Most aging individuals prefer to remain in a self-determined home environment, and generally aging adults want to remain in the same home or same community. The benefits of remaining in a self-determined private home environment while aging have been established. Because individuals present a diversity of needs, it takes interdisciplinary and multifaceted approaches with options to keep older adults in their communities. Aging in place (AIP) represents an interdisciplinary approach to creating options that facilitate remaining in a self-determine environment. The purpose of this research was to examine the current state of the interdisciplinary concept aging in place (AIP). The need to understand AIP is more globally relevant as the U.S. becomes an aging society facing rapid change due to technology, globalization, and mobility. Guided by the tenants of theory development, and the ecological model of housing choice, two manuscripts were developed focusing on the current state of AIP. The first research study titled, An Evolutionary Concept Analysis: Aging in Place, used the content analysis method to examine the concept across diverse disciplines. A derived definition was
developed that includes research, practice, policy, and those individuals involved in the aging process. The definition reflects the contemporary state of AIP and can be used for theory development and to unify all users of the AIP concept. The second research study titled, *The Current State of Older Women Aging in Place in Oregon*, used qualitative case study methods to examine seven cases of aging in place. The aim of the project was to examine seven women’s current and past experiences, and the dynamic process of aging in place in a self-determined private home environment. Two common themes were identified (1) The AIP reflects the woman’s process of *self-preserving actions that maintain current AIP independence*, and (2) *AIP situational independence* suggests that the participants’ pathways to their current AIP began after they each experienced an individualized trigger event. The findings have theoretical and practice implications that provide a comprehensive and interdisciplinary approach to identifying the current status of AIP and the development of options that facilitate the AIP process.
Doctor of Philosophy dissertation for Megan Lee
Presented on November 12, 2008

APPROVED:

Major Professor, representing Design and Human Environment

Chair of the Department of Design and Human Environment

Dean of the Graduate School

I understand that my dissertation will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my dissertation to any reader upon request.

Megan Lee, Author
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To my family for your unwavering love and support throughout this journey.
CONTRIBUTION OF AUTHORS

Dr. Carmen Steggell assisted with the instrumental development and completion of both manuscripts seen in Chapter Two and Chapter Three.
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Aging in Place: A Contemporary Social Phenomenon

CHAPTER ONE

Introduction

There is an increased need to create and enhance residential environments for aging adults due to the global demographic shift towards becoming an aging society. As the United States prepares for the increasing numbers of aging adults, many disciplines and practitioners want to contribute to understanding and facilitating aging in place (AIP). The concept aging in place is widely used to describe a certain phenomenon, namely the desire to age in a familiar environment (Rowles, 1994). The demographic shift and subsequent need to understand residential environments for aging adults have caused an influx of interdisciplinary involvement in addressing issues related to aging in place. The benefits of interdisciplinary attention to any social issue are necessary, especially when the scope of the issue is broad like aging in place. The disadvantages to multidisciplinary attention to social issues are often apparent in the diverse use of concepts and the lack of cumulative findings.

It is curious, that as a research community, we have never systematically developed the theoretical possibilities of the concept called aging in place. Aging in Place (hereafter AIP) is an established concept, but no systematic approach has advanced the concept to build cumulative knowledge. This research challenges the current and assumed notion that AIP is part of the “common lexicon” (Pynoos & Nishita, 2007), and explores the advantages of systematically developing AIP as both a practice concept, as well as a theoretical concept.
The purpose of this research is to examine the current state of the interdisciplinary concept Aging in Place (AIP). Two approaches were used to examine the current state of the AIP: (1) a systematic analysis was used to explore the literature of AIP using an empirical approach; and (2) exploratory techniques were used to examine current AIP in the lives of women actively aging in place.

The introduction includes the statement of problem, theoretical development, and definition of terms. Brief descriptions are provided from the manuscripts in Chapter Two (Manuscript One), *An Evolutionary Concept Analysis: Aging in Place*, and Chapter Three (Manuscript Two), *The Current State of Older Women Aging in Place in Oregon*. Chapters Two and Three each include an introduction, literature review, methodology section, results discussion, and a conclusion. Chapter Four provides a summation for both manuscripts and offers suggestions for future research.

**Overall Statement of Problem**

As the United States prepares for a dramatic increase in the aging population over the next 20 years, the feasibility of studying an individual’s AIP pathway and current processes are useful. To prepare both aging adults and AIP providers for the future of aging, developing new ideas and/or concepts applicable to the contemporary issues of AIP are needed. AIP related services, programs, products, and policies are needed that reflect the needs of the current and future aging populations.

Aging in place (AIP) is a concept “apparently accepted” (Cutchin, 2003, p. 1078) and part of the “common lexicon” (Pynoos & Nishita, 2007, p 185.). Although AIP is an established concept in aging and environment research and practice, the complexity and diversity of aging in place issues create many challenges for researchers, educators, and
AIP providers. Rowles (1994) argued that the societal ideas of aging and place were evolving and changing because of technology, globalization, and mobility, thereby, altering the meaning of aging and place due to the advancements of contemporary society.

Most aging adults prefer to remain in a self-determined home environment with most wanting to remain in the same home or same community. Even though the benefits of remaining in a self-determined private home environment in aging have been established, creating the options to keep older adults in their communities is challenging due to the diversity of individuals’ needs and their AIP environments.

Aging in place (AIP) represents an interdisciplinary approach to creating options that facilitate remaining in a self-determine environment. To better understand the variety of options that facilitate AIP, an understanding of the current state of AIP will help unite the interdisciplinary and multifaceted outcomes of AIP.

Theoretical Development

Two dimensions of theory were used as the foundation for this project. First, the principles of theory development were used. Second, the use of the ecological model of housing choice was used to highlight the interrelated levels of housing choice.

The ecological housing model of housing choice was the second theoretical framework used in this project. The ecological housing model served to establish the parameters of the housing theory applied in the analysis. Although not directly tested, it was used to organize and inform the inquiry, analysis, and conclusions surrounding the AIP concept.
Concept Development for Future Theory Development

Before a theory is established, concepts are developed and serve as the building blocks of the theory (Turner, 1974) that describe and classify the phenomenon or idea of a thing or an action (Walker & Avant, 2005). Therefore, theory construction “frequently begins at the level of concepts and statements. For example, in the complete process of theory development, a theorist might start with concept development” (Walker & Avant, 2005, p. 29). After concepts have been defined and operationalized, then statements can be formed proposing relationships between two or more concepts. The objective of theory development is to identify the logical relations between concepts (Kinloch, 1977).

The relationship between concepts and theory is explained by Walker and Avant (2005) as:

The very basis of any theory depends on the identification and explication of the concepts to be considered in it. Yet many attempts to describe, explain, or predict phenomena start without a clear understanding of what is to be described, explained, or predicted. Thus sound concept development is a critical task in any effort to develop theory. (p. 37)

What is theory? In 2007, Pedersen conducted a concept analysis of theory and developed the following definition of theory: “Theory is a set of statements that advances knowledge by describing, explaining, or predicting the relationship between two or more concepts. A theory provides order and guides research” (p. 123). As Neuman (2005) discussed, there are four parts to social theory including assumptions, concepts, relationships, and unit of analysis (p. 75). The five aspects of social theory include, direction of theorizing, level of analysis, focus of theory, forms of explanation, and range of theorizing (p. 75).
Theoretical Framework

The ecological model of housing choice guided the exploration of the current state of the AIP concept. Grounded in the discipline of Housing Studies, I consider AIP a housing choice. Although the research literature suggests that AIP involves more than housing choice, housing choice serves as a primary and focal aspect of aging and place.

The private home environment comprised the framework used in this research and shaped the conceptualizations of aging in place, with most of the processes explored at the micro level. Beamish, Goss, and Emmel (2006) use the ecological framework to classify the levels of housing choice, and housing is part of the built environment at the micro level. The ecological model of housing choice was used by Eckert and Murrey (1984) to elucidate “the individual elderly person nested in multiple interrelated environmental systems” (p. 99) The ecological model works to separate each person’s behavior and psychosocial state as it pertains to contexts of her or his housing choice.

The ecological system of housing choice recognizes and incorporates integrated levels or spheres including the individual level that focuses on the concept of person or self. The person or individual level includes life history, past behaviors, health, physical and mental competencies, and demographics.

The micro level includes the built environment, such as the home environment. In order to extend the meaning of the micro level, a portion of the person-environment (P-E fit) model by Lawton and Nahemow (1973) was also used. Lawton and Nahemow presented four key areas of the environment at the micro level including the personal, group, suprapersonal, and physical environments. The micro level is particularly
important because it focuses on the physical and personal environment of the older adult. The personal environment includes the primary members in the older adult’s life, including family, friends, and co-workers. The physical environment examines the natural and built environment, and for purposes of the case study, the built environment dealt primarily with the immediate home environment and the AIP current processes.

The community and neighborhood are at the meso level and provide individuals with continuity to resources, such as shopping and recreational activities. Community includes the programs and services offered by the city or other services that support the individual’s AIP. The neighborhood is defined as the environment where one lives.

The macro system represents the broader and more societal levels of influence that include political influences, economic impacts, social movements, and the global context. A large macro level issue influencing aging and environment is the increase in the aging population, primarily the influx into the 65 and over demographic by aging Baby Boomers. Using the principles of the ecological model of housing during data collection and analysis helped to distinguish aspects of AIP based on their relationships to the interrelated levels.

Definitions of Terms

Terms used infrequently are defined as they occur in each section. Terms that appear throughout the study are defined below:

*AIP providers* – Individuals and organizations that provide AIP actions and options were referred to as AIP providers. AIP providers were used to encompass everyone involved in facilitating AIP except the aging individual.
Institutional residential environments – Institutional residential environments are facilities where individuals receive monitored and appropriate levels of care from AIP service providers. Institutional residential environments include the various levels of care facilities ranging from Assisted Living (AL) through Nursing Homes (NH).

Non-institutional residential environments – Non-institutional residential environments are private dwellings without a facility provider offering health care services (e.g., a private residence).

Universal Design – Universal Design refers to the design of products and environments so that they are usable by as many individuals, regardless of age or ability, as possible without needing adaptation (Mace, 1998).

Interdisciplinary and multidisciplinary – Interdisciplinary refers to the interaction between collaborators from disparate fields or disciplines striving toward a common goal. Multidisciplinary teams focus on the same goal but work separately with minimal interaction between disciplines to achieve the goal (Skinner, 2001). AIP is an interdisciplinary concept that has been developed through the collaborative efforts of multidisciplinary teams.

Acronyms – Acronyms used throughout the dissertation include the following:

- AIP Aging in place
- AL Assisted Living
- CCRC Continuing Care Retirement Community
- NH Nursing Home
- NORC Naturally Occurring Retirement Community
- UD Universal Design
Two Aging in Place Related Manuscripts

Two related but different studies were conducted, and two manuscripts have been developed for this dissertation. The first manuscript (Chapter Two) is titled, *An Evolutionary Concept Analysis: Aging in Place*, and the second manuscript (Chapter Three) is titled, *The Current State of Older Women Aging in Place in Oregon*.

Manuscript One (Chapter Two) – An Evolutionary Concept Analysis: Aging in Place

**Purpose of Study**

The research question was, *What is the current state of knowledge for the concept of aging in place?* The purpose of this study was to clarify definitions of aging in place from the collective uses over time and across diverse disciplines. Concept analyses are done on concepts that are unclear (Pedersen, 2007) or widely used (Rodgers, 2000). When concept attributes are widely used, the complex meanings can be misrepresented or overlooked. The concept analysis helped identify the issues concerning aging in place and multidisciplinary use of the term while highlighting it as a theoretical concept. Because of the term’s and concept’s wide use across disciplines, it is imperative that housing researchers continue to maintain key involvement.

**Rationale for Journal Selection**

Chapter Two was prepared as a submission to *The Journal of Gerontology Series B: Social Sciences*. *The Journal of Gerontology* was selected because it is a multidisciplinary journal that focuses on aging issues, including residential environment issues that are often presented in environmental gerontology. In addition, the *Journal* has
demonstrated commitment to promoting theoretical and methodological articles regarding environment and aging.

Relationship to Overall Purpose

A concept is considered the phenomenon, or the *thing*, that theory is about. Turner (1974) defined concepts as the building blocks of theory. Rapoport (1998) explains the challenge of concepts in relation to theory as:

The lack of agreement about the meaning and significance of basic concepts, and the lack of operational definitions, is partly a result of the lack of theory, but is also independent of it, because such agreement often precedes theory, in fact being essential for its development. (p. 3)

Concept analysis helps elucidate concepts that are unclear. Revealing and clarifying through concept analysis produces outcomes that may allow scholars to distinguish between similar yet different concepts (Pedersen, 2007). Rodgers (1989) explains that concept attributes that are unclear limit the contribution made by the concept, so clarifying and defining a concept can add to its functionality and capacity to contribute to the field.

With time and interdisciplinary use, a concept may become vague as a result of conflict or competition. The result may be a concept with inconsistent attributes that challenges or confounds the process of knowledge development. The interrelated aspects and nuances of AIP are the reasons a concept analysis on AIP is deemed appropriate and necessary. First, a concept analysis of AIP would provide a resource that unifies the interdisciplinary use and function of the concept. Users of the concept, especially new users, should find it helpful to understand the implications of the term and how his or her
discipline functions within the concept. The objective was not to create only one AIP
definition that extended to all disciplines, but to assist those who use the concept with a
resource that elucidates the general functions of the term. And second, the analysis would
aid in concept clarification and possibly assist in future theory development. Concept
development remains the first step for researchers who are interested in creating a
cumulative body of knowledge using explanatory theory (Walker & Avant, 2005).

The evolutionary method of concept analysis was used to address the issues and
objectives of this research (Rodgers, 1989, 2000). The main objective of the concept
analysis was to identify the “state of the art” of the concept, or the “current state of
knowledge” regarding the concept (Rodgers, 2000, p. 97). The evolutionary method of
concept analysis uses inductive and descriptive means for identifying the areas of
agreement and disagreement of the concept’s use (Rodgers, 2000).

*Brief Description of Method*

In order to capture the broadest possible uses of aging in place, four distinct
electronic databases were selected: (a) Academic Search Premier, (b) AgeLine (American
Association of Retired Persons - AARP), (c) CSA Sociological Abstracts, and (d) Google
Scholar. The selected databases provided citations from both ordinary and scholarly
sources across a broad range of disciplines and time frames. The search criteria for
“ag(e)ing in place,” or “age in place” produced a initial sampling 912 resources. After
removing duplicate and unacceptable resources, 306 useable resources remained. After
systematic sampling was completed with 20% of the sampling frame, the sample size was
62 resources.
The evolutionary concept analysis method (Rodgers, 2000) was used to systematically collect data. The evolutionary method of concept analysis collects data regarding the definitions, uses, attributes, antecedents, consequences, surrogate terms, and related terms of a concept. Data analysis employed content analysis methods of manifest and latent coding. Frequencies, themes, and subcategories were identified during data analysis.

Manuscript Two (Chapter Three) – The Current State of Older Women Aging in Place in Oregon

Purpose of Study

The aim of this project was an examination of the current state and dynamic process of aging in place in a self-determined private home environment. Using a qualitative approach, the study examined (1) seven older adult women’s current dynamic process of aging in place, and (2) the pathways they experienced prior to the outcome of their current AIP status. Case studies with seven older Caucasian women in the Eugene/Springfield, Oregon, area were conducted over a three-month period.

Rationale of Journal Selection

Manuscript Two, the case study of “aging in place,” was prepared for The Journal of Housing for the Elderly. The Journal was selected because it is a multidisciplinary publication that focuses on housing issues of the aging population. An expressed interest of the journal is case studies of housing issues aimed at creating better residential environments. The Journal’s readers are from applied and basic research backgrounds making the article useful to the diverse needs of the audience.
Relationship to Overall Purpose

The seven case studies provided a concrete way to conceptualize the current state of AIP. The case studies provided indications for the feasibility of studying individuals’ aging in place processes across their ecological frameworks. The importance of comprehensively developing cases highlighting an individual’s entire current AIP assisted in identifying the contemporary issues and complexities of AIP as a concept. In addition, these cases may aid researchers, educators, students, and practitioners in conceptualizing the current state of aging in place for Caucasian, non-Hispanic women, 75 and older in Eugene/Springfield, Oregon. Although the sample was limited in its capacity to be generalized, the cases demonstrated what AIP was across the ecological housing model and are an early step in theory development of the AIP concept.

Brief Description of Method

Research questions. In order to understand an individual’s current state of AIP, the pathways or experiences of an older adult’s past must be considered. This project examined the current state of AIP and the pathways that occurred prior to the current state of AIP. In addition, because the aim of the research was to examine the current state of AIP, the analysis looked across each level of the individual’s ecological framework. The two main research questions were:

1. What is the older adult’s current dynamic process of aging in place in her private home?

2. What pathways did the woman experience prior to the outcome of her current AIP status in her self-determined private home environment?
Sample

*Primary case study participants.* The study had two stages of participant recruitment. In the first stage, purposive sampling was used to obtain the primary case study participants from Caucasian non-Hispanic women aged 75 and older who were living alone in a non-institutional environment in the Eugene/Springfield, Oregon, area. Participants were cognitively intact, high functioning individuals, as established subjectively by the researcher (Ball et al., 2004). The seven participants represent different housing types, incomes, and backgrounds.

*Supportive case study participants.* In the second phase of recruitment, the narrative triangulation sample was recruited from among relatives and friends of the primary study participants. The supporting participants provided narrative triangulation for the case studies of the older adults. Twelve supportive participants were involved in the study.

*Data collection.* The data collection from each primary case study participant involved multiple types of information gathering. The primary methods of data collection with the older adults were: (a) informal and in-depth interviews, (b) home tours, (c) photographs of the home, (d) activity logs, and (e) demographic questionnaires.

The supportive case study participants were each involved in one semi-structured interview. The interview was conducted either face-to-face or by telephone.

*Data Analysis*

The ecological model of housing choice is guided by the assumption that interrelated levels of the ecosystem influence current housing choice. Throughout the
study, data collection and analysis were systematically developed through inclusion of
the interrelated levels of the ecosystem, and the cases were analyzed using within-case
and cross-case approaches.

*Narrative analysis.* Within-case analysis was conducted using narrative analysis
techniques. Narrative analysis provides systematic study of the individual’s personal
experiences, meaning, and how events were created by the participant (Riessman, 2002).
Each participant’s case study was developed into a narrative text that allowed for a story-
like format to relate the older adults’ current AIP processes (Neuman, 2006). The
narratives were developed from interview transcriptions, the home tours, activity logs,
and photographs of the home environment.

The narrative analysis approach of path dependency was used to identify a path of
life events that stimulated the current aging in place housing choice. Path dependency
focuses on the outcome the researchers choose to examine (Neuman, 2006). Narrative
analysis using path dependency seeks to describe the outcome that followed a sequence
of previous events. In other words, with an outcome of aging in place, path dependency
allowed the researcher to track back through each participant’s life and identify previous
events that shaped or otherwise influenced her current AIP process. Themes across cases
were identified using Miles and Huberman (1994) open, axial, and selective coding.

**Summary**

The aim of the research for this dissertation was an examination of the concept of
aging in place as a theoretical and as a practical concept for interdisciplinary use. Chapter
Two, *An Evolutionary Concept Analysis: Aging in Place*, provides the beginning step in
understanding the aging in place concept for future theory development. Future research may build on the findings from the analysis and aid in cumulatively building AIP knowledge across interdisciplinary use. Chapter Three, *The Current State of Older Women Aging in Place in Oregon*, explores cases of AIP in self-determined private home environments. The exploratory nature of the case studies from women in Oregon actively aging in place provided exposure to the current state of AIP in their lives. In conclusion, the research contributes to the initial stages of theory development on aging in place.
MANUSCRIPT ONE (CHAPTER TWO)
AN EVOLUTIONARY CONCEPT ANALYSIS: AGING IN PLACE

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Abstract

The purpose of this research was to examine the current state of the art of the interdisciplinary concept *aging in place* (AIP). The need to understand AIP is becoming increasingly more internationally relevant as we become an aging society. The probability approach of systematic sampling was used to obtain 62 resources from four databases. The resources used in the analysis come from scholarly and non-scholarly sources and from across multiple disciplines. The evolutionary method of concept analysis was used to guide data collection, and to identify the definitions, uses, attributes, antecedents, consequences, surrogate terms and related concepts of AIP. Content analysis techniques were used to identify the results. AIP attributes include the changing perceptions of AIP throughout the years and the balance of innovative AIP parts. A derived definition was developed that is inclusive of research, practice, policy, and individuals involved in the aging process. AIP is a contemporary social phenomenon motivated by the social responsibility to protect aging adults. I propose the use of the derived definition as the contemporary definition of AIP. The definition reflects the contemporary state of AIP and can be used for theory development and to unify all users of the AIP concept.
An Evolutionary Concept Analysis: Aging in Place

Introduction

Throughout the western world, the vast majority of people express a desire to “age in place” (Chapman & Howe, 2001; VanWezemael & Gilroy, 2007). The concept of aging in place is used frequently in many disciplines. It is a phenomenon interrelated across all the levels of the ecological system, making it both broad and useable.

By 2030, there will be 70 million adults in the United States aged 65 and older, constituting 20% of the population (Fornaro, 2006; U.S. Census Bureau, 2000). A similar demographic shift is taking place in many countries. With these demographic changes approaching, aging in place has become a pressing topic that highlights the need for research.

Aging in place (AIP) as a concept has evolved from work in many disciplines. Recognizing the benefits of interdisciplinary collaboration, creating a unified definition requires integration of definitions from diverse disciplines. AIP seen as an interdisciplinary concept is dynamic over time and context. In other words, AIP is a not a state of being, but a constantly changing process that is relevant to individual situations. The more AIP is examined, the more evolved the concept becomes. Therefore, this research will assess the current state of knowledge of AIP concept.

To explore the current state the concept of aging in place, we will examine the evolution of AIP. Taking this approach is important for three reasons: (1) The AIP concept has expanded with the dimensions of time and context, (2) the subsequent growth of the concept over years of multidisciplinary use has implications towards building
cumulative knowledge, and (3) aging in place is a complex concept but is central to theories of aging, and to theories of aging and environment.

Content analysis was employed to systematically collect data regarding the diverse uses of AIP. The data was then analyzed using concept analysis to document the evolution of AIP as a concept. Results provide a resource that addresses interdisciplinary uses while amalgamating the concept for future use by all disciplines that focus on AIP issues.

Background

The Use of Aging in Place

The concept of aging in place is recent in gerontology and has numerous meanings (Pastalan, 1990). Early definitions of AIP focused on older adults’ preference to remain in their own homes. AIP evolved to include institutional environments such as retirement communities and assisted living (Ball et al., 2004; Bernard, Zimmerman & Eckert, 2001; Silverstone & Horowitz, 1993). AIP has been centered around public policy concerns (Pastalan, 1990; Rowles, 1994), but as AIP’s definition evolved, leaders such as Lawton (1990) identified a complex interaction between the changing individual and the changing residential environment and policy (Pynoos, 1990). In other words, the characteristics of AIP are related to the time and context of older adults’ situations. To apply AIP to various times and in differing contexts, scholars have developed multiple uses or definitions of the concept to account for a multiplicity of situations.

Adding time as a dimension of the AIP definition added greater depth to the concept. For example, when does aging in place begin and end? Is aging in place dying
in place? Callahan (1993) suggests that individuals are always aging in place to a certain extent throughout their lives, whereas Novelli (2002) believes AIP is a decision process that occurs later in life. For policy based programs such as HUD, housing for the aging population was considered static with an either/or definition of AIP. In others words, in HUD-subsidized facilities, residents needed to be independent and be able to perform their own activities of daily living (ADLs); if not, they were moved to nursing facilities (Tilson & Fahey, 1990).

As the AIP concept expanded and developed it came to include similar but different contexts, such as aging and dying in the family home as compared to aging and dying in retirement or assisted living facilities. Expanding the concept’s definition may lead to some confusion regarding whether or not aging in place is the same phenomenon in private homes and in institutional homes. The definition and philosophy of AIP varies in assisted living terminology based on how the range of services is offered. Frank (2002) defines AIP in assisted living facilities as a prolonged residence with the expectation that residents will inevitably be moved once health declines. AIP’s philosophy in assisted living is to offer a living environment in which relocation is delayed indefinitely by providing services which maximize the aging in place process. The services offered determine whether or not the assisted living facility is “retention” AIP or “transfer” AIP (Bernard, Zimmerman, & Eckert, 2001). Assisted living facilities offering services through hospice care are also considered full aging in place providers (Ball et al., 2004).

The definition of AIP in a private home environment is less clear than that of the assisted living philosophy. Rowles (1994) described AIP as staying in a familiar
environment, and argued that as older adults grow more frail they remain more independent and benefit from aging in environments to which they are accustomed (p. 115). Rowles left the duration and context unspecified and focused on the behaviors. Others define the AIP of older frail adults as being able to stay in their current home as long as the needed level of housing is provided to prevent premature relocation to an institutional facility (Heumann & Boldy, 1993; Pynoos & Nishita, 2007).

The specific setting contexts that relate to AIP have become more involved through the years due to individuals’ needs for a continuum of housing options as their situations change. Around the early 1990s, the definition of the AIP concept shifted from the preference to stay and die at home to include a variety of residential environments for aging, all under the assumption that the only constant is the physical environment (Lawton, 1990). Identifying an environment’s interaction or transaction with aging provided more options to attend to and to examine the place of aging. As Golant stated, place matters in aging because “it is better, more enjoyable, easier, and less adaptationally costly to grow old in some places than others” (1984, p. 2). AIP is still one of the “most important housing concepts we are concerned with currently” (Pastalan, 1999, p. 2).

Every scholar will define and use AIP for their research in a somewhat different way and therefore is expected to define the nuances of the chosen definition. The breadth and depth of the concept’s evolution helps provide researchers with greater context as they refine their own definitions. In conclusion, the primary and crucial challenge in
understanding the AIP phenomenon is to recognize the variety of definitions and applications and then to distinguish between the similarities and differences in those uses.  

**AIP as an Interdisciplinary Concept**

AIP’s interdisciplinary origins include the disciplines of architecture, geography, gerontology, gerontechnology, housing, interior design, environmental gerontology, environmental psychology, nursing, physical and occupational therapy, social work and sociology. Because AIP is used by multiple disciplines, many discipline-specific uses and definitions exist. Although discipline-specific uses and definitions are needed, the potential risk exists for limiting the scope of the concept as a whole. In an effort to stabilize the concept’s definition, AIP research is seeing a recent influx of interdisciplinary researchers collaborating on AIP projects and thus beginning to integrate definitions. These interdisciplinary teams represent multiple levels of the micro, mezzo, and macro ecological system. Interdisciplinary teams represent each discipline’s piece of the puzzle in the whole concept and help ensure that the breadth of the AIP concept continues to evolve.

Interdisciplinary projects working towards a broader concept of AIP and AIP issues include the collaboration team of Smith, Webb, and Williams (2008). Their collaboration brings the disciplines of architecture, interior design, and physical therapy together to address single-family housing architecture and design issues for low-income disabled older adults in the southern region of the United States. Rogers and Fisk (2004) are psychologists who are collaborating as part of an interdisciplinary team with computer scientists, human-computer interaction specialists, and engineers. The objective
of their Aware Home Research has been to develop gerotechnologies that support AIP. Through their collaboration, technology and technology terms have expanded the concept of AIP.

International projects, such as the European ENABLE project, examined older adults and the home environment through the aging process across five nations. The ENABLE project involved the interdisciplinary collaborations of disciplines such as environmental gerontology, gerontology, psychology, sociology, and occupational therapy (Iwarsson et al., 2007). Findings from ENABLE contributed to aging and environment policy while bringing international awareness to the role of home in aging.

The REACH project examined AIP issues such as care giving and technology by using a collaborative team of gerontologists, clinical geropsychologists, psychiatrists, and behavioral scientists, along with experts in geriatric medicine, internal medicine, and occupational therapy (Schulz et al., 2003). Findings from the REACH project examined various interventions that would aid families and individuals during aging in place. The six REACH projects were regionally diverse and nationally and internationally based.

Interdisciplinary collaborations are a necessary trend as the AIP concept evolves and the issues require multidisciplinary input. This paper asks scholars, practitioners, and students to consider the current state of the art of AIP as it relates to their discipline, research, or practice. More importantly, users should consider how their contribution pertains to the cumulative and larger AIP body of knowledge.
Theoretical Challenges in Aging in Place Research

Aging in place is central to theories of aging and environment. Aging individuals will use different adaptation processes to address social, psychological, and environmental challenges. Many theories have been based upon the adaptation process. Baltes’ (1997) selection, optimization, and compensation model suggests that as individuals age, adaptation processes are used to address deficiencies. Remaining in one’s life-long home contributes to the optimization aspect of successful adaptation in aging (Baltes, 1997).

