Positive ageing of low SES older adults in their community
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CHAPTER 1

General Introduction
HOW SHOULD WE ADDRESS HEALTH?

‘Your mental and physical health is one. If one interdependent aspect is not good, it influences the other. It is the combination’. (Older adult, participant in a photo-elicitation study about positive ageing)

What is the definition of health? When can a person be regarded as healthy? How does one feel when one is healthy? These questions are part of a long history of philosophical discussions, scientific research and policy ambitions. To date, it has proved challenging to capture the concept of health in a single, widely accepted definition. In the 19th and early 20th centuries, the concept of health focused on the reduction of physical infirmities and diseases through the application of western medicine (Leonardi, 2018). Since 1948, the World Health Organization (WHO) has defined health as a ‘state of complete physical, mental, and social well-being, and not merely the absence of disease’. In this understanding, health is more than a purely physical condition (World Health Organization, 2006).

Although the definition of the WHO seemed ground-breaking at the time it was adopted, given its broad focus, it has been increasingly criticized over time. For instance, Huber and colleagues (2011) convincingly argue that the 1948 definition—which implies that an individual should achieve a ‘complete’ state of health in order to be regarded as ‘healthy’—is no longer applicable to the current ageing society, in which many people must cope with chronic illnesses. Critics of the definition have also identified issues of application, given the impossibility of either operationalizing or measuring ‘a complete state’ (Huber et al., 2011; Leonardi, 2018).

In the past 40 years, alternative definitions of health have focused mainly on the interplay between social, mental and physical aspects of health, as well as on the ability of individuals to adapt and pursue their personal goals and desires (Bircher, 2005; Huber et al., 2011; Nordenfelt, 2001). One example is the concept of ‘positive health’, in which health is defined as ‘the ability to adapt and self-manage in the face of physical, social and emotional challenges’ (Huber et al., 2011, p.2). Other scholars and philosophers commenting on the definition of health have also underscored the importance of the individual’s subjective experience of health (Jadad & O’Grady, 2007; Nordenfelt, 2001). A person could be classified as unhealthy according to a performance-based screening, yet still feel healthy because of a shift in response due to chronic conditions (Vanier et al., 2021).
Despite numerous attempts to arrive at a suitable health definition, capturing the complexity of the phenomenon continues to pose a challenge (Leonardi, 2018). Through this thesis, therefore, we describe health as the interplay between physical, social and mental health, together with the ability to self-manage these interconnected aspects of health.

FROM WELFARE STATE TO PARTICIPATION SOCIETY

Scientists agree that the pressure on the healthcare system will grow rapidly in response to population ageing and staffing shortages in healthcare (Rijksoverheid, 2022). To facilitate the connection between the government and citizens and to stimulate active citizen participation, the Dutch government has decentralized a large share of the services in its social security system from the national to the local level of government (Rijksoverheid, 2015). The Dutch government expects all citizens to remain as active and independent as possible while organizing care within their own informal networks (Hees et al., 2020). In practice, this shift is not an easy task for everyone, as it requires a certain amount of awareness concerning how to take control and self-manage one’s own health and well-being.

The shift from a welfare state to a participation society in the Netherlands has increased the relevance of support for healthy ageing amongst older adults with a lower socioeconomic status (SES) (Delsen, 2016). Given the major impact that SES is known to have on health outcomes, policymakers, scholars and health professionals have assigned high priority to support for older adults with low SES (Christensen et al., 2009, World Health Organization, 2018). As commonly defined, SES refers to the combination of occupation (current or former), income level and education level. For older adults in the Netherlands, studies have indicated that disposable income is especially relevant to health status, as compared to occupation and education level (Hendriks et al., 2022; Wingen & Otten, 2009). Older adults with lower SES are at increased risk of experiencing stressful life events, developing depression, having chronic health conditions, experiencing geriatric frailty and having less access to healthcare facilities, in addition to engaging in health-damaging behaviours, (e.g. smoking), as compared to their counterparts with higher SES (Loef & Walach, 2012; Steptoe & Zaninotto, 2020; Szanton et al., 2010). The self-rated health and quality of life of older adults with lower SES are often related to their experiences with the ageing process, and they tend to be less positive than those of older adults with higher SES (Barrett, 2003; Warmoth et al., 2016).
HEALTH IN ALL POLICIES

