort activiteiten? Is vitaliteit belangrijk?
   - Wat is u rol in de projecten/activiteiten voor ouderen? Organisator? Alleen contactpersoon?
3. Hoe bereikt u de ouderen?
   - Heeft u het gevoel dat de activiteiten toegankelijk zijn voor iedereen?
4. Waar bent u verder mee bezig in u werk?
   - Kunt u wat meer vertellen over het project ''Kleuters tegen Kwalen''
   - Wat denkt u dat de bijdrage is van dit project aan de gezondheid van vooral ouderen?
5. Op wat voor manier staat u in contact met de ouderen?
   - Hoe lang werkt u al met ouderen?
   - Hoe ervaart u deze interactie?
   - Hoe ervaart u deze groep?
   - Ziet u veel verschillen binnen deze groep?
6. Wat denkt u dat deze groep(ouderen) te bieden heeft voor de samenleving?
   - Stimuleren jullie dat? Zo ja op welke manier?
   - Heeft u het gevoel dat u hier aan bijdraagt? Zo ja, hoe?
7. Wat denkt u dat de kwetsbaarheden zijn van deze groep(ouderen)?
   - Hoe denkt u dat mensen zich het beste kunnen voorbereiden op ouder worden?
   - Hoe gaan jullie in de projecten en activiteiten om met deze kwetsbaarheden?
8. Wat vind u zelf van het proces van ouder worden?
   - Wanneer zou u iemand oud noemen?
   - Kent u mensen in uw persoonlijke omgeving die u als oud beschouwt?
   - Ja? -> In hoeverre is u perspectief verandert over die mensen sinds ze dat punt hebben bereikt?
   - Is uw perspectief over ouderen verandert sinds u met ouderen werkt?

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9. Hoe ziet u de toekomst van de gezondheid van ouderen?
   - Denkt u dat activiteiten die u organiseert daaraan bijdragen?

Afsluitende vragen:
1. Heeft u nog vragen?

Specifieke vragen achteraf:
   - Reina Hes van 't Bolwerk
   - PCOB
   - De buurtkamer
   - Verdere contacten evt.

English:

Introduction questions:
1. Please introduce yourself? Who are you?
2. Can you tell us something about your work?
   - For how long do you work here? How did you get to this job?
   - What is your role/positions in 'beweegteam noardeast Fryslan'?
   - In what way are you dealing with older adults in your job?
   - Why are you interested in working with older adults?
   - What is the age-group that you work with?

Key questions:
1. What does a normal day at work look like for you?
2. What kind of projects/activities are there at the moment?
   - Why are you working on these kinds of projects and activities? And why are they important?
   - What is the aim or goal of these kinds of projects and activities?
   - What are important aspects or themes in these projects/activities? For example: vitality, social network, working on cognitive abilities?
   - What is your role in these projects and activities? Are you an organizer, coordinator or something else?
3. How do you reach older adults?
   - Do you have the feeling that the projects and activities are accessible to all older adults?
4. Are there other things that keep you busy in your work?
   - Can you maybe tell us something about the project ''Kleuters tegen kwalen''?
   - How do you think the health of older adults can benefit from this project?
5. In what kind of ways are you dealing with older adults in your job?
   - For how long do you work with older adults?
   - How do you experience the interaction with them?
   - How do you experience this group of older adults?
   - Do you see a lot of differences between people in this group?
6. What do you think that older adults can bring to society?
   - Do you stimulate this? Yes -> in what ways?

- Do you have the feeling that you are contributing to this?
7. What do you think are the vulnerabilities of the group of older adults?
- How do you think that they can best prepare for these vulnerabilities?
- How do you deal with these vulnerabilities in your projects and activities?
8. What do you think of the process of aging?
- When would you call somebody old?
- Do you know people in your direct environment that you consider as old?
- Has your perspective on older adults changed since you started to work with them?
9. How do you see the future of the health of older adults?
- Do you think the activities that you organize contribute to this?

Closing questions:
- Do you have any questions?

Specific questions for after the interview:
- About further contacts in the field that we can use for the interviews.

