Reasons for Relocation to a Continuing Care Retirement Community

John A. Krout
Ithaca College

Phyllis Moen
Cornell University

Heidi H. Holmes
Jean Oggins
Nicole Bowen
Ithaca College

This study examines the reasons given for relocation to an upstate New York continuing care retirement community (CCRC) for 91 affluent adults ages 65 to 95 who subsequently moved to this CCRC. Reasons most frequently given for moving involved the anticipation of future needs, such as a desire for continued care, freedom from upkeep and maintenance of current residence, and the desire not to be dependent on or a burden to anyone. Reasons for relocating to this particular CCRC, include continued care, facility's reputation and management style, and it's location near family and friends. Logistic regressions reveal that demographic variables predicted the reasons for selecting this particular CCRC, namely, marital status and/or gender, education, income, and perceived health. The authors conclude that the movers to this CCRC sought to avoid potential problems of "aging in place," and were also attracted by the nature and location of the particular CCRC they had selected.

Despite the growing—and anticipated—need for living arrangements geared to the diverse abilities and needs of an expanding and increasingly heterogeneous older population, there has been relatively little study of corresponding changes in residential needs and preferences of older adults

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(Pynoos & Leibig, 1995). There are few alternatives between total independence and total dependence. For older Americans, the choice is typically between living in the homes that housed them throughout adulthood (aging in place) or moving to a nursing home when disability and infirmity make independent living impossible.

Fortunately, new residential options are beginning to bridge the gap between what current housing offers and what the growing older population needs and desires. In addition to living independently or with family members, promising options include a variety of congregate environments (often characterized by the umbrella term *assisted living*) that provide a range of services from recreation to skilled nursing care. Such settings theoretically foster independence as long as possible and reduce unnecessary and costly nursing home stays (Pynoos & Leibig, 1995). As of 1990, about 2.4% of those 65 and older were living in congregate facilities or assisted and/or board and care homes (Administration on Aging, 1996).

One recent and innovative residential arrangement is the continuing care retirement community (CCRC). The typical CCRC guarantees lifetime access to housing and health care in return for an up-front "buy-in" cost and fixed monthly fees. Marketed to more affluent older adults, CCRCs provide residents a continuum of care—from independent living to skilled nursing care—in one setting. Residents may thus age in place without fear of being unable to obtain or afford care and without having to move or be dependent on family. By the early 1990s, approximately 2,100 CCRCs were operating across the United States, and their number is expected to increase exponentially (Somers, 1993). However, little is known about the choices involved in moving to CCRCs or the impacts of this innovative arrangement.

Understanding both the motivations for and long-term consequences of moving into CCRCs requires a longitudinal study, including baseline information prior to the move. However, extant studies on reasons for moving have collected data from CCRC residents after they moved into CCRCs or from individuals on waitlists, which include people who may not ultimately move (Cohen, Tell, Batten, & Larson, 1988; Kichen & Roche, 1990; Sheehan & Karasik, 1995; Sherwood, Ruchlin, Sherwood, & Morris, 1997; Tell, Cohen, Larson, & Batten, 1987). In contrast, this article reports findings from the first wave of a panel study of residents of an upstate New York CCRC and presents data on the reasons they gave for relocation prior to their moves. Our sample consists of 92 people who moved into the upstate New York CCRC within 6 months of its opening. First, we summarize findings from the extant literature. Second, we develop our conceptual approach, applying insights from Litwak and Longino (1987) and from the push-pull model of geographic mobility to the decision to move to a CCRC. We then present an

analysis of the motivations for moving reported by a sample of movers to a CCRC in upstate New York prior to their moves.

Prior Studies

The research on CCRCs that does exist has largely focused on financial viability and management (Branch, 1987; Ruchlin, 1988), legislation and regulation (Netting & Wilson, 1987, 1991, 1994; Netting, Wilson, Stearns, & Branch, 1990; Stearns, Netting, Wilson, & Branch, 1990), services offered (Alperin & Richie, 1990; Bishop, 1990; Bowers, 1989), and impact on use of other community-based services (Sloan, Shayne, & Conover, 1995).

The few articles that have examined reasons for moving to CCRCs have identified several factors associated with these moves—chiefly, a wish for medical services, a desire to remain independent, and a desire not to have to maintain a home.

