

Living Well, Aging Well

2004 Meadowood Summary Report

Prepared by the
Center on Aging and Aged
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Each and every staff member at the IU Center on Aging and Aged sends a personal thanks to the many people who have helped us at Meadowood with Living Well/Aging Well: A Study of Adult Well-Being and the supplementary retirement community lifestyles interview. The research team interviewed 124 people at Meadowood. The Meadowood sample is part of a larger study representing all regions of the United States. The following brief summary provides highlights from the Meadowood sample. A complete copy of the results is on file at Meadowood. For further information or questions, please feel free to contact Dr. Barbara Hawkins at the IU Center on Aging and Aged, telephone 855-0815 or email at hawkinsb@indiana.edu.

This brief report includes a basic definition for *aging well* followed by key findings for each section of the questionnaire, summary comments from the Meadowood-specific interview items, and a concluding section.

Aging Well Defined

Aging well is a person-centered process in which the promotion and protection of physical, cognitive, social, economic, and daily life activities are paramount for achieving a sense of satisfaction and well being in old age. *Aging well* results from exercising choices that create a successful, healthy, and productive life. *Aging well* is both proactive and interactive behavior in response to the circumstances in which adults live – individually and collectively. The test of *aging well* is directly related to one's outlook, and to one's ability to select positive opportunities that will result in a personally satisfying life, as well as social and physical environments that are structured to support aging well vs. creating the conditions for a difficult old age. *Aging well* encourages individuals and societies to envision a desirable future and create a proactive social response that is designed to ensure that future.

Section A. Background Information collected data regarding respondents' gender, age, ethnicity, and level of education.

Although those individuals who were interviewed reported a range of experiences and viewpoints, there were many demographic similarities in the overall sample. A total of 124 people ranging in age from 59 to 97 years were interviewed; 41 or 33% were men with an average age of 82 years 8 months and 83 or 67% were women with an average age of 83 years 10 months (see Table 1). All who were interviewed identified themselves as Caucasian. The sample was highly educated with all respondents holding at least a high school education and 41% having earned a post high school business or trade school or 4-year college degree. Over half (65 respondents or 52.4%) had completed graduate degrees (masters and/or doctorate). Nationally, only 16.7 % of adults aged 65 years and above have a bachelor's degree and less than 1% of Caucasian females and 5% of Caucasian men have an advanced professional or doctoral degree.

| | 50s | 70s | 80s | 90s | Total |
|----------------|------------|------------|------------|------------|--------------|
| Males | 1 | 11 | 21 | 8 | 41 |
| Females | 0 | 15 | 53 | 15 | 83 |
| Totals | 1 | 26 | 74 | 23 | 124 |

Section B. Social Support Resources contained questions about friends, family, social contact, and about other aspects of social support.

Of the sample, 101 respondents (89.5 %) reported being married or married at one time and 8.9% or 11 people reported being single. At the time of the study, 50% of respondents were widowed. Of those who were interviewed, 49 (39.5%) were living with a spouse or significant other, and 72 (58.1%) were living alone. This is fairly representative of the adults in the United States, with married couples accounting for 56.7 % of the population aged 65 years and older, and individuals who are widowed accounting for another 32.2%. Several questions inquired about visiting and spending time with others. In very large measure, the respondents were highly engaged in these types of activities. In terms of feelings of loneliness, 87 (70.2%) respondents reported almost never feeling lonely, 33 (26.6%) reported feeling lonely sometimes, and 4 (3.2%) were lonely quite often. The sample was nearly divided in their sense of seeing friends and family as often as wanted (50.8% responded "no" and 49.2% said "yes"). Ninety-seven percent reported being able to receive help or assistance when needed, with 82% being able to have this help as long as needed, and the two largest sources of help were from spouse (24%) and children (42%).

Although 106 respondents (85.5%) indicated they had children, 69.8% (or 74 out of 106) reported that their nearest child lived over 50 miles away. For the residents who

completed the survey, 53 or 42.7% had no living sisters or brothers, and 62 or 50% of the respondents' nearest sibling lived over 50 miles away. The majority of people were moderately to highly satisfied with their family relationships (120 or 96.7%), and with their friendship relationships (123 or 99.2%).

Section C. Physical Health and Functional Status contained a large set of questions about physical health status, health behaviors, health risks, and daily functional tasks, such as using the telephone, traveling about the community, and self care.

Nearly one-half (49.2% or 61 respondents) of the sample had visited a health professional 3 or fewer times in the past 6 months followed by 54 or 43.5% who had 4 -10 visits, and 9 or 7.3% reported more than 11 visits.

