
"We want to stay mobile for as long as possible"

Older adults' experiences with outdoor mobility in Winschoten



Photo: Archief Huisman Media

" Last summer I fell a few times and then things really started to move in the wrong direction. And I thought to myself: 'If I can't ride my bike anymore, then I'm in trouble'. Then I would really be in trouble. So I got back on the bike as soon as possible. But that took a lot of will-power, because every time you're thinking like: 'Ooh, shoot, I hope that person keeps moving, so I don't have to get off my bike', you know?"

Mrs. Bos (78)

By: Bart Roelofs & Liselotte Vreeling
Supervised by: prof. dr. Louise Meijering
Commissioned by: AFEdeMy
Word count: 7657

Executive summary

This report explores the outdoor mobility experiences of community-dwelling older people in Winschoten, the Netherlands. Specifically, we investigate why outdoor mobility is important, what influences their outdoor mobility and how they adapt to changes in mobility. This is connected to theories on age-friendly environments, outdoor mobility, independence and wellbeing. The research consists of six in-depth interviews with older inhabitants of Winschoten. The main findings indicate that outdoor mobility of older adults is diverse and subjective, and is perceived to be important because it is closely related to independence. Furthermore, three interrelated dimensions are experienced to have an influence on their outdoor mobility: personal, social and environmental. Finally, older people seem to adapt to a decline in mobility by self-regulation. We advise policy makers to adjust the living environment in such a way that it meets the needs and capacities of older people, thus creating an age-friendly Winschoten.

Samenvatting

Dit rapport onderzoekt hoe zelfstandig wonende oudere inwoners van Winschoten, Oldambt hun mobiliteit buitenshuis ervaren. Onderzocht wordt waarom mobiliteit belangrijk is, hoe mobiliteit beïnvloed wordt en hoe oudere mensen zich aanpassen aan een verandering in mobiliteit. Dit wordt gekoppeld aan theorieën over *age-friendly environments*, buitenshuisse mobiliteit, onafhankelijkheid en welzijn. Het onderzoek bestaat uit zes diepte-interviews met oudere inwoners van Winschoten. De resultaten duiden aan dat buitenshuisse mobiliteit van oudere mensen divers en subjectief is en dat deze mobiliteit van belang is omdat het in nauw verband staat met een gevoel van onafhankelijkheid. Drie samenhangende dimensies worden ervaren als van invloed op mobiliteit: persoonlijk, sociaal en de omgeving. Ook lijken oudere mensen zich aan te passen aan veranderende mobiliteit door middel van zelfregulering. We adviseren de gemeente Oldambt om de leefomgeving zo aan te passen dat in de mobiliteitsbehoeftes en -vaardigheden van oudere inwoners wordt voorzien, en zo een *age-friendly* Winschoten te creëren.

Table of Contents

Chapter 1 – Introduction	1
Chapter 2 – Theoretical Framework	3
Chapter 3 – Methods	4
Chapter 4 – Findings	7
Chapter 5 – Discussion and conclusion	14
References	17
Appendix A – Interview guide	20
Appendix B – Information document	23
Endnotes	28

Chapter 1 - Introduction

The everyday outdoor mobility of older people has received an increasing amount of attention in the academic world and in policy-making (e.g. Ziegler & Schwanen, 2011; Iwarsson et al., 2013; WHO, 2007; Ministerie van VWS, 2018; PBL, 2013). There are two reasons for this. The first reason is the recent and projected growth of senior citizens in (and the impacts of this on) most Western societies. Secondly, research has shown that mobility outside of the home is strongly related to wellbeing in later life (e.g. Rantanen, 2013; Ziegler & Schwanen, 2011; Schwanen et al., 2012).

In 2013, the Dutch Environmental Assessment Agency (PBL) published a report concerning the societal impacts of population ageing in the Netherlands. Their prognosis is that in 2040, a quarter of the population will be of retirement age (then 67 years or older), and 14% of the population is expected to be above the age of 75; a duplication compared to 2012 (PBL, 2013). Especially in rural areas that are confronted with a declining population due to out-migration of younger people, the share of older inhabitants is expected to increase considerably, to 30-35% (PBL, 2013).

Moreover, more people *age in place*, meaning that as they get older, they stay in their own home and neighbourhood, as opposed to moving to a long-term care home. Therefore, in the future, a larger number of Dutch older adults will be community-dwelling. Being able to move outside the home to access activities and facilities is an important component of successful ageing in place (WHO, 2007). However, getting older is often accompanied by different levels of functional decline, which may complicate moving outdoors (Ziegler & Schwanen, 2011; PBL, 2013). Therefore, to facilitate older adults' outdoor mobility, their social and physical living environment may

require adjustments to meet their needs and capacities (WHO, 2007; PBL, 2013). In 2007, the World Health Organisation published a report on such *age-friendly environments*. In this report, it is stated that by making adjustments to the social and physical living environment, older people can still actively participate in the community, which is considered to be beneficial for their own health and wellbeing and thus reducing health care costs.

This research was carried out at the request of AFEdeMy (Academy on Age Friendly Environments in Europe), which is a consultancy firm on the subject of age friendly environments (AFEdeMy, 2018). AFEdeMy wished to learn more about the mobility of older people in the municipality of Oldambt. In particular, they were interested in older adults' views, and opportunities to adapt or accommodate if decline in mobility occurs. Oldambt is located in the North-Eastern part of Groningen, the Netherlands and currently has about 38 thousand inhabitants. This report focuses on Winschoten, the main town of Oldambt. The location of Winschoten and the municipality of Oldambt can be seen in Figure 1.

Since 2010, there has been a population decline of about 3,6% (CBS, 2018a). The national government marked the municipality as a 'declining area' in 2015 (Ministerie van Binnenlandse Zaken en Koninkrijksrelaties, 2018). Additionally, almost 24% of the inhabitants of the municipality of Oldambt are 65 years or older (CBS, 2018b), which is higher than the current national average of 17,5% and close to the projected national percentage in 2040. The overall aim of the research was to explore how community-dwelling older adults in Winschoten experience their outdoor mobility, and to provide the municipality with implications to cater to

this age groups' mobility needs. To address this aim, the following research questions were formulated:

How do older people in Winschoten experience their outdoor mobility?

- a. *Why do they feel outdoor mobility is important?*
- b. *What aspects (positively or negatively) influence their outdoor mobility?*
- c. *How do older people adapt or accommodate to a decline in outdoor mobility?*

A qualitative approach was used, by conducting semi-structured in-depth interviews with older adults in Winschoten. This report is structured in the following manner: the theoretical framework will be discussed in chapter 2. Chapter 3 provides an overview of the methodology used and some ethical considerations. The findings are presented in chapter 4, following the structure of the research questions outlined above. The final chapter contains the discussion of the findings and conclusion, along with implications for policy makers and future research regarding this topic.

