This article was downloaded by: [Universite Laval]
On: 30 October 2014, At: 20:00
Publisher: Routledge
Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK

Journal of Housing For the Elderly
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/wjhe20

Residential Relocation in Later Life: A Comparison of Proactive and Reactive Moves

Natalie D. Pope [a] & Byungdeok Kang [b]
[a] The University of Georgia , Athens, Georgia, USA
[b] Handong Global University , Pohang, Gyeongsang, South Korea
Published online: 19 May 2010.

To cite this article: Natalie D. Pope & Byungdeok Kang (2010) Residential Relocation in Later Life: A Comparison of Proactive and Reactive Moves, Journal of Housing For the Elderly, 24:2, 193-207, DOI: 10.1080/02763891003757122

To link to this article: http://dx.doi.org/10.1080/02763891003757122

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms & Conditions of access and use can be found at http://www.tandfonline.com/page/terms-and-conditions

Journal of Housing For the Elderly, 24:193–207, 2010
Copyright © Taylor & Francis Group, LLC
ISSN: 0276-3893 print / 1540-353X online
DOI: 10.1080/02763891003757122

Routledge
Taylor & Francis Group

Residential Relocation in Later Life: A Comparison of Proactive and Reactive Moves

NATALIE D. POPE
The University of Georgia, Athens, Georgia, USA

BYUNGDEOK KANG
Handong Global University, Pohang, Gyeongsang, South Korea

Proactive coping involves anticipating future events or stressors and preparing for them in advance. Housing is an important consideration in preparing for later life. This study examines residential relocation among older adults, comparing those who moved proactively with those who moved reactively. Data from the Longitudinal Study of Aging included a final sample of individuals who had relocated at Wave 2 (n = 736) and Wave 3 (n = 713). The proactive group of movers was younger, more educated, and had higher incomes. Results provide support for proactive coping theory and its application to residential relocation in later life.

KEYWORDS *older adults, relocation, housing, proactive coping theory*

Downloaded by [Universite Laval] at 20:00 30 October 2014

INTRODUCTION

Living arrangements are important factors in the physical and emotional well-being of older adults. Demographic characteristics (i.e., gender, race/ethnicity, and cohort factors), early life course events and achievements (i.e., historical factors, financial situations, and family histories), and the community environment (i.e., neighborhood characteristics, availability of formal and informal care, and health services) affect with whom and where elders reside (Hayes, 2002).

Éléments qui affectent le lieu de résidence

Research indicates that the vast majority of older adults prefer to age in place (AARP, 2000; Glassman, 1998; U.S. Census Bureau, 2003). Aging in

Address correspondence to Natalie D. Pope, The University of Georgia, School of Social Work, 406 Tucker Hall, Athens, GA 30602, USA. E-mail: ndpope@uga.edu

place describes "individuals growing old in their own homes with an emphasis on using environmental modification to compensate for limitations and disabilities" (Alley, Liebig, Pynoos, Banerjee, & Choi, 2007, p. 2). Although most older adults desire to age in place, some choose to relocate instead. Relocation is defined as moving from one permanent residence to another permanent residence. For elders, this is sometimes precipitated by a hospitalization for an acute or chronic health problem (Bekhet, Zauszniewski, & Nakhla, 2009; Hertz, Rossetti, Koren, & Robertson, 2007). An older person might move because of a need to secure a more supportive home environment due to declining health or the possibility of declining health. Elders might also relocate in search of amenities related to weather, recreational activities, health care services, and social support. This study examines residential relocation among older adults by comparing the experiences of those individuals who moved proactively (prior to the onset of age-related stressors) and reactively (after a crisis or stressful life event).

Raisons pouvant amener les personnes âgées à déménager

THEORIES OF RESIDENTIAL RELOCATION IN LATER LIFE

Several theoretical frameworks underpin the literature on residential mobility among older adults. Lawton and Nahemow (1973) put forth a framework to understand the fit between older adults and their environment. A poor fit between older adults and their environment can result in extreme stress and burden on one hand or sensory deprivation, learned helplessness, and dependence on the other. From this perspective, deteriorating competencies can lead to incompatibility between the individual and his or her housing, which can then result in additional health consequences. For instance, arthritis might lead to an inability to navigate stairs, increasing the likelihood of a fall and even greater physical disability (Erickson, Krout, Ewen, & Robison, 2006). As a preventative measure, older adults might relocate to an environment that better fits their physical abilities, such as a single level home with no stairs.