As Atchley’s (1989) Continuity Theory indicates, aging adults will seek continuity with their past to prepare for future challenges in aging. Remaining in a familiar environment is a primary way to provide continuity to the environmental context of one’s past. Evidence suggests that an individual’s past history influences their attachment to place in older adulthood, often stimulating a desire to age in a familiar environment (Dovey, 1985; Rubenstein, 1989). Environmental gerontologists suggest that attachment to place increases with age. Increased attachment to place in aging is linked to increased vulnerability to the environment (Lawton & Nahemow, 1973). Subsequently, the main tenet in environment and aging research is looking for ways to extend independent living by achieving balance between the individual and the environment.

The ecological theory of aging (Lawton & Nahemow, 1973) is the most frequently used theoretical framework and examines the person-environment behaviors in the aging process (Golant, 2003). The ability to adapt to one’s changing needs or
environment helps to maintain independence. Aging and environment scholars develop research and theory while describing, explaining, and predicting why certain residential environments better suit the needs and capabilities of older residents (Golant, 2003; Lawton, 1991).

Although the ecological theory of aging is frequently used, Lawton (1998) expressed his disappointment in the advancement of theory development in aging and environment over the past two decades. In 1990, Parmelee and Lawton suggested that theoretical advancements were lagging. They explained that much of the aging and environment research and practice stemmed from applied fields such as Interior Design, Social Work, or Architecture. Finding a balance between research, practice, and theory development is a challenge for aging and environment scholars. Wahl and Weisman (2003) addressed the historical growth and theoretical challenges of environment theory development. Their literature review suggested that the “diagnosis” made by Parmelee and Lawton (1990) has yet to find a “cure” (p. 626).

In 2003, leaders in the field contributed to a forum discussion in The Gerontologist regarding their concerns and suggestions for future theory development related to aging and place issues, especially the use of theory in applied gerontology. Wahl and Weisman (2003) reviewed a large body of empirical quantitative and qualitative work completed in the 1990s. Even though the research in the 1990s was abundant, Wahl and Weisman suggested that this era of research was diverse and lacked innovative advances in theory. They proposed that the gap in theory development innovativeness may reflect a “…strong emphasis on some lines of theoretical
development that might prove to be not very productive in the longer run (p. 626).”

Gitlin (2003) discussed the theoretical challenges of socio-physical home research and the methodological and measurement issues. Her concerns and suggestions for future research reflect the difficulty of working with the physical environment. Golant (2003) believes the slowing of aging and environment theory is due to the challenges of understanding time and context in aging in place. His concern is that the temporal properties of environment and aging are theoretically underdeveloped because capturing past environmental experiences requires a great deal of research time and expense.

A common theme regarding the development of aging and environment theory is that place matters in aging. Moreover, the person and environment relationship in AIP provides many methodological and philosophical research challenges. Because of the nature of aging in place issues, the theoretical foundation built over the years has been narrowed to a point of specificity and subsequent exclusivity. In response to the concerns of other scholars within the aging and environment field, the following analysis will provide an innovative approach to examining the thing under study – AIP. In other words, this project offers a new way to conceptualize and organize the interdisciplinary concept of aging in place as an interdisciplinary concept. In examining AIP by using a dynamic and fluid method, the interconnectedness of the challenges facing scholars will be made clearer.

**Conceptual Framework**

Depending on its use, AIP can be a term, phrase, or theoretical phenomenon called a concept. Pynoos and Nishita (2007) describe AIP as part of the “common
lexicon,” referring to it as a phenomenon, preference, and element of public policy (p. 185). A concept is considered the phenomenon, or the thing, that theory is about. Turner (1974) defined concepts as the building blocks of theory. Rapoport (1998) explains the challenge of concepts in relation to theory as:

The lack of agreement about the meaning and significance of basic concepts, and the lack of operational definitions, is partly a result of the lack of theory, but is also independent of it, because such agreement often precedes theory, in fact being essential for its development. (p. 3)

Concept analyses help work out concepts that are unclear and will be employed later in this paper. Revealing and clarifying through concept analysis produces outcomes that may allow scholars to distinguish between similar yet different concepts (Pedersen, 2007). Rodgers (1989) explains that concept attributes that are unclear limit the contribution made by the concept.

With time and interdisciplinary use, a concept may become vague as a result of conflict or competition. The result may be a concept with inconsistent attributes that challenges or confounds the process of knowledge development. The interrelatedness of AIP is the reason a concept analysis on AIP is needed. First, to provide a resource that unifies the interdisciplinary use and function of AIP. Users of the concept, especially new users, will find it helpful to understand the implications of the term and how his or her discipline functions within the concept. The objective is not to create only one AIP definition that will extend to all disciplines, but to assist those using the concept with a resource that elucidates the general function of the term. And second, the analysis will aid in concept clarification and possible future theory development. Concept development is
the first step for researchers who are interested in creating a cumulative body of knowledge with explanatory theory (Walker & Avant, 2005).

The evolutionary method of concept analysis will be used to address the issues and objectives of this research paper (Rodgers, 1989, 2000). Ultimately, the main objective of the concept analysis is to identify the “current state of knowledge” regarding the concept (Rodgers, 2000, p. 97). The evolutionary method of concept analysis uses inductive and descriptive means in identifying the areas of agreement and disagreement of the concept’s use (Rodgers, 2000).

**Method**

The evolutionary concept analysis method (Rodgers, 2000) was used to systematically collect data. The evolutionary method of concept analysis collects data regarding the definitions, uses, attributes, antecedents, consequences, surrogate terms, and related terms of a concept. Data analysis employed content analysis methods of manifest and latent coding. Frequencies, themes, and subcategories were identified during data analysis.

**Procedure**

The evolutionary method has eight phases of analysis for a concept analysis (Rodgers, 2000):

1. Identification of concept and related expressions;
2. Selection of the appropriate setting and sample for data collection;
3. Data collection on the uses, attributes, surrogate terms, antecedents, and consequences;
4. Identification of related concepts;
5. Analysis of the data;
6. Conduct interdisciplinary or temporal comparison, or both, if needed;
7. Identification of a model case of the concept when appropriate; and
8. Identification of hypotheses and implications for future development.

The evolutionary method allowed for fluidity and change throughout the data collection and analysis process.

*Evolutionary Method Activity #1: Identification of Concept*

The concept used for the analysis is aging in place. *Age in place* and *ageing in place* were also accepted variations of the concept in the analysis.

*Evolutionary Method Activity #2: Selection of Appropriate Setting and Sample*

*Sample.* The minimum number of items needed to facilitate a credible analysis of a concept using the evolutionary method data collection approach is 30 items or 20% of the total population (Cowles & Rodgers, 2000; Rodgers, 2000; Stoltz, Andersson, & Willman, 2007). For this study, the sample reflected 20% of the population of useable citations. Complete edited books were omitted from the sample; however, individual citations published in edited books were used. The search criteria for “ag(e)ing in place,” or “age in place” produced a sampling frame of 914 resources. After following the inclusion and exclusions criteria resources, 306 useable resources remained. Twenty percent (62 of 306) of randomly ordered citations were selected for analysis, resulting in the final sample size of 62 resources (A-2.1).
Criteria for inclusion and exclusion of resources. The inclusion criteria for the resources required that the resource title use the term “age in place,” “aging in place,” or “ageing in place.” The Oxford English Dictionary spelling of “ageing” was included in order to be inclusive of international resources. The exclusion criteria included duplicate resources, titles not translated into English, disjointed aging in place phrases, book reviews, and disconnected AIP phrases such as “aging people in the English market place.” The data were screened for inclusion, and 347 sources were discarded, 261 of which were duplicate, thereby creating a total sampling frame of 306 useable resources.

The resources from all four databases (Ebsco Academic Search Premier, AgeLine, Google Scholar, and CSA Sociological Abstracts) were combined into a single EndNote version 8.0 file. The preliminary searches from the databases included 914 resources. Of the total resources, the Ebsco Academic Search premier provided 197 total citations; AgeLine (AARP) provided 105 citations; Google Scholar provided 274 citations; and CSA Sociological Abstracts contributed 338 citations. Sample selection. To accomplish the purposes of the study, literature was sampled in multiple disciplines. Searches of the four electronic data bases provided citations from both ordinary and scholarly sources (Table 2.1). Drawing upon all four of the sources developed a richer concept meaning (Walker & Avant, 2005), while simultaneously acknowledging that “aging in place” is a concept whose meaning has impact in both ordinary (non-scholarly) and scholarly contexts.

For purposes of this research, scholarly resources included only peer-reviewed resources. However, scholarly resources also included non-scholarly reviews of scholarly
work. For instance, Becker (2004) wrote a non-peer reviewed article on the peer-reviewed conference presentation from AWARE Home scholarship.

Non-scholarly resources are resources that have not been peer-reviewed. These sources include trade resources such as *Contemporary Long Term Care Providers* or *Professional Remodeler*. Mainstream resources include trend or variety magazines, newspaper resources such as *Saturday Night Post* and *The Oregonian*.

The use of both scholarly and non-scholarly resources was crucial in providing an accurate analysis on the concept of AIP since AIP is a concept that is used in both practice and research environments. All resource types were included in order to gain a full analysis of AIP.

**Databases Described**

*Academic Search Premier*. Academic Search Premier from Ebsco Host was used as a database search engine. Academic Search Premier is among the largest multidisciplinary academic database search engines available. Resources such as scholarly journals, magazines, newspapers, books, book reviews, and monographs are catalogued in the database. Academic Search Premier represents most areas of academic study including but not limited to the social sciences, education, engineering and computer sciences, physics, chemistry, language arts and literature, medical sciences, ethnic studies, psychology, sociology, and religion. The sources are updated monthly to keep the database current. Academic Search Premier resources were identified by using the Advanced Search feature.
**AgeLine.** AgeLine is an online database provided by the American Association of Retired Persons (AARP). AARP explains that the focus of AgeLine is related solely to aging adults (middle age and older adults). The database is multidisciplinary and focused on social, psychological, economic, policy, and health care aspects of aging. While the health and health care aspects of aging are covered, AgeLine does not cover medical resources such as clinical medicine, or biological and physiological aspects of aging. Resources include scholarly journals, books and book chapters, dissertations, research reports, gray literature, government documents, and AARP reports. AgeLine is updated bimonthly, and publications date back to 1978 with selected resources from 1966-1977. Since AgeLine content is focused on aging and older adults, AARP recommends not searching for terms which include “aging” or “aged.” Descriptors that are similar to keywords, but that allow the entire term to be treated as a single word, were used for searching. AgeLine descriptors only recognize the term “aging in place” and not “age in place.” Therefore, only “aging in place” sources were generated in the search.

**Google Scholar.** Google Scholar was used as the search database allowing for an interdisciplinary database search which ranges from biology, life and environmental science; business and economics; chemistry; engineering and computer sciences; medicine; physics; social sciences, arts and humanities. Google Scholar began in 2004, making it is relatively new and making the quality of its search ability and resources uncertain. Shultz (2007) states that Google Scholar has resources beyond journals, however, the scope of Scholar’s search is not implicitly identified by Google. Among Google Scholar’s limitation is that it does not always link directly to the citation. It has a
larger number of “false hits” than PubMed, for example. Falagas et al. (2008) states that Google Scholar can identify obscure citations, however, current resources are frequently not updated. In Sandars’ (2007) review of Google Scholar for medical practitioners, he found that Google Scholar is a “fantastic free resource,” but issued a warning stating that whatever is found on the web must be reviewed for its quality (p. 408). In conclusion, Shultz (2007) finds that “Google Scholar does not appear to be a replacement for PubMed, although it may serve effectively as an adjunct resource to complement databases with more fully developed searching features” (p. 444). PubMed was not used as a search database in this research because it focuses more on medical sciences and less on social science. Google Scholar was selected for this research because of its ability to cover a breadth of resources. Google Scholar’s resources were identified using the Advanced Scholar Search feature.

*CSA Sociological Abstracts.* CSA Sociological Abstracts is an established database of international literature focusing on sociology and related disciplines from the social and behavioral sciences. The topics covered are multidisciplinary and include over twenty major areas including: culture and social structure; demography and human biology; economic development; environmental interactions, family and welfare; health, medicine, and law; management and organizations; mass phenomena and political interaction; policy, planning, and speculation, and social development (CSA, 2008). Abstracts are available from 1952 to the present, and the database is updated monthly.
Evolutionary Method Activity #3 and 4: Data Collection

The full text of all 62 resources were collected. Each article was initially read to identify the basic tone or theme of the work in order to provide full immersion into the literature as is crucial for the success of any concept analysis (Rodgers, 2000).

The process of data collection was done systematically using coding instruments. The coding instruments for collecting topics included: definitions (i.e. uses and attributes), surrogate terms, related concepts, antecedents, consequences, and empirical referents. Relevant data from the resources was transcribed verbatim on to the coding sheets.

Each aspect, listed below, had individual coding forms used during data collection. Coding included direct source quotations with page number identification.

Definitions. Definitions coding form asks investigator:

- “What is the thing the authors are discussing?”
- “What are the uses and attributes of the concept aging in place?”
- “What are the characteristics of aging in place used by the authors?”

Identifying the attributes of the concept created the “real definition” of the concept (Rodgers, 2000). Analysis of attributes and uses to identify definition(s) required the investigator to seek definitions explicitly stated by authors or seek statements that recognized how the authors identified the concept.

Antecedents. Antecedents coding form asks the investigator, “What happens before aging in place?” For this project, the investigator also asked, “When does aging in place begin during the life course?”
Consequences. Consequences coding form asks the investigator, “What happens after aging in place” or “What happens as a result of aging in place?”

Surrogate terms. Surrogate terms coding form asks investigator, “Do the authors use other means of expressing the concept rather than using ‘aging in place?’” The best way to identify surrogate terms as different from related concepts is to look for interchangeable uses of terminology or the use of different words for the same idea. For example, is aging in place used in one paragraph and age at home used in the next sentence, implying that the two phrases are interchangeable? There are many ways to express the same concept, particularly when a concept is utilized across different disciplines or applications.

Related concepts. Related concepts coding form asks investigator “Are other concepts being used which relate to aging in place, but do not mean aging in place?” Rodgers (2000) explains the philosophical assumption that any individual concept is a part of a network of related concepts that set the background and establish significance for the concept of interest.

Evolutionary Method Activity #5: Data Analysis Using Content Analysis

The data were systematically analyzed using content analysis coding techniques of manifest and latent coding.

Data analysis of definitions. Data analysis of the definition(s) of “aging in place” was achieved through the use of latent coding to identify the themes in the definition provided for “aging in place” data collection. Frequency counts were gathered on the
reoccurring themes. The outcome is the current state of the art definition of “aging in place” that was developed from the definition uses most frequently identified.

Data analysis of attributes. Data analysis of attributes was accomplished using both latent and manifest coding. The preliminary analysis for attribute identification involved open or latent coding seeking the implicit meanings from the uses and attributes of the collected data. Twenty-one preliminary categories were developed from the open coding of the uses and attributes. The investigators began grouping similar categories, such as “money decision” and “funding.” From this coding stage, 12 main categories were further examined to develop attribute themes that were agreed upon by the investigators. The 12 main coding categories became: Social Issues/Problems, Empowerment, Independence, Policy, Funding, Innovation, Services, Programs, Products, Paradigm Shift (movement in human behavior), Balance of Multidisciplinary Factors, Forethought, Planning and/or Prevention. These 12 categories were further developed to create the final attribute themes and subthemes. Manifest and latent coding was used depending on the type of theme being developed.

Data analysis of antecedents and consequences. Data analysis of antecedents and consequences of “aging in place” were achieved by synthesizing the themes creating a cohesive text (Stoltz, Andersson, & Willman, 2007). Categories were developed first, then subsequent major themes were identified.

Data analysis of surrogate terms, related concepts. Data analysis of surrogate terms and related concepts were analyzed for frequency count of surrogate term and related concept themes.
Evolutionary Method Activity #6: Conduct Interdisciplinary or Temporal Comparison, If Needed

*Discipline or field of origin.* The authors’ disciplines or professional trades/affiliations were identified using manifest coding and frequency counts were developed. Temporal comparison was identified in the latent coding of the attribute theme, *paradigm shift towards an evolving social phenomenon.*

Evolutionary Method Activity #7: Identify a Model Case if Appropriate

The identification or development of a model case was developed from the investigators asking, “Are there in the literature examples of ‘aging in place’ that clearly show its attributes, antecedents, and consequences?”

Evolutionary Method Activity #8: Identify Implications for Future Development

*Data analysis and implications of results.* The evolutionary method views the completion of a concept analysis as the beginning of a long journey for the concept and for theory development. An unexpected development of the analysis in this study was the creation of a derived definition after the antecedents, consequences, attributes, and definitions had been identified. The derived definition is discussed in the results section.

*Internal validity as inter-rater reliability.* The aim of testing reliability and validity established whether the data provides “a trustworthy basis for drawing inferences, making recommendations, supporting decisions, or accepting something as fact” (Krippendorff, 1980, p. 146). Content analyses test reliability through duplication efforts. Two duplication techniques were used to establish reliability. First, the stability or consistency of the principal investigator was established using “intra-observer
reliability” (p. 131). Test-retest was completed at two different points in time during data
collection to ensure consistency no less than .80. After intra-observer reliability had been
established, inter-rater reliability was established at .80 for the six categories of the
explicit definitions.

Results

Definition of Terms

*Scholarly resources* are resources that have been peer-reviewed. Included in
scholarly resources were non-scholarly reviews of scholarly work.

*Non-scholarly resources* have not been peer-reviewed. These sources include
trade resources such as *Contemporary Long Term Care Providers* or *Professional
Remodeler*. Mainstream resources include trend or variety magazines and newspapers
such as *Saturday Night Post* and *The Oregonian*.

Sample Description

*Year of resource publication.* Aging in place has been a concept since the 1980s.
AIP gained substantial attention in the 1990s and continues to be a frequently used
concept into the 21st century. The sample represents a wide time frame with 18% (N =
11) of the resources from years 1985-1995; 48% (N = 30) from 1996-2005; and 27% (N
= 17) of the remainder of resources from 2006-2008 (Table 2.2).

The higher representation from the 2000-2008 reflects the popularity of the use of
aging in place in the resources’ titles. With the frequent use of the term in both scholarly
and trade publications, this sample reflects the observation that AIP is part of the
“common lexicon” (Pynoos & Nishita, 2007, p. 185).
An international interest, eight countries in sample. Aging in place is a concept of international concern, and the resources used in the study represent eight countries. The country of origin was identified from review of text and identification of the location or national context of resource subject matter. The majority (85%) of the sample represented the United States – the country of origin for the authors of this research (Table 2.3). Other countries represented were the United Kingdom (5%), Australia (1%), Canada (1%), Israel (1%), Japan (1%), Spain (1%), and Sweden (1%).

Two resources discussed AIP in terms of international transferability of issues. Dishman (2004) argues that the aging population is a global issue and that technological innovations can benefit the global market. And Thein (2003) discusses the successful exchange of established community-based social program models across international borders.

Type of housing or innovation. The residential dwelling is the central location or place of the individual AIP process. The findings from this research illustrate the variety of housing types associated with the diverse types of AIP issues (Table 2.4). Of the 62 total resources, the largest housing type represented is private or ordinary dwellings that are not associated with an institution (37%, N = 23). Assisted Living environments were discussed as the focus by nearly 15% of the resources. Institutional environments including Nursing Homes, Continuing Care Retirement Communities (CCRC), and Dementia Care Units represented 11% of the sample. Five resources (8%) discussed housing options, in general, without specifying institutional or non-institutional.
Types of resources, scholarly or non-scholarly. The majority (58%, N = 36) of the 62 resources were scholarly, peer-reviewed resources (Table 2.5). The remaining 42% were from non-scholarly resources, which are non-peer reviewed sources. The non-scholarly resources represent the diversity of publications that discuss AIP topics. Of the 42% (N = 26) non-scholarly resources, three newspapers and three lifestyle magazines were included (Table 2.6). Three resources were public policy reports from the United Kingdom, Israel, and the U.S. The remaining 17 non-scholarly articles were from trade resources. The non-scholarly trade resources represented professional trades such as the design and building industry, the long-term care industry, home economics, nursing, and technology.

The resources reflect the diverse arena that make use of the AIP concepts. Furthermore, the breadth of use of AIP by scholarly and non-scholarly resources further underscores the importance of communication between applied and basic research and practice principles.

Discipline or trade of author(s). The findings indicated 12 different discipline or trade categories (Table 2.7). The authors’ professional identification was made from author information available in the resource. The health care and gerontology care disciplines and trades represent the majority of the disciplines or trades represented in resources used in this study. There were eight resources from nursing, six resources from physical rehabilitation, occupational therapy, and activity specialists. Public health, medicine, and psychology represented six of the authors’ backgrounds. Gerontology and
care were represented by nine resources focused on long-term care and gerontology specialties.

The disciplines and trades relating to the housing industry from design and building to research were seen in 15 of the resources and represent the relationship between the built environment and AIP issues.

Geography was represented with four sources, and sociology and social work were each represented by two resources. Public policy backgrounds were strongly seen in seven resources. Technological disciplines and trades were noted in three resources, while women’s studies was identified in one resource.

*Unidentified disciplines or trades of author(s).* Eleven resources failed to identify the author(s) discipline or trade. The majority of these 11 unidentified author(s) were in the non-scholarly sources, such as staff writers for newspapers and magazines.

**Definition of Aging in Place**

Definitions of aging in place (AIP) have been in use over thirty years. The concept gained popularity in the 1980s in the United States as health care and housing policy shifted away from the continuum of care models towards aging in place models. This project examined the definitions provided by the 62 resources in the study. The findings were separated into two main categories: *Aging in place defined explicitly*, and *Aging in place defined implicitly*. Examination of the common lexicon definitions comprised the first analysis completed.
Aging in Place Defined Explicitly

An analysis of the definitions indicates that the AIP concept has an established definition that is used consistently across diverse uses. Explicit definitions are clearly defined by the author indicating their meaning and use of AIP. Of the 62 resources studied, 44 % (n= 27) of scholarly and non-scholarly resources provided explicit definitions of aging in place (Table 2.8). An example of AIP explicitly defined was provided by McFadden and Brandt (1993), “Aging in place means many things to many people; however, in this paper it means being able to live independently in one's current residence as the relationship between personal competence and the environment varies as one ages” (p.1).

The following results for aging in place defined explicitly are from the n=27 with explicit definitions. The majority of explicit definitions of AIP were from the scholarly resources (34%, N = 21). Only 10% (N = 6) of the non-scholarly resources had explicit definitions of aging in place (Table 2.9). Therefore, it is more common for scholarly resources to define the AIP concept.

The Defining Characteristics of the Explicit Definitions

Table 2.8 shows the common characteristics from the 44% (N = 27) of resources with explicit definitions. The most commonly defined characteristics discussed in the definitions defined AIP as including the services available to accommodate changing needs (44%, n=12). The ability to age in place in a non-institutional environment was used by 41% (n=11) of the resources. Whereas, 37% (N = 10%) identified AIP as a general housing behavior and not a behavior that occurs in a specific housing type. Only
7% (N = 2) specified in their explicit definition that the housing type is institutional. Others defined AIP with the characteristics of having the ability to age in a “familiar” environment which was used in 26% (N = 7) of the resources. The final characteristic of AIP from the explicitly defined characteristics was an outcome of delaying institutionalization or moving to a higher level of care (26%, N = 7).

The findings from this research suggest that the act of AIP can occur in both institutional and non-institutional environments. To update and further clarify the common phrase of the desire to age in place in a familiar environment, the findings here will use “self-determined environment” to supplement “familiar environment.” By distinguishing that individuals prefer to determine their own AIP environment suggests flexibility in housing choice and the determination of that housing choice to be the individuals’ preferences. It should be noted that it is well established that most individuals prefer to remain in their home rather than moving to another environment as they age. The services vary based on individual needs, and the outcome of delaying or avoiding higher care options requires the preventative action of forethought and planning. The place that serves as the self-determined environment is important to consider. AIP is often used to refer to aging in place in the life-long residence or private home environments. As AIP’s meaning evolved to include care facilities such as assisted living, the desire to remain in a familiar or self-determined environment became reflected in the length of time the individual maintained that specific level of care. The reason for clarifying self-determined environment options is to illuminate the diversity of AIP uses in both institutional and non-institutional environments.
Aging in Place Defined Implicitly

Nearly 56% (N = 62) of the resources had implicit meanings/definitions of AIP (Table 8). The implicit or assumed meaning of AIP may reflect the concept’s diffusion in the common lexicon. For example, the scholarly resource by Pande et al. (2007) uses AIP in the title only and makes no reference to “age(ing) in place” in the body of the text. The implicit meaning of AIP is reflected in the subject matter regarding Medicaid programs that offer home and community-based services aimed at delaying institutionalization.

Both trade and scholarly articles used implied meanings which suggests that the meaning of AIP is understood without explicit definition (Table 8). Interestingly, the scholarly resources represented 24% (N = 15) of the occurrences of implicit meanings of AIP. These scholarly resources assumed that the meaning or definition of AIP was known. The majority of the 26 non-scholarly resources relied on implicit definitions. These findings suggest that trade, policy, and trend resources assume that their readers understand the meaning of AIP.

Summary of AIP Definition

By combining the defining characteristics from the 44% (N = 27) of resources that offered explicit definitions, the findings provide the following common lexicon and theoretical definition that AIP is aging in a self-determined environment accompanied by appropriate services to accommodate changing needs in order to delay or avoid institutionalization and/or higher levels of care. The majority of the resources had implicit definitions of AIP (56%) suggesting that the concept is diffused in the common lexicon. The majority of the resources employing explicit definitions were scholarly
suggesting a commitment by researchers to maintain conceptual clarity when using the concept.

*Operational Definition of Aging in Place*

In order to advance understanding of a theoretical concept, the concept will have operational definition(s) for measurement purposes. Of the 36 scholarly articles in the sample, only 8% (N = 3) were defined for operationalization. Three resources operationalized AIP as length of time in the community or residence. In other words, the longer an individual lived in a location, the longer they had aged in place. No delineations of a time frame in the sense of x amount of years were offered.

From the social work discipline, Bryant (2003) studied the relationship between health status, stress, depression, and the satisfaction African American nuns had with their religious community, significant persons, and racial/cultural identity in terms of their “aging in place.” For Bryant’s (2003) study purposes, “aging in place” was “measured by length of time in the same religious community” (p. 35).

Researchers from the discipline of sociology conducted a study on the significance of community as structure and community as experienced in terms of ‘place’ in the process of aging (Gilleard, Hyde, & Higgs, 2007, p. 591). The study used a secondary data set with a sample of 11,234 persons. For study purposes, aging in place was operationalized as “length of residence“ (p. 595) or “. . . the proportion of their adult life spent in their current home (their aging in place)” (p. 597).

Aging in place was measured as the “length of time in the facility before discharging to a NH (nursing home)” (Dobbs, Hayes, Chapin, & Oslund, 2006, p. 615).
These researchers were focused on the clinical outcome of aging in place and the transfer from lower levels care to higher levels of care.

Concepts that are related to aging in place such as quality of life, well-being and residential satisfaction are commonly used to measure behaviors relating to AIP. Future research that takes existing measures of AIP or measures related to AIP and works to establish collective operational definitions for AIP is needed. The challenge of creating set operational definitions pivots on clarifying the differences in measuring concepts related to AIP versus measures of the time spent in each level of AIP care.

Is AIP a Concept, Phenomenon, Philosophy, or Trend?

For future AIP conceptual clarity, the research examined the terms most commonly used to classify the term type (Table 2.10). Eighteen resources classified AIP as a concept, phenomenon, philosophy, or trend. The majority (55%) of the 18 resources that classified AIP as a concept, phenomenon, philosophy, or trend were from scholarly resources. According to 13% of the total 62 resources, AIP is a “concept.” AIP is also referred to as a “phenomenon” (6%), “philosophy” (5%) or “trend” (5%).

Identification of what AIP is will help to foster use of the concept. Though only 13% of the resources referred to AIP as a concept, we propose that it is a concept. Whether or not AIP has the characteristics of a concept that can be used for theory building will be further examined in this analysis.
Attributes

Attributes or characteristics most commonly associated with the AIP concept include the most common uses and definitions of aging in place. As will be demonstrated in the findings of this study, there is no simple way to conceptualize aging in place. The evolutionary method of concept analysis was used to examine AIP across time and disciplines.

