Research Proposal

Does long term home ownership affect the age at which the elderly
choose or are placed into assisted living facilities?

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SCHOOL FOR NEW LEARNING

RESEARCH SEMINAR

Competencies:

L-8: Can pose questions and use methods of formal inquiry to answer questions and solve

problems.

L-9: Understands and can assess the historical and environmental conditions that affect the social
equity and independence of the elderly as they age in their neighborhoods and communities.

Research Proposal

I.   The problem and its setting

A.   Statement of topic to be Explored

The topic of neighborhoods is central to the focus of this proposal. The relationships that evolve in a neighborhood as the population ages and the extent that the neighborhood embraces the process of aging through social and environmental constraints can have a profound effect on the ability to age in place.

B.   Statement of the Problem and Sub-problems

2011 marks the year the Baby Boomer (1946-1964) generation reaches the age of 65; once considered elderly. The popular phrase "70 is the new 40" has replaced "Never trust anyone over 30." The Boomer phenomenon is not limited to the United States: it is present in almost every developed country and was a result of the relative world peace experienced after World War II.

At the beginning of the 20th century one could expect to die at home surrounded by family and loved ones (Elderweb 4). Our perceived reality today is that most elderly people seem to die in the sterile or unfamiliar surroundings of nursing homes or hospitals. The Baby Boomer generation has had a profound influence, through advancements in medicine, computers and automation, on the life-style and longevity many people experience today. But these advances have come at a cost.

Life expectancy has increased from 68.2 years in 1950 to 77.9 years in 2007 (Jiaquan, Kochanek, Murphy, Tejada-Vera. 100). Much of our social policy and even our

Social Security and Medicare were based on a life expectancy of 65. Baby Boomers will overtax both our Social Security and Medicare systems just by living longer.

Coupled with taxing our governmental systems, the study of aging seems to have lagged behind the population curve also. *Multi-Disciplinary Configurations in Gerontology,* explores the difficulty Gerontology had in defining itself as a unified science. It was believed that the multi-dimensional process of aging could be explained through the hard sciences. The hard quantitative data could not satisfactorily explain aging and a more multi-disciplinary approach was needed (Andrews and Phillips 25).

The effect of space, history, social relationships, and memories are seen to affect even the biological processes of aging. The full relationships are still not known, however gerontology has evolved to include humanistic, anthropological, and cultural components to assist in the defining of the aging process. The use of qualitative studies to explore the understanding of the aging process has shed some insight on the process. I will explore some of this in the literary review section of this proposal.

Home ownership has been part of the American Dream and has been associated with success throughout our culture, but how has this impacted our relationship to place? Is "place a" measurable dimension or is it the relationships we cultivate? Is homeownership a material relationship with a building or residence, or is it the memories and social equity developed in a neighborhood with the history of what has taken place around us in that setting? Taun defines "place" as an organized world of meaning (199).

I propose to do a cross-sectional study to determine if long-term home ownership effects the age at which the elderly choose to move or are placed into assisted living facilities.

C.   Statement of the Question

Home ownership implies that the individual has invested time and money into their residence and has lived in a neighborhood of choosing for some time. Both the physical and social aspects of the neighborhood impact the perception of the individual of their quality of life. I intend to show how this investment of time affects the ability of the home owner to remain independent and reside in the community of choosing. Therefore, the question I propose is: do home owners enter assisted living at an older age than non-homeowners?

D.   Statement of the Hypothesis

The hypothesis I will test through this research will be: Long-term home ownership affects the age at which the elderly choose to move or are placed into assisted living facilities.

E.   Delimitations

I will not differentiate on the size, style, or monetary value of the residence to be studied other than to distinguish single-family residential properties from condominiums.

For the purpose of this study only property titled to the occupants will be considered. The income level of the individuals will not be considered.

The study will be not extend outside of the geographical borders of, Interstate 290 on the north, Oak Park Avenue on the east, Roosevelt Road on the south and Harlem Avenue on the west, in Oak Park, IL.

