

WORKSHOP REPORT

Transitions to Independent Living Communities: Life Satisfaction and Later Life Happiness



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*A Scientific Consensus Conference of the
International Longevity Center - USA
Monday, June 29, 2009*

With support from Atria Senior Living Group, Inc.

Acknowledgements

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Preface

The Ray Conniff Singers used to croon the pop song “Happiness Is,” asserting that it was, in fact, “different things to different people.” That said, scholars and practitioners who probe the roots of life satisfaction and later life happiness recognize that when it comes to living arrangements for older persons, happiness has only a few points of entry, including the psychological strength (and baggage) people bring with them, the expectations they have for their new living environment, and just how well their new residence, its staff, and the new community receive them and provide what they need—and want.

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We at the International Longevity Center see independent living communities as an important and often highly desirable channel for one’s later life. To that end, we have worked with professional organizations, businesses, and policymakers to better understand older people and the factors that help assure what we call “healthy aging.” We recognize that a full understanding of the culture of aging, health care, appropriate living options and even good design play a critical role in determining the

success of independent senior living for individuals, their families, the community, and society itself.

We are therefore pleased to join with Atria Senior Living Group, Inc., an organization whose leaders have demonstrated concern with research and the practical advancement of knowledge about older people. Together we convened a consensus conference at which knowledgeable professionals and scholars gathered around a table to share their observations and insights for the purpose of making sense out of life satisfaction issues. We are grateful to Atria and the thought leaders and practitioners who joined us on June 29, 2009, to consider this important aspect of late life experience. Our conference benefitted from thoughtful formal presentations and a review of current literature by leading independent living and life satisfaction scholars Dr. Eileen Rossen, Dr. Leonard Kelly, and Jaclyn Kelly.

Robert N. Butler, M.D

President and CEO

International Longevity Center

Overview

One of the advantages and burdens of later life is realizing that the best possible living option is not necessarily staying at home, in a time when caregivers are hard to find and where the demands of an apartment, house, or yard can be overwhelming.

In such a world, independent senior living includes several options in which individuals decide to find a new environment more suitable to their needs. This new living option exists because people not only live longer but live healthier and need an environment that acknowledges the change in their life and personal needs—whether that means a community of new acquaintances as old friends move away, retire, or die, health care, housekeeping, fitness facilities, dietary and food preparation assistance, or other amenities of modern living.

This report, based on a consensus conference involving experts on older people and living arrangements, considers the transition to senior living, the experience of the new resident, matters of happiness and life satisfaction, and seeing independent living in a positive light while recognizing differences and limitations.

Throughout the conference experts emphasized that it can be important to involve family members and other concerned adults in the advance planning process, and also that choice—of residence, room, or other factors—is important, too. Ultimately, the independent living environment may be the best of many possibilities, and one where people find satisfaction and happiness not casually but by thoughtfully approaching what is simultaneously a challenge and an opportunity.

Introduction

Since 1900 the proportion of Americans reaching the age of 65 has tripled. Further, adults who have attained age 65 have an additional life expectancy of 18.7 years for men and an additional 20 years for women—a de facto longevity bonus.¹ Given this marked increase in longevity for today's older Americans, it is important for those concerned with the needs of older adults—whether physical, emotional, mental, or spiritual—to be attentive to matters of happiness and satisfaction. Although the satisfaction and well-being of older adults are at the focal point of a widening topic of research interest and practical application both in the U.S. and in Europe, little knowledge circulates far enough to reach those who can benefit most from it.

Of special interest within this aging adult population are those who live alone, which is one in every three older Americans. A startling 50 percent of this group consists of older women over the age of 75 who live alone by personal choice or due to such circumstances as the death of a spouse. Living alone can present insurmountable challenges in terms of healthcare, home care, and safety and security concerns.

Alone or not, as people live longer and are less able to cope with the demands of the living arrangements they have had throughout their adulthood, various alternative venues and platforms for independent or assisted senior living have emerged. Increasingly older persons are considering a range of new living options including what is called “congregate senior living,” wherein they reside rather independently in apartments or suites while relying on their designated

adult community for services ranging from meals and fitness programs to housekeeping, healthcare and others. Although the types of facilities available to older people differ in their resources, community culture, and specific activities, all face a similar issue: trying to ensure that their residents or clients are satisfied with their living arrangement and ultimately happy and functional in their new environment.

There is a crucial process of transition that occurs when relocating from a private home to a senior living community, replete with natural separation anxiety and requiring the assurance that one can function and achieve a level of life satisfaction in the new home environment. Several groups of stakeholders with a vested interest in this area of research include older adults, their families and especially adult children who often become decision-makers for their parents, healthcare and social service professionals, and senior living community management. At a time when much attention is focused on the housing/living needs of older persons due to the aging population of Boomers, and when many are appropriately concerned about how to achieve what the current research terms “**subjective well-being**” (SWB), there is a growing body of research and practical experience that informs this issue. SWB is derived from the factors by which people evaluate their lives, including such areas as life satisfaction, marital satisfaction, lack of depression and anxiety as well as positive moods and emotions.²

Recent research indicates that quality of life for older adults relocating to independent living