The findings indicate that AIP has a larger social significance than the commonly used definition. The common definition is to remain independent in a familiar residence thus delaying institutionalization through use of support services. This common definition is accurate; however, it does not capture why aging in place is used frequently across disciplines. This common definition does not clearly explicate the current and future state of aging in place. The two attribute themes that will further unify the use of the concept of aging in place are: a paradigm shift towards an evolving social phenomenon of aging, and the balance of innovative parts that support AIP.

A Paradigm Shift Toward an Evolving Social Phenomenon of Aging in Place

The aging in place concept has experienced substantial changes over the years. In Western literature and practice, there has been an evolving paradigm shift in conceptualizing how adults age. The evolution of changing perceptions of aging and the subsequent responses to these perception changes are driving the social phenomenon of aging in place. Thus, central to the aging in place concept are the ethical concerns related to empowering individuals to live in self-determined environments.
Demographic changes and pressure. Nearly 40% (N = 25) of the resources in the analysis addressed demographic changes of an aging society as the argument for the importance of aging in place research. An increase in the number of people aging and an increase in their expected longevity have become major characteristics informing or creating the social situations paramount to AIP as a concept.

Demographic changes indicate important reasons for and directions in future AIP research. Disciplines that focus on the issues of the macro system provide a crucial perspective on aging in place as a contemporary social phenomenon.

Waves of AIP thought. As the societal perspective of aging evolves, the process of defining AIP evolves. AIP has been influenced by the changing cultural perceptions of aging. An examination of the early, current, and future wave of AIP is provided. The flow of concept and definition changes through the years demonstrates the fluid and dynamic nature of AIP as a dominant social concept that has experienced significant evolution.

Early wave of AIP thought. During the 1950s, and through the 1980s, the belief systems about aging and housing were based in the disengagement of aging adults from society. Early gerontological theory, the Disengagement Theory, believed that older adults’ natural inclination was to withdraw from society once their active role as contributing members had ended (Quadagno, 2005). Following the nature of Disengagement Theory, the policy makers and service providers focused on placement of adults into age-segregated communities and perpetuated the paradigm that being a contributing member to society ended when older adults working careers ended.
During this period, supportive housing options were developed, including an increase in the building of nursing homes. Although the majority of individuals remained in ordinary homes and did not relocate to nursing homes, the pervasive social norm of age-segregation and disengagement fostered the development of age-segregated housing. The continuum of care philosophy was the prevalent approach to institutional care which allowed residents in institutional care facilities to access appropriate care as their needs changed. The continuum of care assumed that during the process of disengagement in age-segregated housing, older adults would inevitably advance into higher levels of care. Van Dyk (1992) asked professionals in long-term care if the continuum of care philosophy could work with the desire to age in place:

Recently, a New Jersey state official announced that the ‘continuum of care’ concept no longer was the answer to caring for this country’s elderly population. Because the continuum of care encourages moving people from one level of care to another, it is at odds with people’s wishes to ‘age in place.’ Is this true? . . . the concept of aging in place forces a rethinking of that position. (p. 100)

The belief in age-segregation and disengagement fell out of favor when care facilities began housing individuals at inappropriate levels of care (Ball et al., 2004). Residents had been kept in inappropriate care or at inappropriate care levels (non-self determined) due to problems encountered by the service providers. So residents who were more mobile or who were in need of greater levels of care both were being inappropriately assigned to facilities. Some providers’ services were limited because of policy structures or funding limitations.

Current wave of AIP thought. Current beliefs concerning aging and AIP were developed and are strongly rooted in the contemporary Western perception of aging. Two
characteristics of current understanding about AIP are reflected in: (1) “The demographics of aging have also spurred policymakers and researchers to explore ways to enhance the living environments of single-family home and planned senior housing to accommodate aging residents’ changing needs (Prosper, 2004, p. 83), and (2) the identification of problems with AIP in the community along with the subsequent implementation and evaluation of programs that support community-based AIP.

In 1999, the United States Federal Court ruled on *Olmstead v. L. C.* The ruling upholds an interpretation of the ADA (American with Disabilities Act) requiring all states to support age-integrated settings for all individuals regardless of age and/or disability. As Prosper (2004) explains, the ruling fostered allowing aging adults to consider traditional segregated and supportive adult housing as an option, rather than a certainty, when severe frailty diminished the ability to live independently on one’s own. Pande et al. (2007) expect the ruling to evolve with time to complement the desire to age in non-institutional environments; thereby increasing the growth of community based programs.

The second characteristic in the current wave of AIP is the movement beyond simply identifying AIP related problems and toward creating and evaluating AIP options. After identifying the problems associated with age-segregated housing and institutionalization of aging adults, AIP research began to focus on evaluating community-based services and policies. The cycle of implementing new policies, programs, services, and products, and the subsequent evaluation process of these AIP options continues. As AIP options are developed, evaluated, and modified, the cyclically-based nature or characteristics of AIP are manifest.
An example of the cyclical attributes of AIP is seen in the development of Assisted Living (AL) services in recent years. The concept of AIP gained popularity in the 1990s, because it provided the middle range answer to remaining in an ordinary residence without on-site care services and the full range of services furnished by nursing home facilities. The AL philosophy developed into offering homelike environments, while meeting adults’ healthcare needs (Willging, 2004). However, the challenge for AL was whether or not the facility policies would allow residents to remain through end of life without relocation. Today, there are varying levels of AL care with some states implementing policies that support intermittent or limited-time skilled nursing care (Mitty & Flores, 2008).

*Future wave of AIP of thought.* Even though this analysis is not predicting future characteristics of AIP, the idea of AIP as inclusive of all individuals is developing in current AIP thought. In other words, the distinction that AIP is solely a behavior of older adults is evolving and includes all individuals regardless of age or of disability.

The *Olmstead v. L.C.* federal court ruling set the groundwork for all individuals, regardless of situation or disability, to live safely in age-integrated settings. Two resources that discussed the application of AIP outside of traditional aging standards to include younger adults with disabilities are Bigby (2008) and Gilson and Netting (1997). They explain that individuals with disabilities (intellectual, physical) tend to exhibit signs of aging earlier in their lives than their chronological aging norms would anticipate. Bigby argues that Australian policymakers apply the policies of AIP for older adults to intellectually disabled adults. With AIP established in Australian policies on aging, Bigby
argues that intellectually disabled adults should be able to remain in community settings rather than institutional settings for the duration of their lifespans. Australian policies permit intellectually disabled adults to have access to AIP community-based services.

As the paradigm toward aging evolves, AIP is expected to include options and resources that are inclusive of all individuals, not just aging adults. Principles present in design theory, such as Universal Design, provide insight for addressing the diverse environments among people and situations.

Summary of Paradigm Shift Towards an Evolving Social Phenomenon of AIP

By following the waves of AIP thought through early, current, and future evolution the growth of the concept is revealed. The early wave of thought reflects the era of age-segregation based on older adults’ disengagement from society. Housing and care options were developed to support age-segregation. As the social perceptions on aging evolved, individuals’ desire and benefit from non-age-segregated options became apparent. During the 1990s, policies were developed so older adults and those with disabilities could remain in self-determined environments, and the problems resulting from the increase in older adults choosing non-institutional environments as their housing choice were identified. The future wave of AIP is yet to be defined; however, there is indication the concept will develop to be inclusive of individuals regardless of age or ability.

Balance of Innovative Parts Support AIP

The most evolved aspects of the AIP concept are innovative approaches and options to AIP related issues. Nearly 20% (N = 12) of the resources described an aspect
of their related AIP project as “innovative.” The early manifest coding of the word
innovative prompted additional coding for themes relevant to innovative approaches or
options. Three broad themes were identified representing the innovations of AIP: *Top-
Down Innovative Actions and Options, Collaboration of Multiple Actors, Independence is
Empowerment, Empowerment is Independence.* The three themes represent the current
state of AIP as a solution-based concept consisting of an “interplay of a ‘constellation’ of
factors, some alterable and some not” (Ball et al., 2004, p. S203). These three themes
represent innovative ways of dealing with the complex issues related to aging in place.

In other words, a balance of innovative factors was needed to facilitate a complex
concept like AIP. As stated by Ball et al. (2004), “The relationship between these factors
was complex and dynamic, and the phenomenon of aging in place represented a
balancing act that depended on how various factors acted and interacted in the context of
each ALF” (p. S205), The findings of this research build on the idea of balancing
innovative factors as the approach to addressing AIP complexity. The balance of
innovative parts is the main defining attribute/characteristic of the current state of art of
AIP.

*Top Down Innovative Actions and Options*

The attribute of innovative actions and options represents the central characteristic
of the current state of the art for contemporary AIP. During the data analysis stage of
manifest coding, identification of types of innovative actions and options were
categorized as policy based, programs, services, and products. Subsequently these types
of innovative actions become the theme of *top down innovative actions and options.* The
top down innovations theme illuminates that AIP issues are the focus of options that are dictated by AIP providers.

The attribute theme of top down innovative actions and options is a substantial finding of this research. First, the top down innovations attribute identified that in order to keep older adults in a familiar environment and to delay institutionalization, the contribution of top down innovations is necessary. Secondly, the categories (i.e. policy, program, services, and products) of top down innovations assist the collaboration teams in identifying where their contribution falls in the chain of action and options of AIP.

**AIP related policy.** AIP issues typically involve the coordinated efforts of multiple actors, with the most prevalent being the involvement of public policy that supports AIP programs and services. Policy and AIP concerns were discussed in the majority of resources 62% (N = 39) of the resources (Table 2.11).

The most recent federal policy influencing AIP occurred in 1999. The U.S. federal court decision of *Olmstead vs. L.C.*, required that all states ensure that individuals with disabilities at any age have the opportunity to live in age-integrated settings (Pande, Laditka, S., Laditka, & Davis, 2007; Prosper, 2004). The impact of this ruling and the current shift in beliefs concerning AIP indicate that policy makers have recognized that older adults do not view traditional retirement housing as an option until the ability to live independently proves impossible.

Federal policy that supports aging in place is most frequently influenced by Medicare and Medicaid policies. Medicare/Medicaid influences the AIP choices of the majority of Americans 65 years of age and older, most commonly, for end of life or long
term care. The decision for late in life care has evolved, and the current national policy objective is to keep individuals home as long as possible to lower nursing home expenses. A primary concern is the lack of community-based programs that offer services to maintain independence in the private home. For instance, Medicaid Home and Community-Based Services (HBCS) provide the alternative to long-term institutional care (Marek, Popejoy, Petroski, Mehr, Rantz, & Lin, 2005). However, there are some concerns that only Medicaid recipients who qualify as low income will receive government support AIP waivers to help maintain independence in the home environment (Lau, Scandrett, Jarzebowski, Holmann, & Emanuel, 2007).

Policies that influence the location and length of time an individual can age in place were found in this research. State regulations dictate in Assisted Living whether or not individuals can die in place. Dying in place or moving to a higher level of care is dependent on the individual states’ Assisted Living admission, retention, and discharge policies (Mitty & Flores, 2008). Some individuals have expressed concern that state policy on AIP in AL will foster AL operators to hold residents for incorrect time frames in order to meet the state policy (Moore, 2005).

In summary, public policy related to AIP has a tremendous influence over the types of programs, services, and products available to aging adults. It is crucial to acknowledge the aspect of policy in AIP. Conversely, it is also important to acknowledge the shared equal responsibility between the policy makers/enforcers and the older adults denoting that policies are in the best interest of both parties. Beidler and Bourbonniere’s (1999) community-based model for alternative AIP care that delays institutionalization
reflects the influence of policy in tandem with community support. They proposed that to have a successful community-based care model, risk must be taken by the community and the policy makers in order to institute the innovative program – in other words, the responsibility for the innovative program must be equally shared.

Programs, Services, and Products

The currently acknowledged characteristics of AIP and the balance of innovative actions and options ultimately reach the public as programs, services, and products. To design and implement the various programs, services, and products requires the coordinated efforts of many team players. For clarity in this project, services, programs, and products were defined separately. However, categories were not mutually exclusive as some resources discussed services, programs, and/or products in the same resource.

Services. Services are defined in this research as options to AIP issues that are offered one at a time. For example, Meals on Wheels is a one-at-a-time solution to nutritional needs. Services were represented in 61% (N = 38) of the resources sampled. The objective of services is to keep individuals in same environment as long as possible by offering the appropriate level of care. The appropriate balance of care should address the physical, mental, social, economical, and safety needs of aging adults (Akhter & Levinson, 2003; Lau et al., 2007). Even though the objective of services remains the same, the type of services varies drastically depending on the individual’s housing environment and level of care needs.

In institutional environments, services vary based on the type of care facility. Services in facilities, such as Assisted Living or Nursing Homes, reflect the level of care,
activity, and food services offered. The challenge for institutional care providers is to meet the requirements of policy or service providers, while simultaneously providing the appropriate level of care to the individual (Ball et al., 2004). The benefit of institutional care is the focused attention on an individual’s health care needs. The disadvantages of institutional care are the evolving needs of older adults that can occur quickly and can then disrupt the initially appropriate care plan. Currently AIP is focused on achieving a balance between the appropriate level of care and the individual’s changing care needs.

**Services to programs.** In non-institutional environments, community dwelling individuals may require a service or multiple services to remain safely in their homes. These “housing related services” (Pastalan, 1990, p. x) or “basket of services” (Thein, 2003, p. 8) are obtained by individuals in two ways: (1) the individual’s ability to plan ahead and develop an aging in place network of care resources, or (2) a comprehensive social services program delivering home health care and related services. Individuals are encouraged to devise a plan for aging in place that includes housing, safety, care giving, home health care, housing maintenance and repairs, government assisted energy and weatherization programs, transportation, and other related services (Neal, 2007; Pastalan, 1990). Individuals who can retain the appropriate services on their own may not require the support of AIP related programs. However, programs are coordinated services that are often times useful for older adults unable to plan for themselves or for those whose planning or financial resources are exhausted prior to death.

Programs that are coordinated at the local or state level tend to foster aging in place by offering aging in place programs for all individuals. For purposes of this
research, programs for AIP are defined as coordinated efforts of multiple services delivering home health care and related services. Programs for AIP were discussed in 24% (N = 15) of the resources. AIP programs, such as The Program of All-Inclusive Care for the Elderly (PACE), are crucial for development in AIP because they make coordination of the various AIP service parts attainable. PACE is currently considered the most comprehensive federally-supported public program coordinating health care, nutrition, social, and transportation services to community dwelling older adults (Lau et al., 2007). Even with the availability of outstanding programs, there is still the concern that individuals may not use them because they are unaware, lack ability to access services, become dissatisfied with the services, or refuse their use (Prosper, 2004). Comprehensive programs, like PACE, are needed and are expected to grow as the population of aging adults increases.

As attention to AIP increases, projections are that more programs will be developed focused on offering comprehensive AIP services to community dwelling adults.

Products. Product innovations have been part of the cadre of options through the years. Resources discussing product innovations for AIP issues comprised 15% (N = 11) of the sample. Two types of innovations were reflected in the sample: (1) innovations in housing options, and (2) innovations of products that assist with health care needs.

Product innovations developed to improve housing options have a long history in AIP. Housing options in response to aging issues have included congregate housing, detached housing, AL, and CCRCs. Lessons were learned from each of these housing
options, and, as the paradigm shifted towards AIP meaning to remain in a familiar environment, the housing options became more focused on services offered and products used to facilitate addressing needs. The current state of AIP is less about the development of new or alternative housing options and more focused on providing a balance of services. What remains of the housing options trend is directed to developing housing options that help older adults’ remain in their preferred environment.

Product innovation in health care and home health care is the future of AIP. The innovative work being conducted at INTEL and through the CAST program make them leaders in research and development of new healthcare options (Dishman, 2004; Neal, 2007). In response to the international aging phenomenon, CAST argues that with longevity of life, the subsequent increase in disease and disability has greatly strained the health care industry. Innovative product options are being explored that would facilitate home-based care and health care services – a new way of caring for an aging population (Dishman, 2004).

Others are contributing to the product innovation for health and home safety by using creative communication, monitoring, and care giving technologies. As needs change and innovations are implemented, the nature of AIP continues to evolve.

**Summary Top Down Innovations, Actions, and Options**

Top down innovations provide the structural supports that can make aging in place possible. The challenges that top down innovations experience reflect the unique and individualized changing needs of adults over time. The person-environment model identifies that adaptation is necessary in order to establish the correct “fit” between
individuals and their environments (Lawton & Nahemow, 1973). With the large number of adults reaching or exceeding retirement age in the near future, options must meet the needs of the masses, while simultaneously supporting individualize and lifecycle based need changes. The social significance of top down innovations rests in their ability to offer options that can reach large numbers of highly diverse individuals.

_Collaboration of Multiple AIP Contributors_

The findings further suggest that in order to understand and facilitate aging in place, the involvement of a multidisciplinary team is necessary. Thus, one of the primary innovations relevant to AIP is the active collaboration by many actors focused on finding options to the various aging in place issues. In AIP, multidisciplinary teams or balance of multiple AIP actors are present in three distinct ways: (1) twelve disciplines represented in the sample used for this analysis; (2) the multidisciplinary collaborations occurring across disciplines and/or structural relationships; and (3) the collaborations occurring within family units. The majority of resources (82%, N = 51) have topics that focus on some type of collaboration with multiple players in the aging in place process (Table 2.12).

An overriding phenomenon of interdisciplinary collaborations is that most individuals, regardless of their discipline, have personal experience with aging. Through personal identification of the role contribution their works makes to the understanding and resolution of aging issues becomes personal, as well as professional. The impact of aging in place causes disciplines to ask for inclusion within the interdisciplinary teams for aging in place. Stuen and Offner state “With 26% of persons over the age of 75
reporting a vision impairment, it is time for vision rehabilitation professionals to be recognized and included in the multi-disciplinary service team” (p. 59). The reality that AIP is a concept that broadly reaches multiple disciplines is a further note of the magnitude and complexity of establishing AIP options.

**Twelve categories of diverse disciplines and/or trades in sample.** The sample in this study represents twelve broad disciplines or trades. Table 6 shows the various backgrounds of the resource author(s) and indicates that aging in place is a concept that crosses disciplines and trades. The disciplines or trades represented were grouped in categories of related fields: Economics (1%), Housing and related fields (24%), Geography (6%), Gerontology (15%), Nursing (13%), Rehabilitation and Therapy (10%), Public Health (8%), Public Policy (11%), Social Work (3%), Sociology (3%), Technology/Gerotechnology (5%), and Women’s Studies (1%). Unspecified author backgrounds for the trend and variety resources, such as newspapers and magazines, represented 18% of the resources.

**The various types of interdisciplinary collaborations.** The types of collaborations identified in this theme vary based on the solution being sought. The collaborations impact of the theme occurring across disciplines is indicative of the interdisciplinary nature of AIP issues.

There are two types of interdisciplinary collaborations identified in this research: (1) an applied focus on policy, care, service, and program development and implementation, and (2) a basic and applied research, development, and education focus.
Interdisciplinary collaborations for applied policy, care, service, program, and/or product development and implementation. Diverse team collaborations are common in the development of structural aspects such as policy development. The structural institutionalization of AIP typically requires support from public policy. Policy helps to support the development and implementation of services and programs. Once policy is in place, the development and implementation of services and programs frequently involves the collaboration of interdisciplinary teams from the care providing and policy sectors.

A current concern with AIP issues is the development of community care programs to help facilitate aging in place in a familiar and private residence in a naturally occurring retirement community (NORCs). Twenty-six resources in the analysis (42%) discussed different community programs requiring interdisciplinary teams that keep individuals in their familiar home and community (Table 13). Roberts (1991) explained that to revitalize a struggling community care program for aging adults, four groups – the state, the area agencies, the service providers, and senior and disabled advocates – would be required to save the program. Dunbar (2004) discussed a community care program that required an interdisciplinary team — social workers, health care providers, housing officials, and city government representatives — working towards the same goal. In Australia, the development of community care programs that support aging in place for intellectually disabled adults requires the coordinated efforts of policy and care services (Bigby, 2008). The involvement of multiple players who facilitate aging in place is one of the most defining attributes of AIP.
Interdisciplinary teams are useful at the individual level when addressing serious AIP issues such as the individualized health care services for older adults. Mitty and Flores (2008) state, a good death requires both planning and a diverse gerontology team to meet the complex care needs of the dying individual.

*Interdisciplinary collaborations for basic and applied research, development, and education.* In creating innovative options, the current state of AIP issues requires interdisciplinary teams to provide new options. Contributions made from research teams expand the development and dissemination of new ideas and products from outside the applied and policy realm. The topic area of research, development, and education is reflected in 35% of the resources.

Early innovative collaborations, such as the HOST program in New York State, introduced the benefits of collaboration. Pollak and DiGregrio (1988) discuss the collaborative program between educational and government services that informed older adults and their families about innovative housing options.

The interdisciplinary research team of Rantz, Marek, Aud, Tyrer, Skubic, Demiris, et al. (2005) is a collaboration between computer engineering, health informatics, and nursing. The objective of the collaboration is to improve the quality of life for adults aging in place. Innovative approaches combining nursing and technology create environments that support older adult independence. The project utilized both research to advance understanding of housing and aging options, and student involvement for learning purposes.
The innovative model of care for community dwelling elders discussed by Beidler and Bourbonniere (1999) represents a model of care requiring a complex team to supports the care community program. The model of care proposed by Beidler and Bourbonniere builds on existing models while addressing the needs of rural aging populations:

Staffing the center and clinic van and supporting AIP in general would be two Gerontological Advanced Practice Nurses, a gernontological nurse practioner and geropsychiatric clinical nurse specialist. Other staff would include a Registered Professional Nurse as the Day Center/Clinic Coordinator, A Recreational Therapist/Activities Coordinator, and Elder Care Aides. Collaborative and consultative agreements will be established with local physicians to support the nurse managed clinic. Video conferencing, teleconferencing, and …Home assessments will determine housing safety and accessibility needs. AIP will recruit volunteers to assist with necessary home modifications. (p. 35)

The coordinated approach of diverse groups clearly is a part of the research, development, and education aspect of AIP innovations.

*The collaborations occurring within family units.* For individuals aging in place, their family units often become part of the interdisciplinary team that facilities AIP. The dynamic of family support in AIP frequently influences the older adult’s team. The findings indicate that 11% (Table 2.12) of the resources discuss the role of family as part of the team working with an older adult to facilitate AIP.

There are two ways the family is viewed in AIP: (1) the family acts as a facilitator in the AIP process for the older adult, and (2) the family is viewed by the institutional facility and its philosophy as part of the AIP process. While adding vital support and perspective to the AIP process, the family unit also adds an additional dimension of complexity to balancing the various interests of an AIP team.
In 1988, Walker discussed the challenges African American families faced when dealing with older family members aging in place. Unique to the African American elders in Walker’s research was their lack of access to educational opportunities prior to the Civil Rights Movement in the United States. Many African American adults were left with deficits that hindered their independence in AIP. In response, families often formed care relationships more extensive than other populations segments as a reflection of their poverty. In collaboration with structural changes that included civil rights, education, and aging in place policy, Walker encouraged families to prepare for future generations and their AIP processes.

Many facilities consider the family a part of the AIP process for the older adult. Moore (2005) pointed out that marketing of Independent Living or Assisted Living requires service providers to ask how will the “senior consumer group and their adult children” respond to the marketing strategy (p. 31). A recent article in an Oregon newspaper covered the opening of a new technologically advanced Assisted Living Facility, Elite Care at Fanno Creek (Foyston, 2008). Elite Care is known for their innovative approach towards AL care. Part of the Elite Care philosophy is to create the partnership between technology and human relationships. Key to their philosophy is using technology to link older adults with their extended families creating yet another dimension to the AIP process. These examples illustrate the crucial involvement of the family in creating and balancing AIP innovations.
Summary of Collaborations of Multiple AIP Actors

The benefits of identifying the characteristics of interdisciplinary team collaborations in AIP demonstrate the contemporary paradigm in AIP research. AIP’s current and future roles are tied closely to ongoing problem solving through interdisciplinary teams. Even though, as Rantz et al. (2005) state, interdisciplinary teams need time and nurturing to learn how to work together, interdisciplinary collaboration is the future of AIP.

Independence is Empowerment, Empowerment is Independence

The findings from the concept analysis indicate that a primary attribute of AIP is empowerment by fostering independence. In addition, the theme of reciprocal independence and empowerment encompasses the micro-level factors of the aging in place process. In other words, the independence/empowerment theme represents or focuses on the actions taken by the individual aging adult. The independence/empowerment theme is useful when analyzing older adult use and evaluation of programs, services, and products.

During the early data analysis phase of manifest coding, 60% (N = 37) of resources were identified as using the word independent or independence in relation to AIP (Table 2.13), thereby suggesting that independence is a commonly accepted attribute of AIP.

During latent coding for additional independence related themes, the theme of independence is empowerment, empowerment is independence was identified. The findings suggest that independence is a key component of AIP, but empowerment brings
a broader dimension to independence. The definition of independent is not being controlled or influenced by others, while empowerment is to enable or endow with an ability (Random House Webster’s Dictionary, 1999). Together, independence and empowerment represent the reciprocal relationship between the older adult and the appropriate services. The theme of independence is empowerment, empowerment is independence has three subcategories: (1) shared responsibility by older adult and appropriate services; (2) prevention as a problem solving option, and (3) individuals’ empowerment of options.

*Shared aging in place responsibility.* The relationship between older adult and the provision of services to help them to age in place will work optimally if the responsibility of AIP is shared. In other words, the balance of an older adult’s access to and willingness to use appropriate AIP services also requires that those services be available – the older adult and the appropriate services working together enabling aging in place. Crucial to the balance is an awareness on both sides that the responsibility of aging in place is a shared and equally created relationship between user and AIP provider.

*Prevention as a problem solving option.* AIP and the characteristics of independence and empowerment can also be framed as appropriate services that are preventative problem solving options. Findings indicate 45% (n = 28) of resources show preventative problem solving options (Table 2.13). Dunbar (2004) indicates that community-based care programs can avoid or delay institutionalization by attending to problems before they grow and become severe.
Technological innovations are being developed that incorporate preventative features. Stelluto (2004) discusses the variety of innovations being made in technology to help older adults and their caregivers maneuver AIP. The technologies suggested are intended to help individuals remain independent as long as possible both by solving existing problems and preventing future problems.

Housing and related fields have been working to implement the principles of Universal Design and related design theories that allow for individuals at all ability levels to use the built environment without regard to their health status. Miller, Olson, and Garner (2007) identify homes that include universal design elements that allow individuals to age at home longer, thereby preventing or delaying institutionalization. For example, handrails in bathing areas, ramp access to buildings, good lighting in internal and external areas all represent Universal Design implementation that will benefit adults of all ages and abilities. Universal Design features thus encourage older adults’ independence, self management, use of safety devices, and full use of the home environment (Prosper, 2004). To stimulate others to think of their home for aging in place, they recommended, “ask yourself, Suppose someone in our family broke a leg and was on crutches for two months…how would this house meet our needs?” (Zablocki, 2008, p. 30). Thinking and planning with a specific scenario in mind provides a basic exercise that fosters preventative planning regarding the home environment.

Prevention as a problem solving option is used by AIP providers to educate the public on preventative behaviors that facilitate AIP. For instance, Neal’s (2007) magazine
article instructs adults to start planning yesterday. In other words, planning for long-term care prevents decisions being made after a crisis has occurred.

Other types of appropriate services will be discussed in the following attribute regarding Top-Down Actions. The top-down actions that are predominantly developed by collaborations dictate how successful individuals will be in achieving their AIP independence.

Individuals’ empowerment of options. The final balance of parts regarding independence is empowerment, and empowerment is independence theme reflects empowering individuals through offering options and fostering choice making. Empowerment is independence means that individuals are empowered to choose AIP options for themselves. Findings show that 29% (N = 18) of resources demonstrate actions or options intended to empower the end user (Table 2.13). Early trends in empowerment of options are examined in Pollack and DiGregrio’s (1988) article regarding housing options for the aged in New York State:

Unfortunately, many seniors are unaware of these options and believe their only choices are to remain alone in a home that's too large or to move to a nursing home. Today, however, more people have the opportunity to learn about a variety of alternatives that communities across the country are developing. (p. 11)

New trends in empowerment of options are seen in Assisted Living options and the AL philosophy that includes individuals’ awareness and involvement in their care options. Mitty and Flores (2006) stressed the importance of managed or negotiated risk agreements in AL that accommodate a resident’s choices and assess and/or address the potential risks of remaining in a specific residence. The Ball et al. (2004) study suggested that prospective residents in AL and nursing homes must “be well informed about their
own needs and the facility’s capacity to meet them” in order to prevent rapid decline in the institution (p. S211).

