

ORIGINAL ARTICLE

Home as a health promotion setting for older adults

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Abstract

Background: The number and the proportion of older persons is growing in the Nordic Countries. The growth in the older population has a clear impact on the care system for older persons. One trend is to prioritise home care instead of care in institutions. Another trend is to emphasise preventive and health promotion care. As official guidelines in the Nordic countries state that home is the best place to grow old, it is essential that older persons keep their health and functional capacity in order to be able to live at home for as long as possible. As current policy emphasises living at home, home care, preventive work and health promotion it becomes essential to study the home as a health promotion setting. **Objective:** The aim of this study was to reach a new understanding of home as a health promotion setting for older persons. **Study design:** The method used was a literature reflection and analysis with a hermeneutical approach. **Results:** The results show that with increasing age the home environment becomes a crucial determinant for independence. The home environment supports the self as people age; it has associations with the past, can provide proximity to family, and a sense of being a part of neighbourhood life. **Conclusions: Only by taking into consideration the meaning of home and the resources of the individual older person can home function as a true health promoting setting. If health personnel focus solely on risk prevention, they can neglect the perspectives of the older person, resulting in dis-empowerment not health promotion.**

Key Words: *Home, health promotion setting, older adults, prevention care, promotion care*

Introduction

In the Nordic countries, life expectancy has continually risen during the past 20 years, being highest in Iceland and Sweden. In both countries life expectancy is 83.3 years for women and 79.7 respectively 79.3 for men [1]. Therefore, both the number and the proportion of older persons is growing. According to WHO [2] older persons are persons aged 60 years or more, due to current legislation 65 years has been commonly used as the lower age limit in the Nordic countries.

The growth in the older population has had a clear impact on the care system for older persons. One trend is to prioritise home care instead of care in institutions. In Denmark, home care has been prioritised

since the late 1980s and Denmark has been a pioneer in developing preventive home visits [3]. In Sweden independent living and home care was emphasised in the Social Act of 2001 [4]. Institutional care has traditionally been more common in Finland than in the other Nordic countries, but institutional care has been cut back and older people are now expected to live at home [5]. The same shift in the pattern of care has also been documented in Norway [6]. The emphasis on living at home is motivated by both quality of life and economic factors. Home is understood as the best place to grow old [7] and home care is supposed to be cheaper for society than institutional care [8]. Another trend in the care of older people is the emphasis on

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preventive and health-promoting care. In order to avoid the heavy burden of expensive institutional care it is essential that older persons keep their health and functional capacity as they grow old. For example, in Finland, this is stated explicitly in the Act on the Care of Older Persons [8] passed in 2013. The purpose of the Act is to support the wellbeing, health and functional capacity of the older population. The municipality has an obligation to arrange not only preventive home visits but also home visits, service and guidance that promote health and well-being [8].

As current care policy for older people in the Nordic Countries emphasises living at home, home care, preventive work and health promotion, it becomes essential to study the home as a health promotion setting. The understanding of health promotion builds on the concept as outlined in the Ottawa Charter for Health Promotion [9], where health is seen as a resource for daily life and setting is described as a key issue. Since the Ottawa Charter [9], criticisms have continued concerning the gap between the policy rhetoric of health promotion and the reality of disease-focused practice [10]. According to Becker [11] a pathogenic framework still dominates, where progress continues to be measured by referring to negative outcomes.

The aim of this study was to reach a new understanding of home as a health promotion setting for older persons; this implies a reinterpretation of the meaning of home in a health promotion perspective.

Method

To reach a new understanding of home as a health promotion setting a literature reflection and analysis with a hermeneutic approach was adopted, using the method of the hermeneutic circle [12]. This method involves interpreting and reflecting upon texts by moving between “wholes” (an overall understanding) and “parts” (an understanding of lines, passages) and vice versa, until a new understanding is reached. In this study, an understanding of the meaning of home constitutes the frame of reference for the subsequent reflections and interpretations. After first having outlined the meaning of home, home is interpreted as a health promotion setting. Studies of safety promotion and prevention/fall prevention for older persons are then analysed to reveal central aspects of home as a health promotion setting. Finally, the new understanding is outlined.

The point of reference for the analysis of texts included in this article was the philosophy of the life world. Home is an everyday life setting, it represents consistency, and a common understanding but it also represents contingencies and individual differences.