The majority of those interviewed stated that they were in good to excellent health (87.1 %). A full 70.2% of the respondents reported no illness in the past 6 months and 15.3% indicated being ill a week or less, thus leaving only 14.5% having experienced illness for more than one week in duration.

The most frequently taken medications and supplements were reported as follow:

- Arthritis medication (35.5% of total sample; 44% of males and 31% of females).
- High blood pressure medication (62.1% of total sample; 56% of males and 65% of females).
- Water loss pills (30.6% of total sample; 34% of males and 29% of females).
- Blood thinners/anticoagulants (27.4% of total sample; 32% of males and 25% of females).
- Thyroid (25.8% of total sample; 7% of males and 35% of females).
- Baby aspirin (24.2% of total sample; 10% of males and 31% of females).
- Multivitamins (64.5% of total sample; 61% of males and 66% of females).
- Bone strength supplements (31% of total sample); 15% of males and 39% of females).
- Cholesterol (17% of total sample); 22% of males and 14% of females).

Most commonly reported illnesses/chronic conditions were:

- Arthritis (62.9% of total sample; 56% of males and 66% of females) with 27% reporting no impact on activities, 29.8% reporting some impact, and 5.6% a great deal.
- High blood pressure (50% of total sample; 41% males and 54% females) with 41.9% reporting no impact on activities, 6.5% some impact, and 1.6% a great deal.

- Heart trouble (26.6% of total sample; 29% males and 25% females) with 15.3% reporting no impact on activities, 6.5% some impact, and 4.8% a great deal.
- Urinary tract (15.3% of total sample; 24% males and 11% females) with 4.8% reporting no impact on activities, 6.5% some impact, and 4% a great deal.
- Thyroid (21.8% of total sample; 10% males and 28% females) with 20.2% reporting no impact on activities and 1.6% some impact.

Vision was reported as good to excellent by 90 respondents (72.6% of total sample; 78% of males, 69% of females) and fair to poor by 33 respondents (26.6% of total; 22% of males, 29% of females). For the entire sample, 118 people (95.2%) reported wearing eye glasses.

Hearing was reported to be good to excellent by 70 respondents (56.4% of total sample; 53% of males and 58% of females) and 54 respondents (43.6% of total sample; 46% of males and 42% of females) reported fair to poor hearing. For the entire sample, 36% reported wearing a hearing aid

A small portion of the sample (20.2% of total; 17% of males and 22% of females) reported using a cane, and an even smaller percentage (8.9% of total; 2% of males and 12% of females) reported using a walker. About one-third of males and females reported wearing dentures or partials.

A series of questions asked about other health-related behaviors, such as alcohol consumption, exercising, and smoking. Key findings are listed below:

- For the sample as a whole, 80% reported consuming alcoholic beverages with 27.4% drinking beer, 74.2% drinking wine, and 37.9% consuming liquor or spirits. Of the sample, only 3% had been advised by their physician to reduce their alcohol consumption.
- Only one of 124 respondents reported using tobacco products.
- For the sample as a whole, 91% reported getting an average of 6 or more hours per sleep per night, and 67.7% reported taking naps. Most (74.2%) reported feeling refreshed after a night's sleep.
- Most of the sample (91.9%) reported engaging regularly in physical activity; 55.8% reported daily participation and 30.6% reported participation at 3-5 times per week
- The majority of respondents (87.1%) rated their overall health to be good to excellent and 12.9% rated it as fair to poor. Compared with 5 years ago, 56.5% rated their health as about the same, 7.3% rated it as better, and 36.3% rated their health as worse. Only 16.1% indicated that their health got in the way of doing the things that they wanted to do and 44.4% indicated that health got in the way a little, and 38.7% stated that their health did not get in the way at all.