Housing and related fields have consistently contributed to providing individuals with options that foster independence in AIP. Currently AIP options in the housing and design industry provide design options that fit the end users’ needs. The movement has educated users about design options for their homes, which then allows aging home owners to decide for themselves. As an electric wheelchair user, Dr. Duerstock points out that ADA design specifications should always be determined by the end user so the product appropriate for their needs is selected (Zablocki, 2008).

The ability to empower another individual requires compassion and training for the service provider. For instance, programs such as the National Association of Home Builders (NAHB) and American Association of Retired Persons (AARP) collaboration provide certification as a Certified Aging in Place Specialist (CAPS). One CAPS builder/designer states:

I think CAPS brings a little more awareness to other people's needs. When you go into the CAPS program, you learn a little more about compassion, about the people you are serving. Their needs are a little bit different, the products you use are going to be different, how you approach the project is going to be different. It's just becoming aware of other options out there. (Swartz, 2006, p. 9)

The examples provided above indicate that empowering users to access and use the available resources is a fundamental goal of AIP. The reciprocal relationship between
shared equal responsibility between aging individuals and AIP providers is part of the balance of parts needed to make AIP possible.

**Summary of Independence is Empowerment, Empowerment is Independence**

The finding of independence is empowerment and empowerment is independence reflects the reciprocal relations of individuals aging in place and those providing AIP services. The theme of shared equal responsibility demonstrates that without the active participation from both sides AIP options will fail. In other words, options must be offered and older adults must be willing to use the options. Prevention as a problem solving option is very active in the AIP literature. And individuals’ awareness of their options and the providers’ obligation to educate the public about the available options also plays a dominant role.

**Antecedents and Consequences**

AIP identification of antecedents and consequences proved to be a challenging aspect as the concept has interconnected beginning and ending points of behavior. After development of data collection charts for attributes, antecedents, and consequences, the findings began to overlap because aging in place is a concept of continual movement between context specific uses. For example, the aging in place attribute theme of balance of innovative parts will allow aging in place to occur. On the other hand, innovations in aging in place are introduced when there is a problem to solve because of aging in place.

Nevertheless, the findings identified two antecedents and two consequences of AIP. Two levels of the antecedent and consequence findings were identified that illustrate both the common use and social phenomenon use (Table 2.14)
The antecedents of a concept provide the concept with a starting point. For instance, in this research, antecedents were pursued through data collection and analysis methods which asked the question, *what happens before aging in place occurs?* There are two antecedents present in the use of aging in place: (1) aging adults’ desire to remain in a self-determined environment reflects micro-level interactions, and (2) the structural desire to facilitate the individuals’ desire to remain in a familiar environment reflects the macro-level influences.

The first findings indicate that the common definition of AIP – the desire to remain in a self-determined environment with the appropriate level of care – is an antecedent of AIP. The desire to allow individuals to stay in self-determined environments is the motivation for the development of innovative options. In other words, at the micro-level of the person, there is a want to remain in a self-determined environment as long as possible.

The second consistent characteristic of aging in place is the structural component of human rights. The desire to age in a self-determined environment is a social and moral responsibility that must be instituted at the structural level to protect the aging population. The desire to allow individuals to remain in a self-determined environment or to continue receiving a lower level of care is a reflection of respecting the human rights of aging individuals.
An example of social and moral responsibility is expressed realistically by Moore (2005). Moore is discussing the best marketing strategies for assisted living housing to service providers:

Senior housing sponsors have an obligation to provide appropriate, cost-effective assistance with activities of daily living (ADLs) for their residents. But besides the satisfaction of knowing you’re doing the right thing, there could be other significant payoffs for those who do it effectively. (p. 30)

AIP involves a complex relationship of “knowing you’re doing the right thing” and providing options to AIP issues. In conclusion, the collective desire by a group of individuals to protect the rights of a vulnerable population is the second motivating factor driving the aging in place phenomenon.

Consequences

The consequences of a concept provide the concept with an ending point or an outcome. During both data collection and analysis, the researchers continually asked and identified what happens because of AIP? Two consequences have been identified that represent the consequences of AIP. The first consequence reflects the applied outcome of delaying individuals’ movement to an institution or higher level of care. The second consequence reflects the long-term social meaning or macro-level culture change that aging in place represents.

The balance of innovative parts demonstrates how many complex relationships must occur in order to facilitate the outcome of aging place. A large diversity in the outcomes regarding the consequence of AIP was represented in the resources. Nevertheless, the first consequence theme is delaying institutionalization or avoiding higher levels of care. Surprisingly, the outcome of AIP is not dying in place. Mitty and
Flores (2008) state, “An assumption of aging in place is that death will take place in the ALR” (p. 97). However, due to the many barriers of dying in place in any type of residence, death cannot be a consequence of AIP. In fact, this analysis is showing that aging in place is more about working with changing needs to maintain the appropriate aging in place option, rather than maintaining one residence through death, even if it is the wrong residence. Thus, the consequence of AIP is delaying institutionalization or avoiding higher levels of care (Bigby, 2008; Dobbs & Hayes, 2006; Dunbar, 2004; Pande, Laditka, S, Laditka, & Davis, 2007; Rojo Perez, Fernandez-Mayoralas, Pozo Rivera, & Rojo Abuin, 2001; Van Wezemael & Gilroy, 2007; Willging, 2004).

Understanding and developing the pathways that prevent mobility to higher care levels represent the current state of AIP. An evaluation of Medicaid programs that support home and community based programs by Pande et al. found that state funded programs could “delay institutionalization while allowing frail older people to receive care in a setting they prefer, their homes” (p. 57). Similarly, the current AIP philosophy for assisted living is to offer the appropriate care for changing needs to delay a higher level of care (Dobbs, Hayes, Chapin, & Oslund, 2006). Other options which delay or avoid institutional care are shown in universal design innovations, health care innovations, and technological innovations.

The second consequence of AIP is the evolving sweeping culture change on how both the individual and the structure approach aging. As a balance of all AIP actors continues to work towards the same outcome of delaying institutionalization – the social or cultural awareness of aging and place is experiencing sweeping changes.
Derived Definition of AIP as a Contemporary Social Phenomenon

Derived Definition of AIP

Findings from the attributes, antecedents, and consequences of AIP were analyzed and combined, and a derived definition of aging in place was developed to represent the current state of AIP:

*Aging in place* (AIP) is a contemporary social phenomenon that encompasses the independence and inalienable right of individuals aging in their self-determined environment while maintaining access to appropriate levels of care and/or community services.

A shared responsibility between aging individuals and AIP providers involves empowerment and comprehensive approaches crucial to quality of life that ensure the implementation of policy, service, program, and product options fundamental to AIP. AIP actions and options are developed from coordinated efforts using interdisciplinary avenues coupled with an innovative and complex balance of parts that facilitate the diversity and evolving needs of aging adults and the aging industry.

A primary finding in this research AIP as a contemporary social phenomenon has a past, a present, and a future that is influencing the way society handles aging in place is.

In 1990, Tilson and Fahey explained that it was necessary to disseminate new knowledge and attitudes concerning AIP through educational and policy collaborations. They postulated that educational centers would be the primary vehicles for changing attitudes of all the key parties involved in aging. The key players included policy makers, regulators, developers, professionals, and caregivers. With the additional support of professional organizations such as the AARP, education of the general public became possible. In 2008 AIP is living in these accomplishments, making improvements and continuing to understand the breadth and depth of its multiple and complex components.
Contemporary Social Movement

Realizing that AIP is participating in a social paradigm shift that is changing the perceptions and services for the aging adults will help unify and strengthen advocacy approaches. For instance, great social change has surrounded named social movements providing human rights for vulnerable populations. Historical and ongoing contemporary social movements have changed the quality of life for many individuals including the civil rights movement, feminist movement, anti-violence and peace movements, environmental movements, and gay rights movement to name a few.

I propose that future aging in place research examine if AIP is a new social movement in response to the changing paradigms regarding an aging society. A social movement is defined as a group of individuals supported by a common ideology who are working together to achieve specific goals “outside the sphere of established institutions” (Giddens, Duneier, Appelbaum, 2005, p.391). Contemporary social movements often focus on the quality of private life and focus on political and economic issues while fighting for large scale changes in the way individuals morally act and think (Giddens et al., 2005). Unique to contemporary social movements is the development of collective identities centered on lifestyles that demand “sweeping cultural changes” (p. 400).

Is aging in place an international social movement? There is an indication from this research that the AIP social phenomenon is an international phenomenon in western cultures. Of the 62 resources examined in this analysis, eight countries were represented.

The Supportive Community programs established in Israel have resulted in cross-national exchange programs between Israel and the United States (Thein, 2003). Thein
further believes that more cross-national program exchanges are likely, “as the concept of Aging in Place becomes more widely accepted as the basic solution to problems of providing appropriate services for the elderly” (p. 22). Similar aging in place behaviors for intellectually disabled adults in Australia and the U.K. that reach between countries were discovered (Bigby, 2008).

Dishman (2004) states, “This trend is global. The worldwide population over age 65 is expected to more than double from 357 million in 1990 to 761 million by 2025” (p. 35). Dishman discusses innovations in technology, health care, and aging to meet the needs of an aging global market. There are expectations that the aging population and AIP will benefit from international innovations and options. Rosenfeld and Chapman (2008) are setting up for future international collaborations regarding aging and housing. In their book *Home Design in an Aging World* they proclaim:

This book discusses senior home design in seven rapidly aging nations…. The sheer number of old (60 or older) and very old (80 or older) people is enough to challenge existing residential patterns. But also there are social transformations that impact architecture and interior design. The most important of these is the transformation of family structures worldwide….Paradigms and principles of universal design are now accessible to architects and designers all over the world. And in addition, design professionals are collaborating, sometimes internationally. The design of homes and long-term care facilities can easily involve partnerships, franchises, and consultancies that cross borders and continents. (pp. xvi – xvii)

The findings from the research encourage future research to examine the use of aging in place as an international phenomenon.
Model Case

When applicable, model cases are identified or made that demonstrate all the attributes of the concept. The scholarly resource of Rantz et al. (2005) demonstrates the majority of the attributes of the current state of AIP.

The Rantz et al. (2007) resource discusses the collaboration between nursing, computer engineering, and health informatics. The project’s objective reflects the current wave of AIP thought that “Helping older adults remain independent in the setting of their choice is a complex, multifactor endeavor” (p. 4). The project focuses on the relationship between the aforementioned disciplines working “within an academic health science center to improve the quality of life of older adults as they ‘age in place’” (p. 4). The innovative program includes the design and implementation of care services and technologies to assist aging adults with staying at home by fostering independence. Part of the program implements options that are preventative in nature such as “early illness recognition, and health promotion activities, all within a well-designed housing environment that will help older people stay healthier and active longer, avoid expensive and debilitating hospitalization, and for most residents avoid relocation to a nursing home” (p. 41).

The Aging in Place Project discussed by Rantz et al. (2005) included the elements of collaboration, product, service, and program innovation. The independence is empowerment attribute is reflected in the overall objective of the project to keep individuals in self-determined environments by providing the appropriate tools to do so.
More, the responsibility of the research, education, and practice communities is to provide aging adults with options to maintain AIP independence.

Surrogate Terms and Related Concepts

**Surrogate Terms**

Nearly half (41%, N = 26) of the resources used some type of surrogate term synonymously with their implicit or explicit definition of aging in place. The surrogate terms suggest that the popular assumed meaning is staying or remaining in one’s home (Table 2.15). Exactly which home is being referred to is often unspecified. In some cases, it is the life-long home, such as Naturally Occurring Retirement Communities, where “What has happened is that we have places where people moved in as young married couples, brought up families, and are now aging in place” (Dunbar, 2004, p. 1). In other resources the home place is unspecified and/or is not the life-long home. Surrogate terms such as “final home” (Neal, 2007, p. 56) or “retirement residence of choice” (Tilson & Fahey, 1990, p. xvi) indicate a behavior of AIP with less focus on specifying either the life-long or a newer residence.

Although it is expected that each discipline or trade will define aging in place to fit appropriately, there is concern about the lack of consistency in the use of surrogate terms and related concepts. For instance, Miller, Olson, and Garner (2007) noted that the discipline of interior design suffers from inconsistent use of terminology in the public, media, housing, interior design profession, and interior design textbooks. The use of inconsistent terms can lead to confusion regarding design choices and the multiple aspects of aging in place.
Universal Design was used interchangeably with aging in place by 5% of the resources in the concept analysis (Anonymous, 2006; Peck, 2002; Swartz, 2006). Universal Design is an option, consequence, or possible mediator of aging in place and should not be used to as surrogate term of AIP. Miller, Olson, and Garner (2007) explain that home environments with UD features allow individuals to stay in their homes longer, thus avoiding premature institutionalization. To avoid confusion, future research will need to define the concepts related to aging in place while defining the terms suitable for interchangeable or surrogate term use as well.

Related Concepts

Examination of related concepts assists in further understanding AIP through comparison to similar yet different concepts. Findings demonstrate that it is common for AIP to be used in relationship with related concepts. Sixty related concepts were identified within the 62 resources. The majority of the related concepts fall to at least one of the three following categories: types of housing options (N = 30), care facilities or care service (N = 18), and design theories/concepts (N = 8) (Table 2.16). These three categories represent the main areas encompassing policy, service, programs, and products.

Housing options. The housing options or types generally follow the housing preferences for the era in which the resource was written and published. For instance, Wekerle and MacKenzie (1985) discussed “senior citizen housing.” The use of the term “senior citizen” is not as common today as elder, aging adult, or older adult. Both Assisted Living (AL) and Nursing Home (NH) have remained popular concepts
throughout the evolution of AIP. In other words, AL and NH are related concepts to AIP that can be expected to remain relatively consistent and useful when discussing AIP issues over time.

Care facilities or care services. Care facilities or care services are used as related concepts to AIP. The most familiar are the care options of skilled nursing, dementia special care units, and the early paradigm in aging care, the continuum of care option. Current trends focus on providing community-based care services that facilitate remaining in the community. The research team of Lau, Scandrett, Jarzebowski, Holmann, and Emanuel (2007) has suggested the implementation of new concepts. The housing related safety in home and community concept proposed by Lau et al. “is defined as the minimization of the probability of preventable, unintended harm in community-dwelling individuals (p. 830).” The breadth of what is covered under care facilities or care services continues to evolve.

Design theories/concepts. The options offered from the design and architectural disciplines represent a portion of AIP resources. The most pervasive current design concept is Universal Design (UD). The usefulness of UD as a concept is reflected in the flexibility of the design theory supporting the concept. UD principles promote access to all environments by every individual regardless of their age or physical ability.

Other design theories or concepts are related to, or are predecessors of, UD. These include accessible design, barrier-free design, and inclusive design. As Miller, Olson and Garner (2007) stated, UD is the most commonly recognized AIP related design concept used by students. As students advance in their interior design curriculum, they become
more aware of UD principles. In other words, UD is being promoted in design education. This further indicates its current use and relation to AIP.

Limitations of Study

Although the study clearly provides a broad spectrum of information about AIP in the United States, the results are not generalizable internationally. The 15% of the sample that is from international resources indicates that the findings of this study are potentially transferable to an international use of AIP; however further analysis of international resources is needed to fully ascertain the proposed definition’s application beyond the U.S.

The use of resources that used AIP in the title limited resources since those resources that used AIP solely in the body of the text were excluded. Some influential AIP resources may have been excluded by the criteria. Nevertheless, many influential AIP resources were included in the sample and were sufficient to indicate that a representative sample of influential works was used.

*Limitation of the data collection for discipline or trade of author(s).* The data for resources with multiple authors was collected using the following criteria: multiple authors from the same discipline had that discipline listed once, while resources with multiple authors from different disciplines had each different discipline counted as one frequency.

The investigators decided on this data collection and analysis process to allow for flexibility. The objective was to provide a preliminary summary of the types of disciplines and trades that use AIP. The concern in providing results using a definite
frequency count for each author seemed unrealistic due to the expectation of author
discipline/trade lack of defined discipline/trade delineation. Nevertheless, systematic
collection and analysis was used in developing the 12 categories of disciplines and trades
represented in this sample.

Discussion

The analysis of the resources used in this study and the subsequent findings
indicate that AIP is a highly developed, diverse, useful, and complex concept. The
derived definition represents the current state of the art of AIP Based on the findings, we
propose that the derived definition presented in this study be used as the contemporary
definition of AIP. Use of the derived definition of AIP unites the variety of aspects
covered by AIP and will assist researchers and the public as new knowledge of AIP as an
interdisciplinary concept is generated. Furthermore, the derived definition provides a
solid theoretical foundation for unifying researchers focused on aging in place and aging
in place issues.

Use of the Derived Definition

The development of theory contributes to the advancement of knowledge to
improve situations for humans and the environment. The in-depth analysis of a concept is
often the first stage of theory development (Walker & Avant, 2005). As Rapoport (1997)
explains about theory development in environment-behavior studies, “Cumulativeness is
a minimum requirement for progress, although rapid progress requires theory, or even
attempts to develop theory” (p. 400).
The objective of this research was to identify the current state of the art of AIP. This research has resulted in a more comprehensive definition of AIP by including the majority of the aspects of the concept reflected in current AIP research and practice. The new definition recognizes AIP as a contemporary social phenomenon promoting independence and the inalienable right of aging individuals to determine their self-determined environments. The social phenomenon reflects the evolution of the concept and the interdisciplinary focus on AIP issues. I propose the use of the term self-determined environment instead of the term “familiar environment” as used by Rowles (1994). Use of self-determined environment is inclusive of all housing options whether institutional or non-institutional. Also, it is important to have a definition that does not limit aging in place relevant only to familiar environments, but that includes the independence element of self-determined. For instance, an individual can self-determine to live in an institutional or non-institutional environment, as well as determine what level of care or housing option within each of those broad categories will best serve his or her needs. A distinction such as self-determined environment instead of familiar environment is a subtle but noteworthy finding of this analysis because it captures the complexity of AIP issues and choices.

The conceptualization of AIP options addresses the attribute of AIPs balance of innovative parts. Top down actions provide part of the innovate options to AIP issues that include the policies, services, programs, and products related to AIP. The current state of AIP requires the collaboration of multiple AIP actors, otherwise known as interdisciplinary teams. In order to address the complex issues and develop workable...
options for AIP, interdisciplinary teams are necessary. The next stage of innovative solution development appears to be based on the recognition that AIP must embrace the reciprocal relationships between aging adults and AIP providers. In other words, the findings suggest independence to age in place in a self-determined environment requires information and desire sharing from aging adults and empowerment by AIP providers to help aging adults meet their goals. Yet, empowerment can only occur if all participants in the planning, decision-making, and implementation of AIP embrace the options of empowerment. Establishing successful AIP options, therefore, reflects the equally shared responsibility between aging individuals and AIP providers.

The derived definition developed in this project provides a conceptual definition for usability in the construction of a middle-range theory of aging in place. A middle-range theory of AIP helps develop the relationship between practice and research (Walker & Avant, 1995). Giddens et al. (2005) state, “Middle-range theories are specific enough to be tested directly by empirical research, yet sufficiently general to cover a range of different phenomena” (p. 21). Neuman (1994) indicates that theories of social movements frequently occur at the middle range. It is important for AIP providers and researchers to work together towards developing a cumulative AIP body of knowledge in the form of a middle range theory of AIP.

Continuing to foster the relationship between practice and research was represented in the sample used for this analysis. The sample was nearly half scholarly and half non-scholarly. AIP is as much a theoretical concept as it is a concept applied in
practice. A concept that is useful for both research and practice has the unique advantage of being positioned to create rapid change (Rapoport, 1997).

Scholars such as Parmelee and Lawton (1990), Giltin (2003), Golant (2003), and Wahl and Weisman (2003) who have expressed concerns through the years about the lack of theory development for person-environment aging and residential environment, may consider this analysis of AIP as an avenue for growth. Aging in place is a phenomenon of human behavior that has characteristics that cross cultures, demographics, physical abilities, and policies. There is an indication that AIP is both a phenomenon in the United States, and possibly an international phenomenon. The next step in the theoretical development is to systematically identify and test propositions as they relate to the derived definition of the AIP concept.

Conclusion

The aspects of the AIP concept are a reflection of the evolving perception of aging and place. The current state of AIP indicates that the past, present, and future of AIP is motivated by a larger social phenomenon based on a collective and ethical concern for empowering individuals to live in self-determined environments. Diverse collaborative teams are being formed to research and implement new approaches to AIP at the individual level and as large scale options in order to achieve AIP’s goals. With an aging population on the horizon, options must support the needs of the masses, while simultaneously supporting each individual’s changing needs. The future work for AIP researchers and practitioners lies in achieving a balance of innovative options.
Cutchin (2003) suggests, “aging in place is an apparently accepted, if not agreed upon, concept” (p.1078). The derived definition identified in this study should be used by scholars, practitioners, service providers, and all others involved in AIP. It represents the interdisciplinary nature of AIP and provides a defined framework for unifying and guiding comprehensive development of AIP, as we prepare for the rapid increase in numbers of aging adults. As Rodgers (2000) indicated, the results of an evolutionary concept analysis are a starting point for a concept, not an ending. This analysis of AIP has provided a new and consolidated starting point from which AIP can be developed for both practice and theoretical uses.
References


Antecedents of AIP

1. Desire to remain in Self-Determined Environment
2. Social and Moral Responsibility to Protect Aging Adults

Attributes of Aging in Place

Attribute theme 1: Evolving Paradigm Shift
- Demographic Changes
- Early Paradigm Shifts
- Current Paradigm Shifts

Attribute theme 2: Balance of Innovative Parts
- Top Down Actions and Options
- Collaborations
- Independence is

Consequences of AIP

1. Delay Institutionalization or Avoid Higher Level of Care
2. Sweeping Cultural Change

Figure 2.1: Content Analysis Attributes, Antecedents and Consequences Diagram
Table 2.1: Sample Selection

<table>
<thead>
<tr>
<th>Data Searches in Databases</th>
<th>Total number of Items</th>
<th>Sum Total of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ebsco Host</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Academic Search Premier</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>156 “Ag(e)ing in Place”</td>
<td>197</td>
</tr>
<tr>
<td></td>
<td>41 “Age in Place”</td>
<td></td>
</tr>
<tr>
<td><strong>AgeLine (AARP)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>90 “Ag(e)ing in Place”</td>
<td>105</td>
</tr>
<tr>
<td></td>
<td>15 “Age in place”</td>
<td></td>
</tr>
<tr>
<td><strong>Google Scholar</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>246 “Ag(e)ing in Place”</td>
<td>274</td>
</tr>
<tr>
<td></td>
<td>28 “Age in Place”</td>
<td></td>
</tr>
<tr>
<td><strong>CSA Sociological Abstracts</strong></td>
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<td>338</td>
</tr>
<tr>
<td></td>
<td>338 “ag(e)ing” and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“place”</td>
<td></td>
</tr>
<tr>
<td><strong>Sampling Frame Total</strong></td>
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</tr>
<tr>
<td><strong>Discard Duplicates</strong></td>
<td></td>
<td>-261</td>
</tr>
<tr>
<td><strong>Discard Unacceptable items</strong></td>
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<td>-347</td>
</tr>
<tr>
<td><strong>Remaining Total</strong></td>
<td></td>
<td>306</td>
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<tr>
<td><strong>Systematic Sampling 20% Total</strong></td>
<td></td>
<td>62</td>
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Table 2.2: Year of Resource Publication

<table>
<thead>
<tr>
<th>Year</th>
<th>Frequency</th>
<th>(n = 62)</th>
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<tbody>
<tr>
<td>1985</td>
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<td>1988</td>
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<td>1989</td>
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<td>1990</td>
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<td>1.6%</td>
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<td>1992</td>
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<td>3.2%</td>
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<td>1997</td>
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<td>1999</td>
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<td>6.5%</td>
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<td>3.2%</td>
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<td>2002</td>
<td>2</td>
<td></td>
<td>3.2%</td>
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<tr>
<td>2003</td>
<td>5</td>
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<tr>
<td>2004</td>
<td>10</td>
<td></td>
<td>16.1%</td>
</tr>
<tr>
<td>2005</td>
<td>4</td>
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<tr>
<td>2006</td>
<td>4</td>
<td></td>
<td>6.5%</td>
</tr>
<tr>
<td>2007</td>
<td>9</td>
<td></td>
<td>14.5%</td>
</tr>
<tr>
<td>2008</td>
<td>4</td>
<td></td>
<td>6.5%</td>
</tr>
</tbody>
</table>
Table 2.3: Eight Countries Represented in Sample

<table>
<thead>
<tr>
<th>Country</th>
<th>Frequency</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Australia</td>
<td>1</td>
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<tr>
<td>Canada</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Israel</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Japan</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Spain</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Sweden</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>3</td>
<td>4.8%</td>
</tr>
<tr>
<td>United States</td>
<td>53</td>
<td>85.5%</td>
</tr>
</tbody>
</table>
Table 2.4: Type of Housing or Innovation

<table>
<thead>
<tr>
<th>Type of Housing or Innovation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted Living</td>
<td>9</td>
<td>14.5%</td>
</tr>
<tr>
<td>Community, Neighborhood (ADC, ALR)</td>
<td>5</td>
<td>8.1%</td>
</tr>
<tr>
<td>Institutional (Nursing Home, CCRC, Special Unit Dementia Care)</td>
<td>7</td>
<td>11.3%</td>
</tr>
<tr>
<td>Multifamily Housing</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Housing General Policy</td>
<td>2</td>
<td>3.2%</td>
</tr>
<tr>
<td>Housing Options in General</td>
<td>5</td>
<td>8.1%</td>
</tr>
<tr>
<td>NORC</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Private Home</td>
<td>23</td>
<td>37.1%</td>
</tr>
<tr>
<td>Public Housing</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Theoretical or Concept Related</td>
<td>2</td>
<td>3.2%</td>
</tr>
<tr>
<td>Miscellaneous Technologies</td>
<td>6</td>
<td>9.7%</td>
</tr>
</tbody>
</table>
Table 2.5: Type of Scholarly or Non-Scholarly Resource

<table>
<thead>
<tr>
<th>Type of Resource</th>
<th>Frequency (n = 62)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholarly</td>
<td>36</td>
<td>58%</td>
</tr>
<tr>
<td>Non-Scholarly</td>
<td>26</td>
<td>42%</td>
</tr>
<tr>
<td>Type of Resource</td>
<td>Frequency (n = 26)</td>
<td>Percentage</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Non-Scholarly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifestyle Magazine</td>
<td>3</td>
<td>4.8%</td>
</tr>
<tr>
<td>Newspaper</td>
<td>3</td>
<td>4.8%</td>
</tr>
<tr>
<td>Public Policy Report</td>
<td>3</td>
<td>4.8%</td>
</tr>
<tr>
<td>Design Related</td>
<td>5</td>
<td>8.1%</td>
</tr>
<tr>
<td>Gerontology</td>
<td>7</td>
<td>11.3%</td>
</tr>
<tr>
<td>Home Economics</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Nursing &amp; Medical</td>
<td>2</td>
<td>3.2%</td>
</tr>
<tr>
<td>Technology</td>
<td>2</td>
<td>3.2%</td>
</tr>
</tbody>
</table>
Table 2.7: Discipline or Trade of Authors

<table>
<thead>
<tr>
<th>Discipline or Trade</th>
<th>Examples</th>
<th>Frequency (n = 62)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economics</td>
<td>Department of Economics</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Home Economics; Housing (Applied &amp; Research) including design &amp; building trades.</td>
<td>Including architecture, engineering, construction, interior design and home furnishing production.</td>
<td>15</td>
<td>24%</td>
</tr>
<tr>
<td>Geography</td>
<td>Department of Geography</td>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td>Gerontology (Applied &amp; Research)</td>
<td>Long term care, Gerontology</td>
<td>9</td>
<td>15%</td>
</tr>
<tr>
<td>Nursing</td>
<td>Nursing, Advanced Registered Nurse</td>
<td>8</td>
<td>13%</td>
</tr>
<tr>
<td>Physical Rehabilitation, Occupational Therapy, Activity Specialists</td>
<td>Rehab Center, Physical Rehabilitation, Department of Occupational Therapy</td>
<td>6</td>
<td>10%</td>
</tr>
<tr>
<td>Public Health, Medicine, Psychology</td>
<td>Departments of Public Health, Medicine, Psychology</td>
<td>5</td>
<td>8%</td>
</tr>
<tr>
<td>Public Policy</td>
<td>Various types of policy projects, ranging from health to housing.</td>
<td>7</td>
<td>11%</td>
</tr>
<tr>
<td>Sociology</td>
<td>Department of Sociology</td>
<td>2</td>
<td>3%</td>
</tr>
</tbody>
</table>
Table 2.7 (Continued): Discipline or Trade of Authors

