

ABSTRACT

Commonly, older adults are being forced to leave their home and community to go into institutional care (Lehning, 2011; Scharlach, 2012). The present study aimed to examine the effects that living in the community had on older adult's social ability, psychological health, and physical health. The study was a secondary analysis of the cross-sectional data drawn from the Medicare Health Outcomes Survey (HOS). The current study used baseline data from wave one (Cohort I) of the HOS thirty-four wave longitudinal study. Data collection utilized a standardized questionnaire that was administered through a self-administered mail survey or as a telephone survey. Results indicated that community-dwelling older adults were less likely to have physical or emotional health problems interfere with social ability, have higher levels of psychological health, and have higher levels of physical health including physical functioning and self-rated view of health, when compared to institutionalized older adults. The findings of the current study shed light on the need to increase prevention methods to enable older adults to live in the community to promote more positive social, physical, and psychological health.

INTRODUCTION

Significance of the Study

- By 2060, one in four U.S. residents will be older adults from the influx of baby boomers.

Purpose of the Research

- The purpose of this study is to assess the effects that living in the community has on older adults.

Research Question

- What is the effect of living in the community on older adult's social ability, physical health, and psychological health?

Hypothesis

- Researchers hypothesized that community-dwelling older adults would have higher levels of social ability, physical health, and psychological health, compared to institutionalized older adults.

LITERATURE REVIEW

- Research identifies that community living is the preference for older adults (Lehning, 2011; Lu, Pikhart, & Sacker, 2019; Scharlach, 2012).
- Research suggests that social isolation, loneliness, and involvement in social activities or social-emotional support groups impacts older adult's physical and mental health (Courtin & Knapp, 2017; Lu et al., 2019).
- Research exploring psychological health indicates that community-dwelling older adults have high levels of despair and low levels of forgiveness compared to institutionalized older adults (Dezutter, Toussaint, & Leijssen, 2016).
- There is a gap in the current research of comparing community-dwelling older adults to institutionalized older adults when analyzing the quality of life of older adults.

METHODOLOGY

Research Design

- Cross-sectional data from Medicare Health Outcomes Survey (HOS) collected by self-administered mail survey or phone interview.
- Baseline data from wave one of the HOS thirty-four wave longitudinal study. Took place between 1998 and 2000, baseline survey conducted in 1998 (Cohort I baseline) and follow-up survey in 2000 (Cohort I remeasurement).

Sample

- Randomly selected from Medicare and Choice Organizations (M+Cos).
- Original sample was n=177,760, after excluding respondents under 65 and excluding respondents that did not provide enough information to ascertain living arrangement, the sample for the current study resulted in n=159,991.
- 57.7% female, 42.3% male
- 57.4% 65 to 74, 42.6% greater than 74
- 88.7% White, 6.6% African American, 4.7% Other

Measures

❖ Independent Variable:

- Living Arrangement: One self-report conditional question that was combined in the current study to determine if the individual is community-dwelling or institutionalized (Y/N)

❖ Dependent Variable:

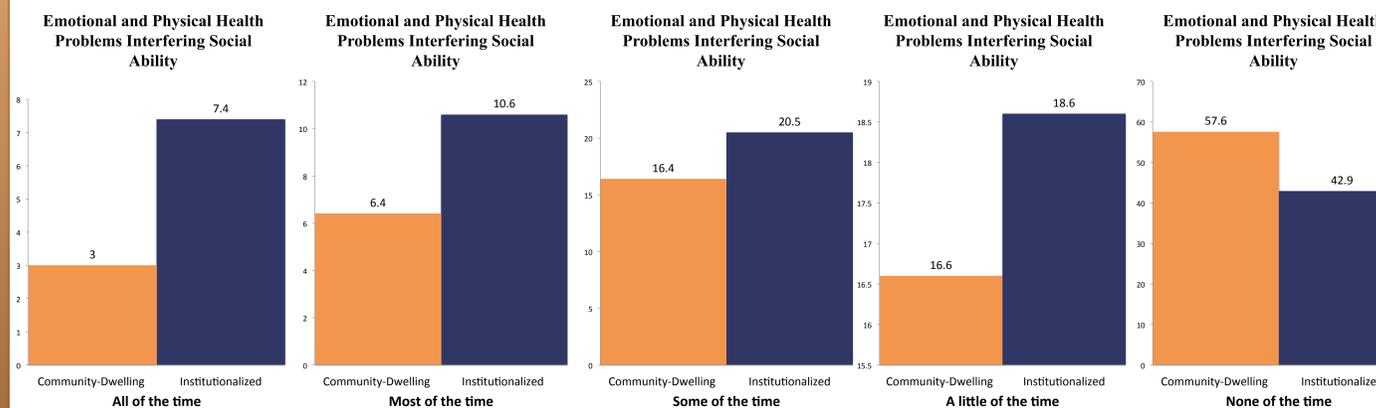
- Social Ability: One self-report question assessing if physical or psychological health interfered with social ability (5-point Likert)
- Physical Health: Measured in two separate categories. Four self-report questions assessing the self-rated view of health and six self-report questions assessing physical functioning (5-point Likert)
- Psychological Health: Nine self-report questions assessing emotional state (6-point Likert)