Health care and/or medical services. Several studies have found that most CCRC residents report health care and medical services as key reasons for moving there. Kichen and Roche (1990) conducted in-person interviews with 50 residents of life-care communities and mailed surveys to 422 residents of 45 CCRCs nationwide; their study found that 22% of life-care community residents and 71.9% of CCRC residents reported health care services as very important. Questioning waitlist applicants of two CCRCs, Tell and colleagues (1987) also found that 72% of applicants cited health care and medical services as important reasons for joining. In two other survey studies of residents and waitlist applicants at CCRCs (Cohen et al., 1988; Sheehan & Karasik, 1995), 73% and 92% of respondents respectively mentioned health care and/or medical services as among the top five reasons for relocating to a CCRC. Sheehan and Karasik (1995) also noted that married residents were more likely than single individuals to cite guaranteed health care as very important, whereas Cohen and colleagues (1988) reported that many married residents joined CCRCs to ensure care for their spouses and to be near them during nursing home stays.

In a longitudinal study, Sherwood et al. (1997) also grouped residents of 19 CCRCs according to their length of stay (recent and longer-stay) and the type of facility (extended and limited). The researchers found that access to needed services—chosen as a reason for entrance into a CCRC by most residents (91.5%)—was less often mentioned by longer stay residents of extended CCRCs (77.5%). Other health services (e.g., nursing home, emergency services) were rated either as important or very important by more than three quarters of participants.

Independence. In general, older adults who have been surveyed about their reasons for moving to a CCRC have expressed a desire to remain independent and not burden their families. Kichen and Roche (1990) found that the ability to maintain independence was cited as very important by 76% of the residents of 45 CCRCs across the country. Survey studies of residents and waitlist applicants (Cohen et al., 1988) and of waitlist applicants (Tell et al., 1987) show that 87% and 94%, respectively, of older adults rated long-term services to help maintain independence as a very important reason for choosing a CCRC. Similarly, Sherwood and colleagues (1997) found that between 62% and 78% of residents in 19 CCRCs reported having wanted to enter a CCRC to avoid pressures of or demands on family or friends. Two studies reported that those most likely to cite independence from family as a reason to join a CCRC include women and those who are younger or have grown children (Cohen et al., 1988; Sheehan & Karasik, 1995).

Other important services. Other services matter as well. According to Sheehan and Karasik (1995), other important reasons to join a CCRC include a wish to gain safety and security (43%), supplemental services (55 %), and freedom from home upkeep and maintenance (83%). Tell and colleagues (1987) and Kichen and Roche (1990) found that waitlist applicants and residents of CCRCs considered financial protection against the potential costs of long-term care among the top five reasons for choosing a CCRC (68% and 44%, respectively). Sheehan and Karasik (1995) and Cohen and colleagues (1988) also found some differences in motivational factors contingent on demographic factors. For example, those concerned about finances and the family estate tended to be younger, have children, and have lower incomes (Cohen et al., 1988). Women and unmarried individuals were more apt to desire the security, planned social activities, and relief from loneliness offered by CCRCs (Sheehan & Karasik, 1995).

The body of evidence reviewed here provides a consistent picture of motivations for moving to a CCRC. However, none of the above-mentioned studies questioned CCRC members before they moved into the facility; the findings previously described are based on memory recall. Yet, some residents, especially those who had been in a CCRC long term, may have become biased while living in the facility. Some studies (Cohen et al., 1988; Sheehan & Karasik, 1995; Tell et al., 1987) also report responses of persons on waitlists, including those who did not plan to move for 4 years. But those who sign up only signal an intent. They may not be truly committed to the decision to

live in CCRCs and may not actually do so; therefore, they may have different motivations. Also, researchers reporting motivations often have different research emphases, possibly influencing data collection and analysis. For example, Sheehan and Karasik (1995) were examining factors related to adjustment to a CCRC, whereas Tell and colleagues (1987) were assessing the marketability of a Life Care at Home program.

It is likely that the decision to move to a CCRC involves a series of choice points, as we describe as follows. None of the extant research differentiates between the decision to move out of one's primary residence, the decision to live in a CCRC (versus another facility or with family), or the decision to choose a specific CCRC.

Conceptual Approach

In the general population, changes of residence are often tied to employment opportunities or life status changes such as marriage (Lawton, 1986). These factors are much less relevant for older adults, however. The likelihood of moving declines significantly with age, and the majority of moves by older adults are local (within the same county; Lawton, 1986). As Lawton notes, "It is safe to assume that the person making the move is trying to maximize the fit between her own needs and the offerings of the environment" (p. 135). Amenities such as warm weather, recreation opportunities, and economic attractions such as low taxes and living costs are often identified by older adults as reasons for relocating (Longino, 1990).