<table>
<thead>
<tr>
<th>Discipline or Trade</th>
<th>Example</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work</td>
<td>Health and Social Care, Social Work.</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Technology Industry &amp; Gerotechnology</td>
<td>Technology related engineering. Computer Science</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>Undefined or unclear discipline or trade of author(s)</td>
<td>Writer(s) for variety magazine, newspaper, discipline/trade unspecified</td>
<td>11</td>
<td>18%</td>
</tr>
<tr>
<td>Women’s Studies</td>
<td>Women’s Studies, Feminism</td>
<td>1</td>
<td>1%</td>
</tr>
</tbody>
</table>

Note. Categories are not mutually exclusive.
<table>
<thead>
<tr>
<th>Description</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defined with familiar environment, surrounding, things, people, community</td>
<td>7</td>
<td>26%</td>
</tr>
<tr>
<td>Defined with services to accommodate changing needs</td>
<td>12</td>
<td>44%</td>
</tr>
<tr>
<td>Defined to delay or avoid institutionalization</td>
<td>7</td>
<td>26%</td>
</tr>
<tr>
<td>Defined broadly by defining the housing behavior, but not defining the type of housing</td>
<td>10</td>
<td>37%</td>
</tr>
<tr>
<td>Defined only for institutional environments (including assisted living)</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>Defined only for non-institutional environments (including life-long home, or private home)</td>
<td>11</td>
<td>41%</td>
</tr>
</tbody>
</table>
Table 2.9: AIP Definitions from Scholarly and Non-Scholarly Resources

<table>
<thead>
<tr>
<th></th>
<th>Scholarly Resources</th>
<th>Non-Scholarly Resources</th>
<th>(n = 62)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explicit Definition</td>
<td>21 (34%)</td>
<td>6 (10%)</td>
<td>n = 27 (44%)</td>
</tr>
<tr>
<td>Implicit Definition</td>
<td>15 (24%)</td>
<td>20 (32%)</td>
<td>n = 35 (56%)</td>
</tr>
<tr>
<td></td>
<td>Frequency (n = 62)</td>
<td>Percent</td>
<td>Scholarly Frequency</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>--------------------</td>
<td>---------</td>
<td>---------------------</td>
</tr>
<tr>
<td>AIP is a concept</td>
<td>8</td>
<td>13%</td>
<td>4</td>
</tr>
<tr>
<td>AIP is a phenomenon</td>
<td>4</td>
<td>6%</td>
<td>3</td>
</tr>
<tr>
<td>AIP is a philosophy</td>
<td>3</td>
<td>5%</td>
<td>3</td>
</tr>
<tr>
<td>AIP is a trend</td>
<td>3</td>
<td>5%</td>
<td>0</td>
</tr>
<tr>
<td>Resources that discuss AIP and</td>
<td>Frequency (n = 62)</td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>Policy</td>
<td>39</td>
<td>62%</td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>38</td>
<td>61%</td>
<td></td>
</tr>
<tr>
<td>Programs</td>
<td>15</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>Products</td>
<td>12</td>
<td>19%</td>
<td></td>
</tr>
</tbody>
</table>

Note. Categories are not mutually exclusive.
Table 2.12: The Various Types of Interdisciplinary Collaborations

<table>
<thead>
<tr>
<th>Coding Scheme</th>
<th>Frequency</th>
<th>Percent</th>
<th>Definition with examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaboration Present (Balance of Parts, Yes)</td>
<td>n = 51</td>
<td>82%</td>
<td>Indication in resources that collaboration between two or more AIP actors. Includes policy, research teams, health care, education, family, technology, etc…</td>
</tr>
<tr>
<td>Collaboration Not Present (Balance of Parts, No)</td>
<td>n = 10</td>
<td>16%</td>
<td>No Indication in resources that collaboration between two or more AIP actors. Includes resources which examine one AIP element, or topic not relevant to possible collaboration.</td>
</tr>
<tr>
<td>Interdisciplinary collaborations for applied policy, care, service and program development and implementation.</td>
<td>n = 2</td>
<td>1%</td>
<td>Collaboration with AIP actors that focus on applied practices from policy, care, service and program development. Example: collaboration of housing, welfare and medical policy to design community program.</td>
</tr>
<tr>
<td>Interdisciplinary collaborations for basic and/or applied research, development and education.</td>
<td>n = 22</td>
<td>35%</td>
<td>Collaboration with AIP actors focused on basic and/or applied research, development and education topics. Example: Interdisciplinary research team designing AIP pilot community care program including nursing, engineering, health informatics, faculty and students.</td>
</tr>
<tr>
<td>Collaborations Within Families</td>
<td>n = 7</td>
<td>11%</td>
<td>Collaboration within the family unit. Example: decisions made by adult and adult children.</td>
</tr>
<tr>
<td>Collaboration to create home and community based services and programs.</td>
<td>n = 26</td>
<td>42%</td>
<td>Collaborations that focus on keeping individuals in familiar and non-institutional environments.</td>
</tr>
</tbody>
</table>
Table 2.13: Independence is Empowerment, Empowerment is Independence

<table>
<thead>
<tr>
<th></th>
<th>Frequency (n = 62)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of “independent” or “Independence” word</td>
<td>36</td>
<td>58%</td>
</tr>
<tr>
<td>Preventative, and problem solving options theme</td>
<td>28</td>
<td>45%</td>
</tr>
<tr>
<td>Individuals’ empowerment of options theme</td>
<td>18</td>
<td>29%</td>
</tr>
</tbody>
</table>
Table 2.14: Antecedent and Consequence

<table>
<thead>
<tr>
<th></th>
<th>Common Lexicon Use</th>
<th>Social Phenomenon Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antecedent</strong></td>
<td>1. Desire to age in a familiar environment</td>
<td>2. Social and moral responsibility to protect aging population</td>
</tr>
<tr>
<td><strong>Consequence</strong></td>
<td>1. Delay Institutionalization</td>
<td>2. Sweeping Cultural Change</td>
</tr>
</tbody>
</table>
Table 2.15: Surrogate Terms

<table>
<thead>
<tr>
<th>Surrogate Terms</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>(n = 62)</td>
<td></td>
</tr>
<tr>
<td>Age at home; Aging in one’s home</td>
<td>2</td>
</tr>
<tr>
<td>Aging within the same religious community over time</td>
<td>1</td>
</tr>
<tr>
<td>Assisted Living</td>
<td>1</td>
</tr>
<tr>
<td>Autonomous living in later life</td>
<td>1</td>
</tr>
<tr>
<td>End-in-view</td>
<td>1</td>
</tr>
<tr>
<td>Final home</td>
<td>1</td>
</tr>
<tr>
<td>Frail elderly and residential environments</td>
<td>1</td>
</tr>
<tr>
<td>Life Care</td>
<td>1</td>
</tr>
<tr>
<td>Live at home</td>
<td>1</td>
</tr>
<tr>
<td>Place Integration</td>
<td>1</td>
</tr>
<tr>
<td>Remain at home</td>
<td>3</td>
</tr>
<tr>
<td>Remain in own home(s)</td>
<td>6</td>
</tr>
<tr>
<td>Remaining in their home of choice</td>
<td>1</td>
</tr>
<tr>
<td>Retirement residence of their choice</td>
<td>1</td>
</tr>
<tr>
<td>Staying home</td>
<td>1</td>
</tr>
<tr>
<td>Staying in place</td>
<td>1</td>
</tr>
<tr>
<td>Stay in Assisted Living</td>
<td>1</td>
</tr>
<tr>
<td>Stay at home</td>
<td>1</td>
</tr>
<tr>
<td>Stay put</td>
<td>1</td>
</tr>
<tr>
<td>Stay in their homes</td>
<td>1</td>
</tr>
<tr>
<td>Stayers (pre-retiree homeowners who indicate preference to AIP)</td>
<td>1</td>
</tr>
<tr>
<td>Universal Design</td>
<td>3</td>
</tr>
<tr>
<td>Total Resources</td>
<td>31 (50%)</td>
</tr>
</tbody>
</table>

Note. Five Resources were present in 1 or more categories.
Table 2.16: Related Concepts Main Categories

<table>
<thead>
<tr>
<th>Main Category of Related Concept</th>
<th>Frequency (n = 62)</th>
<th>Related Concept Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Options/Types</td>
<td>30</td>
<td>Accessory apartment; Accessible Housing; Adaptable Housing; Adult family homes; Assisted Living; Catered living; Congregate housing facilities; Continuing Care Communities; Detached houses; Elder cottage; Garden Apartments; Homes for the Aged; Independent Housing; Independent Living; Life Care Communities; Match-up home sharing; Multifamily Housing; Personal Care Homes; Public and assisted in housing (PHA); National Housing Policy; NORC (Naturally Occurring Retirement Communities); Nursing homes/facilities; Planned senior housing; Retirement Community; Retirement villages for independent living; Senior citizens’ housing; Shared-living residence; Sheltered Housing; Supportive Housing; Transgenerational Housing.</td>
</tr>
<tr>
<td>Design Theory/Concepts</td>
<td>8</td>
<td>Accessible Design; Barrier Free Design; Barrier Free Living Environments; “Design that is age-friendly” ; Home modifications; Inclusive Design; Lifespan/Lifecycle Design; Universal Design</td>
</tr>
<tr>
<td>Care Facilities or Care Type</td>
<td>18</td>
<td>Acute care; ADC – Adult Day Care Center; Assistance in Living (AIL); Community based long-term care; community-based care; Continual Care; Continuum of care; Dementia Special Care Units (DSCUs); Family Care giving; Health care facility; Health-related safety concept; In-Home Care; Institutional care; Life Care; Personal Wellness Systems; Relationship based care; Skilled Nursing; Vision rehabilitation</td>
</tr>
<tr>
<td>Sociopsychological</td>
<td>2</td>
<td>Attachment to place; Place in Aging</td>
</tr>
</tbody>
</table>
(MANUSCRIPT TWO) CHAPTER THREE
THE CURRENT STATE OF OLDER WOMEN AGING IN PLACE IN OREGON

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Abstract

The aim of this project was to examine the current state and dynamic process of aging in place (AIP) in a self-determined private home environment. Using a qualitative approach, we examined (1) older adult women’s current dynamic process of aging in place, and (2) the pathways each experienced prior to the outcome of her current AIP status. Case studies with seven older women were conducted over three months. Two common themes were identified: (1) self-preserving actions that maintain current AIP independence, and (2) AIP situational independence that suggests the participants’ pathways to their current AIP began after they experienced an individualized trigger event. The case studies have theoretical implications for AIP concept development through preliminary model cases. Research and practice implications are found in the findings which provide a comprehensive approach to identifying the current status of AIP for diverse individuals.
The Current State of Older Women Aging in Place in Oregon

Introduction

Although AIP is an established concept in aging and environment research and practice, the complexity and diversity of aging in place issues create many challenges for researchers, educators and AIP providers. Rowles (1994) argued that the societal ideas of aging and place were evolving and changing because of technology, globalization and mobility; thereby altering the meaning of aging and place due to the advancements of contemporary society.

Aging in Place Defined

Aging in place (AIP) is a concept “apparently accepted” (Cutchin, 2003, p. 1078) and part of the “common lexicon” (Pynoos & Nishita, 2007, p. 185) for researchers and practitioners. In response to the rapid changes and advancements in aging concepts and contemporary life, I conducted an evolutionary concept analysis of AIP to examine the current state of the art of the concept in the last chapter (manuscript one). The outcome of the study provided a comprehensive and interdisciplinary derived definition reflecting the current state of AIP:

Aging in place (AIP) is a contemporary social phenomenon that encompasses the independence and inalienable right of individuals aging in their self-determined environment while maintaining access to appropriate levels of care and/or community services.

A shared responsibility between aging individuals and AIP providers involves empowerment and comprehensive approaches crucial to quality of life that ensure the implementation of policy, service, program and product options fundamental to AIP. AIP options are developed from coordinated efforts using
interdisciplinary avenues coupled with an innovative and complex balance of parts that facilitate the diversity and evolving needs of aging adults and the aging industry.

The derived definition indicates that an individuals’ aging in place can occur in a self-determined environment whether it is an institutional or non-institutional setting. Although the definition includes the various types of AIP housing situations, it is established that the majority of people want to avoid institutionalization and remain in their own homes (Fogel, 1992; Mutschler, 1993). The 2005 AARP State of 50+ Americans survey identified that 89% of individuals prefer to remain independent in their current residence as long as possible, and 85% of respondents desire to remain in their community as long as possible.

Similar to the objective of the concept analysis that examined the current understanding of the AIP concept, this project will examine the lived experiences of aging in place in private home environments of seven women living in Oregon. The challenges in conceptualizing the practice level of AIP are the diversity of individuals and households, and the diversity of their experiences over time and in the various contexts of the aging and place process.

Following the qualitative approach used by Rubinstein (1998), this study examined residential environments and aging issues “with added concern for what people actually do” including “the constitution of their own categories, the meaningful interpretation of behaviors and actions” (p. 92).
**Background**

An individual’s past history and choices are reflected in the AIP pathways they choose. Past processes are reflected in an individual’s current AIP status as a “systematic series of actions directed to some end.” (Random House Webster’s College Dictionary, 1999). Early AIP literature by Bass, Kutza, and Torres-Gil (1990) suggested that, theoretically, it is comforting to discuss aging in place and its relevance to most people, but it is a concept that does not lend itself to a rigid or static definition because of the diversity of individuals.

**The time and context diversity of the AIP experience.** The diversity of AIP experiences is found in each individual’s encounter with aging and place. The home environment is the primary place setting for aging adults, and home becomes more central (Rubinstein & Parmalee, 1992), and the amount of time spent at home increases (Baltes, Maas, Wilms, Borchelt, & Little, 1999) as adults age. Aging is not a state of being, but a process. Likewise, “home” may be viewed as a process that develops meaning over time (Watkins & Hosier, 2005).

Slow and natural changes over an individuals’ life cycle (Golant, 2003) represent the scope of time that influences aging and place relations. Natural changes are found in an individuals’ life history, such as their childhood, housing past, and personality traits. Slow and natural changes pose methodological challenges in research because most research is done in relatively short timeframes, not over individuals’ lifetimes. Major life disruptions (Morris & Winter, 1996) or spontaneous environmental changes (Gitlin, 2003) are also of concern in AIP processes and add to the complexity of the process over time.
time. Major life disruptions encompass the changes that happen internally, such as serious illness, or externally, such as, the death of a spouse or retirement (Morris & Winter, 1996). Such changes may result in relocation and require housing choice decisions (Eckert & Murrey, 1984) to be made. Major life changes or disruptions may be events that is expected at a certain stage in life cycle (e.g. retirement, children leaving home) or they may be sudden and unexpected (e.g., death of a spouse). Temporal complexity in relation to the environment is not well understood and remains a significant issue in home environment research. In addition to potentially anticipated life changes, as discussed above, spontaneous environmental events, referring to physical changes in the private home over a brief time frame (e.g., flood, wind damage, fire), add to and complicate the understanding of any timeframe within AIP (Gitlin, 2003).

When viewed across time, the ongoing changes in an individual’s life help define AIP as a dynamic and fluid concept. This project embraces the power of dialogical communication and will examine the AIP concept through a holistic lens of aged individuation (Dannefer, 1988). The concept of aged individuation suggests that the adult becomes more individuated from, and different from same age peers as age advances (Dannefer, 1988; Porter, 2001). Individuals are expected to have some similar characteristics, experiences, and processes, while presenting characteristics, processes, and experiences that are unique to each household and individual.

The diverse reasons behind an individual’s AIP experience. Economics is a primary reason individuals prefer to remain at home. A home is the largest asset in the majority of older Americans’ portfolios and, oftentimes, older adults must sell their
homes to pay for long-term or end of life care (Fisher, Jasonson, Marchand, Smeeding, & Torrey, 2007). Individuals become more attached to homes as they age because meaningful experiences occurred in those environments (Sixsmith, 1990; Sixsmith & Sixsmith, 1991;; Zingmark, Norberg, & Sandman, 1995). Theories of place attachment (Hildago & Hernandez, 2000; Low & Altman, 1992) and place identity (Cuba & Hummon, 1993; Proshansky, Fabian, & Kaminoff, 1983) address attachment bonds and the sense of belonging that individuals form to places. Aging in place is seen as an “adaptive strategy” (Crull, Cook, & Yearns, 2006, p. 25) showing that older adults need to maintain psychological and social continuity with the past (Atchley, 1989).

Wagnild (2001) surveyed 776 adults who were 55 years of age and older regarding their perceptions of the benefits and barriers of AIP. She identified that most of the respondents wish to AIP in his or her current environment, but they make no plans to ensure their feasibility of aging at home. The four main benefits to aging in place they identified were “feelings of independence and control (61.1%), feelings of safety and security (44.5%), being near family (43.7%), and familiarity with their surroundings (39.4%)” (p. 78). Wagnild found that 28.9% of respondents perceived that the primary barrier to aging in place was the inability to maintain property.

The aging crisis. Understanding how individual’s age in place in his or her current residence and/or within the same community is becoming increasingly important as the U.S.’s population of aging adults increasing rapidly. By the year 2050, 21% (two billion) of the global population is estimated to be made up of individuals aged 60 or older (United Nations, 2002).
A macrophenomenon of AIP is demographic changes of a birth cohort throughout time (Parmelee, 1998). Currently, there are four living birth cohorts in the United States with the largest cohort being the aging Baby Boomers (i.e., persons born between 1946 and 1964). By year 2030, there will be 70 million adults aged 65 and older, constituting 20% of the population in the United States (U.S. Census Bureau, 2000). In other words, one in five Americans will be over the age of 65 in 2030.

Figure 3.1 shows that currently the majority of adults 65 and older are women (58.8%), and 71.1% (Figure 3.2) are women over the age of 85 (U.S. Census, 2004). As the Baby Boomers age, the majority of those 75 and over will be women.

The majority (70%) of women aged 75 and older are widowed (Houser, 2007), and the majority (50%) of women 75 and older live alone (U.S. Census, 2000). The Profile of Older Americans Survey 2005 shows that 30.8% of non-institutionalized aging adults lived alone in 2004. Women account for the majority of those living alone at 39.7% (7.9 million) and men 18.8% (2.8 million). The number of women increases after the age of 75 and represents half of aging adults living alone. Sykes (1994) suggests that as women age, their vulnerability increases once their husbands die, they live alone, and become unable to afford and/or maintain their houses. Although some women become more vulnerable in aging with major life disruptions, some qualitative research shows that older women use strength and ingenuity to reinvent themselves and their lifestyle late in life (Laferrier & Hamel-Bissell, 1994; Saegert, 1989; Saegert & McCarthy, 1998).

As globalization speeds changes in technology and mobility, there is a need to understand the current state of the AIP concept in individuals’ lives. Due to women’s life
expectancy increase over men, women are the majority of the global aging population. Although as the aging population increases and men’s life expectancy will increase by 4%, women will remain the majority in the aging population (United Nations, 2002). Thereby, concerns with aging population of oldest-old should focus on women.

*Theoretical Framework*

To examine the characteristics AIP in older adults’ lives, qualitative approaches guided by the ecological housing model of housing choice (Beamish, Goss, & Emmel, 2006; Eckert & Murrey, 1984) and the person-environment fit model (Lawton & Nahemow, 1973) were used. An individual’s current aging in place is a culmination of her life pathways and current AIP processes.

The ecological housing model conceptualizes an older adult’s housing choices as nested in multiple interrelated environmental systems (Eckert & Murrey, 1984). The purpose of the ecological model is to separate each person’s behavior and psychosocial state as it pertains to contexts of her housing choice.

The framework used in this research conceptualizes aging in place in a private home environment, with the majority of processes located at the micro level. Beamish, Goss, and Emmel (2006) use the ecological framework to classify the levels of housing choice, and housing is part of the built environment at the micro level. Lawton and Nahemow (1973) developed the person-environment fit model (P – E) to center on the adaptive behaviors between an individual and her environment. According to Lawton and Nahemow, there are four key areas of the environment at the micro level including the personal, group, suprapersonal, and physical environment. The micro level is particularly
important because it focuses on the physical and personal environment of the older adult. The personal environment includes the primary members in the older adult’s life, including family, friends, and co-workers. The physical environment examines the natural and built environment, and for purposes of this case study, the built environment was primarily the immediate home environment and the related AIP processes.

Aging in place as a dynamic process is not limited to the micro level, as there are two other important levels to consider the individual level, meso level and the macro level. The concept of person or individual, however, is located at the individual level. The person or individual level includes life history, past behaviors, health, physical and mental competencies, and demographics of the individual.

The community and neighborhood are located in the meso level and helps provide individuals with continuity to resources, such as shopping and recreational activities. Community includes the features offered by the city or other local services that support the individual’s AIP. The neighborhood is directed at the environment where one lives and is influenced by AIP issues present at the macro level. A macro level issue facing aging and environment researchers and practitioners is the changing demographic of an aging population. The macro level represents the structures and occurrences at the national or global level, including political influences, economic influences or changes, social movements, and international events or agreements. The macro level was not used extensively in this project because of the focus on the individual and not the institutional structure. However, some institutional concerns such as social security and the economy were explored.
Research questions. In order to understand an individual’s current state of AIP, the pathways or experiences of the older adult’s past must be considered. This project examines the current state of AIP and the pathways that occurred leading up to the current state of AIP. In addition, because the aim of the research is to examine the current state of AIP, the analysis looks across each level of the individual’s ecological framework. The two main research questions were:

1. What is the older adult’s current dynamic process of aging in place in a private home?
   a. What individual characteristics or “competencies” in the domains of physical and cognitive health does the older adult attribute to her current aging in place experience? (individual level)
   b. What physical environment characteristics of the home environment does the older adult attribute to her aging in place experience? (micro level and P-E)
   c. What role do family and friends play in the personal environment of the older adult? (micro level and P-E).
   d. What community and neighborhood characteristics does the older adult attribute to their aging in place experience? (meso level)
   e. How do policy and economics influence each case study and her aging in place experience? (institutional concerns)

2. What pathways did each woman experience prior to the outcome of her current AIP status in her self-determined private home environment?
a. What individual characteristics or “competencies” in the domains of physical and cognitive health does the older adult attribute to her aging in place experience? (individual level)
b. What physical environment characteristics of the home environment does the older adult attribute to her aging in place experience? (micro level and P-E)
c. What role do family and friends play in the personal environment of the older adult? (micro level and p-e).
d. What community and neighborhood characteristics does the older adult attribute to their aging in place experience? (meso level)
e. How do policy and economics influence each case study and the aging in place experience? (institutional concerns)

Qualitative AIP and home environment case study approach. Home environment and aging research has utilized the qualitative and/or phenomenological approach to examine aging and environment relationships occurring over time (Leith, 2006; Rubinstein, 1989; Rubinstein & Parmelee, 1992). Qualitative and case study approaches allow examination of AIP as a dynamic process that is a consequence of past experiences and the current situation. Qualitative studies in the form of in-depth case studies allow an intensive investigation and a focus on multiple factors. Qualitative data for cases tends to be detailed, varied, and extensive. Case studies are commonly used in the study of aging in geriatric education, practice, and clinical research to show abstract concepts, principles, and theories of aging (Clark, 2002). Although there are clearly benefits of case
study research, questions arise concerning the defining characteristics of a case and the boundaries (Neuman, 2006). Regardless of concerns, Walton (1992) suggests that case studies are “likely to produce the best theory” (as cited in Neuman, 2006, p. 41).

Good case studies leave room for the participants to create new meanings and outcomes for the research. As Clark (2002) stated “good cases must provide good starting points for examination and reflection-but not dictate specific endpoints” (p. 301). Thereby the following research project used the aforementioned theoretical framework to guide the research but not to set defined hypotheses to test.

In 1990, Parmelee and Lawton encouraged continued research on the person-environment unit of analysis using ethnographic methods. Rubinstein (1989) interviewed seven older adults over a four-month period using the phenomenological approach of ethnographic interviewing. This method was selected because, “Intensive work with a small sample of key informants is useful for details of process and personal experience” (p. S46).

Method

Sample

*Primary case study participant recruitment.* The study had two stages of participant recruitment. In the first stage, purposive sampling was used to obtain the primary sample from a representation of Caucasian women, aged 75 and older who were living alone in a non-institutional environment in the Eugene/Springfield, Oregon, area. Exceptions were made for two participants whose housing situation was in transition during the course of the study. One participant was living alone and during the study her
adult daughter moved in the home for caregiving purposes. One participant was living in her adult daughter’s home and during the study relocated to an attached apartment on her daughter’s property. The primary case study participants were identified for recruitment by staff at a local senior activity center and acquaintances of the investigator. Participants were cognitively intact, high functioning women, as established subjectively by the researcher (Ball et al., 2004). Working with the staff at a Springfield, Oregon, senior activity center, five participants were recruited. One additional participant was referred by the investigator’s family friend and one additional participant was the investigator’s neighbor. The seven participants represented different housing types, incomes, and backgrounds.

Supportive case study participants. In the second phase of recruitment, the narrative triangulation sample was recruited from among relatives and friends of the primary study participants. Snowball sampling resulted in 12 relatives and friends of the primary participants joining in the study. The secondary participants provided narrative triangulation for the case studies of the older adults. Each older adult referred the researcher to relatives and/or friends (age 18 +) to be involved in the study. The number of relative/friend participants varied per older adult participants and ranged from zero to four. One participant offered no relatives/friends to be contacted for study participation reflecting the lack of family and friends in her life.

Data Collection

Data collection with older adults. The data collection from each case involved multiple types of information gathering. The primary methods of data collection with the
older adults included: (a) informal and in-depth interviewing, (b) home tours, (c) photographs of home, (d) activity logs, and (e) a demographic questionnaire (Appendix B-3.4).

The study participants signed informed consent documents at the beginning of the first meeting. With the participants’ consent the interviews were audio recorded and transcribed. Pseudonyms were used for study participant confidentiality.

Meetings with each primary case study participant. Each primary case study participant had a minimum of two home visits over a three-month time frame of data collection. The length of home visits varied between one to three hours per home visit. The variation in number of home visits and length of each interview reflected the preference of the participant. The home visits extended over a period of three months and interviews were scheduled to fit the needs of the study participants. The breakdown of number of home visits and average hours of interview length were:

Case 1: Charlotte. Seven home visits with meetings ranging from one to three hours. The amount of time spent together increased as rapport was developed.

Case 2: Mae. Two home visits with meetings ranging from one to one-and-half hours. Due to personal problems, Mae and I concluded her study involvement after the second visit. There was indication during the second meeting that Mae may be having some health and/or personal issues preventing her further participation in the study. There were two months between our second visit and the researcher’s decision to conclude the study with Mae. During that two months Mae and I spoke on the phone and I learned Mae had had dental surgery, was fighting a bronchial chest infection, and she had fallen
at home. During that phone call I asked to send an early draft review of her case by mail, and if she felt better in the future we could discuss her case in further detail. Mae contacted the researcher and asked to not meet in person, but indicated briefly that the draft case was accurate. At this time the study was concluded without completing the exit interview protocol. A thank you card and a $25 Fred Meyer’s gift certificate were mailed to Mae’s home address for her participation.

Case 3: Agnes. Four home visits with meetings ranging from one-and-half to two-and-half hours.

Case 4: Annabelle. Four home visits with meetings averaging two hours.

Case 5: Peggy. Four home visits with meetings averaging two hours.

Case 6: Julia. Four home visits with meetings ranging from one hour to three hours. The amount of time spent together increased as rapport was developed.

Case 7: Ruby. Four home visits with meetings averaging two-and-half hours. After the first meeting, Ruby’s adult daughter moved into her home. Therefore, only during the first meeting was Ruby living alone in her home.

Interviews. The informal in-depth interview topics were guided by the Facets of Life wheel (Peace, Holland, & Kellaher, 2005). The Facets of Life topics represent the main areas of an older adult’s aging in place (AIP) ecological framework. The eight topics inquired about the AIP experiences as related to the following areas of life: (a) getting to know you, (b) current activities, (c) past history, (d) staying indoors and activities, (e) community and neighborhood, (f) home environment (g) economic, political, and global context, and (h) exit interview (Appendix B-3.1).
All interviews were audio recorded. After each meeting, the investigator transcribed and reviewed the topics discussed. By transcribing and reviewing the interview information before the next meeting, the investigator was able to systematically develop her AIP ecosystem. The interviews were informal, and during each meeting more than one facet of life topic was often discussed. At the exit interview a thank you card and a $25 Fred Meyer gift certificate were given to each respondent for her participation. One participant’s thank you card and gift certificate were sent by mail due to no in-person exit interview.

*Home tour, photographs of home, and activity log data collection.* The home tour of each woman’s home environment ranged from 10 minutes to two-and-a-half hours. The participants were asked to show the researcher around their home. The home tour served multiple purposes for the study, including stories relating to belongings and any design changes or modifications made to the home. Photographs of the homes were used to assist with triangulation during data analysis and were taken during the exit interview.

