

CONVERSATIONS



Designing to

SUSTAIN ENERGY & ABILITY

Throughout Aging: Strategic Implications and Opportunities

An Interview on the Impact of Aging With Lorraine Hiatt, PhD

INSIDE YOU WILL LEARN ABOUT:

Why the imagined and built environment needs to take a broader, more deliberate role in supporting aging patients.

The tools that designers and providers must use to create supportive physical and social spaces.

Information that visionaries, collaborators, and patients can share to streamline the design process.

The Impact of Aging toolbox is made available through a partnership with

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Lorraine G. Hiatt, PhD

Lorraine Hiatt is an environmental gerontologist who has spent the last 45 years exploring ways that innovations in design can increase the capability of aging individuals to lead richer lives. She has completed over 800 projects throughout the U.S., ranging from community/mission-driven and private projects to government/veteran-focused projects. She has also published on issues of design and planning, and regularly speaks about vitality, memory enhancement, mobility, design, and culture change. Throughout her career, she has sought to evoke greater capability in aging, richer choices in lifestyles, and more inventive but seamless improvements in design.

Designing to Sustain Energy and Ability Throughout Aging: Strategic Implications and Opportunities

How did you become interested in the need for appropriate design for people as they age?

I was in college at Cornell in the 1960s Vietnam era, and we were supposed to find a way to make a difference in the world. I was studying environmental psychology, and I wanted to explore how the environment could stimulate changes in behavior. By a fluke, I was introduced to the aging population in my research. And the more I delved into gerontology, the clearer it became that this was a population that didn't represent just one characteristic (such as changes in memory or vision)—it represented a little bit of everything. For older people, the environment could really make a difference in quality of life.


In 1969, I seized upon an opportunity to live in settings for aging in New York State as a researcher, observing lifestyles as well as care and service partners, and reflecting on possibilities. The “users” showed me what was done and how it was done, along with the value of experiencing settings in real time and obtaining information from more points of view.

What are some of the challenges facing designers in addressing the needs of an aging population and creating broader cultural change?

To answer this question, I need to go back to one of my early career experiences. In the 1970s, I went to work for the American Foundation for the Blind. Back then, providers often focused on blindness in aging as “not being able to see,” missing the concurrent issues of dexterity, hearing, and degrees or types of vision loss. The field of “low-vision” and occupational therapy emerged to reshape interventions on what an older person with sight loss could do. This had broader implications.

We now look at aging as a 30-year journey of human development rather than a disease; we are individuals, not just patients. With newer data on mobility, balance, and the value of good social contacts and stimulation, we are doing a better job of looking at the whole person. Now it's time to strengthen the



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contributions that the physical setting brings to that aging journey and its lifestyles.

What would an effective model look like to bring about best outcomes to meet the needs of older people?

We need to think about what it takes from a design and space perspective to help aging people to think, hear, anticipate, and respond to stimuli. How can the built environment support these and other needs of people as they get older?

To put this another way, if we present features such as orientation and wayfinding in a healthcare setting without understanding what happens in aging, we may focus on signs, color, and stripes without addressing whether these elements are, in fact, cues—and what those cues mean. Instead, we have to take a deep dive into what we are trying to do (such as help an older person and his or her family find the emergency department). This requires insight along the way.


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Where should designers start when creating spaces for people as they get older, whether in a healthcare facility or in the community itself?

There are several layers to this question. At the highest level, we as designers need to think about the “what is”: What is it that humans can be doing, and who is involved, and what is happening in the environment?

The second part is figuring out how we can infuse this information into the design process more effectively. To put this concept into action, designers need to think about the characteristics of the people who will interact in this environment. We need to look at the sensory function: seeing, hearing, touch, and balance. Then we need to look at how the people will engage in the space. How are they moving from one position to another? Rather than automatically adopting the expectation of a mobility aid, think about how the environment can promote mobility. How can we stave off the multiple burdens or impositions of



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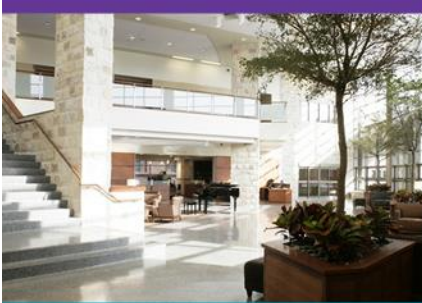
Take the Americans with Disabilities Act (ADA). ADA offers guidelines that do address what it means in terms of physically responding to what is happening with aging. But ADA doesn't begin to consider capabilities, movement, and the upper body strength associated with aging. As a result, we are meeting the guidelines without actually addressing the needs. We have miles of handrails, even though research shows they can be off-balancing. They have their place, but they are not the only intervention. We have bathrooms that meet ADA guidelines, and yet we don't consider the caregiver involved who may be standing by or assisting. So we have to do a better job of considering the real-life applications and functionality when we think about designing a space. A good functional program of who people are in design terms, what they can/are doing, the implications (e.g., space, span of responsibility) of care partners or facilitators, and tons of images from everyday people and life are all useful.

You've raised some very important points. How can this information inform designers and help them to change the current system to be more supportive of these realities?

We need to come up with ways to share research and best practices effectively. An important method of sharing the information is by creating a searchable database that captures the insights and data that exist on user satisfaction. It's also important to recognize that we don't currently have really good examples of what is going on with aging and design, nor can we solidly link these features into best practices of care, rehabilitation, and capability. We need to gather more information in these areas and share it broadly to inform our design process moving forward. We need images of what's possible in everyday life with design, including interior shots that go beyond the exteriors and curbside appeal.

In an ideal world, what would you like to see in terms of supportive designs and/or policies?

The environment is a wonderful concept that is there 24 hours a day. It can be part of the solution to so many challenges, such as creating supportive settings for aging, managing the cost of care, influencing how people spend time as an



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aging adult, and influencing how they perceive themselves as capable, productive citizens.

If we (and our clients and policymakers) had access to examples of designs that we know exist, as well as the examples we still need to gather, we could better release the potential of older people and support them as their needs continue to evolve and change. Further, as designers, architects, researchers, and policymakers, we could live in settings to gain first-hand experience and generate more design hypotheses that profoundly impact the aging population.

To give you a specific example, look at both community apartments and elder small houses in healthcare. We know they need to have certain features, but we have not carefully thought through how these features affect details—such as how to move through the kitchen, how to support individuals who live together but aren't functioning like family members, and how to address diminished balance, hearing loss, slowed response rates, and incontinence as people get older.

In other words, we need to be creating environments that match the best of residential mobility features and the best of healthcare, and make them work for elders, peers/neighbors, facilitators, and care partners—both today and as they continue to age.