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Interview guide for Reina Hes employee of Stichting Welzijn 't Bolwerk (20-10-22)

Dutch:

Openingsvragen:
1. Kunt u zichzelf voorstellen? Wie bent u?
2. Kunt u iets vertellen over u werk?
   - Hoe lang werkt u hier al? Hoe bent u hier terecht gekomen?
   - Wat is u rol binnen Stichting welzijn ''Het Bolwerk''?
   - Op welke manier heeft u te maken met ouderen in uw werk?
   - Wat is de leeftijdsgroep waarmee u werkt? Kunt u schatting maken?

Hoofdvragen:
1. Hoe ziet voor u een typische dag op het werk eruit?
2. Wat voor projecten lopen er dit moment voor ouderen? Waar u mee bezig bent?
   - Wat is het doel van van dit soort projecten voor ouderen?
   - Wat zijn belangrijke thema's en onderwerpen in dit soort projecten? Wat voor aspecten staan voorop?
   - Wat is u rol in de projecten voor ouderen?
   - Waarom bent u bezig met dit soort projecten en onderwerpen? Waarom zijn dit soort projecten belangrijk?
   - Kunt u iets meer vertellen over het project ''Dag en Doen''?
3. Waar bent u verder mee bezig in u werk?
   - Kunt u iets meer vertellen over de ''mienskipswerkers''?
4. Op wat voor manier staat u in contact met de ouderen?
   - Hoe lang werkt u al met ouderen?
   - Hoe ervaart u deze interactie?
   - Hoe ervaart u deze groep?
   - Ziet u veel verschillen binnen deze groep?
   - Kunt u een gemiddelde oudere omschrijven?
5. Hoe bereikt u de ouderen?
   - Heeft u het gevoel dat u alle ouderen bereikt/ kan bereiken?
   - Heeft u het gevoel dat de stichting toegankelijk is voor alle ouderen?
6. Op wat voor manier staat u in contact met andere partijen die ook met ouderen te maken hebben?
   - Hoe staat u in contact met de gemeente? En het beleidsprocess?
   - Hoe staat u in contact met organisaties die activiteiten voor ouderen organiseren? Zoals Beweegteam Noardeast Fryslan?
   - (Hoe) staat u in contact met klankbordgroepen voor ouderen?
   - Met welke partijen staat u nog meer in contact?
7. Wat voor impact denkt u dat uw werk en Stichting welzijn heeft op de ouderen in Noardeast-Fryslan?
   - Wat voor impact heeft u werk op het dagelijkse leven van ouderen?

8. Wat denkt u dat deze generatie(ouderen) te bieden heeft voor de samenleving?
9. Wat denkt u dat de kwetsbaarheden zijn van deze generatie(ouderen)?
   - Hoe denkt u dat mensen zich het beste kunnen voorbereiden op ouder worden?
10. Wat vind u zelf van het process van ouder worden?
    - Wanneer zou u iemand oud noemen?
    - Kent u mensen in uw persoonlijke omgeving die u als oud beschouwt?
    - Ja? -> In hoeverre is u perspectief verandert over die mensen sinds ze dat punt hebben bereikt?
    - Is u perspectief over ouderen veranderd sinds u met ouderen werkt?
11. Hoe ziet u de toekomst van het ouder worden in Noord-Oost Friesland?
    - Hoe ziet u de toekomst van de volgende generatie ouderen voor zich?
    - Hoe ziet die generatie eruit?

Afsluitendevragen:
1. Heeft u nog vragen?

Specifieke vragen achteraf:
- PCOB
- Baukje Diekman (Cognitive trainingen met ouderen)
- Kent u nog mensen die interesse hebben in een interview of focusgroep met ons?

English:

Introduction questions:
1. Please introduce yourself? Who are you?
2. Can you tell us something about your work?
   - For how long do you work here? How did you get to this job?
   - What is your role/positions in ''Stichting welzijn het Bolwerk''?
   - In what way are you dealing with older adults in your job?
   - What is the age-group that you work with?