The activity logs were provided to each participate at the first interview meeting and were collected at each subsequent interview meeting. The activity logs documented the women’s activities over a 24-hour period (Appendix B-3.3). The activity log served as a tool to triangulate the findings from interviews. The activity log also guided the development of interview questions for subsequent interviews.

*Data Collection with the Supportive Case Study Participants*

The supportive case study participants were family members and friends of the primary case study participant. One semi-structured interview per supportive case
participant was conducted. Relatives and/or friends, 18 years or older, each participated in one semi-structured interview. The interviews were conducted either face-to-face or by phone. The interviews consisted of questions relating to the older adult’s current aging in place status and about their perceptions of aging in place for themselves (Appendix B-3.2 for interview guide). The study participants signed informed consent documents at the beginning of or prior to the interview. Participants that completed phone interviews signed the informed consent document prior to the phone conversation with the investigator. With the participants’ consents, the interviews were audio recorded and transcribed. Pseudonyms were used for study participant confidentiality.

Twelve participants served as supportive case study participants (Figure 3.3):

Case 1: Charlotte. Two of Charlotte’s friends participated in interviews. One female, 65 years old, participated in an in-person interview that lasted one hour. The other female, 64 years old, participated in a telephone interview that lasted one hour.

Case 2: Mae. One in-person interview was conducted with a female friend, 63 years old, of Mae’s that lasted 40 minutes.

Case 3: Agnes. Two of Agnes’s daughters were interviewed. Both daughters, 51 and 50 years old, participated in a telephone interview and each took about an hour.

Case 4: Annabelle. Four interviews conducted. One telephone interview with her sister, in her early 50s, lasted one hour. Two friends were interviewed in person: one interview with a female, 67 years old, took 50 minutes. The other interview with a female friend, 65 years old, lasted one-and-a-half hours. One female friend, 75 years old, was interviewed by telephone, and the interview lasted 50 minutes.
Case 5: Peggy. Two interviews were conducted with Peggy’s adult children. One interview with her adult daughter, who was 55 years old, was conducted in-person and lasted one hour and forty-five minutes. One interview with her adult son, 65 years old, was conducted over the phone and lasted 45 minutes.

Case 6: Julia. No supportive participants were involved due to lack of friends and family contacts of the primary case study participant.

Case 7: Ruby. One interview was conducted with Ruby’s adult daughter, 54 years old, and lasted 40 minutes.

Data Analysis

The ecological model of housing choice is guided by the assumption that interrelated levels of the ecosystem influence current housing choices. Throughout this study, data collection and analysis were systematically developed through inclusion of the interrelated levels of the ecosystem, and the cases were analyzed using within case and cross-case approaches.

Narrative analysis. Within case analysis was conducted using narrative analysis techniques. Narrative analysis provides systematic study of the individual’s personal experience, meaning, and how the events were created by the participant (Riessman, 2002). Each participant’s case study is presented in narrative text allowing for a story-like format that tells about the older adult’s current AIP process (Neuman, 2006). The narrative was developed from the use of interview transcriptions, the home tour, activity logs, and photographs of the home environment.
Each case study is examined in depth through narrative analysis of the participant’s self-determined AIP ecosystem (Appendices 3.6 - 3.12). The data from the interviews were collected and analyzed following the levels of the ecological system and self-determined housing choice. The narratives reflect the individual’s perceived dynamic process of aging in place in a private home. To capture the context of the current AIP the narrative was approached as Clark (2002) describes as the impossibility of showing the “whole story” yet the feasibility of showing “situatedness, whether in terms of sociocultural dimensions, or with respect to the rich matrix of relationships in which characters in the case/story find themselves” (p. 300). The main areas discussed were their current individual competencies, current physical environment, current personal environment, current community and neighborhood, and current institutional concerns. Their AIP dynamic process was also examined through reflection on their past history. Thick and rich description creates the cases’ narrative text. The deep structures of their lives were developed as the data were analyzed between interviews and clarified at subsequent meetings (Riessman, 2002).

The narrative analysis approach of path dependency was used to identify a path of life events that stimulated each woman’s current aging in place housing choice. Path dependency focuses on the outcome the researchers choose to examine (Neuman, 2006). Narrative analysis using path dependency seeks to describe the outcome that followed a sequence of previous events. This description is not causal but will describe the path each of the women traveled to reach their current self-determined AIP environment. A self-reinforcing path dependency explanation identifies a trigger event that sets the events in
motion along a specific path. In this study, the outcome sought was the trigger event behind the women’s current AIP status in a self-determined environment. Once the direction of the path is set in motion then processes occur on that path that foster the events in the individual’s life.

Transcription and Coding

Each interview was transcribed prior to the subsequent meeting. This approach allowed the investigator to be immersed in the case at the time of data collection and preliminary data analysis. Miles and Huberman’s (1994) open, axial, and selective coding approach was used to identify and name categories and themes. Throughout the process of coding analytic memos were used to develop ideas.

After each transcription was completed, the investigator conducted preliminary open coding using a list of pre-determined concepts (i.e., ecosystem levels) in order to arrange the preliminary data in a systematic manner. The levels included: individual, physical environment (micro), personal environment (micro), community and neighborhood (meso), and economics, politics and global concerns (macro). Flexible use of theoretical framework in this research helped achieve the goals of the research by providing some initial guidelines to follow in order to organize the large quantity of information collected.

After the data were entered into preliminary categories of the ecosystem, axial coding then was used to identify the main codes and subcategories. Fifteen main coding categories were identified across the five levels of the ecosystem. Each of the main coding categories was separated into types that became the subcategories, and when
application direction of the subcategory was developed. Seven main codes for the individual level codes emerged that included, emotion, financial, faith, gratitude, health, independent, and proactive. One physical environment main code called housing emerged, as well. Personal environment consisted of three main categories: family, friends, and marriage. Community and neighborhood consisted of two main codes called community and neighborhood. The macro level codes were policy and social structure.

In the final round of coding, selective coding, relevant themes and comparisons and contrasts between the cases were conducted. Selective coding creates the core category or central explanatory concept(s) of the findings (Strauss & Corbin, 1998). Two major themes were identified during the final stage of coding, Self preserving actions that maintain current AIP independence, and AIP situational independence. The results of the cross-case analysis are organized by these two themes.

Trustworthiness

To ensure the trustworthiness of the study, multiple approaches were used. To ensure the construct validity of the case studies, “multiple sources of evidence” (Yin, 1994, p. 34) were gathered that included in-depth interviews, photos of homes, and activity logs. Two additional trustworthiness approaches included each participant’s review of her case study draft and narrative analysis triangulation See Figure 3.4 for a diagram demonstrating the convergence of multiple sources of evidence to improve each case study and the construct validity.

Participant review of draft case study. To ensure the credibility of the participants’ stories, each individual was included in a review the draft of her completed
case study, sometimes called member checking (Lincoln & Guba, 1985) or review of draft case study (Yin, 1994). Each participant was provided a copy of the completed narrative text of her case and her situational independence text. Each participant was asked to read through her case prior to the exit interview. At the exit interview, additional information, inaccuracies, or clarifications to the narrative text and situational independence were discussed. See Appendix B-3.5 for results from the participants’ reviews of their draft case studies and narrative triangulations.

*Narrative analysis triangulation.* Each case’s narrative was concluded with “narrative analysis triangulation” (Clark, 2002). The approach of narrative analysis triangulation was used for two reasons. First, this type of triangulation was employed because an individuals’ aging in place is complex and often connected to their friends or relatives. The investigator also needed to verify the accuracy of each participant’s information through triangulation with those who know the woman personally. Second, to develop an understanding of one individual’s aging in place process and hearing from their support systems develops the interconnectedness of the AIP. The narrative triangulation text is located at the end of each case study narrative text (See Appendices 3. 6– 3.12 for each case).

**Limitations of Study**

The findings derive from a homogeneous sample of seven women from a specific location. The women in the study all shared traits often occurring in the elderly, such as hearing, vision, and mobility issues. However, the women were functioning without obvious cognitive impairment. Future research with adults at varying levels of cognitive
function would add to the understanding of the experiences and needs of aging adults AIP processes. In addition, broadening the racial, ethnic, and geographical locations of participants will also add needed information to our understanding of the AIP process.

Results

In examining the seven women’s individual processes of aging in place in their self-determined environment the similarities and differences in the women’s AIP trajectory were revealed. The first section of results entitled Individual Narrative Analysis provides a brief introduction to the full case studies that can be found in the appendix. The second section and first theme, Self-Preserving Actions that Maintain Current AIP Independence identifies the current processes of AIP for the seven women. The results present the findings from the cross-case analysis of the seven cases and the dominant features of each case with supporting examples from each case. The third section and second theme, AIP Situational Independence, identifies the common trigger event that sparked each woman’s course towards her current AIP. The seven cases are under the common finding of AIP situational independence.

Individual Narrative Analysis Text

The full cases are available in the appendices 3.6 - 3.12. The women’s aging in place processes were developed into seven individual narrative analysis texts. Each narrative begins with the current state of the individual’s AIP across their self-defined ecological system of housing choice. Their housing choices represent their self-determined AIP environment. Each current representation varies depending on the elements in the woman’s life that were emphasized by her during data collection. For
example, Agnes (Case 3) focused on her abusive past, whereas Annabelle (Case 4) focused on her current house and belongings. The narratives give an in-depth description of the participants’ AIP process including their past, present, and future AIP processes.

**Case Studies Demographic Information**

Figure 3.5 provides detailed information regarding the sample description of the primary case study participants. The seven women ranged in age from 75 to 88, the average age was 80. Two of the participants were divorced and five were widowed. The women’s annual income ranged from below $15,000 to above $75,000. All seven of the women were able to drive. Housing tenure ranged from rental to ownership. The type of housing included apartments, mobile homes, manufactured homes, condominiums, and single-family homes. At 88 years old, Charlotte lives alone in a rented apartment (Appendix B-3.6). At 75 years of age, Mae lives in her adult daughter’s home (Appendix B-3.7). At 75 years old, Agnes lives alone in a two-bedroom condominium (Appendix B-3.8). At 75 years old, Annabelle lives alone in a large single family home (Appendix B-3.9). At 86 years of age, Peggy is living alone in a single family home that she owns (Appendix B-3.10). At 79 years of age, Julia is living alone in a manufactured home (Appendix B-3.11). At 82 years old, Ruby has lived alone in an age-segregated mobile home for 12 years (Appendix B-3.12).
Theme 1: Self-Preserving Actions That Maintain Current AIP Independence

The findings indicate that these women are involved in a complex balance of self-protective actions that maintain their current aging in place independence. The cases were initially analyzed within in each case, and subsequently analyzed across the seven cases. The findings reflect the themes and categories that were dominant across the cases. Deviant case examples are used to demonstrate the contrast when theme differences were identified. The results suggest that even though the women have different situational independence triggers, there are multiple similarities within their current AIP processes.

The women are aware and proactive in their AIP process. The women are maintaining self-perceived independence through a balancing act of proactive and self-protective actions. The findings in this research discussed below are categorized by the five aspects of the ecological framework selected for this project: Individual, Physical, Personal, Community/Neighborhood, and Social Structure levels (Figure 3.6). Within each ecosystem level, the similarities and differences between the women’s current AIP status are presented.

For purposes of this research, self-preservation is defined as the ability to maintain individual independence in AIP by balancing self-protecting and practical actions. For example, after Agnes’s divorce she had little money, in reflecting on securing her future, she stated, “I’ve worked hard to get my life and finances in order, and I wouldn’t want to let someone else into my finances. A second marriage would be difficult.” Agnes statements and actions demonstrate self-protective behaviors: being practical and deciding not to remarry.
**Individual Level: Individual Environment**

The main themes that characterized the women’s ability to continue with their practical and self-preserving AIP at the individual level were: *acceptance by letting go of worry and stress* and *faith* and *gratitude*. The primary actions undertaken by the women to help them maintain their AIP processes of self-preservation were: *financial frugality* and *awareness to remain socially and physically active*.

*Acceptance by letting go of worry and stress.* These women experienced acceptance in their self-determined living environment and current AIP independence (Table 3.1). The seven women accept their self-determined housing environment and frequently indicate that they cannot control most things in life; therefore, they don’t worry about these things. They are quite proficient in their ability to let go of things they cannot change. Peggy in talking about planning for her future stated, “Don’t think about what’s going to happen next. Don’t worry about having to move some place, if it is going happen, it’s going to happen. You can’t plan all the time.”

Mae is the only one among the seven women interviewed who has accepted her living environment even though it is not her desired self-determined environment. She is the only study participant who would relocate to another state if she were financially able to do so. She accepts her current situation and is grateful for her environment because she has always made something out of a life that offered very little. Mae said her daughter had once told her, daughter of Mae’s said she told Mae, “Mom, you had everything, but you had nothing.”
Annabelle’s case is the most complex in terms of her emotional ties with the past. Annabelle’s childhood experiences dominate her present. For instance, Annabelle cried many times during each interview when discussing her past. However, she would simultaneously tell the investigator that her “life is good.” Annabelle’s unwillingness to leave her home and her belongings suggested that she is not as accepting of those things. Annabelle’s lack of accepting or letting go was very apparent when her case was compared to the other six women in terms of this category.

*Faith and gratitude.* Of the seven women, six had strong religious and/or spiritual beliefs (Table 3.1) Three were Catholic, two were Christian, and one believed in an undefined spiritual philosophy. These women indicated that their faith played an integral part in their coping throughout the years.

One woman, Agnes, relied heavily on emotional support from her church during difficult times with her husband. Annabelle’s belief system removed her fear of death, as she stated, “I don’t have fear of dying at all. Religious faith is important. What’s to fear. I’m not looking forward to it, [but] a sense of calm.” Charlotte’s philosophy encouraged her to pursue her life’s passions and desires, even at 88 years of age. She was not afraid of dying either, as she believed she will be reincarnated. Ruby did not have a faith, having rejected her “fanatical” Mormon background in her early teens.

All the women referred to their lives as “blessed,” “grateful,” “charmed,” “magical,” or “having a guardian angel.” Their sense of thankfulness was reflected in their appreciation and their positive perception of their current AIP processes.
Financially frugal. A trait visible in five of the seven women was their frugality with money (Table 3.1). Mae, Agnes, Julia, Charlotte, and Ruby remained cautious with their money. Charlotte, Julia, and Agnes learned how to be frugal with their money out of necessity and by watching their parents throughout the years. Agnes developed her frugality later in life when she began rebuilding her financial portfolio after losing everything in her divorce.

Mae and Ruby as children lived in low-income households. Ruby’s family was “poor.” She faced ridicule from her community for being poor, and these experiences shaped Ruby’s industriousness and pride in being self-sufficient. Ruby keeps a “dairy” of her finances and documents all financial transactions which kept her from spending unwisely.

Mae’s childhood differs from Ruby’s childhood of abject poverty, in that she grew up not having much, but enough. Mae and her husband struggled to make ends meet. Mae was low-income and living with her adult daughter at the time of her interviews.

Peggy was in transition from being frugal to spending more money. Her adult children wanted her to spend on herself because they are financially independent and will not need her inheritance. Peggy bought what she wanted, but indicated that she did not need or want anything.

Annabelle was the deviant case in terms of financial security. Her financial stability gave her flexibility and ease with money. She was financially supporting an adult child who was involved with a serious legal matter. However, with the 2008
economic crisis growing, she was becoming more concerned that she would not be able to help her son should her retirement investments be affected.

*Awareness to remain active.* The women in this study had remained active as they aged. Their activities were similar and provided the same self-preservation goals for all the women. The women were making a choice to remain active because they believed that isolation at home would be harmful to their overall health.

Mae explained, “Every day I tried to something outside the house because if I stay home I do get depressed. Not that I’m a busy body, but after my husband died, even if I just get out to mail a letter.” For Ruby, it was imperative that she, often times, forced herself out of the house. She explained this as, “The truth of the matter is, some days it is a whole lot easier to stay home, but when I get to feeling like that I push myself out the door.” She had watched others stay home and not participate in life, and that bothered her. She discussed her neighbor whose wife died, and noted that he just stayed indoors and would not join in. His reclusiveness made her sad for him. Annabelle’s comment on others not leaving the house was, “are you going to pull the sheets over your head and not leave the house?”

The common finding among these women was that each one has a weekly schedule with organized activities. The women, on average, had two scheduled activities a week outside the home and routine in-home activities (Figure 3.7).

*Activities outside the home.* An interesting finding in this study was how the women define activity. A common activity for these women was exercise classes. Agnes, Peggy, Julia, and Ruby participated in weekly exercise activities. Volunteering and
working were also common weekly activities. Mae, Agnes, Julia, and Ruby had set volunteer or work schedules. Charlotte, Annabelle, and Peggy also volunteered, just not on a regular basis.

*Activities inside the home.* During the weekly scheduled activities inside the home, the schedule varied, but activities included washing hair, doing laundry, cleaning house, and having visitors. Visitors included cleaning staff, companions who assist with cleaning (Charlotte), and companions for socialization (Annabelle).

*Micro Level: Physical Environment*

The physical environment in which the women were situated included their homes and the natural environment surrounding the homes. Their homes were a representation of independence for each of the women in her current AIP process.

Charlotte did not want to leave her home because she preferred to remain in her home until she dies of natural causes. Annabelle was the deviant case in the physical environment findings because she expressed she was unwilling to the leave her home because she loves her home and her belongings. Annabelle explained her relationship with her home and belongings:

I collect wonderful things. What am I going to do with them all? I do not want to give them up. I’m debating, my closets are so full of wonderful things. I have books up the kazoo. I love them. I frequently go back and refer to them. I have so many treasures. What would I part with, I don’t know.

Five of the seven women expressed willingness to leave their home environment; as well as a willingness to leave most of their belongings. The five women willing to leave were Mae, Agnes, Peggy, Julia, and Ruby. Peggy explained that belongings in the home were not extremely important to her because she had moved throughout the years
and, because they had frequently moved, she became used to giving things up. In fact, Peggy was trying to give her belongings away to her family because “I’d rather have them get them now while I’m still alive and see that they’re using them.”

On the other hand, Agnes lost all her belongings and her home in her divorce. After the divorce she never regained the desire to accumulate new belongings. And for Mae who experienced mobility after the death of her husband shared her feelings about moving in the future as, “What’s one more move? The hardest thing is what you think you might need, and the biggest thing is clothes. I like to embroider so I have that stuff.” These women are indicating that their belongings or home are crucial to their well-being.

To further clarify the investigator’s findings, there were two women, Annabelle and Charlotte, who were unwilling to leave their current residences but for different reasons. Annabelle did not want to leave her home or belongings because she loved them. Whereas, Charlotte wished to die at home and was unwilling to leave for a care facility. She did not like food other than her own cooking, and she did not want to leave her paintings behind. In order to avoid institutionalization, Charlotte had placed a Do Not Resuscitate (DNR) document on her refrigerator for EMT responders to find. Her medical records also included a DNR order.

*Physical environment deviant case.* Annabelle was the deviant case among the women in regards to the physical and natural environment of her home. Of the seven women, Annabelle emphasized the importance of her home and belongings by her unwillingness to address the issues of the home in relation to her current AIP process. Annabelle had mobility issues and was unable to use the home without safety concerns.
There were no modifications to the home that addressed her mobility decline. Ironically, she blamed her mobility issues on the use of handrails she had installed for her husband’s impaired mobility. She indicated that she used the handrails for convenience and created a dependency that contributed to her own decline. In explaining her mobility issue, she stated, “I’m not worried about the steps in the house because I have something to hold on to. If I hadn’t been in that habit, perhaps, I could have gotten around Italy without something to hold on to.”

Annabelle’s home held strong memories of the past. She had experienced many family related traumatic events, and her home and belongings spoke of these. Annabelle repeatedly stressed that she could not leave the home because she could not part with her “treasures.”

Because of her changing health status, Annabelle’s home was no longer safe for her. There were stairs leading to four different levels and areas she no longer used. She was unable to keep up with the maintenance of the home. Although Annabelle was aware that the home was no longer suitable for her needs, she was unwilling to modify or leave the home.

The investigator believes that Annabelle shared information regarding her health confidentially with the investigator. The four family members and friends who participated in the narrative triangulation were unaware of Annabelle’s situation and concerns. In fact, all four indicated how fortunate Annabelle was to have her home and expressed that she was living well.
Physical environment summary. House is the built structure, where as, the home represents the symbol of self and a place that individuals can be themselves (Cooper, 1974). Some of the women in the study had developed feelings strongly against attaching to home or the belongings in the home due to mobility or trauma in the past. Unlike some literature that suggests homes for aging adults can become more special with age because over time many memories and experience have occurred in the home (Sixsmith, 1990; Sixsmith, A. & Sixsmith, 1991). The analysis here suggests the women learned in past to remove themselves from places that had hurtful memories since they did not experience positive meaningful memories. Just as long-term care has examined how to replicate living at home in institutional care, future research will need to examine the AIP behaviors of women who learned to remove themselves from things (i.e., home and belongings) due to negative meaningful memories instead of positive meaningful memories. Understanding the individuals negative housing related memories may help to explain why individuals desire to remain independent in a self-determined environment in their AIP process.

Micro Level: Personal Environment

The personal environment is defined as those individuals closest to the older adults. The personal environment commonly consists of parents, spouses, children, friends, and co-workers (Eckert & Murrey, 1985). Family relationships for the seven women had the unifying element of being negative support relationships. Four main types of personal relationships were present and included life-long friends, companions, situational friendships, and remarriage (Figure 3.8).
Family relationships. All seven of the women had family support in their AIP process. However, the relationships all had negative support elements, although with some variation among cases. As part of their self-protection, the women collectively explained that they did not want to “burden” or “bother” their families. The common perception held by six of the seven women was that their families were “busy” and could not be bothered. I attributed their perceived sense of burdening others as a self-protection response that was reflective of their individual past life experiences. Rosenfeld and Chapman (2008) suggest that as the desire to remain independent in aging increases more older people “worry about being a burden to their family” (p. xxi). The findings in this study suggest that maintaining independence stems from experiences in the past making the women more independent and less dependent on others.

An example of negative support was seen with Charlotte. Charlotte had only one living relative, a younger sister who lived out of state. Their relationship had been strained since childhood. In 2007 a serious verbal altercation occurred that was followed by an extended absence of communication. After nearly a year of no communication, the sister sent Charlotte a letter that she was available if Charlotte needed her. At the time of the study, they had not had verbal contact, nor had Charlotte responded to the letter. Charlotte indicated she trusted her sister with her end of life, but that they just did not get along as people.

Peggy had a large family, and she perceived that she had good family support. However, two of her adult children expressed that Peggy’s support expectations often resembled demands. Ruby’s family support system was similar to Peggy’s, but the
relationships with her children were mostly positive. Contact was infrequent and by phone because her adult children lived out of state and were very busy.

Julia’s negative support was interesting because she had one family member in her support system. A negative perception held by Julia was that she only used this resource in times of crisis. The limited use of her sole support system represented her desire to not overuse the supporting family member.

Agnes had the most complex relationship within her family support system which included her two daughters. The severe damage caused by the father’s abuse had strained their relationships. Agnes and her daughters provided support for each other as much as they could; however, the support was limited because repercussions from the past sadly permeated present interactions.

Annabelle’s relationships with her family were also difficult. Her family, consisted of her sister and her children, and they were accessible if she needed support. Unfortunately, Annabelle was aware she was removed from her family and stayed distant without offering or receiving family support from them.

*Friend Relationships.* Six of the seven women had similar personal environments within their relationships, namely friendships and companionship. One deviant case example provided the contrast to the common theme. The two main types of friendships were companionship and situational friendships (Figure 3.8). The categories identified in this study are friend relationships that provide for the women’s self protection through practical actions.
Companionship. The type of friendship identified as companionship in this research is defined as an awareness by the older adult that an individual serves a specific purpose in facilitating their AIP process. In other words, the companion provided the older adult with a service such as access to travel, house cleaning, and socialization. Companions identified in this research included individuals as well as pets.

Julia’s two kittens were her companions and provided tremendous comfort for her when she was at home. Julia was very aware that the kitties were her companions and that they served a purpose in meeting her needs.

Ruby’s daughter, who recently moved in with her, was a companion. Her daughter provided care giving when needed. The daughter was also a social companion for Ruby, one who respected Ruby’s individuality as they lived together.

Annabelle had the only male companion among the seven women. Her companion primarily served as her travel partner. Their travel involved approximately four international trips a year. They also provided each other with companionship on the weekends, enjoying opera and food together.

Charlotte had a care giving friendship with her companion, Julie. Julie assisted with Charlotte’s house cleaning once a week. The routine was scheduled for Thursdays and included Julie and Charlotte having tea and toast together, cleaning the house, and ended with Julie giving Charlotte a massage. If Julie did not provide these services for Charlotte, it is highly unlikely that these two women would have a weekly interaction.

Situational friendships. The type of friendship identified as situational friendships are defined as activity based acquaintances. In other words, situational friendships
involve individuals who interact with the seven women when they participated in a variety of activities within their communities. These friendships were summarized by Ruby, “It is a lot of work to have a friend. It is a lot of responsibility.” Therefore, the women had opted for casual friendships that occur during their activity periods, and when the activity was over, the friendship relationship ended as well. For instance, Agnes explained she and her yoga classmates did “catching up from the weekend” at the beginning of exercise class, but did not pursue their friendly relationship beyond the scope of the class.

Three of the women identified themselves as “loners.” The investigators observed that the women were not “loners,” but had situational friendships instead of friendships of instrumental support.

Agnes had the most diverse situational friendship relationships among the women, including friends from her work, volunteering, exercise class, church, and neighborhood. Mae and Annabelle had the least diverse situational friendships because they only had one resource each. Mae had situational friends through her volunteering at the senior center. Annabelle had situational friends through a small group of women she met with throughout the year. The group celebrated holidays, birthdays, and occasionally participated in events together.

Julia, Ruby, and Charlotte had two resources for situational friendships. Julia had situational friends when volunteering and in her exercise class. Ruby’s situational friendships were associated with work and exercise class, while Charlotte’s were from her personal growth classes and events, such as, movie day at the senior center.
Deviant case for friend environment. Peggy did not share the same characteristics as the other six women in regards to her personal environment. Peggy had lived in Oregon for 65 years, the longest of the all the women. Her friendships in the community were long term and well established. She did not have companions or situational friends, but life-long friends she had known and interacted with for over 40 years. Her activities involved dinner with friends and swim class several times a week. She frequently visited friends in their homes and vice versa, including those friends who lived in institutional environments. Her case was deviant from the other six because she received support from her family that transcended “companionship.”

Remarriage. All seven women expressed disinterest in remarriage. The two common reasons were: concern for maintaining financial stability and fear of becoming a caregiver. For instance, Julia explained her single status as, “I’ve had men friends but not for the last 10 years. I have not met anybody but I have not been looking. At my age, you’d probably have to take care.”

Mae was the only case who would not remarry because she could not replace her first husband. On remarriage Mae said, “I didn’t think I’d ever find another one like my husband. He was once in a lifetime. I dated one guy for awhile, and I couldn’t marry him even if I wanted to, I saw him slap his 94-year-old mother one time.” Peggy and Ruby idealized their first and only husbands and indicated they had good marriages. However, Peggy’s and Ruby’s children indicated that their marriages were not as good as the women suggested to the investigator.
Agnes had no interest in remarrying because it had taken her so long to rebuild her life following her divorce. Annabelle considered marrying her companion of 14 years but decided not to remarry because as she stated, “I cannot afford any mistakes.” Julia would have remarried had the opportunity presented itself, and Charlotte had four marriages and was satisfied being single.

*Meso Level: Community and Neighborhood*

Community. For purposes of this research, community is defined as the metropolitan area in which the women’s homes were located. The community for the women was the Eugene/Springfield, Oregon, area. The combined population for the Eugene/Springfield metropolitan area was nearly 210,000 at the time of the interviews.

The findings indicate that all seven women had three distinct similarities regarding their self-protection through practical action in their community. The women, who shopped for basic goods such as groceries, were satisfied with the services in their community. However, the women were not attached to specific facilities or stores.

Secondly, the community provided these women with access to important individual and group activities. These activities included church, exercise classes, festivals, special events, and senior center that offered special topic classes and day trips.

Third, the women were actively giving back to the community through their work and volunteer efforts. Agnes frequently participated by working and volunteering for diverse events. Mae remained active by volunteering several times a week. Health concerns had limited Annabelle’s, Julia’s, and Charlotte’s volunteer activities. Peggy was the only one who no longer worked or volunteered. She had volunteered extensively
throughout the years, but had stopped several years before her interviews as the organizations changed.

