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Planning and Experiencing the Move to a Continuing Care Retirement Community

Continuing care retirement communities have become more common. While expensive, they offer many amenities as well as long term care.

By Mary Ann Erickson and John A. Krout

Because of increasing longevity, more and more people in the United States are expecting to live into old age. For growing numbers of Americans in older adulthood, this means actively considering various lifestyle options for the ten, twenty, or even thirty years they may live past the traditional age of

retirement (ages sixty-two through sixty-five). Most older Americans wish to “age in place;”¹ indeed, many make no other housing arrangements until health considerations render their current independent housing unsuitable.²

There is, however, a small but growing number of older Americans who consider housing options from the vantage point of both future and current needs. One option for those seeking both housing amenities and long-term care is the continuing care retirement community (CCRC). For a substantial entry fee and continuing monthly fees, these facilities offer independent living with a variety of health services and nursing facilities available when needed.³ CCRCs are designed as comprehensive facilities, providing residents with a continuum of care in one place. However, CCRCs typically will only accept new residents who are able to live independently at the time of admission. This means that individuals must make the choice to move to a CCRC before they actually need its continuum of care. Unlike the move to a nursing home (which typically follows a sharp decline in health and ability, becoming a necessity rather than a choice), the move to a CCRC requires a conscious decision by healthy older adults to do so.

There are numerous financial and legal issues surrounding CCRCs.⁴ In this article, we approach the topic of CCRCs from a different perspective. Our research examining a group of older adults before and after their move to a continuing care retirement community, demonstrates why people choose a CCRC and how they experience the transition from single-family home to congregate living. We use this research to suggest some reasons why older adults may be reluctant to consider a CCRC and offer some

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suggestions for those planning for housing in later life.

The Decision to Move

Few studies have followed individuals as they enter CCRCs and age there. The Pathways to Life Quality study talked to people before their move to a new CCRC as well as after their move. The study, a joint project of the Ithaca College Gerontology Institute and the Bronfenbrenner Life Course Center at Cornell University, interviewed 101 people on the waiting list of a local CCRC in November 1995. All of the ninety-two people on the list who eventually moved in to the center were interviewed again in the summer of 1997. We were able to interview seventy-eight of these residents again in 1999.

Studying housing decisions is a key objective of the Pathways to Life Quality study. One important goal of the interviews was to find out why participants chose a CCRC over other living arrangements. The most important consideration, chosen by 85% of respondents, was the provision of continuing care. Many respondents (53%) were concerned about the upkeep and maintenance required for their previous homes, and 44% said they wished to avoid being a burden on others.⁵

This concern with continuing care might suggest that individuals who choose to consider a CCRC do so as part of a careful, organized search process. Study results, however, show that this is not always the case. Only a small number (13%) considered a wide range of other housing options. About half (51%) said that they only seriously considered moving to this particular CCRC, while the remainder seriously considered staying in their own home.⁶ These results reflect some conditions unique to this group of people, most of whom moved to the CCRC from the local area. Indeed, most (74%) had one or more friends who were also moving to the CCRC. Publicity about the prospective CCRC, its connection with a local university, and having friends who were interested in moving probably “nudged” some people who had not previously been considering moving at all but would consider moving to a different type of housing within the same local area.

This suggests that awareness of alternatives may be an important determinant of the decision to move. Older people's evaluation of the current housing, as well as their perception of the fit between their needs and resources and their physical and social environment, depends somewhat upon knowing what

alternatives exist.⁷ Research on migration also supports the idea that personal ties to a new place are important. Long-distance movers usually move to a place they've visited a number of times or to be close to family or friends.⁸

The Transition To A CCRC

A second key objective of the Pathways to Life Quality project is to study how residents' living arrangements affect their well-being. In terms of physical well-being, results show that CCRC residents continue to report their health as good, although about half of the residents do report an increase in limitations performing activities of daily living. We are also interested in social contact and participation, since studies repeatedly show that social ties are beneficial for physical and psychological well-being. Interviews revealed that residents' contact with children and friends stayed the same after they moved to the CCRC, and contact with neighbors increased.⁹

Volunteer activities can be particularly important for older adults. Almost all of those who volunteered before moving to the CCRC maintained their involvement after moving, and many residents took on new volunteer responsibilities related to their new community—the facility. Overall, 61% of the sample volunteered before the move, while 79% were volunteering afterwards. Those who started volunteering after the move added six hours per month in the outside community and sixteen hours within the CCRC. Those who continued volunteering maintained about seventeen hours per month of volunteering outside the CCRC, while adding twenty-three hours per month inside the CCRC.¹⁰ The rate of volunteering was maintained through the third interview, approximately three years after moving to the facility, while the number of hours spent volunteering declined somewhat.

