

A photograph of a pond with lily pads in the foreground and a brick building with windows in the background. The lily pads are large and green, floating on the water. The building is made of red brick and has several windows with white frames. The scene is captured in a slightly high-angle, looking down at the pond.

Thoughts on the Netherlands

By Debra Whitman

There is no substitute for seeing something with one's own eyes. That conviction inspired my recent trip to The Netherlands to explore in person the creative ways the nation is dealing with its rapidly growing population of older adults.



Two older women out for a walk in Leiden.

I had the excitement of firsthand observation in mind as I arrived at our first destination, IZi house. IZi is a living lab and a demonstration site where older adults can try out the latest technology to help make their lives easier. I was expecting something that looked like it came from the old cartoon *The Jetsons*, but this model apartment looked less space-age than conventional suburban. That was the first sign that I had much to learn from firsthand observation.

The Netherlands has long been a leader in innovative age-related policies and practices, and I wanted to see for myself what they were up to and what we could learn from them. So, I set

out with my AARP International team on a four-day learning tour of The Netherlands, one of the fastest aging countries in Western Europe.

As with most countries, longer life expectancy and low birth rate are the main drivers for The Netherlands' demographic shift, and the speed of aging has accelerated over the past decade with the graying of their baby boom generation.

Our team wanted to observe Dutch innovative solutions up close and in action. We came away a little surprised to see that not all of the most forward-thinking approaches to aging had a high-tech feel, and that sometimes low-tech turns out to be exactly

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LEFT Visiting the IZi House in The Hague. RIGHT Nurse Getty Quarshie leads a tour of the stroke rehabilitation wing at Cordaan's Hof van Sloten location.

what the older adults in the community found most valuable. I was also impressed by the prominent focus placed on human touch and caring, all aimed at preserving individual dignity and independence. Our most successful hosts clearly put the wants and needs of older adults first, and technology was used as an assistant to enhance their quality of life, not as a substitute for human contact. We were also fortunate to see how effective a no-tech home- and community-based care model can be, the result of housing young people alongside their elders.

Following Consumers' Advice: "Simplify"

IZi House was my first eye-opener. Many of its most innovative features blended into the household surroundings. Nothing looked clinical or mechanical, but all contributed to an easier life for older adults. Like stove burners that turn off automatically if you forget and the food starts smoking or sets off the alarm. A bathroom with a self-wash toilet. Sprinkled about were helpful accessories, like a knife I could grasp securely with my whole hand for strength and stability.

IZi's creators describe it as equal parts regular apartment, demonstration site, and living lab. Older adults and their caregiv-

ers and family members can take a tour and try all its features on for size in a quick visit or a one- or two-day extended test drive.

Every inch of the place benefits from the input of older adults, who were involved from the beginning in developing and testing all the technology. The designers started simply, with guidelines stipulating that alterations to the house must be easy to apply and remove and not involve much rebuilding. That helped to explain why this apartment felt so ordinary – it was designed so that specialized features could be added and subtracted, without disruption to the overall look and feel of the place. We learned that often, the older adults who served as consultants pared back and simplified developers' original ideas, and they knew what they wanted. Their opinions were taken seriously. If they said something didn't work well enough, the developers got rid of it and came up with something better.

When designers created a doorbell/video system, for example, they began by making it the biggest and newest, loaded with fancy functions and buttons. But most people wanted less – a simple touch pad, notification that someone was at the door, and the ability to see who was there. As a result, the designer streamlined the touch pad. A smart watch underwent a transformation when



TOP LEFT A fascinating discussion with Gea Sijpkes of Humanitas Deventer and her staff. BOTTOM LEFT The Cordaan team shows the AARP team around their facility. RIGHT The AARP team (l to r) Aimee Carter, Debra Whitman, and Holly Schulz kicked off the Netherlands learning tour at the Ministry of Health, Welfare, and Sport meeting with Director-General for Long-term care Kees van der Burg (center) and his team.

the focus group complained about the tiny size of the buttons; they were too small for their hands and hard to see.

Experiencing IZi reinforced for me the value of putting the consumer at the center when designing technology meant for their benefit. I walked away convinced that the highest tech is not always the best tech and users generally know better than anyone exactly what they need.

Nothing Replaces Human Interaction

My next site visit, to Cordaan in Amsterdam, fortified that lesson. The largest care organization in The Netherlands, Cordaan is a rehabilitation facility with 120 locations and a reputation for innovation. Its mission is to get people back home after a hospital visit as quickly and safely as possible.

Falls, sickness and stroke all can leave people without their independence. With healthier, more independent older people, the problems of an aging society decrease dramatically, and so rehabilitation is key.

During my visit, Cordaan staff including Ellen Maat, Director of Strategy, Quality of Care & Innovation, Dr. Monique Slee, head of the Center of expertise on geriatric rehabilitation care,

and Elie Rusthoven project lead for ehealth talked about their care approach as “empowering patients with better self-management skills, closing the loop around the patient, connecting all the treating professionals, and including the patient” – all aimed at improving patients’ health and keeping them out of the hospital.

