

# Fostering Age-Friendly Rural Communities in the North of the Netherlands

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An exploratory case study in the Oldambt municipality

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MASTER THESIS | SOCIO-SPATIAL PLANNING | FACULTY OF SPATIAL SCIENCES

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## Colophon

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## *Preface*

Dear Reader,

This thesis addresses the topic of age-friendliness in rural community in the Netherlands. The need to stimulate the creation of community's that allow elderly individuals is something that is relevant in both cities and rural regions. However, rural regions receive less attention in academic literature, despite the burden of an ageing population being greater.

The motivation to write a thesis on this topic is twofold. First I have always been interested in how the physical and social environment can be shaped through interventions to stimulate healthier behavior. The second motivator was that this topic was offered at the thesis market via a research-center affiliated with the Hanze University of Applied Sciences, Kenniscentrum NoorderRuimte. The fact this study can possibly be developed further and built upon at NoorderRuimte motivated me. The supervision of Dr. Elles Bulder helped me to expand the theories and theoretical thinking to more practical applications. Also the contacts and expertise within NoorderRuimte helped develop a thesis that can hopefully be of use to the people living in Oldambt.

The entire process began in November of 2017 and came to a close in August of 2018. I would like to thank all the individuals that contributed to this research. In particular, everyone who agreed to an interview. Also I would like to thank the organizations that helped with the distribution of the survey: Dorpsbelangen Midwolda, BNS Nieuws and Dorpsbelangen Westerlee. I would also like to thank my supervisor from the faculty Ward Rauws in particular. The feedback given was always stimulating me to this research as complete as possible, while staying on track. As well as being enthusiastic during the entire process.

Vincent J. de Vegt

## **Abstract**

A worldwide ageing population has led to the development of the age-friendly cities program. Rural areas are however proportionally more affected by an ageing population. Rural regions face different challenges in becoming age-friendly than cities. Out-migration of younger individuals creates a ‘double burden’ on the ageing population. Leading to a demographic change that is unique to rural declining regions.

Interventions and programs that are designed for cities are unlikely to succeed in the context of a rural community. Without proper adjustment to the local context. This is confirmed in academic literature. Rural regions require a different and often tailor made approach. The international literature regarding age-friendly rural communities is scarce in comparison to studies focused on urban regions. However, the WHO approach of dividing age-friendliness into eight domains can be applied.

This research is an exploratory case study into three of the eight WHO domains of age-friendliness. Namely: Housing, Civic Participation & Employment and Community Support & Health Services. Each domain has been analyzed through three indicators. Through interviews, survey’s and a document analysis it became evident that most of the indicators are valid after slight modification. These modified indicators can be used to further improve the age-friendliness. Expanding age-friendliness in the municipality is currently limited by both municipal and national policies. As well as limited citizen participation.

Age-friendliness can be improved by addressing the conflicting policies regarding housing in order to stimulate more age-friendly homes and home modifications. Civic participation improved through focusing on stimulating intrinsically motivating initiatives amongst residents. Community support & Health Services can develop by aiding in the creation of community based care initiatives. While at the same time stimulating cooperation between formal and informal care providers.

**Keywords:** Age-Friendly, Citizen Initiative, Rural, Population Decline, Place-based planning

## List of Abbreviations

**BAG:** Basisregistraties adressen en gebouwen (Base registration addresses and buildings)

**CBS:** Centraal Bureau voor de Statistiek (Central Bureau for Statistics)

**CP&E:** Civic Participation and Employment

**CS&HS:** Community Support and Health Services

**ISA:** Integrated Service Area

**OECD:** Organization for Economic Co-operation and Development

**PBL:** Planbureau voor de Leefomgeving (Netherlands Environmental Assessment Agency)

**SWO:** Sociaal Werk Oldambt (Social work Oldambt)

**UN:** United Nations

**WHO:** World Health Organization

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# 1. Introduction

Global trends indicate that ever more people are moving to cities, with over 68% of the global population expected to live in cities by 2050 (UN, 2018). Simultaneously, the population of the developed world is ageing rapidly (WHO, 2007). This trend has led to the World Health Organization's (WHO) creating the Global Age-Friendly cities project (WHO, 2007). The goal of this program is to aid in the development of cities that are suitable for all ages. This has been done by providing a list of guideline of how cities can become more age-friendly. The growth of cities worldwide is partially due to individuals migrating from rural communities in search of employment. As a result, rural communities are becoming older. In the Netherlands, this is also the case. Elderly individuals often stay behind, increasing the average age. As well as the level of care required, at a time when services are disappearing from the rural landscape.

This demographic change brings about specific challenges that require context-specific solutions. Rural areas vary heavily from country to country each with their own challenges. A uniform guideline such as the WHO project cannot be specific enough to tackle the challenges that rural communities face worldwide. For this reason, it is necessary to study rural regions in the light of age-friendliness.

The Oldambt municipality is located in the north-east of the Netherlands and is dealing with both population decline and growing proportion of elderly residents. The Oldambt municipality fits in the Dutch definition of a rural area. Yet the Netherlands as a whole is too densely populated to have any rural region as defined by the OECD. This creates a unique situation where the challenges are sculpted by policies and population decline. Rather than typical challenges expected in rural regions such as distance or isolation.

How to deal with the growing proportion of elderly has slowly started to fill the agendas of municipalities and the national government. Decentralization has largely left the municipal governments in charge of providing support for their ageing population. The Oldambt municipality serves as an exploratory case into the age-friendliness of rural communities in the Netherlands.



Figure 1: Location of Oldambt in the Province of Groningen and The Netherlands (Provincie Groningen, 2018)

## 1.2 Objectives and Research Questions

The WHO has defined eight different ‘domains’ in their age-friendly cities model. Each domain addresses possible indicators that policymakers can use to determine whether or not their city is age friendly with respect to that domain. Simple indicators include average walking distance to a public transportation stop. Each domain also proposes interventions that can be undertaken to improve age-friendliness.

This study will analyze three domains determined by the WHO namely: Housing, Civic Participation & Employment and Community Support & Health Services. The context-specific requirements of age-friendliness will be studied. Along with each domain, a number of indicators will be chosen to reflect the situation in the municipality with regard to age-friendliness. These indicators will be tested to see if they reflect the current situation with regard to age-friendliness. The following research question has been determined:

### Research Question

*What are suitable indicators of rural age-friendly communities and what spatial planning interventions can be taken to foster age-friendly communities?*

To answer the research, question the following sub-questions have been determined:

- Are the indicators: *Appropriate, Accessible and Affordable* suitable indicators for determining the age-friendliness of **Housing** in a rural region in the Netherlands?
- Are the indicators: *Volunteer Opportunities, Accessible Locations and Inclusion in Decision Making* suitable indicators for determining the age-friendliness of **Civic Participation & Employment** in a rural region in the Netherlands?
- Are the indicators: *Horizontal Community Care, Healthcare Infrastructure and Coordinated Health Services* suitable indicators for determining the age-friendliness of **Community Support & Health Services** in a rural region in the Netherlands?
- What are spatial planning interventions that can improve age-friendliness in the Oldambt municipality?

### *1.3 Structure*

This study will first build a theoretical basis in the following chapter (two). In this chapter the relevant theories will be discussed and the chapter will conclude with the conceptual model. Chapter three will first elaborate on the chosen case, then the chosen data-collection and analysis methods. Chapter four can be divided into two main sections: first an analysis of the chosen indicators followed by a discussion on the suitability of the indicators. The analysis will discuss each indicator individually. Chapter 5 discusses the findings of chapter four in a broader perspective. Here the value and shortcomings of the study are discussed, along with advice for future research. Chapter six is a short reflection on the entire research process. The paper is brought to a close by the bibliography in chapter seven.

## 2. Theoretical Framework

In this chapter the theoretical basis of this research will be explained, resulting in a conceptual model and hypothesis. In order to conceptualize *age-friendly* rural communities, it is necessary to understand the basic concepts of *age-friendliness* in general. As well as the origin and various definitions of the concept as a whole, this will be discussed in the first section (2.1). The following section will define the characteristics of rural communities in the Netherlands (2.2). The third section will combine the theories of *age-friendliness* and the characteristics of rural communities in relation to the chosen WHO domains of *age-friendly* communities namely; housing, civic participation & employment and community support & health services (2.3).

### 2.1.1 Age Friendly Places

The definition of an age-friendly place is highly dependent on the spatial, social and cultural environment. In 2006 the WHO initiated the *Global Age-friendly Cities Project* (WHO, 2007). This project included 33 cities worldwide and their approaches to making themselves age-friendly cities. The concept of *age-friendliness* was already touched upon in the WHO report regarding *Active Ageing* (WHO, 2002). The eight domains defined by the WHO provide cities, municipalities and national governments with a model that they can use to base their plans and interventions on. The concept of age-friendliness finds its origin in the field of environmental gerontology. A multidisciplinary field of research focused on the relation between the elderly and their social-spatial surroundings (Lui, et al. 2009, Menac, et al. 2011). As defined in Alley, et al. (2008) an age-friendly or elder-friendly community is: “*a place where older people are actively involved, valued, and supported with infrastructure and services that effectively accommodate their needs*”. The WHO has a similar definition that has been applied to the concept of *age-friendly* cities namely; *An age-friendly city encourages active ageing by optimizing opportunities for health, participation and security in order to enhance the quality of life as people age* (WHO, 2007).

Both refer to the concept of Active Ageing. Defined by the WHO as “the process of optimizing opportunities for health, participation and security in order to enhance the quality of life as people age” (WHO, 2002). The crucial element in this definition is the notion of the word active. Active is not only limited to the realm of physical activity, but it includes all aspects of daily life that influence the physical and mental wellbeing of individuals. This

implies that the ageing process is characterized by the maintenance of positive subjective wellbeing. Determinants of active ageing range from factors at an individual or family level to factors that play a role on a national level. Such as sufficient physical activity for an individual or the stimulation to become physically active by a national or local government. Active-ageing also implies that individuals remain involved in family and community groups. The determinants that are modifiable and implementable on a large scale such as a neighborhood-wide level or city-wide are often included in the WHO age-friendly cities framework (WHO, 2007). Examples include programs meant to increase participation of elderly in community activities or improving the quality of sidewalks. Interventions such as these are meant to target the majority of elderly individuals however they do not necessarily improve the age-friendliness for all. The individual characteristics and preferences of a person guide whether or not an intervention has a positive effect. Therefore, the relation between the individual and the socio-spatial environment is key to understanding age-friendliness.

### 2.1.2 Domains of Age-Friendliness

The WHO identified eight domains relevant for creating an age-friendly community as illustrated below in figure 2. For each of these domains the WHO created a list of indicators that cities could use to determine where improvements could be made in order to be considered an age-friendly city. The indicators were compiled after studying cities within the *Global Age-friendly Cities Project*, and included in a 2015 report guiding cities in how to use the indicators (WHO, 2015). The domains included in the model are: Transportation, Housing, Social Participation, Respect & Social Inclusion, Civic Participation & Employment, Communication & Information, Community Support & Health Services, and Outdoor Spaces & Buildings. Examples of planned interventions to improve age-friendliness include: adequate crossing time at intersections (Outdoor spaces & Buildings), specialized transport for people with a disability (Transport), opportunities to volunteer (Civic Participation & Employment, sufficient at home



Figure 2: WHO Age-Friendly City Domains(WHO, 2007)

health services (Community support & Health services), availability of home modification options (Housing).

The various indicators that are mentioned for each domain were compiled from a range of studies involving elderly people. The study made use of interviews that were analyzed by gerontology experts and then decision makers as well as planners. The result is a list of indicators acquired through a bottom-up approach (WHO, 2007). Using a bottom-up approach to determine indicators is crucial to develop a feasible and worthwhile intervention according to the WHO. The indicators themselves are general in nature this allows them to be related to practically any city worldwide, regardless of local context.

### *2.1.3 Defining and Redefining Age-Friendly*

Ageing in place is a concept that has gained popularity in both the age-friendly discourse as well as among policy. Ageing in place is supporting elderly people in living in their own home for as long as possible (Neville et al., 2016; Lui et al., 2009). Governments support the concept, primarily as it is considered to be more cost-effective than care-homes (Lui et al., 2009). From an age-friendly perspective, the preferences of the individual person are also important. The vast majority of elderly individuals' wish to remain in their own home (Neville et al., 2016; Lui et al., 2009).

Wiles et al., (2012) found a wide range of features that elderly people had identified as necessary in their community to support ageing in place. This study was done in an urban context, there are few studies that have done the same in a rural context (Neville et al., 2016). The interventions and indicators that have been proposed will be discussed in the final section of this chapter.

Following the publication of the WHO report on age-friendly cities, there have been a number of studies that have either critiqued the framework or proposed to modify it. One of them is Lui et al., (2009), there are multiple dimensions to the age-friendly discourse (shown in figure 3). The studies that have been conducted each have a different place on this spectrum. Depending on where they choose to focus on. Governments following the guidelines set by the WHO would find themselves more to the left of the spectrum. The implementation of the indicators set by the WHO does not require as much deliberation with the local population, hence the top-down character. The American livable communities approach focuses strongly on the built environment.

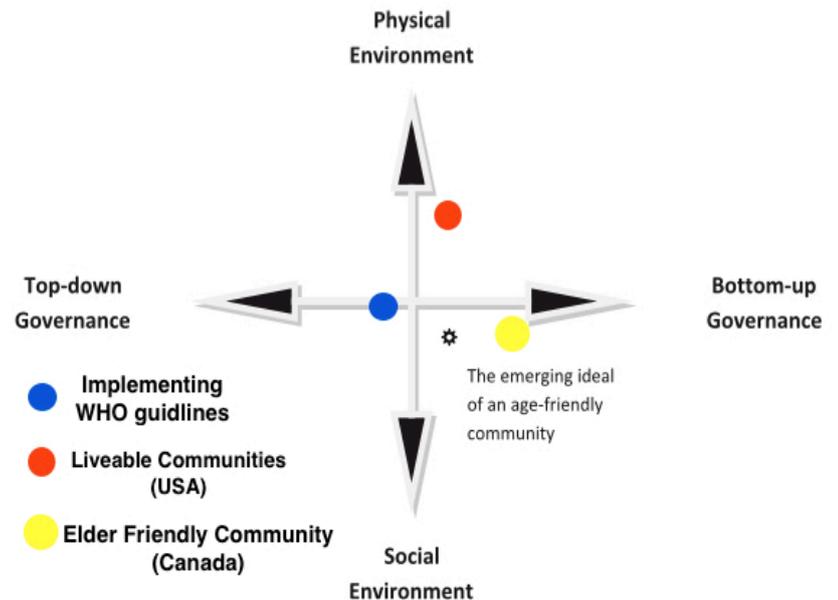


Figure 3: Dimensions of the age-friendly community discourse. (Lui et al., 2009), own modification

The city of Calgary uses a very bottom-up oriented approach, throughout the entire planning process (Lui et al., 2009). Lui et al., (2009) concludes that the optimal strategy lies on a point with a slightly greater focus on the social environment, combined with bottom-up initiatives. This conclusion was based on studying multiple age-friendly strategies worldwide. The emphasis on using a bottom-up approach is a recurring point. This is due to the contextual nature of the subject, the most effective method of uncovering the needs of the population is through a bottom-up approach.

There have also been studies such as that of Menac et al., (2011) further expanded by Keating et al., (2013), aiming at (re)conceptualizing the definition of age-friendly (see table 1). The main focus of the study by Menac et al., (2011) is to expand the WHO framework by looking at it from an ecological perspective. The ecological perspective implies that there is a constant interaction between the individual and the environment surrounding the individual. Menac et al., (2011) argues that the domains proposed by the WHO all promote social connectivity to a certain extent. Using the ecological theory of Bronfenbrenner (1977) as a basis, Menac et al., (2011) illustrates that factors in WHO domains are interdependent to one another. This point is relevant because the majority of conducted research fails to take into

consideration that the intervention they propose or the end result, can influence the outcome in other domains. As well as the fact that the origin of the “problem” might not be in the same domain as the “problem” itself (Menac et al., 2011).

The most important assumption that has been made with the application of ecological theory is that the characteristics of an individual interact with environmental conditions (Menac et al., 2011; Phillips & Keating, 2008). This assumption is of importance when studying the person-environment fit. Elderly people are not a homogenous group and the interventions that are to be proposed must take this into consideration. As Menac et al., (2011) states; “An age-friendly community is one that ideally accommodates this heterogeneity”. Communities themselves also do not exist in isolation, changes in one place can have a profound impact on the surrounding communities (Keating et al., 2013). Keating et al., (2013) makes a similar point. Arguing that the definition of age-friendly should be re-conceptualized to; “Explicitly accommodate different community needs and resources, to be more inclusive as well as more interactive and dynamic, incorporating changes that have occurred over time in people and place.” This definition includes both the important bottom-up approach from the WHO as well as including the dynamic contextual nature of a community. This definition will be used for the current study.

| Study                  | Key Characteristics  | Important Conclusions/Weak points   |
|------------------------|--|---|
| WHO (2007, 2015)       | Eight domains were identified and considered to be the most essential factors in creating an age-friendly city. The domains cover aspects of both the physical and social environment. | The 2015 report concluded that the best method to obtain useful indicators related to the various domains was through bottom-up means. The WHO reports both do not have a list of best practices only generalized indicators.   |
| Menac et al., (2011)   | Builds on the WHO definition by applying an ecological approach. Studies the interrelatedness of the various domains.  | Concludes that the person-environment fit is essential in determining whether a community is age-friendly or not. Emphasizes the need to view communities through an ‘elder lens’. Emphasizes the point that communities are not a closed system.   |
| Buffel (2011)          | Comparison of two cities that have implemented their own age-friendly policies. Policies are often implemented in isolation.   | Cities would benefit from exchanging experiences, cities are advised to collaborate and participate in dialogue with various stakeholder groups. The effectiveness of the policy used in Manchester is due to a targeted neighborhood-based approach. The article does not propose a method to discover the needs of the elderly. |
| Keating et al., (2013) | Builds on Menac et al., (2011), aiming to conceptualize “best-fit”. The study was conducted in two rural communities.  | Concludes that the definition of age-friendly must be dynamic in order to include the needs of various types of individuals. Illustrates that certain age-friendly policy may have no effect when not properly tailored to the specific community or group.   |

Table 1: Various studies addressing the age-friendly concept

#### *2.1.4 Person-Environment Fit*

The study will be viewed through the person-environment fit theory. This theory is also known as the Person-Environment congruence theory divided into supplementary and complementary congruence (Muchinsky, 1987). Supplementary congruence is the match between individuals and the group of people who comprise an environment. While Complementary congruence is the match between an individual's skills and the needs of the environment (Munchinsky, 1987). This theory originates from business and psychology. It has been adapted and implemented into studies that address the living environment of elderly individuals such as in Lawton and Nahemow, (1973), Oswald et al., (2005) and Kahana et al., (2003). The study by Kahana et al., (2003) extends the conceptualizations of the person-environment fit from an institutional setting to a community setting. Menac et al., (2011) applies this to an age-friendly community setting as mentioned previously.