Some factors specific to this CCRC might contribute to residents' high rate of involvement. Because this CCRC is located in a college town, it has attracted many residents with ties to the academic community, and by design there is no activity director at the site. Many residents join one or more of the seventy committees that plan and oversee involvement in the CCRC community. Projects range from designing a library to organizing an in-house lecture series. Many residents appreciate this feature of the CCRC, suggesting that it adds to their sense of belonging, while a smaller number feel that this strategy puts a burden on residents.

This emphasis on participation in the community may have led to some differences in the ways that people adjusted to their new social environment. We examined the number of social roles, such as volunteer, parent, or church member, that each respondent said was very important in their lives before and after the move. We found that those who had the largest number of social roles before the move tended to have even more roles after the move. In other words, their identities became even fuller and more diverse. In contrast, those who had a smaller number of roles before the move tended to have even fewer after the move. While we did not find any major differences in well-being between the different groups, individuals with fewer roles may be more vulnerable to disruptions in their roles (from death of a spouse or close friend, for example). However, some individuals moving to a CCRC are looking for a chance to let go of less important roles.¹¹

Overall, satisfaction with the facility and their move is high. Indeed, across a variety of different senior housing arrangements, the Pathways to Life Quality study finds that, controlling for age and health, the social integration of residents of this CCRC is as high or higher than that of their counterparts in independent living in the community.¹²

Barriers To Planning

The news from the Pathways to Life Quality study about the transition of individuals into this CCRC is positive. While most respondents said the move itself was difficult, most are very satisfied with the facility and are happy to be in a lifecare setting. It is clear that the option of moving to a CCRC is only available to some older adults; prospective residents must be able to live independently and have significant financial resources. However, research suggests that health and financial resources are only some of the barriers to living in a CCRC.

One issue that presents a barrier is resistance to age-segregated environments. Even within our group of study respondents, chosen because of their plans to move to an age-segregated facility, most reported that they would rather live in an environment with people of all ages than an environment with only people their own age. This is in spite of research showing that age-segregated environments facilitate friendships by bringing similar people together.¹³ These benefits are not well-publicized enough to overcome the negative stereotypes about living with only “old people.” Many people also have the

misconception that a CCRC is just a nursing home. In fact, some CCRC residents report that their friends in the community are reluctant to visit the CCRC, so strong is their distaste.

A related concern is that living in any facility will necessitate compromising individual standards and preferences, particularly preferences for privacy. Americans value independence, and many older adults are wary of being supervised in any way by staff or watched by fellow residents. One resident at the study CCRC said that eating the daily communal meal is “like being back in high school” with the different social groups. Prospective residents may also have concerns about services, particularly food, meeting their standards.

Another barrier to considering a move to a CCRC is the work involved in “downsizing.” Usually people sell their homes in order to afford the CCRC entry fee. Besides the work and emotional upheaval associated with selling a home and disposing of possessions, prospective residents must overcome the disappointment that their home can no longer be passed on to their children. The discomfort of downsizing is especially important, since research on decision-making shows that losses loom larger than gains when considering uncertain outcomes.¹⁴ Thus the gains emphasized by providers and researchers (fewer responsibilities and improved health care) often do not outweigh the losses so obvious to prospective residents (of home and familiar surroundings).¹⁵

The biggest barrier to getting people to consider CCRCs is planning for future long-term care needs before a crisis occurs. A study at the Scripps Gerontology Center at Miami University suggests reasons why individuals fail to plan for long-term care needs. First, many people are unable or unwilling to consider the possibility that they may be dependent someday. They may also be overly optimistic about how they and their significant others would cope with their dependency. Even if they are able to imagine future scenarios, many people show little concern for their “future self” (“by then I won’t care”). Finally, people have to believe that they have the capacity to plan and that planning makes a difference.¹⁶ The importance of beliefs about planning is supported by other studies.¹⁷