The push and pull framework, or "Retirement-Migration-Model" (Wiseman, 1980), is another established theoretical model that examines late life relocation. Moves of older adults are categorized into those motivated by push factors and those motivated by pull factors. Push factors are "the life events or circumstances that loosen an individual's attachment to his or her current residence and lead him or her to consider relocation" (Gonyea, 2006, p. 563). Common push factors include neighborhood decline, the death of a spouse, and an inability to function in one's environment because of worsening health. Pull factors are "life events or circumstances that occur at another location and draw an individual toward a new residence" (Gonyea, 2006, p. 563). Older adults might move for amenities, the opportunity to live closer to family or support network, or to have more affordable or safer hous-

push and pull factors

Downloaded by [Universite Laval] at 20:00 30 October 2014

ing. More often than not, older people move for a combination of reasons (Oswald, Shilling, Wahl, & Gang, 2002). Individuals report a wide variety of reasons for relocating, such as economic security, family crisis, comfort, and health (De Jong, Wilmoth, Angel, & Cornwell, 1995).

A third model used to explain why older adults might relocate is the lifespan developmental framework of migration. Litwak and Longino (1987) suggest that three types of moves are typical in late life and that these moves coincide with significant life events. The first time an older adult relocates is after retirement and is motivated by a desire for amenities and comfort. A second type of relocation centers around moving closer to children or other family members able to help with care when one becomes less able to manage everyday tasks due to increased disability or worsening health. Finally, older adults might relocate to a nursing home or other institutional setting when care needs increase and institutional care is required because family caregivers are no longer able to provide the appropriate level of support (Litwak & Longino, 1987; Longino, Bradley, Stoller, & Haas, 2008).

Research based on the person-environment, push-pull, and developmental frameworks identifies factors related to moving in later life. The current study frames residential relocation in the context of planning for one's aging. Much of the previous research does not clearly distinguish between moving in response to imminent need and moving in the absence of a crisis or imminent need. Thus, to further understand the process of residential relocation, this study describes older adults who are reactive those who are proactive in housing decisions and examines the differences between these two groups. Proactive coping theory provides the conceptual framework for exploring the reasons individuals decide to move in later life. Developed by Aspinwall and Taylor (1997), this theory examines how people anticipate future events or stressors, such as aging and long-term care needs, and prepare in advance for them.

PROACTIVE COPING THEORY AND RESIDENTIAL RELOCATION IN LATER LIFE

Proactive coping theory originates from the stress and coping literature in psychology. Some authors suggest a relationship between proactive coping and aging successfully with the assumption that success in later life comes from preparing ahead of time and investing in one's future (Ouwehand, de Ridder, & Bensing, 2007). Making proactive plans for later life has many benefits for adults and their significant others. For example, early preparation for the possibility of needing assistance in later life has been associated with having more choices and helps individuals have more control over their environment (U.S. Department of Health and Human Services [USDHHS], 2008). Planning ahead for one's aging also means less stress on family

Downloaded by [Universite Laval] at 20:00 30 October 2014

members by giving them time to prepare for a possible role in caregiving and relieving them of the burden of making decisions for the older person (Pinquart, Sorenson, & Peak, 2004; USDHHS, 2008).

Aspinwall and Taylor (1997) defined proactive coping as "efforts undertaken in advance of a potentially stressful event to prevent it or modify its form before it occurs" (p. 471). This type of coping is different from the way coping is traditionally conceptualized in the stress and coping research literature. Coping typically refers to the cognitive and behavioral efforts to manage specific external or internal stressors that are appraised as taxing or exceeding the resources of the person (Folkman & Lazarus, 1980, 1985; Folkman, Lazarus, Dunkel-Sheffer, DeLongis, & Gruen, 1986). Coping strategies are most often viewed as reactive and evaluated by how individuals respond to stressors that have already occurred (Ouwehand et al., 2007).

Proactive coping is temporally prior to reactive coping. Reactive coping has been defined as "efforts to deal with a *past* or *present* stressful encounter or to compensate for or accept harm or loss" (Schwarzer & Taubert, 2002, p. 26, emphasis added). Examples of such harm or loss include losing one's job, having an accident or getting sick, and the dissolution of a marriage.

Réactive coping

Also important is the ability to evaluate the likelihood of future threats and use strategies ahead of time to minimize problems at an early stage. Proactive coping involves gathering resources and acquiring skills needed to face potential threats (Aspinwall & Taylor, 1997). Some researchers do not view proactive coping as motivated by negative appraisals but rather define proactive coping as efforts made to identify and prevent possible stressors that would threaten personal goals (Schwarzer & Taubert, 2002). Proactive behavior might stem from a perception of situations as challenging and stimulating rather than potentially stressful or risky. Thus, proactive planning for old age might be motivated by both a desire to experience personal growth in late life and a desire to avoid and manage potential stress in the future.