The push-pull models of Lee (1966) and Ravenstein (1889) remind us that the attractions of potential new living environments (pull) work together with negative aspects of current living situations (push) to help explain why some persons move. Examples of push factors include deteriorating neighborhoods and inability to function in individuals' environments because of declining health. Pull factors include amenities, better medical services, and availability of long-term care. Note that push and pull factors can apply either to the place of destination or origin. These factors are mediated by obstacles and facilitating conditions of either the individual or the environment (Lee, 1966). Examples of such factors include financial resources, health, or housing options (depending on their level or availability). Attitudes can also be important. For example, a strong emotional attachment to one's home may keep someone from moving, even in light of strong push factors.

Litwak and Longino (1987) provided another instructive perspective, arguing that residential relocation among older persons in a developed country such as the United States tends to be characterized by three types of

moves. The first is typically seen among young, healthy retirees who move to areas with amenities and friendship networks. At this stage, retirees are physically and emotionally able to handle a move and are better able to maintain kin ties over long distances. They do not need nearby relatives to provide regular support, and telephones, cars, and air travel can overcome geographic separation.

A second type of move occurs when individuals become frail. No longer able to live independently, they may relocate to live with or near informal caregivers—most frequently their children. At this stage, proximity to kin becomes especially important: In today's migratory society, neighbors and friends may not feel obligated to provide care. The third type of move occurs when individuals' impairments become too burdensome for informal caregivers to handle, necessitating a move to a nursing home. Most older parents who make this type of move tend to move to an institution located near their children. Older people do not necessarily make any or all of these moves; moreover, the moves are not necessarily sequential.

Litwak and Longino (1987) alerted us to the fact that reasons for moving among older adults, like younger adults, are related to the life cycle. For older adults, the reasons are less tied to jobs and household formation (i.e., getting married or remarried) and more related to amenities, health, and the need for formal and/or informal supportive services. Moving to a CCRC involves both planning for the future and overcoming the inertia of remaining in current homes until compelled (typically for health reasons) to move. Thus, those who anticipate and accomplish a move to a CCRC consciously weigh the costs, benefits, and risks of moving versus aging in their current housing arrangements. Thus, CCRC residents can be seen as responding to an interesting mix of factors not captured completely in traditional migration models.

Specifically, we suggest that CCRC residents may choose to move to such a facility precisely to avoid being "pushed" out of their homes when their (or their spouses) abilities decline. The literature suggests that relocation to a CCRC is motivated by the desire to stay independent as long as possible by living in a setting that can provide health care and assistance at whatever level is needed, as long as it is needed, and that ensures paid-for care. Individuals (or couples) thus circumvent having to deal with situations in which acute health problems force housing changes or lead to dependence on kin. They are also pulled by amenities and may wish to be near friends or, in some cases, family.

Relocation to a CCRC can be seen as an anticipatory move taken by people who are relatively healthy and wealthy and who want to combine amenities with the guarantee of future health care in a community that may be near

family, such as adult children. Innovative housing options such as CCRCs are forcing a reconceptualization of older people's migration, goals, and strategies. Kichen and Roche (1990) note that people interested in moving to a CCRC are more likely to have a "history of planning ahead and recognize that this includes planning for the possibility of future health needs" (p. 57). In deciding to move to a CCRC, the guarantee of long-term health care (a pull factor) may be a more important motivator than is the ease of staying in a current residence.

To summarize, the CCRC living arrangement is a new social invention; those moving to a CCRC may be in the forefront of social change, as relatively affluent older people establish new patterns of residence and mobility. There is little empirical research or theoretical development describing the decision-making process involved in choosing such a new institutional arrangement. Existing theoretical formulations, the Litwak and Longino (1987) model, and the push-pull models provide a starting point for the analysis and interpretation of the data on reasons for relocation. It follows that the primary factors identified by recent movers to a CCRC will be pull factors, given the amenities and services such an organization provides. Furthermore, we presume that push factors such as those noted by Litwak and Longino's model of second and third moves are being anticipated by those making the transition to a CCRC. In other words, not only current but also prospective circumstances shape the decision to move. Thus, moving into a CCRC is a response to pull factors as well as an anticipation of push factors, including circumstances such as declining health noted by Litwak and Longino.

Method

Facility and sample. The CCRC described in this study is a not-for-profit life care retirement community designed for people older than 65 who are in good physical and mental health. By virtue of its fees (minimum of a $100,000 nonrefundable entrance fee and monthly fees of approximately $1,500 to $2,000 per person), it is affordable only to a limited segment of the population. Located in a small college-town community, it has mainly attracted professionals, including many who had worked at the town's two academic institutions. The CCRC offers a choice of residential units, primarily contiguous cottages but also including studio units and one and two bedroom combinations.

