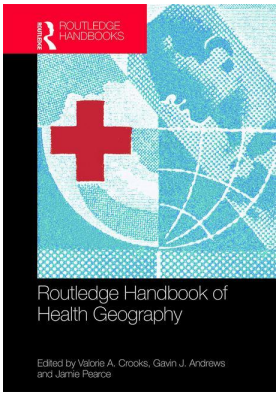

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FROM INEQUITIES TO PLACE ATTACHMENT AND THE PROVISION OF HEALTH CARE

Key concerns in the health geographies of aging

Tara Coleman and Janine Wiles

Early geographies of health and aging emphasized the health trends of older populations, while contemporary geographic research has considered the impact of space and place on older people's health and health care and how older people co-experience their health and place. Health geographies of aging have moved from a biomedical emphasis on health, as the absence of disease, to embrace more holistic socioecological understandings of aging and health in social, physical and symbolic contexts.

In this chapter, we explore spatial, relational and critical approaches to health geographies of aging. We identify three key concerns within these approaches, specifically inequities in health geographies of aging, the health aspects of aging in place and attachment to place, and landscapes of care including the provision of health care and other forms of support and service for aging. We recommend that future research continue to investigate patterns of inequalities and demand for services and supports during aging to anticipate the socioeconomic well-being and health of older people and their future needs. We suggest that this focus be expanded to include consideration of the ways in which developing technologies may be reconfiguring socioeconomic and health care needs, as well as older people's experiences of home and neighborhood. Further, in light of currently increasing numbers of older people in our societies, we recommend that future studies consider the many advantages of an aging population, while challenging the stigmatization and homogenization of aging.

Spatial approaches to health geographies of aging

A *spatial* approach to aging and health geography aligns with the issues and processes used in spatial science, and in human geography more broadly, to focus on the measurement and implications of the changing distribution of aging populations at global, regional, urban and household levels (Davies and James, 2011; Northcott, 2014). Researchers explore how trends in disease, technology and social conditions influence population aging at these different spatial scales (Davies and James, 2011). They investigate spatial variation within and across regions and countries, paying particular attention to inequalities in distributions of older people and in their health outcomes and quality of life (Northcott, 2014). A spatial approach highlights likely demand for a range of services and supports associated with old age (Rosenberg, 2014). Such information is vital to ensure that the future needs of older people are understood and appropriately planned for.

A challenge for spatially focused research projects is the availability of high-quality data; particularly in big national-level datasets. Further, data collection tends to focus on the morbidity and mortality patterns of younger people. Wealthier countries such as New Zealand, Australia, and those in North America and Europe tend to have better data at a much greater level of detail, as well as having proportionally older populations. Researchers in these areas are therefore able to better report on differences and inequalities between older social groups (e.g., by social class, ethnicity and gender) (Isaacson et al., 2017) and in different spaces (such as rural-urban, between cities, or across regions) (Huisman, Kunst and Mackenbach, 2003). Data that are available from less-wealthy nations indicate gross global inequalities and inequities in life expectancy and causes of mortality. People in poorer countries still tend to die younger from injury and infectious diseases (Lloyd-Sherlock, 2000). There are also differences in morbidity, health and quality of life in old age as rates of cardiovascular and similar chronic diseases (Mackay and Mensah, 2004), as well as depressive symptoms and risk-taking behaviors such as alcohol and drug use (Gibson et al., 2016), increase in less-wealthy countries.

More detailed understanding of patterns of inequality highlights the need to improve the socioeconomic well-being of older people as a group in order to improve the health of older populations. For example, comparative cross-national work shows how socioeconomic inequalities shape mortality in old age just as they do in younger age groups (Huisman, Kunst and Mackenbach, 2003) and reveals differences in the rate of development of disability between men and women driving much of the gender difference in health during old age (Deeg, 2015). Cumulative life-course exposure to social and material disadvantage and the current material, social, and health conditions that shape outcomes in later life is also highlighted by cross-national study (e.g., Alvarado et al., 2007). How the accumulated experiences of a lifetime affect health and mortality in old age remains an important question.