According to proactive coping theory, personal resources are significant to an individual's ability to engage in proactive behavior. Resources that promote proactive behavior include time, energy, physical health, social support, and financial resources; chronic stress is believed to inhibit proactive behavior (Aspinwall & Taylor, 1997).

METHOD

The purpose of this study was to explore the differences between proactive and reactive residential relocation in a sample of older adults. The research questions guiding this study were:

1. What were the proactive and reactive reasons for relocating among this sample of older adults?

Downloaded by [Universite Laval] at 20:00 30 October 2014

2. How do the proactive and reactive movers differ based on health-socio-demographic characteristics?

In this study, the dependent variable was self-reported reasons for relocating which was categorized as either proactive or reactive. The independent variables in this study were selected health-socio-demographic characteristics (e.g., age, education level, family income, health status, and feelings of depression). Data analyses sought to describe the reasons why older adults moved residences and determine whether reasons for relocating differed according to participants' health-socio-demographic characteristics.

Sample

This study used data from Waves 1, 2, and 3 of the Longitudinal Study of Aging (LSOA), a nationally representative sample of persons 70 years and older from 1994 to 2000. LSOA is a publicly available data set yet approval for this study was obtained by the institutional review board at the University of Georgia.

In Wave 1 of data collection, 9,447 individuals completed the survey. During the study period, 1,398 participants moved their residency: 791 at Wave 2 (1997 and 1998) and 742 at Wave 3 (1999 and 2000). One-hundred-thirty-five participants moved both times. The majority of the study participants who moved were women (n = 945, 68%). The average age of the participants was 77.4 years (median = 77 years) in 1994. Most of them were White (n = 1,258, 90%). The average years of education was 11.4, which is less than high school graduation (median = 12 years, which was a high school graduate); 536 had less than a high school education, 444 graduated high school, and 418 received education beyond high school. The majority (n = 972, 70%) of the older adults lived in a metropolitan area at the time of the study.

During the study period, the total number of relocation cases was 1,533: 791 at Wave 2 and 742 at Wave 3. However, because some participants mentioned more than one reason for moving, there were 1,582 specific reasons: 794 at Wave 2 and 788 at Wave 3. After removing the cases in which participants reportedly moved for "no reason" or "other" reason, there were 1,329 cases of moving: 673 cases at Wave 2 and 656 at Wave 3. Thus, there were 1,329 cases of relocation and 1,582 reasons for relocating.

Variables

Reasons for Moving

Reasons for moving in Waves 2 and 3 of the LSOA data set were pre-coded; that is, the question about motivation for relocating was not open-ended. Based on the theory of proactive coping, reasons for relocating were

Downloaded by [Universite Laval] at 20:00 30 October 2014

categorized as either proactive or reactive (see Table 1 for complete list of reasons for moving and categorization of these reasons).

By definition, proactive behavior includes actions taken in advance of a crisis or stressful event. Some reasons for moving that were assigned as proactive include moving to a smaller place, moving to a better community, and moving to a different climate. Reactive reasons included the deteriorating health of spouse or sample participant, the death of spouse, and divorce or separation from spouse. When an older adult reported only a proactive or reactive reason, the person was counted as proactive or reactive based on their reason. When the person reported both proactive and reactive reasons, the person was counted as having moved for a reactive reason if the person had at least one reactive reason. Previous research suggests that individuals are more likely to take action in response to crises that have already occurred, so it was assumed that reactive reasons would be more of a motivator to relocate than proactive reasons (Pinquart et al., 2004; USDHHS, 2008).

Based on the information provided in the LSOA data set, relocating "for financial reasons" was concluded to be ambiguous. In cases where the participant reported moving "for financial reasons," if there was another reason, the person was counted as proactive or reactive based on this reason. If the person reported financial reasons to be the only reason for relocation, this case was removed from statistical analyses. Relocating due to finances could be reactive (e.g., moving due to loss of income) or proactive (e.g., saving money by downsizing to a smaller home). After deleting these cases, the original 1,329 cases (Tables 1 to 3) with a specific reason for moving was reduced to 1,311 total cases (Tables 4 and 5).

Raison financière

Downloaded by [Universite Laval] at 20:00 30 October 2014

Health-Socio-Demographic Characteristics

Several health-socio-demographic variables of the older adults were included in this study to examine the associations with reasons of moving. These variables were age, education level, family income, health status, and feelings of depression.