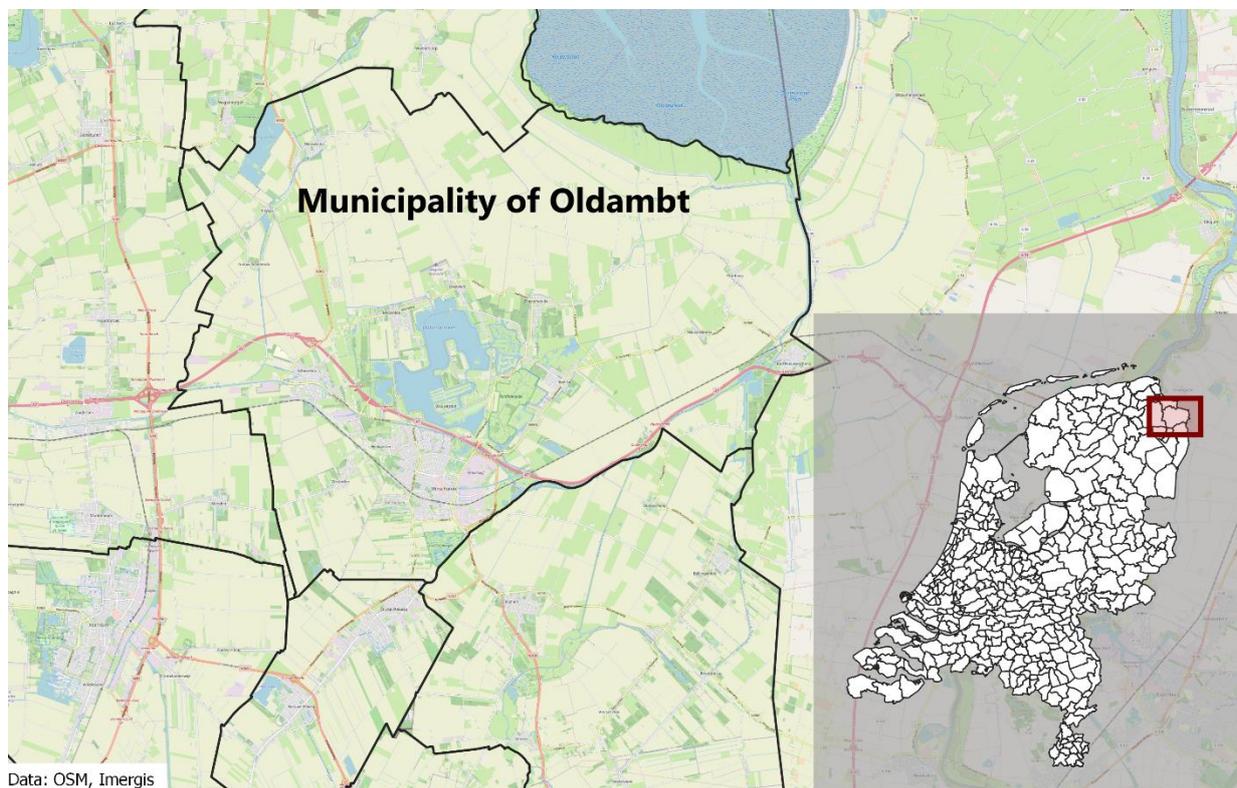


Figure 1: Map of Oldambt

Chapter 2 - Theoretical framework

Rantanen (2013) conceptualises outdoor mobility as the ability to move around and access activities by any mode of transportation (on foot, bike, car, public transport, etc.). Optimal (outdoor) mobility, according to Goins et al. (2014) is 'one's capacity to safely and reliably transport one's self via desired means to chosen locations'. Older adults often experience different levels of functional decline, influencing their outdoor mobility. Physical problems, such as impaired vision or trouble walking, can cause them to move slower, or to be unable to use a certain mode of transportation (Rantanen, 2013). Moreover, functional decline is often accompanied by a decline in perceived self-efficacy and responsiveness, causing older adults to be more careful when moving outside, or to avoid certain situations which are perceived to be unsafe (Mollenkopf et al., 2004), .

The importance of out-of-home mobility at older age is threefold (Rantanen, 2013). Firstly, it provides in the basic human need for physical movement. Secondly, it is a necessity in providing in daily needs of (grocery) shopping or running errands. And finally, it allows for participation in social, cultural and physical activities. Moreover, outdoor mobility is considered to play a key role in independence, the ability to act and move around autonomously. As such, being able to move outdoors for older people has a deeper meaning than to simply access activities, and is closely related to their wellbeing (Gilroy, 2007; Schwanen et al., 2012; Goins et al., 2014). Ziegler & Schwanen (2011) conceptualise wellbeing at older age as 'a combination of good health, sufficient income to participate in society, a strong social network, the capacity to make a contribution to the community or society, a secure home and the ability to access information and

activities' (p. 764). In other words, wellbeing for older people consists of a combination of interrelated subjective, social and environmental dimensions. The research of older adults' outdoor mobility, therefore, should include their experiences, perceptions and values, in order to get a full understanding of what outdoor mobility means in relation to their wellbeing.

Research by Ziegler & Schwanen (2011) on the relationship between mobility and wellbeing shows that this is reciprocal in nature. Not only does outdoor mobility contribute to wellbeing; a higher level of wellbeing, in turn, promotes outdoor mobility. Physical health, for example, allows for the physical ability to use certain modes of transportation, and a strong social network can provide older adults with reasons to go outside. On the other hand, loss of outdoor mobility in older adults can lead to social isolation, depression and increasing health problems (Iwarsson et al., 2013). Therefore, in order to guarantee this growing age group's quality of life, their living environments may need to be adjusted.

In 2007, the World Health Organization published a report on age-friendly cities. According to the WHO, an age-friendly city adapts its physical and social living environment in such a way that structures and services are 'accessible to, and inclusive of older people with varying needs and capacities' (2007, p.1). This model, which is displayed in figure 2, reflects the topic areas which are of influence on the age-friendly city.

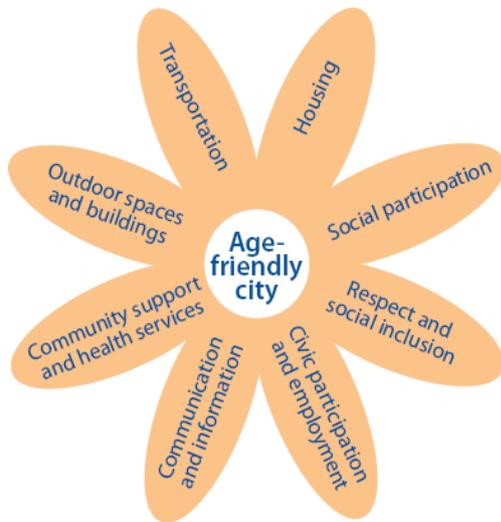


Figure 2: Model Age-friendly City (WHO, 2007)

The topics of this model that are related to the physical environment and are relevant for our research are: ‘Transportation’ and ‘Outdoor spaces and buildings’. The topics ‘Respect and social inclusion’ and ‘Social participation’ are the social themes relevant for this research.

There are municipal policy documents on available on this topic as well. In 2017, the municipality of Oldambt

published its integral *Omgevingsvisie* (Environmental vision). In this report, the ageing and declining population was addressed. By stimulating older adults’ self-reliance and informal caregiving, the municipality set out to both facilitate wellbeing of this age group as well as to reduce expenses for the municipality (Gemeente Oldambt, 2017). Stimulating this includes adjustments to the physical and social living environment, to guarantee older adults’ outdoor mobility.

Based on the above, it is particularly interesting to get insights in how older adults in Winschoten experience their outdoor mobility, how their outdoor mobility is influenced, and how they accommodate their behaviour in case of declining mobility. Such an understanding provides implications as to how policy makers can create an age-friendly environment, which is accessible and safe for older adults and stimulates the outdoor mobility of this growing age group.

Chapter 3 - Methods

To answer the research questions, a qualitative approach was used. This approach is most suitable when researching individual behaviour, beliefs, feelings and experiences (Hennink et al. 2011), which were sought in this study. Data were gathered through semi-structured in-depth interviews. As compared to other qualitative research methods, such as focus-groups or observations, in-depth interviews are preferable for investigating individual perceptions and experiences (Hennink et al., 2011). As in all qualitative research, the findings of this study are context-specific. However, general principles derived from the findings can be transferred to other

settings, while taking the context-specificity of those settings into account (Hennink et al., 2011).

Within the municipality of Oldambt, the focus was on Winschoten, as it was considered more valuable to have more information on one location than to have little information on more locations. Winschoten has an interesting demography to research in this context. 18.000 inhabitants of which a quarter is above the age 65. Within the municipality, Winschoten functions as a regional centre, because of the presence of facilities such as supermarkets, shops, and a cultural centre. Within this research, people aged 75 and older were studied. A reason for this

is that it is customary when researching older people (e.g. Hedman et al. 2013; Sherman et al. 2012). Moreover, according to PBL (2013), from age 75 and onwards, people increasingly experience physical impairments and a decline in their mobility.