The vast majority of literature on the topic of person-environment fit in elderly individuals, indicated that elderly individuals are particularly susceptible to changes in their environment (Kahana et al., 2003). Kahana et al., (2003) argues that the characteristics of the person, the environment and the person-environment fit are all important predictors of satisfaction among community-dwelling older adults. Changing the person-environment fit works in both directions, interventions can improve the fit. However, interventions can also lead to a decrease in fit. Interventions that work for one group may not have the desired effect in another group. Therefore, this study will focus on the specific characteristics of the rural environment and the local inhabitants. The factors simulating and limiting the person-environment fit will be identified.

#### *2.1.5 Life-Course Age Friendliness*

The majority of international literature focuses on the elderly when studying the age-friendliness. This is logical when looking at the desired outcomes; namely a health and socially active elderly population. However, to reach the desired outcome, the process must be initiated much earlier. Age-Friendly should be seen as a facilitator for active-ageing (Green, 2012). Therefore, an age-friendly environment should be one that is suitable for all ages.

This idea fits well into the Life-Course/Lifespan approaches (figure 4). The life-course approach is a multi-disciplinary approach that exams the life-long effects of certain processes. For the concept of age-friendliness both physical and social processes are relevant. The physical process of ageing can be seen as a decline in functional capacity. Functional capacity is built up during roughly the first 30 years of life. In adult life, the functional capacity is maintained, yet it steadily declines. Disabilities arise when functional capacity falls below the disability threshold. This approach highly emphasizes the importance of interventions earlier in life.

The life-course approach is also relevant for psychological wellbeing. The quality of social relationships, positive social interaction and civic engagement are examples of psychological factors that influence wellbeing. Elderly people who are more socially active also tend to be healthier and happier (Gale et al., 2014). Most of the necessary social interactions and social networks are established earlier in life (Kuh et al., 2014). These two examples of the life-course approach

illustrate the basis of the age-friendly concept, of creating places that suit all ages. When designing interventions to create age-friendly communities the target should not be simply to improve the well-being of the oldest group of

inhabitants. They should target and benefit multiple groups to create a community that facilitates elderly individuals to remain active, as well as stimulate the active ageing process earlier in life.

The life course approach can be specified further to an ageing context by including the Frailty Indicator (GFI) (Peters et al., 2012). The Frailty Indicator categorizes elderly individuals based on their level of frailty instead of simply their age. This approach complements the notion that elderly individuals are not a homogenous group. The indicator consists of a questionnaire that can be filled in by elderly individuals. Based on the answers a

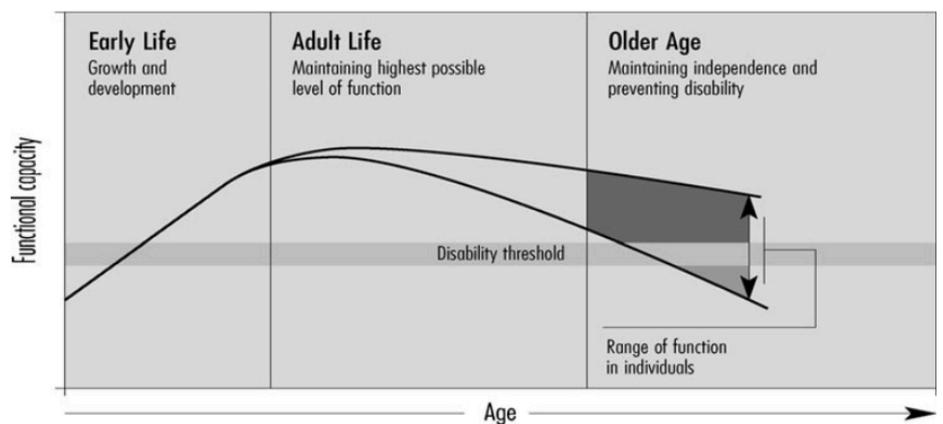


Figure 4: Life-Course approach showing the effect of early life interventions (Green, 2012; Kalache and Kickbusch, 1997)

score is calculated that reflects the level of frailty, irrespective of age. The questions include physical, psychological, social and cognitive aspects of ageing (Peters et al., 2012). The reason why the frailty indicator should be used in age-friendly planning is that it allows for assessment at an individual level. Instead of assuming that the elderly population requires the same needs. Tailoring to the needs based on frailty allows for more efficient and effective interventions, (Hockey et al., 2013, Peters et al., 2012). Thus this is an essential feature in rural communities where resources are more scarce than in cities and thereby relevant for this study.

#### *2.1.6 Active vs. Stoic seniors*

The final study that is to be discussed in this section builds on the person-environment fit. Eales et al., (2008) identifies two types of seniors; *active* and *stoic*. Active seniors require access to social activities, social opportunities and a wider range of housing options. While stoic seniors have “traditional” rural values based on self-reliance and hard work. They also consider being close to family and staying in their own home as important. Both groups find their ‘fit’ when the environment caters to their intrapersonal characteristics (Eales et al., 2008). Keating et al., (2013) refers to the groups as; community active and marginalized older adults. The definition of ‘community active seniors’ is similar to that of Eales et al., (2008), it is expanded however by including the availability of resources such as; time, money, health, skills and energy. Marginalized seniors are individuals who have limited social connections with people in their community other than family members. As well as having limited income that constrains the choices and opportunities within the community (Keating et al., 2013). The community active/marginalized classification is based primarily on socio-economic status and partly on interpersonal characteristics. While the classification of active/stoic is based only on interpersonal characteristics.

The important distinctions that have been made in this section relate to the interpersonal characteristics of elderly individuals. Frailty and active/stoic are important determinates of an individual’s person-environment fit. Both are integrated into the conceptual model.

### 2.2.1 Rural Communities

Only a limited amount of the academic literature regarding age-friendliness has focused on rural communities. Despite the limited research, there has been an increased focus by national and regional governments on making rural communities more age-friendly (Menac et al., 2011). Menac et al., (2011) is referring to examples from Canada, however, this claim is also valid in the Netherlands. An example is the Man-Made Bluezone initiative by the Healthy-Ageing Network Northern Netherlands (HANNN, 2018). The highly contextual nature of the age-friendly communities that were already partially highlighted in the previous section, means that it is not possible to simply superimpose the theories of age-friendly cities in a rural context. Therefore, it is necessary to define the concept of “rural” in the Netherlands and highlight the most important characteristics of the rural community.

### 2.2.2 Definition of Rural

The first and most logical way to define rural communities, towns or villages, is related to the size and density of the community. The Dutch national statistical bureau (CBS) has defined five categories of urbanity, with 5 being least urban and 1 being most urban. A village in group 5 has a population density of fewer than 500 addresses per km<sup>2</sup> (CBS, 2018). For a municipality to be considered rural there must be less than 1000 addresses per km<sup>2</sup>. Municipalities or villages with an address density between 500 and 1000 fall into group 4 of the CBS categorization. The final distinction found in the Netherlands is that of “*Landelijk gebied*” this roughly translates to ‘rural area’ this is an area where the address density is below 100 addresses per km<sup>2</sup> (SER, 2005). However, this is not a distinction made by the CBS but rather one by the Social-Economic council and is rarely used.

These descriptive definitions of what is encompassed by the term “rural” vary from country to country. This is key to keep in mind when studying previous research. Canada, for example, defines a rural settlement to be one that has less than 1000 inhabitants and a population density of fewer than 400 people per km<sup>2</sup> (Woods, 2005). The definitions mentioned have as common critique, that they are dichotomous. By simply defining rural as the opposite of urban. In the case of the Netherlands, the only official distinction made is based on population/address density. These definitions also reveal no insight to economic or social processes in a community (Woods, 2005). There is no definition that fully encompasses all facets of rural life, let alone all the dimensions of “rurality” within a single

country. As mentioned in Haartsen et al., (2002) the Netherlands has no rural areas when using the definition set by the OECD. The perception by a population of what is considered to be rural is just as important as the ecological definition set by the CBS.

In the Netherlands rural areas are perceived differently by different age groups, older individuals base their representation of a rural area on socio-cultural factors. While younger individuals see the rural areas as agricultural production zones (Haartsen et al., 2002). The most common perceptions of rural areas include; space, quietness, farms etc. The study indicated what the Dutch public understood under the term rural. The result can, therefore, be seen as a representation of the broader socio-cultural definition of a rural area. The results indicated that the area of the Netherlands considered to be ‘genuinely’ rural was the north, more so than any other region. The municipalities in the north and east of Groningen were considered to be rural by the respondents. The conclusion that can be made is that the definition used by the CBS does not fully align with the public perception of a rural area. Socio-cultural perceptions are as important as official statistical measurements.

### *2.2.3 Community*

Community can be viewed in its exact definition namely; “A group of people living in the same place or having a particular characteristic in common”. In studies on age-friendliness, community is important because most of the daily activities and experiences take place in a neighborhood or community. Most studies see communities as the promoters of the services and resources needed by the elderly (Keating et al., 2013). This view has been challenged as being too simplistic, in relation to the wide range of needs elderly within a community may have (Golant, 2003). Although what is exactly understood under the term community may vary depending on time and place, there have been attempts to distinguish different types of rural communities in relation to age-friendliness.

Keating et al., (2013) identifies two types of communities that are shaped by the geographic environment; bucolic and bypassed communities. Both are perceptions unique to rural communities. Bucolic communities have sufficient resources, slow-paced lifestyle, natural beauty and a culture of supportiveness (Keating et al., 2013; Brown & Glasgow., 2008). Bypassed communities are; isolated, lack services, economically weak, low population density, population decline and low economic productivity. The older adults living in bypassed communities are more likely to be marginalized. (Keating et al., 2013;

Andrews & Phillips 2005). Social inclusion and social connections are an important part of the frailty indicator discussed previously. This relation implies that marginalized individuals living in bypassed communities can have a higher frailty score than those living in communities that satisfy their needs.

### *2.2.3 Rural Restructuring*

The past century has seen a complete shift in the structure of the rural community. This restructuring, brought forth by the modernization of agriculture accompanied by the shift from a production based to a service-based economy has fundamentally changed the rural community (Woods, 2005). The process of rural restructuring has led to a rural-urban migration flow. The steady decline of young people from rural communities over the past decades and the ageing “stayers” has resulted in a rural population that is both older and often poorer compared to their urban counterparts (Woods, 2005; Neville et al., 2016). In some regions, population decline has resulted in the disappearance of various services. This is of particular relevance for communities that have no counter urbanizing trends or retirement migration trends (PBL, 2013). In the Netherlands, this is evident by the fact that the least densely populated municipalities do not have the lowest income per capita (PBL, 2013; Woods, 2005). The disappearance of services in rural communities causes a change in the relation and dynamic between communities in a single region. Villages that are large enough to keep certain shops and services will become regional centers. While the independence of smaller villages will be challenged by the loss of services, this in turn, can also lead to the loss of rural identity. The need to travel to a larger urban center for basic services can also damage the framework of the local community (Woods, 2005). The effect of population decline on rural-communities relates well to the dichotomies presented previously; active/stoic seniors, bucolic/bypassed communities.

The changing nature of rural regions in the past century emphasizes the need for a focused rural approach with regard to age-friendliness. That can address the challenges found in rural communities, both bucolic and bypassed.

### *2.3. Age-Friendly in Dutch Rural Contexts*

The previous sections highlighted the concepts and characteristics of age-friendliness and rural communities. This section will combine the knowledge presented to address the unique situation of age-friendly rural communities. Including the foremost challenges, the

effect of contextual factors, facilitators of age-friendliness and a reflection of the current Dutch situation. The main focus will be on the selected domains of age-friendliness namely; housing, civic participation & employment and community support & health services. The selected domains can be related to the concept of Integrated Service Area(s) (ISA) (Pijpers et al., 2016)). ISA's are when: *“providers of housing and medical and social care work together to improve existing and develop new neighborhood-based services, such as care on demand and support to informal caregivers and volunteers”*. ISA's have been shown to work in the Netherlands, by making elderly individuals less dependent on home and hospital care. The combination of suitable housing as well as collaboration between formal and informal care providers produces an environment that can be considered to be age-friendly. Noted in the study by Pijpers et al., (2016) was the fact that the success of informal care was heavily dependent on the social connectedness and village culture. This can be closely linked to the domain of civic participation.

The concept of ISA's has been tried and proven to be successful in smaller villages. However, not in villages that would fit into the definition of a rural area. An ISA would be of benefit to both types of seniors, active and stoic. As on the one hand, it stimulates self-reliance and autonomy while on the other hand, it allows for the creation of a positive social environment. In a rural area that are also in decline, the creation of an ISA can allow for ageing in place even when the community is considered to be 'bypassed'. This is because the reach of such a service area can be expanded to include a wide range of villages and communities.

The improved coordination between various care services and housing as described in the concept of ISA's is of significant importance in rural regions in decline. This is due to the fact that the double burden of population decline as well as a greater proportion of elderly individuals. Will lead to a shortage of formal care. To ensure that individuals still receive the care they need it is necessary to coordinate between formal and informal care, and only make use of formal care when it is absolutely necessary. This can be done through an ISA approach.

The focus of this study will not be on ISA's themselves. The chosen domains are in close relation to one another and the concept of ISA's shows that these domains can be combined to create an age-friendly community. Where the various domains complement one another.

The concept of ISA's can however, provide the basis of creating an age-friendly rural community.

### *2.3.2 Housing*

Housing that is suitable for elderly people is one of the most important factors contributing to the decision whether or not to age in place. However, moving to a home that is more suitable for elderly people is not always an option. This is of particular importance in bypassed communities as elderly people are unable to either afford another home or unable to sell their current home (Keating et al., 2013). Marginalized elderly individuals who live in poverty experience a similar problem, this is relevant because there are more elderly individuals living in poverty in rural area's than in urban area's (Woods, 2005).

The factors that determine whether housing is age-friendly or not can be subdivided into two primary categories; financial factors and physical factors. Although cost plays a role in nearly each of the factors named in this section, financial factors are when cost is the most important obstruction (FPTMRS, 2006). The most evident challenge at an individual level identified by a study conducted in Canada (AFRRC, 2006) was the inability to pay for the costs of maintaining the household. This includes the inability to pay for repairs, inability to pay service bills, and the inability to pay for modifications. These factors each contribute to a housing situation that is not age-friendly. The elderly people living in these houses are often unable to leave due to the financial constraints. This is an issue that will manifest in a massive amount of empty housing stock in the future (PBL, 2013). The financial problems mentioned are of more relevance to seniors who are owner-occupiers of their home. However, this is a problem for rental and social housing as well (Eales et al., 2008). Particularly if the existing housing stock is not properly modified for the elderly, this is an example of a physical factor. Another option is building new housing options that cater to the needs of the elderly, a type of "intermediate" form of housing (Eales et al., 2008; AFRRC, 2006). This is certainly an option, however; it is unlikely that new housing such as senior apartments will be constructed in area's experiencing population decline (Eales et al., 2008).

Haartsen & Venhorst (2010) illustrate the specific challenge for housing in the north of the Netherlands in the province of Groningen. The region is experiencing a substantial population decline in combination with an increase in the proportion of people over 65. There

is currently a surplus of social housing and private housing that is considered to be both unattractive and unpopular (Haartsen & Venhorst, 2010). A trend that can be seen in the Netherlands as a whole is a net increase in the total number of households, also in rural areas. This increase can be attributed to the increase in the number of single person households. Creating a shortage of suitable housing. Due to the fact that a large portion of the existing stock consists of family homes. As a result, rural areas experiencing population decline will see an increase in the shortage of suitable housing for elderly due to the increase in the proportion of elderly, as well as an increase in the amount of single elderly households. Haartsen & Venhorst (2010) describe that it may be more effective to modify a home to make them more suitable for elderly individuals instead of building specially design homes. Specifically, in regions experiencing population decline.

Age-friendly housing should be; appropriate, accessible and affordable (Eales et al., 2008; WHO, 2015). These are examples of physical factors of housing that can be modified through interventions in the physical environment, for example, removing raised doorsteps. Appropriate housing is housing that is modifiable to suit the needs of elderly citizens, it is also located in a location that allows the individual to access local services. Accessible housing is housing stock that has already been modified or built specifically for the needs of the elderly. Furthermore, it is housing supported by either public or private policies that ensure that it remains accessible (Eales et al., 2008; WHO, 2012; WHO, 2015). Affordable housing is considered to cost less than 40% of one's monthly income according to Eurostat (OECD, 2017). The specific challenges facing rural communities arise in the availability of resources and the ability to adapt housing to suit the needs of the elderly. The monotonous housing stock and the lack of demand accompanied by a surplus of housing creates a unique context that is not present in urban regions in the Netherlands (Haartsen & Venhorst, 2010).

### *2.3.3 Civic Participation and Employment*

Civic participation and employment is a domain that is characterized by social interaction, many desired social outcomes require physical interventions. Civic participation encompasses a wide range of activities that stimulate both physical as well as social health. The activities and opportunities are in the public sphere and can be facilitated and stimulated by the community and local government. Volunteer work is often cited as the most important form of civic participation. As it not only engages the volunteer, but also the community as a

whole (Wiersma & Koster, 2013). Opportunities to be able to volunteer are crucial. In rural communities experiencing population decline, there has been both a decrease in the number of organizations that require volunteers as well as the overall lack of volunteers. These two factors combined have also resulted in burnouts for the few volunteers that are present. Opportunities to volunteer are crucial for the social wellbeing of community-active citizens, communities with only a few active citizens are severely impacted by the loss of a single volunteer (Wiersma & Koster, 2013). Stoic seniors do not require opportunities to be civically engaged, as they value being close to family, good neighbors and interactions with familiar people more than civic participation (Eales et al., 2008).

Civic participation in age-friendly terms also includes a dimension related to physical health. A community should provide ample opportunities for elderly individuals to remain physically active. Specifically, opportunities such as classes or activities specifically for the elderly. Such activities also stimulate volunteerism in both elderly and younger individuals. (Wiersma & Koster, 2013; Eales et al., 2008; FPTMRS, 2006). For example, retired individuals organizing a coffee morning for other seniors in a community. To ascertain whether a community has sufficient civic participation there are a number of predetermined indicators that have been identified. These have however been established largely based on studies done in an urban context. Indicators with regard to civic participation are percentage based figures of the participation in a wide range of civic activities by people older than 65. Such as the percentage of people who participate in volunteer work (RWJF, 2009). There are a number of possible interventions that have been proposed to increase or maintain civic participation. Novek & Menac (2014) found that in larger communities the most significant obstruction was not the lack of opportunities. Poor accessibility, information, affordability and transportation played a more prominent role. In smaller communities the lack of places to meet such as, community centers or churches play the most significant role, (Eales et al., 2008; Novek & Menac, 2014; RWJF, 2009). Furthermore, the lack of transportation between smaller and larger communities limits civic participation.

Maintaining civic participation is also linked to the possibilities to participate in decision-making processes (Novek & Menac 2014). This can be found at every scalar level, from being able to have a say in the modification of one's home to being able to participate in local policymaking.

Employment opportunities for the elderly is a larger societal issue, that also manifests in urban centers. Elderly people who live in rural areas face the same difficulties as those

living in cities. However, rural seniors are generally further away from possible employment opportunities (Eales et al., 2008). There is limited literature regarding employment of elderly individuals in rural communities, a suggestion mentioned in the FPTMRS (2006) report, is to stimulate the recruitment of seniors for short-term projects. The vast majority of international literature focuses on the civic participation aspect of this domain. Therefore, this study will also primarily focus on opportunities for civic participation in rural communities.