1 U.S. Department of Health and Human Services. A Statistical Profile of Older Americans Aged 65+. Retrieved from http://www.aoa.dhhs.gov/press/prodsmats/fact/pdf/ss_stat_profile.doc

2 See Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, 95, 542–575.

Subjective well-being (SWB) refers to all of the various types of evaluations, both positive and negative, that people make of their lives. It includes reflective cognitive evaluations, such as life satisfaction and work satisfaction, interest and engagement, and affective reactions to life events, such as joy and sadness. Thus, subjective well-being is an umbrella term for the different valuations people make regarding their lives, the events happening to them, their bodies and minds, and the circumstances in which they live. Although well-being and ill-being are “subjective” in the sense that they occur within a person’s experience. Manifestations of subjective well-being and ill-being can be observed objectively in verbal and nonverbal behavior, actions, biology, attention, and memory.³

communities corresponds with three relocation styles: “full integration,” “partial integration,” and “minimal integration.”⁴ The best outcome, a “full integration style,” is highly correlated with decreased levels of depression, regular exercise, meaningful family and social connections, which leads to better overall health. Older adults with low self-esteem, high depressive symptoms, and a low quality of life are at severe risk for poor outcomes in relocating to a senior living community, leading many senior living communities, such as Atria Senior Living Group, to address the complex psychological factors of adjustment phases for their new residents.

Professionals with an interest in older adults need to identify and minimize barriers to understanding senior living options. The participants in this consensus conference believe this is an opportune time to inform a new public conversation to foster a deeper understanding of transitional living situations and to address gaps in knowledge about the dimensions of older people’s happiness and life satisfaction. The ultimate goal is to ensure that older adults have adequate and holistic resources to enable life satisfaction and happiness preceding and following transitions to

senior living environments, “especially important during the first few critical months following a physical move” according to conferee Julie Harding, Chief Operating Officer for Atria Senior Living Group.

With such transitions in mind, a partnership between Atria Senior Living Group and the International Longevity Center was formed to address the relevant issues in a consensus conference drawing on a cadre of eminent and experienced experts from medicine and health care, including geriatrics, gerontology, psychiatry, nursing and social work, as well as others concerned with quality of life studies and leaders in independent senior living. Participants were selected based on their practical and research knowledge related to the health of older persons, SWB, life satisfaction, and living transitions. Their conference discussion was preceded by presentations on the yield of research studies on the topic.

The participants discussed perspectives on several guiding questions addressing:

- What the current research indicates about transitions to senior living communities;
- What is settled knowledge versus knowledge gaps about attitudes and conditions of new residents at senior congregate living communities;
- How attitudes about happiness and life satisfaction for older adults are assessed;
- What can be derived from the experiences of residents, family members of residents, and staff members on-site at senior living facilities; and
- What leading conceptions and misconceptions about life satisfaction in independent and assisted living facilities need to be better understood and addressed.

The purpose of this report is to gain understanding and encourage further research on the importance of satisfaction and well-being for older adults making transitions in their residential living arrangements.

3 Diener, E. (2005). Guidelines for National Indicators of Subjective Well-Being and Ill-Being. Retrieved from <http://www.psych.uiuc.edu/~ediener/>

4 Rossen, E.K. & Knafel, K.A. (2007). Women’s Well-Being After Relocation to Independent Living Communities, *Western Journal of Nursing Research*, 29(2), 183–199; and Rossen, E.K. & Knafel, K.A. (2003). Older Women’s Response to Residential Relocation: Description of Transition Styles, *Qualitative Health Research*, 13(1), 20–36.

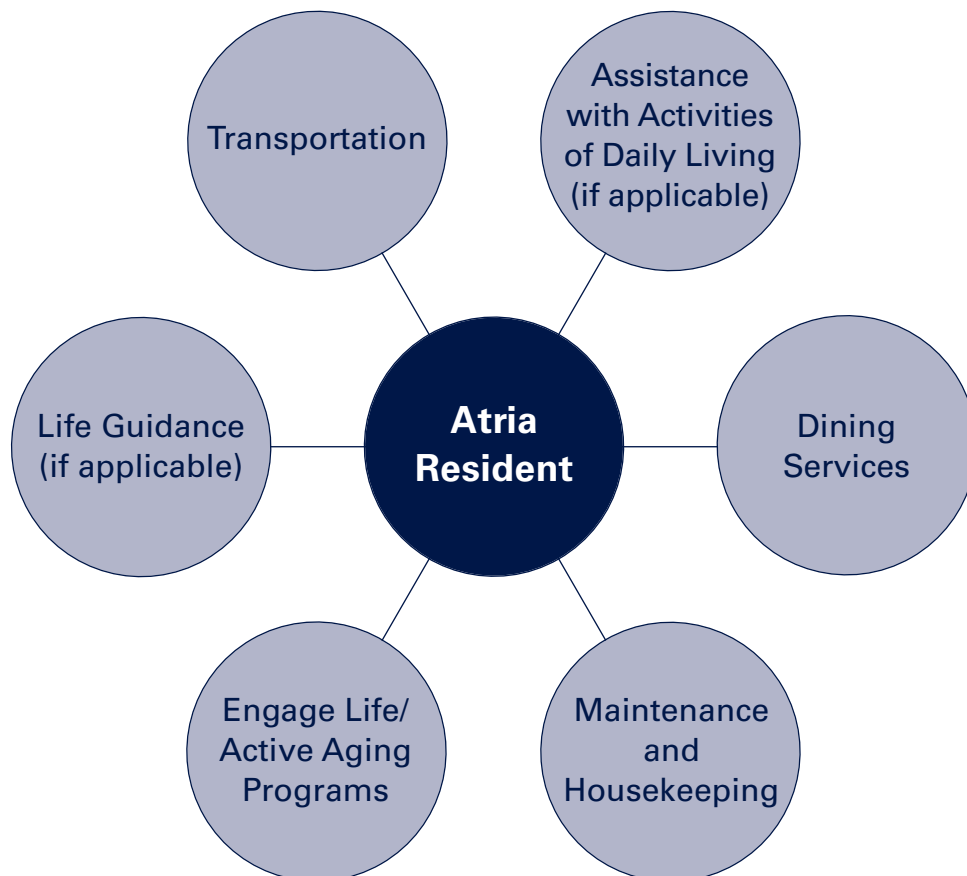
1. The Complex Experience of Making the Transition