Key questions:
1. What does a normal day at work look like for you?
2. What kind of projects/activities are there at the moment?
   - What is the aim or goal of these kinds of projects and activities?
   - What are important aspects or themes in these projects/activities? For example: vitality, social network, working on cognitive abilities?
   - What is your role in these projects and activities? Are you an organizer, coordinator or something else?
   - Why are you working on these kinds of projects and activities? And why are they important?
   - Can you tell us a little bit about the project ''Dag en Doen''?
3. Are there more/other things that keep you busy in your work?
   - Can you tell us a little bit more about the ''mienskipswerkers'' (community workers)?

4. In what kind of way are you in contact with older adults?
   - For how long do you work with older adults?
   - How do you experience the interaction with them?
   - How do you experience this group of older adults?
   - Do you see a lot of differences between people in this group?
5. How do you reach older adults?
   - Do you think you can reach all older adults from the region with your work?
   - Do you think the projects and programmes are accessible for all older adults in the region?
6. In what way are you in contact with other parties in the region that also deal with older adults?
   - In what way are you in contact with the municipality? And the policy-making process?
   - In what way are you in contact with other organizations that organize activities for older adults? Such as ''Beweegteam Noardeast Fryslan''?
   - Do you also have contacts with ''klankbordgroepen'' (sounding boards) for older adults?
   - Which other parties are you also in contact with?
7. What do you think the impact of your work and the work of ''Stichting Welzijn het Bolwerk'' has on the older adults in the region?
   - What is the impact of your work on the daily lives of older adults?
8. What do you think older adults can bring to society?
9. What do you think the vulnerabilities of this generation are?
   - How do you think people can best prepare for these vulnerabilities?
10. What do you think of the process of aging?
    - When would you consider someone as old?
    - Do you know people in your direct environment that you consider as old?
    - Has your perspective on older adults changed since people close to you reached the point of being considered as 'old'?
    - Has your perspective on older adults changed since you work with them?
11. How do you see the future of older adults in North-East Fryslan?
    - How do you imagine the future of the next generation of older adults?
    - What does this generation look like?

Closing questions:
1. Do you have any questions?

Questions for after the interview:
- Questions about further contacts for the fieldresearch.

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B: Focus group

Focus group with visitors Buurtkamer

Introductievragen:
1. Kunnen jullie jezelf voorstellen?
2. Hoe gaat het met jullie?
3. Waarom zijn jullie vandaag naar de buurtkamer gegaan?

Hoofdvragen:
1. Hoe ziet een gemiddelde week bij jullie eruit?
   - Hoeveel sociale activiteiten hebben jullie in de week?
2. Hoe vaak ga je naar de Buurtkamer toe?
   - Zien jullie elkaar ook buiten de buurtkamer?
   - Hoe zien jullie de mensen van de buurtkamer? Hoe kijken jullie tegen elkaar aan?
   - Zien jullie elkaar als vrienden, kennissen?
   - Kent u iedereen die hier zit? Kent u alle namen van iedereen?
3. Hoeveel sociale contacten heeft u buiten uw eigen generatie? (Generatie= +/- 10 jaar)
4. Hoe bent u in de buurtkamer terecht gekomen?
   - Hoe heeft u van de buurtkamer gehoord?
5. Wat zijn belangrijke momenten voor jullie geweest in de afgelopen 10 jaar?
6. Wat vindt u van het process van ouder worden? En hoe gaat u om met het process van ouder worden?
7. Wat denkt u dat de waarde is van uw generatie voor de samenleving?
8. Zijn er dingen waar u tegenaan loopt op uw leeftijd?
   - Zo ja: Hoe bent u daar mee omgegaan/ Hoe gaat u daar mee om?
9. Voelt u zich anders behandelt door mensen om u heen naarmate u ouder bent geworden?

Afsluitende vragen:
1. Heeft u verder nog wat toe te voegen? Of heeft u verder nog vragen?

Focus group Beweegtuin

Introductievragen:
1. Kunnen jullie jezelf voorstellen?
2. Hoe gaat het met jullie?
3. Waarom zijn jullie vandaag naar de beweegtuin gegaan?