*Neighborhood.* For purposes of this research, neighborhood is defined as the immediate area where the women’s homes were situated and where events occur around the home environment. The neighborhood, for four of the seven women, provided convenient locations for services meeting their needs in the community. Charlotte, Peggy, Ruby, and Agnes indicated that their neighborhoods provided easy access to their preferred community activities. Julia’s neighborhood lifestyle choice was to live in a 55 or older adult mobile home park. The neighborhood had changed through the years, and Julia no longer had personal contacts within the park.

Annabelle was attached to her home environment and the natural environment of her home and neighborhood. She was not attached to her neighbors. Since her children no longer lived at home, she no longer interacted with the neighbors. She indicated that it was the children when they were younger and their interaction with the other children that had made her active with other parents in the neighborhood.

None of the seven women expressed concern for personal safety in the neighborhood. Only with specific questioning regarding their sense of neighborhood safety did feelings emerge. All of the women indicated that they felt safe and none of their comments or responses to direct questions suggested otherwise.

**Theme 2: AIP Situational Independence**

The theme AIP *situational independence* suggests each of the seven women experienced a significant event in her pathway of AIP that defined the direction of her
current AIP process. AIP situational independence is defined as the event(s) that describes the individual’s pathway to aging in place in a self-determined environment. Emphasis of the situational independence theme arises because the event removed them from a situation where they were dependent on someone (i.e., a husband) or something (i.e., financial support). For all each woman the event fostered her level of independence that has become central to understanding her current AIP process.

Situational independence reflects the time element inherent in the older adult’s AIP process. I propose that the trigger event of situational independence may be the starting point for which the AIP processes start for each individual woman. The timeframe in which the event occurred varied for each of the women. For Charlotte her situational independence event occurred when she obtained her teaching degree in her late 30s. Whereas, Peggy’s situational independence began at age 80 when her husband passed away.

The common finding for these women was their disconnection from dependency and their introduction into AIP independency. Three women experienced the death of their husbands which triggered change that defined the path to their current AIP environment. Two of the women chose to focus on their careers and forego marriage and/or children. One woman was forced to divorce under difficult circumstances, whereas another woman made a financial decision independent of her husband and, ultimately, provided financial stability for her own aging in place.

*The AIP situational independence model.* A model was developed illustrating the five parts identified as part of the situational independence theme (Figure 3.9). The
pathway to AIP began with *early life pathways* that is defined as the series of actions present early in life. Early pathways are often situations of dependency on others. A common early life pathway identified was the women’s desire when they were young was to become a wives and mothers. The identification of the desire to be married was important because the majority of the trigger events related to the dependency of their marriages. For instance, Annabelle explained “I wanted to be married. I’m talking 1950-51, I started college and girls wanted to be married.”

The second stage of the pathway to current AIP is composed of the actions present prior to the trigger event. For the majority of the women, the the trigger event involved underlying or foundational beliefs that influenced their responses. For instance, Annabelle explained, “Financially, it would have been better, if I had said we’d better not do that, it is not the right thing. But it’s what a wife did. Whatever my husband wanted to do, I did, even though sometimes it was not the wise thing to do. Financial things.”

The processes that occur after the situational independence reflect the older adult's use of self-protection and practical action that relate directly to the situational independence event to maintain their aging in place. For instance, Annabelle’s situational independence event was her decision to make a financial investment against her husband’s wishes. That financial decision pays her food and rent today. After she made the financial decision, she also learned the value of her financial independence and has decided to not marry her long-term companion. As Annabelle stated, “At this point in my life, I can’t afford to make many mistakes.”
The final stage in the situational independence model is the outcome of the situational independence that reflects the women’s current aging in place experience. The seven case studies are presented below following the five parts of situational independence. Each case has a different pathway and situational independence event.

*Case 1: Charlotte’s AIP Situational Independence (Figure 3.10)*

*Charlotte’s early life pathways.* Charlotte married young, at 19 years of age, for survival purposes. She was not educated, had no money, and as she stated “What do girls do who have no money?” – “they get married.” She divorced and remarried at age 22, but still had no financial stability. Her husband, a Navy pilot, was off to war and their income was low. The women in her life, primarily her mother and aunts, stressed to Charlotte that she not get pregnant with her husband at war. During this time, Charlotte’s mother and aunts had illegal abortions. Charlotte was raised believing in reincarnation which was also her mother’s belief. Her spiritual philosophy would eventually become a trigger event in her subsequent AIP process.

*Charlotte’s pathways present prior to the trigger event of independence.* Young Charlotte’s passion in life was to be an educator. She admired educators and loved learning. As a young adult, Charlotte was becoming increasingly independent and private in her spiritual beliefs. Charlotte was actively immersing herself in private spiritual education that included the socially taboo practices of hypnosis and meditation. She stated that, “hypnosis is the fastest way to cure anything.” Her second husband was emotionally and financially supportive of her educational goals; however, he knew
nothing of her spiritual practices. She kept this a secret, making it possible for her to attend college in her 30s during the 1950s.

*Charlotte’s trigger event of AIP situational independence.* Charlotte’s AIP situational independence was triggered by earning a teaching degree in 1956 at the age of 36, and beginning her career as a school teacher. For the first time in her life, she experienced financial stability and independence. Teaching fulfilled her life-long passion to be a school teacher and as she stated, “Teaching was my passion. It goes back to our spirit.”

*Charlotte’s processes after her situational independence event.* Becoming a teacher was a trigger event for Charlotte. She had a life filled with many processes. Following the trigger event of becoming a teacher, Charlotte divorced the husband who had supported her through school because, after she completed her degree, he wanted her to become a stay-at-home wife. Charlotte left the marriage because she did not have children and could support herself financially. On leaving her husband, she stated, “It is strictly financial. When [women] leave without money they have a terrible time.” And regarding children, she explained:

> I didn’t have children; I could work for the career and move straight ahead even though I was older. It didn’t matter. I acted like a younger person who was free. Children can really louse up a life for good. I always figured I was very lucky. I had no doubt that I would have an abortion. I was not about to accept all of that. 

She explained that had she had children, she would have stayed at home and not pursued a career. She was also able to divorce her husband because she could financially support herself. In conclusion, she was no longer “getting from the husband what she needed”
and devoted herself to her career and her spiritual education. After the divorce, she remarried and her third husband became involved in her spiritual practices.

*Charlotte’s outcome and current AIP independence.* Charlotte’s current AIP finds her living contentedly and independently in her apartment. Her financial independence and spiritual beliefs define her current AIP process.

*Case 2: Mae’s AIP Situational Independence* (Figure 3.11)

*Mae’s early life pathways.* Mae married in her teens because she found a man who loved and respected her and was a non-abuser. As a child she was raised in a domestically violent household. Her father abused her mother, and Mae found her mother to be “pathetic” for letting a man beat her. Mae did not finish high school, and married instead. She and her husband moved frequently following her husband’s employment.

She and her husband had a good relationship, and both worked very hard, “I was hard working,” she stated. She had to work to help with the bills throughout the years. Her husband found a good factory job in Michigan when they were in their thirties. After 20 years of working in the factory and three years away from retirement, the factory closed leaving him with little retirement security.

*Mae’s pathways present prior to the trigger event of independence.* Mae remained in a loving and respectful marriage even though they struggled financially. Following the loss of her husband’s job at the factory, they moved to Florida to start a new life in a warm climate with job opportunities. Her husband worked as the manager of a mobile home park. She assisted her husband by doing office work. She and her husband loved
their life in Florida. They had a job that provided housing, and they were able to start saving for retirement.

*Mae’s trigger event of AIP situational independence.* After living in Florida for six years, Mae’s husband was diagnosed with terminal cancer and died within six weeks. Her trigger event occurred on “the day I lost my husband, I lost my job, and I lost my home, all the same day. That is something to cope with.” Mae’s trigger events were clearly a negative form of situational independence. Even though she reached a new independence, it was not self-determined or desired.

*Mae’s processes after her situational independence event.* The day of Mae’s trigger event, her daughters moved her from Florida to California. The move to California was the beginning of a mobile displacement that would dominate her aging in place process. Mae summarized this wandering period as “I don’t know what I was looking for and I don’t think you’d ever find what it was supposed to be.” In other words, she was looking for a home and possibly for security that no longer existed.

Mae has suffered from depression and confusion about where she should settle for aging. Every place she traveled and lived had a family member in the community. Her children and siblings provided stability during her frequent mobility. Although she was independent and traveling wherever she desired, she was equally dependent on family for stability.

*Mae’s outcome and current AIP independence.* Mae’s trigger event for her situational independence was the unexpected death of her husband at age 53. Her AIP process began when he died, and she started traveling in search of a new home. Mae has
not found a place to call home and is no longer in the process of looking for one because she does not have the financial stability to move again. As a result, Mae is living with her adult daughter, and though she is thankful to have a place to live, she is dispirited regarding her AIP situation.

In retrospect, Mae wishes she had stayed in Florida for one year following her husband’s death. Mae sought advice from a grievance counselor years after her husband’s death, and he suggested had she stayed in Florida after his death, she would have had time to adjust to her traumatic situation. She regrets the choices she and her family made following her husband’s death. She believes that had she remained in Florida, she would have had a better AIP process.

Case 3: Agnes’s AIP Situational Independence (Figure 3.12)

Agnes’s early life pathways. Agnes was raised in a large, stable, Catholic family. She has fond memories of her childhood in a secure and loving environment. Young Agnes wanted to be a wife and mother. She was married after college and explains, “When I got married in the fifties, I gave my life over to my husband.” She and her husband and two daughters moved frequently with his job. The family relocated to Singapore which isolated them from family and friends. During this period, her husband’s alcoholism masked his mental illness which was later diagnosed as manic depressive disorder (now know as bi-polar disorder). Agnes worked throughout their marriage, and at times became the bread winner for the family. Agnes enjoyed working and held professional positions.
Agnes’s pathways present prior to the trigger event of independence. Agnes and her daughters suffered from the traumatic events brought on by manic depression. Agnes’ husband’s behavior was often violent, extreme, and unpredictable. An incident that occurred during international travel precipitated Agnes’s situational independence. Her husband left Agnes and his daughters in an international airport with no identification, no passports, and no tickets. Agnes feared for their safety and was forced to take drastic measures to protect herself and her daughters.

Agnes’s trigger event of AIP situational independence. Following her daughters’ graduations from high school, Agnes and her husband lived together in the family home. Their living situation left them financially strained. Late one night, her husband intentionally locked her out of their house. Agnes was once again left without resources, such as, money and identification. She explained the decision to leave her husband as “Finally, he went into this one big episode. I was too embarrassed to go to neighbors. This is the end. No battered women’s shelters at that time. The next day, I got in the car and left.” Agnes left her husband and most of her belongings and filed for divorce. He did not fight the divorce. There was little money to split between them as he had spent most of it. Extreme spending is an attribute of manic depression.

Agnes’s processes after her situational independence event. Agnes became quite self-sufficient following her divorce. Although she had not expected this event would occur in her life, she stated, “when my marriage broke up, I was sort of at loose ends. I didn’t know where to go what to do. So I had never planned that at the latter part of my life.” She obtained gainful employment and began to save for her retirement. She became
financially independent through working. Her relationships with her daughters were strained after the divorce because Agnes initially left the country to work and was not around to support their sick father.

*Agnes’s outcome and current AIP independence.* Agnes’s current AIP is characterized by her living in a stable home environment with financial stability. Agnes is employed part-time and believes the employment is important to her aging process. Agnes did not remarry and explained, “I’ve worked hard to get my life and finances in order, and I wouldn’t want to let someone else into my finances.” Her situational independence trigger event established the framework for her current AIP self-protection and financial stability.

**Case 4: Annabelle’s AIP situational independence** (Figure 3.13)

*Annabelle’s early life pathways.* Young Annabelle was raised in a family with self-made parents who excelled in business. Annabelle believed that her six siblings were accomplished, talented, and wonderful individuals. Annabelle felt she could not meet or surpass her parent’s expectations. As a young woman, she aspired to finish college, marry, and have a family.

*Annabelle’s pathways present prior to the trigger of independence.* Two main events triggered Annabelle’s situational independence. One occurred when Annabelle’s mother’s encountered a financially complicated situation late in life. Annabelle’s oldest brother squandered the family inheritance destroying family relationships.

Second, young adult Annabelle believed that wives, such as her, should support their husbands’ decisions, even bad decisions. She explained, “Whatever my husband
wanted to do, I did, even though sometimes it was not the wise thing to do. Financial things.” She was particularly influenced by her second husband’s unsuccessful business endeavors. Annabelle felt the strain of her husband’s, poor business ventures when it became necessary for her to return to work and sell the family home for a smaller, more affordable one. An opportunity arose from within her husband’s family regarding their ceramic factory. Her husband wanted to sell the factory, but Annabelle in collaboration with her husband’s sister, decided to keep the factory against his wishes. She was aware of the necessity to make a decision which would be best for herself and her family.

*Annabelle’s trigger event of AIP situational independence.* Annabelle’s AIP situational independence was triggered by a financial decision she made independently of her husband’s wishes. The financial decision provided her with the stability and security that gives her comfort in life today. She explained her decision,

> My mother-in-law, she had a ceramic factory. It’s now an auto shop. My sister–in-law and I still own it and that piece of property is what supports us, the rent the food. I’m very grateful we still have it. When I was married I didn’t take very good care of finances, my husband wanted to sell the property over and over again, boy am I glad we didn’t.

The decision Annabelle made also gave her a sense of completeness and ownership regarding herself, her assets, and her belongings.

*Annabelle’s processes after her situational independence event.* With the death of her husband, she developed a sense of freedom and independence. She has had a male companion for 14 years. Annabelle decided not to marry because, “I like my own autonomy, making my own decisions, I like my own thinking.”
Annabelle’s outcome and current AIP experience. Annabelle’s current AIP reflects her financial stability and difficult past. Although Annabelle’s independence has provided her with a financially stable AIP process, her past is actively present in her emotional state of mind. Annabelle finds it difficult to discuss any facet of her life without tears.

Case 5: Peggy’s AIP Situational Independence (Figure 3.14)

Peggy’s early life pathways. Peggy was raised in a loving, stable, and social family in Oregon. She married young and was soon pregnant. Shortly afterward the birth of their first child, her husband left for the war. Peggy indicated that being left alone to raise a child caused her early independence. Although she experienced difficult times during the war, she remained social and easy going. After the war, Peggy and her husband had six more children.

Peggy’s pathways present prior to the trigger of independence. Peggy’s husband became ill with Alzheimer’s disease when they were in their 70’s. She and her adult daughter cared for him at home as long as possible. During this period, Peggy suffered bouts of depression and anxiety. She found herself becoming less social and less active. The care giving took an emotional toll on Peggy. Once her husband became too difficult to care for at home, she and the children placed him in a care facility.

Peggy’s trigger event AIP situational independence. The death of Peggy’s husband slightly changed how Peggy was aging in place. Her situational independence event is subtle because other than her husband’s death, no other major changes occurred in her life. She was able to remain in her home with financial security.
Peggy’s processes after her situational independence event. After her husband died, Peggy became more social. She visited with friends more frequently and attended more social events. As a widow Peggy believes she returned to her previous pattern of being very social and active.

Peggy’s outcome and current AIP experience. The current status of Peggy’s AIP indicates that she is living life just as she wants to. Her passion for social interaction with friends and family define her current AIP process.

Case 6: Julia’s AIP situational independence (Figure 3.15)

Julia’s early life pathways. Young Julia was raised in a small, stable, and loving family. She was an only child raised in a socially active family. Young Julia had three goals in her life, being a secretary, marrying, and becoming a mother.

Julia’s pathways present prior to the trigger of independence. Julia became a secretary and then faced an unexpected relocation. The immediate processes supporting Julia’s job relocation were based exclusively on the death of her boss. Julia was his personal secretary and after his death her skills were so specialized that placing her in a new position was difficult for the company. Since she never remarried or had children, she focused solely on her career.

Julia’s trigger event of AIP situational independence. Julia’s situational independence was triggered by a decision she made in her early 40’s to relocate to a new city to continue pursuing her career. Julia was employed as a personal secretary for an insurance company. When her original boss died, her company offered to relocate her to
work for a man in Eugene/Springfield, Oregon. She left her hometown of Portland, her family and friends, and began a new life.

*Julia’s processes after her situational independence event.* Following her job relocation, Julia purchased her current home in a 55-and-older mobile home park. She worked and earned the financial security that supports her in her aging process. She focused her life on work and friends. She kept stability in her life by staying with one company and building a life around the routine of her career.

*Julia’s outcome and current AIP independence.* Julia’s current AIP is clearly reflected in her organized and stable lifestyle. Her life today is a carbon copy of what it was 40 years ago when she made the decision to relocate. In other words, she has lived in the same home for 27 years, with no new modifications or aesthetic upgrades to the home. In a sense, it is as if Julia is frozen in time.

She currently lives by a work-like schedule, much like she did years ago. When she goes to “work” on Tuesdays, she is in fact, going to volunteer and when she goes to “work” on Thursdays, she is going to exercise class. She refers to her activities as “going to work.” There have been minimal changes in her life since her job relocation, which not only defines her past, but her current AIP process.

*Case 7: Ruby’s AIP Situational Independence* (Figure 3.16)

*Ruby’s early life pathways.* Young Ruby grew up quickly. Her father died when she was eight years old, her mother had four children to rear, a drinking problem, and she was poverty stricken. Ruby was the oldest child and was responsible for her siblings. She knew the only chance they had for future survival was with her help.
Ruby was married and pregnant at 17 years of age. She was soon divorced and involved in a legal battle with her husband’s family to keep her child. The judge sided with Ruby, deciding she was a responsible and moral individual. Ruby felt she could have gotten into trouble early on, but her moral character kept her out of harm’s way.

*Ruby’s pathways present prior to the trigger of independence.* Ruby married her second husband when she was 24 years old. They had five children together. Her husband was a “good man and good father.” He wanted to make a fortune because he believed success was financially based. Her husband’s quest for financial success caused financial instability. The family had to relocate frequently to follow his dreams. Although, her husband was a good man, Ruby was left with the responsibility of creating a home in each new town. She was also responsible for holding her family together with little income.

*Ruby’s trigger event of AIP situational independence.* Ruby’s husband died at home after two years with terminal cancer. She was his primary caregiver until hospice services were sought. Ruby was relieved once he died and explained:

He died from cancer, not a bad patient, but just sitting there now knowing took its toll. When he passed away, my first reaction was relief. We were married almost 45 yrs, so I shouldn’t have felt that way. I felt guilty that I didn’t feel worse because he was gone. I’m practical if nothing else. It doesn’t make sense; there was nothing I could do. I did everything I could. It broke my body; they didn’t expect me to live.

Ruby’s caregiving affected her physical health. Following her husband’s death, she was immediately put into the hospital for several months and was not expected to live. She had one-third of one lung removed, and her children were prepared for their mother’s death.
Ruby’s processes after her situational independence event. After her husband died and she recovered from her illness, Ruby sold their family home and took a large financial loss. She relocated to her current residence in a different town where she has little family and no friends. After living alone and making decisions for herself, Ruby stated “I found me.” She enjoyed finding herself and spending time doing activities of her choosing. Most importantly, she found that she likes herself again.

Ruby’s outcome and current AIP independence. Ruby’s current AIP reflects her independence and her awareness of her self-preservation. Ruby is creating the environment in which she can further age in place. She has asked her adult daughter to move in for companionship and caretaking as her health declines.

Discussion

The aim of the study was to examine the current state and dynamic process of aging in place in a self-determined private home environment. The seven women included in the study lived in self-determined private home environments. The seven case studies provided in depth descriptions regarding their current state of AIP. The main findings identified from the data were: (1) the women’s current AIP status was seen in self-preserving actions that led to their AIP independence, and (2) the women’s AIP situational independence reflected her pathway to her current AIP status. The implications of the results included research and practice related implications, as well as, early theoretical implications for AIP as an interdisciplinary theoretical concept.
Case Study Implications

The seven case studies provided an innovative way to conceptualize AIP processes. The case studies indicate the feasibility of studying an individual’s aging in place process across her ecological framework. The importance of comprehensively developing cases highlighting an individual’s entire AIP will assist in identifying the contemporary issues and complexities of AIP as a concept. In addition, these cases will be useful for researchers, educators, students, and practitioners as they conceptualize the state of aging in place for Caucasian, non-Hispanic women, 75 and older in Eugene/Springfield, Oregon. Although the sample was limited in its capacity to be generalized, the cases demonstrate AIP across the ecological housing model.

The cases are also an early contribution to theory development of the AIP concept. Based on the manuscript one (Chapter Two) derived definition of AIP, the cases here do not fully represent all the attributes of the AIP derived definition. Future research should examine individuals’ aging in place in self-determined private home environments and include in the case extended family members, friends, neighbors, service, program, and medical providers. In order to create a “model case” (Rodgers, 1989, p.333) of the AIP concept a much broader analysis of the appropriate levels of care and/or community services for the individual needs to be created. Nevertheless, the seven cases are comprehensive examples of AIP from the individual’s perspective of AIP.
Implications of the Theme Self-preserving Actions

Examination of the women across the ecosystem of interrelated AIP parts identified that the women were protecting themselves in the aging process through practical actions. Even though the seven women had different concrete steps through the AIP process, their collective focus on self-preservation was dominant. Three findings were considerably noteworthy regarding their AIP process: 1) the identification of negative family support systems, 2) situational friendships and companions; and 3) activity in the community. When examining an individual’s AIP processes as a whole, social connections and social support were key markers for successful aging in place (Rowe & Kahn, 1998).

Negative family support systems. Family members often play an important role in the aging in place process. As Silverstone and Horowitz (1993) stated, “aging in place does not, and cannot, take place in a vacuum, especially when disability or frailty is involved. Rather it is a process that takes place within a family context” (p. 42). Families involved in aging in place often help with caregiving and crisis decision-making. As expected, the majority of the women in the study had support systems in place that offered minor caregiving assistance such as transportation to a doctor’s appointment. For all seven women, a family member is expected to be involved in her end of life care or crisis decision making process.

Unexpectedly, the women also indicated that the relationships with their support systems were minimal, strained, and/or obligation based. Because the women were basically functioning independent of family help, the negative family support systems
identified were not related to extensive care giving demands. The family caregiving literature has established that negative relationships in family caregiving situations do occur (Pinquart & Sörensen, 2005). Especially when the primary family caregiver is experiencing strain, stress or depression, the family relationships can become more negative. The finding in this study that the family relationships have negative components due to past family experiences and dynamics, and not because of a caregiving relationship, requires further examination to determine the impact on individuals and how wide spread negative family support systems are in the aging population. Especially for extreme cases such as Charlotte’s, whose only surviving relative is a sister and the executor of her estate, where there had always been an extremely strained relationship. The relationship between family and aging adults is often unspoken, and the assumption is made that family will support the aging process (Gitlin, 2003). In understanding how individuals navigate these life-long difficult family situations through the AIP process greater understanding of the challenges of and obstacles to AIP may be revealed.

Six of the seven women stated that they perceived their families were “busy” and could not be “bothered” with their concerns. The study findings suggest that the perceived sense of burdening others was a self-protection mechanism the women formed. Rosenfeld and Chapman (2008) suggest that as the desire to remain independent in aging increases, an increasing number of older people “worry about being a burden to their family” (p. xxi). The findings suggest that situational independence events may help illuminate the aging adult’s desire for independence in aging process.
Situational friends and companions. The personal environment of the seven women provided three findings regarding the types of friendship relationships they reported. One woman (Peggy) demonstrated life-long friendships that provided her with continuity to her past and emotional support. Fiori, Smith, and Antonucci (2007) defined life-long friendships as “friend-focused supported networks” that provide high emotional support and low instrumental support (i.e., housekeeping, shopping) (p. P325). Peggy also became more socially active after her husband died. Saegert and McCarthy (1998) that for women bereavement is a major life stress, that often results in a “new social identity” (p. 77). As a widow Peggy believes she returned to her previous pattern of being very social and active.

The other six women indicated situational friendships that provided interaction during scheduled activities. These relationships seemed to be time and place specific and did not carry on outside the activities. The situational friendships were similar to “friend-focused-unsupported networks” that are usually composed of unmarried individuals with frequent contact with friends, involvement in numerous activities, and below average levels of instrumental support (Fiori, Smith, & Antonucci, 2007, p. P325). The situational friendships were fulfilling during the activity, but did not provide substantial support in times of crisis. For instance, Charlotte did not rely on any of her situational friends to assist with her care after her stroke. As Carstensen’s (1993) socioemotional selectivity theory indicates, older adults regulate their social interactions as they age and come to perceive their remaining time alive as decreasing. The objective of narrowing the
friendship personal environment is to maintain emotional regulation and sustain the most satisfying friendships.

The women also had companions, which in this project were defined differently than situational friendships because they offered a modified type of support. Companions represented the narrowing of friendships to those who were most satisfying while providing the older adult with a service or activity.

The women’s circles of friends were small and relatively insignificant in terms of emotional support. However, the situational friendships and companions were the primary social interactions supporting the women’s AIP. The notion of situational friendship and companionship are worthy of consideration in future AIP research. AIP as a concept will benefit and become more fully representational if terms and aspects of AIP are more fully understood and added to the theoretical constructs of AIP.

*Socially and physically active in the community.* The community-based activities were a substantial aspect of the women’s AIP process and independence. For instance, the majority of the study participants exercised a few times per week that provided the women with social interaction, physical movement and created a routine for their schedule. The benefits of physical activity for older adults are well established (Mockenhaupt, 2001). Jerome et al. (2006) recommended exercise programs that encourage social interaction as a good way to get adults to be both social and physically active. Future research and public policy should increase the activity options at senior centers and community centers for promotion of physical activity (DiPietro, 2001).
The role of volunteering was integral to the women’s ability to remain active in the community. The findings were consistent with the research that older adults that volunteer experience positive benefits (Windsor, Anstey, & Rodgers, 2008) that include, improved physical health and lower mortality rates (Luoh & Herzog, 2002), and improved subjective well-being (Greenfield & Marks, 2004). According to the socioemotional selectivity theory that the closer individuals become to end of life there is an increased satisfaction from volunteering and helping others (Carstensen & Lockenhoff, 2003). As seen in this study the seven women had highly valued volunteering in their aging experience. Encouraging older adults to volunteer is a an important aspect of the aging in place process, yet the community must provide volunteer opportunities for aging adults. However, as seen in the manuscript one (Chapter Two) concept analysis of AIP, the community or AIP providers must not only provide the resources for volunteering. The community must empower the older adult to know their options for volunteer activity.

The concept analysis indicated that a characteristic of AIP as a concept is shared responsibility between the older adult and the AIP providers in the community. The shared responsibility indicates that there is a reciprocal relationship between the older adult and AIP providers. The AIP providers offer activities such as the senior activity center, and the older adults use these services. The responsibility for AIP involved the shared responsibility of older adult using the services and the services being providing by the AIP supporting community. As seen in all seven cases, the women were actively maintaining their responsibility by utilizing the AIP supporting services such as the
senior center, festivals, special events, and church. The women also maintained their shared responsibility by working and volunteering for the very services that sustain their AIP processes.

Implications of AIP Situational Independence.

The finding of AIP situational independence with further development in future research will assist with understanding when an individual’s aging in place process begins. The findings revealed that each of the seven women experienced a situational independence event in her life that set her future AIP pathway in motion. Aging in place in a self-determined environment may be better understood by following the trigger event leading to *AIP situational independence*. Three characteristics of situational independence are significant: (1) the break from a dependency towards an independency of aging in place, (2) the type of trigger event or major life disruption experienced, and (3) the temporal properties of the event.

First, the *AIP situational independence* of the seven women reflected a break with a dependent entity or situation and a transition into AIP independence. The trigger events experienced by the women included both positive and negative influences on their current AIP process. Although the women experienced different processes after the AIP situational independence event, the processes identified helped them protect their new independence.

Second, the type of events that the women experienced varied. The Theory of Housing Adjustment by Morris and Winter (1996) identified that major life disruptions, such as, death of a spouse, economic deprivation, or health conditions as factors that lead
to housing deficit conditions and, in extreme cases, relocation. The findings from this project expand on Morris and Winter’s proposition that certain types of life disruptions can stimulate a housing deficit or mobility in older adults. The trigger events identified represented major life disruptions. However, as the results suggest, the processes experienced are more complex than simply moving or housing deficits. In the cases of the women in the study, they experienced independence and demonstrated behaviors to protect her independence.

Situational independence adds the individual’s self-preservation processes after the event to the understanding of AIP. For instance, this research identified that only one of the widows experienced a housing deficit (i.e., loss of her house) after the death of her spouse. The other women who experienced the death of a spouse enjoyed new forms of independence within the loss. Crucial in discussing an individual’s AIP are the key events that contributed to their AIP decisions and processes, including the way the individual’s emotional, psychological, physical, and volitional responses to those events. As seen in this project, the women experienced trigger events that led them to form self-protective behaviors in order to maintain AIP independence. Future research will benefit from the use of AIP situational independence as a way to examine AIP related processes and situations.