To provide context from the independent living field, Atria senior staff members Khristine Rogers and Jennifer Rehm discussed their firm's interest in and commitment to life satisfaction in 130 Atria communities in 27 states. The factors that lead to overall satisfaction are subtle and textured, they indicated, and individual differences must be considered. Atria leaders are eager to find new

ways of measuring engagement that goes beyond attendance in community activities. This leading senior living model with a strong national presence is a prime example of a full-service living option for older adults who need some assistance with activities of daily living (ADLs), transportation, dining services, and life guidance. Medical, hospital care, and skilled nursing are often associated

FIGURE 1: THE ATRIA COMMUNITY SERVICES SPECTRUM

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Courtesy of Atria Senior Living Group, Inc.

with senior living communities, but this is a common misconception; independent living communities generally do not provide the medical services typical of nursing homes.

Adding to the discussion, Dr. Leonard Kelly of Gallaudet University and Dr. Eileen Rossen of the University of North Carolina Greensboro mapped and analyzed available research on subjective well-being and related studies. Dr. Kelly's review of current literature focused on the life satisfaction and happiness of older persons, particularly at or around the time of transition from their private home to an independent or assisted living community. He noted that there exist relatively few studies expressly focusing on older adults making a transition to an assisted living residence, but that the literature was nonetheless replete with evidence that brings clarity to the residential transition process, explicitly, or applicable to, adults in later life.

Advancing age, the literature shows, does not compromise older adults' capacity for happiness or life satisfaction. Age-related factors that lead to a decline in energy or cognition—even the onset or ongoing condition of dementia—do not necessarily diminish an older person's capacity for experiencing happiness. Given that adults at various life stages have the ability to experience high rates of SWB, one conference participant suggested that there are some similarities in human responses to all life stage transitions, from leaving home to go to college to moving years later into a senior residence, but there are differences, too. The differences may relate to the developmental tasks along one's life stages, according to the work of Dr. George Vaillant, psychiatrist and director of the Harvard Study of Adult Development. His research indicates that an individual's happiness in later life may be determined by whether critical "developmental tasks" of adult development have been completed earlier in the life cycle.

Dr. Vaillant's inventory of developmental tasks includes:

- **Identity:** arriving at a sense of self
- **Intimacy:** maintaining an interdependent relationship
- **Career consolidation:** feeling good about what one does for a living
- **Generativity:** Engaging with younger people as a consultative authority imparting knowledge in order to help others, for example, as a mentor. Completion of this task alone triples people's chances that they will be happy during their 70s and beyond.
- **Keeper of meaning:** engaging in efforts to conserve and preserve the worthwhile products of mankind
- **Integrity:** looking back over one's life and creating a story that is an integrated, coherent and meaningful mosaic of experiences with people and events. The mosaic is unique and could have been assembled for no other person.

Participants concurred that the first three tasks will likely have been completed before an older adult relocates to an assisted living facility, but will affect a resident's ability to focus on the later three life tasks. Several conference participants agreed that generativity, keeper of meaning, and integrity tasks should be specifically addressed with older adults by healthcare providers and family members during the preparation phase for residential transitions.

A number of studies support the notion that the SWB of older people will be enhanced by preserving and strengthening their *sense of agency* in their own lives and ultimate destiny. A sense of active agency, or self-determination, in one's own life and the lives of others extends well-being. Thus transitions to independent living are more successful when a person chooses freely to move, which is sometimes difficult as families nudge their older members toward new living environments. In the case of a person with acute loss of cognitive capacity, such a choice is likely to be impossible and thus trust is more difficult to achieve.

