

HOW TO SUPPORT KNOWING AND DOING IN PROMOTION OF HEALTH

Lessons learned from the Promoting Aging Migrants' Capabilities program

Akademisk avhandling

Som för avläggande av medicine doktorsexamen vid Sahlgrenska akademien, Göteborgs universitet kommer att offentlig försvaras i hörsal Arvid Carlsson, Academicum, Medicinaregatan 3, den 16 december, klockan 13:00.

av Emmelie Barenfeld

Fakultetsopponent:

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Avhandlingen baseras på följande delarbeten

- I. Barenfeld E, Wallin L, Björk Brämberg E. Moving from Knowledge to Action in Partnership: A Case Study on Program Adaptation to Support Optimal Aging in the Context of Migration. *In manuscript*.
- II. Barenfeld E, Gustafsson S, Wallin L, Dahlin-Ivanoff S. Understanding the “black box” of a health-promotion program: Keys to enable health among older persons aging in the context of migration. *International Journal of Qualitative Studies on Health and Well-Being*. 2015;10:29013.
- III. Barenfeld E, Gustafsson S, Wallin L, Dahlin-Ivanoff S. Using Health-Promoting Messages in Decision-Making: a Grounded Theory study of the Promoting Aging Migrants' Capabilities Program. *Submitted for publication*.
- IV. Barenfeld E, Dahlin-Ivanoff S, Wallin L, Gustafsson S. Results and lessons learned from the RCT “Promoting Aging Migrants' Capabilities” – focusing on Activities of Daily Living and Self-Rated Health. *Submitted for publication*.

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Abstract

Worldwide, the number of persons aging in the context of migration increases. Aging and migration can influence a persons' opportunities to experience health. There is a need to develop knowledge of how to facilitate implementation of evidence-based health promotion for this target group, and to evaluate the outcomes of such programs. In the context of a researcher-community partnership, this thesis aimed to explore how to support the development and realizing of an adapted health-promotion program its benefits, and impact for older persons aging in the context of migration. **Methods:** Different research methods were combined by performing one qualitative case study, two grounded theory studies and one randomized controlled trial. The studied sample consisted of health personnel, policymakers and researchers, and older persons ≥ 70 years who have migrated to Sweden from Finland or the Balkan Peninsula. Data were collected by: focus group discussions, individual interviews, document review, and face-to-face interviews according to a study questionnaire. **Results:** The findings showed how negotiations in a researcher-community partnership supported suitable program adaptations. Reasons driving the negotiation process and actions taken to inhibit or support adaptations were identified as a result of the negotiations. In addition, the findings showed that the adapted program was experienced to raise awareness and how program content and design contributed to this. Health promoting messages exchanged during the program were used in health decision-making in everyday life. No significant intervention effect was demonstrated on activities in daily living or self-rated health. **Conclusion:** The use of a researcher-community partnership as an implementation strategy was fruitful. The adapted program bridged barriers to health promotion, and contributed to benefits in everyday life. Different findings regarding program evaluation were drawn from qualitative and quantitative findings. Therefore, further studies are needed before a final conclusion on the effect of the adapted program can be determined. Due to experienced benefits, the program is recommended for increasing the skills of older people aging in the context of migration to take advantage of rights and opportunities within health services.

Keywords: Emigration and immigration, person-centeredness, implementation, health promotion, activities of daily living, optimal aging.