RESULTS

First, this study used descriptive statistics to report the reasons older adults in this sample relocated their residency. Second, bivariate and multivariate logistic regression analyses were used to examine associations of reasons for moving with health-socio-demographic characteristics of the older adults.

Reasons for Moving

At the first wave of data collection in 1994, a very small number ($n = 98$; 1%) of older adults reported that they had a plan to move to receive assistance

Downloaded by [Universite Laval] at 20:00 30 October 2014

TABLE 1 Reasons for Moving: Proactive and Reactive Reasons

	Reasons		
Category	Proactive	Reactive	Proactive or Reactive
Social Support (SS)	To live with or closer to SP's child/relatives	Changes in people who live/help SP	
Physical Health/Separated/Divorced/Died (PD)		SP's health improved or deteriorated	
		Spouse's health improved or deteriorated	
		SP or spouse moved to a nursing home	
		SP divorced or separated from spouse	
		Spouse died	
		Go to nursing home	
Finance (FI)			Financial reason
Housing/Living Environment (HL)	To go to a different climate		
	To go to a smaller house		
	Structural limitations of old place		
	To go to a better/safer neighborhood		
	To go to a retirement home		
	To get closer to a health facility		

SP = study participant.

TABLE 2 Frequency of Reasons for Relocating (Total Number of Reasons = 1,582)

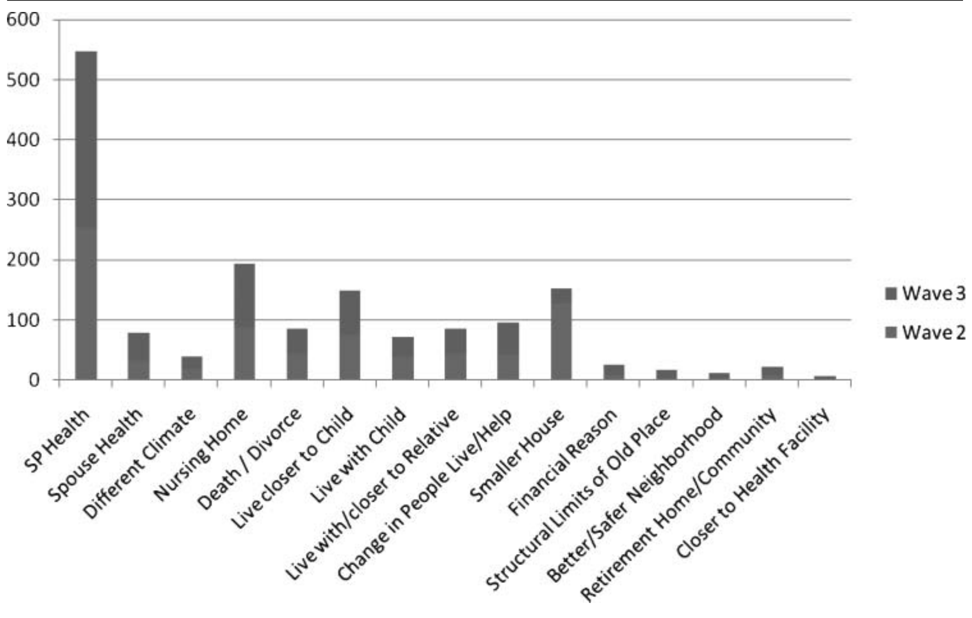
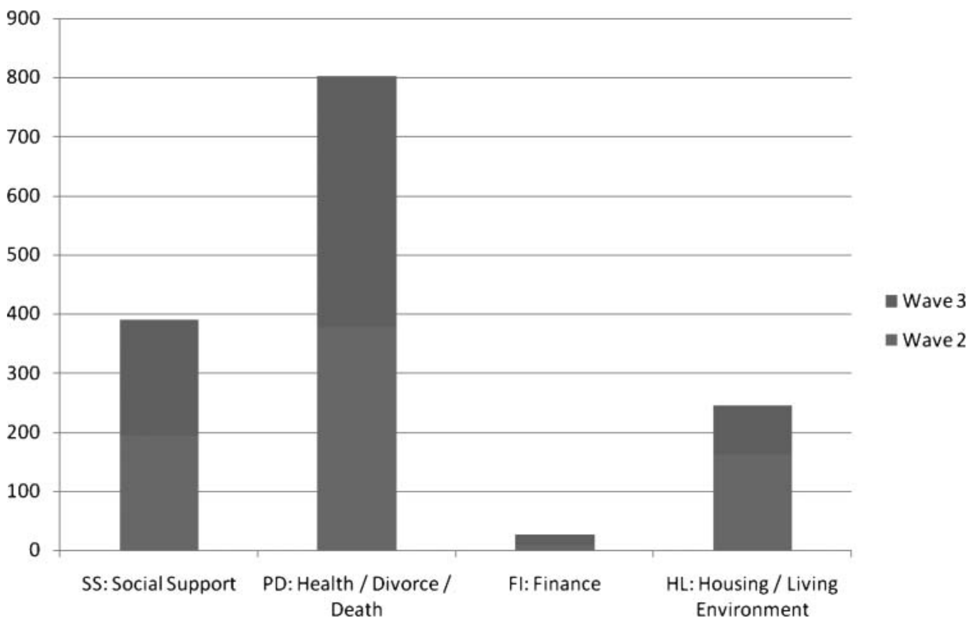