Interviewees were recruited using a combination of informal networks and snowballing. This way of recruitment was deemed most preferable for this research, because it allowed for 'pre-selection' on whether the participants met the requirements for participation, and the participants also had basic knowledge on our reason for visiting them. We felt this made them more willing to cooperate and share personal, sometimes even sensitive information with us. Other ways of recruitment, such as on-street, might have created unethical situations in which people reacted defensively when asked about their age. This type of recruitment could also have resulted in a research bias, since people who do not leave their home (often) would have been excluded from participation.

A total of six in-depth interviews were conducted, five respondents were over 75 years old, one was 73 years old. During one interview, two respondents, a married couple, were interviewed. However, the conversation mainly focused on one of them. The participants' background characteristics are shown in Table 1. The names used are pseudonyms. The interviews revolved around how the participants experienced their outdoor mobility, and how this was influenced. Topics that were discussed are: daily activities, the importance of those activities, transportation modes and social contacts. For the complete (Dutch) interview-guide, please refer to Appendix A. All interviews were conducted in Dutch. For the purpose of this report, quotes were translated in English, while ensuring that emotions and content remained after translation. Original

Dutch version of the quotes have been included as endnotes.

All interviews were recorded and transcribed in its entirety. Afterwards, coding and analysis were done using ATLAS.ti 8.3. A codebook was constructed prior to analysis, using themes that were identified during literature review. Some codes were adjusted or added during the analysing process. Analysis was done by examining which codes were used most often, how codes related to each other, and comparing responses to determine to what extent experiences and values differed between the respondents. Functions which were used within ATLAS.ti 8.3 are code-document tables and co-occurrence tables.

Ethical considerations

Several ethical considerations were relevant in this study, especially pertaining to beneficence and respect of persons (see Hennink et al., 2011). Beneficence was important to take in account, as our research may have caused the participants to think that things are going to change after they have discussed their issues with us (Hennink et al, 2011). We did not experience this during, or after the interviews were conducted. This was prevented by telling participants about the research goal, our position as students and that we were not affiliated to the municipality.

While the topic of outdoor mobility may not immediately seem sensitive, some older people might have had difficulties dealing with a decline in their outdoor mobility. Therefore, the researchers were sensitive in approaching this issue. There were no recorded situations in which respondents felt emotionally harmed during the interviews.

Before the start of each interview, the respondents received an information document (Appendix B), covering the purpose of the research, their rights as participants, and how their privacy would

be protected. This document also contained contact information of the research team, in case the participant had any questions or remarks afterwards. None of the participants contacted the research team before this report was finalized. To make sure the interviewee fully understood the content, this document was discussed, and any questions respondents had were answered. After this, the respondent as well as a member of the research team signed an informed consent document in twofold. One was kept by the respondent and the other was digitized and stored within the university. Prior to each interview, participants were asked if they wanted to participate and agreed with the interview being recorded. These questions were repeated at the start of each interview, to ensure that this could be validated afterwards.

The privacy of the respondents was safeguarded throughout the whole research process. First of all, the interviews were recorded with a password-protected laptop. These recordings were then uploaded to the protected electronic environment of the University, which can only be accessed with a password, and erased from the laptop. This folder was only accessible to the research team. Secondly, personal information of the participants was not shared outside the team and respondents were given pseudonyms. The interviews were transcribed and analysed on a password-protected account. When the interviews were transcribed, any information (e.g. previous jobs, names of children, name of the street) that could give away a person's identity was anonymized.

Interviewee	Gender	Age	Housing type	Living situation	Physical limitations
Mr. Achterduin	Male	77	Bungalow	With partner	None
Mrs. Bos	Female	78	Apartment	Alone	Visual impairment, knee problems
Mrs. Cornelisse	Female	81	Apartment	With partner	None
Mrs. van Dijk	Female	86	Apartment	Alone	Difficulty walking
Mr. and Mrs Edinga	Male and female	82, 80	Detached house	Together	None
Mr. Freriks	Male	73	Detached house	With partner	None

Table 1: Respondent characteristics

Chapter 4 - Findings

One of the aims of this research was to investigate how older people experience their mobility. This is done by highlighting the following themes: the importance of outdoor mobility at older age, aspects that influence this outdoor mobility, and ways in which older people adapt their behaviour and perceptions if a decline in mobility occurs.

The older people in Winschoten that were interviewed, seem to use very different modes of transportation. The transportation modes of our respondents are recorded in Table 2. This table displays the different options the respondents have and which ones they use. The reasons for not, or to a limited extent using a certain mode of transportation differs profoundly. For example, both Mrs. Bos and Mrs. Cornelisse do not drive a car, but Mrs. Cornelisse has never had a driver's licence whereas Mrs. Bos had to give up driving because of declining eyesight.

Although there were differences between the respondents in terms of transportation-modes, they mostly used these for the same things. Outdoor mobility was mainly used for running errands (e.g. groceries, pharmacy), pursuing hobbies, or for physical exercise. The respondents that drove a car mentioned visiting other people more often. Respondents with limited options for transport modes, seemed to visit others less.

Another notable finding regarding our respondents' main modes of transportation, is that very few respondents used public transport. Three of them sometimes did use the train and two used taxis, but none of them ever took the bus. Five respondents told us about a lack of knowledge when it came to taking the bus, such as not knowing where to get on the bus, how payment in the bus works, or how to get to their destination. The following quote by Mrs. Bos, who mainly uses her bike to get around and sometimes takes the train, shows this lack of knowledge:

"I have no idea... For instance, if you want to take the bus to Scheemda... I have no idea how to get there. I don't know. I think you need to go to the bus station first... Well then it's more practical to take the bike to go to Scheemda. That's the difference, huh? See, in the city it's more easy to take public transport than in a town like Winschoten. Because the public transport doesn't go through the town. At least, I wouldn't know." ¹

Some respondents did not see the necessity of taking the bus, because they were able to get around on their bike or in their car. Others did (or could) not drive a car, but nevertheless did not take the bus. This may be caused by a lack of knowledge or insecurity about how taking the bus 'works'.

Interviewee	Walking	Walking aid	Cycling	Electric bike	Driving	In big city	Train	Bus	(regio) Taxi	Carpooling
Mr. Achterduin	Yes	No	Yes	No	Yes	Yes	No	No	No	Yes
Mrs. Bos	Short distances	Sometimes	Yes	Yes	No	N/A	Yes	No	No	Yes
Mrs. Cornelisse	Yes	No	Sometimes	No	No	N/A	No	No	Sometimes	Yes
Mrs. van Dijk	Short distances	Yes	No	No	No	N/A	No	No	Yes	Yes
Mr Edinga	Yes	No	Yes	Yes	Yes	No	Yes	No	No	Yes
Mrs. Edinga	Yes	No	Yes	Yes	Yes	No	Yes	No	No	Yes
Mr. Freriks	Yes	No	Sometimes	No	Yes	No	No	No	No	Yes

Table 2: Modes of transportation

Interestingly enough, respondents often referred to other older people's situation when discussing their own mobility. By comparing their experiences with others, they reflected on their own outdoor mobility. For example, Mrs. Cornelisse, whose main mode of transportation is walking, compares her situation with people who need walking aids:

*"When I see other people... Well, and they're walking with crutches or things like that. Well, then I think my mobility is still good."*²

By making this comparison with people who need to use crutches, Mrs. Cornelisse positively evaluates her own mobility. This comparison with others also works the other way around, as is shown by the following quote by Mrs. van Dijk, who uses a walker to get around:

*"I am not getting better, but I wouldn't say I am rapidly declining. [...] I also have a friend [...], who is 92 years old and still does everything herself. Working the garden and everything [laughs]. One [person] is better off than another. I couldn't do that anymore. Like, I also can't pick up stuff from the ground anymore."*³

By giving a clear example of things she cannot do anymore while discussing what other older people still can do, Mrs. van Dijk shows that she is aware of her physical situation and the limitations this imposes on her mobility. However, when asked how she felt about her declining mobility, Mrs. van Dijk showed a certain perseverance when it comes to doing things that are difficult, in this case picking something up from the ground:

*"Well ehm, I put my walker in the hallway and I do it anyway. [...] I want to be able to handle myself."*⁴

The importance of mobility: independence

The previous quote shows how Mrs. van Dijk persists on picking something up from the floor even though this is difficult for her, because she wants to be self-reliant. This exemplifies one of the major recurring themes during this research:

independence and the importance of outdoor mobility therein. During each of the interviews, regardless of their physical condition and modes of transportation, being able to decide and act without the help of others turned out to be an important part of these people's lives. This is illustrated by a quote of Mr. Achterduin, which he gave as an answer to the question whether he thought it was important to get to facilities independently:

"Very important, [...] that you can just go there, yes, that is important."