Despite many efforts, national policy in the Netherlands has yet to be successful in reducing persistent health inequalities (Grootegoed et al., 2022). Many scholars and health-policy advisors agree that a major change of direction is needed in order to create impact. The focus should shift from the specific problem alone to include the origin of the health issue (Grootegoed et al., 2022). Public-health-policy advisors largely agree on the concept of ‘Health in All Policies’ (HiAP) (Greer et al., 2022), which is based on the idea that major health challenges (e.g. health inequalities), are associated with social determinants (e.g. where an individual was born, lives and ages) (Bussemaker & Vonk, 2021; World Health Organization, 2015). This also applies to older adults with low SES, many of whom were raised and live in disadvantaged neighbourhoods with limited opportunities to stimulate their physical, mental or social health (Algren et al., 2015; Wietmarschen et al., 2022). The HiAP concept is seen as a strategy with which to achieve an integral healthcare system and follow the shift from a medical perspective on health towards a multidimensional approach across disciplines (Hollander et al., 2006).

One example of HiAP is the incorporation of health into urban design. More specifically, the design of a neighbourhood should stimulate the health of individuals by encouraging healthy behaviour (e.g. walking) or support social contacts (e.g. with an easily accessible local community centre) (Greer et al., 2022). With regard to vulnerable groups (e.g. older adults with low SES), HiAP remains challenging, as the problems faced by these groups are complex and the results of multiple and interacting factors (Greer et al., 2022).

HEALTH INTERVENTIONS

Addressing complex challenges (particularly with regard to health) and creating more impact will require another approach to health interventions and programmes. Successful health interventions and programmes should focus on underlying factors of health problems, including the literacy levels of the target group (Vereniging Nederlandse Gemeenten, 2020). Especially for older adults with lower SES, most interventions fail to reach the members of the target group or are not suited to their needs (de Klerk et al., 2019). Recently, the council of Public Health and Society [in Dutch: Raad voor Volksgezondheid & Samenleving (RVS)] recommended designing health programmes that are customized to the community or neighbourhood in which an individual lives, instead of targeting the individual or the population as a whole (RVS, 2021; Nickel et al., 2020). Taking the background and living situation of individuals
into account is expected to enhance the success of health programmes, as this allows them to be customized to the reality of each individual (RVS, 2021). It has also been suggested that health programmes and interventions should be developed in collaboration with the target group (Landelijke nota gezondheidsbeleid 2020-2024).

To date, interventions and health programmes for older adults have focused largely on individuals or on single domains of health (Loket Gezond Leven, 2022). In addition, few of these interventions have been designed specifically for older adults with low SES. A need thus remains for successful health interventions specifically for this target group, with a focus on multiple health domains and taking the living environment of the individual into account.

FOCUS ON SELF-MANAGEMENT ABILITY

Older adults with low SES require self-management skills or support in developing their self-management abilities in order to meet the demands of contemporary society (Kempen, 2009). That having been said, the way in which self-management should be defined is not clear. Of the numerous existing definitions, most describe self-management as the ability of individuals to feel in control of various aspects of their health (Kempen, 2009). The theory of self-management of well-being (SMW; Steverink, 2014; Steverink et al., 2005) proposes a set of six self-management abilities, all of which are needed in order to achieve or maintain health and well-being: ‘taking initiative’, ‘being self-efficacious’, ‘investment behaviour’, ‘having a positive frame of mind’, ‘taking care of multifunctionality in resources’ and ‘taking care of variety in resources’. According to SMW theory, each of these abilities should be linked to five basic needs for human physical and social well-being (comfort, stimulation, affection, behavioural confirmation and status) in order to achieve, maintain or improve overall well-being (Steverink, 2014; Steverink et al., 2005). The following example is illustrative of self-management behaviour. An individual invests (investment behaviour) in social contacts by meeting a friend in a local sports centre on a regular basis. By doing so, the individual also applies the self-management ability of multifunctionality, as the behaviour involves simultaneously investing in both social and physical well-being. The self-management behaviour described in the example is linked to multiple basic human needs, including behavioural confirmation (meeting a friend), stimulation (engaging in a physical activity) and comfort (improving physical health).

