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Chapter 3 Decision-Making and Satisfaction with a Continuing Care Retirement Community

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Chapter 3

Decision-Making and Satisfaction with a Continuing Care Retirement Community

Phyllis Moen
Mary Ann Erickson

SUMMARY. We draw on both life course and decision-making theories to examine decision strategies prior to moving to a continuing care retirement community (CCRC) and subsequent satisfaction following the move. Multivariate analyses drawing on panel data for a sample of 92 older adults (age 64 to 94) before and after their move to a CCRC show that frequent residential relocation in the adult years reduces the odds of considering staying in one's own home. Cognitive orientations at time 1 predict subsequent satisfaction with the move to a CCRC: mastery increases the odds, desiring age-integrated housing reduces the odds. [Article copies available for a fee from The Haworth Document Delivery Service 1-800-342-9678 E-mail address: getinfo@haworthpressinc.com Website: <<http://www.HaworthPress.com>> ©2001 by The Haworth Press, Inc. All rights reserved.]

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INTRODUCTION

Concomitant with 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 10, 20, or even 30 years they may live past the traditional age of retirement (ages 62-65). Most older Americans wish to “age in place” (Groves & Wilson, 1992); indeed, many make no other housing arrangements until health considerations render their current independent housing unsuitable (Golant, 1992).

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 (Sherwood, Rucklin, Sherwood, & Morris, 1997). 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 they move in. 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.

This study draws on life course and decision-making theories to examine: (1) decision strategies associated with the move to a CCRC, and (2) the relationship between decision strategies, other circumstances, and subsequent satisfaction with the CCRC. We use panel data collected on 92 older adults (ages 64 to 94) before and after their move to a new CCRC in upstate New York. The goals are to place both decision strategies and satisfaction with the CCRC residential arrangements in a theoretical context that includes past circumstances, current exigencies, and the notion of strategies of adaptation (Moen & Wethington, 1992).

A Life Course Perspective

A life course perspective introduces the chronologization of events, roles, and resources over the life span, rather than focusing on snapshots at one point in time (Elder, 1991; Elder, 1995; Kohli, 1986; Moen, 1995). Individuals leave or enter new roles, relationships or environments at particular points in their life biographies. This approach suggests that (1) later life residential moves are influenced and shaped by earlier experiences and, in turn, (2) such moves shape the subsequent life course. Thus a key life course proposition is that *past experiences* shape individual strategies and choices (cf. Atchley, 1989).

2 A second life course proposition is the importance of *context*, the situational exigencies and circumstances (including subjective definitions of the situation) affecting choices. Decisions are not made in a vacuum; rather, situational factors (such as health) influence strategies of decision-making, actions, and expectations, as do key markers of social location, such as income and gender.

3 Third, the life course principle of *linked lives* leads us to consider how the decisions of individuals are made in the context of significant others' life circumstances (Elder, 1995; Moen & Erickson, 1995). For example, being married or having a sick spouse can be expected to shape both decision strategies and subsequent satisfaction with a CCRC.

4 A fourth life course factor concerns the *agentive* role of individuals in the shaping of their life course. Individuals and couples engage in various adaptive strategies (Elder, 1995; Moen & Wethington, 1992) in assessing their current and future needs and options. The degree of planfulness, the range of options considered, and the reason for moving to a CCRC should shape subsequent satisfaction.

Decision-Making Theory

In prospect theory (Kahneman & Tversky, 1983; Thaler, 1980; Tversky & Kahneman, 1991), decisions are seen as made in the context of possible future outcomes. Outcomes are conceptualized in terms of gains or losses relative to a given reference point, rather than as final assets. Losses usually loom larger than gains; one is more distressed at the prospect of a loss than pleased by a potential gain. This is termed "loss aversion." For housing decisions in later life,

electing not to move, or “aging in place,” represents the status quo. Moving from one’s current home is the alternative choice. Because losses are more salient than gains, the disadvantages of moving will tend to seem more important than the advantages, which biases the decision in favor of *not* moving. For this sample of movers, then, we can assume that the gains of a CCRC weighed more heavily than the losses associated with leaving their previous residences, and that these decisions were made in the context of future losses associated with staying in one’s current home (see also Robison and Moen, forthcoming).

Prospect theory was developed to explain decision-making under risky conditions (such as gambling behavior and insurance policies—see Kahneman & Tversky, 1983). Decisions about moves in one’s later years can also be seen as risky choices, made without advance knowledge of the consequences of future conditions, particularly with regard to health and longevity. For example, buying into a life care community involves not only housing choices but insurance choices as well, as CCRC residents pay both for services they are currently using and also pay to reserve services (assisted living, skilled nursing) they may or may not eventually need in the future.