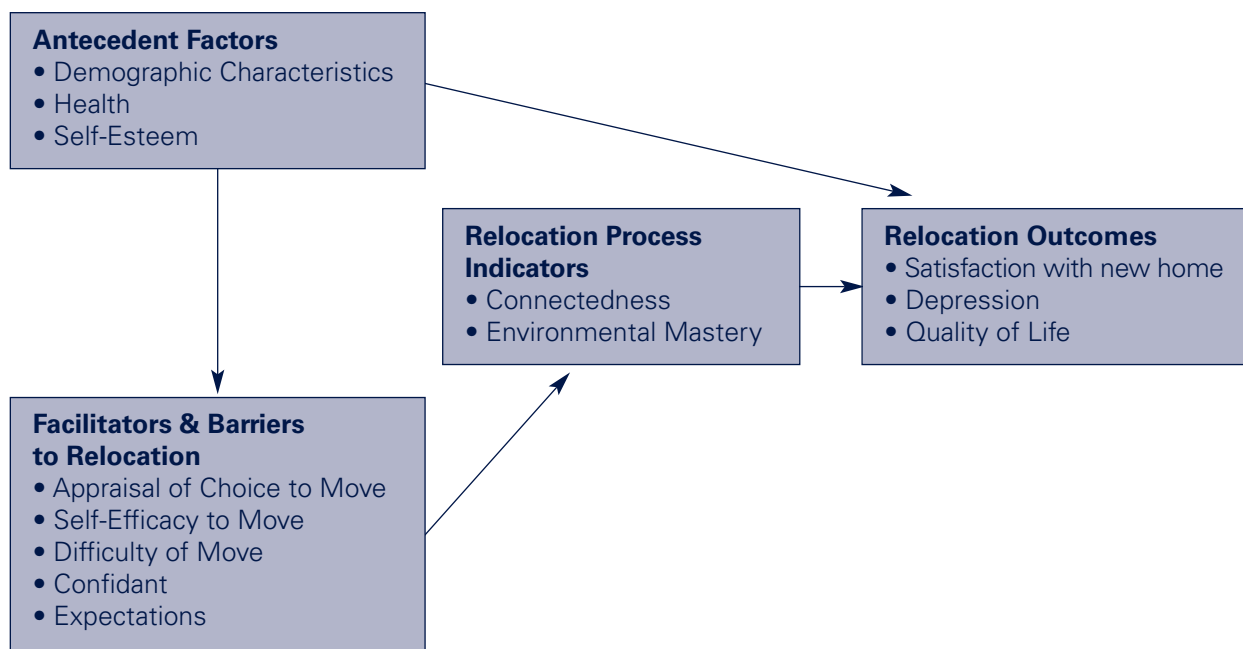
2. Quality of Life and Relocations to Independent Living Communities

Understanding the transition that accompanies relocation from one's private home (or other residence) to an independent senior living facility is best seen through the prism of the factors guiding the several phases from initial consideration and interest through the post-relocation period itself. The more that professionals in the field know about the conditions under which a person initially decides to relocate through various challenges and facilitating factors, the relocation process itself and its eventual outcomes, whether successful or not, the better. These are effectively charged in the Rossen study and in Figure 2.

Major findings from the study by Dr. Rossen show three distinct patterns: full integration, partial integration, and minimal integration. Because negative outcomes are typically associated with high health care costs, increased morbidity, and mortality, it is critical for researchers to identify elders at risk for potential negative outcomes since doing so will enable interventions that promote positive outcomes or at least mitigate the potential for negative ones. Dr. Rossen also introduced a measurement tool she developed to assess an older adult's confidence in executing or carrying out actions that are necessary for relocating to an independent congregate living community.

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FIGURE 2: A RELOCATION TRANSITION CONCEPTUAL MODEL



Courtesy of E.K. Rossen, presentation June 29, 2009

Rossen, E.K. presentation "Quality of Life and Relocations to Independent Living Communities and Directions for Future Research" June 29, 2009

The Relocation Self-Efficacy Scale by Dr. Rossen and her colleagues includes three subscales:

- 1. Transition management efficacy:** confidence carrying out relocation management behaviors, such as hiring movers, packing, making choices about personal belongings and furniture, deciding what to give away, deciding how to move the unwanted items, unpacking, and placing furniture in the new locale
- 2. Daily living efficacy:** confidence handling behaviors and activities essential to daily living, such as learning a new address and telephone number, handling mail, handling new banking information, making appointments for hair cuts and hair styling, and dropping off and picking up dry cleaning; and
- 3. Engagement efficacy:** confidence in maintaining contact with family and friends, as well as continuing meaningful activities with others and making new friends.

The implications of the study reiterate the need to develop interventions to promote, support, and reinforce older adults' personal, social, and behavioral choices that lead to successful aging. Each of the relocation interventions above invite systematic applications with the assistance of trained staff in the new residential environment.

3. The New Resident at the Senior Living Community

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What especially galvanized the conference discussion was the subject of the new resident entering a senior community for the first time. Discussion of this marked the high-point for the conference participants' coming to consensus, and generated a narrative for the relocation process. If moving to an assisted living facility means forging new bonds as part of a new community, it is important to keep in mind that moving to a new setting is not a one-day event but a complex and layered process that continues over time. A major factor in determining how well people adapt to the community is rooted in their own sense of home and the extent to which a new residence matches those ideas and beliefs. Perceived happiness will be the result of dynamic events and changing circumstances in a particular setting, and it will be related to one's personality, social networking skills, and staff assistance, among other factors. The acceptance of the new setting as one's redefined home, rather than desiring an exact replica, is crucial.