Our sample consists of 91 individuals out of 204 who had signed contracts by June 1995 to move into the new CCRC that opened in December 1995 and who eventually moved to the facility. Before the move, the facility's director

contacted all prospective residents by mail and asked them to return an enclosed postcard to the researchers if they were willing to participate in the study. Individuals who did so were then contacted and interviewed in the fall of 1995, before their move to the CCRC.

We do not know how the individuals who chose to participate in the study differ from those who did not. Most from outside the local community did not participate, possibly because they found it relatively difficult to make moving arrangements. However, it is unlikely that those who did not participate differed from participants in terms of education, income, age, race, and marital status. The sample is clearly not representative of persons who have moved to other CCRCs because the populations these facilities serve may differ considerably (cf. Gober & Zonn, 1983). Still, the sample is similar to populations found in many CCRCs (e.g., Cohen et al., 1988; Gober & Zonn, 1983; Tell et al., 1987).

The sample is described in Table 1. Slightly more than 60% of the sample is female, is 75 or older, and has graduate or professional degrees; more than one half indicated incomes of $75,000 a year or more, and a surprising 16.5% currently work (typically part-time). About two thirds of the sample are married, and almost 60% have three or more children. Health status is generally reported to be good or excellent. Most (76%) of these individuals are long-time residents of the community in which the CCRC is located. Table 1 also shows that unmarried women were older than married individuals but that groups did not differ in perceived health or (for married respondents) spouse's perceived health.

Measures. Questions on reasons for relocation were embedded in a detailed research interview that collected information on respondent demographics; family and social support networks; work history; social participation and community involvement; health, exercise, and nutrition; well-being; characteristics of prior residence; and expectations of the CCRC. Data were collected through a booklet respondents filled out on their own and from interviews of approximately 1 hour in length conducted in respondents' homes by trained undergraduate and graduate students.

For these analyses, three questions were used as dependent variables. The first question asked, "What are the main reasons for your decision to move from your primary residence?" Another asked, "What were the important considerations to you in looking for a new residence?" A third asked, "What made you choose this CCRC as your residence rather than any other living arrangement?" The first asks for the general reasons that lead respondents to move to the CCRC, whereas the other two tap into the desired characteristics of their new residence, both in general and for the specific CCRC they had

Table 1. Characteristics of CCRC Sample by Percentage

Characteristic of Sample		*Percentage*
Demographics		
Gender (n = 91)		
	Female = 1	64
	Male = 0	36
Age (n = 91)		
	Younger than 70	11
	70 to 74	24
	75 to 79	40
	80 to 84	19
	85 and older	7
Education (n = 91)		
	Less than a college education = 1	12
	College graduate = 2	26
	Graduate and/or professional = 3	61
Income (n = 81)		
	Less than $30,000 = 1	7
	$30,000 to $49,999 = 2	12
	$50,000 to $74,999 = 3	27
	$75,000 to $99,999 = 4	31
	$100,000 or more = 5	21
	Do not know	1
Number of years worked (n = 78)		
	10 years or less = 1	22
	More than 10 years = 2	78
Current employment (n = 90)		
	Currently work	17
Home ownership (n = 86)		
	Own = 1	92
	Do not own = 0	8
Marital status (n = 91)		
	Married = 5	68
	Separated = 4	1
	Divorced = 3	4
	Widowed = 2	18
	Never married = 1	9
Number of children (n = 90)		
	0	11
	1	1
	2	30
	3	21
	4	21
	5 or more	16

(continued)

Table 1. Continued

Characteristic of Sample		*Percentage*
Self-assessed health on a 10-point scale (n = 91)		
	9 to 10	26
	7 to 8	41
	5 to 6	20
	3 to 4	13
Spouse's assessed health on a 10-point scale (n = 59)		
	9 to 10	17
	7 to 8	27
	5 to 6	24
	3 to 4	19
	0 to 2	14

	n	*Age*	*Perceived Health*	*Spouse Health*
Characteristics of groups by marital status[a]				
Unmarried women	27	79.19[b]	7.37	—
Married women	31	75.36	7.36	5.48
Married men	31	76.06	6.81	5.77

SOURCE: Pathways to Life Quality, CCRC sample Times 1 and 2 (N = 92).
NOTE: = CCRC = continuing care retirement community.
a. Marital status data do not include 2 unmarried men.
b. Higher value for age, $p < .05$.

selected. The latter two questions were intended to reveal the pull factors of the CCRC. These open-ended questions allowed respondents to give multiple answers per question. Interviewers coded the open-ended responses into fixed categories and coded any answers that did not fit into an "other" category from which new variables were created. Items were coded 1 if mentioned as a reason for moving and 0 if not.