The reasons individuals give for moving provide insight into the issues that are most salient for both their current circumstances and their uncertain futures. For example, some may only be concerned with future health care, while others may be unwilling or unable to continue the upkeep and maintenance of their residential home (Krout, Moen, Oggins, & Bowen, 1998). Those who are concerned with the need for future health care envision the “risk” of a disabling illness; those who are concerned with upkeep and maintenance envision the “gain” of moving to a place with no upkeep or maintenance requirements.

Decision Strategies and Satisfaction

Within a group of CCRC residents, do the differences in the ways in which individuals decided to move (decision strategies) have consequences for their subsequent satisfaction with the CCRC following the move? There is a dearth of research examining subsequent satisfaction with prior decision-making, with the exception of work on “regret” (Gilovich & Medvec, 1994; Hattiangadi, Medvec, & Gilovich, 1995). The psychological and financial investments in a CCRC are such that

we expect few if any residents will actually regret their decision to move; they may, however, vary in their satisfaction with their CCRC living arrangements.

We expect to find a good deal of variation in decision strategies in our sample of older adults moving to a new CCRC. Some of the first residents of the CCRC were community leaders who helped bring the CCRC to the local area. Other local residents may not have been planning on moving to a CCRC but having a new facility built locally may have prompted them to think about such a move. Indeed, interviews indicate that hearing about the facility from friends and acquaintances was important for some respondents (Morgan & Krach, 1995).

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Hypotheses

Both the life course and decision-making theoretical perspectives suggest specific hypotheses regarding satisfaction with a CCRC. The life course approach points to broad categories of factors which should be taken into account. The decision-making literature suggests specific impacts of these factors on: (1) decision making strategies, and (2) subsequent satisfaction.

Hypothesis 1: Housing history should be related to both decision strategies and satisfaction with the move:

Hypothesis 1a: Those with a past history of frequent geographical moves should be more likely to consider moving to a CCRC or other arrangement and to do more planning for a move.

Hypothesis 1b: Those with a past history of frequent geographical moves should be more satisfied with living in a CCRC.

Hypothesis 2: Cognitive preferences, assessments, and expectations should figure prominently in both decision strategies and subsequent housing satisfaction:

Hypothesis 2a: Those with a sense of mastery or control prior to the move are more apt to score high on planfulness and to consider a range of options.

Hypothesis 2b: Those with a high sense of mastery or control prior to the move are more likely to be satisfied with their move to a CCRC.

Hypothesis 2c: Those desiring age-segregated housing (at time 1) will be more satisfied with their move to a CCRC than those not desiring such arrangements.

Hypothesis 3: Perceived risk avoidance will be associated with both more planning and greater satisfaction:

Hypothesis 3a: Risk avoidance will be associated with a higher degree of planfulness. Those most apt to perceive themselves at risk of health declines and the need for long-term care include older respondents, those with lower annual income, those who are not married, and those currently in poorer health.

Hypothesis 3b: Being “at risk” at time 1 (see above) should be related to subsequent satisfaction with the CCRC at time 2, following the move.

METHODS

Sample

This study analyzes data collected in the 1995 and 1997 waves of the Pathways to Life Quality project (Krout & Moen, 1996). The respondents in the 1995 wave were 101 individuals from the group that founded a continuing care retirement community in upstate New York, many recruited from a letter sent by the director of the facility. This baseline pre-move sample included 50% of the 204 individuals who were expecting to move into the CCRC during the winter of 1995/96. Of the 101 who participated in the first wave, four decided not to move to the CCRC, and five died before the summer of 1997. We interviewed all of the remaining 92 individuals in the summer of 1997, one and one-half years after their move into the CCRC.

Variables and Descriptive Statistics

Background

Background variables included in the analysis are gender, income, age-cohort, marital status, and education. Table 1 provides descriptive

TABLE 1. Descriptive Statistics for Entire Sample

<u>Background</u>		
Female		63%
Income at Time 1	Less than \$50K	21%
	\$50+K	79%
Age-Cohort	Age 64-76	51%
	Age 77-94	49%
Married at Time 1		67%
<u>Health</u>		
Health and limitations scale	(0-10)	8.1 (1.7)
Recent health event		51%
<u>Housing History</u>		
Moves since age 30		
0-2 moves		14%
3-5 moves		56%
6+ moves		30%
Moved from outside local area		18%
<u>Cognitive Dispositions</u>		
Do not want same age community		79%
Sense of mastery	(1-4)	2.8 (0.5)
<u>Decision Strategies</u>		
Reasons for moving	Continuing care only	38%
	Upkeep and continuing care	47%
	Not to be a burden and continuing care	15%
Planfulness	1-4	2.7 (0.7)
Range of options considered	No others	51%
	Additional options	13%
	Stay at home	37%
<u>Satisfaction</u>		
Satisfaction with continuing care	(0-100)	90.5 (11.0)
Satisfaction with retirement community	(0-100)	90.2 (11.4)
Satisfaction with investment	(0-100)	88.1 (12.0)
Satisfaction with home	(0-100)	91.9 (7.6)
Overall satisfaction	(above the mean on all 4 individual satisfaction measures)	37%

