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Health, well-being and second homes: An outline of current research and policy challenges

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Healthy living environments and housing conditions are important foci of Nordic health and welfare policies. However, policies and research on living conditions have mostly explored people's permanent living environments, adhering to thinking about health in terms of fixity in place. What has not been acknowledged is that a considerable amount of Nordic people live in a continuous interaction of more than one place of dwelling. An illustrative example of the significance of mobile lifestyles is the use of second homes. Second home tourism is usually assumed to increase health and well-being. However, research on well-being and the health effects of second home tourism has been limited. In this paper we propose a research framework to approach second homes and well-being by identifying place and mobility as the key aspects in comprehending the relationship between health, wellbeing and second homes. Furthermore, we argue that the mobile lifestyles considerably challenge existing regulatory frameworks and provision of services as multi-local living is not systematically accounted for. Failing to acknowledge mobile lifestyles and multiple dwelling will degrade possibilities to respond to the current and long-term challenges of the distribution of health and welfare.

Keywords: second homes, health, well-being, place and mobility, welfare systems, Nordic countries

Introduction

The impact of housing conditions and environmental quality on human health, as well as social inequalities in the distribution of these, are increasingly on the agenda of politics and researchers. However, this has mostly explored people's permanent living environments, adhering to thinking about health in terms of fixity in place. What has not been acknowledged is that a considerable amount of Nordic people live their lives in a continuous interaction of more than one place of dwelling. As a consequence of urbanization, demographic changes and mobility an extensive amount of the populations in the Nordic countries increasingly choose to spend their lives living in multiple locations to pursue quality-of-life goals and recreational interests. Pursuing the "good life", people seek various elements in the natural, built or social environment that they think will increase their well-being and health, and which may be accessed in different places and in different times, why mobility can become part of the life strategy (Åkerlund, 2013).

Seeking experiences or services to enhance one's well-being and health have been a major driver of tourism mobilities for a very long time (e.g. Hall, 2003). Health, well-being and wellness are also important themes in current tourism research and destination development. Mainly, the focus has been on the growth of niche tourism businesses and product development, as well as tourist experiences related to health and well-being (Hall & Weiler, 1992; Clift & Page, 1996; Gilbert & Abdullah, 2004; Pesonen & Komppula, 2010). With increasing globalization and health services becoming internationally available, a more recent focus has been toward different forms of medical tourism, i.e. travel to access treatments and therapies which are unavailable, illegal, expensive or subject to long queuing time in the places of origin of the tourists (Hall, 2011). However, less attention has been focused on the health effects of tourism, how tourism is related to public health and how it impacts the provision and demand of public and private health services.

A major gap in the literature is the relationship between health and second home tourism, one of the most popular forms of domestic tourism in the Nordic countries (Müller, 2007). Second homes, perhaps more than any other form of tourism in the Nordic countries, are in many ways connected to public well-being and provision of health services. Access to second homes and related mobility are major components of Nordic leisure in which health and wellbeing impacts have remained largely unexplored. In terms of provision of health services especially the impacts on rural areas have been debated. The number of rural second homes has increased in parallel to rural depopulation and ageing. Second homes are getting better equipped and people use them ever more often year-round which has further increased the importance of temporary populations in rural areas (Flognfeldt, 2006; Müller, 2007; Tuulentie, 2007). Second homes can imply higher costs in rural and declining communities, as second home tourists' demand for health services increases and some might even reside at their second home permanently. In this context national arrangements of health and care provision tend to put pressure on rural municipalities. For example, in Sweden municipalities are obliged to provide home care to seasonal populations as well, and in Norway a recent healthcare reform forces municipalities to pay for first

aid services to everybody visiting the municipality. In Finland, if the patient regularly resides or spends long periods of time residing outside their own municipality, they can access healthcare services with and specified in a care plan provided by their home municipality. This is potentially an economic and organizational challenge not least for municipalities with many second homes.