Variables	n	%
<i>Independent Variable</i>		
<i>Living Arrangement</i>		
Community-dwelling	156,801	98.0
Institutionalized	3,190	2.0
<i>Dependent Variables</i>		
<i>Social Ability</i>		
All of the time	6,143	3.6
Most of the time	13,297	7.7
Some of the time	30,198	17.5
A little of the time	28,305	16.4
None of the time	94,242	54.7
Psychological Health	M = 39.12	SD = 8.46
Physical Health: Self-rated	M = 14.21	SD = 3.74
Physical Health: Physical functioning	M = 16.85	SD = 1.98

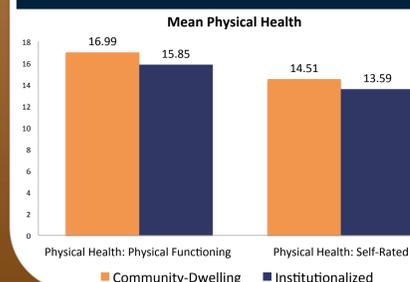
RESULTS: SOCIAL ABILITY

Chi-Square Analysis

- Levels of social ability differ **significantly** between community-dwelling older adults and institutionalized older adults ($\chi^2(4) = 429.07, p < 0.01$). Cramer's V statistic suggested a strong relationship between variables (0.53).
- Community-dwelling older adults were **less likely** to have their physical or emotional health problems interfere with their social ability across all variables when compared to institutionalized older adults.



RESULTS: PHYSICAL HEALTH



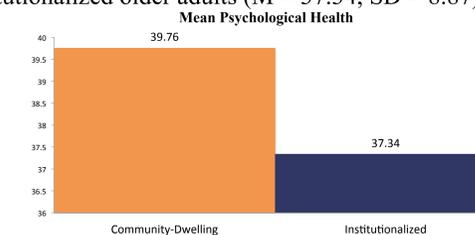
T-Test Analysis

- Significant difference was found for level of physical functioning ($t(3,115.32) = -20.76, p < .001$). Mean level of physical functioning of community-dwelling older adults (M = 16.99, SD = 1.84) was **significantly better** than institutionalized older adults (M = 15.85, SD = 3.01).
- Significant difference was found for self-rated view of health ($t(3,068.74) = -13.23, p < .001$). Mean self-rated view of health for community-dwelling older adults (M = 14.51, SD = 3.57) was **significantly more positive** than institutionalized older adults (M = 13.59, SD = 3.73).

RESULTS: PSYCHOLOGICAL HEALTH

T-Test Analysis

- A **significant** difference was found for psychological health ($t(2,938.03) = -14.46, p < .001$).
- Mean psychological health of community-dwelling older adults (M = 39.76, SD = 8.06) was **significantly higher** than institutionalized older adults (M = 37.34, SD = 8.87).



DISCUSSION

Summary of Findings

- Overall, the results support the hypothesis that community-dwelling older adults have higher levels of social ability, psychological health, and physical health, compared to institutionalized older adults.

Implications for Research and Practice

- The study provided insight on the need to change the current method of thinking from intervention-based to prevention-based in order to create aging-friendly communities that promote positive social, psychological, and physical health.

Strengths and Limitations

- Large sample size that is representative of all older adults.
- Majority of study participants were community-dwelling.
- The study provides foundational support on the effects of living arrangement by analyzing both community-dwelling older adults and institutionalized older adults.

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