The ability to apply self-management behaviour is not self-evident. Self-management behaviour is correlated with gender, income, education level and marital status (Cramm et al., 2012b). Older people with lower levels of income, education and social, cognitive,
and physical functioning have been shown to be less capable of self-management than are those with higher levels of functioning (Cramm et al., 2014; Cramm et al., 2012b). Interventions focused on healthy aging are particularly important for older adults with low SES, as this population experiences greater health losses and has more difficulty with challenges relating to self-management in various domains of health (Cramm et al., 2014). Self-management interventions may also work as a preventive strategy (Frieswijk et al., 2006). Ageing is naturally accompanied by losses in social and physical domains of life (e.g. mobility problems or the loss of a loved one). Helping older adults to develop their self-management ability before they experience substantial loss may operate as a potential buffer for coping with the unpleasant consequences of ageing.

In interventions for older adults, self-management ability is usually addressed in terms of managing chronic health conditions (Haase et al., 2021; Sherifali et al., 2015), even though self-management is also of value for other health domains, including social and mental health (Goedendorp & Steverink, 2017). Results from the Self-Management of Well-being (SMW) group intervention [in Dutch: Grip & Glans groeps cursus] (which is based on SMW theory) provided evidence of significant positive effects on the self-management ability and overall well-being of participants (Gezondheidsraad, 2018; Goedendorp & Steverink, 2017; Kempen, 2009; Kremers et al., 2006). Despite its promising results, however, this intervention was not designed specifically for older adults with low SES. The effects of interventions for this target group could be enhanced by customizing them to their characteristic literacy levels and background (Cramm et al., 2014). The next step thus consists of a broad health-promotion intervention focused on self-management ability of older adults with low SES.

**PERSPECTIVE OF HEALTH AND AGEING**

To develop and implement successful health-promotion interventions for older adults with low SES, it is important to gain insight into the perceptions and perspective of this target group with regard to health and ageing. Such insights could also provide valuable information for health policy and the organization of care (Heutink et al., 2010). As indicated by multiple studies, however, several challenges are associated with gaining insight into the perceptions and perspectives of this group (Flinterman et al., 2019; Wietmarschen et al., 2022). For instance, the use of quantitative measurements in research with this group has several limitations, and several concerns have been identified with regard to the usability of this method. First, using tools that require a certain amount of reading and writing (e.g. completing questionnaires) might not be the most suitable strategy to choose, given that older adults with low SES might have difficulty understanding questionnaires, due to lower levels of literacy and cognitive
apprehension (Flinterman et al., 2019; Lyu & Bur, 2016). Second, with regard to perspectives or perceptions on abstract subjects (e.g. health or ageing), standardized measurements provide insights only on predefined criteria, and they do not invite an open reflection. For example, in a study on successful ageing, Von Faber and colleagues (2001) report that, when expressing their own experiences on successful ageing, older adults apparently used criteria other than those that had been predefined in the quantitative study. Third, the use of abstract tasks (e.g. prioritizing and clustering) might threaten the credibility of the results. For example, Flinterman and colleagues (2019) used concept-mapping techniques to gain insight into the perceptions that people with low SES had on positive health. The use of this abstract task ultimately resulted in concerns about the trustworthiness and usability of the results (Flinterman et al., 2019). It is thus still important to find a research tool that is appropriate to the cognitive and literacy level of older adults with low SES and that makes it possible to discuss abstract subjects and provide a broad understanding of the experiences of the target group.