Understanding the location and movement of older people, especially as these relate to relevant services and supports for older people, is another key theme in geographical aging and health research (Simpson, Siguaw and Sheng, 2016). Researchers have demonstrated that many young-old move to leisure destinations in early old age, while many older-old return to their original areas, probably to be closer to family and friends as they think about their increasing needs for support (Stoller and Longino, 2001). These patterns are changing in response to a variety of trends, including increasing employment of the elderly, diversifying opportunities for leisure associated with old age, growing constraints on availability of support, and declines in health and health care associated with migration (Hall and Hardill, 2016).

Decisions made by older people and their families about geographic proximity among kin often have implications for the nature and quality of their interactions (Szydlik, 2016). Greater proximity between an older person and his or her family members is typically associated with more provision of care, both in terms of hours and type of support provided, but this is influenced by characteristics such as health status, gender, marital and parental status, and employment of both the older person and potential supporters (Joseph and Hallman, 1996, 1998). Moves motivated by negative life events or circumstances can have depressive effects or be particularly stressful (Bradley and Van Willigen, 2010). Thus, for health geographers, understanding location and movement is central to comprehending the complexities of people's lives, as well as exchanges of care and support and impacts on health.

Increasingly, geographic proximity is mediated by technology (Milligan, Roberts and Mort, 2011). Through remote surveillance and monitoring, developing technologies potentially increase opportunities for people to stay at home as they age, rather than move to residential care (Schillmeier and Domènech, 2010). Such innovations have critical implications for the health and the geographies of older people (Milligan, Roberts and Mort, 2011) and raise many ethical and social issues. Further research is needed to consider how technology might enable older people who are experiencing frailty to retain a greater level of autonomy and independence. Who should have the right to access such private information (e.g., should adult children automatically be able to see their parents' data)? Further, as caring relationships involve complex

processes of power and frequently issues of inequality (Bowlby, 2012), how is the cared-for person's ability to make choices and express opinions supported or suppressed in the context of these technologies? Is there potential for greater social and spatial isolation, loneliness, disempowerment or abuse for older people who are monitored remotely rather than in person? Ultimately, might these technologies reconfigure the experience of home and the way care occurs?

Relational approaches to health geographies of aging

Exploring older people's interactions with social and physical environments, and approaching the relationship between people and their environments as reciprocal and indivisible, characterizes a *relational* approach to aging and health geographies (Rowles, 1978; Rubinstein and Parmalee, 1992). This approach often includes the views and voices of older people and emphasizes that every aspect of every older person must always be understood as embedded or situated in socially constructed, dynamic *places* (Cutchin, 2001).

Two important themes in this field of research are sense of place and attachment to place. Geographic researchers exploring these themes have demonstrated that older people with positive connections to place are more likely to feel secure, feel in control, and have a positive sense of self, all of which enhances well-being and the process of aging (Rowles and Ravdal, 2002). Many researchers have illustrated how a sense of attachment to place becomes stronger as people age, with growing investment of meaning in both objects and places over time (Christoforetti, Gennai and Rodeschini, 2011; Wiles et al., 2009). For example, older people are much more likely than younger people to say they like their home or their neighborhood. The reasons this pattern is observed so consistently range from pride and personal investment over time to the immediate environment becoming more important as mobility declines, although recent work suggests the nature and size of older people's social worlds is far more diverse than initially thought (Wiles et al., 2009). Familiarity, emotional connections, networks of friends and family, and a personal sense of contextualized identity or history linked to a place are all likely to contribute to what Rowles refers to as being in place or insideness (Rowles, 1993). There may also be selective recall of positive experiences over a longer period of time (Christoforetti, Gennai and Rodeschini, 2011). Although attachment to place or investment in place is generally understood as having positive effects on health and well-being (Morita et al., 2010), there is evidence that negative associations with place can have a damaging effect on health and well-being (Golant, 2008).