The aim of this paper is to discuss and develop a framework to research the connections between second homes, health and well-being in a Nordic context. Beginning with a review on how second homes and health are linked in the Nordic societies from the point of view of Nordic lifestyles, social development, policy debates, and current second home mobilities, we will then outline two theoretical approaches relevant to capture the complex relationships between second homes and health (place and mobility). In conclusion, we call for research on the issue of second homes and health, and suggest possible research frameworks.

Second home tourism in the Nordic countries

Second home use in the Nordic countries has been linked to historical population changes and urbanization (Nouza, Ólafsdóttir & Müller, 2013a; Hiltunen & Rehunen, 2014) and to understandings of healthy lifestyles. Primarily during the 1970s and 1980s, Nordic governments issued programs to support public health, for example by easing local planning in order to give more people the opportunity to build a second home (Arnesen & Ericsson, 2012). Also the labor movement was active in giving the working class access to second homes in order to promote their well-being, for example by promoting the use of the summer cottage and the winter “sports cabin” (Nordin, 1993; Müller, 2007, 2010; Bohlin, Brandt & Elbe, 2014) and establishing cottage villages for employers to promote recreation and well-being (Antilla, 2008). Partly as a result of these efforts, second homes have become an integral part of contemporary housing structures and leisure mobility in the Nordic realm.

Second home use can be claimed to make up the “true mass” of Nordic tourism (Müller, 2013a). Altogether there are more than 1.5 million second homes in the Nordic countries, including Denmark and Iceland (Tress, 2002; Müller, 2007; Sievänen & Neuvonen, 2011; Nouza et al., 2013). Retired households make up the major part of second home owners, in Finland for example the average age of owners is 61 years (OSF, 2014). The increased health and well-being of the retired is a factor in explaining the continuing popularity of second homes as it allows continued use and mobility even in high age (Hall & Müller, 2004). However, second homes are not only used by their owners but also their families, relatives and friends. It has been estimated that half of the population in each Nordic country has an access to one. Second homes are used intensively and for relatively long periods annually (Table 1). Besides leisure consumption, they are increasingly equipped for year-round dwelling and used as retirement homes or places to telecommute.

Table 1. Importance of second homes to contemporary lifestyles in Sweden, Finland and Norway (Tillväxtanalys 2012; Statistics Finland 2014)

	Number of second homes	Average time spent at second home annually by their owners (days)	Share of second homes of all detached houses (%)
Sweden	575 800	71	22,5
Finland	499 000	75	24,4
Norway	435 200	46	20,4

Second homes have become an important part of Nordic lifestyles. Previous research (e.g. Hall & Müller, 2004; Overvåg, 2011; Hiltunen, Pitkänen, Vepsäläinen & Hall, 2013) has proven that second homes often are invested with an equal amount of meaning and finances as first homes. Common motivations are closely connected to individual and family well-being by seeking refuge in nature; recreation and leisure activities; and continuity and roots. Second homes, thus, have come to play a central role in the negotiation of sense of place, belonging, identity, and well-being for most of their users (Williams & Kaltenborn, 1999; Hall & Müller, 2004; Overvåg, 2009; Arnesen & Ericsson, 2012).

These second home related mobile lifestyles do not affect only individuals and households, but also considerably challenge existing regulatory frameworks and provision of health and welfare services. It has been argued that current administrative practices in welfare states have not been able to respond to how people actually lead their lives (Müller & Hall, 2003, McIntyre et al., 2006; Pitkänen & Vepsäläinen, 2008). The scale and provision of health and welfare services are primarily based on registered population, and only one official place of residence can be registered into which most formal rights are bound. Restructuring national health care systems to work more efficiently to respond to societal challenges have become a major theme in all Nordic societies. After recent health reforms in Sweden, Norway and Finland, people are able to choose the health district they wish to be responsible for their health care, and some health and welfare services can even be accessed in other locations than that of permanent residence. For instance, Norwegian municipalities are now responsible for providing and financing primary care independent whether the caretaker is registered citizen or non-registered second home owner or tourist. This implies a latent burden for municipalities with great number of second homes clustered in tourism resorts (Ellingsen, Hodne & Sørheim, 2010; Tillväxtanalys, 2012). Nevertheless, interest in health care in the second home destinations is mainly demanded by domestic second home owners, while international owners still prefer to consume these services in their home countries (Müller, 2011). Although second homes are increasingly debated in the context of public health care, multiple dwelling has not systematically been accounted for in the planning and provision of public services. One of the reasons arguably is the lack of understanding of the relationship between second homes and health, which is the focus of our next chapter.