Hoofdvragen:
1. Hoe ziet een gemiddelde week bij jullie eruit?
   - Hoeveel sociale activiteiten hebben jullie in de week?
2. Hoeveel sociale contacten heeft u buiten uw eigen generatie? (Generatie= +/- 10 jaar)
3. Reflecteert u wel eens op uw leeftijd?

- Zo ja: Wanneer doet u dat? En hoe vaak?
4. Wat zijn belangrijke momenten voor jullie geweest in de afgelopen 10 jaar?
5. Wat vindt u van het process van ouder worden? En hoe gaat u om met het process van ouder worden?
6. Is beweging en vitaliteit belangrijk voor u?
    - Wat voor dingen vind u nog meer belangrijk in het leven?
7. Wat denkt u dat de waarde is van uw generatie voor de samenleving?
8. Zijn er dingen waar u tegenaan loopt op uw leeftijd?
    - Zo ja: Hoe bent u daar mee omgegaan/ Hoe gaat u daar mee om?
9. Voelt u zich anders behandelt door de samenleving naarmate u ouder bent geworden?

Afsluitende vragen:
1. Heeft u verder nog wat toe te voegen? Of heeft u verder nog vragen?

Focus group with volunteers Buurtkamer

Introductievragen:
1. Kunnen jullie jezelf voorstellen? Wie zijn jullie en wat doen jullie in het dagelijks leven?
2. Kunnen jullie iets vertellen over jullie vrijwilligerswerk hier? En hoe zijn jullie hier terecht gekomen?

Hoodfvragen:
1. Hoe zit voor jullie een gemiddelde week eruit?
    - En hoe ziet een gemiddelde dag bij de Buurtkamer er voor jullie uit?
2. Wat zijn belangrijke dingen voor jullie, waar jullie aan werken tijdens jullie vrijwilligerswerk?
    - Op persoonlijk vlak?
3. Hoe kijken jullie tegen de bezoekers aan die naar de Buurtkamer toekomen?
    - Zien jullie de bezoekers ook buiten de Buurtkamer?
    - Hoe verhouden jullie je tot de bezoekers?
4. *Wij zijn bezig met een onderzoek naar gezond ouder worden en daarbij kijken we waar mensen tegenaan lopen naarmate ze ouder worden. Een ding wat ons opviel is dat eenzaamheid een groot probleem lijkt te zijn bij ouderen.*
   Wat voor problemen zien jullie onder ouderen? Of wat hebben jullie zelf meegemaakt waar jullie tegenaan liepen? Zien jullie eenzaamheid ook als een probleem onder ouderen?
    - Wat denken jullie dat hiervoor de oplossing is?
5. Wij hebben zelf vier mogelijke oplossingen bedacht, namelijk:
   1. Buddy systeem
   2. Beweegingsclubjes met verschillende generaties en een sportcoach.
   3. Ervaringscampagne, waarin mensen die naar georganiseerde activiteiten gaan
      Eenzame mensen vertellen over hun ervaring bij die activiteiten en waarom ze
      naar die activiteiten zouden moeten komen.
   4. Een dag van ouder worden.
6. Wat vinden jullie van deze oplossingen? Welke oplossing zouden jullie kiezen? Hebben jullie nog wat toe te voegen? Wat zouden jullie nog veranderen?

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Afsluitende vragen:
1. Hebben jullie verder nog vragen? Waren er nog dingen onduidelijk?