#### *2.3.4 Community Support and Health Services*

As with civic participation and employment, the domain of community support and health services spans both social and physical dimensions. The constraining factors limiting the age-friendliness of a rural community can often be traced back to a matter of population and density. This too is the case for community support and health services. Lack of services and lack of professionals (doctors and nurses). Schoots et al., (2012) describes that there will be a shortage of general practitioners in multiple Dutch regions, including the east of Groningen. The main reason for this decline was due to the majority of GP students are educated in the west of the Netherlands. The distances and lack of employment opportunities for partners were the most common motivations. Extra training and financial support when taking over a practice could help attract more GP's to rural regions experiencing population decline (Schoots et al., 2012).

Population density is another factor that contributes to the lack of community support and health services. In a PBL report (2013) stated that technological advancement and participation by “younger” elderly individuals (65-75) in care programs could create a robust horizontal community care service (PBL, 2013). The dilemma is however that the regions that need new technology or internet-based services are too sparsely populated to allow the services to be profitable. Services such as meal delivery require a specific density to be profitable (Forbes & Edge, 2009). New digital healthcare services need high-speed internet connections, there are however no fiber optic cables that can facilitate this in the east of Groningen.

The FPTMRS (2006) report, Menac et al., (2015), Eales et al., (2008), Spina & Menac (2013) and Novek & Menac (2014) emphasize the importance of creating “health clusters” (FPTMRS, 2006). These are centers where GP's, dentists, wellness services, physiotherapy

and information services are offered. Clustering the required health services into one center and providing suitable transportation connections to the center can greatly improve the age-friendliness of a rural community (Eales et al., 2008; Novek & Menac, 2014; FPTMRS, 2006). This relates to the concept of ISA's mentioned earlier. Stoic seniors achieve their best-fit when health services are nearby, for community active seniors having access is sufficient. Relevant to both community support as well as health services is the wide range of home care services. Rural areas have substantially less home care services (Novek & Menac, 2014). The low population density of rural areas makes offering a home-delivery service less financially viable. The low total population also quickly saturates the market. As a consequence, rural areas have either no or a limited range of home delivery and home care services. Buffel et al., (2014) mentions that improved coordination between the various services can substantially improve the age-friendliness of a city. Elderly in rural areas often do not know what services are available to them (Novek & Menac, 2014). Improving both the coordination of the few services available and providing more information can greatly improve the age-friendliness of a community (FPTMRS, 2006). The coordination of healthcare services also includes coordination between formal and informal care services. This implies that an organization such as the municipality helps to facilitate volunteer caregivers for simple chores and care. The lack of community support and health services will lead to elderly individuals being forced to leave their homes and move to long-term care facilities. However, the vast majority of elderly individuals from the study done by Menac et al., (2015) do not wish to leave their own home. Further stressing the importance of solving dilemmas that rural communities face in relation to age-friendliness.

Concrete requirements in rural communities to create age-friendly community support & health services include: horizontal community care, healthcare infrastructure and coordinated health services. Horizontal community care can create a robust network of individuals caring for each other, filling in the space left by the receding welfare state (PBL, 2013). Healthcare infrastructure can improve the ability to service individuals from their own home and facilitate efficient resource allocation. Finally, the coordination between formal and informal care can facilitate a more efficient healthcare network that allocates care between both formal and informal services depending on the needs of the individual.

#### *2.4 Conceptual model.*

Theories and essential concepts have been present in this section. The theoretical concepts have been combined with the research structure to form the conceptual model of this study.

The model presents age-friendliness as an equilibrium point between the Rural Socio-Physical Environment and the personal characteristics of an individual. Age-friendliness is achieved when there is a match between the environment and the personal characteristics. This approach reflects the view that this study aims to take towards age-friendly rural communities.

Improving the person-environment fit can be done either through changes in the environment or changes to the person. Taking into consideration the vulnerability and physical constraints of elderly individuals the most feasible method of creating a person-environment fit is through modifications to the environment.

The changes to the environment have two objectives: increasing the level of support and a decrease in vulnerability. Suitable interventions address both these aspects. Increasing support can be the modification of a home. Thereby resulting in a decrease in vulnerability as the individual becomes more independent and less susceptible to injuries in their home. The defining factor is the individual, the intervention that was mentioned does not increase the age-friendliness for an individual who does not experience any limitations within their home. The limitations experienced in the environment are defined by the characteristics of the individual.

On both the left and right sides of the model characteristics are given, environmental and personal. The environmental characteristics on the left side of the diagram represent 'indicators' that can show how age-friendly an area is. For example, a community with housing that is appropriate, affordable and accessible in an age-friendly sense. Will have a greater level of person-environment fit, as the environment supports frail individuals. The left side of the model shows the personal characteristics that can be found in elderly individuals in rural communities. These are characteristics that are not easily changed or even impossible to change. Level of frailty for example is simply a consequence of ageing and irreversible. It is therefore not possible to reduce one's level of frailty, adjustments to the environment can however, increase support and reduce vulnerability. The other personal characteristics can technically be modified however; they are often

deeply engrained within an individual’s personality. This is the case with active/stoic. The division between community active/ marginalized elderly is the result of large socio-economic issues such as poverty. This too is not modifiable in the individuals local socio-physical environment. Therefore, when studying the person environment-fit one must remember that individuals are often unable to change their personal characteristics.

A community can be considered to be age-friendly when a fit is achieved between the environment and personal characteristics. This is represented by the arrow, that then points to age-friendliness of the area.

An age-friendly community is therefore a community where the environment matches the range of personal characteristics of the people living in the community.

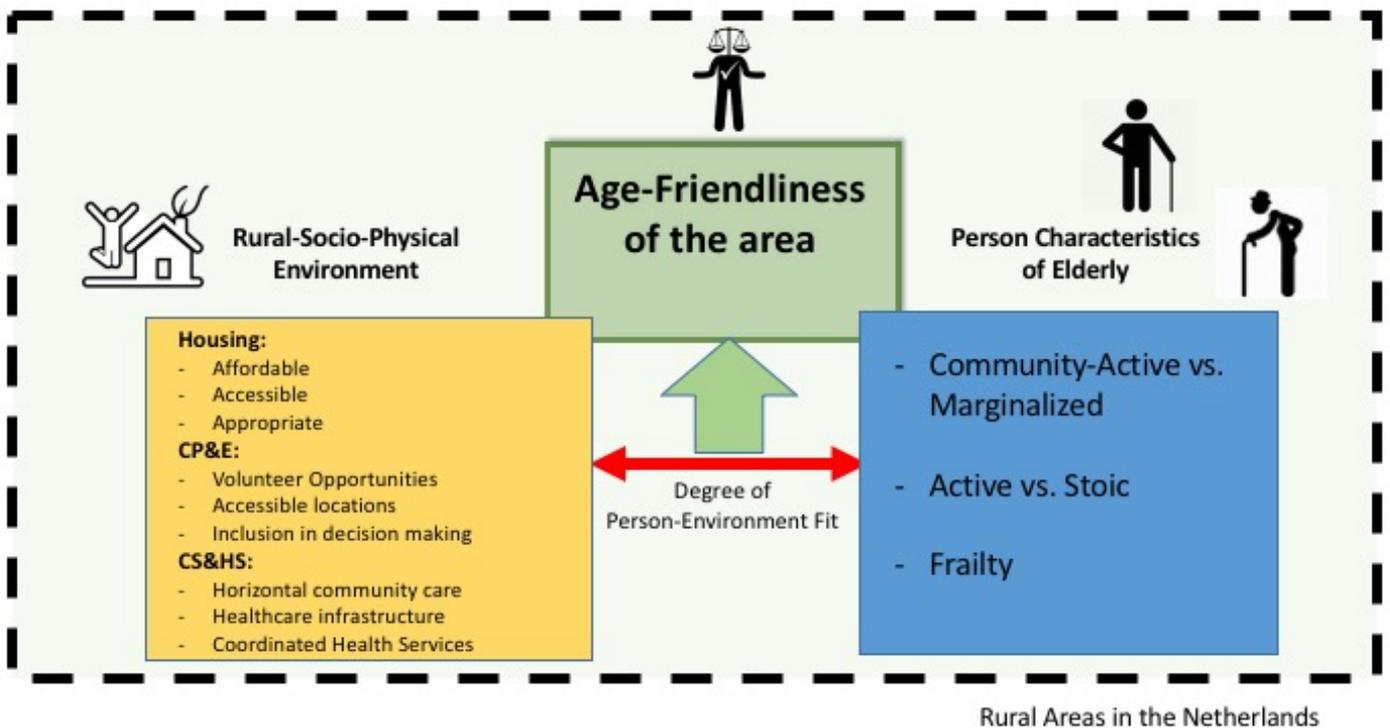


Figure 5: Conceptual Model

### 3. Methodology

This study focuses on three domains of age-friendliness from the WHO Age-friendly cities project. Namely Housing, Civic Participation & Employment and Community support & Health services. The age-friendliness of the rural community is viewed from a person-environment fit perspective. The research design has been outlined in section 3.1 the sections that follow will describe the methods chosen as well as the data collection and analysis.

#### 3.1 Research Outline

In order to explore and identify the characteristics of age-friendly rural communities, first, the current situation and policies must be studied. The study has taken form as a case study in a specific rural municipality in the Netherlands. A case study is characterized by providing detailed information of a single case (Rice, 2010). The highly contextual nature of age-friendliness makes the method of a case study reasonable. This, however, is also a common critique of the case study method. The contextual nature of a case study limits the possibilities to replicate the study in a different context. This is true. however, as mentioned by Flyvbjerg (2006):

*“There does not and probably cannot exist predictive theory in social science. Social Science has not succeeded in producing general, context-independent theory and, thus, has in the final instance nothing else to offer than concrete, context-dependent knowledge. And the case study is especially well suited to produce this knowledge.”* and:

*“Concrete, context-dependent knowledge is, therefore more valuable than the vain search for predictive theories and universals.”*

The aim of this study is not to determine universal indicators for age-friendly rural communities in the Netherlands. But rather aims to provide a foundation for which can be built upon in further research on age-friendly rural communities in the Netherlands.

As mentioned previously the study will focus on a single case in the Oldambt municipality in the Northeast of the Netherlands. The choice to focus on a single municipality is due to the exploratory nature of this study. A common criticism of case studies is that they are not easily generalizable to other situations. This study will therefore, relate the outcomes to national policies and trends.

The study has been divided into three main phases each with a number of sub-phases. Using a range of qualitative and quantitative research methods. Phase one consists of interviewing policy makers and representatives, phase two consist of conducting a survey amongst the research population and the final phase adds a document analysis that facilitates a comparison of the two previous stages.

In the first phase, five policymakers and representatives from the municipality and Acantus (Housing corporation), have been selected for interviews. The interviews have the purpose of collecting information regarding age-friendliness specific to the municipality. Such as current policies, current approaches and future challenges. The choice of using interviews in combination with policy documents allows for a robust set of data. As the information given in the interview can be reconfirmed/challenged.

The questions asked are focused on rural communities of the municipality. The interviews allow respondents to reflect on a number of hypothetical situations. Such as, what course of action would they take if population decline continues at a increased rate. The interviews have been structured through the use of results from other studies. Table 2 shows the possible data collection methods along with the pros and cons of each method.

The second phase makes use of the context-specific insights that have arisen from the interviews to form the basis of a survey. That has been conducted with residents of the communities. Making a survey based on the policy related interviews allows for the inclusion of questions that either; reflect on current policy, reflect on proposals and allow for the perceptions of the elderly. The goal of the survey is to investigate if there is an overlap between what elderly individuals, as well as policymakers think, want and perceive. Regarding the chosen age-friendly topics. An example is asking whether or not an elderly individual thinks that they will be able to remain in their home.

The survey is largely based on questions from the AARP's age-friendliness survey. This survey format has been used in multiple studies to measure the age-friendliness of a community. The questions are not tailored to a specific type of region (city/rural). For this reason, the questions will be modified to fit the current context. Examples include; adding and removing relevant/irrelevant answer options. As well as adding questions that relate to population decline.

The third phase of the research method builds upon the previous phases. By reviewing policy documents and academic literature. The objective of this stage is to link the findings in the Oldambt municipality to other examples. Through the comparison similarities and

differences can be discovered. Such as, methods used in the municipality to promote age-friendliness can be compared to other examples.

The three stages combine to result in a pool of data that reflects the situation in the municipality. Based on this data the focus points of age-friendliness can be identified as well as the domain's where more progress is required.

| <b>Method</b>                                     | <b>Pros</b>  | <b>Cons</b>   |
|---|--|---|
| <b>Semi-Structured Interviews with “experts”*</b> | <ul style="list-style-type: none"> <li>- High level of detail regarding policies.</li> <li>- Possibility to gain information that is not published.</li> </ul>       | <ul style="list-style-type: none"> <li>- Negative aspects might be avoided</li> </ul>   |
| <b>Focus group with “experts”</b>                 | <ul style="list-style-type: none"> <li>- A large amount of information that is multidisciplinary in nature</li> </ul>  | <ul style="list-style-type: none"> <li>- Level of detail regarding each domain might be limited</li> <li>- Less outspoken individuals might not participate</li> <li>- Participants are unlikely to criticize current policy with others present</li> </ul> |
| <b>Semi-structured interviews with residents</b>  | <ul style="list-style-type: none"> <li>- Detailed information about a person’s current situation</li> <li>- Individual opinions and dilemmas are detailed</li> </ul> | <ul style="list-style-type: none"> <li>- Domains that do not affect an individual will remain undiscussed</li> <li>- Time-consuming</li> </ul>  |
| <b>Focus group with residents</b>                 | <ul style="list-style-type: none"> <li>- Many opinions and discussion on current issues</li> <li>- Less time consuming than interviews</li> </ul>                    | <ul style="list-style-type: none"> <li>- Likely only ‘active’ residents will participate and speak out</li> <li>- Participants are unlikely to personal dilemma’s</li> </ul>  |
| <b>Survey with residents*</b>                     | <ul style="list-style-type: none"> <li>- Ability to ask a wide range of questions</li> <li>- Greater variation in respondents</li> <li>- Anonymous</li> </ul>        | <ul style="list-style-type: none"> <li>- No possibility to ask follow-up questions</li> <li>- Highly dependent on respondents wanting to answer all questions</li> </ul>  |

Table 2: Table showing possible research methods \*indicates chosen method

### 3.2 Case Selection

As mentioned this study focuses on a rural region in the Netherlands. Outlined in the literature review are a number of definitions and criteria for a rural area. The method of case selection falls into the category of “Information-oriented selection”. This entails that a case is selected based on the expectations about their information content (Flyvbjerg, 2006). The case regarding the Oldambt municipality is an example of maximum variation case (Flyvbjerg, 2006), where the case is one of the furthest outliers from the average, in this case; urbanity, the percentage of the population over 65 and perceived rurality.

The case is a municipality in the Netherlands as this allows for detailed secondary data as well as consistent policies regarding housing and healthcare. As these tasks are increasingly becoming the responsibility of the municipality (PBL, 2013). The Oldambt municipality in the Northeast of the Netherlands has been selected for this study. This is due to the fact that it fits the definition adhered to by the CBS as well as being perceived to be rural by people in the Netherlands as described in Haartsen et al (2003). The key characteristics of the municipality have been placed in the table below (table 3).

| <b>Criteria</b>  | <b>Oldambt</b> | <b>Netherlands</b> |
|--|----------------|--------------------|
| <b>Level of Urbanity (1-5) 1=Most Urban 5= least Urban</b> | 4              | 2                  |
| <b>Address Density per km<sup>2</sup></b>                  | 830            | 1969               |
| <b>Population Density per km<sup>2</sup></b>               | 168            | 507                |
| <b>Percentage Population over 65</b>                       | 23.38%         | 18.5%              |

Table 3: Key figures (CBS, 2017)

What is immediately evident is that the municipality has not been placed in the least urban category maintained by the CBS. This is however due to the fact that the municipality includes the larger towns of Winschoten and Scheemda. If the town of Winschoten is excluded the population density per square kilometer of land decrease to 96.6 people. The area outside the town of Winschoten can, however, be considered to be rural by the CBS standards as illustrated in the map below (Figure 6). Where the municipality has been divided into all the individual towns and hamlets.

The towns of Winschoten and Scheemda are the only places in the entire municipality that can be considered to be denser than the level 5 classification of urbanity from the CBS. The remaining area is far below the cutoff of fewer than 500 addresses per square kilometer.

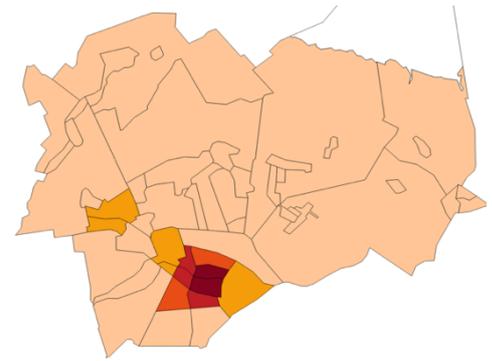


Figure 6: Map showing Population density in Oldambt (CBS, 2017)

Just as important as the CBS classification is the perception of what can be considered to be rural. As mentioned in Woods, (2005) and illustrated in the study done by Haartsen et al., (2003) the socio-cultural definitions are fundamental to the definition of a rural area, particularly when focusing on a single country. Haartsen et al., (2003) shows that the majority of the

Dutch population associate rural areas with nature and agriculture. These associations are considered to be *Social Representations* of rural areas (Woods, 2005). The concept of rurality is important to the way people living in and outside of rural areas perceive them. More importantly what values they attach to the area's (Woods, 2005). Figure 7 shows the results of the study done by Haartsen et al., (2003), where respondents were asked to identify municipalities that they considered to be rural.

The red square indicates the location of the Oldambt municipality. The map illustrates that the perceptions of what can be considered to be a rural area do not align with the CBS definitions. When combining both definitions the municipality of Oldambt can be considered to be rural. Furthermore, the municipality is experiencing population decline. Younger individuals are leaving the municipality thereby strengthening the effect of the already ageing population. This 'double burden' (Haarsten et al., 2003) or out-migration and ageing further justify the choice to conduct a case study in the municipality.

