

CONVERSATIONS



Incorporating
SOCIAL CONNECTIVITY
into the Built Environment to Accommodate Aging Populations

An Interview on Impact of Aging with Charlotte Yeh, M.D.

INSIDE YOU WILL LEARN ABOUT:

The need for current healthcare systems to accommodate a growing number of older Americans.

How healthcare needs change as people age.

Design features that can help older patients feel more at home in an inpatient setting.

How home design can contribute to personal health and satisfaction over time.

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Charlotte Yeh, M.D.

Dr. Charlotte Yeh is the Chief Medical Officer for AARP Services, Inc. In this capacity, she works with independent carriers that make health-related products and services available to AARP members on programs that help lead to enhanced care for older adults. She brings more than three decades of healthcare experience to this role as a practitioner of emergency medicine at Newton-Wellesley Hospital and Tufts Medical Center, Medical Director for the National Heritage Insurance Company, Medicare Part B claims contractor, and the Regional Administrator at the Centers for Medicare and Medicaid Services in Boston. She has been widely recognized for her achievements.

Incorporating Social Connectivity into the Built Environment to Accommodate Aging Populations

Can you tell me a little bit about your current role and how it fits with your past experience?

I've been a provider of care, I've been a payer, I've been a bureaucrat, but right now I have the best job of all. I am the Chief Medical Officer for AARP Services, Inc., which is the for-profit subsidiary of AARP. We provide quality control oversight over AARP-branded products and services made available to AARP members from various providers. This position is really about all of us—the person, the consumer, the family, the community—and looking at what we can change to reach better health outcomes, better patient experience and satisfaction, and better affordability. I consider myself to be a human translator across lines. I have to translate the voice of the provider, the voice of the payer, and the voice of the consumer to help everyone communicate effectively, because these groups don't always speak the same language.

You have a very unique perspective when it comes to understanding the strengths and weakness of the current healthcare system. From your vantage point, what pressure is placed on the system by the growing number of older folks who may need to access care now and in the future?

As people get older, meeting their needs is one of the most challenging areas in healthcare in the United States. It's almost like we have forgotten aging. We are living longer than ever. I think our life expectancy has grown by three decades in the past 100 years. If you are 65 now, the chances of living another 20 years are very good. And it turns out that aging is far more exciting than anyone ever thought. Your happiness grows after 50. We are constantly changing.

I am focused on how to change the perspective of aging from one of decline to one of excitement and change, or at least tranquility. One of the things we need to do is to start thinking about the community, the need for people to age in place, and the importance of social connectivity. By the age of 80, three in five individuals are living alone, and many of them face loneliness. Loneliness is something we never talk about, but it impacts your health and your views of



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What are some of the most important factors to consider when it comes to supporting people as they age, both physically and mentally?

Finding ways to continue this social connectivity is essential. It's important to be sure there are opportunities to engage with others and stay connected, both at home and in the healthcare setting. For the home setting, we need to be thinking about how housing is situated so you aren't isolated or alone. When you look at the village concept, you can still have your own place, but it also offers the opportunity to engage with others. Communities should not be limited just to older people, either. It's really an intergenerational community that allows you to thrive.

In the inpatient setting, single rooms are really good for a sense of privacy and infection control, but we need to think of alternatives to maintain the connection piece. To this end, we are fortunate to have technology. Think of incorporating iPads and Skype right into the room, and accommodating robots that move around and can be socially engaging.

In addition, whether we are designing for a hospital setting or a home setting, we should also be thinking about how that environment is contributing to people's sense of purpose so that they don't feel useless, their sense of connectivity so they aren't lonely, and their sense of activity so they aren't bored.

Are there other areas in the hospital setting that should be designed with aging in mind and set up to best support the needs of older patients?

Yes. In the hospital facility, we also need to think beyond patient rooms to common spaces. For instance, we want people up and walking sooner after surgery. We know that just getting on our feet reduces the deconditioning that happens in the hospital. It's important both for physical and mental wellbeing and healing. Therefore, think about how your corridors might be designed as



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walking paths so people want to get involved. In some renovations I've seen, even putting in a piano so people can come and play increases the sense of community. You can also make walkways with greenery, use natural lighting to bring the outdoors in, and add pictures of pets to remind people of the vibrancy of living.

In addition, minimizing noise from alarms, buzzers, and pagers throughout the facility can improve patient satisfaction. For hospitals looking for better noise control, the latest technology makes it possible for staff to text or use silent buzzers. That way, they can still get work done, but the patients will not be constantly bombarded with stressful sounds. Imagine if you could hear birds and music in the hospital instead of buzzers and equipment. Healing sounds can be soothing. All of these features can contribute to a more supportive environment for older people.

How do changes in healthcare in recent years impact the ways that facilities can meet the needs of the aging population? Does the movement toward more patient-centered care have an impact on older generations, too?

Patient-centered care is important for all generations. There was a trend a while back that started with making maternity wards into more home-like settings. Now we are seeing that translate into other areas of the hospital as well. It should be intuitive, but we sometimes forget that it is a person who is lying on the stretcher in front of you. It's important to remember that and try to make the person feel at home and comfortable. If the hospital's built environment can encourage continued connection with family and friends by including space to accommodate visitors and incorporating areas to display photographs, this can improve both the wellbeing of the patient and the satisfaction of employees.

When designing hospital rooms, also think of things like bed heights, sight lines for people in bed, and even what people see when they look up at the ceiling. All of these details matter. Other things to consider include making good use of natural light, making sure there are no loose rugs or wires to trip over, incorporating railings for support, and making bathrooms easy to access. It can also be important to use universal design throughout the facility, and make it simple and clean so patients and staff can easily navigate the space.



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Good design choices at home are also important for older people. When designing for a home setting, you need to think about where you put the light switches, electrical outlets, and heating control. If someone is in a wheelchair, they need to be able to reach such things in order to maintain independence. As we age, one of the biggest stress points is not wanting to be a burden on others.

Is there anything else that can help designers to “get it right” for people of all ages, including those who are getting older, as healthcare continues to evolve?

When designing a new wing, a new room, or a new facility, it can be helpful to get feedback in the early stages from everyone who will use the room to guide your efforts. I have known some hospitals who created a mock patient room, operating room, or recovery room and invited janitors, housekeeping, doctors, nurses, patients, families, and caregivers to come into the room to make their suggestions. It is a great idea to do this up front because different people will have different perspectives to add to the functionality of the facility. By seeing the built environment from so many different angles, you can make changes to help your end product and ensure it will ultimately meet—or exceed—your expectations.

Can you share an example of a hospital that does a particularly good job of creating a setting that supports healthy aging?

I remember visiting Truman Medical Center Hospital Hill in Kansas City a while back. To avoid an overly institutional feel, the hospital got local artists to donate pictures for the walls and corridors. They also adjusted the lighting to be more appealing, brought farmer’s markets on campus, and served local produce in cafes right in the hospital. Now, it feels like a community. This is good for older folks, but it’s also good for everyone, including patients of all ages, the staff, and families. The broader lesson here is to start thinking about hospitals not as an institution, but as a community. I think this is something we’ll see more of in the coming years.