C: Consent form

Instemmingsformulier
Onderzoek naar ouderen en ouder worden
in Noardeast-Fryslân

1. **Het doel van het onderzoek:**
   Het doel van het onderzoek is om erachter te komen hoe we het waardeer perspectief, een dominante plaats kunnen geven in de maatschappij. Het waardeer perspectief is een gezond perspectief over ouder worden waarin aandacht gaat naar de vitaliteit van ouderen en het voorbereiden op toekomstige kwetsbaarheden. Met het onderzoek willen we erachter komen hoe de samenleving tegen ouder worden aankijkt en hoe we hun perspectief zouden kunnen veranderen.
2. **Data die wordt verzameld:**
   De data die we met dit interview verzamelen is kwalitatieve audio data. Het interview zal met een opname apparaat worden opgenomen.
3. **Data gebruik en bescherming:**
   De data die wordt verzameld bij dit interview wordt alleen beluisterd door de onderzoekers van dit project. De kern van het interview zal worden getranscribeerd zowel in het engels als nederlands. Citaten uit het interview zouden gebruikt kunnen worden in het uiteindelijke onderzoeksrapport.
   De opnames van het interview worden direct verwijderd na het einde van ons onderzoek in februari.
4. **Rechten van de deelnemer:**
   De deelnemer heeft de optie om zijn/haar anonimiteit te waarborgen in het interview. Ook mag de deelnemer op elk moment aangeven om te stoppen met het interview. De deelnemer is ook vrij om vragen te stellen voor, tijdens of na het interview. Daarnaast kan de deelnemer een klacht indienen over het interview bij een hogere autoriteit, in dit geval is dat de Rijksuniversiteit van Groningen.
   Mocht de deelnemer nog verdere vragen hebben over het onderzoek of andere zaken, dan kan de deelnemer contact opnemen met onderstaande personen (zie contact informatie).

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5. **Hierbij geeft de deelnemer aan dat hij/zij het instemmingsformulier heeft doorgelezen en op de hoogte is van zijn/haar rechten. De deelnemer stemt ermee in om deel te nemen aan het onderzoek:**

Datum van interview	Onderzoekers

Datum	Deelnemer

6. **Contact informatie:**
   Interviewer 1:

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- Marg Schoenmaker
- Email: m.j.schoenmaker@student.rug.nl

Interviewer 2:

- Jesse van der Veen
- Email: j.j.h.van.der.veen@student.rug.nl

Begeleider:

- dr.M.L.Wilders
- Email: m.l.wilders@rug.nl

IV: Outcomes of the interviews

The participants of the interviews were 1. Anton Zwol, sport coach at Beweegteam Noord Oost Fryslân. 2. Hugo Bruinsma, policy maker at the municipality of North East Fryslân in the field of wellbeing and liveability. And 3. Reina Hes, coordinator and policy advisor at Stichting Welzijn het Bolwerk.

Anton Zwol organizes all sorts of activities, mostly physical activities such as motivating older adults to bike, playing football and taking fall prevention lessons. He mentioned that he thinks the social aspect is one of the most important ones for the activities. Even if the older adults are physically not capable of joining the physical activities, he still tries to encourage them to come for the social aspect. It is important for them not to get too distanced from the rest of society.

Hugo Bruinsma stated that it was important for the older adults to play a role or have a voice in the policy-making process. Nonetheless, he also said that there is no direct contact between the municipality and the older adults that live in Dokkum. His main goal is that people live a healthy life in the municipality, which ultimately will lead to a happy life: 'if people are not physically capable to tie their shoelaces anymore, I think they do not live a happy life anymore'. According to him, older adults have much knowledge, skills and wisdom that they can share with the rest of society. In contrast, he mentioned that older adults also have vulnerabilities, and 'if you want to prevent these vulnerabilities, I think it is also important for the older adults to listen to the youth'.

Reina Hes coordinates and describes the plans that Stichting Welzijn is working on and she is in close contact with the municipality to adjust and fine tune policies regarding topics that the foundation is working on, so that the foundation can translate the ideas into plans. These policies and ideas are often linked to the wellbeing of older adults. Next to this she is also in close contact with older adults when organizing activities.

All interviewees stated that intergenerational contact is critical in forming the perspectives on aging. Interestingly enough their views slightly differed on how the perspective might be shaped. Anton van Zwol talked about a project called toddlers against vulnerabilities. This is a project where older adults in nursing homes get the opportunity to interact with toddlers. He thought that toddlers would gain more respect for older adults from these interactions and would be more inclined to assist them. Hugo Bruinsma focused on the benefits for the older adults. He stated that older adults could learn from younger generations and that it would be useful if the region had more younger inhabitants. In contrast, Reina Hes identified the younger generations as the ones who are in a position to learn. She considered the knowledge and experience of older adults beneficial for younger generations and continued by stating that older adults make excellent mentors.