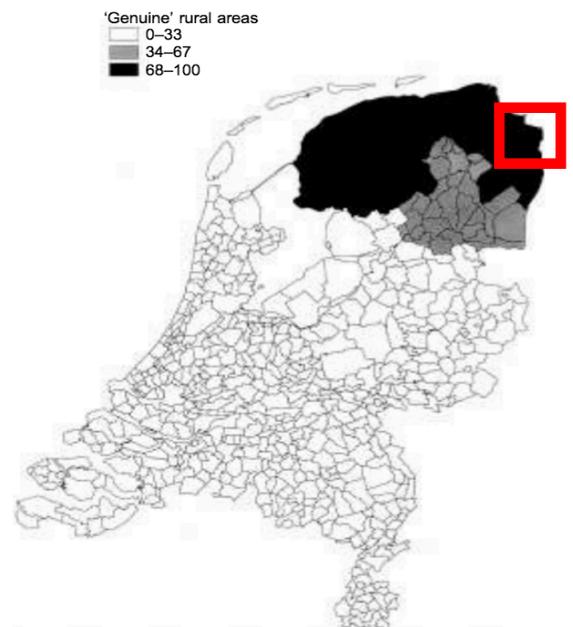


Figure 7: Map showing perceived rural areas in the Netherlands (Haarsten et al., 2003)

### 3.3 Research Method

This section will further explain the research and data collection methods that have been chosen. The three data collection methods will each use a different data source, as mentioned previously this is known as triangulation. Combining the multiple data sources allows for a more robust research outcome. The methods will each be individually highlighted, table 4 shows all three alongside one another.

| Method   | Information to be obtained through research method   | Respondents  | Information collected   | Data-processing                |
|--|--|--|---|--------------------------------|
| Semi-Structured Interviews                             | Information regarding the current  | Policymakers and Representatives of relevant institutions and organizations. | Context-specific information regarding age-friendliness as well as current and future projects/plans                      | Coding on paper (See Appendix) |
| A survey among inhabitants of Oldambt                  | Factors that have been identified in the literature and from the semi-structured interviews to be of positive or negative influence on age-friendliness. | People living in Oldambt over 55   | Perceptions on age-friendliness from the people living in Oldambt.<br>Information regarding the needs of the inhabitants. | Excel                          |
| Academic /policy Documents, regarding age-friendliness | Characteristics of factors contributing to the age-friendliness of Oldambt (Positive and Negative).<br>Articles regarding planned interventions.         | N/A  | Concrete examples of characteristics that make an age-friendly rural community, that concur with examples from Oldambt.   | Coding                         |

Table 4: Phases of Research Method

### 3.3.1 Semi-Structured Interviews

The basis of the case study is found in semi-structured interviews that have been conducted with individuals (experts) who are active in the selected domains. The data from the interviews serves as the input for the survey. The interviews are divided into three main groups that correspond with the selected domains. The individual's interviewed will often be involved in the policymaking or the implementing process.

The use of semi-structured interviews over structured interviews allows for more flexibility, while still focusing on the most relevant information (Yin, 2009). The majority of the questions are open-ended to allow the respondent to focus on the points they find most relevant to the question. However, there are closed questions that reflect on certain terms or interventions; such as active vs stoic or bucolic vs marginalized. The interview guide can be found in the appendix.

The respondents are policymakers and employees of the municipality of Oldambt (see table 5). For each domain, there will be one or two interviews. This is determined by expertise of the respondent. Each domain is discussed from a social as well as a spatial perspective. If a respondent has knowledge of both these perspectives only one interview will be conducted, that touches on both facets. Because the focus of the study is on the fit between the person and the environment it is necessary to conduct interviews with individuals who specialize in either; people, the built environment and the social environment.

Furthermore, for the domain of housing, an interview has been conducted with a representative from the largest housing corporation of the municipality. As the housing corporation is one of the most important stakeholders when discussing housing for the elderly. As well as knowing what the general trends in private housing within the municipality are.

| Interviewed individual | Organization     | Main Topic        | Sub-Topics    |
|------------------------|------------------|-------------------|---------------|
| Employee Municipality  | Gemeente Oldambt | CS&HS             | CP&E, Housing |
| Representative Acantus | Acantus          | Housing           | CP&E          |
| Municipal Officer      | Gemeente Oldambt | CP&E              | CS&HS         |
| Municipal Officer      | Gemeente Oldambt | CS&HS<br>+Housing | CP&E          |
| Municipal Officer      | Gemeente Oldambt | CS&HS             | CP&E, Housing |

Table 5: Table showing interviews

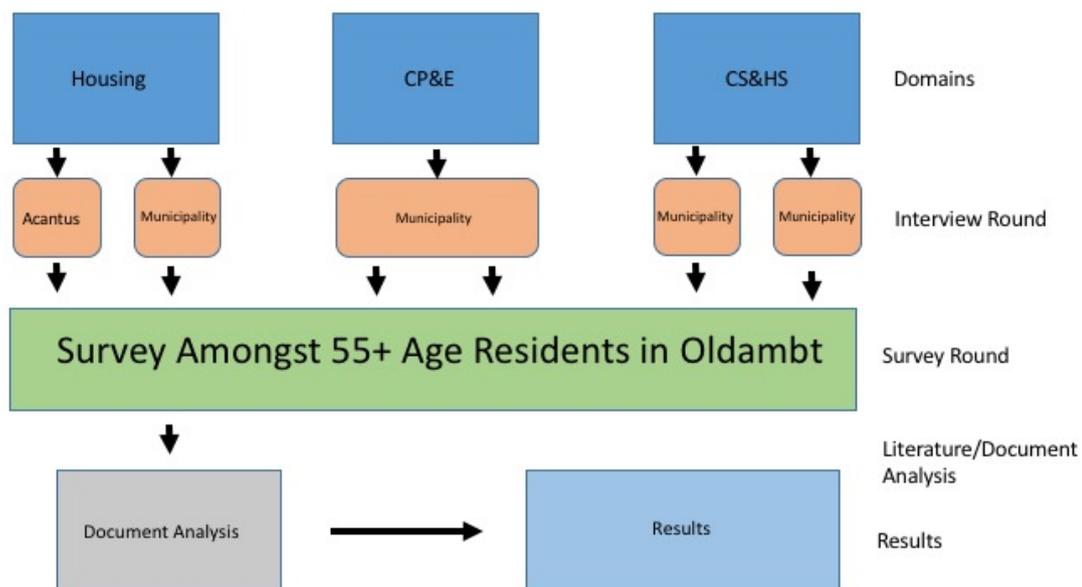


Figure 8: Data Collection Scheme

### 3.3.2 Interview Analysis

The interviews are analyzed in a two-step process; first transcription, secondly coding. The analysis is the applying of codes to certain sections of the transcript. The predetermined codes have been based on fields identified in academic literature. The fields are based on the chosen domains, and the important factors contributing to those domains. Most of the codes originate from literature. The code-scheme has codes that are general in nature and can be applied to each of the three domains and various interviewees. These are codes relating to age-friendliness as a whole or to regional characteristics. A number of codes have also been made during the coding process these are known as inductive codes (See appendix)

The outputs of the various analyzed transcripts are grouped according to the various domains or a combination of domains. This is done to understand if there is variation throughout the various interviews. As well as if there is a variation between the three domains. Understanding the link between the three domains is essential. As it is presupposed that these three domains are related to one another. The results can then give insight into the methods and results of policies meant to improve age-friendliness.

### 3.3.3 Survey

The aim of the survey is to give insight into the perceptions and needs of elderly individuals in the municipality. The questions are grouped according to the three domains and there is a group of general information questions. The questions are asked in a number of forms; direct questions where the respondent must answer yes or no, questions that make use of a five-point Likert-scale asking whether the respondent considers a certain intervention to be necessary. The final type of question is a follow-up question where the respondent reflects on the previous question by relating it to themselves. These questions are both open and closed. The variety of questions has two purposes: first to keep the attention of the respondent and secondly to ensure that the question extracts the right type of answer. The goal is to determine if there is a link between how important people think something is and their own actions. An example of a possible set of complementary questions is (AARP, 2016). The survey and a table showing the category of each question can be found in the appendix.

**1. How important do you think it is to have the following in your community?**

(1-5 scale: 1: Not at all important 5: Extremely important)

- A range of volunteer activities to choose from
- Transportation to volunteer activities for those who need it
- Easy to find information about volunteering opportunities

**3. Do you volunteer?**

- Yes. At: \_\_\_\_\_
- No

### 3.3.4 Survey Analysis

The results from both the digital and paper surveys have been compiled into a single Excel data file. From which the data can be viewed. Based on the total amount of respondent's statistical test can be conducted on the results. Descriptive statistics can be compiled regardless of the total number of respondents. Important distinctions that may be made are; the community in which the respondent lives and their age. The data can be

compared to the interview results regarding interventions and projects. Thereby aiding in the identification of factors contributing to age-friendliness.

### 3.3.5 Document Analysis

The document analysis involves analyzing so-called *Dorpsvisies/Omgevingsvisies*. These are documents that have been made by local village associations in which the long-term goals and wishes of the village are emphasized. This is a part of the new *Omgevingswet* or environment and infrastructure planning law. This law comes into force in 2021 (Rijksoverheid, 2018) and allows for significantly more room for citizen participation than previous planning laws and regulations. As a part of this new method of planning each village association in the municipality has been asked to make their own “vision” for the coming years.

These documents have been compiled through surveys and information sessions amongst local residents. These documents touch upon the various domains that are being studied in this research and can, therefore, be used in unison with this studies own survey and interview results. Most importantly these documents give a detailed view of what each village thinks is important for them. The documents have goals such as improving the roads, or making a new community center. The goals set can also be social; such as increasing social cohesion in the village. These documents give information on the social processes within a village. Furthermore, documents covering the municipality as a whole will be analyzed as well.

The documents that have been selected and deemed relevant will be analyzed with the same code scheme as the interviews. The topics that are included are: Age-friendly, regional characteristics, housing, civic participation & employment, community support & health services, population characteristics, citizen initiatives and future plans (See appendix). This allows for the data to be compared with the interviews.

### *3.3.5 Ethical Considerations*

Every form of social research includes a number of possible ethical considerations. Generally speaking, the qualitative side of social research is the most sensitive towards ethical questions. In the case of this study, the individuals who will be interviewed are holding public functions and employed by a (semi)public organization. Nevertheless, the interview subjects will be asked whether or not they are willing to be recorded and will be anonymized in the transcript. As well as in the results of this study. Furthermore, the surveys are fully anonymous, even when filled in digitally. This to ensure that the personal information and privacy remains uncompromised.

The results will be placed into context and nuanced if necessary. It is important to acknowledge the extent to which the results are representative of the true situation. This is the case with the survey results. The survey results are meant to see if the policy of the municipality reflects the view of the population. A policy should not be changed solely based on the results of the survey. Rather the results should be used to open a discussion. Furthermore, this study aims to contribute to improving the age-friendliness of the municipality and should not be used to adversely affect the population.

## 4. Results/ Discussion

The following chapter will discuss the three domains in relation to the data that has been collected; Housing, civic participation & employment and community support & health services. Each domain will be discussed separately however; due to the intertwined relationship of topic links will be made between domains. Within each domain the age-friendly indicators as identified in the conceptual model will be discussed. For housing these are: appropriate, accessible and affordable. For CP&E these are: volunteer opportunities, accessible locations and inclusion in decision making. For CS&HS these are: horizontal community care, healthcare infrastructure and coordinated health services. This will be done by first discussing the results from the interviews, followed by the documents and surveys. The indicators are evaluated if they are indeed relevant in the rural setting of the Oldambt municipality. Shortcomings and other possible or more suitable indicators discussed in the final section of this chapter.

### 4.1. Housing

The chosen indicators for housing were: appropriate, accessible and affordable. These three main indicators cover a wide range of sub-topics and can be taken to a strenuous level of detail. This section will discuss whether or not the indicators are valid in a rural setting. Due to the interrelatedness of the three indicators they will always be discussed in relation to one another.

The analysis shows that ensuring that housing is age-friendly is one of the most important factors contributing to the age-friendliness of the Oldambt municipality. Yet it is also the most trivial. As mentioned in the theoretical framework this issue is shaped by the challenge of population decline. As it is not feasible nor profitable to build houses that are appropriate for elderly people without demolishing or abandoning the existing stock.

#### 4.1.2 Appropriate and Accessible

*Appropriate housing is housing that is modifiable to suit the needs of elderly citizens, it is also located in a location that allows the individual to access local services*

*Accessible housing is housing stock that has already been modified or built specifically for the needs of the elderly. Furthermore, it is housing supported by either public or private policies that ensure that it remains accessible*

The topic of housing came forward in every interview that was conducted. Most prominently in the interview with the housing corporation Acantus. Acantus is the largest housing corporation operating in the municipality. As a housing corporation Acantus is responsible for providing affordable/subsidized housing for lower income residents. Elderly people are the largest social group that make use of the Acantus housing stock. The interview with Acantus indicated that the corporation itself only limitedly modifies houses to suit the needs of elderly individuals. The process of making houses appropriate follows the planned renovation/replacement of the housing stock. In the case that a home has to be made appropriate it is the task of the occupant in cooperation with the municipality.

*“If you look closely we only adjusted a very limited amount of houses... The municipality has a budget for modifications... We are prepared to make modifications but people are being pushed in the direction of the current WMO legislation” (Acantus)*

Essentially those in Oldambt seeking support in modifying their home regardless of if the home is rented or owned must seek financial support from the municipality. The rural context along with the 27/73% ratio rent/owned (Woon-monitor 2015) homes in the municipality. The most feasible method of creating age-friendly housing is through modifying the existing stock. However, as indicated by Acantus and the municipality the majority of homes is not suited for easy modification. As most are single family homes with both bedrooms and bathrooms on the second floor. Furthermore, these homes often have a steep and narrow staircase thereby limiting possible modifications.



Figure 9: Two Images showing common houses in Oldambt (woningen.mitula.nl)

| Question                      | Data                                    |
|-------------------------------|---|
| Years lived in the same place | Average = <b>27 years</b>               |
| Age                           | Average = <b>65 years</b>               |
| Gender                        | Men = <b>45 %</b><br>Women = <b>55%</b> |
| Owner/Renter                  | Rent = <b>24%</b><br>Owner = <b>76%</b> |

Table 6: Descriptive statistics of survey (N=57)

## No Growth Policy

The municipality along with the corporations agreed in the *Prestatieafspraken 2018-2019* that the total housing stock in the municipality can no longer grow, due to expected population decline. In the case that new homes are built an equal or greater amount must be removed from the housing stock (*Prestatieafspraken 2018-2019*). This is also valid for the privately owned homes in the municipality. As indicated in the interview with the municipality roughly 3% of all homes (private and corporation owned) are structurally empty. A publication from the municipality indicated that 79% of structurally empty homes are private (*Woon-monitor 2015*). The municipality can classify a home as a “poor quality” home and start a process of buying out the owners in order to demolish the home.

This process leads to the demolition of undesirable homes, that are undesirable either due to their location or due to the quality of the home. The homes that are rebuilt are often placed in the villages and communities that are still desirable to live in. Due to either their location or due to the services. As Acantus stated:

*“If a place is popular and people want to live there we will continue investing, we essentially follow the demand” “We want to give people perspective however, we do come across situations where the message is not pleasant. Then you might say that the perspective for the future is so minimal that we will hold back some of our investment. We will however never fully abandon the village and go into discussion with them to see what their expectations of us are. But we will always keep the demographic trends in mind.” (Acantus)*

In the case of Acantus, homes that are meant to replace the demolished homes are placed in locations after consulting either the previous inhabitants, or in the case of empty homes the rest of the community. This trend of reduction in housing stock and replacement in more desirable locations contributes to making the municipality more age-friendly as a whole with respect to housing. The communities that are unsuitable and undesirable will continue to shrink. While the more service rich communities will remain stable. The overall housing stock can therefore become more *Appropriate*, if all new construction fits the age-friendly requirements.



Figure 10: An "Age Proof" home in Nieuwolda, the bedroom is located on the ground floor ([groningerhuis.nl/proefwonen](http://groningerhuis.nl/proefwonen))

## **Opposing Policies**

This trend does however by no means improve the age-friendliness for everyone living in the municipality. Essentially the policy opposes another municipal policy, that of not wanting to “empty the villages”. In this policy the municipality tries to keep the service level in the villages as high as possible. By supporting initiatives and other care services. To prevent people from leaving to more service rich villages. However, if the housing stock in the various villages with low services levels remains unmodified or no new options are offered. Then, elderly individuals will still eventually be forced to move to another location. Thereby resulting in a lower population and population density which further increases the cost of providing services. Reinforcing the current cycle

## **Proactive Approach**

Housing modifications alone are also ineffective if they are not done proactively. As stated by a representative from the municipality:

*“We want to move more towards the prevention side... I would really want to find a way that we can inform people that they are getting older and that they can’t get up the stairs as easily. And to find a way that their home can be adjusted so that they can continue living there, so you could say in five years that they should rebuild their garage to make it into a bedroom. Instead of doing nothing and in 15 years’ time they come to the municipality and make the modification with public funds. And then it remains the question how long they will actually even be able to live there afterwards.”*

The limited amount of foresight present was evident in the survey. Of all the respondents only 14% stated to have made any attempt at modifying their home.

| Which modifications are necessary to continue living in your current home? | Modification                   | Yes        | No  | Don't Know |
|--|--------------------------------|------------|-----|------------|
|  | Wider doorways/stair lift/     | 58%        | 34% | 7%         |
|  | Modifying bathroom             | 59%        | 24% | 17%        |
|  | Moving bedroom to ground floor | 48%        | 41% | 10%        |
|  | Improved lighting              | 28%        | 52% | 21%        |
|  | Emergency alarm system         | 63%        | 14% | 17%        |
| Have you prepared to make any modifications?                               | <b>Yes</b>                     | <b>No</b>  |     |            |
|  | <b>14%</b>                     | <b>86%</b> |     |            |

Table 7: Table Showing survey results (N=54)

The municipality currently has no exact figures on how large the group of elderly individuals that may require home modification is. However, in the interview it was mentioned that the municipality thinks it is a rather large group. Despite the fact that the survey has rather few results to fully state that residents are unprepared. The results do confirm that the municipality is correct to assume that it is a large group.

### Location of Appropriate Homes

The large poorly modifiable/modified housing stock in combination with the limited options to build new housing has made for a situation in which the amount of appropriate housing is limited. Or as Acantus stated about their own stock:

*“It is not the problem that we don't have the houses older people want, its just that they are not located where people want them” (Acantus)*

In other terms the homes that are appropriate are often located in the larger towns such as Winschoten and Scheemda. This information would imply that it seems inevitable that more elderly individuals will have to move to other places within the municipality to live in a proper home. As the survey results indicate there is roughly a 50/50 divided between

people who don't mind to move if it means that they are living in a more suitable place for care (see table 8). The *Dorpsvisies* are more adamant that the majority of older residents living in the smaller villages want to remain there. Oostwold states that 68% wishes to remain there. This however is the only *Dorpsvisie* that states an actual figure the rest simply states that it is the case. This is however logical, due to the opposite implying that the village accepts that people will leave due to the lack of service and suitable housing. The statements made in the *Dorpsvisies* should always be viewed critically.

|   |  |                         |  |                    |              |
|---|--|-------------------------|--|--------------------|--------------|
| What is more important?                           | Living in my current home even though the quality of care may be less: |                         | A good quality of care even if that requires moving: |                    |              |
|   | 52%  |                         | 48%  |                    |              |
| If you have to move where would you move to?      | Within my village = 38%  | Within the municipality | Outside of the municipality                          | Other (don't know) |              |
|   | 38%  | 38%                     | 0%   | 24%                |              |
| How certain are you that your choice is possible? | Certain  | Pretty certain          | Maybe  | Uncertain          | Not possible |
|   | 10%  | 28%                     | 48%  | 10%                | 3%           |

Table 8: Table showing survey results (N=55)

The current situation is further highlighted in the *Dorpsvisies*. Of the available *Dorpsvisies* all of them mention the need for specific housing for elderly in their village. The common fear is that people will have to leave the village in order to live in appropriate housing. The proposed solutions vary in level of detail however, each *Dorpsvisie* proposes the building and/or renovating of suitable houses. The main factors limiting this development are according to the *Dorpsvisies*: Lack of information on possible subsidies, lack of subsidies in general, poor allocation of social rental and the high level of privately owned homes.