Source: Pathways to Life Quality, CCRC sample Time 1 and 2 (N = 92).

statistics for the sample. Respondents, all of whom are white, are generally middle class, relatively healthy and highly educated, characteristics typical of most CCRC residents. We divided the sample into two age-cohorts based on the average age of the sample at time 1 (76.5).

Physical Health

As an indicator of health, we created a scale combining perceived health and functional limitations at time 1 (alpha reliability = .64). Respondents reported good perceived and functional health at Time 1 (1995), with an average score of 8.1 on a ladder scale ranging from 0 (worst possible health/most limitations) to 10 (best possible health and no limitations). However, half (51%) had experienced a serious illness or hospitalization in the year before the first interview.

Housing History

In the 1995 (time 1) interview, we asked respondents about their primary residence. Just over half of the sample (56%) had moved 3 to 5 times since age 30, while 14% had moved 2 or fewer times (“stayers”), and 30% had moved 6 or more times (“movers”). Only about one in five respondents (18%) moved from outside the local area (defined as outside the local telephone area code).

Cognitive Dispositions

Responses to two questions about preference for a same-age community at time 1 show that many residents (79%) were ambivalent about living in a retirement community. Surprisingly, younger respondents were more likely to report wanting to live in a same-age community (29.5% vs. 11.6%, $p < .05$).

Our measure of mastery at time 1 is a combination of the Pearlin mastery scale (Pearlin, Menaghan, Lieberman, & Mullan, 1981) with MacArthur supplemental questions (Lachman & Weaver, 1998). The reliability for this combined scale is .87 and the average score is 2.8 on a scale of 1 (lowest mastery) to 4 (highest mastery).

Decision Strategies

Key variables of interest concern decision strategies, that is, the mechanisms by which respondents make the decision to move to this

CCRC. When respondents were asked in the time 1 interview about “the main reasons for your decision to move from your primary residence,” virtually everyone mentioned moving for long term care. For some it was the most salient and only reason (Krout et al., 1998). A cluster analysis of the reasons for moving resulted in 3 key groupings (Krout et al., 1998)-those who moved solely for continuing care (38%), those who also moved to avoid upkeep and maintenance (47%), and those who also moved in order not to be a burden to anyone (15%).

We also examined the degree to which respondents planned for the move, as measured by how much they had thought about moving, how much they had discussed housing with friends, and for how long they had thought about moving as reported at time 1, prior to their actual move (scale reliability = .55). Previous research on the concept of “planful competence” (Clausen, 1991) suggests that planfulness might well be related to mastery. However, bivariate analyses show that neither planfulness nor its three components are significantly correlated with the mastery measure.

To see if there were distinct patterns in which housing options were given serious consideration, we performed a cluster analysis on a series of 10 questions asking respondents which housing options respondents had considered. Three clusters emerged from the analysis. About half of the respondents (51%) reported that they did not seriously consider any other option (besides moving to the CCRC). A small group (13%) considered a number of other options, including moving closer to relatives, moving to another home, and other retirement communities. A third group (37%) considered several options for staying in their current homes, including staying home with no modifications, making modifications to stay home, and getting personal care assistance at home.

Satisfaction

Table 1 provides means and standard deviations for our four measures of satisfaction with the CCRC at time 2, following their move. Satisfaction with the CCRC in the year or so following the move is high. We classified respondents as “satisfied overall” if they scored above the mean on all 4 measures. Using these criteria, over one third (37%) of the respondents report highest overall satisfaction.

Analytic Strategy

Our hypotheses suggest relationships involving both decision strategies and satisfaction. For each variable, we examine which indicators of background, such as physical health, housing history, and cognitive dispositions, predict decision strategies. Because of the small sample size, we first test the relationship of each independent variable with the outcome. We include only those with significant relationships in the final model. Because the sample includes married couples, we report robust variance estimates which account for these non-independent cases (Rogers, 1993).