The last part in this section asked questions related to everyday activities of daily

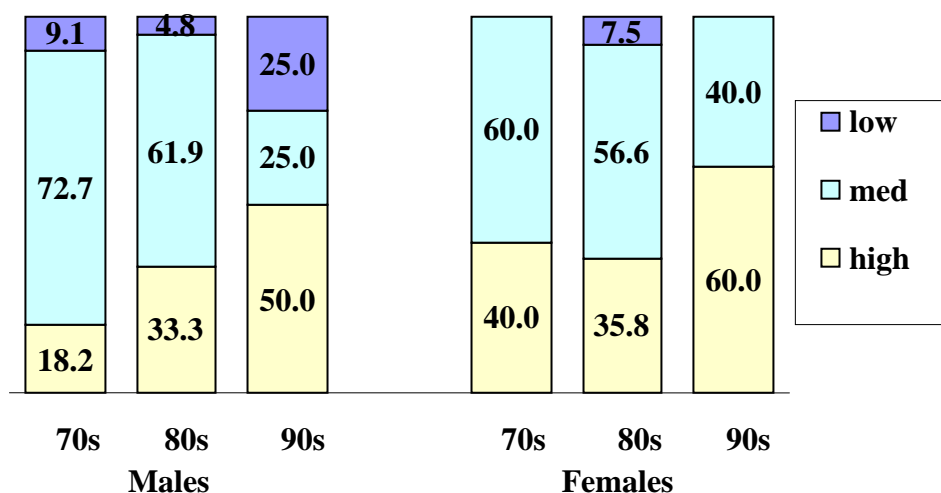
living. More than 90% of the sample needed no assistance with most activities of daily living, such as using the telephone, getting to places around town, meal preparation, taking medications, eating, care of appearance, walking, getting in and out of bed, dressing, and bathing. For a very few activities, some respondents needed some assistance. For example, 10.5% of the sample needed assistance shopping for groceries or clothes, 28.3% needed help with housework, 13.7% had assistance with handling finances, and 29.8% reported difficulty getting to the bathroom on time.

Section D. Mental Effectiveness requested the respondent to answer questions about his or her emotional and mental well-being. Some questions asked the subject to reflect how he or she felt about him or herself. This section is about mental effectiveness including self-esteem and personal adaptability or resilience.

The Self-Esteem Scale consisted of 10 questions, which were calculated into a global self-esteem score. Individual scores on this scale can range from -20 to +20, wherein negative values are indicative of low or poor self-esteem and positive numbers signify levels of moderate to high self-esteem. For the sample, 55.3% of the respondents scored between positive 10 and 20 on self-esteem. Only two individuals scored below zero (-2). Overall, 98.4% of the Meadowood participants held a positive sense of self-esteem, which is important for emotional and mental well-being in later life.

Resiliency is the ability to adapt to change and thus promotes the ability to cope with negative effects of stress, thereby connoting emotional stamina. The 25-item Resilience Scale produces a score that indicates the degree of individual resilience or positive personality characteristic that enhances individual adaptation. Over 90% of all people interviewed had resiliency scores in the medium to high range. Figure 1 shows how men and women participants distributed on the resilience score.

Figure 1. Resiliency by Gender and Age



The next set of scales in this section assessed the individual's sense of control over his or her personal life, interpersonal relationships, and socio-political life. The items on each of these three scales are summed and then the scores for the three scales are calculated into an overall measure of respondent's perceived degree of control. For the Meadowood sample, 70% of the respondents held a high internal locus of control, 10% had moderate internal locus of control, and 4% held low internal locus of control. The remaining 15% of the sample indicated varying degrees of external locus of control, which can be interpreted to mean that they perceived very little personal control over their lives.

Finally, mental effectiveness is influenced by the degree of perceived mental well-being. For this sample, 74% of respondents did not experience symptoms typically associated with illness (e.g., worrying, sleeplessness, sadness, etc.). The majority of respondents rated their mental health as good to excellent (74.2%). Likewise, 60.5% of the sample indicating that life was exciting and had meaning.

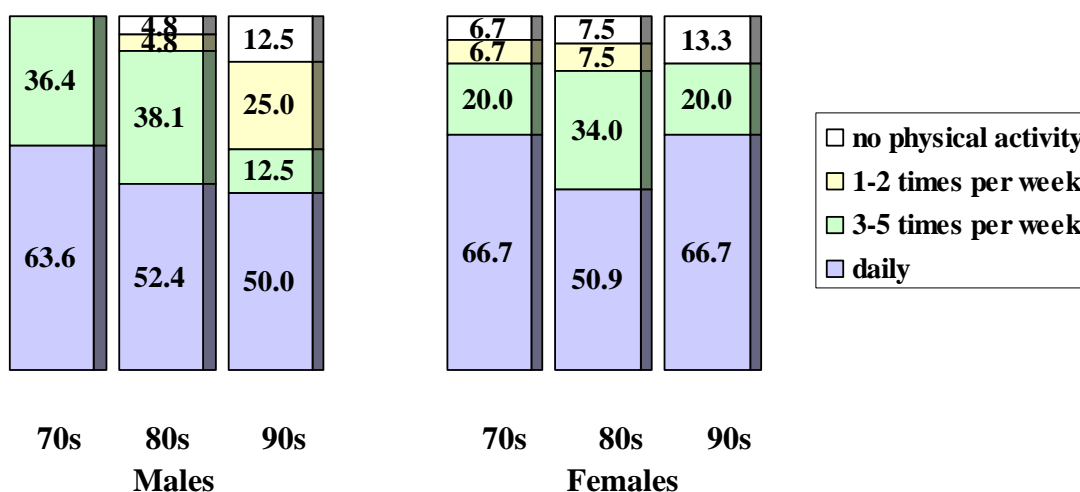
Section E. Life Activity contained questions about involvement in activities, including productive or work-related, volunteer, and leisure activities. This section also asked about reduction in activity involvement and reasons for reducing participation, as well as how the subject distributed his or her time in a typical 24 hour day.