### Modifiable Homes

Currently there is some information regarding the total figure of home that can be made appropriate and how many are currently accessible. These are figures that have been determined by the Ministry of Health (Ministerie van Volksgezondheid, Welzijn en Sport). Through an analysis of the BAG; (a registry of all buildings in the Netherlands), it was determined that 80% of all homes in the Oldambt municipality are suitable for modification. The homes are given a rating that indicates the level of modification necessary. 5 stars being completely suitable for an elderly person and 1 star indicating that a significant level of

modification is necessary and essentially not feasible. The majority of homes in the municipality receive 2 stars. This means that a large amount of modification is necessary however according to the report completely feasible. Essentially for someone with a low level of mobility to continue living in a 2-star home the following modifications are necessary: stair lift, modified bathroom, removal of steps in doorways, modification of the kitchen and modification of entry. The financial aspect of modification will be discussed in the next section. In a publication made by various healthcare and insurance companies a nuance is placed on the statements made by the ministry: “We must acknowledge that most of the existing real-estate no longer suits the requirements of this time, and that new construction is the more sensible choice”. (Menzis, 2017)

As the majority of new appropriate homes will be located in the larger centers. The appropriate homes that remain in the smaller communities are ones that have been modified. In the case of the Oldambt municipality it seems that the age-friendliness of housing can be improved a great deal by stimulating residents to modify their homes. As this is not only cheaper than demolishing and building new homes but also moving towards a more self-sustaining population.

#### 4.1.2 Affordable

The requirement that housing must be affordable to be age-friendly is extremely relevant within the municipality. This has two main reasons; the first being that the municipality has a population with a rather low socio-economic status in relation to the rest of the country (Prestatieafspraken 2018-2019). This affects both owners and renters of homes. This leads to the second reason; house prices are low in relation to the rest of the country. According to a municipal representative, there are quite a number of people who have moved to the municipality in the past due to the relatively low cost of owning a home. This means that both homeowners and renters can live in homes that are overburdening them in terms of cost. This strengthens the notion that modification of homes should receive more attention from the municipality.

### **The Finance of Modification**

Each of the *Dorpsvisies* mentions the need for modified housing in combination with the lack of financial means to achieve this. The primary financial support for home

modifications comes from either the WMO (Law for Societal support; aimed at people with a handicap or elderly individuals) or WLZ (Law for Long-term care; aimed at elderly who require a permanent form of daily care). The majority is financed through the WMO. To receive financial support through the WMO a person must already be limited in their mobility, and the modification or any other resource that they receive must be necessary. The result of this approach is that the financial support is only given to people who need it. Thereby reducing the overall cost nationwide.

This approach can be justified in places where there are sufficient suitable alternatives. However, in the case of Oldambt there are currently not enough appropriate and accessible homes in the existing stock (Ministerie van Volksgezondheid, Welzijn en Sport, 2017), throughout the municipality. According to the report in absolute figures there should be enough 3-star homes in the municipality. However as mentioned by Acanthus these are not located where people want them. Secondly upon studying the method it remains questionable to what extent the figures are even accurate. As they are based on simple characteristics of a building, and no information regarding the exact design or state of the building is used.

What can be said to be both accurate and daunting in the report is the estimated costs of home modification.

| <b>Modification</b>   | <b>Cost</b>  |
|---|--|
| <b>Leveling of entry into home and installation of a ramp</b> | 300-500 euro   |
| <b>Leveling the floor in all doorways</b>                     | 600 euro   |
| <b>Stair-Lift</b>   | 6000-8500 euro (can be cheaper or more expensive depending on length of staircase and number of corners) |
| <b>Adjustment of bathroom and toilets</b>                     | 5000 euro  |
| <b>Adjustment of Kitchen</b>                                  | 5000 euro  |
| <b>Possible total:</b>  | <b>16900 euro</b>  |

*Table 9: Estimated cost of full home upgrade to 3-Stars*

A nuance must be placed on the fact that it is unlikely that a home will receive all of the mentioned adjustments if left to individuals. The last important outcome of the report is that all calculations regarding total cost are based on the corporation owned housing stock. This is because corporations can allocate modified homes to new tenants, thereby spreading the cost of the modification over a greater group of individuals. However, as found in both the interviews, local policy documents and surveys the majority of resident will not benefit from such an approach. People will not be able to achieve their optimal person-environment fit if they must move to another community, leave their own home behind and their departure can affect the person-environment fit of others in the community as well.



Figure 11: Example of a stair-lift ([trapliften.nl](http://trapliften.nl))

The exact situation related to affordability is twofold. First according to the Woonmonitor (2015) there is not a structural nor substantial problem with regard to overburdening of housing costs. There is a large social housing stock and there are multiple programs in place to support people in financial problems. The main issue that dictates if housing is affordable in an age-friendly sense is whether or not appropriate and accessible housing is affordable. In the context of the Oldambt municipality this is dictated by the affordability of modifications. Currently there is no financial support for individuals outside the WMO and WLZ wanting to make modifications.

#### *4.1.3 Concluding remarks*

With respect to housing the municipality has a great deal to gain in the field of age-friendliness. The chosen indicators accurately reflect the current situation with regard to housing. It is evident that the municipality has a shortage of appropriate homes and that the policies currently in place may adversely affect the livability as well as the age-friendliness. The indicator, affordability should focus more on the cost of modifications and less on the cost of the home itself. Based on the current situation there are a number of aspects of housing that can be improved. In the following chapter concrete solutions will be further explained.

## 4.2 Civic Participation and Employment

The domain of civic participation and employment was studied with a focus on the following three indicators: Volunteer opportunities, Accessibility of volunteering locations and the inclusion of elderly individuals in decision-making processes. Decision making processes included; participation in planning interventions targeted at elderly, but also participation in municipal and village councils. As mentioned in the theoretical framework the number of volunteers and the availability of volunteers benefit a community. In the past decade more responsibility is being given to citizens in the Netherlands. There is more room for citizen initiatives to take the place of government. This transition brings about a specific challenge namely; what if nobody wants to take the place of the government? The levels of civic participation vary substantially throughout the municipality and the population is split between wanting to do more, leaving the situation as it is and requiring more government led initiatives.

### 4.2.2 Volunteer Opportunities

The overall trend that can be seen in the Oldambt municipality and also throughout the rest of the country is that there is no shortage of volunteer opportunities but a shortage of volunteers. A representative from the municipality stated in an interview:

*“A portion of the residents despise the municipality simply because it is ‘the government’ yet they want the municipality to do almost everything for them. It is an interesting dynamic because in other places you see that people who despise the municipality avoid the municipality altogether instead of expecting things in return”*

This mentality can be found in certain parts of the municipality. As mentioned in various interviews there is a distinct division between the former municipalities that merged to form Oldambt in 2010. The former Reiderland municipality has been described as a difficult place to find volunteers. As well as requiring a more intensive approach, compared to other parts of the municipality. The question arises to what extent do the people actually require opportunities to volunteer. As stated in the theoretical framework; stoic seniors do not require such opportunities to achieve their fit. The overall lack of participation within the municipality affects new participation adversely. The interviews indicated that the social

work organization of the municipality (Sociaal Werk Oldambt, SWO) relies partly on volunteers. SWO is also expected to be more dependent on volunteers in the future due to the increase in vulnerable citizens such as the elderly. According to SWO, people are willing to volunteer and help, only not in a structural manner. Once the task becomes long-term or structural they find it daunting and choose to stop, or not start at all. SWO has however created a structure that allows people to help with simple household tasks in a rather informal manner, and it is functioning well. With the exception of Reiderland, where there are a large number of applications for support from SWO and an insufficient number of volunteers.

### **Intrinsic Motivation**

The successful citizen initiatives or volunteer projects have one thing in common according to the municipality namely; they are initiated by the residents themselves. Meijer & van der Krabben (2018) noted a similar trend in another rural region of the Netherlands. The key to success is an intrinsically motivated group of residents. In the case of citizen initiatives, the municipality can provide financial support. The current social state of a village can be seen in the various *Dorpsvisies* as well. The split between villages with strong social infrastructure and those without is immediately evident. Westerlee has been mentioned by every interviewed individual as the perfect example of volunteering and successful citizen initiatives. The core of their *Dorpsvisie* is also characterized by what they can/need to achieve through volunteers. In contrast to the *Dorpsvisies* of Nieuw Beerta and Bad Nieuweschans, where volunteering and civic participation are absent. The *Omgevingsvisie* for the entire municipality remains vague on the topic. Only stating that it is important to facilitate such initiatives. This was also mentioned by a representative of the municipality when asked about citizen initiatives in healthcare/support.

*“If you ask anyone at the municipality if they think that citizen initiatives in care and support are important they will say yes, and if you ask if they want to see more of such initiatives they will also say yes. However, this is nowhere to be found on paper”*

The municipality has yet to find a way of effectively promoting volunteering and citizen initiatives while ensuring that the motivation to do so remains intrinsic. The intrinsic motivation is quite possibly the greatest challenge in this domain. As the overall willingness to participate is low. Even in Westerlee, their *Dorpsvisie* states that 64% is not willing to do more for the village as a volunteer. Although no specific figures are mentioned both the

*Dorpsvisies* of Midwolda and Oostwold state that there must be a change in mentality amongst the residents. Both also mention that there has to be more incentive to become a volunteer, this is comparable to what the municipality stated. The survey that was conducted for this study reflects this as well.

| Question  | Data                      |           |         |             |                  |
|---|---------------------------|-----------|---------|-------------|------------------|
| <b>Do you volunteer?</b>  | <b>Yes = 48% No = 52%</b> |           |         |             |                  |
| <b>How important is it to have the following in your village?</b>       |                           |           |         |             |                  |
| <b>A. A wide range of volunteering options</b>                          | Very Important            | Important | Neutral | Unimportant | Very Unimportant |
|   | 7%                        | 52%       | 28%     | 7%          | 0%               |
| <b>B. Lessons to become a better volunteer</b>                          | Very Important            | Important | Neutral | Unimportant | Very Unimportant |
|   | 7%                        | 34%       | 38%     | 7%          | 7%               |
| <b>C. Clear information regarding volunteering</b>                      | Very Important            | Important | Neutral | Unimportant | Very Unimportant |
|   | 7%                        | 45%       | 35%     | 3%          | 3%               |
| <b>D. The possibility voice opinion in village or municipal council</b> | Very Important            | Important | Neutral | Unimportant | Very Unimportant |
|   | 14%                       | 41%       | 24%     | 7%          | 7%               |

Table 10: Survey results (N=53)

Although the sample size was rather small, the results do indicate that there is no clear majority in any of the categories. As well as a great deal of the respondents being indifferent. What does however add some merit to the result is that the surveys were placed in public locations, mainly community centers. This implies that the respondents are exposed to the various activities and facilities that are provided by volunteers. The survey results are however not sufficient to answer the question: Do people want to volunteer but are they not able? Or do people not feel the need to volunteer at all.

The results of the three methods allows the following conclusion to be made on volunteering opportunities. There are volunteering opportunities however more effort must be made to motivate individuals to participate. The need for volunteers will only further increase and creating awareness is essential. A topic that surrounds the availability of volunteering options is the presence of a place to do so. This is essential in stimulating volunteers.

#### 4.2.2 Accessible locations

Prior to the creation of the Oldambt municipality in 2010 each village had a so-called *Steunstee*. A *Steunstee* is a place where social support is offered and a range of activities. In most cases this took place in a community center however there were also villages where the *Steunstee* took place in a party hall. *Steunstees* are organized through SWO and currently only present in about half of the villages that originally had one in 2010. The closure of the *Steunstees* was due to lack of interest from the local residents. In the interviews it became evident that the level of civic participation has little to do with the accessibility of locations. The municipality is therefore hesitant to start subsidizing locations that were previously unused without a clear indication that the situation has changed.

The villages do all however have a location where people can meet these are both private and public locations. The *Dorpsvisies* all mention the important places where social activities take place in their village. Fascinating is the fact that there are no villages advocating for the return of a service that has either closed or was never present. All of the *Dorpsvisies* focus on strengthening the facilities that are currently present. Within the survey respondents could mention a service that they wanted to keep in their village and a service that they would like to have in their village. These questions were filled in poorly (N=33) however, of the answers filled in regarding a service people wanted to keep. The most common answer was the *Steunstee* or community center.

#### **Levels of Participation**

A village where the most is being achieved with rather limited resources is Westerlee. This village only has a community center, there are no other facilities that could currently fulfil the same function. However, when compared to Bad-Nieuweschans a larger town with a supermarket, doctor, sport/activity center and community center with a *Steunstee*, it would seem that the level of participation in Westerlee is far greater. Despite the fact that the village has only one location where such activities can be organized. A similar situation can be seen in Oostwold. According to the *Dorpsvisie* there are more than 20 associations in the village, sport clubs and two primary schools. However, the residents state that there is only limited social cohesion in the village, and that the social structures are splintered. This is due to the disappearance of the supermarket that was located in the center of the village. The lack of a central location where residents can interact has led to a decrease in interaction between the various clubs and associations in the village. The neighboring village of Midwolda still has a

supermarket and the *Dorpsvisie* explicitly mentions that the disappearance of it will result in a situation comparable to Oostwold.

The accessibility of a location for activities is not fundamental in the process of creating more participation. Rather it is fundamental in maintaining the existing participation and then expanding. The primary factor that dictates whether or not a village is civically active is the intrinsic motivation of its residents. A village such as Oostwold will most certainly benefit from a new location where social interaction occurs amongst residents. A village that has no clubs or associations is unlikely to see an increase in participation solely from to a location to do so. The *Dorpsvisies* play an essential role in the link between the social and physical domains. If the goal is to improve participation the most effective approach is place based.

#### 4.2.3 Inclusion in decision-making

The inclusion of elderly in decision-making processes is actively sought in the municipality. The interviews indicated that elderly individuals are generally included in some part of the process; this depends heavily on the topic. As stated by a municipal representative:

*“It is dependent on what the topic is. Sometimes there is extensive research with housing for example; first the municipality is active at a higher level to determine what it is we want to achieve... When determining the final details that’s when elderly people are involved” (Gemeente Oldambt)*

When determining policy, the municipality generally works with a panel of their target group in the final planning stage. Policy related to the WMO has to pass the WMO council; this is a council of mainly elderly individuals who can give their opinions and advice. The municipality does not have a single policy with regard to elderly individuals. Due to this the level of participation varies. There are voices within the municipality calling for a single policy with regard to elderly people, that encompasses multiple policy fields. A proactive approach where elderly people are placed at the front end of the planning process has been mentioned. There are currently no concrete plans. The only example given during an interview of individuals feeling bypassed was in the topic of care.

“I think that citizen initiatives that are active with healthcare feel the most bypassed. Because the municipality does not really include residents when working on healthcare. That is however due to that we do not have a single policy on how to deal with this topic.”  
(Gemeente Oldambt)

### A New Way of Planning

The *Omgevingswet* and the *Dorpsvisies* reflect the new trend in the Netherlands of placing citizen in the center of the planning process. None of the *Dorpsvisies* mentions the wish for more inclusion. Essentially the *Dorpsvisie* is a way of including residents in a planning process. The only danger that such a document poses, is that it gives people the impression that significant changes are going to be made in favor of the community. As well as active support from the municipality in achieving the desired changes. The *Omgevingsvisie* of the municipality is intentionally vague on the topic of finance. As it is simply not feasible to finance every goal set in the various *Dorpsvisies*, this was stated by a representative from the municipality. To what extent was this known to the residents and what are the consequences of frustration that may arise from lack of action?

Inclusion in decision-making is important for a part of the population yet the majority appears to be indifferent. The survey indicated this and the response rates shown in the various *Dorpsvisies* strengthen this notion. The explanation can be found in the active/stoic divide between residents. In an informal discussion with a member of a village association that made one of the *Dorpsvisies*, he indicated that a great deal of the residents can't be bothered to take action. This is because action is already being taken by the active residents of the community. It isn't until people feel that their way of living is under threat that they take action according to the member of the village association.

| Village          | Response Rate   |
|------------------|---|
| Oostwold         | 11%   |
| Midwolda         | 12%   |
| Bad Nieuweschans | 20%   |
| Westerlee        | 31%   |
| Nieuw Beerta     | No survey conducted. <i>Dorpsvisie</i> made by a group of residents |

Table 11: Response Rates in various *Dorpsvisies*

#### 4.2.4 Concluding remarks

Civic participation and employment is difficult to fully grasp as individuals can go through life requiring only a minimal amount. This domain as defined in the theory is truly a domain for the active senior. The stimulation of volunteering can be best achieved through a place-based approach. To uncover the specific issues in a village and to address them together with its residents. This approach allows for programs and initiatives to be instigated through intrinsic motivation. The *Dorpsvisies* provide a basis into knowing what is important to a village. Effective participation can be achieved through facilitating existing initiatives/facilities and further expanded by investing in issues that allow for intrinsically motivated volunteers and including them in the planning process.

### 4.3 Community Support and Health Services

The final domain that has been researched is that of Community Support and Health Services. This domain is heavily influenced by the other two that have been discussed, more so than vice versa. This has everything to do with the increased dependence on home-care and volunteer support. In general, the Dutch government wants elderly individuals to live at home longer (Ministerie van Volksgezondheid, Welzijn en Sport, 2018). In rural areas this entails that a sufficient level of care must be provided at home by both formal and informal channels. The informal channels are becoming more important in both terms of cost reduction and availability. The three indicators are: Horizontal Community care, Healthcare Infrastructure and Coordinated Health Services.

#### 4.3.2 Horizontal Community Care

Horizontal community care is a system where ‘younger’ elderly individuals take care of the older individual in their community on a volunteer basis. The concept can be further expanded by including all individual able to take care of the most vulnerable group. It is a system that relieves pressure on the formal care system, or replacing it entirely. In the Netherlands the system is most beneficial when used for small household tasks, such as cleaning or getting groceries. However, it can be developed further to a so-called *Zorgcoöperatie* (Care-cooperation) (PBL, 2013, Boumans et al., 2015) where members contribute and organize their own care in a collective setting. The key difference is that a care-cooperation makes use of (semi)professional care givers, these are essentially hired by the cooperation.