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Other participants of our interviews included Yolanda Dijkstra. She is a counselor for volunteers by an organization called Stjoer. This organization is responsible for the buurtkamer. She stated that volunteering programs are important for older adults because it allows them to make meaning out of their life. She went on to state that the main reason for the visitors to come to the buurtkamer is loneliness and that many visitors came after the loss of a partner. Older adults themselves were also interviewed. We interviewed two volunteers in de buurtkamer both in the third phase of their life. They stated that they came because it gave them something to do in the week and it gives them a sense of community.

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V: Introduction to the case study area

The region and population that we will be focusing on during this project will be that of the municipality of North-East Fryslan, with Dokkum as its biggest city. The city of Dokkum counts almost 13.000 inhabitants with about 20% of its population being at least 65 years old (citypopulation.de,2022). The whole population of North-East Fryslân is almost 46.000; of which 12.405 are 65 years or older (VNG, 2022). In addition, 71% of the population group of 65 years and older indicate that they feel healthy. Still, 45% of this age group are chronically ill (Gemeente Noardeast-Fryslân in Cijfers En Grafieken (Update 2022), n.d.).
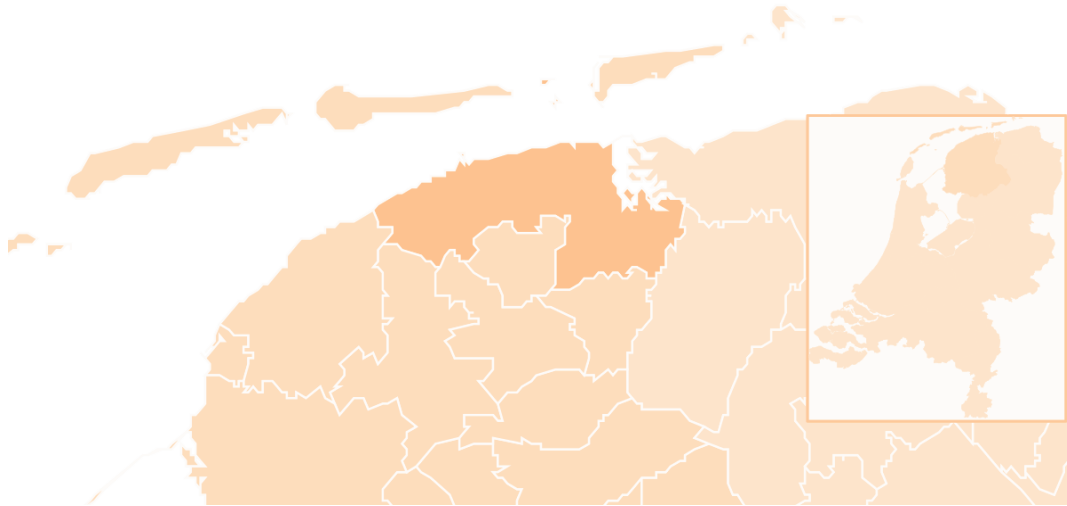

Figure 2 North-east Fryslân.

The municipality of North-East Fryslan is cooperating with a wellbeing organization, namely Stichting Welzijn het Bolwerk. This is an organization that focuses on creating social cohesion within neighborhoods and villages. They provide help and activities for all citizens including older adults. They also provide guidance for people working in informal care (which are mainly older adults).

Just like many cities and villages in the Netherlands, every other big city in the municipality of North-East Fryslan has an establishment called the 'Buurtkamer', which is also coordinated by Stichting Welzijn het Bolwerk together with stichting Stjoer, which is also a wellbeing organization in the region. This is an institution, where there is a big room available for meetings with all kinds of people from one's neighborhood or county. There are many activities organized in such community homes. For example, the community center of Dokkum organizes creative or social activities on Tuesday mornings and hikes on Thursday afternoons. These activities are usually free or have a very small entrance fee.

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Another organization in the municipality is the Timpaan Welzijn. They organize activities for all age groups, including activities that are special for older adults. Many of these activities are with the intention to keep the older population connected to society by for example teaching them how to get online and improving their digital skills.

Dokkum is quite a big city, and it has five different nursing homes and even more elderly care homes. They are also in a way connected to our challenge, as they are affected by the increasing number of older adults.

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