Second homes and health

Relationships between second home use and health

In view of these trends and challenges, the need to study relationships between second home use and health is highlighted. There is preliminary scientific evidence that second homes have positive health effects. In Sweden, Hartig and Fransson (2009, see also Fransson & Hartig, 2010) noted that second home ownership seems to be beneficial especially to men, lowering odds for early retirement and early death. However, they do not go into much discussion on which aspect of second homes the health impact is related to, except from noting that they provide an access to nature. This has lead Müller (2013b) to reflect that it is difficult to say whether the health impact is triggered by access to second homes since second home owners engage in outdoor activities to greater extent than non-owners even while staying at their first home. Therefore, a broader understanding of second home tourism is required to explore the relationship between second homes, health and well-being.

Broadly understood second home tourism refers to spending time in and moving between more than one place of residence due to leisure or recreation pursuits (Hall & Müller, 2004; McIntyre, Williams & McHugh, 2006). As stated above, common motivations for second home use are to enjoy nature and a traditional lifestyle, escape stressful environments, and pursue recreational activities (Kaltenborn, 1998; Hall & Müller, 2004; Pitkänen, 2008). Thus, it is usually assumed to increase health and well-being. We argue that two aspects of second homes are central in comprehending the relationship between health, well-being and second homes. Firstly, as second home tourism is all about returning to the same place regularly, the health impacts of second homes should be approached from the perspective of place – the qualities of the natural and living environments and people's relationships with place. Second, as second home tourism is also about moving between the first and the second homes, mobility and the interaction of different living environments are an important part of the phenomenon and thus also of the related health and well-being impacts.

Place qualities, place meanings and health

Health is understood as the outcome of interconnected environmental, social and psychological processes. These are articulated through, for example quality of buildings, infrastructure and natural or open spaces (environmental processes), density and interactions between individuals and groups (social processes) and identity and attachments to physical and social aspects of places (psychological processes) (Eyles & Williams, 2008). Therefore physical places and living environments have a great impact on people's health and well-being. Besides sustaining life-supporting functions and satisfying human needs of nourishment, clean air, water and shelter, the natural environment plays a vital role for the quality of life. Natural areas provide environmental stimuli and restorative and therapeutic experiences and have direct impacts on well-being by decreasing stress and blood pressure as well as by providing natural allergen exposure (e.g. Omodei & Wearing, 1990; Bowler, Buyung-Ali,

Knight & Pullin, 2010; Korpela, Ylén, Tyrväinen & Silvennoinen, 2010). Williams and Patterson (2008) discussed how individuals' relationships to places providing venues for leisure and recreation contribute to their health and well-being. The environment, they argue, not only provides a passive backdrop for restorative experiences but also an arena for engaging with landscape features in outdoor recreational activities. In these aspects natural areas have been contrasted especially with urban areas, emphasizing the need for green infrastructure in built environments (Hartig & Fransson, 2009; Tzoulas et al., 2007). Moreover, the impact of environmental quality on human health, and the importance of natural systems in the provision of a range of services needed to support human health is increasingly acknowledged (Millennium Ecosystem Assessment, 2005). This also implies that access to good quality natural environments and amenities supporting recreational activities are important in this respect. In the Nordic countries, free access to natural environments is secured in the customary law of Right of Public Access, which is also to varying degrees protected in the constitutions of the countries. Furthermore, the context of accessibility to social and health services and supportive infrastructures in second home-rich areas is becoming an increasing topic for planning authorities.

