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## Original Research

# The experience of potentially vulnerable people during cold weather: implications for policy and practice

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## ABSTRACT

**Objectives:** To examine the experience of potentially vulnerable people during cold weather to inform interventions aimed at improving well-being.

**Study design:** Qualitative study.

**Methods:** Telephone interviews with 35 individuals who could be considered to be potentially vulnerable during cold weather. Individuals were interviewed on two occasions during the winter of 2012–13, one or two days after a level 3 cold weather alert, as defined by the Cold Weather Plan for England, had been issued.

**Results:** Participants were largely unaware of the health risks associated with low temperatures, especially cardiovascular risk. There was a clear distinction between the thermal experience of people in social housing, which was newer, had efficient heating, was well insulated and well-maintained, and owner occupiers living in older, harder to heat homes. Most participants relied on public transport, and many faced arduous journeys to reach basic facilities. Vulnerability to cold was mediated to a significant extent by practical social support from family members.

**Conclusions:** Resources should be targeted at people in hard to heat homes and those that are socially isolated. The repertoire of initiatives aimed at reducing cold-related mortality and morbidity could usefully be augmented by efforts to reduce social isolation and build community resilience.

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## Introduction

Since 2011 the English Department of Health has published the National Cold Weather Plan (CWP) for England (now published by Public Health England) which aims to protect the

population from harm during periods of cold weather and sets out a range of 'best practice' local and national action.<sup>1</sup> The CWP covers the spectrum of action from planning to emergency response. The CWP was revised in 2014 to take account of research that found that the adverse effects of cold

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temperature on health can occur at relatively modest temperatures (Hajat et al. this volume), suggesting that long-term interventions and the more general preparation for winter was more important than reactive interventions undertaken in response to severe weather.

Current interventions aimed at improving the well-being of vulnerable people include modifications to improve household warmth (e.g. loft insulation) and efforts to increase the income of older people (e.g. encouraging individuals to claim benefits). Many English local authorities also distribute 'warm packs' to residents considered to be vulnerable during cold weather (the contents vary but might include such things as a blanket and slippers). Concerns have been raised about the effectiveness of these interventions.<sup>2–4</sup> One concern relates to the approach taken to identifying 'vulnerable people'. Many initiatives use receipt of 'passport benefits' as a proxy for vulnerability. However, this has been found to exclude many people who are vulnerable to cold weather (because they are not eligible, or do not take up these benefits) whilst including many who are not.<sup>2</sup> This paper reports a study of 35 older people interviewed within two days of a level three cold weather alert as defined in the CWP (temperature <2 °C and/or widespread ice and heavy snow). The aim of the study was to examine the experiences of potentially vulnerable people during cold weather to inform interventions aimed at improving well-being.

## Methods

In conducting the research we were guided by the COREQ criteria for reporting qualitative research.<sup>5</sup> Semi-structured telephone interviews were held with 35 people in two localities. One site was an urban area in the Midlands where 15 people were recruited by a social research organisation (door-to-door). The second was a rural locality in the North of England. Ten people were recruited by a social research organisation and ten people were recruited by the local branch of Age UK. A purposive sampling strategy was used to find participants from groups that research suggests are particularly vulnerable to cold weather.<sup>1</sup> The groups chosen were people aged over 75 years and living alone, people aged over 90 years (not necessarily living alone) and people over 65 years with a long term health condition (including chronic obstructive pulmonary disease, chronic bronchitis, asthma or an existing heart problem). In the Midlands urban locality, at least three people recruited were of Asian origin; in the Northern locality, at least half of the recruits lived in a rural area. Participants who agreed to take part were given a £20 honorarium in recognition of their time commitment.

Each individual was interviewed on two occasions during the winter of 2012–13, one or two days after a level three alert had been issued. The initial stages of the interview were unstructured, on the broad topic of how interviewees were managing in the cold weather. The intention was to capture the respondent's priorities and frameworks of meaning.<sup>6</sup> Toward the end of the interview, probes were used, if necessary, to introduce any of the following topics not already covered: extent and nature of contact with health and social care professionals; contact with other agencies and organisations

including non-governmental organisations; contact with and support provided by family, friends, neighbours; nature, extent, functioning and use of home heating; experience going out; supplies (e.g. adequate supplies of food, fuel, medication, warm clothing and footwear); and critical incidents (e.g. falls, illnesses). A limitation of this study is that it is based on people's accounts of their experience during cold weather, rather than observational data on practices or the home environment.

Content analysis was undertaken to identify recurrent themes.<sup>7</sup> Analysis involved both inductive and abductive inferences in a process that involved either subsuming data under existing categories, derived from previous research and current policy, or assigning new categories on the basis of surprising or unexpected incidents of data.<sup>8</sup> Interviews were digitally recorded and transcribed and imported into a computer software programme (NVIVO) to aide analysis by facilitating coding and retrieval of segments of text. By 'coding' we mean marking incidents of data that might be relevant to our emerging interpretative categories.<sup>9</sup> One researcher (LJ) read each interview transcript several times, compared transcripts and returned to previous literature, noting down emerging ideas. These ideas were discussed with the other researcher, elaborated and refined to produce an analysis structured around six themes (*strategies for keeping warm in cold weather, home heating, advice on help available during cold weather, fear of falling, reliance on public transport, and the importance of instrumental social support*). The following analysis is based on the entire data set. Ethical approval was obtained in November 2012 from the Observational Research Ethics Committee of the London School of Hygiene & Tropical Medicine.

## Results

### *Strategies for keeping warm in cold weather*

All the individuals in the sample had taken steps to keep warm. These included wearing additional layers of clothes, and thick boots and a hat if they were going outside. Participants had also made preparations in anticipation of cold weather, especially those living in the rural area, most often stocking up on food and fuel. All respondents made a point of listening to the weather reports on the TV or radio.

### *Home heating*

For all respondents, keeping warm was a priority and most therefore kept the heating on during cold weather even though it was expensive. There were exceptions, for example, one woman turned her heating off during the day because of the expense. There was, however, a universal preference for not having the heating on at night. The reason was comfort. Most respondents said that they that they felt warm in their beds at night, although many mentioned that they would get up several times during the night to use the bathroom.

There was a clear distinction between the thermal comfort experienced by participants in council or housing association accommodation and owner occupiers. Respondents who lived in housing provided by the local authority or by housing

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