Such a community care system is the result of intrinsically motivated residents as mentioned in the previous section. In addition, the following was mentioned:

*“There is only one place in Oldambt with such a system and that is Westerlee. They have set up their own service that helps older residents... It was thought of an initiated by the residents and necessity most likely played a role.” (Gemeente Oldambt)*

## Westerlee

The village of Westerlee has been mentioned multiple times already due to its rather high level of self-organization and participation. This project known as *Veur Mekoar, Mit Mekoar* this means “For each other, with each other” in the dialect of Groningen. This citizen initiative focuses on helping people with daily tasks, helping people to receive formal care, physical activities for elderly people and meals in the community center where all residents are welcome. The initiative was started because of the new legislation (WMO) and the expectation of staying at home longer. When discussing the initiative with a representative from the municipality the following was said:

*“I would say that Westerlee is a very good example of such an initiative, they have their own motivation and that is something you cannot artificially create and transport to another place in the municipality.” (Gemeente Oldambt)*

The success of the initiative has not gone unnoticed by the other village associations within the municipality, as both Oostwold and Midwolda state to want a similar system. However, they will need to initiate this themselves. As mentioned the municipality can provide funding after the initiative has been set up. The municipality states in its *Omgevingvisie* that it wishes to stimulate the population to become more self-sustaining and to make use of informal care channels, such as care by a family member (Mantelzorg). There is however no system yet in place to stimulate this development. Furthermore, there was a slight concern about the entire care-structure being to dependent on volunteers.

*“How do you ensure that the initiative has a foundation, that when there is a danger of failing or no longer being able to carry out the tasks. That there is a sufficient level of professionalism with close ties to the formal care sector?” (Gemeente Oldambt)*



**Westerlee**  
(gem. Oldambt)

Figure 12: Logo of Veur mekoar mit mekoar initiative (veur-mekoar.nl)

## **Stimulating Initiatives**

Currently the municipality has little past experience with such initiatives and according to one representative has no formal plan on how to further develop such initiatives. More pressing is the lack of a contingency plan in the eventuality that villages are not able to set up such a program. A concern that is voiced by a resident and by the municipality is “Are the formal caregivers still going to do the same work for the same amount of money in the future? When there are more residents needing care and larger distances to travel” Most problematic is the fact that the municipality will have difficulty to finance such a situation.

Horizontal Community care can work in a rural setting. However, without stimulation from the municipality it is unlikely that each village will have such a system. The care-cooperation system would also be a suitable alternative. Considering that willingness to participate in the municipality is not considerable. As well as the fact that the demand for care will only continue to increase while the proportion of residents able to give care will stagnate or decrease. The advantage of the care-cooperation is that it continues to make use (semi)professional care givers as well as volunteers. The type of care given is decided by the members of the cooperation (Boumans et al., 2015).

A rural village or municipality with such a care system is capable of keeping residents within the community without compromising the level of care. This entails an age-friendly healthcare system in a rural context in the Netherlands. Without such a system it is unlikely that a community will be able to remain age-friendly for its elderly residents. This is due to the current approach of: wanting more volunteers and self-organized care, without stimulating residents to take action. Therefore, the municipality should help facilitate the setting up of such initiatives. The municipality can do so by sending social workers to help set up the initiative. The long-term benefits of a fully functioning system of horizontal community care or a care-cooperation are in the best interest of the municipality and align with their own set objectives.

### *4.3.3 Healthcare Infrastructure*

What is understood under Healthcare infrastructure is context dependent. In a developed country such as the Netherlands healthcare infrastructure is related to the organization and efficiency of healthcare. This includes new developments such as remote healthcare services via internet or the clustering of various healthcare providers. In a rural setting with an aging population the distance to a care provider is the determining factor. The

majority of developments and current shortcomings are related to the distance between the doctor and the patient. According to Van Loenen et al., (2015) accessibility and continuously available primary care affect the threshold at which people seek medical care.

The majority of the towns that do not currently have a general practitioner (GP) never had one. The GP's are located in the villages that are classified by the municipality as *Basis Dorpen* or larger. However not all of the *Basis Dorpen* have a GP. The average distance to travel to a GP within the entire municipality is 1.6km. However, when removing Scheemda and Winschoten this figure becomes 3.2km (CBS). Furthermore, the overall number of hours available per 10000 residents is only slightly lower than the provincial average 4.1FTE vs 4.6FTE (SPG, 2015). The municipality does not have a shortage of GP's per resident. This means that the threshold of seeking care is not related to the direct availability of care. Rather the accessibility. This notion of accessibility is mentioned by a representative from the municipality:

*“We do not have a shortage of GP's but rather a limited supply of care providers”*  
(Gemeente Oldambt)

### **Matter of Distance**

The distance and the ability to visit a GP are the two most important factors that must be addressed through the improvement of the healthcare infrastructure. In the *Woonvisie 2015* the municipality extensively highlights the needs that older resident will have in the future. When they are no longer able to independently travel to a GP or other care service. Yet are considered to be healthy enough to remain in their home. The municipality has control over a number of factors that can be used to improve travel/access to a GP. Options mentioned include: A transportation service for each of the villages without any services, broadband internet connection and ensuring that housing matches the care requirements.

The various *Dorpsvisies* and the survey also indicated that the accessibility of the GP's is important. GP's are not part of the WMO tasks that the municipality must carry out by law. For this reason, distance does not play a role in WMO tasks because the municipality is required to send a worker for the set task. GP's and home-care fall into a category between the public and private domains. Home-care is offered by the municipality through a contract with a provider. A representative from the municipality questions if this system is sustainable:

“I do question if in 10 years there will still be home-care providers who say; we are willing to go to those villages if you offer us this price” (Gemeente Oldambt)

| Question  | Data           |           |         |             |                  |
|---|----------------|-----------|---------|-------------|------------------|
| <b>How important is it to have the following in your village?</b>           |                |           |         |             |                  |
| <b>A. Health programs targeting elderly individuals</b>                     | Very Important | Important | Neutral | Unimportant | Very Unimportant |
|   | 21%            | 28%       | 41%     | 10%         | 0%               |
| <b>B. Sport activities for elderly people</b>                               | Very Important | Important | Neutral | Unimportant | Very Unimportant |
|   | 24%            | 45%       | 24%     | 7%          | 0%               |
| <b>C. A service where elderly people can get information regarding care</b> | Very Important | Important | Neutral | Unimportant | Very Unimportant |
|   | 28%            | 62%       | 10%     | 0%          | 0%               |
| <b>D. Easy access to GP</b>   | Very Important | Important | Neutral | Unimportant | Very Unimportant |
|   | 34%            | 66%       | 0%      | 0%          | 0%               |
| <b>E. Easy access to medical specialist</b>                                 | Very Important | Important | Neutral | Unimportant | Very Unimportant |
|   | 10%            | 90%       | 0%      | 0%          | 0%               |
| <b>F. Affordable Homecare</b>   | Very Important | Important | Neutral | Unimportant | Very Unimportant |
|   | 31%            | 69%       | 0%      | 0%          | 0%               |

Table 12: Table showing survey results (N=54)

The same counts for the remaining care services. The problem is not the availability it is the accessibility. The municipality is active in setting up the solutions that they proposed in collaboration with private parties.

The cooperation of Oldambt-Verbind (Oldambt –Connects) is currently active in developing a fiber-optic internet network in the unprofitable parts of the municipality. The presence of high-speed internet connection opens up options for distance based care however, does not immediately result in improved healthcare. According to the municipality this is a task for the care-providers, as they are responsible for new innovation.

## **Innovations**

The municipality in collaboration with SWO have set up a program that is meant to relieve pressure from the local GP's. This program known as *Welzijn op Recept* (Wellbeing on prescription) focuses on helping people who regularly visit the GP without having any detectable problems. These people tend to have psychological problems or are lonely. This program helps the GP's work more efficiently as the patients are taken care of by SWO. While at the same time helping people that otherwise would not have sought help for a psychological issue.

The residents themselves have also developed means of improving the healthcare infrastructure of their own village. Westerlee does not have a GP or a pharmacy. In collaboration with a pharmacy in Winschoten they have a service for residents who regularly need new prescription medication. This medication is delivered to the community center where it is distributed by volunteers. Midwolda wants to have a similar system. Westerlee has also created a service that brings people to their GP either in Winschoten or Scheemda.

Healthcare infrastructure should be seen as a condition for good healthcare. In other words, the healthcare accessibility of an individual should not be limited due to the lack of suitable infrastructure. The objectives set by the municipality aim to improve the healthcare infrastructure while allowing people to remain in their village. Thereby ensuring that the population and social structures in the villages remain intact.

### *4.3.3 Coordinated Health Services*

The coordination of health services encompasses all of the topics that have been discussed in this research. It could be said that this is the factor that lead to the success or failure of all the indicators and requirement mentioned above. Healthcare in the Netherlands is in a stage of transition. The receding welfare state requires citizens to become more self sustaining. However, as mentioned when discussing horizontal community care there must be interaction and coordination between healthcare providers. Not just between formal providers but also between formal and informal providers. The coordination of care is currently extremely limited within the municipality.

The Province, municipality and representative organization from the formal care sector have developed a vision for senior care in the province of Groningen. Aspects of this plan include the identification of regional expertise centers for elderly care. As well as how the formal care is to be structured within a municipality and region. This plan is a good

example of how formal care can be organized in a rural region. However, just as in other reports and policy documents the link with informal care is not clearly defined (Menzis, 2017).

The relation between the formal and informal care sectors has only recently started to develop. The change of legislation in 2015 initiated the need for coordination. As many tasks were no longer attributed to the national government but rather to individuals and the municipality. As a result, it is not yet possible to determine how exactly citizen initiatives in care will develop in the next decade. What is certain is that the current system depends on such initiatives or on self-sustaining individuals/families. However, without a concrete plan and approach of how to deal with this new system, development remains limited within the municipality. A representative voiced their concern:

*“In the municipality everything is becoming more anonymous also in the villages, it is no longer as ‘normal’ to take care of elderly people who have to live at home because there is no other option, how are you going to ensure that these people receive care? That’s my concern, its not going to happen in 20 years I cannot see how that is going to be set up. Unless we ensure that the conditions surrounding housing, care are made in good collaboration and we mobilize and ensure that we care more about each other then its possible. But there is still a lot of work to be done. Especially now that there are constantly new controversies in the world of elderly care. It becomes painfully clear that the current system is not sustainable” (Gemeente Oldambt).*

This dilemma is accentuated by the fact that the municipality wants to have more citizen initiatives yet there is no policy in place to develop such initiatives. The same representative from the municipality states:

*“It is a matter of mindset as well as the conditions set in housing and informal care” (Gemeente Oldambt)*

The mindset is that of the residents. According to the municipality people must be made aware that the system is no longer as it once was. To a certain extent this is evident in the *Dorpsvisies* as well. That residents must become more socially active is explicitly mentioned in each of the *Dorpsvisies*. The crucial factor that remains absent is a single

approach in achieving this. The *Dorpsvisies* themselves are however a starting point for creating awareness in the fact that citizens must start organizing themselves.

### **Need for Citizen Participation**

Every document that was analyzed for this topic constantly refers to the importance of citizen participation. However, each of the organizations is working independently of one another. Wasting resources and according to one official “Turned inward”. The priority for the coming years can lie on integrating the various initiatives and organizations, ideally coordinated by the municipality. In order to achieve an efficient system of community support and health services supported by residents there must be a single approach.

The presence of a coordinated health service is of importance in a rural community in the Netherlands. As without the coordinating factor the gains that may have been made in housing and civic participation become less significant. Furthermore, the coordination of health services cannot be achieved without housing that supports home care nor can it function without the help of volunteers. It is therefore the crucial final set in achieving a synergy between the three studied domains.

#### *4.3.4 Concluding Remarks*

The most important word of Community Support and Health services is community. As the social environment is the leading factor in achieving a sustainable health system in a rural community. Healthcare infrastructure is a precondition for creating effective programs. However, a system of horizontal community care and coordination between formal and informal care is impossible to achieve without social interaction and cohesion. Stimulating participation and facilitating initiatives will be one of the most important tasks for the villages and the municipality.

#### 4.4 Suitability of Chosen Indicators

To conclude this section of the research the suitability of the chosen indicators will be evaluated. The indicators that were chosen for each domain and were identified in studies that focused on both rural and urban communities. Some modifications to the indicators, based on the findings in Oldambt, are proposed. These modifications allow the indicator to be more applicable in the studied context.

##### 4.4.2 Suitability of Housing Indicators

The chosen indicators for housing were: Appropriate, Accessible and Affordable. The analysis of Oldambt suggests that these indicators accurately reflect the requirements that are necessary to create age-friendly housing. For a rural context in the Netherlands, however, a few modifications can be made to fully grasp the entire domain.

#### **Accessible and Appropriate**

When discussing the result of these two indicators in the Oldambt municipality the choice was made to combine them. This is advised for the analyses of age-friendliness of other rural contexts as well. As these two indicators are inseparable in a rural context.

*Appropriate housing is housing that is modifiable to suit the needs of elderly citizens, it is also located in a location that allows the individual to access local services*

*Accessible housing is housing stock that has already been modified or built specifically for the needs of the elderly. Furthermore, it is housing supported by either public or private policies that ensure that it remains accessible*

The need to combine these two indicators has everything to do with the location of housing. A home that is near essential services and can be modified for an elderly person is appropriate. Once modified it becomes accessible. However, vice versa accessible housing does not necessarily imply appropriate housing. As appropriate housing includes nearby services. Therefore, it is possible that a house is completely accessible yet located in a village with no services and therefore not appropriate. In a rural setting these two indicators are therefore both fully necessary in order for a home to be age-friendly. Even more so due to the fact that the housing corporations are the main contributor to new housing stock that is both

accessible and appropriate in Oldambt. Based on the results and the situation in the municipality it seems unnecessary to make a distinction between the two indicators as both are necessary.

Furthermore, the word *modifiable* is subject to debate. As the method used by the Dutch Ministry for public health classifies more than 80% of houses as modifiable. The financial means necessary to modify a home are dealt with too lightly in the ministry's study, especially for private homes. Easily should be added before modifiable. As essentially any home is modifiable when enough money is spent. For this reason, homes should be easily modifiable.

Therefore, this study would like to propose that accessible and appropriate be combined. Under the name appropriate as this term functions as an umbrella term.

Appropriate rural housing is therefore:

- Housing that is easily modifiable (Physical)
- Housing that has already been modified or built specifically for elderly (Physical)
- Located in a location that allows for easy access to local services (Physical)
- Supported by local policies ensuring that it remains appropriate and allocated to elderly individuals (Social)

### **Affordable**

The Oldambt municipality does not have a shortage of social housing and therefore affordability was not an issue. Previous research has focused on the importance of keeping housing costs under 40% or 30%, of one's total income. This focus is understandable in the context of rural communities with no social housing or countries who lack a robust state-funded social support system.

Nevertheless, this study provides clues on how affordability as an indicator can be further improved. The discussion of this study mentions that the affordability of age-friendly housing is constrained by the cost of modifications. This takes the form of individuals who want to modify their home yet are unable to pay for the modification. This is most problematic for individuals who want to preemptively modify their home. As they are not eligible for any form of financial support. The indicator *Affordable* should therefore include the cost of modification. A form of compensation or financial support might improve preemptive modification.

#### 4.4.3 Suitability of Civic Participation and Employment Indicators

The chosen indicators for CP&E where; volunteer opportunities, accessible locations and inclusion in decision making. It is important to realize that primarily *Community active/active* senior citizens feel the need for such opportunities. While *stoic* individuals may benefit from a high level of participation around them they do not feel that they require it.

#### **Volunteer Opportunities**

The availability of volunteer opportunities is most likely to grow further in the Oldambt municipality. The more prominent role of citizen initiatives and the allocation of responsibilities to village-councils can contribute to this. However, in this research it became evident that a large proportion of the population in Oldambt does not want to volunteer. The lack of willingness can be the result of limited options to volunteer. This does not appear to be the case, as the lack of participation is present in far more programs run by the municipality. While there are numerous activities for elderly individuals to participate in or volunteer. As well as the call in the *Dorpsvisies* for more participation in the form of volunteering to achieve the goals set in the *Dorpsvisie*. Therefore, purely studying volunteer opportunities does not reflect age-friendliness in the Oldambt municipality. Rather, a combination of opportunities, desired levels and goals of volunteering should be analyzed. Desired levels reflect how many volunteers an organization needs to function properly. Goals of what is to be achieved through and by volunteers should be included as well. The addition of these two extra aspects reflect the need for volunteers in the municipality. As the action of volunteering improves age-friendliness for individuals and the results of volunteering benefit another group of individuals. Thereby contributing to the age-friendliness of both active and stoic seniors.

#### **Accessible Locations**

The importance of accessible locations varies by village in the Oldambt municipality. The initiatives and social activities in Westerlee would suffer if their community center were to close or be moved to a less central location. While in a town such as Oostwold with a large number of clubs yet no central location, the importance of location is therefore much less defined when compared to Westerlee. It is not possible to definitively conclude that a place to engage in volunteer work increases participation. For effective volunteer work once

again intrinsic motivators are the most important factor. The accessibility of locations was never found to be a limiting factor.

In the case of social activities for elderly individual's accessibility of location does seem to be important. Locations should therefore be seen as facilitative and not necessarily a mechanism for stimulating participation. Rather, accessible locations that fulfil their function can be seen as a facilitator for an age-friendly community in Oldambt.

### **Inclusion in Decision Making**

This indicator turns out to be difficult to properly quantify and measure. As a part of the elderly population in Oldambt does not feel the need to participate in such a process. As the levels of participation are low in both projects run by the municipality as well as project run by village associations. The new method of planning through use of the *Dorpsvisies* is a unique and beneficial step. As they allow villages to prioritize and communicate their needs. This is essential in a municipality with population decline. Services and homes will continue to disappear and this can be done in a "soft" manner if residents are included and feel that they are being listened to. In this municipality it is not the case that elderly individuals do not have the option to participate. It is more the case as mentioned in the interviews that elderly individuals do not think that their participation will make any difference. Inclusion in decision making processes is essential however, it should not be viewed as: Is it possible for elderly individuals to be included? Rather it should be viewed as: Are elderly individuals being included effectively in decision making processes?

#### *4.4.4 Suitability of Community Support and Health Services Indicators*

In the context of the Netherlands the overall level of access to healthcare is high. From this study it has become apparent that primary healthcare is less relevant than in other parts of the world. Conditions ensuring quality care are important. The indicators of Horizontal Community care, Healthcare Infrastructure and Coordinated Health services accurately reflect the challenges that are present in the Oldambt municipality. As they encompass the current shift in healthcare for the elderly present in the Netherlands as a whole.

#### **Horizontal Community Care**

The absence of horizontal community care does not necessarily imply that a community is not age friendly. Horizontal community care is more of a method in organizing community care. The essence has already been applied in the Oldambt municipality. Due to the change in legislation regarding long-term care for elderly, it seems likely that more of such initiatives will emerge. Each in a form that suits the community. The concept of care-cooperation's can also serve as a suitable alternative. Both horizontal community care and care-cooperation's attempt to achieve the same goal, namely, improving the quality of care and support. Primarily in communities where the established care providers are unable/unwilling to fully provide the care required. Horizontal community care is therefore only one option and only relevant if the established care/support providers cannot fulfil the requirements of the residents. When viewing the current state in the Netherlands it is likely that such initiatives will become more prevalent. The indicator can be improved to include any form of community organized care initiative, as this more accurately reflects an age-friendly community.

#### **Healthcare Infrastructure**

Healthcare Infrastructure as an indicator only limitedly reflect the age-friendliness situation in the Oldambt municipality. As there are a sufficient number of GP's and even a hospital in Scheemda. The limiting factor in the quality of care is distance. This distance is not something that reflects a poor quality of care. Rather, a limited facilitation of care. Healthcare infrastructure as an indicator in Oldambt should therefore be focused on removing the role that distance may play. This entails making use of the internet to provide care for

simple questions or monitoring. As well as services to bring people to care providers if they are not able to do so themselves. The indicator should therefore be focused on the ‘tertiary’ aspects of healthcare infrastructure. These are aspects that are not only useful for healthcare but also serve other functions, such as high-speed internet.