Several demographic controls were also used, including age cohort (< 77, > 77), education, income, perceived health, and spouses' perceived health. The latter variables were coded on a 10-point scale from 0 (*very serious health problems*) to 10 (*very best health*). Because there were only two single men in the sample, marital status and gender were confounded. Therefore, a three-level marital status variable was created that included unmarried

women, married women, and married men. The two unmarried men were excluded from the analysis.

Data analysis. Questions about the reasons for moving, general considerations in selecting a new residence, and considerations in selecting the specific CCRC were submitted to separate exploratory factor analyses using a principal axis technique and varimax rotation. The factors that emerged from the exploratory factor analysis on the response categories of the three open-ended questions did not achieve acceptable levels of reliability when tested with Cronbach's alpha. Therefore, the item response categories were analyzed with the demographic variables separately. Logistic regressions, a statistical test in which the dependent variable is a categorical variable, were used. Independent variables were used to predict the likelihood of membership into one of the two dependent categories and are expressed as odds ratios. Multiple logistic regressions were estimated to see if reasons for moving or considerations in moving could be predicted by the demographic factors. Interaction terms were created for Marital Status × Age cohort, Age Cohort × Perceived Health, and Marital Status × Perceived Health, and these were also tested as predictors of reasons for moving in multiple logistic regressions.

Results

Reasons for Moving

Table 2 presents data on the percentage of respondents selecting specific reasons for moving from their primary residences. The three most important reasons for moving were, respectively, to seek continuing care (84.6%), release from the burden of household upkeep and maintenance (52.7%), and the desire to not become a burden on their families (44%). Both desire to obtain security in continuing care and desire to not become a burden on family involve anticipation of future needs. The release from household upkeep and maintenance could be viewed as a current need, a future need, or both. Respondents' current health (11%) and/or respondents' spouses' current health (11%) were mentioned as reasons for moving less frequently.

Multiple logistic regressions were used to determine whether demographic information predicted respondents' reasons for relocating (see Table 3). Respondents who had higher levels of education and those whose spouses were in poor health were more likely to say they would like to move due to their spouses' health. Respondents who rated their health as being lower were more likely to state that their ability to get around was a reason to consider moving from their primary residences. Married women tended to mention their ability to get around as a consideration, whereas unmarried women did not mention this at all. Within the sample, 16% of married women indicated that they either never learned to drive or did not currently drive. This is consistent with previous research that has found older women drive significantly less often than do older men (Goggin & Keller, 1996; Rosenbloom, 1995; Stewart, Moore, Marks, May, & Hale, 1993). Therefore, it is not unreasonable to assume that married women would be more dependent on their husbands for transportation whereas unmarried women would be much more independent in this regard.

An interaction of marital status and perceived health shows that married and unmarried women who reported better health were more likely than married men to report upkeep and maintenance of their homes as a reason for relocating. This finding could reflect a couple of different factors, one of which would include married women being dependent on their husbands for household upkeep and having concerns about the future of home maintenance. Also, unmarried women are significantly older than both married women and men (see Table 1). Thus, unmarried women, even those in better health, may perceive themselves as being unable to continue with the upkeep and maintenance of their homes. However, age was not a significant factor in

Table 2. Reasons for Moving Reported by Respondents Moving to a CCRC (n = 91)

Reason for Moving	*Percentage Mentioning*
Continuing care	84.6
Upkeep and maintenance	52.7
Did not want to be a burden	44.0
Size of residence	15.4
Ability to get around	13.2
Respondent's illness	11.0
Spouse's illness	11.0
Same-age setting	8.8
Spouse wanted to move	7.7
Did not want to live alone	5.5
Less isolated location	5.5
Crime and safety	4.4
Near family	4.4
Family encouraged move	3.3
Death of spouse	2.2

NOTE: CCRC = continuing care retirement community.