TABLE 3 Frequency of Reasons for Relocating by Categories (Total Number of Reasons = 1,582)



Downloaded by [Universite Laval] at 20:00 30 October 2014

Downloaded by [Universite Laval] at 20:00 30 October 2014

TABLE 4 Differences between Proactive and Reactive Groups: Bivariate Logistic Regression ($n = 1{,}311$)

Dependent Variable = Group (Proactive and Reactive)			
Independent Variable	Coefficient	Odds Ratio	95% Confidence Interval of Odds Ratio
Gender (male to female)	−0.2518	0.777*	0.609–0.993
Age (old to older)	−0.1111	0.895*	0.875–0.915
Race (White to non-White)	0.3030	1.354	0.922–1.987
SP's education (low to high)	0.0387	1.040*	1.007–1.073
SP's family education (low to high)	0.0717	1.074*	1.037–1.113
SP' family income (low to high)	0.0139	1.014	0.999–1.030
SP' self-rated health (good to poor)	−0.1605	0.852*	0.771–0.940
SP's feeling of depression (always to none)	0.0610	1.063	0.987–1.145

SP = study participant.
$^{*}p < .05$.

or services. However, by 2000 approximately 15% ($n = 1{,}398$) of the sample had moved at least once during the study period between 1994 and 2000. Because the study participants could mention multiple reasons, the total number of reasons was 1,582: 1,107 with one reason, 195 with two, 23 with three, and 4 with four reasons. Table 2 shows the frequency of reasons for moving and Table 3 shows the reasons that were most often reported. Study participants' deteriorating health was the most frequently reported reason for relocating.

As seen in Tables 1 and 3, the reasons were also divided into four main categories: 402 social support reasons, 905 reasons having to do with changes in health and relationship with spouse, 26 financial reasons, and

TABLE 5 Differences between Proactive and Reactive Group: Multivariate Logistic Regression ($n = 1{,}311$)

Dependent Variable = Group (Proactive and Reactive)			
Independent Variable	Coefficient	Odds Ratio	95% Confidence Interval of Odds Ratio
Gender (male to female)	−0.1144	0.892	0.689–1.154
Age (old to older)	−0.1073	0.898*	0.878–0.919
Race (White to non-White)	0.3386	1.403	0.922–2.135
SP's education (low to high)	−0.0420	0.959	0.909–1.012
SP's family education (low to high)	0.0847	1.088*	1.024–1.156
SP' family income (low to high)	0.0025	1.003	0.984–1.021
SP' self-rated health (good to poor)	−0.1359	0.873*	0.785–0.970
SP's feeling of depression (always to none)	0.0696	1.072	0.988–1.163

SP = study participant.
$^{*}p < .05$.

249 housing and living environment reasons. Thus, changes in health and relationship with a spouse were the most common reasons older adults relocated. The second most common reason was to receive social support from their children and/or relatives.

Relation avec l'épouse et changement de santé, les plus fréquemment.

Differences between Proactive and Reactive Groups

Table 1 shows how the study participants were divided into proactive and reactive groups. In the study, 874 older adults reported reactive reasons, 526 mentioned proactive reasons, and 89 reported both types of reasons. As described above, when a participant reported both reasons, he or she was counted in the reactive group. As well, participants who mentioned only financial reasons were removed from analysis due to the ambiguous coding of the variable. Finally, in this study 1,311 older adults had a reason of proactive or reactive for moving: 437 had proactive reasons and 874 had reactive reasons.

Table 4 shows the results of bivariate logistic regression analyses. In the one-to-one association, the variables of gender, age, education, and health had a significant association with proactive and reactive reasons of moving. Women were less likely than men to relocate proactively. The older participants were less likely to report a proactive reason for moving. The highly educated were more likely to have a proactive reason for moving. Although not statistically significant, the odds ratio of family income was greater than one, indicating that higher income is associated with proactive behavior. Finally, in terms of health, those with poorer health were less likely to report proactive moves.