Across all age and gender groups, the most commonly reported productive activities involved home care (e.g., cleaning, chores, maintenance, etc.). Meadowood respondents were also actively engaged in a broad range of volunteer activities, including volunteering at church, providing care to other adults, providing child care assistance at home and at local schools, and volunteering at local organizations. Seventy-one percent of those interviewed listed at least one form of volunteer activity, the most common of which was helping with a community organization (e.g., library, non-profit groups, nutrition site, etc.). Very few respondents reported paid work of any kind. For the sample as a whole, 110 people (88.7%) responded being moderately or highly satisfied with their productive activities.

Leisure activity involvement was varied, with as many as 70-80 different activities reported by the sample as a whole. Among the most frequently reported activities across all age and gender groups were watching television (85.5%), reading (84.7%), eating out (70.2%), attending cultural events (82.3%), visiting and socializing (62.9%), attending church/temple (67.7%), walking (69.9%), listening to the radio and music (61.3%), different forms of exercise (40.3%), and general travel (70.2%). Even more remarkable about the data are the plethora and diversity of activities reported by respondents. It was quite clear and compelling that the residents of Meadowood are engaged in active living. For the sample, 112 people (90.4%) reported being moderately to highly satisfied with their leisure activities. For the 44 respondents (35.5%) who reported reducing their activity participation in the immediate past year, the most common reasons given were tiredness (n = 12), sickness (n = 16), and fear of being hurt (n = 8).

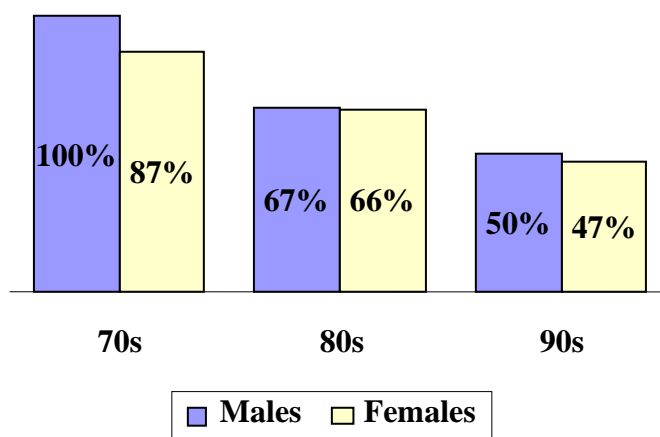
Adult participation in activities that promote physical fitness is of particular interest in studies of aging well. Most Meadowood respondents (92.7 %) indicated that they participated in some form of physical activity (see Figure 2).

Figure 2. Percentage of People who Participate in Physical Activity by Age and Gender



Although walking and gardening were listed frequently across the genders and age cohorts, there were differences. For instance, walking was listed most frequently by both men and women who were in their 70s and 80s (see Figure 3).

Figure 3. Proportion of People who Walk



Exercise class and exercising with equipment such as weights or a stationary bike were more frequently listed by those who were younger. Women compared with men in their 90s were more likely to list participation in an exercise class (46.7 % and

25.0%, respectively). The proportion of people in their 90s who listed walking or hiking as a leisure or physical activity was significantly less than all other age groups. Figure 3 illustrates the decline in walking across age groups.

When asked to rate Meadowood for encouraging physical activity on a 10-point scale with 10 indicating the highest, most respondents gave Meadowood a 10. The most frequently listed contributors were the availability of a variety of accommodations for different skill levels, the provision of exercise classes, and the availability of weight machines and equipment. *Beautiful grounds, getting us involved, and teaching us the health benefits* were also cited as reasons for maintaining physically active lifestyles.