Interviewer: *"But you could for example order a taxi for that as well."*

*"No, I'll take the car then. I want to drive myself for as long as possible."*⁵

Although the interviews focused on outdoor mobility, respondents often related this to being able to keep living in their own home. Respondents spoke about losing their independence if they had to move to a care home. Some of them even said they hoped to be dead before that was needed. The following statement by Mrs. Bos illustrates this:

*"Let me tell you this, my biggest [fear] is that I need to move to a care home and catch a ball. That's my biggest [fear]. You know what I mean? Then you're really, ehm, sidelined, you know. And then you need to play games, and you have to catch a ball. Well, I hope I'm dead before that happens [laughs]."*⁶

For Mrs. Bos, losing her independence is closely related to her feeling of self-worth. She feels that, if she had to leave her home, her quality of life is lost. This quote

emphasizes how important being independent is to older people.

Another way independence came forward is that being independent, and able to move outdoors, allows you to live your life without having to ask others to assist you. Many respondents stated to dislike having to ask people to do things for them. Being able to do things without needing help from others seemed to be very important. This can be derived from the following quote by Mr. Bos who, during a decline in mobility had to give up some of his work.

“And if you are a busy person, than it’s very hard to just sit here on a chair. And when my wife and daughter are working in the garden, well then you’re shaking in your chair, that is something you can’t handle, but I really couldn’t [help]. I could just get to the toilet, not any further. That’s really rough.”⁷

Other respondents spoke of similar situations and how they disliked to ask others to do things for them. Although they know it is part of ageing, it is not something they like.

(Perceived) aspects that influence older people’s outdoor mobility

So far, our results have shown that the outdoor mobility of our respondents looks very different, and that this outdoor mobility is important because it allows older people to remain independent. In the following part, different aspects that were perceived to be of (positive and/or negative) influence on respondents’ outdoor mobility are presented.

Based on the main topics discussed during the interviews, we can distinguish the following dimensions the respondents perceived to have an effect on the outdoor mobility of older adults in Oldambt: personal dimension, social dimension and environmental dimensions. In the next part, we will discuss each dimension.

Personal

Respondents all mentioned how functional decline was ‘part of the process’ of getting older. For example, Mr. and Mrs. Edinga, even though they do not experience any specific health issues, this awareness of the gradual decline of their bodies, causes them to adapt their outdoor mobility to a certain extent. In the following citation, Mrs. Edinga talks about why they do not drive their car in bigger cities (such as Amsterdam) anymore, because they feel less at ease than they used to in such situations. She also feels that because of their age, it is ‘alright’ to acknowledge that their abilities are changing:

“You think to yourself, why bother? Because then you need to find the way and make quick decisions: ‘is it this exit or the other one at that street...’. At a certain point, you need to be honest with yourself that not everything is going the same way it used to. And we can still do a lot, but at some point you’re allowed to admit: “Well, this is becoming unnerving to me.”⁸

Other respondents showed similar attitudes towards functional decline caused by the process of ageing and a consequent adaptation of their outdoor mobility. This attitude is demonstrated by the fact that health was the main recurring topic during each interview. Some interviewees reported bodily or sensory health problems, like impaired vision, painful joints, and/or decline in response capacities, to be one of the main reasons for giving up a certain mode of transportation, or being more careful when taking part in traffic. This comes forward in the first quote by Mrs. van Dijk, who had to give up driving the car because she had a stroke and her eyesight was declining:

“No, I did have [a driver’s licence], but after the stroke... I just had... I had to reapply to get my licence back and I did, but I was declared unfit on account of my eyes. Or, well... Not declared unfit, but I

*had to get operated on both of my eyes. [...] But just when I wanted to get re-examined, I got the stroke. And then I had to redo the examination again, and I wasn't up for that."*⁹

Ever since she lost her driver's licence, Mrs. van Dijk is dependent on taxis and carpooling to get around. She is able to walk short distances with a walker, as can be seen in table 2. These limited options for transportation complicate her outdoor mobility. Other spoke of health conditions that inhibited their mobility, but to a lesser extent than for Mrs. van Dijk.

Besides physical problems, taking less risks regarding their physical movements to avoid potential harm and a consequent loss of mobility, appeared to have a negative effect on the outdoor mobility of most of our respondents. The next quote by Mrs. Edinga exemplifies that even though there has not been an incident which inclined her mobility, just the risk of losing mobility has already an effect on her mobility. When she spoke about visiting family while the weather was snowy, she said:

*"I said, well we could slip so easily and if we break a hip, then it is over. [...] Those are situations where we get a little more careful and don't want to take risks if it isn't necessary. Because we want to stay mobile for as long as possible, yes."*¹⁰

This quote stresses the importance of mobility once again. Because they don't want to lose their ability to walk by breaking a hip, Mr. and Mrs. Edinga take less risks under certain conditions. Most of the other respondents showed similar perceptions, such as avoiding going out by themselves later at night.

The previous quote shows that the mindset has a large influence on mobility. Just as it puts certain limits to the mobility of Mr. and Mrs. Edinga, a certain mindset can also have a positive influence on older adults' mobility. Some respondents

emphasized the necessity to keep moving around to avoid degeneration of their body. The following quote, by Mrs. Bos, shows that despite a decline in bodily functions and increased fear when taking part in traffic, she persists in using her bike because she is convinced giving up cycling will have profound consequences:

*"I still ride my bike, you know? There's a lot of people [my age] who don't do that anymore. [...] Last summer I fell a few times and then things really started to move in the wrong direction. And I thought to myself: 'If I can't ride my bike anymore, then I'm in trouble'. Then I would really be in trouble. So I got back on the bike as soon as possible. But that took a lot of will-power, because every time you're thinking like: 'Ooh, shoot, I hope that person keeps moving, so I don't have to get off my bike', you know?"*¹¹

This determination relating to maintaining her outdoor mobility appears to be caused by wanting to avoid 'profound consequences'. This was the case for most of our respondents. These perceived consequences all centred around loss of independence or freedom, by becoming dependent on other people or ending up in a long-term care home

Social

Outdoor mobility was often mentioned in combination with other people. As described above, visiting friends or family, associations, church or (voluntary) work were often mentioned as reasons for going outdoors.

Besides going outside to visit other people, respondents also spoke of doing activities *with* other people. For example, Mrs. Bos stated that she often cycles together with her friend. However, loss of such contacts, or having troubles with the transportation to the activity, can result in a loss of the activity altogether. This occurs especially for people with limited ability to

use different modes of transportation. For example, Mrs. van Dijk brings up how she used to go to all kinds of places to play cards, which was an important activity for her. Because the bus service that brought her there stopped and the people she used to play cards with moved away, her outdoor mobility is reduced:

"I used to play jass two times a month on Saturday nights, in Medum. And twice a week, on Thursdays, at the neighbours upstairs [who moved away]. And every Monday afternoon in the Bospoort. But that's all over now. Because the Bospoort... The Red Cross bus used to pick me up, but that doesn't drive anymore. [...] It's probably not profitable." ¹²

A contrasting view is given by Mr. Achterduin, who sings in a choir:

"A colleague, who comes from Beerta, picks me up [to go to the choir]. But he's gonna move away, so then I'll walk there. I don't mind that, being out for a walk." ¹³

Mr. Achterduin tells about how someone picks him up to go to his hobby, however, that person is moving away. Therefore, Mr. Achterduin needs to change his mode of transportation. As opposed to Mrs. van Dijk, his physical health allows him an alternative mode of transportation in order to keep pursuing his hobby.