When considering these variables together, further analyses revealed similar outcomes (Table 5). No additional variables showed a significant association with proactive and reactive reasons for relocating. Although age, family education, and health still had a significant association, gender and study participant's education did not have a significant association.

Downloaded by [Universite Laval] at 20:00 30 October 2014

CONCLUSION AND IMPLICATIONS

This study explored differences between proactive and reactive residential relocation in a sample of older adults. The circumstances surrounding residential relocation among older adults is significant because some research suggests that health outcomes differ based on what motivated the change of residences. When older persons move involuntarily or unexpectedly, they can experience negative health consequences (Danermark & Ekstrom, 1990; Ferraro, 1982; Saito, Lee, & Kai, 2007). Other authors suggest that health often worsens immediately after the move, particularly for elders moving for

subjective health reasons, but declines in health typically stabilize or improve over time (Chen & Wilmoth, 2004).

For persons of all ages, it can be stressful to relocate to a new home. Relocation is especially stressful for those 65 and older because they often have limited resources (Cheek & Ballantyne, 2001; Wethington, 2003). Results of this study suggest that older adults are much more likely to relocate for reactive reasons than proactive reasons; there were exactly twice as many individuals who moved after a crisis or stressful event ($n = 874$) than prior to a stressful event ($n = 437$). This finding is consistent with other research indicating that people generally do not proactively plan for aging related stressors such as long-term care needs (AARP, 2007; McGrew, 2000; Sorenson & Pinquart, 2001). For individuals who were categorized as moving reactively, the most often reported reason was because of the participant's health deteriorating. Acute illness and hospitalization often force an older person to leave their residences (Bekhet, Zauszniewski, & Nakhla, 2009; Hayes, 2002). Decisions to relocate are often made in crisis, such as after the onset of an illness during an older person's hospitalization.

La décision de quitter est souvent pris en temps de crise

Hertz, Koren, Rossetti, and Robertson (2008) pointed out that "a smooth transition when relocating to a new residence requires careful planning and consideration of a multitude of factors" (p. 59). For those who moved proactively, relocating to a smaller house or apartment and moving to live closer to a child were among the most reported reasons. This study found that certain demographic variables were significantly correlated with an older person moving prior to a stressful life event or crisis. The proactive group of older adults in this study was younger, more educated, had higher incomes, and was in better health. This finding supports Aspinwall and Taylor's (1997) assertion that individuals' ability to engage in proactive behavior is largely influenced by their personal resources. Risk factors for crisis-driven moves among the elderly include fewer financial resources, such as lower socioeconomic status and lack of insurance to reimburse for supportive health services (Holmes, Beissner, Welsh, & Krout, 2003; Miller & Weissert, 2000).

This study has some methodological limitations that should be noted. First, because the study sample of older adults was predominantly White (90%) and had a high school diploma or higher (62%), generalizability of findings to other groups is limited. Second, elders living in metropolitan areas rather than central cities and rural communities tend to have more financial security and more housing options (Biegal & Leibrandt, 2006; Johnson, 2005). This study did not take into account the different geographic regions where elders live and consider that older adults in metropolitan areas might have more ability to be proactive in their housing considerations.

Another limitation is that the nature of secondary data limited the information we had on the circumstances surrounding the moves of these older adults. Our ability to categorize participants' reasons for moving as either proactive or reactive was based on theoretical notions of proactive behavior

Downloaded by [Universite Laval] at 20:00 30 October 2014

but was certainly limited by the pre-determined categories in the LSOA data set. Although participants could give multiple reasons for relocating, there is likely difference in the way participants describe motivation for moving. For example, it is possible that a participant "moving to a smaller place" may have been doing so in response to the death of a spouse. Additionally, some may not have felt comfortable about sharing certain reasons, such as deteriorating health. There is no way to know the complete circumstances under which the relocation decision was made. As a result, this study may have overestimated the prevalence of proactive moves. Additionally, although deteriorating health was reported by participants as a reason for relocating, impaired physical and cognitive functioning is often a process that occurs over time, with multiple junctures along the way. Deteriorating health is typically a slow process with an uncertain outcome, making it difficult for people to behave proactively. Future research should include qualitative studies to further examine the decision-making processes of older adults who move in the absence of a crisis or stressful life event. Proactive coping involves an awareness and appraisal of future events or stressors which cannot be determined from this secondary data set.