In research on the health impacts of living environments less attention has been devoted to how the subjective meanings which individuals give to living environments affect their health (Williams & Patterson, 2008), or to identifying human values of nature and associated physical and mental benefits derived from landscape features and natural environment (Baldwin, Powell & Kellert, 2011). Eyles and Williams (2008, see also Williams, 1999) argue that the way people sense place attributes can have effects on their health as it influences the ways people interact with place. A strong sense of place is usually positively related to health whereas a weak sense of place is regarded as unhealthy. Of course, it is relatively easy to imagine that polluted places hardly contribute to better health as well.

Previous research on housing and health has emphasized relationships between physical features of housing and diverse health outcomes (Hartig & Lawrence, 2003). Increase in housing standards self-evidently improves various health conditions, and vice versa, poor housing risks health and well-being (Howden-Chapman, 2004). Similarly, certain qualities of housing environments have better health impacts than others. However, as Fransson and Hartig (2010) state, the health impacts must not be understood merely as related to access to green spaces, but to social aspects of living. Hence, instead of mere shelters, housing should be understood in terms of "homes", including meanings, emotions, values and experiences related to the dwelling and social life around it (Blunt & Dowling, 2006). Previous studies on the relationship of place qualities and meaning and health find an echo in the current Nordic second home literature, as second homes are related to seeking restorative experiences in natural surroundings (Kaltenborn, 1998; Müller, 2007). Nature is not meaningful only as a passive setting, but it also functions as a concrete platform for different recreational and everyday activities taking place at and around the second home (Pitkänen, Puhakka & Sawatzky, 2011). In terms of sense of place, second homes have been found to be places attributed with strong place attachments, emotions and meanings (Kaltenborn, 1997; Tuulentie, 2007). They often have a connection to family

history and roots providing a sense of continuity in the modern world (Vepsäläinen & Pitkänen, 2010). Therefore, second homes may be considered emotionally more significant than the official first homes.

Mobile lifestyles and health

The connections of psychological, social and environmental aspects of health become more complex when considering current mobile societies and increased mobility including tourism and second homes. Residential mobility has often been seen as a disruptive phenomenon and in the welfare states there prevails a tendency to pursue permanent housing and home as singular and stable (Blunt & Dowling, 2006). However, some forms of temporary mobility has long been characterized as positive and fulfilling, namely leisure and recreation oriented mobility (McIntyre et al., 2006; Williams & Patterson, 2008; Williams & McIntyre, 2012), driven by aspirations to enhance quality-of-life (Uysal, Perdue & Sirgy, 2012). Second homes have increasingly been interpreted as a part of a mobile lifestyle and a form of dwelling rather than as tourism. Gallent (2007) and Halfacree (2012) have emphasized how in the era of mobilities dwelling should not be seen as essentially static or fixed but also incorporating mobility and second homes are increasingly considered a part of everyday existence of dwelling (see also Overvåg, 2009). Thus, second homes blur distinctions between home and away, permanent and temporary as well as leisure and the everyday. People increasingly distribute their time across multiple residences to enjoy advantages of multiple living environments, which might have important implications also for their health.

The health consequences and how matters of health and well-being are related to mobile lifestyles have yet remained largely unexplored. In this respect especially the idea and role of second homes as complementary spaces is important. In Nordic second home research three distinctive perspectives to second homes as complementary spaces can be found. Firstly, second homes are often seen as complementary in terms of living environment. In the Nordic countries second homes located in rural and natural areas are often owned by people residing permanently in urban areas, thereby providing a change of environment from the permanent living environment. Alteration to and escape from the everyday life environment are key motives for second home holidays (Kaltenborn, 1998; Pitkänen, 2008; Müller et al., 2010). In terms of health and well-being, an interesting question is to what extent this opportunity for change of environment is used to balance perceived defects in the permanent living environment. In Finland, Strandell and Hall (2015) have recently found some evidence that especially the lack of private gardens in permanent urban living environment are balanced by an increasing use of rural second homes.

