



Attachment to place in advanced age: A study of the LiLACS NZ cohort



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ABSTRACT

An extensive body of research theorises that attachment to place is positively associated with health, particularly for older people. Building on this, we measure how indicators of attachment to place are associated with health for in people of advanced age in New Zealand. We use data from a cohort study (LiLACS NZ), which includes an indigenous Māori cohort aged 80–90 years and a non-Māori cohort aged 85 years from a mixed urban/rural region in New Zealand. Each cohort undertook a comprehensive interview and health assessment ($n = 267$ Māori and $n = 404$ non-Māori). Using multivariate regression analyses, we explore participants' feelings for and connectedness with their home, community and neighbourhood; nature and the outdoors; expectations about and enthusiasm for residential mobility; and how all these are associated with measures of health (e.g., SF-12 physical and mental health related quality of life) and functional status (e.g., NEADL).

We demonstrate that people in advanced age hold strong feelings of attachment to place. We also establish some positive associations between attachment to place and health in advanced age, and show how these differ for the indigenous and non-indigenous cohorts. For older Māori there were strong associations between various health measures and the importance of nature and the outdoors, and connectedness to neighbourhood and community. For older non-Māori, there were strong associations between health and liking home and neighbourhood, and feeling connected to their community and neighbourhood. Place attachment, and particularly its relationship to health, operates in different ways for different groups.

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1. Introduction

Attachment to place is a key driver in the promotion of ageing in place, or 'staying put' (Davey, 2006; Davies and James, 2011, p. 118; Phillips et al., 2010; Wiles et al., 2012a). At global, national, and local levels policies emphasize keeping people in their homes as long as possible (Judd et al., 2010; World Health Organisation, 2007; United Nations, 2002); often matching the stated desires of older people themselves even in the face of personal functional decline and housing environments that are no longer suitable, comfortable, or safe (Golant, 2008, 2015; Severinsen et al., 2016).

In this paper we measure the association between indicators of attachment to place and health in advanced age in New Zealand. Our study is unique in including a focus on an indigenous

population, NZ Māori, as well as non-Māori New Zealanders in advanced age, thus providing insights into diversity and attachment to place. Our findings are relevant to anyone involved in supporting older people and their decisions about where to live. As the number and proportion of people aged 85 + is rapidly increasing globally, it is vital to understand attachment to place (and more broadly, ageing in place) for this special age group and its association with health. Health disparities identified in younger ages persist into old age, with Māori having excess morbidity and mortality from cardiovascular disease (CVD) and other chronic conditions (Jatana and Blakely, 2008). These disparities exist even when controlling for the lower socioeconomic status of Māori (Ministry of Health and University of Otago, 2006; Harris et al., 2006). We wish to explore the association of place in the context

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of our bicultural society.

1.1. Context

In New Zealand, those aged 85 + years comprised 1.7% of the population in 2014, and projections estimate they may reach between 4.7% and 5.6% by 2041 and 6.5–8.7% by 2068 (Statistics New Zealand, 2014). Until recently, the majority of those over 85 and even over 65 have identified as having European ancestry, but this is rapidly changing; the proportion of Māori that are over 65 is anticipated to almost double from 5.8% to more than 10% by 2038, and there will be increasing ethnic and cultural diversity amongst older people generally (Statistics New Zealand, 2015a). Understanding how different groups within this older cohort experience attachment to place will be important for ensuring best possible outcomes for an ageing population.

The historical patterns of lower proportions of Māori reaching advanced age reflect almost two centuries of colonisation. The resulting inequities continue to reverberate in most social institutions in contemporary New Zealand and have affected life expectancy, education, quality of life, and health outcomes for Māori (Blakely et al., 2005; Harris et al., 2006).

1.2. Conceptual framework: attachment to place

This study is guided by the conceptual framework of attachment to place as both motivation and means for ageing in place, and as both participation and feelings.

Attachment to place and a sense of belonging have long been conceived by geographers as being connected with health and wellbeing, especially in older age (Cutchin, 2003; Mowl et al., 2000; Rowles, 1978; Rubinstein, 1990; Sixsmith, 1990). Attachment to place is understood as the affective, positive bonds between individuals and their homes, neighbourhoods, and communities; often involving feelings of pride, safety, familiarity, belongingness, and satisfaction with place (De Donder et al., 2012; Oswald and Wahl, 2004; Rubinstein, 1990; Wiles et al., 2012b). Experiences and perceptions of place are associated with increased autonomy and independence, as well as impacting on everyday activities or reliance on external support (Kontos, 1998; Rubinstein, 1990; Rubinstein and Parmalee, 1992; Sugihara and Evans, 2000). All of these are theorised to have positive effects on health and wellbeing. Rowles (1993) argues:

Our ability to develop and maintain a sense of attachment to place, to sustain a sense of physical, social, and autobiographical insideness [rootedness, meaning, association] ... may as we grow older, become increasingly significant in preserving a sense of identity and continuity amidst a changing world. (p.66)

Thus, attachment to place is not just a *motivation* for ageing in place, but also the *means* by which people are able to do so in the context of rapid change to their own selves and the environments around them (Cristoforetti et al., 2011; Cutchin, 2003; Golant, 1984, 2008). Knowing one's physical environment well may maximise everyday functional activities and buffer threats to control and problems associated with ageing, allowing greater flexibility, optimisation, and adaptation in the face of decline (Gitlin, 2003; Kontos, 1998; Lawton, 1985; Peace et al., 2006). Social intimacy with people and places in a locale provides resources for living, including awareness of local services and practical support from family and friends (Rowles, 1993; Smith et al., 2004), while symbolic connections include recollecting one's past individually or collectively through shared history or experience of community (Rosel, 2003; Rowles, 1978; Rubinstein, 1989; Smith, 2009; Wiles

et al., 2009). The potential for attachment to place to impact on social relations, and on self-perception and identity is thus immense (Peace et al., 2006; Scharf et al., 2005; Smith et al., 2004).

Much work in this area is qualitative and conceptualises attachment to place as related to both positive *feelings*, often reflecting the sense of familiarity and security people have about their homes and neighbourhoods, and to *relationships*, or being connected and engaged and participating in communities and neighbourhoods and with the physical environment (Peace et al., 2006; Wiles et al., 2009; 2012a,b). De Donder et al. (2012) usefully distinguish between two domains of place attachment; satisfaction (reflecting feelings or 'affect' such as those described above) and involvement (indicating participation, commitment, and connectedness), and we have specifically drawn on these domains in interpreting the current research. The importance of connectedness is also highlighted by research demonstrating its importance in attachment to place and to health. Sixsmith et al. (2014) show how older people perceive healthy ageing as an active achievement, created through personal effort and supported through social relationships in the context of home, while Morita et al. (2010) demonstrate similar findings around the social and connective aspects of attachment to place (see also Unger et al., 1999; Zunzunegui et al., 2004). Thus *connectedness* (e.g. involvement) is likely to be just as important a component as positive *feeling* (e.g. affect or satisfaction) in attachment to place.

There are some issues in measuring attachment to place. First, a critical approach to understanding *place* suggests it is much more than simply a physical setting, and incorporates multi-layered physical, social, and symbolic aspects in a dynamic process (Wiles, 2005); this complexity needs to be incorporated into measurement. Second, in addition to 'objective' measures as to how functionally or aesthetically (in)appropriate the home or neighbourhood is, it is well established that older people tend to be more positive and report higher rates of subjective place satisfaction than do younger age groups (Golant, 1984; La Gory et al., 1985; Oswald et al., 2011; Severinsen et al., 2016). Additionally, many studies have observed that older people's perception of their homes and neighbourhoods may be more meaningful than objective measures of appropriateness in estimating satisfaction and wellbeing (e.g., Davis and Fine-Davis, 1981; Oswald and Wahl, 2004; Peace et al., 2006; Permentier et al., 2011). Older people who *perceive* their homes as more useful and meaningful in relation to their routines and everyday activities are more likely to be independent in daily activities and have a better sense of wellbeing (Nygren et al., 2007; Oswald et al., 2007).

Whilst a significant body of knowledge has been amassed in this field of attachment to place, key knowledge gaps exist and there is a need for more robust evidence and critical analysis (Cutchin, 2003; Wiles, 2005). For example, Gitlin (2003) recognises that not enough attention has been paid to diversity; attachment to place may present greater problems for more vulnerable groups of people or those living in changing or undesirable neighbourhoods (Means, 2007; Scharf et al., 2005). A focus on place as simply home or neighbourhood may be too narrow, and several researchers have argued that our understanding and measurement of attachment to place should encompass broader scales and dimensions, such as regions, or the more symbolic idea of nature and the outdoors (Brown and Raymond, 2007; Hidalgo and Hernández, 2001; McKee et al., 2015).

Attachment to place thus plays a critical role underpinning models and theories seeking to understand older people's wellbeing and experiences of place in the context of change over time. These include the 1) environmental press model, which describes the mutually affective relationship between levels of personal competence and the enabling or constraining features of

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