I will not question the type of services that individuals use only what is available in the neighborhood. It will be assumed that the residents living within the borders of the study have the same access to community services, health services, and other low level services that may influence their ability to remain in their homes.

F.   Definition of terms

Assisted Living Facility is a residential facility that provides options for meals, medical and personal hygiene services as part of the rent or contractual agreement with an individual. The resident receives no equity or stock in the facility.

Choose to Move will be defined as the voluntary relocation of an individual(s). A serious medical condition or impairment may or may not be a consideration in an individual(s) decision to seek assisted living arrangements.

Condominium is any residence that has a Property Identification Number (PIN) issued by a local or county taxing authority, and is deeded to the individual or entity residing in the property, and has an owners association or managing body to manage and maintain the property to which the home owner contributes monetarily as agreed to in the purchase of the property.

Elderly will be defined as 65 years old or older. That is the age that the government uses for determining benefits for social security and Medicare .

Home Ownership is defined as having a primary residence under the definition of Title 26 of the Internal Revenue Code (*26 CFR* 1.121-2 - Limitations. - Code of Federal Regulations).

Long-term Home Ownership will be divided into two categories.

a.) Total years of owning a primary residence (more than one neighborhood).

b.) Total years spent in the study neighborhood presently or before entering assisted living

Placed will be defined as: an individual's involuntary relocation. The relocation is initiated by an individual or entity acting with legally authorized decision making powers over said individual.

Neighborhood will consist of the properties within the geographical boundaries of Interstate 290 on the north, Oak Park Avenue on the east, Roosevelt Road on the south, and Harlem Avenue on the west, residing in the Village of Oak Park, Illinois.

Participant Age will be defined in the following categories: under 50, 51 to 55, 56-60, 61-65, 66 -67, 68-70, 71-73, 74-77, 77-80, 81-84, 85-88, 89-91, 92-94, 95-97, 98-100 and 100+.

Single Family Home may be any residence that has a Property Identification Number (PIN) issued by a local or county taxing authority, and is deeded to the individual or entity residing in the property, and does not have an association or managing body to manage and maintain the property.

G.   Assumptions

The proposal developed here is based upon the following proposals:

People will continue to age.

People will want to own their homes.

People want to stay in their homes and age.

Some people will need assisted living.

II. Review of the Related Literature

A.   Major Issues Explored by Scholars who have Researched this Topic and Problem

"Aging" in the United States is a concept that has developed haphazardly in our national culture. Little if any planning was devoted to what to do with an aging population. We are now faced with the largest number of individuals entering retirement and in their elder years in our history (Accounting Publications). I began my review to help learn more about the elderly remaining at home in their neighborhoods and its effectiveness. I found that it took a long time just to figure out what to look at.

Long-term care in early America meant having a large family so there were plenty of family members to assist in care for the elderly family members (elderweb4). Life in our young country was tough and life expectancy was 30 to 40 years (qtd. in Abbott 10). Looking at long-term care or any form of publicly funded aid, from an historical prospective, show's it is a relatively modern phenomenon to have a large number of elderly. In the 18th and 19th centuries, the public welfare was one that was patterned after the English Poor Laws (qtd in Abbott, 9). Aid was funded by city or county taxpayers and, as more money was required, local governments looked for ways to reduce the cost and make welfare less appealing. Eventually impersonal institutions known as almshouses, poor farms, workhouses, or asylums were created (ElderWeb 4).

These institutions often housed not only the elderly, but included petty criminals, alcoholics, unwed mothers, and people with mental illness; poor, infirmed and elderly inmates often were injured. Ending up in one of these institutions became every adult's worst nightmare (Abbott 10). In 1865, Massachusetts reported that the average age of an almshouse resident was just under 50, indicating that most were elderly (qtd. in Abbott 9).