They explained how they would assist an 87-year-old with heart failure, as an illustration of Cordaan’s methods. Therapists there would train her to use the technology – measuring her own blood pressure, oxygen saturation, and weight – and teach her how to use an iPad so that she could hold a video conference. The therapists would set some thresholds, so if the patient suddenly gained weight (an indication that fluid was building up) for example, she could connect with them virtually and get advice. Most often, I learned, advice or a medication adjustment is all that the patients need. In any case, Cordaan could either provide treatment for her from a distance or send a nurse to pay her a visit in her home. And either way, she would be spared a hospital visit.

I appreciated how Cordaan Director Dr. Slee and her team described their approach to rehabilitation. They call it “nursing with hands in the back,” encouraging the patient to take the reins. Instead of saying, “Let me give you a shave today,” for example,



The intergenerational model at Humanitas Deventer brings young and old together under the same roof with inspiring results.

the staff would hand someone a razor and say, “Show me how you would shave yourself, and I will guide you through it.” This is such a good solution and should be brought to the US where hospitals often discharge people after shorter stays, without fully restored ability to manage on their own. Cordaan’s patient-centered approach to rebuild skills and independence is becoming even more important in the chain of care.

Cordaan also offered me another glimpse into the world of unobtrusive technology and how it can help patients with dementia remain in their own homes and communities. Cordaan is one of the first organizations in The Netherlands to experiment with using low-profile technology to collect data via sensors to help people with dementia remain independent longer. With the right algorithm, according to Cordaan staff, there is no need to look at the data all the time. Instead, the computer does the monitoring and can transmit what it finds to a caregiver.

The sensors can track where a patient is going throughout the house. In one case, a patient was getting up to use the bathroom 10 to 20 times a night. The monitors flagged the problem, the caregivers acted, and he was treated for what was a serious bladder infection.

For some patients, there were many types of sensors. They measure walking speed, which can predict falls. They monitor visitors, to gauge social isolation. Bed sensors can check night-wan-

dering and insomnia. All this without imposing upon the patient or appearing clinical.

It’s amazing technology, but once again, the doctors, nurses and family members found the less complicated, the better. The system Cordaan is experimenting with now is simpler than others they’ve tested, uses less data, and can be interpreted by people who have no training. It works with a red-orange-green traffic-light pattern to indicate the level of concern that’s warranted by the activities being monitored. Unobtrusive, unintimidating, easy-to-use — all are hallmarks of elder-care innovations in The Netherlands.

Mingling Generations Yields Mutual Benefits

Inspired by the patient-focused culture I’d seen, I headed for a facility that has won awards for an ingenious idea.

The Humanitas reinvention came about because of significant changes in The Netherlands made in 2012 to confront its rapidly aging population. Before 2012, everybody over 80 could get an all-inclusive ticket for elderly care. But the government decided it could no longer afford that model, so access moved up to age 85 and narrowed to those with a severe need for care.

I was told that the changes meant that 60 percent of Humanitas residents at the time would no longer have qualified to live there under the new rules, although they were allowed to stay. Going forward they realized that with a smaller eligible popula-

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tion, the facility would face a future of many empty apartments if nothing was done to adapt.

The Humanitas elder-care facility in Deventer had to invent a low-cost, high-impact solution very quickly. A dynamic director, Gea Sijpkens, answered the challenge with a deeply human idea that would live up to her goal of creating the warmest, happiest facility in the country.

The asset she had was their spacious building, so they offered free apartments to local students in exchange for being good neighbors to the residents through 30 hours of volunteer time per month.

I was told that the cozy, jovial atmosphere I saw was much lighter-hearted than it was before the students came, with fewer complaints about bad knees and more laughter and gentle gossip about the young folks’ love lives. The benefits went both ways: Students had the ear of older adults who had the patience to listen; the elders had surrogate grandchildren they doted on like their own family, getting free instruction in email and social media in return.

Humanitas has also become a kind of community center for the entire village, where children come to do their homework and teenage mothers bring their babies for a visit.

Director Sijpkens is living her dream of running the warmest, liveliest care community in The Netherlands. She says, “You hear laughter there. You see people smile. It’s such a comforting environment.” I couldn’t agree more.

We left The Netherlands secure in the knowledge that simple solutions are often the best. We had strong evidence that there is value in consulting with the end user from the beginning when you’re trying to help solve their problems, a practice we have put in place throughout AARP. We learned that it’s important not to become so enchanted with all that we can do that we forget to focus on what we should do. Most significant, it was heartwarming and edifying to be reminded that in all our work to improve the lives of older adults, we must never forget that we’re not talking about an abstract “population.” These are noble individuals with contributions to make and wishes to be honored, who deserve every ounce of humanity we can inject into their care. The best solutions come from listening to the people we aim to serve, and learning from them what they need, and, even more important, what they want. ♦



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