Table 3. Differences in Moving Items by Demographic Variables

Question and Demographics	B	*Standard Error*	*Significance*	*Odds*
Reasons for moving				
Illness of spouse				
Spouse's perceived health (on a scale from 1 to 10)	–.82	.34	< .01	.44
Education level	2.64	1.33	< .05	.70
Ability to get around				
Perceived health (on a scale from 1 to 10)	–1.14	.67	< .05	.32
Upkeep and maintenance				
Marital Status × Health	.44	.26	< .10	1.55
General considerations in looking for a new residence				
Location Near Cultural Activities				
Age cohort	–1.53	.67	< .05	4.59
Climate and/or geographical area				
Perceived health	1.11	.56	< .05	2.65
Reasons for relocating to the specific CCRC				
Continuing care				
Marital status	–1.13	.60	< .05	.32
Size, design, or choice of units				
Education	2.44	1.09	< .03	11.43
Well managed				
Marital status and/or gender	–3.89	2.07	< .05	2.01
Income	–.44	.22	< .05	.65
Education	1.94	.73	< .01	6.93

this portion of the analysis but may have been significant had the sample size been larger.

General Considerations in Looking for a New Residence

Table 4 includes the percentage of respondents mentioning important general and specific considerations in finding a new place of residence. The most important general considerations in selecting a new residence were, respectively, continuing care (71.4%), on-site medical services (60.4%), living in close proximity to family and friends (36.3%), a desire to remain independent (36.3%), the reputation of the facility (35.2%), freedom from maintenance (35.2), living close to cultural activities (31.9%), the size, design, or choice of living units (31.9%), living near compatible people (31.9%), and the facility's reputation for being well-managed (30.8%). Respondents mentioned a greater number of general considerations in choosing a new residence than considerations specific to the CCRC to which they were moving.

The odds ratios in Table 3 indicate that younger respondents (< 77 years) are 4.59 times more likely than are older respondents to express a desire to move to a location close to cultural activities. Those who rated their health as better were also more likely to mention that climate would be a factor in finding a new residence. Presumably, younger respondents and those who are in better health would be more active and interested in activities outside of the CCRC.

Table 4. Important Considerations in a New Residence Reported by Respondents Moving to a CCRC

Considerations in New Residence	*Percentage Mentioning General (n = 91)*	*Specific (n = 90)*
Continuing care	71.4	54.4
Medical services on-site	60.4	36.7
Near relatives and friends	36.3	40.0
Independence	36.3	15.6
Reputation	35.2	41.1
Maintenance free	35.2	23.3
Cultural activities	31.9	24.4
Size, design, or choice of units	31.9	18.9
Compatible people	31.9	17.8
Well managed	30.8	24.4
On-site services	29.7	16.7
Location	23.1	23.3
Decent place to live	23.1	16.7
Climate	19.8	14.4
Kitchen facilities	19.8	7.8
Cost	18.7	10.0
Bring own furniture	16.5	6.7
Transportation	14.3	6.7
Security system	8.8	3.4
Religious affiliation	—	12.1

NOTE: CCRC = continuing care retirement community.

Reasons for Relocating to the Specific CCRC

In terms of their reasons for relocating to this particular CCRC, data in Table 4 show that respondents cited continuing care (54.4%), the reputation of the facility (41.1%), its proximity to friends and family (40%), and having medical services on-site (36.7%) most frequently. Reasons that respondents gave for selecting this particular CCRC are very similar to the considerations that were generally important when considering a new residence. However, the percentage of those stating continuing care declined from the given general considerations (71.4%) to the specific reasons for selecting this CCRC (54.4%) as their final residence. This finding is not surprising given the fact that continuing care is available in all CCRCs; therefore, other specific amenities of the chosen CCRC may have more influence on residents' decisions. The management style of the facility (24.4%), its closeness to cultural activities (24.4%), and its location (23.3%) were also specific reasons likely to be selected for moving to the upstate New York CCRC (see Table 4).

Logistic regressions reveal that marital status was often associated with reasons for moving to the upstate New York CCRC. Continuing care was mentioned as a special consideration for this particular CCRC more frequently by married men and women than by unmarried women (see Table 3). This could be due to the fact that married respondents do not want to become a burden on their spouses in the event that their own health declines. It may also be that married individuals are seeking the assurance that their mates will have care and support in the event that they themselves pass away. Married men were more likely than their wives to report moving because their spouses wanted to move and were also more likely to say they were influenced by the size and design of the unit. This may be due to the fact that the fees for living in a given unit are dependent on the size of the unit.

Education appears to be related to a couple of reasons for choosing this particular CCRC. Those with higher levels of education tended to mention choosing this CCRC for the size and design of the units and appear to be seven times as likely to mention its reputation for being well managed. Those who had larger incomes reported selecting this residence for its reputation of being well managed. Also, unmarried women were twice as likely to mention the facility's reputation for being well managed (see Table 3). The facility had not opened at the time these respondents were interviewed, and therefore, the reputation referred to would likely be that of the larger corporation—a corporation that operates several other CCRCs in nearby states. Moreover, the resident founders of this CCRC specified they did not want administrative management and had developed a self-regulating management system by internal, resident committees.