RESULTS

Decision Strategies

Range of Options

Table 2 shows the characteristics associated with the three “range of options” clusters. Those who seriously *considered only the one CCRC* (N = 49) are, on average, *less likely to say they moved to avoid being a burden* (just 4%). Those who also considered *staying home* (N = 32) are *likely to be married* (91%) and are *more likely to have incomes of \$50,000 a year or more* (91%). Those who thought about *remaining in their own homes* are likely to have *moved fewer times since age 30* (25.0% had moved 2 or fewer times), *less likely to have moved from outside the area* (12.5%), and *more likely to have moved to avoid being a burden as well as for continuing care* (28.1%). By contrast, those few who seriously considered a *number of additional options* (N = 11) are the *most likely to have moved from outside the area* (45.5%).

Because the group that considered options other than the CCRC and staying home is so small, in multivariate analyses (Table 3) we compare *only those who considered staying home versus those who considered only the one CCRC*. Married individuals are almost 6 times more likely to have considered staying in their own home, as are those who moved to avoid being a burden on others. Individuals who had relocated 6 or more times since age 30 are much less likely to have considered staying in their own home.

TABLE 2. Characteristics of "Range of Options" Clusters of CCRC Residents, Reported at Time 1 (Prior to Their Move)

Background	Considered only 1 CCRC	Range of Options Also considered staying home	Seriously considered additional options	Sig.
Married at Time 1	57.1%	90.6%	45.5%	**
Income at Time 1				
Less than \$50K	26.5%	9.4%	27.3%	*
\$50-74K	73.5%	90.6%	72.7%	
Housing History				
Moves since age 30				
0-2 moves	10.2%	25.0%	9.1%	*
3-5 moves	53.1%	65.6%	45.5%	
6+ moves	36.7%	9.4%	45.5%	
Moved from outside local area	22.4%	12.5%	45.5%	†
Decision Strategies				
Reasons for moving				
Continuing care only	51.0%	21.9%	45.5%	*
Upkeep and continuing care	44.9%	50.0%	36.4%	
No burden and continuing care	4.1%	28.1%	18.2%	
N	49	32	11	
% of sample	53.3%	34.8%	12.0%	

Source: Pathways to Life Quality, CCRC sample Time 1 and 2, N = 92.

†p < .10

*p < .05

**p < .01

***p < .001

Planfulness

We are also interested in the **degree of planfulness** regarding later life moves. Table 4 shows the results of regression estimating level of planfulness (at time 1, prior to the move). **More planfulness is associated with lower incomes** (less than \$50K annually), **moving from outside the local area, and moving to avoid upkeep and maintenance.**

The results shown in Tables 3 and 4 support our hypothesis linking housing history and decision strategies (1a) but do not demonstrate any link between mastery and decision strategies (2a). Perhaps a sense of mastery is associated with a range of planning styles. Some individuals with high mastery may engage in extensive planning, while others

TABLE 3. Odds of CCRC Residents Considering Staying Home vs. Considering Only the One CCRC, by Selected Characteristics, Time 1 (Prior to Move)

<u>Background</u>	<u>Considered staying home (vs. considered only 1 CCRC)</u>
<u>Marital status</u>	
Not married	--
Married	5.90**
<u>Housing History</u>	
<u>Moves since age 30</u>	
0-5 moves	--
6+ moves	.22†
<u>Decision Strategies</u>	
<u>Reasons for moving</u>	
Upkeep or continuing care only	--
No burden and continuing care	6.54*

Logistic regression with robust variance estimates.
 Source: Pathways to Life Quality, CCRC sample Time 1 and 2; excludes those who considered other housing options, N = 81.
 †p < .10 *p < .05 **p < .01 ***p < .001

TABLE 4. Odds of CCRC Residents' High Planfulness (Compared to Low Planfulness) by Selected Characteristics, Time 1 (Prior to Move)

<u>Background</u>	<u>Planfulness</u>
<u>Income at Time 1</u>	
Less than \$50K	1.38 (.61)*
\$50+K	1.63 (.68)*
Distance mover	1.63 (.68)*
<u>Decision Strategies</u>	
<u>Reasons for moving</u>	
No burden or continuing care only	--
Upkeep and continuing care	1.06 (.51)*

OLS regression with robust variance estimates.
 Source: Pathways to Life Quality, CCRC sample Time 1 and 2, N = 92.
 †p < .10 *p < .05 **p < .01 ***p < .001

with high mastery may make decisions quickly, knowing what is “right” for them (Clausen, 1991). There are mixed findings linking risk and planfulness (3a). As we expected, individuals with lower incomes planned more for the move. However, age, marital status and health are not related to planfulness.