Another way in which our respondents' social contacts appeared to be of influence on outdoor mobility, was the mobility of one's partner. Mr. and Mrs. Edinga appear to enhance each other's outdoor mobility, by motivating each other to engage in activities:

"We also cycle a lot together, huh [looks at his wife]? on Sundays. Then we go to Termunten. From here, on the bicycles. And eat some fish there. Yeah, [that's] like 40 kilometres." ¹⁴

Because this couple both experience few physical troubles, they can engage in outdoor activities together. As such, being

physically active is combined with a social activity. For Mrs. Cornelisse, whose husband is bedridden¹⁵, her husband's poor health status puts limits to her outdoor mobility:

"[...] Our [daughter] sometimes says: 'Mom, you should go cycling sometimes, in the afternoon.' And I said: 'Go cycling? By myself? And leave my husband alone?' No. I won't do that, no. I don't feel like doing that anymore. But we used to cycle a lot, together as well." ¹⁶

Mrs. Cornelisse used to cycle together with her husband, but now that he cannot do that anymore, she also rarely does it anymore. Moreover, she does not want to leave her husband alone. In this case, the mobility of her partner as well as her own attitude towards going cycling by herself, causes her to refrain from using her bike. Mrs. Bos, who, as was shown above, is determined to stay physically active, also noted how having to do it by herself caused her to not want to go out for a walk:

"It's important to stay active. But like yesterday, I'm at home by myself all day, and I don't want to go out for a walk, I don't feel like doing that. It's no fun by myself. And especially with the walker, well that makes me feel like a hundred years old, I hate that." ¹⁷

This citation shows that for Mrs. Bos, being alone combined with her physical limitations to walk without assistance, results in a constraint to her outdoor mobility, despite being aware of the importance of going outdoors.

Environmental

The third dimension which is often mentioned to have an influence on the interviewees' outdoor mobility, is the living environment in Winschoten. Reasons for staying in or moving to Winschoten were similar for all respondents: because of the facilities (e.g. shops, pharmacy) and to be near family and/or friends. Three of them

stated that moving to Winschoten was a way of adjusting to a decline in their mobility, such as Mrs. Bos who says:

*"I lived in [a small village in Oldambt], I used to do everything by car, because you couldn't even get a stick of butter over there, so-to-speak. [...] But well, you get older, and my eyes are getting worse - I already had a cataract surgery, but that didn't help. [...] So altogether, you're like: 'I should give up driving the car'. Since traffic is also getting so crowded. And, eh, taking the car for every little errand isn't something you easily do anymore. So that's why Winschoten is more convenient for me, because I can do everything by bike."*¹⁸

The citation above, by Mrs. Bos, who lived in Winschoten when she was younger and moved back to Winschoten two years ago, shows how she specifically chose to move to Winschoten to guarantee her self-

reliance. The physical environment of Winschoten facilitates this.

The physical environment also appeared to have a positive influence on the mobility of respondents in other ways. The majority of the respondents noted how they loved to go out and enjoy nature. The following quote, by Mrs. Edinga, who has an electric bike, exemplifies this:

*"[...] When the weather is nice, I'm like, at three in the afternoon: 'I am gonna go on my bike around Blauwestad.' That's like 20, 21 kilometres, and it's so beautiful you know, with the water and the birds, and, well, that's just nice to do."*²⁰

The only respondent who did not mention going in nature, was Mrs. van Dijk. This may be caused by her limited options for transportation methods.

Respondents also had distinct examples of how the physical environment hindered their outdoor mobility. Most of

Box 1 - Shared Space Oldambtplein

A specific way in which the physical environment of Winschoten negatively influences the outdoor mobility of our respondents, is the shared space roundabout at the Oldambtplein. All participants perceived this roundabout to be unsafe, regardless of their mode of transportation.

What is Shared Space?

The principle of Shared Space, as a way of designing the physical environment, is as follows: If perceived safety decreases, objective safety increases. The basic idea is that in absence of road signage, people take their own responsibility and behave more careful when taking part in such traffic situations (Kenniscentrum Shared Space, 2019).

The Shared Space roundabout at the Oldambtplein has been installed in 2014. Since then, there has already been a lot of media attention to this roundabout in Winschoten, with some articles even marking it as 'one of the most unsafe traffic situations in the Netherlands' (RTL Nieuws, 2018).

The older people that were interviewed did not like the Shared Space at all, because it was too unpredictable, unclear and unsafe. Mr Freriks mentioned this:

*"Well, look.. When you arrive in the centre by car and you approach the Shared Space, that is a disaster. The Shared Space is a disaster on its own and if you see children left and right, that is just.. You have to be very careful."*¹⁹



these situations were closely related to their perceived safety of the situation. This unsafe experience was often mentioned in combination with crowded or unclear traffic situations, other road users, weather conditions and time of day. In the following quote Mrs. Bos describes her insecurity when approaching an intersection:

*"And then I think: he [the car] is stopping, so I'll go... No wait, it doesn't stop... And then I'd have to jump off my bike very fast, but that's something I can't."*²¹

The insecurity Mrs. Bos feels regarding this situation, seems to be caused by her physical health in combination with a potentially dangerous situation, in which she would have to respond quickly. When we asked her how she solves such situations, she said:

*"Because getting on and off [the bicycle] is so difficult for me, I choose a route where I'd have to do that as least as possible [laughs]."*²²

Thus, her physical condition causes her to choose a different route, avoiding the perceived unsafe situation, while still

allowing herself to stay active. This provides another example of how our respondents somewhat adjusted their outdoor mobility, to accommodate to functional decline.

During the interviews, participants were asked whether they could think of any ways in which their mobility could be improved. All of our respondents, except for Mrs. van Dijk, mentions one specific traffic situation in Winschoten which they think is unsafe. This is the so-called 'Shared Space'-roundabout at the Oldambtplein. Please refer to Box 1 for detailed findings on this subject. Other potential improvements included: changing the tiles in the city centre because they can get slippery when it rains (Mrs. Edinga), repairing uneven sidewalks faster (Mr. Achterduin and Mr. Freriks), installing more public restrooms in the city centre (Mr. Achterduin and Mr. Freriks), making the bicycle lanes wider (Mrs. Edinga) or separating them from other traffic (Mr. Freriks).

Chapter 5 - Discussion and conclusion

In this report, we explored how community-dwelling older adults in Winschoten experience their outdoor mobility. We found that, between respondents, the modes of transportation differed profoundly, indicating that outdoor mobility of older adults is a diverse and subjective concept. A notable finding is that none of our respondents took the bus. Our findings suggest that older adults mainly use their outdoor mobility for the same reasons: providing in their daily needs, participating in social/cultural activities, and as a way to stay physically active. These results correspond with the threefold importance of outdoor mobility as found by Rantanen (2013). However, the importance of out-of-home mobility appears to go beyond being able to go from A to B, but is nested in a deeper-rooted desire for freedom and independence. There were differences in how independence was perceived among participants. For some, independence meant being able to go wherever they wanted and whenever they wanted. For others, independence revolved more about not having to ask others for help.

The outdoor mobility of our respondents appears to be influenced by three interrelated dimensions; personal, social, and environmental. This corresponds with existing literature on the outdoor mobility of older adults (Goins et al. 2014; Ziegler & Schwanen, 2011). The first one of these is the personal dimension, including physical and psychological aspects. All our respondents noted to be aware of functional decline due to ageing, of this, and thus adapted of their behaviour. This is in accordance with existing research, such as by Rantanen (2013), whose research shows that older people with visual impairments have more trouble walking outdoors. In addition, personal beliefs, perceptions and experiences, such

as insecurities about perceived self-efficacy due to declining response capacities. This corresponds with other literature on the outdoor mobility of older adults (e.g. Ziegler & Schwanen, 2011). Contrarily, determination and willingness to go outdoors to engage with other people and stay active seemed to promote outdoor mobility, despite any potential functional limitations.