Secondly, second homes are complementary not only in terms of physical environment but also in terms of affordances and emotions. They are places visited while they offer an opportunity for doing something that might not be possible in the permanent home. In Nordic countries tasks such as gardening, renovating and chopping firewood are often seen as an important motive for second-home holidays rather than unpleasant chores. For many this kind of work provides possibilities to be creative

and get a sense of self-fulfillment not possible to achieve in the first home (Jarlov, 1999; Pitkanen, 2008). Similarly, second homes may provide an opportunity for social life, family togetherness and place affiliation different and complementary to the first home. Second homes, thus, are not only about escape from the certain physical environment, but also from everyday life routines, stressful time-use and demands. In the pursuit of recreation and leisure in natural areas, the notion of well-being as freedom of choice is also emphasized, and leisure may be viewed as both means and ends of well-being (Williams & Patterson, 2008).

Thirdly, having two homes is connected to an idea of complementarity of amenities (other than nature and landscape). In the Nordic context this is reflected especially in the context of accessibility of social and health services, transport connections etc. Even though highly attached to their second homes and spending a lot of time there, most owners are not willing to give up their permanent home (Müller, Nordin & Marjavaara, 2010; Hiltunen & Rehunen, 2014). One of the reasons for this is that the first home might be better located in terms of access to services and be closer to other family members. Especially retired households might foresee the time when living in a remote rural location becomes increasingly difficult and want to maintain an access to an urban home close to high-quality social and health services. These benefits of complementary spaces and multiple place attachment leads to multiple dwelling and moreover, to mobile lifestyle between the two living environments.

Conclusions – future research fields in the Nordic countries

In this article we have illustrated how second homes are intrinsically entwined in contemporary Nordic housing structures, leisure mobility and lifestyles, and outlined theoretical approaches to explore the relationship between second homes and health. Understanding the place-health nexus requires to acknowledge that people increasingly dwell through multiple places and consequently, health is not only contingent of conditions at a so called permanent residence. As a conclusion we call for Nordic researchers on health, well-being and tourism to extend their scope beyond living environments, residence and destinations to a more mobile and relational perspective. It is important to research how sharing one's life between multiple places affect people's health and well-being not only through being exposed to healthier environments and housing conditions but also how people's health and well-being is affected by place attachments and social values of places. Healthy housing and living environments should, thus, be understood both in terms of material conditions and the subjective and social meanings given to them. Equally important will be to explore how people actively shape their lifestyles and how they consider health aspects in their life strategies and how/if governance structures are related to life choices. Scholars engaged with research on second homes and contemporary mobility patterns agree that mobile lifestyles are expected to continue also in the future and that the attachment to multiple places will have ongoing significance for individuals. This finally also calls for research on how society should handle these mobile lifestyles. Too often have administrative needs been seen as more important than people's needs (Müller & Hall, 2003); systems tend to fix every person to one distinct place only and assume

hierarchies of place attachment.

Answers to these topics will be essential in responding to emerging and future challenges of organizing effective health and welfare systems in the Nordic countries. Although EU level and national policies and legislation have increasingly supported mobility and access to health services, relatively little is known and understood of the consequences of mobility for health care provision, health care financing and regional and global (inter-regional) welfare (Brekke, Leyaggi, Sicilianic & Straume, 2014). Even less attention has been directed to the impacts of lifestyle mobility on public health and the provision of health care. In the Nordic countries the large scale of second home related mobility may have significant implications on the demand and provision of health care as well as related costs and benefits on regional and local levels. Failing to acknowledge the impacts of increased mobility and multi-locality in the Nordic societies will degrade possibilities to respond to the current and long-term challenges related to the distribution of health and welfare as well as development of effective health and welfare systems.

In our call for further research into the topic of second homes and health, we suggest the following themes. First, a richer understanding of health benefits related to use of second homes must be developed. To reach this goal, health indicators that take into consideration multi-locality and the significance of place attachment should be developed. Research methods should include both perceived health and aggregated indicators. A second research issue relates to the role of mobility in peoples' life strategies, especially how multiple places of living are combined in an effort to increase health and well-being. Of importance will be the need for health and welfare services related to second home mobility, and how individuals consider access to services in their life strategies. Finally, research needs to explore how the governance of health and welfare could be better adapted to the current mobile society. This could be done by analyzing contemporary systems and challenges and explore new practices of distribution of health and welfare, both when it comes to service provision and governance structures supporting or hindering multi-local living.

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