Satisfaction

Turning to respondents' subsequent (time 2) satisfaction with the CCRC following their move, Table 5 shows results of the logistic regression estimating the odds of overall satisfaction. Women are more likely than men to report overall satisfaction, while having a (relatively) lower income and not wanting to live in a same age community lower the odds of overall satisfaction. The two most powerful predictors are a high sense of mastery prior to the move and age cohort. Higher planfulness is associated with greater odds of overall satisfaction.

Recall that we hypothesized (1b) that “movers” (those with a history of residential relocations) would be more satisfied with their move to the CCRC. It turns out that prior housing history is unrelated to satisfaction with living in the CCRC. Our hypothesis (2b) linking higher mastery at time 1 to overall satisfaction at time 2 is supported by our results, as is Hypothesis 2c, which postulated that those desiring age-segregated housing at time 1 would be more satisfied following their relocation to a CCRC. Being “at risk” (female, older, lower

TABLE 5. Odds of Overall Satisfaction (Time 2) with the CCRC by Selected Characteristics, Time 1 (Prior to Move)

<u>Background</u>	
Gender	
Male	--
Female	6.97*
Age-Cohort	
Age 64-76	--
Age 77-94	13.94***
Income at Time 1	
Less than \$50K	.08**
\$50+K	--
<u>Cognitive Dispositions</u>	
Do not want same age community	.29[†]
Sense of mastery at Time 1	9.84*
<u>Decision Strategies</u>	
Planfulness scale	2.22*

Logistic regression with robust variance estimates.

Source: Pathways to Life Quality, CCRC sample Time 1 and 2, N = 92.

[†]p < .10

* p < .05

** p < .01

*** p < .001

income) is associated with overall satisfaction in this sample of CCRC movers.

DISCUSSION

This analysis of decision-making about, and subsequent satisfaction with, a move to a continuing care retirement community (CCRC) underscores the fact that residential moves reflect a *process* rather than a single, one-point-in-time transition. Our evidence also suggests the *heterogeneity* of this process. Some CCRC movers consider a range of options; other only entertain the possibility of moving to one CCRC. Some planned considerably for this, their last residential move; others planned little, making the decision quickly. Some move to avoid the risk of future health problems forcing precipitating an unwanted move (such as to a nursing home); others move to have someone else take care of household upkeep and maintenance or to avoid being a burden to their children in the future.

Life course theory points towards the importance of past experiences, context, linked lives, and the agentic role of individuals in shaping life course transitions such as residential moves. Decision-making theory suggests the importance of risks associated with different choices. In this paper, we generated hypotheses about decision strategies for those moving into a CCRC based on both life course and decision-making theories. While we used these two bodies of theory to examine both decision strategies and the relationship between various decision strategies and subsequent satisfaction with the move to a continuing care retirement community (CCRC), they could also be applied to late-life housing planning and choices more generally.

Our results show that prior housing history is indeed related to both decision strategies and subsequent satisfaction (H1), but not always in the expected direction. In particular, we found that a life of frequent residential relocation (“movers” versus “stayers”) is associated with different decision strategies, with movers *less* likely to consider staying home. This supports the life course proposition that past experiences matter; movers may take another late life move more in stride than those spending their adulthood in a single residence.

Cognitive orientations matter for subsequent satisfaction with a move (H2). However, they did not predict decision strategies. Our third broad hypothesis, based on prospect decision-making theory,

suggested that perceived (future) risk avoidance would be associated both with more planning and higher satisfaction. Some of the risk factors we examined were associated with more planning and higher satisfaction, while others were not. It is likely that individuals' perception of risk is based on a broad assessment of many factors, and that our objective indicators of risk may not be perceived as such by the respondents themselves.

The strength of the research reported here is the fact that we have panel data on a population moving into a CCRC, enabling us to consider strategies *prior* to the move on satisfaction *following* the move. Our results point to the importance of planfulness for subsequent satisfaction. Future studies should examine these hypotheses in larger samples, particularly those including both movers and non-movers, and probe older individuals' perceptions of risk associated with various housing options.

Focusing not only on later life moves but also on the decision strategies leading to them may be a fruitful avenue for future research. When possible, scholars should collect and analyze panel data to capture the dynamics of the process of strategizing about later life residential options, constraints, and choices. What is required are studies of more general populations of adults in later adulthood assessing (1) the factors promoting planfulness regarding future residential change as well as (2) the pathways from planfulness to actual move to future well-being. As the baby-boomer generation continues to age, housing strategies in later life will be a topic of increasing interest to scholars, housing providers, and the potential consumers of alternative arrangements such as continuing care retirement communities.

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