The second dimension that seemed to influence respondents' outdoor mobility, is their social environment. Social contacts such as family, friends and associations provided them with reasons to go outside, as well as companions to do activities with. This corresponds with the findings by Rantanen (2013), that mobility is important for keeping social contacts. This also had a downside if such contacts or facilities were lost, outdoor mobility could be inhibited, especially when the respondent had limited alternatives for transportation. Moreover, the mobility of their partner appeared to shape our respondents' outdoor mobility. On the one hand, partners stimulated each other to engage in outdoor activities, while on the other hand the partner's mobility could limit outdoor mobility.

Thirdly, the physical environment was experienced as an influential dimension of interviewees' outdoor mobility. The respondents stated to live in Winschoten because of its facilities and the proximity of family and friends. The natural surroundings of Winschoten seemed to promote outdoor activities, which are, as stated in the research by Rantanen (2013), an important part of healthy ageing. The physical environment also hindered respondents' outdoor mobility in certain ways. Most of these situations were closely related to their perceived safety. This unsafe experience was often mentioned in combination with crowded or unclear traffic situations, other road users, weather

conditions and time of day. This related closely to their own health and mind-set, indicating that the three dimensions are intertwined. Specifically, the 'Shared Space'-roundabout was experienced as an unsafe situation by our respondents.

Many of our respondents reported on ways in which they adapted their behaviour and perceptions to meet a decline in their mobility, by refraining from using certain modes of transportation, limiting their use to certain circumstances (e.g. time of day, weather conditions) or carpooling. Donorfio et al. (2008) refer to this adaptive behaviour as 'self-regulation'. Specifically researching older adults' ability to drive a car, they define this as: "a change in driving patterns and behaviours to continue driving without compromising their perceived safety, independence, and quality of life." In our research, self-regulation behaviours also came forward regarding other modes of transportation, as some participants mentioned they would rather not be out walking or cycling when it was dark. This corresponds with the research by Mollenkopf et al. (2004). Carpooling to and from activities was often mentioned as a solution for this. To a certain extent, this self-regulated behaviour limited these older adults' outdoor mobility. However, because of these restrictions they can continue using the mode of transportation and engaging in activities.

There are a few limitations to this research that should be noted. Firstly, the sample that was used only included older adults with a social network. Future research may focus on older adults who lack such a network, because their experiences with outdoor mobility may be profoundly different. Secondly, the number of participants forms a limitation to the degree of saturation of this research. Therefore, it might be valuable for future research to include participants without a social network, and use a larger sample.

The findings of this research can be

related to existing policies. The Dutch ministry of Health, Welfare and Sport (VWS), published a program report on staying at home for longer, called 'Programma Langer Thuis' (Ministerie van VWS, 2018). The goal of this report is to ensure that older people can grow old independently within their own familiar environment, while maintaining a good quality of life. The municipality of Oldambt has adopted this policy strategy as part of their 'Positive Health Policy' (Gemeente Oldambt, 2017). One of the main parts of this policy is to stimulate ageing in place for older adults. In practice, a lot of the actions installed to facilitate this, such as delivery service for groceries, and doing chores around the house. However, findings from our research indicate that older adults attach a lot of value to being able to do these things themselves.

The report of the Foundation of Scientific Research on Road Safety (SWOV), states that it is important to inform, advise and guide older people who are experiencing a decline in mobility (Goldenberg, 2015). Our research showed that our respondents mostly had a lack of knowledge about the options and availability of public transport. Although for some this might be because they have other options for transportation, it is important that this information is facilitated. Taking the bus could provide an alternative mode of transportation to adapt to functional decline, but our respondents currently either do not know about this or do not consider it to be an alternative. Therefore, we advise the municipality to provide more information on public transport to older people, with a clear explanation of the bus stops, bus lines and how to make use of the bus system (e.g. payment, time table). This might be done through advertising and handing out flyers with information, but also by organising events that older adults can visit to get more information on this subject. Reaching

older adults who have limited options for transportation and might not be able to visit such an event, can be done by having advisors go door-to-door. For this report, we have not researched the number and accessibility of bus stops in Winschoten, however in its Traffic and Transportation Policy (2011), the municipality states that in neighbourhoods, there should be a bus stop within a range of 1 kilometre. To our opinion, based on the conversations we had with older people, this range should be reduced, in order to be accessible to older adults with limited outdoor mobility. Future research may examine this to greater extent.

The traffic and transportation policy by the municipality of Oldambt states the implementation of the design principle of Shared Space in Winschoten (Gemeente Oldambt, 2011). This principle is characterised by an absence of traffic signs, which should cause road users to all

take their responsibility and focus on each other. However, research on older adults as road users has shown that for this age group, clear signage and separation of traffic is most preferable (WHO, 2007; PBL; 2013) Therefore, we want to advise the municipality of Oldambt to reconsider the current traffic situation at the Oldambtplein, which our respondents perceived to be unsafe. The (perceived) limited capacity of older people to respond adequately to traffic situations such as Shared Space may undermine their outdoor mobility, or cause unsafe situations for the and other road users.

By implementing this advice, the municipality can adjust the physical living environment to the needs and capacities of older adults and facilitate their independence, thus contributing to their wellbeing. In this case, we believe that Winschoten can be a symbol of an Age-Friendly Environment.

References

- AFEdemy (2018). *Age-friendly Environments - Concept*. Retrieved on 29-01-2019 via https://www.afedemy.eu/en/background/#afe_concept
- Centraal Bureau voor de Statistiek (2018a). *Bevolking; geslacht, leeftijd, nationaliteit en regio, 1 januari*. Centraal Bureau voor de Statistiek, Den Haag.
- Centraal Bureau voor de Statistiek (2018b). *Regionale Kerncijfers*. Centraal Bureau voor de Statistiek, Den Haag.
- Centraal Bureau voor de Statistiek (2018c). *Sociale Monitor, welvaart en welzijn in de Nederlandse samenleving - vergrijzing*. Centraal Bureau voor de Statistiek, Den Haag.
- Gemeente Oldambt (2011). *Gemeentelijk Verkeer- en Vervoerplan*. Winschoten: Gemeente Oldambt.
- Gemeente Oldambt (2016). *Positief gezondheidsbeleid 2017-2020*. Winschoten: Gemeente Oldambt
- Gemeente Oldambt (2017). *Omgevingsvisie*. Winschoten: Gemeente Oldambt.
- Gilroy, R. (2007). Taking a capabilities approach to evaluating supportive environments for older people. *Applied Research in Quality of Life* 1(3-4), 343-356.
- Goins, R.T., Jones, J., Schure, M., Rosenberg, D.E., Phelan, E.A., Dodson, S. & Jones, D.L. (2014). Older Adults' Perceptions of Mobility: A Metasynthesis of Qualitative Studies. *The Gerontologist*, 00(00), 1-15.
- Goldenberg, C. (2015) Effecten van vergrijzing op verkeersgedrag en mobiliteit. Stichting Wetenschappelijk Onderzoek Verkeersveiligheid, Den Haag.
- Hedman, A., Fonad, E. & Sandmark, H. (2013). Older people living at home: associations between falls and health complaints in men and women. *Journal of Clinical Nursing*. John Wiley & Sons Ltd. 22, 2945–2952.
- Hennink, M., Hutter, I. & Bailey, A. (2011). *Qualitative research methods*. London, SAGE.
- Iwarsson, S., Ståhl, A. & Löfqvist, C. (2013). Mobility in Outdoor Environments in Old Age. In Rowles, G.D. & Bernard, M. (eds.), *Environmental Gerontology: Making Meaningful Places in Old Age*. (pp. 175-198). New York: Springer Publishing Company, LLC.
- Ministerie van Binnenlandse Zaken en Koninkrijksrelaties. (2018). Retrieved on 30-01-2019 via: <https://www.rijksoverheid.nl/onderwerpen/bevolkingskrimp/documenten/publicaties/2018/01/23/indeling-gemeenten-krimpregios-en-anticiperregios-per-1-1-2018>
- Ministerie van Volksgezondheid, Welzijn en Sport (2018). *Programma Langer Thuis*. Ministerie van Volksgezondheid, Welzijn en Sport, Den Haag.
- Planbureau voor de Leefomgeving (2013). *Vergrijzing en ruimte: gevolgen voor de woningmarkt, vrijetijdsbesteding, mobiliteit en regionale economie*. Planbureau voor de Leefomgeving, Den Haag.
- Rantanen, T. (2013). Promoting Mobility in Older People. *Journal of Preventive Medicine & Public Health* 46(1), 50-54.
- RTL Nieuws. (2018) *Zo gevaarlijk zijn rotondes bij jou in de buurt*. Retrieved on 24-01-2019 via: <https://www.rtlnieuws.nl/facts/artikel/4141611/zo-gevaarlijk-zijn-rotondes-bij-jou-de-buurt>
- Sherman, H., Forsberg, C., Karp, A. & Törnkvist, L. (2012) The 75-year-old persons' self-reported health conditions: a knowledge base in the field of preventive home visits. *Journal of Clinical Nursing* 21, 3170–3182.