Independence and control are paramount concerns for a new resident. The very notion of ceding control is at least one major reason for a potential resident's reluctance to initiate a discussion about relocating, but leaving the subject untouched might lead to a potential crisis. A move that is voluntary leads to greater sense of autonomy. With a move that is involuntary, it is especially important to maximize opportunities to exert control.⁵ As the participants noted, at best the process by which an older person (whether alone or with a companion

or spouse initially) decides to opt for independent congregate living involves exposure to various living options and family support of a decision placing the older person's needs above the need for convenience by children or other caregivers.

"Physicians and gerontologists should be discussing this more often and earlier on," said conference participant Dr. Thuy-Tien Dam, a geriatrician from Columbia University's College of Physicians and Surgeons. This is especially important if the older adult is considering moving in order to fulfill needs that are not being adequately addressed in the private home, making it likely the relocation will help them attain a greater degree of independence.

Generally speaking, there is one key person—perhaps a physician—who influences a relocating adult's decision-making process. If declining independence is becoming a manifest issue, geriatric physicians and gerontologists in particular should be discussing a possible move at least six months in advance with both patients and family members. The transition process begins well before the physical move and it can take months for an older adult to psychologically and physically plan their move.

It helps smooth the transition when older adults understand that the new living situation cannot be a mirrored replica of the kind of home they have known all their lives, but truly a new experience. It was suggested that the more a doctor, a move

⁵ At the conference, educator, musician, and former conductor David Dworkin demonstrated *Conductorcise*, an activity combining an aerobic workout with basic conducting and listening skills. Atria senior staff members view *Conductorcise* as an example of a high-engagement program option.

manager, a friend, or a family member can discuss with the relocating adult the difference between realistic and unrealistic expectations, the more of an opportunity there is to help the individual adapt to the new residence and discover positive aspects in spite of differences and limitations.

Participants agreed on the importance of remembering that the physical aspects of relocation to any new residence begin, or should, well before moving day arrives. It is far preferable to make a transition over a relatively unhurried period of time versus making one suddenly, in crisis-driven circumstances. This might be done with the help of family members, senior living community staff, and with the assistance of independent “senior move managers – privately contracted professionals who specialize in assisting older adults and their families with the emotional and physical aspects of relocation. The National Association of Senior Move Managers (NASMM) requires its members to adhere to a specialized Code of Ethics and Standards of Practice. Senior move managers can provide information on the costs, quality, and availability of various local community resources.

Although specific services vary, most senior move managers can help with some or all of the following:

- Developing an overall move or “age in place” plan
- Organizing, sorting and downsizing
- Customized floor plans
- Arranging for the profitable disposal of unwanted items through auction, estate sale, buy-out, consignment, donation, or a combination of the above
- Interviewing, scheduling and overseeing movers
- Arranging shipments and storage
- Professional packing
- Unpacking and setting up the new home
- Related services, such as cleaning, waste removal, shopping, senior escort, assisting with selection of a realtor and helping prepare the home to be sold.⁶

Any new resident will settle more easily when they have spent ample time preparing, planning, and sifting through and discarding personal (and association-rich) belongings.

What is known in popular culture as “decluttering” over a protracted period of time—for example, several hours a week over two to six months—can defuse the intensity of the pre-move period. Decluttering involves editing down one’s possessions, often to accommodate a smaller space with less room for such items as appliances. Additionally such a process can afford individuals an opportunity to review their lives and come to terms with how they have led them. Ideally they will begin to think ahead and create new goals for the coming years. In a best-case scenario, on moving day they leave behind not the fully assembled and lovingly cluttered residence they have known for a long period of time but a less emotionally-charged transitional space.

Successfully managing a transition can be as simple as furnishing meaningful personal objects—whether a dresser, family photographs, vase or art object—at the new residence. The familiar provides comfort, in part by confirming identity. Moving personal objects, however, requires more time and attention to planning how best to ensure that the configuration of the “personalized” space will meet the ambulatory and visuals needs of the new resident.

Matters of space and also privacy also come into play when an individual moves from a freestanding house to what is likely to be a smaller residential complex, which is generally the case. Kathryn Haslanger of the Visiting Nurse Service of New York pointed out that new residents have concerns not only about neighbors being in such close proximity but about the new neighbors themselves: “‘What kind of shape are they going to be in,’ and ‘How is that going to affect how I see myself,’” they often ask.

⁶The National Association of Senior Move Managers (2009). Retrieved from <http://www.nasmm.org/faqs/faqs.html>

Case Study Vignette: Seeking Happiness and Satisfaction in Independent Living

Mary and Ernest were increasingly conscious of their age—and the challenges it presented. She at 86, he at 85, lived comfortably in Upstate New York, but they were finding the demands of a large house both tiring and taxing. Both were in good health and had enjoyed productive careers and active retirement. Their children—four hours away by car—worried about them driving in snowy weather and running the risk of falling or other injuries. Add to that, caregivers and housekeeping help was in short supply and most of their friends had either died or moved away.

Though annoyed at first by a relentless daughter, they agreed to consider independent adult living and visited several facilities in Florida, New York and Pennsylvania. They selected one close to their children and within their means. While waiting for an opening in their residence of choice, they met with their children, prepared advanced directives (living wills) and discussed their move from a house they'd occupied for 45 years. Over more than a year, they inventoried their belongings, gave away or sold several truckloads and got pleasure contributing once favorite possessions to charities and their church. Once they knew more about their new home, they selected a few favorite items of furniture, art objects and personal mementos including photos, prized books, records and DVDs. And with the help of their children they bought some new items as well.