Section F. Material Security included many questions about resources, including income, housing, health insurance, food, safety, and access to services (e.g., hospital care). The section also asked the subject to give an appraisal of the adequacy of his or her financial resources.

The fifth main domain of life that was examined was material security, which included income, financial assets, health insurance, and a safe environment. In this domain there was not much variation, except for occupational history. Although the majority of people interviewed had some affiliation with the education field from professor to librarian to principal, the occupations and life histories of the residents also included careers in agriculture, diplomacy/politics, law, medicine, and the arts. As far as material security, all reported feeling that they lived in a safe and decent environment. Practically all were covered by some form of health care and had money to meet emergencies. Slightly over half of the respondents reported their estimated income. Of those who reported income, all had incomes that were within the top 25% for their age group.

Section G. Life Satisfaction and Perceptions of Aging Well contained questions about overall satisfaction with life. This section provided a global view of the subject's well-being.

The majority of people stated they were highly satisfied with life (86.3%) and with their experience at Meadowood (82.9%).

The MEADOWOOD EXPERIENCE was an additional set of specific questions that asked about life at the MRC.

Almost half (49.5%) of the residents who answered questions about their experience at Meadowood stated that they had lived in Bloomington and had always known about Meadowood. Of those who hadn't lived in Bloomington or hadn't seen Meadowood

being built, 56% learned about Meadowood from a son/daughter or a friend. Reading about Meadowood in magazines was cited as the third most common source of introduction to Meadowood.

When asked what the deciding factors for choosing Meadowood, the most commonly cited reasons were *wanting to stay connected to IU* (18.4%), *knowing others who lived at Meadowood* (15.3%), and *wanting to be closer to people living in Bloomington* (14.3%). Social relationships were cited by 41.8% of the respondents as a main influencing factor. Other commonly cited influences on the decision to move to Meadowood were *social environment and appearance of the facility and grounds* (16.3%), and *services offered* (15.3%). Several people stated that they were *ready to downsize or move and as they aged they did not want to have to do as much the housework*. A few people (12.2%) mentioned *the availability of medical assistance and the health pavilion for themselves or a spouse* was a contributing factor of their decision to move to Meadowood.

Meadowood met or exceeded the expectations for the majority of respondents who answered the additional questions. The *social opportunities* (21.9%) and the *diversity of activities and events* (12.5%) were listed as important aspects of the community. This finding reinforced the reasons for moving to Meadowood. Respondents cited *excellent services* (26.6%) and *general atmosphere* of Meadowood (17.2%) as key factors.

The food quality and services were rated good to excellent by 93.5 % of the respondents. Food service personnel were overwhelmingly rated as outstanding. The waiters and host were described as *exceptional, well-trained, kind, considerate; and the best*. The food received mixed reviews from *excellent* to *sometimes bland*. The comments varied equally from *too spicy and fancy* to *not enough seasoning*. Some of the suggestions were to provide menus or options for specific diets (for example, the South Beach diet and low fat diets were mentioned).

Communication through the weekly coffee minutes, the Messenger, and written notices were rated high overall. Ninety-six percent of the respondents stated that they were moderately to highly satisfied with the methods of communication.

The availability of the concierge and various transportation services were highly praised by those who used these services regularly. Like the food services, the drivers were praised for being helpful and considerate. The two drawbacks of the service were expense (cited by 18.9% who responded) and not being readily available during *after hours* or on the weekends.

Maintenance and grounds were seen as two separate areas by most of the respondents. Comments about the grounds were glowing with praise about the beautiful, well maintained grounds. Suggestions for improvement, such as quicker snow and leaf removal, were qualified with the perception that the gardener was doing the job of several people and that she needed more help. Comments about maintenance suggested that many respondents were waiting to see how the new maintenance manager would perform. All those who ventured an evaluation of the service stated that the maintenance services were improving.

Housekeeping was a valued service by many of the respondents and most (90.9%) were highly satisfied with these services. Praises for the housekeeping staff and their ability far outnumbered the few comments about negative experiences. Suggestions for further improvement include providing the opportunity for more frequent and more thorough cleaning.

Many of those who interviewed had not had a need for the staff support services, but they viewed the availability of such services as an asset. Those who had used the services commented that the staff was very prompt, friendly, and nice.

When queried about satisfaction with administrative services, 22 comments were rendered. For the most part, the administration staff and services were described as prompt, excellent, and very good. Most comments suggested that the staff are efficient, fair, polite, on top of things, and outstanding. Administrative staff with whom the respondents regularly interacted were given more favorable ratings. Just a couple of comments were rendered regarding staff interactions with one another.