An additional area of research is to look at whether individuals who are proactive with regard to their living arrangements are proactive in other areas of the life. For example, advanced directives are another important area of planning for later life. Advanced directives include living wills, durable power of attorney for health care, and do not resuscitate orders. They are legal documents specifying one's preferences should they become unable to make their own health care treatment decisions (Martin & Roberto, 2006). Previous research on proactive planning has shown that, among middle-aged and older adults, individuals with a future temporal orientation are more likely to exhibit proactive coping behaviors in all situations (Ouwehand et al., 2007). In other words, people who tend to be planners and to be concerned about their future make more effort to prevent stressful changes in personal finances, health, and social network. Future research should explore whether individuals who proactively plan for living arrangements in later life also plan ahead for medical care decisions, specifically advanced directives.

Despite study limitations, findings from this study add to the literature on residential relocation in later life. This study provides preliminary support for proactive coping theory and its application to residential relocation among older adults. In a study conducted by Bode, de Ridder, Kuijer, and Bensing (2007), proactive coping theory served as the framework for a preventive intervention aimed at helping people 50 and older develop skills that support successful aging. Future interventions might use proactive coping theory as a model for helping middle aged and older adults make housing decisions. Based on the findings from this study, these services should specifically target individuals who are older, less educated, and have fewer resources because these people are less likely to be proactive. Interventions aimed at helping

Downloaded by [Universite Laval] at 20:00 30 October 2014

adults plan ahead for living arrangements in later life would likely promote the physical and emotional well-being of future elders.

REFERENCES

AARP. (2000). *Fixing to stay: A national survey on housing and home modification issues*. Washington, DC: Author.

AARP. (2007). *Are Americans talking with their parents about independent living: A 2007 study among boomer women*. Washington, DC: Author.

Alley, D., Liebig, P., Pynoos, J., Banerjee, T., & Choi, I. H. (2007). Creating elder-friendly communities: Preparations for an aging society. *Journal of Gerontological Social Work*, *49*(1/2), 1–18.

Aspinwall, L. G., & Taylor, S. E. (1997). A stitch in time: Self-regulation and proactive coping. *Psychological Bulletin*, *121*, 417–436.

Bekhet, A. K., Zauszniewski, J. A., & Nakhla, W. E. (2009). Reasons for relocation to retirement communities: A qualitative study. *Western Journal of Nursing Research*, *31*, 462–479.

Biegal, D. E., & Leibrandt, S. (2006). Elders living in poverty. In B. Berkman & S. D'Ambruoso (Eds.), *Handbook of social work in health and aging* (pp. 167–180). New York: Oxford University Press.

Bode, C., de Ridder, D. T. D., Kuijer, R. G., & Bensing, J. M. (2007). Effects of an intervention promoting proactive coping competencies in middle and late adulthood. *The Gerontologist*, *47*, 42–51.

Cheek, J., & Ballantyne, A. (2001). Coping with crisis: How Australian families search for and select an aged care facility for a family member upon discharge from an acute care setting. *Contemporary Nursing*, *10*(1/2), 12–20.

Chen, P., & Wilmoth, J. M. (2004). The effects of residential mobility on ADL and IADL limitations among the very old living in the community. *Journals of Gerontology*, *59B*, 164–172.

Danermark, B., & Ekstrom, M. (1990). Relocation and health effects on the elderly. *Journal of Sociology and Social Welfare*, *17*, 25–49.

De Jong, G. F., Wilmoth, J. M., Angel, J. L., & Cornwell, G. T. (1995). Motives and the geographic mobility of very old Americans. *Journals of Gerontology*, *50B*, S395–S404.

Erickson, M. A., Krout, J., Ewen, H., & Robison, J. (2006). Should I stay or should I go? Moving plans of older adults. *Journal of Housing for the Elderly*, *20*(3), 5–22.

Ferraro, K. F. (1982). The health consequences of relocation among the aged in the community. *Journal of Gerontology*, *38*, 90–96.

Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior*, *21*, 219–239.

Folkman, S., & Lazarus, R. S. (1985). If it changes it must be a process: Study of emotion and coping during three stages of a college examination. *Journal of Personality and Social Psychology*, *48*, 150–170.

Folkman, S., Lazarus, R. S., Dunkel-Sheffer, C., DeLongis, A., & Gruen, R. J. (1986). Dynamics of a stressful encounter: Cognitive appraisal, coping, and encounter outcomes. *Journal of Personality and Psychology*, *50*, 992–1003.