Schwanen, T., Banister, D. & Bowling, A. (2012). Independence and mobility in later life. *Geoforum* 43, 1313-1322.

World Health Organization (2007). *Global Age-friendly Cities: A Guide*. Geneva: World Health Organization

Ziegler, F. & Schwanen, T. (2011). 'I like to go out to be energised by different people': an exploratory analysis of mobility and wellbeing in later life. *Ageing and Society* 31, 758-781.

Appendix A – Interview guide

Introductie

Hartelijk dank dat u mee wilt doen aan dit onderzoek. Onze namen zijn Liselotte Vreeling en Bart Roelofs en wij zijn bezig met een onderzoek naar de mobiliteit van ouderen in Winschoten. Met mobiliteit bedoelen we welke plekken u bezoekt, hoe vaak u hier komt en hoe u hier komt. Wij doen dit tijdens onze masteropleiding aan de Rijksuniversiteit Groningen in opdracht van AFEdeMy. Dit is een bedrijf dat zich bezighoudt met leefomgevingen waarin mensen gelukkig en gezond oud kunnen worden. Wij zijn benieuwd hoe mensen boven de 75 jaar denken over hun mobiliteit en wat de rol van de gebouwde omgeving hier op is en hoe de gebouwde omgeving verbeterd zou kunnen worden om de mobiliteit te verbeteren / goed te houden. Dit willen wij doen aan de hand van interviews. In dit interview zal uw ervaring met uw mobiliteit en fysieke omgeving centraal staan. Dit betekent dat wij u in het komende uur een aantal vragen gaan stellen.

U heeft ingestemd met het afnemen van dit interview en met het feit dat dit opgenomen wordt. Niemand zal kunnen achterhalen wat u gezegd heeft aangezien uw antwoorden anoniem zullen worden verwerkt. Als u tijdens het interview behoefte heeft aan een pauze, kunt u dit bij ons aangeven. Gedurende het interview, maar ook achteraf, kunt u op ieder moment aangeven dat u niet langer mee wilt werken aan het onderzoek. Meer informatie hierover kunt u vinden in de informatiebrief die u van ons heeft gekregen. Heeft u nog vragen voordat we beginnen met het interview?

Persoonlijke kenmerken

Zou u kort wat over uzelf willen vertellen?

Bijvoorbeeld: leeftijd, burgerlijke staat, woonsituatie

Heeft u kinderen of kleinkinderen?

Hoe lang woont u al in Winschoten?

- Hoe lang woont u al in dit huis?

Wat is de reden dat u naar Winschoten bent gekomen?

Wat is de reden dat u altijd in Winschoten bent blijven wonen?

Wat vindt u prettig aan wonen in Winschoten?

Wat vindt u minder prettig?

Mobiliteit

We willen nu graag een paar vragen stellen over mobiliteit. Met mobiliteit bedoelen we dus of u vaak over straat gaat, waar u naartoe gaat en hoe u dit doet.

Kunt u voor ons een typische week omschrijven van qua waar u naar toe gaat en hoe u daar naar toe gaat?

In dit gesprek proberen we op een natuurlijke manier de onderstaande vragen te beantwoorden:

Gaat u wel eens op bezoek bij anderen?

Bijvoorbeeld: familie, vrienden, burens, kennissen, dorpsgenoten

Hoe vaak gaat u hier naartoe?

Doet u zelf boodschappen?

(Nee, hoe komt u dan aan uw boodschappen?)

Naar welke winkels gaat u zoal?

Vindt u dat goed te bereiken?

Hoe gaat u hier naar toe?

Hoe vaak gaat u hier naartoe?

Heeft u ook hobby's?

Hoe vaak gaat u hier naar toe?

*Hoe gaat u hier naar toe?
Hoe vind u dat te bereiken?*

*Gaat u wel eens op vakantie?
Waar gaat u dan naartoe? (hoe ver van huis)
Met welk vervoersmiddel gaat u op vakantie?
Hoe vaak? Hoe lang?
Wat voor dingen doet u op vakantie?*

*Zijn er nog overige andere plekken waar u regelmatig heen gaat?
Bijvoorbeeld: winkels, sportclubs, kerk, vereniging, familie, vrienden
Hoe vaak gaat u hier naartoe?
Hoe gaat u hier naar toe?*

*Bent u in het bezit van een rijbewijs?
Of bent u dit geweest?
Bent u in het bezit van een auto?
Zo ja, rijdt u zelf in de auto? - hoe vaak, waarvoor?
Zo nee, heeft u vroeger wel een auto gebruikt?*

*Waarvoor gebruikt u de auto?
(Waarom gebruikt u de auto nu niet meer/minder vaak?)*

*Maakt u wel eens gebruik van het openbaar vervoer?
Waarom wel/niet?
Wat vindt u van de mogelijkheden voor openbaar vervoer hier in Winschoten?
Bijvoorbeeld: Hoe vaak, betrouwbaarheid, toegankelijkheid, mogelijkheden
(bestemmingen)*

Maakt u wel eens gebruik van een regio deel taxi? Dit is een taxi dienst voor mensen die zich minder makkelijk kunnen verplaatsen.

*Heeft u een (elektrische) fiets?
Maakt u gebruik van de fiets? Waarom wel of niet? Waar gebruikt u hem voor?*

*Gaat u wel eens te voet ergens heen?
Of gaat u wel eens wandelen in de omgeving?*

Vindt u het belangrijk om zelfstandig voorzieningen, activiteiten en mensen te kunnen bereiken? Waarom?

Veel mensen vinden het belangrijk alles te kunnen blijven doen, hoe is dat voor u? Kunt u een voorbeeld geven van wat u echt zou willen blijven doen?

Wat zou het voor u betekenen als u niet meer zelfstandig voorzieningen, activiteiten en mensen kunt bereiken?

Zijn er plekken die u nu niet meer kunt bereiken waar u nu niet meer kunt komen, maar vroeger wel?

Sommige ouderen ervaren een afname in hun mobiliteit, anderen hebben dat niet. Hoe is dit voor u?

Bijvoorbeeld: vergeleken met leeftijdsgenoten...

Sommige ouderen hebben wel eens moeite met minder mobiel worden, andere ouderen hebben dat niet. Hoe is dit voor u?

Bijvoorbeeld: Problemen met gezondheid, mobiliteit, geheugen, fysieke gesteldheid
Is uw mobiliteit in de afgelopen periode veranderd?

Zo ja, hoe? Wat vindt u hiervan?

Kunt u vertellen over de effecten van de gebouwde omgeving, hiermee bedoelen we de kwaliteit van de straat, de stoepen, de snelheid die de auto's rijden, de verlichting etc. op uw mobiliteit?

Kunt u een manier bedenken waarop een verandering aan de gebouwde omgeving uw mobiliteit zou kunnen stimuleren?

(Denk bijvoorbeeld aan meer bankjes, meer verlichting 's avonds, elektrische fiets oplaadpunten, zebrapaden, snelheidslimiet, drempels, voetgangersstoplichten die langer op groen blijven)

Afsluiting

We hebben het nu gehad over verschillende aspecten van uw mobiliteit. Als u uw mobiliteit over het geheel bekijkt, hoe mobiel vindt u uzelf?