Conclusions

Our research suggests that moving to a CCRC can be a positive experience for older adults interested

in continuing care as well as freedom from the maintenance and upkeep of single-family homes. Publicity about the positive experiences of people living in CCRCs might increase older people's awareness of this living arrangement. Outreach on the part of CCRCs to increase public awareness of housing alternatives for healthy older people may help to change attitudes. Children of today's older adults could also benefit from more education about housing choices. While many of our study residents reported making the move to the CCRC either without consulting their children or against their children's wishes, downsizing and selling a family home are inevitably decisions that affect the entire family. If adult children are more aware of the benefits of CCRC living, they may become willing partners in their parents' housing decisions.

Individuals who might benefit from living in a

CCRC should also be aware that facilities vary quite a bit. If one facility does not seem to be a good fit, another facility might be a better fit. In terms of satisfaction, the social environment of a facility is probably more important than the physical environment, and social environments also vary from facility to facility. The few CCRC residents who reported dissatisfaction in the Pathways to Life Quality study reported mostly dissatisfaction with people and activities, not facilities or services.

Not all older adults who plan for long-term care needs will move to CCRCs. Those who are candidates for CCRCs because of health and financial resources may choose to use those resources to stay in their own homes. Our research shows, however, that those who move to a CCRC gain not only continuing care and freedom from household duties but also increased opportunities for social involvement.

Endnotes

1. Mark A. Groves & Vicki F. Wilson, *To Move or Not to Move? Factors Influencing the Housing Choice of Elderly Persons*, 10 J. HOUSING FOR ELDERLY 33, 33-47 (1992).
2. Stephen M. Golant, HOUSING AMERICA'S ELDERLY: MANY POSSIBILITIES/FEW CHOICES 1-47 (1992).
3. See generally Sylvia Sherwood et al., CONTINUING CARE RETIREMENT COMMUNITIES (1997).
4. Vicki J. Bowers, *Tough Love: Making Residential Decisions for the Incapacitated*, ELDER'S ADVISOR, Winter 2001, at 59-60.
5. See generally John A. Krout et al., *Reasons for Relocation to a Continuing Care Retirement Community*, J. APPLIED GERONTOLOGY (2000).
6. Phyllis Moen & Mary Ann Erickson, *Decision-Making and Satisfaction with a Continuing Care Retirement Community*, 14 J. HOUSING FOR ELDERLY 53-69 (2001).
7. See generally Alden Speare, *Residential satisfaction as an intervening variable in residential mobility*, 11 DEMOGRAPHY 173 (1974).
8. Patricia Gober & Leo E. Zonn, *Kin and elderly amenity migration*, 23 GERONTOLOGIST 288, 292-94 (1983).
9. Mary Ann Erickson et al., *Social Integration and the Move to a Continuing Care Retirement Community*, in SOCIAL INTEGRATION IN THE SECOND HALF OF LIFE 211, (Karl Pillemer ed., 2000).
10. See generally Phyllis Moen, Mary Ann Erickson, & Donna Dempster-McClain, *Social Role Identities Among Older Adults in a Continuing Care Retirement Community*, 22 RES. ON AGING 559 (2000).
11. *Id.*
12. See Moen & Erickson, *supra* note 6.
13. See Golant, *supra* note 2.
14. Daniel Kahneman & Amos Tversky, *Choices, Values, and Frames*, 39 AM. PSYCHOL. 341, 346-50 (1983).
15. Jacquelyn Frank, "I Live Here, but It's Not My Home." *Residents' Experiences in Assisted Living*, in AGING, AUTONOMY, AND ARCHITECTURE: ADVANCES IN ASSISTED LIVING 166, 168-70 (Benjamin Schwarz & Ruth Brent eds., 1999).
16. Kathryn B. McGrew, *Impossible Selves? Challenges and Strategies for Encouraging Individual Long-Term Care Planning* (2000).
17. Silvia Sorensen & Martin Pinguart, *Preparation for Future Care Needs by West and East German Older Adults*, 55 BRIT. J. GERONTOLOGY S357, S366 (2000).