Downloaded by [Universite Laval] at 20:00 30 October 2014

Glassman, M. H. (1998). Clinical issues in housing choice for vulnerable elders. *Journal of Geriatric Psychiatry*, *31*, 37–54.

Gonyea, J. G. (2006). Housing, health, and quality of life. In B. Berkman & S. D'Ambruoso (Eds.), *Handbook of social work in health and aging* (pp. 539–549). New York: Oxford University Press.

Hayes, J. C. (2002). Living arrangements and health status and in later life: A review of recent literature. *Public Health Nursing*, *19*, 136–151.

Hertz, J. E., Koren, M. E., Rossetti, J., & Robertson, J. F. (2008). Early identification of relocation risk in older adults with critical illness. *Critical Care Nursing Quarterly*, *31*(1), 59–64.

Hertz, J. E., Rossetti, J., Koren, M. E., & Robertson, J. F. (2007). Evidence-based guideline: Management of relocation in cognitively intact older adults. *Journal of Gerontological Nursing*, *33*(11), 12–18.

Holmes, H., Beissner, K., Welsh, K., & Krout, J. A. (2003). Housing, health, and disability. In J. A. Krout & E. Wethington (Eds.), *Residential choices and experiences of older adults: Pathways to life quality* (pp. 110–134). New York: Springer.

Johnson, C. (2005). Demographic characteristics of the rural elderly. In N. Lohmann & R. A. Lohmann (Eds.), *Rural social work practice* (pp. 271–292). New York: Columbia University Press.

Lawton, M. P., & Nahemow, L. (1973). Ecology and the aging process. In C. Eisdorfer & M. P. Lawton (Eds.), *The psychology of adult development and aging* (pp. 619–674). Washington, DC: American Psychological Association.

Litwak, E., & Longino, C. F., Jr. (1987). Migration patterns among the elderly: A developmental perspective. *The Gerontologist*, *27*, 266–272.

Longino, C. F., Bradley, D. E., Stoller, E. P., & Haas, W. H. (2008). Predictors of non-local moves among older adults: A prospective study. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *63*, S7–S14.

Martin, V. C., & Roberto, K. A. (2006). Assessing the stability of values and health care preferences of older adults: A long-term comparison. *Journal of Gerontological Nursing*, *32*(11), 23–31.

McGrew, K. B. (2000). *Impossible selves? Challenges and strategies for encouraging individual long-term care planning*. Ohio Long-Term Care Research Project. Scripps Gerontology Center. Oxford, OH: Miami University.

Miller, E. A., & Weissert, W. G. (2000). Predicting elderly people's risk for nursing home placement, hospitalization, functional impairment, and mortality: A synthesis. *Medical Care Research and Review*, *57*, 269–297.

Oswald, F., Schilling, O., Wahl, H., & Gang, K. (2002). Trouble in paradise? Reasons to relocate and objective environmental changes among well-off older adults. *Journal of Environmental Psychology*, *22*, 273–288.

Ouwehand, C., de Ridder, D. T. D., & Bensing, J. M. (2007). A review of successful aging models: Proposing proactive coping as an important additional strategy. *Clinical Psychology Review*, *27*, 873–884.

Pinquart, M., Sorenson, S., & Peak, T. (2004). Helping older adults and their families develop and implement care plans. *Journal of Gerontological Social Work*, *43*(4), 3–23.

Downloaded by [Universite Laval] at 20:00 30 October 2014

Saito, T., Lee, H., & Kai, I. (2007). Health and motivation of elderly relocating to a suburban area in Japan. *Archives of Gerontology and Geriatrics*, *45*, 217–232.

Schwarzer, R., & Taubert, S. (2002). Tenacious goal pursuits and striving toward personal growth: Proactive coping. In E. Frydenberg (Ed.), *Beyond coping: Meeting goals, visions, and challenges* (pp. 19–35). London: Oxford University Press.

Sorenson, S., & Pinquart, M. (2001). Developing a measure of older adults' preparation for future care needs. *International Journal of Aging and Human Development*, *53*, 137–165.

U.S. Census Bureau. (2003). *Homeownership trends*. Washington, DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services. (2008). *National clearinghouse on long-term care information*. Retrieved May 23, 2009, from http://www.longtermcare.gov.

Wethington, E. (2003). Residential differences in life stress and perceived health. In J. A. Krout & E. Wethington (Eds.). *Residential choices and experiences of older adults: Pathways to life quality* (pp. 157–176). New York: Springer.

Wiseman, R. (1980). Why older people move: Theoretical issues. *Research on Aging*, *2*, 141–154.

Downloaded by [Universite Laval] at 20:00 30 October 2014