In hoeverre bent u tevreden met uw huidige mobiliteit?

Wilt u misschien nog iets kwijt wat we niet hebben besproken?

Wat vond u van het interview?

Heel hartelijk bedankt voor uw medewerking!

Appendix B – Information document

This appendix was excluded from this publication for privacy reasons.

11 "Geen idee, nee geen idee. Want als je nou denkt dat ik nou bijvoorbeeld met de bus naar Scheemda wil, ik zou niet weten hoe ik daar komen moet. Weet ik niet. Nou dat moet ik eerst denk ik naar het station, naar het busstation. Nou dan kan ik beter op de fiets hier even binnendoor gaan, en naar Scheemda gaan. Dat is het verschil. he? Kijk, in de stad stap je veel makkelijker op het openbaar vervoer als bijvoorbeeld in zo'n plaats als Winschoten. Want dat openbaar vervoer gaat niet door de stad denk ik. Tenminste, ik zou het niet weten."

2 "Bij heel veel andere mensen als ik dan zie... Nou die komen er zo aan krukken en zo aan krukken, nou dan vind ik mezelf nog goed mobiel."

3 "Ja, ik word er natuurlijk niet beter op, maar of ik nou hard achteruit ga, dat kan ik niet zeggen. [...] Ik heb nog een vriendin, [...] die is 92 die doet alles nog zelf. In de tuin werken en alles. [lacht]. Ja de een is beter als een ander. Dat zou ik niet meer kunnen. Ik kan ook niet meer iets van de grond pakken ofzo."

4 "Nou ja, ehm, een rollator op de gang en dan doe ik het toch. [...] Ik wil mezelf redden."

5 "Heel belangrijk. [...] Ja, gewoon, dat je even zo erheen kan enzo, ja je vindt dat wel belangrijk. [Interviewer:] Want er zijn bijvoorbeeld dus ook die taxi's die u zou kunnen bestellen. Respondent: Nee, dan pak ik de auto maar hoor. Ik wil zo lang mogelijk zelf rijden."

6 "Nou ik zal je vertellen he, mijn grootste obsessie is dat ik in het bejaardenhuis moet en dat ik een bal op moet vangen. Dat is mijn grootste obsessie. Begrijp je wat ik bedoel? Dan ben je echt eh, uitgerangeerd hoor. Dan moet je nog spelletjes doen, dan moet je een bal opvangen, nou ik hoop dat ik nog voor die tijd de pijp uit ben *lacht*."

7 "En als je dan een bezige bij ben, dan is dat moeilijk dat je hier op de stoel zit. En mijn vrouw en mijn dochter zijn met de bladeren bezig, nou dan zit je te trillen op de stoel dat kun je niet hebben, maar ik kon niet. Ik kon net naar de wc komen. Verder kon ik niet komen, dat is heel rot."

88 "Want dan denk je, waarom zouden we dan moeilijk doen. Want dan moet je zoeken en je moet zo snel beslissen, is het nou deze afrit of de afrit met die straat nou, op een gegeven moment dan moet je daar een klein beetje aan toegeven dat alles niet meer zo gaat als hoe het vroeger ging. Nou kunnen we nog wel heel veel, maar gegeven moment mag je ook rustig zeggen van nou, ik vind het best wel een beetje eng worden hoor."

9 "Nee, dat [een rijbewijs] heb ik wel gehad, maar met mijn hersenbloeding, had ik net, moest ik weer overnieuw aanvragen en dat heb ik gedaan, ik ben gekeurd en toen ben ik afgekeurd op mijn ogen. Of, afgekeurd niet, ik moest eerst beide ogen geopereerd worden. [...] En toen wou ik weer overnieuw laten keuren, en toen kreeg ik die hersenbloeding. Nou en toen moest ik weer overnieuw ijken enzo, en dat zag ik niet zitten."

10 "Ik zeg nou we kunnen zo makkelijk uitglijden en als we een heup breken, dan is het afgelopen."

[...] Nou dat zijn dan die dingen dat we dan een beetje voorzichtig worden en geen risico's als het niet nodig is. Hè want we willen zo lang mogelijk mobiel blijven zeg maar, ja."

11 "Ik fiets nog he? Er zijn natuurlijk ook een hele hoop mensen die niet meer fietsen. En eh, dan wordt... Als... Want ik ben van het zomer een paar keer gevallen en toen schoot ik echt de verkeerde kant op ik denk "ooh, als ik niet meer kan fietsen, dan heb ik een probleem". Dan had ik een probleem. Ik ben zo gauw mogelijk weer op die fiets gestapt. Maar ja dat heeft wel heel veel kracht gekost, want je denkt toch iedere keer van "Ooh, verdikke, als die nou tenminste even doorrijdt, dan hoef ik er niet af". Weetjewel?"

12 "ik ging dus twee keer in de maand op zaterdagavond klaverjassen in Medum. En twee keer in de week, op donderdag bij de bovenburen, en iedere maandagmiddag naar de Bospoort. Maar dat is allemaal afgelopen. Want Bospoort, met het rode kruis busje werd ik opgehaald en die rijdt niet meer. [...] Zal wel niet uit kunnen."

13 "Ik word opgehaald door een collega, die komt van Beerta. En die rijdt hier langs, maar hij gaat straks verhuizen, en dan ga ik lopend hier heen. Doe ik ook net zo lief hoor, even lopen."

14 "En we fietsen veel he, op zondagen. Maken we een tochtje naar Termunten. Hier vandaan, op de fiets. En daar wat vis eten, ja, wel 40 kilometer."

15 The specific health condition of her husband was not mentioned during the interview.

16 "Maar onze [dochter] zegt ook wel: "mam, je moet ook eens gaan fietsen 's middags." Ik zeg alleen fietsen? En mijn man daar alleen? Nee. Dat doe ik niet, nee. Daar heb ik geen zin meer in. Maar we hebben wel heel veel gefietst altijd, ook met ons tweeën wel."

17 je moet natuurlijk wel een beetje in beweging blijven. Maar kijk zoals gister ook, dan zit je hier de hele dag alleen in huis, maar dan heb ik geen zin om, naar buiten te gaan te wandelen, daar heb ik geen zin in. Alleen vind ik er niks aan. En helemaal achter mijn rollator, nou dan voel ik mij honderd jaar, dat vind ik verschrikkelijk.

18 "In [dorp in Oldambt] deed ik alles met de auto, want daar kon je nog geen pakje boter kopen bij wijze van spreken. Maar ja, je wordt ouder, en mijn ogen worden zo slecht, ik ben al aan dit oog aan staar geopereerd, maar dat heeft niks geholpen. Dus, nou is het zo dat het alweer helemaal grijs wordt, dus ja alles met elkaar, dan zeg je toch ja, laat me dan maar uit die auto stappen. Want ook het verkeer is zo druk. En eh, voor ieder boodschapje even die auto pakken dat doe je ook niet zo goed meer. Dus vandaar is Winschoten voor mij natuurlijk wel een heel stuk prettiger, omdat ik alles op de fiets kan doen. En ik heb mijn drie kinderen hier wonen."

19 Nou kijk... zodra je dus met de auto in het centrum komt en je komt in de buurt van die shared space... dat is een drama. Op zichzelf is die shared space al een drama en als dan die kinderen links en rechts, dat is toch wel... Maar je moet heel voorzichtig zijn.

20 "[...] Als het mooi weer is, nou dan zeg ik, van, bijvoorbeeld om een uur of drie 's middags: 'ik ga nog gauw even een rondje Blauwestad hoor'. Dat is precies 20, 21 kilometer, en dat is zo prachtig he, met het water en die vogels, en, nou, dat is gewoon heel lekker."

21 "En dan denk je nou hij stopt ik ga door, nee, dan stopt ie dus niet, en dan moet je gauw van die fiets springen, en dat kan ik dus niet."

22 "Alleen doordat ik zo slecht opstappen kan, neem ik de route dat ik zo weinig mogelijk afstappen moet en weer opstappen."