Health geographers have explored positive place effects on health and well-being during aging with reference to the therapeutic landscapes concept – the idea that healing processes can be embedded in places, locales, settings and milieus that develop "an enduring reputation for achieving physical, mental, and spiritual healing" (Gesler, 1993, p. 171). One implication of such research with respect to aging is that particular places (e.g., gardens) may offer comfort and the opportunity for emotional, physical and spiritual renewal among older people (Milligan, Gatrell and Bingley, 2004). Milligan et al. (2004), for example, illustrate how older people may gain a sense of achievement, satisfaction and aesthetic pleasure through gardening activities, thereby experiencing communal gardens as therapeutic and inclusionary spaces that offer social support and access to social networks. This research suggests that a therapeutic landscape may be purposively constructed to positively influence health and well-being among older people and others.

Geographic research in this area has also illustrated the significance of emotions in response to place (Urry, 2007), as well as a tension between emotions and subjective experiences of aging, and the sociocultural expectations of age and emotions (Rose and Lonsdale, 2016). Health geographers investigating the therapeutic qualities of blue spaces, for instance, have demonstrated that many older people engage with blues spaces as part of their daily routines (e.g., interacting with views of the sea on a daily basis) to establish a sense of familiarity and security, as well as an insideness of place (Coleman and Kearns, 2015). In a study of

aging-in-place on Waiheke, New Zealand, conducted by Coleman and Kearns (2015), older coastal dwellers reported positive place attachments and restorative benefits, including opportunities for stillness, reflection and respite, in response to the emotional, aesthetic and spiritual qualities elicited by blue spaces. Older people may select particular elements from the landscapes in which they live, such as a view of a calm bay or changing tide, and keep these in the picture in order to cultivate attachment and a restorative experience that helps them cope with ill health or other challenges associated with advanced age (Coleman and Kearns, 2015). These findings show that older people are resourceful, creative, and actively engaged with the settings in which they live. Indeed, researchers and society at large must recognize older people as competent, enterprising, imaginative people who continue to negotiate everyday life and maintain well-being, rather than being merely in decline or increasingly dependent, as negative stereotypes of aging suggest.

Critical approaches to health geographies of aging

Health geographers have argued for much more *critical* understandings of what it means to age in place, both from the perspective of older people, and for urban, regional and global governance (Boyle, Wiles and Kearns, 2015; Cutchin, 2001). A critical approach considers how social forces shape the experience of both place and aging and questions established structures, everyday norms, and taken-for-granted power relationships while employing and expanding social theories to advocate for and work with communities. To date, more critical approaches to aging in place have considered the implications of living in disadvantaged or difficult places (Scharf, Phillipson and Smith, 2005) and current overemphasis on aging in place as a policy mechanism that may prevent people from seeking better alternatives (Golant, 2015).

Research *with* older people suggests that a wide range of factors are important to experiences and perceptions relating to aging in place, such as the quality and adaptability of housing, the availability of social and physical resources in the neighborhoods, and emotional and social and symbolic *perceptions* of these things (Wiles, 2011). Many older people draw on diverse accommodative and adaptive coping mechanisms and repertoires to achieve a sense of residential normalcy in the event that their house or neighborhood becomes uncomfortable (e.g., when stairs become difficult to ascend or as one's ability to engage with the social and physical resources in the neighborhood decreases) (Golant, 2015). Others may try to adapt their housing or move to more accessible or functionally appropriate housing (Peace, Holland and Kellaher, 2011). Studies show that older people's reluctance to move to institutionalized living environments sometimes stems from negative *perceptions* of these environments, though people's actual experiences are frequently more positive and complex (Wiles and Rosenberg, 2003).

A critical geographical perspective on aging and health suggests that we must think more broadly about whether older people have access to appropriate resources for adapting their current living circumstances or relocating. Access to any living environment is influenced by the resources people have available to them. At an individual level, important determining factors include whether older people own or rent their homes and whether they have strong social networks. At the neighborhood scale, important factors are the level of support available (e.g., adequate and good-quality home-based care when needed) and resources such as accessible, adequate and affordable public transport for older people who are no longer driving, or appropriate leisure spaces and opportunities (Pain, Mowl and Talbot, 2000). At even broader scales, the extent to which health services and home-based support are collectively provided (e.g., publicly funded) will shape the degree to which older people must rely on other sources of support, such as family caregiving and the nature of intergenerational exchanges of wealth (Wiles et al., 2012).