Psychologically the move was hard, said Ernest, who initially regarded the new residence as “a waiting room for death,” though his wife had a greater sense of adventure, eager to meet new people and explore the new community. “No doubt we were anxious and not quite sure how this new experience would feel.” Their expectations were measured: “We hoped for an attractive environment,

something that felt like home, nice people, good and healthy food and a chance for privacy too,” said Mary. “We didn’t think we were getting Nirvana,” said Ernest, who added, “We wanted to be realistic.” Mary explained that the first thing they did was to explore every room of the congregate living setting outside their apartment. “We mapped the territory, then drove around the community looking for places we’d visit, stores, and churches.” Ultimately, Mary mastered her environment, connected with welcoming residents and resourceful staff people. She transferred her church membership and joined the local women’s club. Ernest, less outgoing, met a few like minded residents who he enjoyed, made heavy use of the community library. Both joined organized trips to museums and historic sites and went out to dinner at least one night a week. And they made use of the swimming pool and exercise classes. When Mary discovered the her fellow residents weren’t up to her level in bridge, she offered to teach more advanced bridge and subsequently joined an online bridge group where she mused, “nobody knows you are old when you are on the Internet,” reveling in advanced play with players decades younger.

Ernest died at age 89 and Mary lives on today in her mid-90s. Were they satisfied and even happy in their new home? Mary says they weren’t thrilled to be here, but they adjusted and had an active life without the worries of home ownership and personal safety. “That counts for a lot,” he used to say. As for Mary, “it was the best decision of our lives,” said. We felt, safe, comfortable, well cared for—just what we needed at this stage of life.” “But,” she added, “had we known and understood more about ourselves and independent living options earlier, we could have short-circuited a lot of steps and found real satisfaction earlier.”⁷

⁷ A case study vignette referenced by a participant during the conference discussions, providing an example of the considerations inherent in transitioning from a private home to a senior living community.

Atria managers have observed that new residents' resiliency, especially during the first three weeks after arriving, is one indicator of how well they will adjust over the long term in a new environment. Those individuals who are most resilient draw on an existing set of routine behaviors that can be adapted to any number of new situations.

Being able to seamlessly continue one's interests and activities where feasible is vital, several participants noted. The participants underscored the importance of truly understanding the new residents—their initial vulnerability and need to find comfort and familiarity as they adjust to the new setting and what has become their new home.

What more do we want to know?

- What are the costs (e.g., physical, mental) of waiting too long to make the decision to move?
- What choices do people have to improve their lives when they move to an assisted living setting, particularly choices they might have narrowed before they arrive?
- What does natural movement through the pre-move stages look like? What would be the gauge for this?
- Should the relocation process be considered as having three phases, i.e, the temporal phase prior to moving, the temporal phase immediately following admission, and the inner mental phase that extends from the first phase through the second?
- If stress syndrome manifests much later than within the first month of relocation, how is that being measured? Is it taken into account?
- Is there an opportunity to establish a structured process for identifying at-risk individuals?
- How can engagement for an at-risk resident be measured (other than anecdotally) after six months' time and at the year mark?
- Is there an opportunity to establish a relocation-introduction process that can be created to suit the particular needs of an at-risk individual?
- Is there an intergenerational approach that could be explored?
- Should Atria and other assisted living facilities offer optional informational sessions once a year or every six months on the subject of end-of-life care, e.g., health care proxies, creating wills, memorial services, procedures for transferring to a nursing home or hospice, and legal arrangements?
- Is there a need to provide more group or private opportunities for residents to discuss the topic of death?
- Would it be fruitful for researchers to explore parallel relocation situations, such as colleges and universities?

4. Measuring the Happiness and Life Satisfaction of Older Adults

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There is currently no universally recognized industry metric that measures or assesses “engagement,” “happiness,” or “life satisfaction.” However, the very act of using “happiness” as an indicator is potentially ambiguous because of the difficulty in gauging agreed upon and verifiable evidence. Happiness encompasses a multitude of contributing factors, and they are context-specific. Participants listened attentively when Columbia’s Dr. Barry Gurland, an expert on quality of life, stressed that setting “happiness” and “life satisfaction” as goals in assisted living facilities can be misguided or problematic. “I would not look at an outcome such as happiness,” he said. “There’s something appalling to me about the notion of trying to make a happy group—it has a Disney element to it. We don’t try to do that for communities.” He added that neither is satisfaction a desirable end point: “Satisfaction is a signal that tells you whether something should be changed, improved, or modified,” he said. Several participants agreed that using the term required caution and ought not to prescribe behavior.

However, this is the term used by ordinary people and their families, as well as health care professionals, when they are asked “Are you happy in your new residence?” Scholars, too, it was said, have succumbed to the term, even offering assessments of the happiest countries, cities, and peoples in the

world. It was noted that one Dutch researcher is widely referred to as a “professor of happiness.”

Still, the participants agreed that Dr. Gurland’s concern should raise questions about what is really meant by happiness, whether in an individual or in a community. One participant argued that there needs to be a “serious search” for an alternate term while researchers continue to investigate a means of assessing the human response of an individual relocating to a new environment.