### **Coordinated Health Services**

The coordination of health services is an essential indicator of the age-friendliness in the Oldambt municipality. The change in legislation (WMO) and population decline make this indicator of particular relevance for Oldambt. That is because the cost of providing healthcare will continue to increase, due to ageing and a lower population density. The need for citizen initiatives or organization in healthcare has been mentioned. However, if there is no clear communication or coordination between formal and informal care providers, the quality of care may stagnate. Oldambt as well as the rest of the Netherlands will have to learn to work with the new way of providing care. What makes Oldambt different is that the dependence on citizen led care initiatives will be greater according to the municipality. Lack of coordination can therefore have far more profound effect in Oldambt than elsewhere. Coordination of health services can greatly benefit the age-friendliness of the municipality and is a suitable indicator.

## 5. Conclusion

This study set out to determine suitable indicators for age-friendly rural communities. Starting with the literature review it became evident that rural areas are fundamentally different than urban areas with respect to age-friendliness. The limited research done with regard to age-friendliness of rural areas do however indicate the highly contextual nature of rural areas. As a result, it is not possible to create a universal framework for age-friendly rural communities. However, when studying a single region, indicators can be studied and applied within the local context albeit with slight modifications.

This study focused on three domains of the WHO framework. For each domain three indicators were defined based on previous research. The indicators were shown to be effective in achieving improved age-friendliness in their respective domains. The empirical findings allow for suggesting some nuances in applying the selected indicators. First, the indicators turned out to be more interlinked than initially thought. Thereby creating a hierarchy in their applicability and total effect. For example, the effectiveness of a horizontal community care system is dependent on the presence of coordinated health services. Without coordination to formal care a horizontal community care initiative will be unable to provide more than only extremely basic care. Second, certain indicators are not relevant in improving the age-friendliness as they are already at a suitable level. Lastly, a number of indicators can be specified or broadened to be more applicable to the context of the Oldambt municipality.

To briefly summarize, the nine indicators studied brought about interesting results. A number of nuances have been made for the indicators. Sometimes specifying and sometimes expanding their definition to fit the context of Oldambt. In the table below the indicators are shown along with any modification that have been made to make them more suitable for the context of Oldambt.

| Domain   | Indicator                    | Adjustment for improved suitability  |
|--|------------------------------|--|
| <b>Housing</b>                                 | Appropriate                  | Have been combined under the new name <b>Appropriate</b>   |
|  | Accessible                   |  |
|  | Affordable                   | Should focus on the affordability of modifying homes to make them age friendly   |
| <b>Civic Participation &amp; Employment</b>    | Volunteer opportunities      | Desired levels of participation and goals that are to be achieved through volunteers should be included in the indicator |
|  | Accessible Locations         | None   |
|  | Inclusion in decision making | Focus should be placed on effective participation rather than opportunity to participate                                 |
| <b>Community Support &amp; Health Services</b> | Horizontal Community Care    | Changed to <b>Community Organized Care</b> . To include other types of care initiatives                                  |
|  | Healthcare Infrastructure    | Focus should be on tertiary aspects of healthcare infrastructure, instead of the traditional definition.                 |
|  | Coordinated Health Services  | None   |

Table 13: Table showing indicators and modifications

## 5.2 The Oldambt Municipality

The Oldambt municipality has a number of challenges that must be addressed in order to improve the age-friendliness in the selected domains. In housing, the challenge lies in having a large stock of unsuitable homes in both private and public ownership. The challenge lies in finding a way to modify the homes for a minimal cost and to develop a system that allows for efficient allocation of appropriate homes. A possible intervention that could improve the housing situation while adhering to the policies in place is modification of empty homes. The cost of modifying an empty unused house is lower than building a new fully age-friendly home. The homes can be allocated to elderly individuals living in that village who are unable to modify their own home but wish to stay in the village. This could however also be community organized. Residents can set up their own cooperation to buy or lease homes that were destined to be demolished. This intervention would allow for the ‘construction’ of age-friendly homes in villages that would normally never see new construction.

In the domain of CP&E the dilemmas are less contextual than in housing. As the driving force behind more responsibilities is the national government. As participation within the municipality is low a change in mindset is necessary in order to maintain the current level of livability and age-friendliness. The long-term method of achieving this is by letting residents see that their *Dorpsvisies* have effect and that they can contribute to interventions in their own living environment. For the short-term it seems necessary to stimulate individuals to first participate in activities. This has been done successfully in the past with physical activity in the municipality, the same can be done for participation in general.

The domain of CS&HS is quite similar to that of CP&E. A change of mindset is necessary in order to improve the age-friendliness. The change in mindset from; the government will do that. To; the government will facilitate that. A new combination of policies that: give more tasks to the citizen, expect citizens to live at home longer and a reform in long term care must all be processed simultaneously by residents and municipal officials. While at the same time dealing with an ageing population and out-migration. The policy induced challenges are undoubtedly present elsewhere in the country and it is the question if the municipalities will be able to provide the same quality of care. Not only compared to the past but also to other municipalities. This new decentralized system has the potential to create disparities between municipalities. The counter argument is that the

services provided can be more tailor-made to the municipality. In order to ease this transition, it is important that the municipality stimulates place based initiatives. Initiatives such as that of Westerlee are good examples. However, it must be said that not all communities will be able to achieve the same without support from the municipality. When such initiatives do work and develop in close coordination with healthcare professionals then, these policies can create resilient age-friendly communities. A proactive stance is necessary by both residents and municipality.

### 5.3 Reflection on the Study

This study has developed a better understanding of the dynamic context of age-friendly rural communities. There are however a number of shortcomings

The strength of this research lies in the connection that is made between the policymakers and residents. Each of the domains highlighted the need for cooperation between the two parties. This approach allows to place a nuance on both sides of the data. Such as the feasibility of stimulating participation; the municipality see's it as something that will develop with time, while the *Dorpsvisies* view it as something requiring stimulation. It has also become clear that the two parties have different priorities. For example, the municipality currently does little to ensure that people can remain in the same village in the form of housing, while the residents see keeping people in the villages as the most important priority. Another aspect that adds strength to this study is viewing age-friendliness as a measure of person-environment fit. This view allows for more detailed and multi-angled perspectives on the chosen indicators. Thereby contributing to solutions that are appropriate for the people in the studied area. The greatest weakness of this study is the limited results form the survey. The survey could have been used to find causal relationships between various personal or geographical characteristics. Thereby, adding more weight to the results. A comparative case-study with a similar rural region elsewhere in the Netherlands would have allowed for a more complete evaluation of the indicators. Such a study would have also been able to say more about rural regions in the Netherlands as a whole. As well creating a broad basis for future research in other regions in the Netherlands or even worldwide.

#### 5.4 Future Research

This exploratory case study has provided a wide range of questions that can be answered in future research. What is relevant for all three of the chosen domains and for countless other policies is citizen participation and awareness. Primarily, how can individuals be educated and motivated to carry out tasks that can contribute to making their environment more age-friendly. Such as proactively modifying one's home. Most of the conclusions made in this study rely on individuals participating more, not only elderly individuals. The policies that the municipality and national government have enacted also rely on this

With regard to the age-friendliness of rural regions in the Netherlands a comparative case study would be beneficial. Multiple rural municipalities could be compared in light of the same indicators. Such a comparison could provide a much more conclusive evidence for the suitability and validity of an indicator. Possibly uncovering trends that can be seen in many rural municipalities.

#### 5.5 Advice

There are a number of interventions that can be made in order to improve age-friendliness based on the observations made.

In general, the municipality should look into creating a single policy with respect to elderly individuals. As it will remain a priority for the municipality for at least the coming two decades. This study has shown that age-friendliness is a interlinked topic and interventions made in one domain can benefit other domains as well. Coordinating projects targeted at elderly can increase their effectiveness.

In the domain of housing; the municipality and housing corporations should take greater steps to modify or build appropriate and accessible homes. The homes that are currently suitable should be exclusively allocated to elderly individuals. Information regarding proactive modification of one's home should be communicated to all residents. The municipality can modify homes that are currently unoccupied in communities that are "unpopular", this to allow for residents to remain in the community without having to pay for the demolition of old homes and the construction of new homes

In the domain of CP&E, the focus should be laid on promoting active citizenship. In a place-based manner, it is not within the scope of this study to determine how this should be

achieved. What is evident is that each village has a different approach to dealing with challenges.

The most concrete advice that is to be given for CS&HS is to invest in a coordinated healthcare system. It is evident that the domain of healthcare will become more dependent on informal care in the future. However, if this is not done in a coordinated fashion it is possible that the quality of care will decrease. Eventually leading to a higher cost for the municipality. The municipality should embrace and motivate any initiative that is active with care. While at the same time helping in creating a connection between formal and informal care. Without such a connection the system will not become any age-friendlier.

When viewing the data and the theory there are a number of similarities and limitations. The most important of which can be found in the person-environment fit aspect. Person-environment fit is both a strength and weakness to the method of research. A strength in the sense that this study proves once more that elderly individuals are by no means a homogenous group. Nor is the region that has been studied as each village has a different mindset and priorities. This strengthens the notion that what can be considered to be age-friendly varies per person and per place. At the same time the person-environment fit requires a rather detailed knowledge of an individual. It is therefore also not feasible to meet the requirements of every person. This leads to an interesting discussion of when can a researcher start generalizing groups of individuals. In order to make the environment age-friendly for a majority of people some people will not have their requirements met. This approach made in the theoretical framework assumes that it is possible for everyone to meet their optimal person environment fit, however this is not possible if all individuals remain in the same location. The choice to use the person-environment fit theory is justifiable, however, in future research it should be viewed from a slightly broader perspective. That the view used is not focused on the individual but on a group of individuals.

## 6. Reflection

Reflecting on the entire research process I am rather content with the final result. Personally I found the theoretical framework to be the most complete section of the entire study. The feedback given was processed efficiently and helped to create a complete research. If I would be given the task to do the study again I would expand the amount of data collected. By including more interviews with experts such as social workers and healthcare professionals. I would also try to expand the reach of the survey by removing questions that were redundant. As well as finding more parties willing to aid in the distribution. This could have been achieved by starting earlier with the distribution of the survey. Furthermore, the interviews could have gone into more depth if I had studied the exact policies used by the better municipality beforehand.

What I found exceptionally difficult was finding the proper way of connecting the theories I had studied to rather practical applications. As the majority of literature on the subject focuses on the conceptual and theoretical aspect of rural communities. This was mainly difficult when conducting and developing the interviews as I had not made possible solutions concrete. This manifested itself in researching even more theories and veering slightly off course at times.

I would say the outcomes are convincing. Although not as much time has been spent on developing interventions as I would have wanted. It has become evident that there are a number of factors limiting the current age-friendliness of the municipality. Many of which are likely unique to the region, therefore reconfirming the assumption the rural areas are more affected by their context.

Studying the age-friendliness of a Dutch rural municipality was extremely broad even when narrowed down to only three domains. This study made it very apparent for me that this topic requires numerous multidisciplinary studies to conclusively prove anything. The topic has however expanded my knowledge of municipal organizations and the complex nature of spatial planning. The process has helped me to become aware of how multiple processes result in a single outcome and how the modification of one process may not affect the end outcome. The cooperation with Kenniscentrum NoorderRuimte was beneficial when it came to finding partners and contacts within the municipality and housing corporations. The fact that this study can be of use to them served as a motivator to create a complete and integral study.

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## Appendix

### *Interviewed individuals*

| Interviewed individual | Organization     | Main Topic        | Sub-Topics    |
|------------------------|------------------|-------------------|---------------|
| Municipal Officer      | Gemeente Oldambt | CS&HS             | CP&E, Housing |
| Representative Acantus | Acantus          | Housing           | CP&E          |
| Municipal Officer      | Gemeente Oldambt | CP&E              | CS&HS         |
| Municipal Officer      | Gemeente Oldambt | CS&HS<br>+Housing | CP&E          |
| Municipal Officer      | Gemeente Oldambt | CS&HS             | CP&E, Housing |

Table 14: Table showing interviews

### *Documents included in document analysis*

| Document   | Organization                                     | Main Topics addressed |
|--|--|-----------------------|
| Dorpsvisie Oostwold  | Dorpsbelangenvereniging Oostwold                 | ALL                   |
| Dorpsvisie Midwolda  | Dorpsbelangenvereniging Midwolda                 | ALL                   |
| Dorpsvisie Westerlee   | Dorpsbelangenvereniging Westerlee                | ALL                   |
| Dorpsvisie Nieuw-Beerta  | Dorpsbelangenvereniging Beerta                   | ALL                   |
| Dorpsvisie Bad-Nieuweschans                                    | Dorpsbelangenvereniging Bad-Nieuweschans         | ALL                   |
| Omgevingsvisie Gemeente Oldambt                                | Gemeente Oldambt                                 | ALL                   |
| Prestatieafspraken 2018/2019                                   | Gemeente Oldambt                                 | Housing               |
| Naar een Toekomstbestendige ouderenzorg in Groningen           | Menzis   | CS&HS + Housing       |
| Woonvisie Gemeente Oldambt                                     | Gemeente Oldambt                                 | Housing               |
| Rapportage Aanpasbare woningen Oldambt                         | Ministerie van Volksgezondheid, Welzijn en Sport | Housing               |
| Woningvoorraad, Woningaanpassingen en langer zelfstandig wonen | Ministerie van Volksgezondheid, Welzijn en Sport | Housing               |

Table 15: Table showing analyzed documents

Codebook

| Code    | Group        | Explanation   |
|---------|--------------|---|
| AF_1    | Age-Friendly | Age-Friendliness policy present   |
| AF_2    | Age-Friendly | Age-Friendliness is a goal/ambition   |
| AF_3    | Age-Friendly | Age-Friendliness achieved through multiple domains  |
| AF_4    | Age-Friendly | Age-Friendliness policy has not been planned or implemented in a manor comparable to the WHO guidelines |
| R_1     | Region       | Region Described as poor  |
| R_2     | Region       | Region Described as old   |
| R_3     | Region       | Region Described as experiencing population decline   |
| R_4     | Region       | Region Described as problematic   |
| R_5     | Region       | Region is described as more or less homogenous  |
| R_6     | Region       | Region is said to be varied in nature   |
|         |              |   |
| R_8     | Region       | Region is described as not being suitable for elderly   |
| CSHS_1  | CS&HS        | Horizontal Community Care (present)   |
| CSHS_2  | CS&HS        | Healthcare Infrastructure (present)   |
| CSHS_3  | CS&HS        | Coordinated Health Services (present)   |
| CSHS_4  | CS&HS        | Horizontal Community care (Improvement)   |
| CSHS_5  | CS&HS        | Healthcare Infrastructure (Improvement)   |
| CSHS_6  | CS&HS        | Coordinated Health Services (Improvement)   |
| CSHS_7  | CS&HS        | Effect of place on quality of care  |
| CSHS_8  | CS&HS        | Formal Care   |
| CSHS_9  | CS&HS        | Informal care   |
| CSHS_10 | CS&HS        | Volunteers in healthcare  |
| CSHS_11 | CS&HS        | Citizen Initiatives in care   |
| CSHS_12 | CS&HS        | Inclusion of elderly in process   |
| CSHS_13 | CS&HS        | Need for structural change  |
| H_1     | Housing      | Affordable Housing  |
| H_2     | Housing      | Accessible Housing  |
| H_3     | Housing      | Appropriate Housing   |
| H_4     | Housing      | Modifications to housing  |
| H_5     | Housing      | Financial support for housing modifications   |
| H_6     | Housing      | Housing Shortage  |
| H_7     | Housing      | Role of Place in housing  |
| H_8     | Housing      | Inclusion of Elderly in process (Housing)   |
| H_9     | Housing      | Role of population decline  |
| H_10    | Housing      | Suitable housing as a necessity for quality of care   |
| CPE_1   | CP&E         | Volunteer opportunities   |
| CPE_2   | CP&E         | Locations for volunteering  |

|                        |        |   |
|------------------------|--------|---|
| CPE_3                  | CP&E   | Programs to stimulate volunteering                    |
| CPE_4                  | CP&E   | Inclusion in planning process                         |
| CPE_5                  | CP&E   | Inclusion in Decision-making process                  |
| CPE_6                  | CP&E   | Activities for elderly                                |
| CPE_7                  | CP&E   | Programs to stimulate elderly                         |
| F_1                    | Future | Future goal to improve any aspect of Age-Friendliness |
| F_2                    | Future | Limitations to future progress                        |
| F_3                    | Future | Where the most progress must be made                  |
| F_4                    | Future | Key to future success                                 |
| <b>Inductive codes</b> |        |   |
| P_1                    |        | People described as Stoic                             |
| P_2                    |        | People described as active                            |
| P_3                    |        | People are satisfied with their community             |
| CI_1                   |        | Citizen initiative present                            |
| CI_2                   |        | Citizen initiative planned                            |
| CPE_8                  |        | Citizen participation required                        |
| AF_5                   |        | Community is not yet viewed as age-friendly           |
| R10                    | Region | Regional description                                  |