Today it is nursing homes that seem to have taken the place of almshouses. When asked what they fear most, 26 percent of older people ranked loss of independence and 13 percent ranked placement in a nursing home highest, while only 3 percent ranked death highest (Clarity 7). While this study was a survey conducted for marketing purposes, it reflects the opinions found in much of the current literature on the subject. Due to the baby boom the proliferation of housing for the elderly, nursing homes nursing homes and long-term care facilities, has increased over the last decade. The obvious question should be why do we have more of what many fear? Poor planning and underestimating the subject appears to be at the heart of it. The literature has not yet looked at what to do with the assisted living facilities when the baby boomer numbers dwindle. Will these facilities be the public housing of the future? Are we retracing the haphazard course of earlier generations?

As a matter of public policy we are willing to spend massive amounts of money to house and care for the elderly. Thomas and Blanchard, in "Moving Beyond Place" quote Estes,

In public discourse and policy, aging is still largely defined by a biomedical perspective that emphasizes dependency, loss and decline. Not surprisingly, the proposed solutions are rooted in the same soil. As a consequence, more than 70 percent of long-term-care dollars are spent on skilled nursing facilities, or nursing homes, that conform to the medical model. (12)

Little is directed to community services that may allow the elderly to live happy healthy lives in their own homes and neighborhoods. We may be able to save the resources used to build new assisted living facilities, and save money by providing less expensive community based assistance. Another unanswered question is who will provide the care? Many of today's aging boomers are providing care to their elderly parents. We may have two generations of the same family receiving care at the same time. There may simply not be enough skilled help to care for the elderly.

Early on it was assumed that gerontology, as a unified science, with a "homogeneous medium" would be the one to explain the diversity of aging. Achenbaum writes,

… the founders of gerontology sought to bridge the natural and social sciences and 'envision that the basis for consensus in research on aging would rest on high standards of scientific excellence. Early research into aging was looked at through the narrow lens of biology, and other hard sciences. The search for law, and application of scientific methodology ignored what could not be quantified and reduced to numbers.

Gerontology had a new frontier with vast areas yet unexplored. A

hierarchy evolved with biomedical research at the forefront of inquiry. It

became evident, however, that the focus on physiological changes shed

little light on the social changes of aging. (78)

The unified science of gerontology had to change and adapt. I could not explain the

complexities of aging through quantitative research only.

A sense of inter-disciplinary necessity (Klien 40), exploring perspectives

from multiple, and emerging in multiple boundaries of knowing was

proposed as a resolution to these epistemological problems with which

contemporary gerontology was beset. (qtd. Andrews and Philips D. 9)

The study of aging is now conducted from many disciplines, philosophy,

literature, marketing and everything in between. Many studies from a positivist view

have told us how many elderly there will be, what infirmities they will have, the

treatments that may apply, etc (Birren. Health and Retirment).

The non-positivists have shown that people can age in their homes with some

low-level support and maintain what the participants considered a good quality of life

(Hambleton, Keeling, and McKenzie). Natalie Rosel documented, in her study through

structured conversations with 10 elderly residents of Northern Main, that knowing their

community and their social identification in that community were major factors in their

lives and their quality of life. In "Their Finest Hour: older people, oral histories, and the

historical geography of social life," the study also occurred in a small, costal town and had only 12 participants (Andrews, Kearns, Kontos, and Wilson).

I found that the complexities of aging could not easily be confined to any one methodology. The "kaleidoscopic" character of the aging process defies conventional and uni-disciplinary attempts to develop a single paradigm (Hazan, 3. qtd. in Andrews and Philips 24). When I looked at the qualifications of the researchers in my literature search, I noticed that their backgrounds had a "kaleidoscopic" character of their own. The researchers are from such diverse disciplines as nursing, gerontology, geography, social science, biological science and history to name a few.

One of the most often encountered names I come across in my research, and in that of others, is Rowles. I looked at his background and found that Professor Graham Rowles has over 30 years of focused research on aging. He is described as a social geographer. After 19 years as the head of the Sanders-Brown Center on Aging he became the Director of the Graduate Center for Gerontology at the University of Kentucky. Professor Rowles has joint appointments in nursing, behavioral science, geography and health behavior. This emphasizes the diversity of background, and the complexity that the study of aging has been pursued from.