Participants wondered whether assisted living really does effectively emphasize ways for people to improve their lives. If people are in assisted facilities because they can’t live independently, are they in a better position to “enjoy the moment” to its utmost? Such questions are useful for independent living staff eager to improve their services.

What more do we want to know?

- Is it authentic to attempt to measure happiness and satisfaction?
- How can independent and assisted living staff measure engagement rates instead of participation rates?
- How can metrics be created that measure choice, agency, and independence?

5. Facing the Unknown: Images of Independent/Assisted Living

Regardless of the actual richness and variety of daily life at many independent living facilities, assisted living does carry an institutional stigma for some. Drawing public attention to the positive and compelling aspects of independent living continues to be one of the greatest challenges faced by the senior living industry. In an attempt to overcome negative stereotypes and perceptions of “the old-age home,” much of it fueled by a natural fear of death, some facilities have published marketing materials that feature residents who are typically younger than the average 80+ year-old resident. One participant acknowledged that older adults view themselves as younger than their age-related peers; recent research indicates that older adults view themselves as at least 10 years younger than their actual age while they judge their peers’ ages and abilities/disabilities more accurately.

Public attitudes toward independent and assisted living differ, of course, the participants said. Although there is some stigma, it is linked to negative images of nursing homes and perceived lack of control by older people who need to find new living options when they would prefer to stay put, even though remaining in a private home is not necessarily a realistic option. Several participants emphasized the benefits of independent living and the need to distinguish between the various types of settings—from

those that offer true independence and a chance for personal growth to those that serve persons who need nursing care. As Dr. Robert Butler said, “These living options represent a continuum. Some are not much different than an apartment or condominium where a younger person might live. Others involve skilled nursing care, and some are largely custodial.” Grouping them together against the backdrop of fear and lack of control is a large part of the problem.

Dr. Butler and others suggested that better media coverage of the senior living industry and its services would enhance its image and real understanding of the benefits offered by senior living communities. “The reality of independent living is a very positive option for millions of people, and more of us ought to know it,” one participant suggested.

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What more do we want to know?

- How can the senior living industry disseminate accurate and compelling knowledge about independent senior living options?
- Should special cases of satisfaction be examined in depth and publicized?
- What can be gleaned from the next generation’s attitudes toward aging and senior living communities?

Conclusion

Given historic increases in longevity, it is clear that a better understanding of the mental and physical dimensions of well-being in later life would serve all generations. It is especially important to better know how to make the very late years of life as satisfying and meaningful as possible, especially for adults embarking upon the emotionally powerful transition to a congregate living setting.

Conference participants acknowledged that very few older adults are excited about moving to a senior living setting, even people who are comfortable with or accepting of the idea. “It is not an adventure one wishes to take, no matter how beautiful or how wonderful or how fabulous it is,” a participant said. While change is always challenging, it was agreed that the transition need not be a negative experience, but one that blends the familiar with the new in a fashion that genuinely serves the older person’s needs in the stages of later life.

At the same time there is a natural life course from birth to the end of life, and independent living facilities can or do make living more comfortable and manageable, even as people typically become prone to frailty. The challenge then, is to uncover ways that older adults are in position to gain. Congregate living can offer many opportunities for cultivating physical and mental habits that foster joy and well-being. The way forward looks to happiness and satisfaction—ideally accompanied by self-acceptance of one’s stage of life—as destinations in their own right and of great value. Reaching advanced age is, after all, one of the great human achievements of modern time.

Appendix

CONSENSUS CONFERENCE:

“Transitions to Independent Living Communities: Life Satisfaction and Later Life Happiness”

Monday, June 29, 2009 • 9:30 a.m. - 12:30 p.m.

**The International Longevity Center
60 East 86th St. New York, NY 10028**

(Call 212-517-1307 with any questions)

AGENDA

- 9:00 a.m. Participants arrive.
Coffee and refreshments are served.
- 9:30 a.m. Consensus Conference begins:
Welcome by Robert N. Butler, M.D.
- 9:35 a.m. Conference Charge by Everette E. Dennis, Ph.D.
- 9:40 a.m. Challenges for Independent Living
Kristine Rogers, Vice President, Active Aging
Jennifer Rehm, Executive Director,
Atria Glen Cove, *Atria Senior Living Group, Inc.*
- 9:50 a.m. Overview of Current Research on
Senior Living Transitions
Leonard Kelly, Ph.D., Research Scientist,
Gallaudet University
- 10:00 a.m. Quality of Life and Relocations to Independent
Living Communities and Directions for
Future Research
Eileen K. Rossen, Ph.D., Registered Nurse,
UNC Greensboro School of Nursing,
Associate Professor, Community Practice
Department, *UNC Greensboro*
- 10:10 a.m. Consensus Conference discussion
led by Dr. Dennis
- 11:00 a.m. Break
- 11:10 a.m. *Conductorcise™* Demonstration
Led by **David Dworkin**, CEO, *Conductorcise™*
- 11:20 a.m. Consensus Conference continues
- Noon Lunch is served.
- 12:10 p.m. Final points of consensus.
- 12:30 p.m. Session concludes

The International Longevity Center-USA Board of Directors

Lloyd Frank, Chair

Lloyd Frank is of counsel at the law firm Troutman Sanders LLP in New York, NY.