Discussion and Conclusions

As expected, individuals who have decided to move from their homes to a CCRC appear to be primarily concerned about future needs and identify a number of pull factors as important considerations in selecting a CCRC environment. The CCRC that was studied is located in a town with two colleges and, subsequently, many academic activities such as concerts, theatrical productions, and lectures. Golant (1992) notes that the majority of older individuals tend to move locally and congregate housing in areas where they formerly lived. Access to family and friends may be a reason for such moves (Gober & Zonn, 1983; Shanas, 1979), and movers in this study may also have wished to sustain familiar activities in a richly interesting community, choosing the CCRC for its intellectual life and many activities.

It appears that the demographic factors of marital status and/or gender, education, age, and reported health status are selectively related to the reasons older individuals give for moving from their primary residence, to the considerations they look for in a new residence, and to the aspects of a particular CCRC to which they ultimately moved. Younger movers to the CCRC appear to have valued access to cultural activities, as they often cited it as a reason for moving to the CCRC. Similarly, Sheehan and Karasik (1995) found that younger people on a CCRC waitlist were more likely than older people to note increased social and educational opportunities as reasons to move to the CCRC.

Those who were highly educated often mentioned the facility's management reputation, and at this particular CCRC, the residents have assumed the general management of the facilities and the coordination of activities. Men were more likely to be drawn to the size, design, and choice of living units—a concern that may partly have been financial because the cost of the units is directly related to their size.

When asking about general reasons for moving, married respondents who reported their spouses were in poor health were more likely to indicate that health was a reason for relocation. Women in good health were more likely to cite upkeep and maintenance of the home as reasons for moving. This may be anticipation of future loss of health or decline in spouses' health. Married women whose health was lower were more likely to say they were concerned about their ability to get around. This may be a reflection of dependency on their husbands for transportation and may represent a concern about losing their spouses. On the other hand, the most often cited reason for moving to the specific CCRC, continuing care, appeared to be somewhat more important to married couples than to unmarried women, a finding that supports those

previously reported by Cohen et al. (1988) as well as by Sheehan and Karasik (1995). Married individuals may tend to be concerned that services be provided for ailing spouses and that they be able to visit their spouses within the same building if nursing care was needed. These findings are important for planners, as married couples represent a growing proportion of those living at a CCRC (Gober & Zonn, 1983; Kichen & Roche, 1990). Some women may have believed they would outlive their spouses and may have chosen the security of a congregate setting before that happened. The longitudinal data may also yield a different pattern of concerns for women as they age and become widowed.

These findings suggest that central to individuals' decisions to move to CCRCs is a consideration of the pros and cons of giving up their homes and seeking arrangements that will maximize their independence, financial stability, and health care. Clearly, there are factors that will motivate individuals to begin thinking of moving, such as a decline in their health or in their spouses' health, deteriorating homes, or reduction in income. These factors are viewed as push factors. In addition, there are factors that draw people to a particular type of residential option or specific facility and are viewed as pull factors. Examples would include continuing care, health care services on site, and household and/or maintenance help. There are greater frequencies of pull factors reported by our sample in comparison to typical push factors. It could be that the push factors served as an impetus to move and that once the decision was made to move to a CCRC, the pull factors became more meaningful to respondents.

Taken together, the findings suggest that the Litwak and Longino (1987) model may be collapsed for the sample of older people studied here. It would appear that the second and third stages are combined in the decision to move into a CCRC, although a subsequent move to the nursing care unit within the CCRC may well be anticipated. In fact, the long-term care provided by a CCRC is a paramount motivator for moving there, suggesting that individuals choosing this housing option are consciously trying to avoid an unplanned and sudden move (Move 3, nursing home, in Litwak and Longino's model). Unlike traditional moves, such as Moves 1 and 2, the move to a CCRC is seen as final. A decision to move to a CCRC represents a considerable financial investment and, usually, the selling of a former residence that holds strong emotional and social significance for individuals (or couples) and their families. At the same time, it is a decision meant to ensure that future life events (illness or death of a spouse) will not force a precipitous relocation decision that does not allow careful reflection and planning. Moving to a CCRC, then, reduces the potential negative impacts or risks of future events, regardless of whether they are anticipated.