According to Professor Rowles, the phrase "aging in place" has emerged in the context of a societal image of growing old in a familiar environment. Implicit is the assumption that "inhabiting a place, over time, somehow results in the development of a distinctive sense of attachment that may be adaptive - particularly so for older people" (Rowles 115).

Thomas Davidoff, in his study "Maintenance and the Home Equity of the Elderly" looked at home improvement and maintenance trends between young and old homeowners and documented the inequities of dollars spent for maintenance and improvements; he could not, however, fully explain why this was. In his concluding remarks Davidoff states, "In fact, anecdotal evidence suggests that disruption and fear associated with contracting out home improvement may be important factors in the relative under-provision of maintenance among the elderly" 14). Even when looked at from an economics background, qualitative variables arose.

The literature shows that housing and aging in place are now being looked at more closely. The differences in housing quality between ownership and rental, urban and rural, and regionally is explored by Golant and La Greca. What we still don't know is how well do these studies done in small rural communities hold up in a large urban community or neighborhood. In the study done in northern Maine, the average length of residency was 45 years. In the book, "Ethnic Chicago," edited by Holli and Jones, we learn that many of Chicago's ethnic neighborhoods changed dramatically in 10 to 20 years. What length of homeownership in an urban setting gives a resident that same knowledge of place and social equity? Does the neighborhood play a part in how long someone can age in place? Does the housing matter? Golant and La Greco think so. In their study printed in "Research on Aging" they say,

> That the housing problems of older people are not found equally in all
>
> places is hardly surprising. Socially and economically vulnerable elderly
>
> households are more likely to be concentrated in certain places that others

and the housing stock at risk of physical deterioration is not ubiquitously

located. (322)

When evaluating community planning tools for developing sustainable environments, few planners took the social component into consideration (Landorf, Brewer, and Sheppard 509). The built environment can have a great affect on the elderly population's ability to access services and recreation. Does the neighborhood require a car in order to get basic necessities such as food? Many of the suburban neighborhoods that became so popular in the 70's are not friendly to older residents. One may be able to care for oneself and have reasonably good health but no longer be considered a suitable driver. The suburban life style that was once the ideal may now be a nightmare for an elderly resident. For many, aging in place can mean living in isolation, caring for a family member with only occasional outings for supplies. There are alternatives and many communities throughout the world have seen the increase of innovative models for aging in place.

The new models, "naturally occurring retirement communities" or NORCs, "villages," and "campus-affiliated retirement communities" try to address the social side of aging in place (Bookman 424-426). In the preliminary evaluation of a *Naturally Occurring Retirement Community Program* of Cleveland, Ohio, Anetzberger looks at how these communities promote health and well being as well as fostering social relations and civic engagement (3).

One thing is for certain; the Baby Boomers are entering retirement in numbers never before seen. This is the generation that put man on the moon and developed the

computer. They did not shy from creating a new society. We should expect that they will re-create retirement. How we can enable this generation to successfully age in their communities, where they have a sense of place, needs further study.

Professor Soedjatmoko, the first Rector of the United Nations University in Tokyo is quoted as saying, "our fundamental challenge is how to deal with problems for which we can not find analogies in older, often petrified systems of wisdom" (Diczfalusy 126).

B.   Methodologies utilized by Scholars to Research this Topic and Problem

Hambleton, Keeling and McKenzie conduct a phenomenological study aimed to answer the broad research question; "How does the provision and delivery of low levels of home support feature in the overall experience of quality of life of older people, including the ability to remain 'aging in place' in their community?" This exploratory, longitudinal qualitative study was designed to address the void of information concerning the subject of elders receiving low-level community based support. It is interesting given the popularity of the concept of aging in place that we have little research into its relationship to the quality of life. The researchers performed field studies of a small New Zealand neighborhood and then conducted semi-structured interviews.