More critical geographical approaches to understanding aging and health challenge the stigmatization and homogenization of old age, aging, and aging bodies (Wiles, 2011)in society in general but in particular by research that treats older people as passive and dependent, frail or asexual; that talks *about* older people but

not *with* them; or that casts old age as a medical problem to be treated. Critical research recognizes the heterogeneity of older age and considers how aging bodies *relate to* and *shape* a wide variety of spaces and social contexts, from homes and neighborhoods and communities to gardens and sheds, leisure spaces, workspaces, educational spaces, and political spaces. There is growing recognition that older people make significant contributions to their families and the places in which they live (Wiles and Jayasinha, 2013).

Future research

Descriptive tools such as disease atlases, on the rare occasions in which information related to older people is included, show that recognizing the diversity among older people must be a priority (Kerr et al., 2014). This is because there are differences in morbidity and mortality between younger-old and older-old (80 years plus) people or between groups that are diverse on the basis of a range of social differences, including ethnicity, socioeconomic status and gender. Future research that includes multilevel modeling and detailed qualitative research must be prioritized in order to address more complex questions, such as how to understand the relationship between individual and contextual place effects (such as neighborhood socioeconomic status, or rural and urban contexts) on health outcomes. Additionally, continued focus on patterns of inequalities and demand for services and supports during aging is crucial to anticipating the socioeconomic well-being and health of older people and their future needs. Given currently expanding technological developments that mediate everyday environments, this focus could usefully be expanded to include consideration of the ways in which technologies may be reconfiguring socioeconomic and health-care needs, as well as the experience of home and neighborhood. Further, as new opportunities and constraints for old-age employment, support and leisure emerge, and as older people move and adjust to these changes, it is important that research stay abreast of arising impacts on everyday environments, health and health care.

Geographical perspectives on aging and health suggest that we must think more broadly about whether older people have access to appropriate resources for adapting their current living circumstances or relocating. More critical geographical approaches to understanding aging and health are still needed to challenge the stigmatization and homogenization of old age, aging, and aging bodies (Wiles, 2011). This challenge applies both to society in general, and to research that treats older people as passive and dependent, frail or asexual; which talks *about* older people but not *with* them; or, which casts old age as a medical problem to be treated.

Conclusions

Researchers taking a spatial approach to aging and health geography have highlighted demand for a range of services and supports associated with old age, the location and movement of older people and their subsequently anticipated future needs. Geographers taking a relational approach, exploring the relationship between older people and their environments as reciprocal and indivisible, have considered experiences of aging as situated in settings that are socially constructed and dynamic. Critical approaches to aging and health geography have explored the varied meanings of aging from the perspectives of diverse older people, and in the context of urban, regional and global governance, to help us think more broadly about the resources older people may require to maintain daily life. These wide-ranging geographic inquiries have highlighted inequities experienced by older people in their everyday settings, as well as inequities between older people and other groups, and the health aspects of aging in place, including attachment to place, and the provision of health care, caring work and resources.

In all aspects of geographic research on aging and health, there is growing and exciting emphasis on a strengths-based approach to understanding what may help older people achieve and maintain well-being.

Increasing attention is paid to different aspects of aging, including cultural and class differences, and the experiences of those in advanced age as opposed to younger cohorts. A wide range of approaches and methods are deployed, including sophisticated geographic information systems (GIS) and spatial-analytic techniques in a post-positivist theoretical framework and emancipatory methodological frameworks that include participatory and transformative research strategies working *with* older people.

A priority for future research is to achieve an understanding of the multifaceted interactions between individual older people, their everyday settings, and their health and well-being outcomes. In light of rapidly growing proportions and numbers of older people, particularly those in advanced age and from diverse cultural groups, such research must also understand and maximize the many advantages of an aging population while challenging the stigmatization and homogenization of aging.

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