Table 16: Table showing codes

*Interview Guide* (Translation available upon request)

| Topic  | Question  | Follow-up  |
|--|---|--|
| Age-Friendliness                                     | Q1. Is de corporatie bekend met het concept van Age-Friendliness?   | Q1a. Waar komt de visie op leeftijdsvriendelijkheid vandaan? (Indien die er is)      |
|  |   | Q1b. Wat voor soort projecten heeft Acantus gericht op ouderen?                      |
|  | Q2. Waar is de corporatie momenteel het meest mee bezig, met betrekking tot ouderen?  | Q2a. Verschilt dat ook per plek binnen de gemeente/provincie?                        |
|  |   | Q2b. Zijn er doelen gesteld? Lang of korte termijn.                                  |
| Region   | Q3. Hoe zou je de gemeente Oldambt omschrijven?   | Q3a. Hoe zou je de woningaanbod omschrijven?   |
|  | Q4. Wordt er rekening gehouden met krimp bij het opstellen van plannen?   | Q4a. Mislukken er ook projecten omdat er bijvoorbeeld te weinig mensen voor zijn?    |
|  | Q5. Zijn er belemmeringen bij het opstellen/uitvoeren van projecten vanwege de eigenschappen van de gemeente? (Platteland)                        | Q5a. Wat zijn de grootste belemmeringen?   |
|  | Q6. Is er binnen de gemeente een verschil in hoe projecten worden uitgevoerd, afhankelijk van bijvoorbeeld dorpsformaat?(Winschoten vs. Oostwold) | Q6a. Is er een dorp/gebeid wat een andere aanpak vereist?                            |
| Housing  | Q7. Kun je een korte omschrijving geven van wat acantus doet om huisvesting voor ouderen te verbeteren? (In Oldambt)                              | Q7a. Verschilt de aanpak van andere gemeentes/gebieden?                              |
|  |   | Q7b. Hebben jullie ook een lange termijn visie wat betreft ouderen?                  |
|  | Q8. Zijn er struikelpunten/dilemma's voor huisvesting op het platteland?  | Q8a. Maakt woonplaats uit voor de mogelijke huisvesting opties? (Ook in de toekomst) |
|  |   | Q8b. Is er een tekort aan geschikte huisvesting                                      |
|  |   | Q8c. Hoe zou je de staat van de woningvoorraad omschrijven?                          |
| Q9. Wat zijn de speerpunten van het geschikter maken | Q9a. Hoe wordt ervoor gezorgd dat de staat van de woning voldoende blijft?  |  |

|         |  |  |
|---------|--|--|
|         | van huisvesting voor ouderen   |  |
|         | Q10. Hoe wordt er bepaald of er iets aan een woning moet veranderen?   | Q10a. Kunnen ouderen voor al hun eisen/vragen bij een centraal punt terecht?<br>Q10b. Werkt de cooperatie ook samen met andere organisaties (bijvoorbeeld zorg?)<br>Q10c. Moet er iets veranderen aan de woningvoorraad om 20jaar vooruit te kunnen? |
|         | Q11. Worden ouderen betrokken bij het planproces?  | Q11a. Hoe worden ouderen betrokken?  |
| Housing | Q12. Hoe wordt er ingespeeld op het dilemma van vergrijzing en bevolkingskrimp? Met name in verhouding tot woningvoorraad?   | Q12a. Zijn er subsidies/projecten die het verbouwen van huizen voor ouderen faciliteren?<br>Q12b. Of is huisvesting een taak voor de eigenaren/woningcorporaties?<br>Q12c.   |
| Future  | Q13. Waar zal de nadruk de komende jaren op liggen met betrekking tot ouderen huisvesting?   | Q13a. Zijn aanleunwoningen een prioriteit?<br>Q13b. Fysiek of Sociale omgeving?<br>Q13c. Voorkomen of Genezen?   |
|         | Q14. Hoe kijkt Acantus naar langer zelf thuis wonen?   | Q14a. Waar zou de meeste vooruitgang te behalen zijn?  |
|         | Q15. Stel: het lukt de Gemeente Oldambt om meer bedrijvigheid en jongeren te trekken/behouden, lukt het dan om dat te faciliteren vanuit de huidige woningaanbod van Acantus maar ook in het algemeen? |  |

Table 17: Interview guide

## Survey (translation available upon request)

|   |   |
|---|---|
| Each survey question relates to a section of the conceptual model. The same colors have been included to show the main category. Next to each question the specific sub-section of the conceptual model is shown. |   |
|   | Question related to age-friendliness in general |
|   | Personal characteristics                        |
|   | Active vs stoic                                 |
|   | Community Active vs Marginalized                |
|   | Frailty   |
|   | Housing   |
|   | CP&E  |
|   | CS&HS   |
|   | Questions regarding the environment             |

Table 18: Survey Legend

### Enquête, ouder worden in Oldambt

Dit is een enquête die gericht is op mensen van boven de 55 jaar. Mijn naam is Vincent de Vegt ik ben bezig met mijn afstudeeronderzoek aan de Universiteit in Groningen. Het onderzoek gaat over de behoeftes van (toekomstige)senioren in Oost-Groningen. En hoe de leefomgeving kan worden verbeterd, daarbij is het erg belangrijk om de mening van lokale bewoners te horen. De vragen zijn bedoeld om in kaart te brengen wat u nodig denkt te hebben. Ook wordt er gevraagd wat al goed gaat en wat beter kan. De resultaten worden gedeeld met de lokale dorpsbelangen verenigingen om zo meteen een verschil te kunnen maken.

Het invullen van de enquête wordt erg gewaardeerd. De informatie blijft anoniem en zal niet tot een persoon herleidbaar zijn. Vragen die u niet wilt beantwoorden mag u leeg laten. Als u de enquête heeft ingevuld mag u die in de daarvoor bestemde doos stoppen. Het invullen van de enquête zal ongeveer 10 minuten duren. Hartelijk dank voor uw deelname.

Heeft u vragen of wilt u meer informatie? Stuur dan gerust een email naar

[onderzoek.oldambt@gmail.com](mailto:onderzoek.oldambt@gmail.com)

Per post versturen kan ook.

Onderzoek Oldambt  
Verlengde Oosterstraat 11c  
9711EN Groningen



rijksuniversiteit  
groningen

1. Hoe zou u uw dorp beoordelen als een plek om ouder te worden?

- <sub>5</sub> Uitstekend  
<sub>4</sub> Zeer goed  
<sub>3</sub> Goed  
<sub>2</sub> Matig  
<sub>1</sub> Slecht

**Percieved  
Age-  
Friendliness**



2. Wat vindt u belangrijk om in de buurt te hebben als u oud wordt? De opties kunt u van 1-6 rangschikken

- a. Dagelijkse voorzieningen dichtbij huis (Supermarkt, huisarts)  
 b. Familie en Vrienden die dichtbij wonen  
 c. Vervoersmiddelen (Bus, Taxi, eigen vervoer)  
 d. Natuur en parken om in te lopen en fietsen  
 e. Activiteiten voor ouderen  
 f. Veel contact met mensen uit de buurt  
 h. Anders, namelijk: \_\_\_\_\_

1-6

**Percieved  
Age-  
Friendliness**



3. Wat zijn de eerst vier cijfers van uw postcode?

**Environment**



4. Hoe lang woont u al op deze plek?

\_\_\_\_\_ Jaar

**Active/Stoic**



5. Denkt u dat het ouder worden betekent dat u naar een andere woning moet verhuizen?

- <sub>2</sub> Ja  
<sub>1</sub> Nee  
<sub>0</sub> Weet ik niet

Zo ja waarom? \_\_\_\_\_

**Housing  
(appropriate),  
Active/Stoic**




6. Woont u in een huur of koopwoning?

- Koop  
 Huur  
 Anders, namelijk \_\_\_\_\_

**Housing  
(Descriptive)**



7. In wat voor soort woning woont u nu?

- 5 Eengezinswoning  
 4 Appartement  
 3 Aanleunwoning  
 2 Bungalow  
 1 Verzorgingstehuis  
 0 Anders, namelijk: \_\_\_\_\_

**Housing  
(Descriptive)**



8. Als u moet verhuizen, waar zou u dan het liefst naartoe verhuizen?

- 3 Binnen uw dorp  
 2 Binnen de gemeente  
 1 Buiten de gemeente  
 0 Anders \_\_\_\_\_

**Active/Stoic**



9. Hoe groot acht u de kans dat uw voorkeur mogelijk is?

- 5 Zeker  
 4 Vrij zeker  
 3 Misschien  
 2 Onzeker  
 1 Niet  
 Waarom? \_\_\_\_\_

**Community  
Active/  
Marginalized**



10. Wat zouden redenen zijn om te gaan verhuizen? De opties kunt u rangschikken van 1 tot 1-6. Waar 1= Belangrijkste reden en 6= Minst belangrijke reden. Indien u iets belangrijker vindt dan wat er op de lijst staat graag invullen onder *Anders*

- a. Een huis met een formaat die aan uw wensen voldoet  
 b. Uw huidige huis is te duur  
 c. U wilt naar een huis waarin u lang zelfstandig kan wonen  
 d. Dichterbij familie wonen  
 e. Beter toegang tot zorg  
 f. Anders, namelijk: \_\_\_\_\_

1-6

- **Housing  
(AAA)**  
 - **Active/Stoic**  
 - **Age-  
Friendliness**



**De volgende vragen gaan over huisvesting**

11. Wat vindt u belangrijker?

- 2 In mijn huidige huis te blijven wonen ook als dat betekent dat de kwaliteit van zorg minder wordt  
 1 Goede zorg ook als dat betekent dat ik ergens anders moet wonen

**Active/Stoic,  
Housing**



## Housing (AAA)



12. Sommige mensen maken aanpassingen aan hun woning zodat ze langer zelfstandig kunnen wonen. Denkt u dat u de volgende aanpassingen nodig zou hebben om langer zelfstandig thuis te kunnen wonen?

|   | Ja                       | Nee                      | Weet ik niet             |
|---|--------------------------|--------------------------|--------------------------|
| a. Makkelijker toegang tot plekken in uw huis zoals; bredere deuren en doorgangen, traplift of drempelloze doorgangen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Aanpassing aan de badkamer zoals; Inloop douch, handvaten of antislip tegels                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Uw slaapkamer en/of badkamer naar de begane grond verplaatsen  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Verbeterde verlichting   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Het aanbrengen van een noodstelsel die in verbinding staat met een meldkamer in geval van nood.                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Anders, namelijk: _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. Treft u voorbereidingen om deze aanpassingen aan te brengen?

- Ja  
 Nee

Zo Ja welke? \_\_\_\_\_

## Housing (AAA)



14. Hoe belangrijk is het om de volgende te hebben in uw dorp?

|  | Zeer<br>Belangrijk       | Belangrijk               | Deels<br>Belangrijk      | Onbelangrijk             | Zeer<br>Onbelangrijk     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Betaalbare Klusjesmannen  | <input type="checkbox"/> |
| b. Woningen die goed onderhouden zijn  | <input type="checkbox"/> |
| c. Een dienst die ouderen met een laag inkomen kan helpen bij het onderhouden van hun woning | <input type="checkbox"/> |

## Housing (AAA)



## Age-Friendly Requirements Housing

- d. Woningen die zijn ontworpen voor ouderen (aanleunwoningen)
- e. Anders namelijk: \_\_\_\_\_

**Frailty**

**De volgende vragen gaan over gezondheid en zorg:**

15. Kies de optie die het beste uw huidige gezondheid omschrijft
- <sub>5</sub> Ik ervaar geen beperkingen in mijn dagelijks leven door mijn gezondheid
  - <sub>4</sub> Ik ervaar soms wat beperkingen in mijn dagelijks leven (denk aan een paar keer per week, of alleen aan het einde van een dag)
  - <sub>3</sub> Ik ervaar geregeld beperkingen in mijn dagelijks leven en heb soms hulp nodig
  - <sub>2</sub> Ik ervaar iedere dag beperkingen en heb structureel hulp nodig
  - <sub>1</sub> Ik kan niet meer zonder hulp

16. Hoe vaak doet u een vorm van lichamelijke beweging? (Zoals; wandelen, fietsen, hardlopen, zwemmen, dans, tennis of een andere sport)

- <sub>5</sub> Dagelijks
- <sub>4</sub> Een paar keer per week
- <sub>3</sub> Een paar keer per maand
- <sub>2</sub> Minder dan een keer per maand
- <sub>1</sub> Nooit

17. Geeft u geld uit om lichamelijk actief te blijven?

- <sub>2</sub> Ja
- <sub>1</sub> Nee

**Community Active/Marginalized**

18. Bent u aangesloten bij een sportclub?

- <sub>2</sub> Ja
- <sub>1</sub> Nee

**Community Active/Marginalized**

Waarom? \_\_\_\_\_

**Volunteer Opportunities**

19. Hoe belangrijk is het om de volgende te hebben in uw dorp?

|  | Zeer<br>Belangrijk       | Belangrijk               | Deels<br>Belangrijk      | Onbelangrijk             | Zeer<br>Onbelangrijk     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Gezondheidsprogramma's voor ouderen gericht op gezonder eten, meer sporten of stoppen met roken | <input type="checkbox"/> |
| b. Sport activiteiten die gericht zijn op ouderen  | <input type="checkbox"/> |
| c. Een dienst waarbij ouderen makkelijk informatie kunnen krijgen over zorg binnen de gemeente     | <input type="checkbox"/> |
| d. Makkelijk toegang tot de huisarts.  | <input type="checkbox"/> |
| e. Makkelijk toegang tot verschillende medisch specialisten  | <input type="checkbox"/> |
| f. Betaalbare thuiszorg  | <input type="checkbox"/> |
| g. Anders namelijk:  | <input type="checkbox"/> |

### CS&HS (Infra, Coordinated Health Services)

20. Wat voor voorziening zou u het liefst in uw dorp willen hebben?

### Environmental Description

21. Welke voorziening zou u het liefst in uw dorp willen behouden?

De volgende vragen gaan over sociale contacten en vrijwilligerswerk

22. Hoe vaak spreekt u met uw vrienden, familie, of buren in persoon?

- 6 Meerdere malen per dag
- 5 Dagelijks
- 4 Meerdere malen per week
- 3 Maandelijks
- 2 Minder dan 1 keer per maand
- 1 Nooit

### Community Active/Marginalized

23. Hoe tevreden bent u met deze hoeveelheid contact?

- 5 Erg tevreden  
 4 Tevreden  
 3 Neutraal  
 2 Ontevreden  
 1 Zeer ontevreden

**Active/Stoic**



24. Met wie heeft u het meeste contact?

- 2 Mensen in uw buurt  
 1 Mensen buiten uw buurt

**Active/Stoic**



25. Hoe belangrijk is het om de volgende te hebben in uw dorp?

Zeer Belangrijk Deels Onbelangrijk Zeer  
 Belangrijk Belangrijk Onbelangrijk

**Active/Stoic**



a. Activiteiten specifiek gericht op ouderen

- 

**CP&E (Opportunities/Accessible)**



b. Activiteiten die betaalbaar zijn voor iedereen

- 

c. Activiteiten voor jongeren en ouderen

- 

26. Doet u mee aan activiteiten in uw dorp? Zo ja welke?

2 Ja

1 Nee

**Active/Stoic**



27. Hoe belangrijk is het om de volgende te hebben in uw dorp?

Zeer Belangrijk Deels Onbelangrijk Zeer  
 Belangrijk Belangrijk Onbelangrijk

a. Een breed aanbod aan vrijwilligerswerk

- 

b. De mogelijkheid om scholing te volgen om beter te worden als vrijwilliger

- 

c. Duidelijk en beschikbare informatie over vrijwilligerswerk

- 

d. De mogelijkheid om als ouder persoon inspraak te hebben in een dorps/gemeenteraad

- 

**CP&E (Opportunities/Accessible/Inclusion)**



28. Doet u weleens vrijwilligerswerk?

- <sub>2</sub> Ja, bij: \_\_\_\_\_  
<sub>1</sub> Nee

29. Als u een vraag heeft over uw woning, voorzieningen of zorg, met wie zoekt u dan contact?

Environment

- a. De Gemeente  
b. Sociaal Werk Oldambt  
c. Familie, vrienden of buren  
d. Internet  
e. Lokale kerk of geloofsgemeenschap  
f. Huisarts  
g. Dorpsvereniging

| Ja                       | Nee                      |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

De laatste vragen gaan over uzelf

30. Wat is uw geslacht

- Man  
 Vrouw

General personal characteristics

31. Wat is uw leeftijd? \_\_\_\_\_

General personal characteristics

32. Behalve uzelf zijn er verder nog mensen die bij u in huis wonen?

- Partner (getrouwd)  
 Partner (ongetrouwd)  
 (Klein)Kinderen ouder dan 18 jaar  
 (Klein)Kinderen jonger dan 18 jaar

General personal characteristics

Hartelijk dank voor het invullen van de enquête. Als u op de hoogte wilt blijven van de uitkomsten van het onderzoek dan kunt u hieronder uw email-adres invullen. Uw email-adres wordt los van de enquête geregistreerd om de resultaten anoniem te houden.

Email: \_\_\_\_\_

## Coding Method

As mentioned the coding of the interviews was done on paper. Below is a scan of one of the pages that was coded. Transcripts are available upon request.

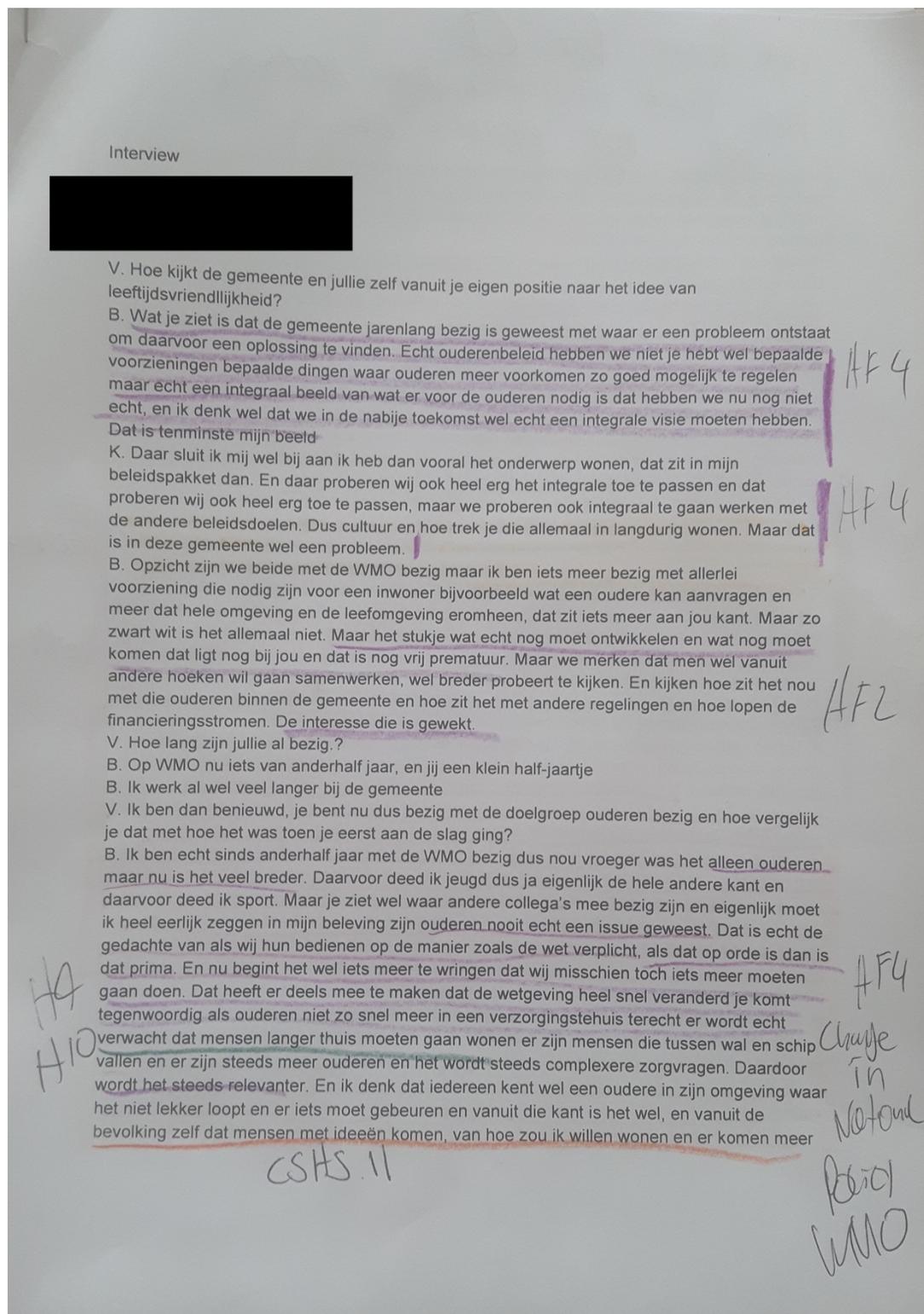


Figure 13: Example of interview transcript