Seven women and two men who lived in their own homes took part in face-to-face audio-taped interviews to provide data for the study. The researcher borrowed from Crotty, the method of thematic analysis on the qualitative data and six themes emerged. The themes were identified as: good people, day-to-day life, keeping healthy, living with

loss, the future, and at my age. I feel the themes have some validity because the three researchers were from three different disciplines thus reducing bias toward the outcome. These themes will assist me in crafting the categories and questions to be asked of the elder participants in my urban study of home ownership.

Natalie Rosel conducted an exploratory, qualitative study that involved a small group of 10 elders in Northern Maine, ranging in age from 72 - 91. She used Taun's definition of "place" as an organized world of meaning and I have adopted a similar approach so my own research can be viewed in the context of these studies. "Above all we are oriented. Abstract space becomes concrete place, filled with meaning (199). Rosel chose the phenomenological and other interpretive approaches because, according to Kaufman, "these allow us to learn the language, the categories of meaning of the older persons themselves" (78). Rosel hopes to contribute to the body of work on aging in place by "demonstrating personal connections to home and culture, specified as personal knowledge of considerable depth and detail."

Rosel's field work started as an exploration of the community. She visited a local quilting group, local church, and volunteered for a meal delivery program intentionally running into and chatting with her participants to develop a level of familiarity and comfort. After answering questions and developing trust, the participants agreed to meet with her twice a week. She recorded their interviews with pencil and paper. She had preselected topics and, after gathering her data, she borrowed from Rowles' image of concentric circles in which the home is center to organize her data. She attempts to present the participants experiences, as much as possible, in their own words. Rosel

recognizes, however, "that a phenomenological approach is ultimately collaborative, and that the telling is both theirs and mine" (79).

Rosel's work is of interest, but more so her insight about the nature of phenomenological research. She indicates, to me, that her research is reactive. The trust and level of comfort with the participants has some effect on the outcome. I don't know if that can be totally eliminated in exploratory research because there needs to be trust and comfort to explore the feelings of the participants. In this study the average length of residence is 45 years. These are people set in their ways.

This study is valuable to me to explore the internal validity of any research. Can you design around these pitfalls? I think as research moves from exploratory to explanatory you can, but without the development of categories of thinking, and learning the language of your subjects how would you know what to explain?

In "Their Finest Hour': older people, oral histories, and the historical geography of social life" the researchers tried a twist on historical methodology and tried to avoid critical focus and questions of narrator reliability by setting the context of the research to a specific time frame (Andrews, Kearns, Kontos, and Wilson). They recorded oral histories of 12 individuals who lived in the town of Teignmouth, in Devon, UK. Specifically, the interview was about their experiences during the years of 1939 – 1945, as residents in the town during the war. At the time of the study the participants ranged in age from 68-91, and happened to be all women. Gender was not a design characteristic, just a reflection of differences in life expectancy. Their ages during the war were from pre-teen to young adult.

This study brings emotions into play more than any other I came across. The participants experienced a rapid change in place as they were subject to years of air raids, resulting in physical changes on a regular basis. They also had to negotiate daily life and death. This study is important in that it demonstrates how qualitative studies get at the emotional complexities of life and aging. The accounts of the war may not be accurate but the memories and how the participants interpret them now are important markers in their identity and their relationship to community.

These studies demonstrate the value of qualitative research, but the small size of the participant base in each study concerned me and I questioned the validity. These are relatively new studies, conducted from a non-positivist point of view. Their methods are similar, however their questions varied. The findings allow new research to use their themes and categories to investigate aging from a new perspective.

I admit to being more intrigued by the qualitative and more humanistic approach to aging than the bare bones quantitative approach. however, the apparent complexities of qualitative analysis on a large scale urban research project is daunting. Davidoff termed his method as "empirical exploration" of data provided from the American Housing survey performed by the U.S. Census Bureau (2). He analyzed a series of cross-sectional surveys, in a longitudinal study, The most interesting finding in the Davidoff study is his statement that anecdotal evidence suggests that "disruption and fear," both qualitative variables, may be important factors in his (quantitative) study (14). That indicates, to me, that even a quantitative study has variables that can't always be counted.