One technique might offer a promising research method for older adults with low SES involves the use of visual tools (e.g. photographs). Such tools are accepted for the purposes of qualitative research, and they are increasingly being used in a wide range of disciplines, including sociology, psychology and anthropology (Pain, 2012). First mentioned by the researcher and photographer John Collier (1957), the use of photographs in research is known as photo-elicitation. During a photo-elicitation interview, photographs are used to facilitate reflection and stimulate the conversation about an abstract topic (Harper, 2002). Photo-elicitation techniques in which the researcher collects the photographs (i.e. researcher-driven techniques) can be distinguished from those in which the participant takes the photographs (i.e. participant-driven, or ‘photo voice’) (Catalani & Minkler, 2010; Wang & Burris, 1997). One of the greatest assets of this method is the room that it allows for interpretation of the photographs, which results in broad reflection and open conversation about the subject (Pain, 2012).

Several studies have already used photo-elicitation techniques to study the perspectives of older adults on health and ageing, and researchers have described the method as quite usable for this purpose (Novek, Morris-Oswald & Menec, 2012). To date, however, these techniques have not been used to investigate the perspectives of older adults with low SES. Considering the combination of the methodological challenges of conducting research with this target group and the abstract subject of health and ageing calls for an innovative research tool. In this thesis, we explore whether the use of photo-elicitation is a valuable strategy to this end.
THESIS CONTRIBUTION

This thesis contributes to the existing body of scientific literature in two ways. First, following the strategy for reducing health inequalities advocated by the WHO and the council of Public Health & Society (Bussemaker & Vonk, 2021; RVS, 2021; World Health Organization, 2008), we designed a health intervention focused on improving multiple health components while targeting the communities in which individuals live. The *Community Wise* intervention was designed to improve the physical health, social vitality, mental health, well-being and self-management abilities of older adults with low SES according to a community-based approach. This intervention is intended to support positive health amongst older adults living in low-SES communities, thereby helping adults with low SES to meet the demands of society while retaining as much control as possible over their own health and well-being.

Second, as described above, the perspectives of older adults with low SES on positive ageing and health are important, especially given the high relevance of this group to health-policy agendas. The use of an innovative qualitative strategy (i.e. photo-elicitation interviews) allowed us to gain more insight into the suitability of the method for research with this specific target group. In this thesis, we combine participant-driven and researcher-driven photo-elicitation to gain a broad understanding of the perspectives of older adults on health and ageing, in addition to generating insight into the usefulness of this method.

THESIS OUTLINE

The thesis begins with a description of the development, execution and evaluation of *Community Wise*, a health-promotion intervention that focuses on improving the physical, social and mental health of older adults living in low-SES communities, as well as their self-management ability and well-being, according to a community-based approach (Chapter 2). We then explore the perspectives of older adults with low SES on health and ageing through both researcher-driven and participant-driven photo-elicitation techniques. The development, execution and results of these studies are described in Chapter 3 and Chapter 4. Given the relative dearth of knowledge on how to use photo-elicitation in research involving older adults with low SES, we also discuss the usefulness and lessons learned about the use of such techniques with this target group, as well as the experiences of participants with the method (Chapter 5). In Chapter 6, we provide a reflection on the main findings, paying special attention to the strengths and limitations of the intervention and photo-elicitation method. At the end
of that chapter, we focus on the practical relevance of this thesis and its contribution to future health policy and science.

The following four research questions in four chapters of this thesis:

Chapter 2: What is the effect of the Community Wise intervention on the physical fitness, social health, self-management ability and well-being of participants? What are participants’ perceptions of the Community Wise intervention on the physical fitness, social health, self-management ability and well-being of participants?

Chapter 3: What are the positive health perceptions of older adults with a lower socioeconomic status, when they are interviewed with the use of photo-elicitation techniques?

Chapter 4: What are the perspectives of low SES older adults on positive ageing when using participant-driven photo-elicitation techniques?

Chapter 5: What is the research strategy, and what are the lessons learned and recommendations for future research when conducting a researcher-driven photo-elicitation interview with low SES older adults?