The literature searching and analysis process had three main points of reference; home as an everyday life setting, home as a health promotion setting and thirdly the distinction between promotion and prevention

The seminal writings of Schutz [13] were influential in understanding the importance of home as a phenomenon of everyday life. Heidegger [14] and the readings of Heidegger expanded the understanding as well as Merleau Ponty [15]. Home can also be seen through a cultural phenomenological lens as Winther [16] has described in her dissertation. Winther was influenced by the Canadian architect Rybczynski [17]. In their analyses, home is both feelings and substance and incorporates well-being and relationships as well as the house. As Schutz [13] and Heidegger [14] form the basic ontological orientation of this study, Rybczynski [17] and Winther [16] developed the understanding of the meaning of home and provided inspiration for further readings. The second point of reference was home interpreted as a health promotion setting where public health literature was analysed. This search showed that also other architects, anthropologists and sociologists have contributed to the understanding of home as space and centre for living and relationships [18–20]. Public health literature on home as a health promotion setting was also analysed in order to extract the various understandings of home [21,22]. Home as a setting for health professionals was included in this section as the health system often claims to strengthen and support persons living at home [23,24]. The final and third point was the difference between promotion and prevention with special reference to safety promotion and fall-prevention based on Welander et al.’s [25] distinction between safety promotion and injury prevention. In their understanding the social system in which the older persons live is the key to promotion and prevention. They call for active prevention whereas multifactorial fall-prevention is an example of passive prevention [26]. Other relevant supplementary texts are included in the analysis.

All co-authors contributed to the process by searching for relevant literature, taking actively part in the analytical and reflective discussions, commenting on the text and approving the final version.

Findings

The meaning of home

Home is important to people; to have a home instead of being homeless has a metaphorical meaning of being able to feel safe and not to feel marginalised in society. Attachment to home is not necessarily bound to ownership but more to the conflation of the

attachment to place, to at-homeness and rootedness [16,17,27]. To be at home can give people associations of stability and comfort, a perception that is always situated and contextual. Rowles and Chaudhury [28] pointed out that in modernity home is a point of centring and orientation in relation to a chaotic world beyond the threshold. Furthermore, they discuss that home is related to well-being and perceived health in old age. Heidegger [14] described being-in-the-world and home as basic in human life; to have a place, to belong, to depart from and return to, where you choose your way of life, where you live with persons you love, where you have routines, and where you are well known. In her reading of Heidegger [14], Sarvimäki [29] interpreted well-being as being well, that is, being at home in the world and familiar with nature, tools and other human beings but not-being-at-home to the extent of losing oneself. Home does not need to be geographically situated; there can also be a global feeling of home. The feeling of home can be induced by a sense experience, an impression, a smell; home can be a symbolic universe. Home is also space and can be bodily memorised and perceived from lived experiences [15]. Lefebvre [18] described a nuanced understanding of social spatiality. In *The Production of Space*, he moved attention away from things in the room to the production of room and promoted three ways of understanding the concept of room. *The experienced room* (I) was characterised by everyday life routines and social relations. *The conceived room* (II) expressed the dominant discourses of room, and could according to Lefebvre be an architectural approach. In the third category, *representations of the room* (III), each room has a symbolic meaning thus constructing the lived room. Lefebvre suggested that some rooms represent femininity and others masculinity, some rooms darkness and others light [18]. Culture and cultural traditions are significant in this understanding. From his studies of houses in Northern Africa Bourdieu [19] has given a symbolic coding to home, housing, rooms and to how people act in rooms according to this cultural understanding. In a Nordic context, Gullestad [20] studied usefulness and symbols of home. According to her Nordic homes are loaded with cultural meanings according to dominant discourses and meanings attributed to home by their inhabitants.

Home interpreted as a health promotion setting

Home is a setting where health is created and lived in older people's everyday life; here you learn, work, play and love [9]. However, home is not always recognised as a "classical" health promotion setting. Home as a setting has a direct impact on health and

well-being through its mediating role in supporting everyday competence and through its capacity to nurture and sustain psychosocial processes [28,30].

At home older people, actively use and shape challenges related to health and well-being. Home in itself is culturally constructed and mediated via social interaction. Home supports the self in a changing world, home is a platform for both freedom, i.e. independence, and control in relationship with other persons as understood by Bauman [31], who elaborates on the postmodern society. Also other recent empirical studies emphasize this thesis [32]. When listing settings for health, Green and Tones [21] mentioned healthy cities, healthy villages and workplaces. According to them home can be approached as a setting for health promotion nested within a healthy city or a healthy village. In his ecological model Bronfenbrenner [22] describes home as a setting with the microsystem as the heart of home. However, home besides being a meeting place for social relations; home can also be a work area for home care and public health care personnel. It can be discussed whether health-personnel being in a person's home are merely focused on delivering their predetermined health message, or if they choose to work with home in a personal context and co-create a culture of partnership and participation [23]. Jensen [24] emphasised that in contrast to traditional institutions home is created as a homely setting for standardised professional public care. This development can allow for the establishment of a relationship between the older person and the health professionals as well as an exchange of daily life knowledge. On the other hand, in public bureaucracy home can become transparent. In a recent study, Glasdam [33] highlighted this societal development and described the older person receiving home care as being monitored and living under controlled conditions comparable to imprisonment. Viewing home care in this way, it would seem that the home acts as a disciplining practice in modern society putting integrity and privacy at risk.