Two of the books I reviewed indicated that the accumulation of quantitative data alone was too limited to explain the complexities of aging and that even the term Gerontology has taken on several divisions of study such as geographical, historical, and humanistic. In the book, *Aging in Place,* (Andrews and Philips) humanistic gerontology is further broken down into "literary" gerontology, which takes as its focus the interpretations of aging through the content analysis of literary texts (25). The book *A Place to Grow Old* detailed many of the difficulties in developing a study of the elderly (Golant). The author explains the dilemma of setting up a research project, the "methodological thicket" he calls it.

Difficult and never completely satisfactory research decisions must be made as to the selection of the population and the environment for empirical study, the conceptualization and the measurement of an environment's content and qualities, the conceptualization of environmental impact, and the specification of individual differences to account for an environment's variable consequences.

Golant explains in great detail his study, how he got his sample and choose his location. What I found most interesting is that he used quantitative data (census information) to determine where to conduct the qualitative research.

Based on what I have read and the methodology used by others I believe the subject of aging requires both qualitative and quantitative research as part of a longitudinal study.

III. Proposed Research Methodology

A.   Data or Evidence to be Collected

I propose a cross sectional study containing both positivist and non-positivist perspectives of home owners in the study neighborhood**.** The study area is located in Oak Park, Illinois and is bounded by Harlem Avenue on the west, Interstate 290 on the north, Oak Park Avenue on the east and Roosevelt Road on the south.

The positivist qualitative data will be collected through surveys questioning participants' age, how long they have owned their current home and the cumulative number of years they have owned all homes they inhabited. The number and age groups of any other residents of the home will also be collected.

The qualitative non-positivist data will be gathered in the same survey through questions based on themes similar to those developed by Hambleton, Keeling and McKenzie in their study of low-level neighborhood support. My questions will probe perceived access and availability of community services, perceived health, what challenges they believe they will face in the years to come, and how long they expect to remain in their homes.

Using Rosel's work my survey will explore the participants' involvement in community activities, familiarity and interactions with neighbors, and their contribution to the neighborhood.

In order to develop a base line of data, a survey will be conducted of assisted living facilities which are utilized or referred to by social services in the community.

Through this survey I will ascertain the average age of their residents when they enter the facilities, why they entered, and if the relocation was voluntary. In those facilities that will comply, I propose to survey residents about why they entered assisted living. This will be done to add validity to the survey.

B.   Techniques for Collection of Data

The County Assessor's records will be used to identify property which has a homeowner exemption applied to it. A letter will be mailed to all properties having a homeowner exemption, asking homeowners to participate in an anonymous study. Two weeks later we will distribute the survey to the same residents with stamped, addressed return envelopes.

The services available in the study neighborhood will be mapped to indicate the location of churches, social service providers, and medical providers. I will also list community and township services located outside the boundaries if they provide mobile services to the study neighborhood.

Phone surveys will be conducted of the hospitals, social service organizations and township offices to determine the assisted living facilities to include in the study. The identified facilities will be surveyed to gather the data.

C.   Methods of Analysis

Statistical analysis will be used to evaluate the quantitative data. We will then present the data graphically to summarize the findings.

The qualitative data will be analyzed to determine:

    a. the importance of each theme to the participant,

    b. the correlation of community services to perceived time remaining in the residence,

    c. the correlation of community involvement to perceived time remaining in the residence,

    d. what factors might influence the decision to enter assisted living?

IV. Outline of the Final Report

V.   Expected Outcomes

I expect my research to be of interest to:

1. Service providers wishing to examine the effectiveness of community services

in a neighborhood.

2. Community planers.

3. Researchers, looking to duplicate the study on other neighborhoods.

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