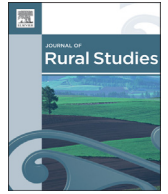




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Review

Understanding the influence of community characteristics on wellness for rural older adults: A meta-synthesis

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ABSTRACT

This review identifies how diverse rural community characteristics interact to influence older adults' capacity to achieve wellness. Through a meta-synthesis of the academic literature, an ecological model is developed which classifies environmental determinants of individual wellness for rural older adults in terms of their proximity to the individual. Findings demonstrate that socio-spatial and resource environments play a key role in influencing wellness for rural older adults through fostering and developing individual opportunities and capabilities, promoting positive perceptions of the environment, and in contributing to objective and subjective indicators of health and wellbeing. This is achieved in two distinct ways: indirectly through interactions between the socio-spatial and resource environments, and directly through interactions between the individual and their socio-spatial or resource environments. In addition to contributing to the emerging literature on wellness and rural ageing, this review provides a clearer understanding of how rurality and community interact at different levels to facilitate outcomes for older adults.

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1. Introduction

Through conducting a meta-synthesis of the literature on rurality, ageing and community, this review aims to develop an ecological model that clarifies how rural community characteristics interact to influence older adults' wellness. Rural populations are ageing rapidly (United Nations, 2009), with rural residency linked to a range of public health priorities including reduced life expectancy, higher morbidity, poorer health behaviours, increased risk of obesity and certain diseases (Smith et al., 2008; Hartley, 2004). While rural-urban health differentials are often discussed in the context of the location and utilization of health services (Hartley, 2004), rural health policy is transitioning to a population health approach. This concept promotes the consideration of interrelated influences that impact population health throughout the lifecourse, and is influenced by social, economic, physical and personal environments (Kindig and Stoddart, 2003: 380). This ecological lens is important as many rural older adults experience positive quality of life despite complex health issues (Winterton and Warburton, 2011).

The seeming incongruence between ill health and a positive quality of life substantiates the need for a broader conceptualization of health to understand how older adults can age well in rural locations. This approach corresponds with current paradigm shifts within medical models away from illness toward a health promotion approach (Myers et al., 2000), with international health policy promoting the concept of wellness.

Wellness is defined by the World Health Organisation (WHO) as the optimal state of health of individuals and groups, and encompasses 'the realization of the fullest potential of an individual physically, psychologically, socially, spiritually, and economically, and the fulfilment of one's role expectations in the family, community, place of worship, workplace and other settings' (Smith et al., 2006). Most authors agree that wellness is a multidimensional, synergistic and dynamic construct that reflects a continuum, not an end state, and is not simply the absence of illness (Roscoe, 2009). Concepts such as wellbeing and quality of life act as descriptors of wellness (Corbin and Pangrazi, 2001), and Rachele et al. (2013) highlight the conceptual differences between these three terms. They suggest that while quality of life focuses on an individual's perception of their position within prevalent culture and value systems, wellbeing reflects the synergy between an individual's resources and challenges faced. However, while there is increased emphasis on wellness and holistic forms of health within ageing policy, little is known about what wellness looks like for older adults in rural locations.

Integral to a discussion of wellness is the role of the environment in enabling older adults to reach their health potentials (Annear et al., 2014; World Health Organisation, 2007). The community environment is particularly relevant in fostering health outcomes for older adults due to the increased significance of place as people age, their longevity of residence and limited ability to relocate (Burholt, 2006). Thus, older adults are more vulnerable to the opportunities and constraints that occur within environments (Wahl and Weisman, 2003). This vulnerability is more pronounced

in the rural context due to increased levels of population ageing (Davis and Bartlett, 2008) accentuated by younger people out migrating and older adults moving into rural areas (Winterton and Warburton, 2011), and the macro level structures that can inhibit access to health services and systems in these regions (Keating and Phillips, 2008). Policy discourses promoting the economic and health-related benefits of older adults ageing in community settings, rather than in residential care, place considerable responsibility on communities to foster supportive environments (Provencher et al., 2014; Wiles et al., 2012).

However, the responsibility placed on communities to assist older adults to age well is hindered by the complexity surrounding the notion of community. Community reflects a range of meanings, including a physical bounded place, a set of shared interests and a sense of belonging (Provencher et al., 2014). Similar complexity has been noted in relation to defining rurality, with current definitions incorporating physically bounded, locality-based factors (e.g. population size, density) as well as social representations encompassing attitudes, behaviours and beliefs (Halfacree, 2006; Keating and Phillips, 2008). From the perspective of policy and service provision, rural is traditionally conceptualized according to objective community characteristics relating to demography and spatiality (Keating and Phillips, 2008). Given the lack of research on the broader role of community characteristics on health in older age (Menec and Nowicki, 2014), there is a need to deconstruct the nature of 'community' in relation to how it impacts on the lives of rural-dwelling older adults. Moreover, the dynamic interactions between rurality, community and ageing need to be more clearly understood. Understanding how specific elements of community impact on each other, and subsequently on rural older adults, is important to inform policy and practice across diverse rural communities and regions.

Utilizing a 'wellness' paradigm to explore impact is important in building on contemporary models of person-environment fit and age-friendliness (Keating et al., 2013; World Health Organisation, 2007) and to understand how older adults can age well rurally.

2. Material and methods

This review utilizes meta-synthesis, or qualitative meta-analysis as it has also been referred to, to interrogate the literature on rural ageing, community and wellness. Meta-synthesis involves the rigorous examination and interpretation of research findings using qualitative methods, in order to produce a new conceptualization of findings (Finfgeld, 2003). As Schreiber et al. (1997) note, meta-synthesis has three primary uses: theory building, theory explication and theoretical description, and is grounded in induction and interpretation (Noblit and Hare, 1988). While meta-synthesis has traditionally been applied only to qualitative findings, recent research has both advocated for, and utilized this method to explore both qualitative and quantitative studies (Bair and Haworth, 2005; Strobel and Van Barneveld, 2009; Dixon-woods et al., 2005). In terms of process, this paper draws on Walsh and Downe's (2005) stages of meta-synthesis: framing, locating papers, decision on inclusion, appraisal of studies, analytic technique

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