Safety promotion and fall prevention at home

Whitelaw et al. [34] highlighted various types of settings based on active and passive models related to agency and structure. An example of a passive model is multifactorial fall-prevention executed in older persons' homes, where health professionals have a bound mandate to promote certain activities and eliminate predefined fall risks [26]. An active model, on the other hand is concerned with establishing a partnership with the older person and is open to the application of knowledge from others. This entails that the setting and context are taken into consideration in

order to facilitate change in behaviour and in achievement of the older person's own goals. In the active model, health personnel must shift from an educational tone to an open-minded and communicative approach in cooperation with respect for the older person's desires and living conditions [35]. Home is quite unlike a hospital, school or other community institution where professionals have access to the 'audience' they wish to influence on their own professional turf. Home is a space that represents privacy, integrity and what Lloyd [10] calls 'relational autonomy', where a state of ultimate autonomy is achieved in and through relationships [36].

In spite of this, home is also important for the health and safety of older people. It provides shelter, space, and the different rooms, such as, the bathroom, kitchen and bedroom can be central to the health and well-being of the inhabitants. Statistics on injuries clearly show that home is not a particularly safe place for its occupants [25]. Sound advice on how to make the home safer for older adults is found in brochures and is given by health professionals during preventive home visits, such as how to administer non-skid pads under rugs to prevent older people from falling when a rug slides. However, health promotion offered to an older person in his or her home must always be based on participation and an understanding of that particular person's history and preferences, as well as the family unit's perceptions and social interactions [25]. Participation can be experienced as being part of something bigger.

Towards a new understanding of home as a health promotion setting

In multifactorial fall prevention health professionals have a predefined set of standards for actions that is not always appropriate for older persons, who have their own agendas and choices. Prevention is risk oriented and specifically directed towards avoiding illness, disease and other undesired conditions whereas health promotion incorporates the perspective of 'lived life'.

Perceiving home as a health promotion setting corresponds with current research on the relationship between home and independence, which has indicated that with increasing age the home environment becomes a crucial determinant for independence. The home environment supports the self as people age; it has associations with the past, can provide proximity to family, and a sense of being a part of neighbourhood life. Only by taking into consideration the meaning of home and the resources of each individual older can home function as a health promotion setting.

Discussion and Conclusion

Kickbusch [38] highlighted the emerging complexity in health promotion and stated that the power of clinical medicine has not diminished. In a standardised world, it is a challenge for health professionals to maintain the everyday life perspective of the elderly and support peoples' own health strategies in their homes. The life world perspective of the older person often loses its importance when the dominant medical discourse of risk prevention enters the home with the health professional.

In this article we have outlined a new understanding of home as a health promotion setting. The understanding was based in the philosophy of Heidegger [11] to envision a whole, in terms of a reality that is situated in the detailed experience of everyday existence by an individual. For older persons, their home is their world; the world is viewed through the lens of home. Home is full of specific meanings to the individual bound to memories and everyday routines. Older adults should be supported to find their own health-promoting strategies in negotiation with staff. Prevention includes reflections on risks, diseases and disabilities, but if health personnel focus solely on risk prevention, they run a further risk of neglecting the perspectives of the older person resulting in disempowerment and alienation. Instead, if home is to be recognised as a health promotion setting, the personnel should also focus on capacities, safety, resources and self-efficacy.

As methodology we used a qualitative approach where philosophical literature on home, home as a health promotion setting and safety promotion and fall prevention was analysed and reflected upon adopting the principles of the hermeneutic circle. The literature was strategically chosen focusing on home, health promotion settings, health promotion and fall prevention in the home. The choice of literature might be criticised on the basis that it was not selected from a systematic search. But since the aim was not to present a systematic review but rather to use the literature as material for reflection, the choice fulfilled its purpose. The co-authors participated as a group in the hermeneutic circle, which was both a strength and a problem. It allowed for more varied reflections than what would have been possible individually, but on the other hand there was a danger of losing focus.

The new understanding of home as a health promotion setting for older adults outlined at the end of the process can be seen as the starting point for further research, both theoretical and empirical. In order to develop health promotion strategies for older adults living at home we need more detailed knowledge of which aspects of home-dwelling strengthen health.

Conflict of Interest

The authors declare that there is no conflict of interest.

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