Edward M. Berube is CEO and President of FUTURITY FIRST Insurance Group.

Cory A. Booker is Mayor of Newark, New Jersey.

Robert N. Butler, M.D., President and CEO of the International Longevity Center-USA, is a world leader in gerontology and geriatrics. As the first director of the National Institute on Aging, Dr. Butler helped educate the nation about the dangers of Alzheimer's disease and worked to make research a priority.

John J. Creedon is the former President & Chief Executive Officer of Metropolitan Life Insurance Co.

Everette E. Dennis, Ph.D. the ILC's chief operating officer and executive director (ex-officio) was founding president of the American Academy in Berlin and founding executive director of the Media Studies Center at Columbia University.

Susan W. Dryfoos -Vice Chair

Ms. Dryfoos is an award-winning independent filmmaker and author. She formerly served as the Director of The New York Times History Productions.

Joe Feczko, M.D. is president for worldwide development at Pfizer. He brings together all aspects of clinical development in both Pfizer Global Research and Development and PPG Industries into a single functioning role.

Robert W. Fogel is the Charles R. Walgreen Distinguished Service Professor of American Institutions, and Director of the Center for Population Economics, Graduate School of Business, at the University of Chicago.

Paul M. Gilbert is co-founder of MedAvante, a pharmaceutical services organization.

Annie Glenn has had a life-long interest in programs for children, the elderly and handicapped. She is a member of the Advisory Board for the National First Ladies' Library.

Senator John Glenn is the first popularly elected Senator from Ohio to win four consecutive terms. Before retiring at the end of the 105th Congress, he was the Ranking Minority Member of both the Governmental Affairs Committee and the Subcommittee on Airland Forces in the Senate Armed Services Committee.

Lawrence K. Grossman is Founder and Co-Chair of the Digital Promise Project, a public interest initiative focused on the development and use of the advanced information technologies. He is former president of NBC News and PBS.

Andrew D. Heineman, a retired attorney from Proskauer Rose LLP, is a board member of The Mount Sinai Medical Center and Williams College.

Karen K. C. Hsu is a civic leader in education, conservation and natural history. She currently serves as Trustee of The Nature Conservatory New York State Board.

Linda P. Lambert, Oklahoma City, is President of LASSO Corp., an investment corporation specializing in oil and gas development and Petree Valley Farms.

Naomi Levine is senior advisor to NYU president John Sexton and Chair and executive director, NYU George H. Heyman, Jr. Center for Philanthropy and Fundraising .

William C. Martin was the co-founder of Raging Bull, a leading online financial community.

David O. Meltzer, M.D., Ph.D is an Associate Professor, Department of Medicine and the Harris School of Public Policy at the University of Chicago.

Evelyn Stefansson Nef is a writer, authority on the Polar regions, psychotherapist, and philanthropist. She has served on the board of the Corcoran Gallery of Art, the National Symphony, the Washington Opera, the Paget Foundation, and the Lourie Center for Infants and Young Children.

Regina S. Peruggi, Ed.D., is the president of Kingsborough Community College of the City University of New York.

Stanley B. Prusiner, M.D., is the 1997 Nobel Prize winner in physiology/medicine.

Albert Siu, M.D. is the Ellen and Howard C. Katz Chairman's Chair of the Brookdale Department of Geriatrics and Adult Development.

Joseph E. Smith served in various positions with Warner-Lambert Company from 1989 until his retirement in 1997. He was Corporate Vice President and served as a member of the Office of the Chairman and the firm's Management Committee.

Jackson T. "Steve" Stephens is chairman and CEO of ExOxEmis, Inc., a biotechnology firm in Little Rock, Arkansas.

Catharine R. Stimpson, Ph.D. is Dean of NYU's Graduate School of Arts and Science and a University Professor.

Humphrey Taylor is the chairman of the Harris Poll, a service of Harris Interactive.

William D. Zabel is a trusts and estate lawyer with Schulte Roth & Zabel LLP, a firm he co-founded in 1969.

John F. Zweig is Non-Executive Chairman of Specialist Communications for the WPP Group.



The International Longevity Center-USA is a research policy organization in New York City and has sister centers in Europe, Asia, Latin America, Africa and Israel. Led by Dr. Robert N. Butler, a world renowned physician specializing in geriatrics, the Center is a non-for-profit, non-partisan organization with a staff of economists, medical and health researchers, demographers and others who study the impact of population aging on society. The ILC-USA focuses on combating ageism, healthy aging, productive engagement and the financing of old age. The ILC-USA is an independent affiliate of Mount Sinai School of Medicine and is incorporated as a tax-exempt 501(c) (3) entity. More information on the ILC-USA can be found at www.ilcusa.org.



Atria Senior Living Group, the nation's fourth largest assisted living owner-operator, provides respectful, quality care that helps approximately 13,000 older people live life to the fullest. Atria communities are not nursing homes; rather, they are active communities where seniors can get the care they need to live as independently as possible. At the heart of Atria's approach is our belief that superior care depends on running a superior business. That's why Atria has developed some of the industry's most stringent measurement tools and comprehensive training protocols. To learn more, log onto www.atriaseniorliving.com.



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