Presentation on:

Title MArch
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Abstract
People with dementia in care homes are highly inactive. This passivity has huge implications on their capacity, vitality and wellbeing.1 In an attempt to overcome this problem, care homes have created a number of sense-activating 'perception places'. However, as to whether these architectural interventions have much desired effect is highly questionable. My objective is to research this, with the aim of finding out how it can be improved. I intend to analyse movement activity in existing areas/spaces and compare this with the effects of new architectural interventions that I am developing based on experimental, literature and field research. I want to share both research and results with students, (health) professionals and (interior) architects.

Biography
Almost two decades ago, Henri Snel, trained as an architect, was confronted with Alzheimer's disease when his mother was diagnosed with the illness. From that point on, he became closely engaged with the illness and its consequences. When her decline was so manifest he was forced to find a 24/7 care home for her. While Henri Snel was visiting different care homes, he was struck by the sheer amount of passivity amongst residents. He got intrigued and founded an office called Alzheimer-Architecture and started doing research in this field of interest. This resulted in a series of projects looking into the living conditions of dementia patients from an architectural viewpoint, often involving students from different educational institutions and (scientific) specialists in cross-over collaborations.

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Session Interested In: 11-8
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References
http://alzheimer-architecture.nl