The reasons reported for CCRC relocation and the sociodemographic differences found for a small number of them have important implications for the operation of CCRCs and suggest areas where the expectations of new residents will be particularly manifest. For this sample, availability of health care services and cultural activities, good management, and well-designed and maintained residences are important and presumably will have to meet high standards. Although CCRC operators can expect that stressing such characteristics will meet with success in attracting new residents, they can also expect that a failure to fulfill resident expectation in these areas will negatively affect satisfaction with the CCRC experience. Likewise, as the composition of a CCRC changes over time due to aging in place or a new resident demographic profile, resident expectations will also change in some ways. This may mean adjusting the nature and frequency of health and social activities, providing more access to community events, and allowing more flexibility in living unit design.

Summary

This research explores a new type of residential transition—the move to a CCRC. The people planning to move to a CCRC appear to be anticipating future needs and are seeking an arrangement that will maximize their future security. The findings of this study are consistent with the extant literature on the reasons individuals choose to move to a CCRC and reinforce the validity of previous studies' residents' retrospective accounts of their decision-making process. Namely, on-site health care and medical services are the key reasons individuals select a CCRC as their primary residence; a desire to not become a burden to their families was influential as well.

Overall, what do the data presented here tell us? First, a core set of reasons for moving to and selecting a CCRC can be identified. These reasons are multidimensional, involving a desire to meet existing needs for appropriate housing, social interaction, and recreational opportunities and to ensure that future needs for care will be met with minimal burden to family. A CCRC offers an environment rich in amenities, especially long-term and other health care, and allows individuals to maintain a lifestyle consistent with previous experiences.

Second, some of the reasons do differ by sociodemographic characteristics such as age, marital status, and gender. This suggests who among the older population, given sufficient income, is more likely to be attracted to a CCRC. It also may be that managers of a CCRC may see a shift in resident interests (both individually and as a cohort of individuals who move in at

about the same time) as they age, lose or gain spouses, and experience health changes.

Third, anticipation of future needs is a key factor in the decision to relocate to this CCRC. Findings from this sample as well as data from other studies suggest that older individuals respond more to pull than push factors as they consider relocation to a CCRC. Within the Litwak and Longino (1987) model, our data support the idea that a move to a CCRC can be seen as a combination of stages. The first two types of moves (to be near amenities and friends; to be with family or other informal caregivers) are more likely to be long distance, and many older people do not have the interest in or resources necessary to move long distances. Anticipation of future needs, such as a decline in health and resources, would prompt individuals to seek a residence that has amenities, is close to friends and family, allows them to maintain independence as long as possible, and yet sustains them in times of failing health without the worry of becoming burdensome to family members. Those with higher levels of education may be likely to consider these factors and foresee the benefits of such an arrangement. Furthermore, only those with substantial incomes would be able to afford the CCRC lifestyle. As a methodological caution, the wealthy, highly educated sample studied here is not random and not representative of older adults in the population. Thus, the findings cannot explain older people's relocation decisions in general and may have limited applications.

Also, we note that our data are for one CCRC only and are not necessarily reflective of decisions to move to other CCRCs. Unfortunately, we lack a comparison group of those who did not move to the CCRC. The longitudinal design of the on-going study will permit more in-depth analysis both of the links between demographic factors shaping relocation decisions and the processes shaping subsequent life quality. A full understanding of the decision-making process of those who chose to move as well as of those who choose to age in place can provide knowledge that is useful for residential providers and planners and can offer theoretical insights into the process of aging.

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John A. Krout, Ph.D., is a professor of gerontology and the director of the Gerontology Institute of Ithaca College. He has authored or edited 4 books and 50 book chapters and articles and has made more than 100 presentations at national and state conferences. He has received more than 20 grants to support his research program in rural aging issues, community-based services, and housing for older adults. He is past president of the State Society on Aging of New York, a fellow of the Gerontological Society of America, and a charter fellow of the Association of Gerontology in Higher Education.

Phyllis Moen is a professor of human development and sociology at Cornell University. She is founding director of the Bronfenbrenner Life Course Center. Her research focuses on life course transitions and trajectories of workers and families, focusing on issues related to gender, aging, organizational context, social change, and social policy. She is the author or coauthor of five books, and her articles on careers, gender, the life course, families, and policy have appeared in major journals.

Heidi H. Holmes is the project manager and director of data collection on the Pathways to Life Quality Study at the Gerontology Institute of Ithaca College. She holds a master's of arts degree in experimental psychology and is most interested in researching older women's health issues.

Jean Oggins, Ph.D., was a director of data collection on the Pathways to Life Quality Study. She holds a doctorate in psychology from the University of Michigan.

Nicole Bowen, MS, is currently working in Rhode Island at an outpatient physical therapy clinic. She participated in this research project as an undergraduate student at Ithaca College.