Based on the added questions about Meadowood specifically, the diversity of activities available at Meadowood was perceived as creating a sense of community. When asked how Meadowood rates on a scale of 1 to 10 with 10 being the highest rating for encouraging community, Meadowood received an average rating of 8.87. The most common reasons given for this rating were the availability of a variety of activities at a range of skill levels. Other common responses indicated that staff actively encouraged residents to become involved with activities at Meadowood, especially those new to the community. Social opportunities such as happy hours, seasonal parties, and participation in the larger university and Bloomington communities were cited as ways that Meadowood encouraged a sense of community. Less commonly cited contributors were the interesting people who reside at Meadowood and the feeling of shared experience with the other residents. A few people mentioned characteristics of Meadowood that detract from creating community. Some cited the need to be more involved in the larger community of Bloomington and the university.

Although many respondents stated that they were already quite busy and that Meadowood provided more activities than they could attend, several suggestions were offered for how activities could be improved at Meadowood. The majority of those who did offer a suggestion for improvement recommended one of two things. The first was more transportation opportunities, including providing local bus passes, providing more bus service on the weekends, renting bicycles, and more service for small groups. The second group of suggestions involved facilities and programs. The most commonly cited improvement was the addition of a pool. A few added that they would have considered moving to Meadowood sooner if there had been a pool. Other suggestions for programs included further developing programs such as hiring a musical director or artists who could teach and demonstrate their arts.

The diversity and extensive number of activities were the main themes that ran through most of the comments about the activity programs. Comments such as *we don't have a*

chance to get bored, most impressive, and full steam ahead typified the remarks. In addition to the breadth of activities, the staff was viewed as doing an excellent job. Most suggestions for improvement involved reducing the number and extravagance of many of the parties.

In general Meadowood was given a high satisfaction rating by 97.6% of the respondents. The other 2.4% gave the Meadowood experience a satisfaction rating of neutral or moderate. When asked to suggest areas of improvement, 46.8% could not think of any way to improve Meadowood or their experience. Above and beyond the addition of a swimming pool, 22.8% would like the availability of assisted living. Other less frequently given suggestions included being able to make use of unused meals for guests, having the availability of guest rooms for visitors or to use when one's residence was undergoing repairs, and improving the garage.

In Conclusion....

Throughout the United States, communities, politicians, and the media have increasingly promoted ideas like *successful aging, healthy aging, and aging well*. Most adults want to live long, in good health, and with an overall sense of well-being. *Aging well* describes this goal by promoting positive images and approaches to human aging. *Aging well*, as opposed to a difficult old age, is the outcome of personal lifestyle choices and behaviors in interaction with supportive physical, social, and cultural environments. *Aging well* results from exercising the choices that create a successful, healthy, and active lifestyle. *Aging well*, in many ways, is affected by the resiliency and adaptability of the aging individual. In this study of the Meadowood Retirement Community, we interviewed 124 highly active and highly satisfied residents who were living in a safe, secure, beautiful, and stimulating environment. The Meadowood Retirement Community, in so many ways, exemplifies the hallmarks of an aging well society within its micro environment.

As a dynamic process, *aging well* cannot be presented as a single description or prescription of how to live. People age differently within their personal life contexts according to individual characteristics and histories that they bring to older adulthood. A benchmark of aging well environments is that they accommodate individual needs while collectively shaping a sense of community. Even though aging is intensely personal, it is still of great common concern and responsibility. In order to facilitate and promote *aging well* among adults, commitment by the larger community is needed to providing policies, supports, and environments that enhance lifestyle choices for active and healthy living. Our study findings suggest that when all things are considered, Meadowood represents an aging well community and promotes an aging well lifestyle for its residents.

The Center on Aging and Aged would like to extend a sincere thank you to all of those who volunteered their time and energy by participating in the Aging Well Research Study.

If you have any questions or would like further information on any of these findings, please contact:

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Post Script

The opportunity to be part of the Meadowood Retirement Community and to receive such wonderful generosity of time from each of the study respondents created an indelible impression on these students' lives. The many ways that the residents contributed to this team's education and personal growth are incalculable. My personal thanks to Meadowood for being part of the great educational experience that Indiana University has to give to its students who choose to be involved in these kinds of projects. I also hasten to give personal thanks to each member of the research team for your excellent work and commitment to this project.

BAH
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