Third, two dimensions regarding the temporal properties of the situational independence findings need some discussion. I recommend further examination of the identification of AIP situational independence as the beginning point of the AIP independence process. Conceptualizing the temporal properties of AIP has been a
challenging task in AIP related research. Golant (2003) indicated that the lack of “conceptualization of the temporal properties of environments and individuals” has delayed the development of understanding the appropriateness of residential settings for aging (p. 638). Research using case-study, transactional, or phenomenological methods to explore aging and environment (Altman & Rogoff, 1987) have addressed the role played by time dimension (Golant, 2003). However, the findings have not led to theory construction or testing of propositions that would advance knowledge (Golant, 2003).

In addition to considering the trigger event of AIP situational independence as a temporal property -- starting point for the AIP process -- the timing of the event for each individual will vary. The study found that the seven women had some variation in the timing of their situational independence event. For Charlotte her situational independence event occurred in her 30s when she completed her teaching degree, while Ruby’s situational independence event occurred in her 70s when her husband passed away. Although the events vary in context and occurred at different ages in each woman’s life, their situational independence experiences are inextricably related to their current AIP processes.

I recommend that future research identify the AIP situational independence of individuals and groups of individuals to develop additional propositions. The potential of AIP situational independence as a future AIP concept component needs be examined more closely and thoroughly. AIP situational independence may potentially explain the causes leading to and the mechanisms through which individuals are aging in place. If AIP situational independence is successful in explaining the dynamics leading to
individuals’ ability to age in place, theoretical statements could be developed and used to potentially explain and/or predict future AIP scenarios.

The research and practice benefits of developing situational independence for future AIP research presents a new approach to understanding residential environments and aging. Situational independence is reflective of the contemporary changes in the seven women’s lives in this study and how they developed their self-determined AIP. Learning the extent to which their life experiences and situational independence will generalize to other groups or classes of aging adults is one of the next investigative steps in further understanding AIP.

**Theoretical Implications**

The implications of AIP as an interdisciplinary theoretical concept are encouraging. In 1990, Lawton and Parmelee stated that environmental gerontology - which seeks to identify why residential environments are more appropriate for some individuals than others (Lawton, 1991) - had reached a languishing state in theory development. Gitlin (2003), Golant (2003), and Wahl and Weisman (2003) echoed the 1990 concerns of Lawton and Parmelee.

In 2008, my response to their theoretical concerns has been to suggest the development of AIP as an interdisciplinary concept with the potential for interdisciplinary theory development of the aging and place phenomenon. As environmental gerontologists continue to focus theoretical pursuits on why residential environments are better for some individuals than others and foster quality of life, I suggest interdisciplinary AIP researchers, including environmental gerontologists, strive
to understand AIP as more than a concept, but as a social phenomenon. In other words, the further development of the AIP concept asks that future researchers consider AIP as an interdisciplinary concept with the potential to unite the diverse disciplines focusing on residential issues and aging. By uniting the disciplines together in development of the interdisciplinary concept, disciplines such as environmental gerontology may find new ways to develop on their AIP related theories.

To achieve interdisciplinary unity in the form of cumulative knowledge, AIP should be used as a phenomenon built with discipline neutral but AIP specific concepts. In the future, a theory of aging in place should strive to explain how are options that facilitate aging in a self-determined environment developed, implemented and utilized by individuals that are maintaining independence in aging.

The challenge with selecting the main concepts that are relevant to a middle range theory of AIP is use of concepts that are interdisciplinary. The objective of developing a theory of AIP is to create a theory that can cumulatively build knowledge from a concept that is used across diverse disciplines. With this challenge present, my recommendation is that we strive to develop concepts specific only to AIP. In other words, create concepts that are discipline neutral but phenomenon specific. For instance, the theme of AIP situational independence theme could become a potential concept of aging in place with further testing and verification. If AIP situational independence were found to be a concept then it could be a directed concept used just with AIP research. In other words, if concepts are made to be AIP specific but not discipline specific then it becomes easier to build cumulative knowledge.
Conclusion

The exploratory nature of the research to develop AIP as a theoretical concept sets up future research inquiry. The next step will be develop and test propositions based on the themes of AIP situational independence and of self-preserving actions for AIP independence for the demographic of Caucasian women 75 and older around the United States. In addition, researchers in the future are encouraged to explore the state of AIP in diverse groups such as males, 55 and older, minority groups, and geographically dissimilar populations.

As the United States prepares for a dramatic increase in the aging population over the next 20 years, the need to study individuals’ AIP pathways and processes becomes more essential in being able to balance policy with practice, theory with lived experience. To prepare both aging adults and AIP providers for the future of aging, developing new ideas and/or concepts applicable to the contemporary issues of AIP is needed. AIP related services, programs, products, and policies are needed that reflect the needs of the current and future aging population. To be optimally prepared for the aging crisis, AIP providers and policy makers will benefit from incorporating two ideas regarding AIP into their deliberation, research, and program delivery: (1) the rapid social changes due to technological advancement, globalization, and mobility are and will continue to impact AIP; and (2) elucidating any given community’s AIP diversity, which stems from the varying contexts of individuals’ experiences, can be enhanced through the case study approach to identifying the state of AIP in their specific community.
References


Figure 3.1: Gender over age 65 from U.S. Census, 2004

Figure 3.2: Gender over age 85 from U.S. Census, 2004
Figure 3.3: Primary Case Study Participants Narrative Triangulation Diagram
Figure 3.4: Convergence of Multiple Sources of Evidence Diagram for Construct Validity in Case Study
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<td>Bachelor’s and Teaching Certification</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>75</td>
<td>Single Family</td>
<td>Own</td>
<td>23 years</td>
<td>Springfield, OR</td>
<td>No</td>
<td>$25,000 to $124,000</td>
<td>Widowed. In Relationship for 10 years</td>
<td>4</td>
<td>Bachelor’s and Phi Beta Kappa</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>86</td>
<td>Single Family</td>
<td>Own</td>
<td>22 years</td>
<td>Eugene, OR</td>
<td>No</td>
<td>$35,000 to $49,999</td>
<td>Widowed</td>
<td>7</td>
<td>Two years at University</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>79</td>
<td>Manufactured</td>
<td>Own</td>
<td>27 years</td>
<td>Springfield, OR</td>
<td>No</td>
<td>$25,000 to $34,999</td>
<td>Divorced</td>
<td>0</td>
<td>Secretarial College</td>
<td>Yes Only in Day</td>
<td>Yes</td>
</tr>
<tr>
<td>82</td>
<td>Mobile Trailer</td>
<td>Own</td>
<td>12 years</td>
<td>Eugene, OR</td>
<td>Yes - Two Cats</td>
<td>under $15,000</td>
<td>Widowed</td>
<td>6</td>
<td>Some High School</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Figure 3.5: Primary Case Study Participants Demographic Chart
Figure 3.6: AIP Ecosystem Findings
<table>
<thead>
<tr>
<th></th>
<th>Case #1 Charlotte</th>
<th>Case #2 Mae</th>
<th>Case #3 Agnes</th>
<th>Case #4 Annabelle</th>
<th>Case #5 Peggy</th>
<th>Case #6 Julia</th>
<th>Case #7 Ruby</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday</strong></td>
<td>Garden club Meeting</td>
<td>Creative Cards or Sewing</td>
<td>Exercise Class</td>
<td>Exercise Class</td>
<td>Wash Hair and Laundry</td>
<td>Work</td>
<td></td>
</tr>
<tr>
<td><strong>Tuesday</strong></td>
<td>Volunteer</td>
<td>Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Wednesday</strong></td>
<td>Film Day at Senior Center</td>
<td>Volunteer</td>
<td>Exercise Class</td>
<td>Exercise Class</td>
<td>Chores in Town</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Thursday</strong></td>
<td>Clean house with Companion</td>
<td>Volunteer</td>
<td>Work</td>
<td>Exercise Class</td>
<td>Exercise Class</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Friday</strong></td>
<td>Church</td>
<td>Volunteer</td>
<td>Exercise Class</td>
<td>Exercise Class</td>
<td>Wash Hair, Laundry, Change Bed Sheets</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Saturday</strong></td>
<td>Television watching all day</td>
<td></td>
<td>Activities with companion</td>
<td>Free Day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sunday</strong></td>
<td>Church</td>
<td>Church</td>
<td>Activities with companion</td>
<td>Church</td>
<td>Free Day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Figure 3.7: Weekly Activity Chart**
<table>
<thead>
<tr>
<th></th>
<th>Case #1 Charlotte</th>
<th>Case #2 Mae</th>
<th>Case #3 Agnes</th>
<th>Case #4 Annabelle</th>
<th>Case #5 Peggy</th>
<th>Case #6 Julia</th>
<th>Case #7 Ruby</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Long Friends in Community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Companion</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Situational Friendships</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Figure 3.8: Personal Relationship Chart
1. Early Life Pathways.
   Early life pathways reflect the series of actions present early in life. Early pathways are often situations of dependency on others.

2. Pathways present prior to the trigger event of independence.
   What happened prior to the trigger event of situational independence.

3. Trigger Event of Situational Independence.
   *Situational independence* is defined as the event(s) that describes the individuals pathway to aging in place in a self-determined environment.

4. Actions that occurred after trigger event of situational independence happened.
   What happened after the situational independence event.

5. The Outcome =
   The Current Aging in Place Process.
   Provides characteristics of the current status of aging in place relevant to the older adults individual case.

Figure 3.9: AIP Situational Independence Model
Figure 3.10: Charlotte AIP Situational Independence Model
Early life dependency.
1. Married young for love.
2. Childhood and adulthood financial instability.
3. Did not graduate high school.
4. Hard working.

Dependencies present prior to the trigger event of independence.
1. Loving and respectful marriage.
2. Living in Florida she and husband started new jobs in hopes of saving for retirement.

Processes that occurred after event of situational independence happened:
1. Depression and confusion concerning her future financial instability.
2. Started wandering looking for a "home" that no longer existed.
3. Became dependent on children for emotional and financial support.

The Outcome =
The Current Aging in Place Independence
Mae, 75 years old.
Lives with daughter, remodeling home for attached apartment for Mae.

Figure 3.11: Mae AIP Situational Independence Model
Figure 3.12: Agnes AIP Situational Independence Model
Early Life Pathways.
1. Parents were self made millionaires.
2. Annabelle's perception that she lacked the talent her six siblings demonstrated.
3. Wanted to be a wife and mother.

Dependencies present prior to the trigger event of independence.
2. Experienced fraud by her brother who "drained" her parents fortune.
3. Her sister-in-law (husband's sister) supported her decision to go against her husband's decision.

Situational Independence.
Went against husband's wishes and decided to keep a family business, a ceramic factory.

Processes that occurred after trigger event of situational independence happened:
1. She had her own money and ability to create her financial stability.
2. Husband died, no desire to remarry, but stayed in family home.
3. Remained emotionally tied to her childhood tragedy.

The Outcome = The Current Aging in Place Experience
Annabelle, 75 years old.

Figure 3.13: Annabelle AIP Situational Independence Model
Figure 3.14: Peggy AIP Situational Independence
Figure 3.15: Julia AIP Situational Independence Model

**Early Life pathways.**
1. Young Julia always wanted to be a secretary.
2. Young Julia desired to be married and have children.
3. Raised in a small, stable and loving, and social family.

**Pathways present prior to the trigger event of independence.**
1. Her employer died and her specialized skills forced relocation.
2. Never remarried.
3. Never had children.

**Processes that occurred after trigger event of situational independence happened:**
1. Bought home in 55 and older mobile home park.
2. Individual financial stability.
3. Focused life on work and friends.

**Situational Independence.**
Job relocation to a new city in the same state.

**The Outcome =**
The Current Aging in Place Process.
Julia, 79 years old.
Lives Alone in a Manufactured Home.
Figure 3.16: Ruby AIP Situational Independence Model

**Early Life Pathways.**
1. Independent with strong moral character.
2. Sense of responsibility to care for her younger siblings when her parents were incapable of caring for the children.

**Situational Dependency Processes:**
1. She relied on her husband to provide financial stability. He struggled to provide financial support.
2. She kept the family unified through disruptive times.

**Situational Independence:**
Death of her husband when she was 70 years old.

**Processes that occurred after trigger event of situational independence happened:**
1. She sold the home her husband died in shortly after his death. She relocated to a town of her preference.
2. She found herself again, and found she likes herself.
3. She enjoys her alone time.

**The Outcome =**
The Current Aging in Place Experience
Ruby, 82 years old.
Lives with Adult Daughter in Mobile Home.
Table 3.1: Individual Level Findings

<table>
<thead>
<tr>
<th>Case #1</th>
<th>Acceptance by letting go of worry and stress</th>
<th>Faith</th>
<th>Financially Stable, Unstable and Frugal.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charlotte</td>
<td>Accepting of things she cannot control.</td>
<td>Undefined Spiritual Belief System</td>
<td>Yes, frugal. Financial stability through social security, pension and inheritance</td>
</tr>
</tbody>
</table>

| Case #2  | Accepting of things she cannot control. Accepting of her aging in place, even when it is not the AIP she desires. | Christian | Yes, frugal. Financially unstable. Little social security and no retirement or inheritance. |

| Case #3  | Accepting of things she cannot control. | Catholic | Yes, highly frugal. Financially unstable. Little Social Security; no retirement or inheritance. |

| Case #4  | Self-perceived acceptance of things she cannot control. High level of sadness about things she cannot control in past and present. | Catholic | No, not frugal. Financial stability through investments. Spends freely. |

| Case #5  | Accepting of things she cannot control. | Christian | Learning to not be frugal. Financial stability through husband’s social security and retirement. |


| Case #7  | Accepting of things she cannot control. | Rejected all religion after being raised in “fanatically Mormon” household. | Yes, highly frugal. Financially unstable. Little social security and no retirement or inheritance. |
CHAPTER FOUR

Conclusion

Evolving, fluid, dynamic, and complex are characteristics inherent to the nature of aging in place (AIP). The purpose of the research was to examine the current state of the interdisciplinary concept aging in place. Two approaches were used to examine the current state of the AIP concept. The first approach was the systematic analysis of the literature of AIP using an empirical approach to analyze the concept. The second approach used exploratory techniques to examine the current state of AIP in the lives of women actively aging in place. The findings from both studies suggest that AIP is a human behavior in the near environment that has interdisciplinary, theoretical, and professional practice implications.

The outcomes discussed in this dissertation revealed that AIP is a dynamic concept with substantive social relevance. First, AIP has the capability to be the central phenomenon of an interdisciplinary middle-range theory. Second, AIP represents a Western contemporary social phenomenon with indications that it may be a international phenomenon as well. Third, AIP is expected to continue evolving over time and within the context of individuals’ needs. Researchers and practitioners should assume that AIP issues, actions, and options will continue to change, requiring a willingness to adapt and reinvent the art of AIP over time. AIP will require cumulative theory building in order to provide scholars, practitioners, and policy makers with the information they will need to improve the lives of the millions of people striving to age in place in a self-determined environment. I expect that AIP will become more prominent in research, practice, and society as the aging crisis in the United States accelerate around 2030.
In conclusion, I present a summary of the manuscripts from Chapter Two and Chapter Three, as well as a final discussion regarding the future of AIP, focusing on three areas for future research: (1) use of case studies in home environment research, (2) action research and AIP issues, and (3) theory development for the interdisciplinary AIP concept. A section regarding final thoughts from the research concludes the dissertation.

**Summary of Chapter Two**

The *Evolutionary Concept Analysis: Aging in Place* used content analysis methods to examine the AIP concept across diverse disciplines. A new definition was developed inclusive of research, practice, policy, and individuals involved in the aging process. The definition reflects the contemporary state of AIP and can be used for theory development, as well as to unify all users of the AIP concept. The derived definition states:

*Aging in place* (AIP) is a contemporary social phenomenon that encompasses the independence and inalienable right of individuals aging in their self-determined environment while maintaining access to appropriate levels of care and/or community services.

A shared responsibility between aging individuals and AIP providers involves empowerment and comprehensive approaches crucial to quality of life that ensure the implementation of policy, service, program, and product options fundamental to AIP. AIP actions and options are developed from coordinated efforts using interdisciplinary avenues coupled with an innovative and complex balance of parts that facilitate the diversity and evolving needs of aging adults and the aging industry.

In conclusion, I propose that the derived definition be used by all individuals when discussing AIP in order to build a current and cumulative body of knowledge regarding AIP issues, actions, and options.
The derived definition was created from systematic analysis of the attributes, antecedents, and consequences of the AIP concept. The attributes identified were grouped into two broad themes that included a paradigm shift towards an evolving social phenomenon of aging and the balance of innovative parts that support AIP. The attributes or characteristics of AIP indicated that the concept had shifted in meaning as the societal meanings of aging changed. Inevitable within any social phenomenon are waves of, or changes in, perception and action. These were embraced with the AIP concept, and the past, current, and projected future waves regarding aging and place were considered. The findings help provide a clearer understanding of the concept’s development throughout the years. Future research should examine the projected waves of thought about AIP issues and include individuals of all ages and ability levels.

The theme of balance of innovative parts that supported AIP reflected the current state of AIP from the Western perspective. The findings demonstrated the multilevel and cross-discipline involvement that developed options for AIP issues. The word innovative, has importance because the options and actions designed to facilitate AIP are becoming increasingly varied and progressive in order to address the changing demands of contemporary AIP processes and the expectations of the individuals who are choosing to age in place. The three subthemes within the broad theme of balance of innovative parts included, Top-Down Innovative Actions and Options, Collaboration of Multiple Actors, and Independence is Empowerment, Empowerment is Independence.

The three subthemes demonstrated the magnitude of various aspects that comprise AIP options. The theme of top down innovative action and options showcased the involvement of policy, community services, programs, and products being developed
to support AIP. The identification of top down innovative action identified and highlighted the nature of AIP as a policy-level concern.

The theme, *collaboration of multiple actors*, clarifies the types of collaborations present in AIP. Of particular note were the interdisciplinary collaborations that included diverse disciplines and professionals who worked together to create AIP options. Interdisciplinary collaboration regarding AIP issues will provide both benefits and challenges to advancing knowledge around the needs of aging adults and their AIP processes, as well as the development of the concept across multidisciplinary fields. As Rantz et al. (2005) found, interdisciplinary collaboration was successful even though it required some learning to work effectively across disciplines.

The third and final theme was *independence is empowerment, empowerment is independence*. This had great importance because it was at the heart of the relationship between the aging adult and the AIP providers. In other words, the balance of parts included the reciprocal relations between empowering the individual, and the individual being then better equipped to use options available; that is, exercise their empowerment. A shared and reciprocal responsibility was needed between the aging adult and AIP providers in order to maintain AIP independence.

The antecedents and consequences demonstrated what happens before AIP begins, and after AIP is happening. Two levels of the antecedent and consequence findings were identified, and they illustrated both the common use and social phenomenon use (Table 2.14) of AIP. These findings delineated the characteristics of AIP, including an evolving social phenomena regarding how we understand and respond to aging, and society’s responsibility to let people age as they desire. There are two
antecedents presented in the use of aging in place: (1) aging adults’ desire to remain in a self-determined environment reflected micro-level interactions, and (2) the structural desire to facilitate the individual’s desire to remain in a familiar environment reflected macro-level influences. The first consequence reflected the applied outcome of delaying individuals’ movements to institutions or higher levels of care. The second consequence reflected the long-term social meaning or macro-level culture changes that aging in place produces.

Future research is needed to continue the development of AIP as an international concept. The limitations of this research were the inability to generalize the concept as an international phenomenon, although there was indication in the study and in published research (Dishman, 2004; Pynoos & Nishita, 2007; Rosenfeld & Chapman, 2008; Thein, 2003) of the universal nature of AIP issues.

Summary of Chapter Three

The Current State of Older Women Aging in Place in Oregon used qualitative methods to develop seven case studies. The aim of the project was to explore the current state and dynamic processes of aging in place in a self-determined private home environment. Two common themes were identified: (1) *self-preserving actions that maintain current AIP independence*, and (2) *AIP situational independence*. The former suggested that participants were actively involved in maintaining their independence and the later shed light on the pathways to their current AIP and on the individualized trigger events precipitating their current AIP.

The *self-preserving actions that maintain current AIP independence* theme encapsulated the seven participants’ AIP processes. The case studies suggested the seven
women, 75 and older and living alone in private homes within the Eugene/Springfield, Oregon, area, had two characteristics in common. First, the women were aging in place by using a series of self-preserving actions in order to maintain their independence. Across the varying levels of their ecological frameworks, each woman was active in preserving her AIP independence.

The women protected themselves by finding acceptance and letting go of worry and relying on faith and gratitude at the individual level. Primary actions contributing to their independence were financial frugality and remaining socially and physically active.

Six of the seven women were realistic concerning their willingness to leave their current homes if they could no longer care for themselves or their home. The women had different experiences, but six of the women had learned to accept mobility issues and placed less emphasis on the importance of belongings. An example showing the theme of self-preserving acts in maintaining AIP independence was in Case 1: Charlotte has expressed her desires by executing her legal right and implementing a Do Not Resuscitate order. To maintain her current physical environment and lifetime independence, she has chosen to die rather than prolong her life in a long-term care facility.

The self-preservation theme was clearly explicated in their social relationships at the personal level. All seven women had family support through their AIP process, but unexpectedly, five of the seven had negative relationships with their family support systems even though two women had strong ties to their families. All the women had varying concerns about burdening or bothering their busy family members. The theme of AIP situational friendships evolved to capture the social contacts the women enjoyed while participating in community activities. These situational friendships were important
in giving the women a sense of connection and purpose that led them to continue participating in activities. Four of the women had companions who provided them with friendship. Their companions facilitated activities that they were independently unable to do. The strategic development of the companionship relationship illustrated a self-preserving act helping to maintain AIP independence.

The self-preserving actions on the community and neighborhood level provided the women with access to the key activities affecting their lives. It was important to all seven of the women to maintain activity within and outside their homes.

The *AIP situational independence theme* suggested that each of the seven women experienced a significant event that defined the pathway to and direction of her current AIP process. AIP situational independence is defined as the event(s) that describes the individual’s pathway to aging in place in a self-determined environment. The emphasis of the situational independence theme is that individuals’ events removed them from situations where they were dependent on someone (i.e., a husband) or something (i.e., financial support). The event, for all the women, fostered the independence that was central in understanding their current AIP independence.

Multiple implications were noteworthy within the AIP situational independence theme. First, identification of an individual’s trigger event may suggest that a temporal property is a starting point in the AIP process. Identification of when AIP begins will be helpful in developing more clarity on time and context issues of AIP, and may be particularly useful in studying how individuals prepare for aging in place.

Second, if AIP situational independence is examined in future research, the implications of the theme could relate to AIP as a contemporary social phenomenon. In
other words, some of the women in this study exhibited contemporary lifestyle choices that are becoming more mainstream and socially accepted such as divorce, not having children, women with careers, multiple marriages, and female financial stability. Several of the women addressed the evolution of social norms that influenced their early pathways, such as, their desire to be married and have children that was the social norm in the 1950s. With the rapid changes of contemporary life, AIP situational independence may be beneficial in understanding an individual’s pathway to AIP independence. By further understanding an individual’s desire to maintain her or his independence could help AIP providers in offering services more relevant to the needs of aging adults.

**Future Research of Aging in Place**

The research in this dissertation on aging in place is only the beginning of the development of the AIP concept, and the beginning of my work with AIP issues, theoretical development, and practice implications. Three areas for future research include: (1) use of case studies in home environment research, (2) action research and AIP issues, and (3) theory development for the interdisciplinary AIP concept.

**Case Studies in Home Environment Research**

The case study approach is frequently used in gerontology education and practice settings (Clark, 2002). Home environment is complicated because of the individualized nature of each household; therefore, case study approaches to AIP issues would be beneficial to advancing a fuller understanding of the deep and individualized nature of AIP.
As stated in Neuman (2006), “Case study research raises questions about the boundaries and defining characteristics of a case. Such questions help in the generation of new thinking and theory. ‘Case studies are likely to produce the best theory’ (Walton, 1992, p. 129)” (p. 41).

The barriers to conducting research on home environments include the time consuming nature of home research and the affiliated costs (Gitlin, 2003). A future direction for myself will include development of AIP case studies across a variety of demographics and regions. My objective will be to standardize a mixed-method approach to studying an individual’s AIP process. The expected challenges of future AIP case study research include the time and the development of cost effective methods to study an individual’s AIP process over time. The entire AIP process includes the multiple levels of interaction across the ecological framework, including the voices of AIP providers.

The long-term vision of continuing case study research involves developing approaches to understanding AIP in specific communities with location-based demographic characteristics. In other words, the objective is to individualize AIP without jeopardizing opportunities to implement change at the community level. For example, the seven case studies in this project demonstrated the diversity among the study respondents, yet commonalities existed among the seven women as well. The primary limitation of the cases in the study was the inability to generalize to a broader population. With future research focusing on other diverse demographic groups, generalizable findings are likely to become more feasible.
Applied research methods such as action research should be used for AIP research. The action research approach neutralizes the boundaries between researchers and participants by focusing on advancing “a cause or improve conditions by expanding public awareness” (Neuman, 2006, p. 28). Unlike basic research approaches, action research has a political agenda and is “not value neutral” (p. 28). Action research has the potential to assist with the development and implementation of social programs for AIP issues by engaging those individuals aging in place, AIP providers, and researchers in the research and program design process. The implementation of research approaches that empower aging adults and AIP providers to use innovative techniques to address the community AIP issues are especially important.

The researcher’s interest in future AIP research, such as action research, stems from the interaction with one study participant. Agnes (Case 3) indicated that both her and her daughter’s involvement in the study exposed some issues that were not talked about. She and her daughter, over the course of the study, entered therapy and began communicating on a new level according to Agnes. By asking the questions about her aging in place and her future plans for aging in place, Agnes saw her aging process in a new way. Although this example was on an individual level, it is important to acknowledge that the involvement in the research was influential in the participant’s personal life and aging in place process. As stated in the contemporary definition of AIP, empowerment of the individual is crucial in the implementation of AIP action and options. Thereby, empowering study respondents during AIP research seems the logical step to improving lives of others and our AIP understanding.
Theory Development for Interdisciplinary AIP Concept

Future development of a theory of aging in place should strive to answer or explain how options that facilitate aging in a self-determined environment are developed, implemented, and utilized by individuals who are maintaining independence in aging. My recommendation is to focus on development of a middle range theory. Middle range theories tend to “bridge the gap between the metaparadigm concepts and practice” (Walker & Avant, 2005, p. 133). AIP is as much a theoretical concept as it is a concept applied in practice. Giddens et al. (2005) state, “Middle-range theories are specific enough to be tested directly by empirical research, yet sufficiently general to cover a range of different phenomena” (p. 21). Neuman (1994) indicates that theories of social movements frequently occur at the middle range.

Below are the suggestions for beginning the development of a middle range theory of AIP. The assumptions, major concepts, propositions, and model cases will be presented to guide the next steps along the path from concept development to eventual theory development.

Key assumption. All theories have assumptions that serve an important function. Assumptions are “statements about the nature of things that are not observable or testable. We accept them as a necessary starting point” (Neuman, 2006, p. 52). Based on the analysis of the AIP, I suggest that the antecedents and consequences of AIP be combined to represent the key assumption of a theory of aging in place. The analysis from Chapter Two found that there are two antecedents present in the use of aging in place: (1) aging adults’ desire to remain in a self-determined environment reflects micro-level interactions, and (2) the structural desire to facilitate the individual’s desire to
remain in a familiar environment reflects the macro-level influences. Two consequences
have been identified that represent the consequences of AIP. The first consequence
reflects the applied outcome of delaying individuals’ movements to institutions or higher
levels of care. The second consequence reflects the long-term social meaning or macro-
level culture change that aging in place represents.

Therefore, by combining the antecedents and consequences, the key assumptions
of AIP should state: Aging adults’ desire to remain in a self-determined environment and
to avoid or to delay institutionalization. Society has a social responsibility to facilitate the
individual’s desire to remain in a self-determined environment.

Major concepts. The AIP concept’s relevancy to theory has been established in
this research project. The next step in developing a theory of AIP is to identify, define,
and operationalize the aspects of the concept that will be tested and verified for
relationships. My recommendation is that AIP not be a major concept to be
operationalized. Instead, AIP remains a theoretical definition only. The future concepts
that should be considered and developed for AIP should be indentified from three
sources: (1) Identify the main concepts present in the contemporary definition of AIP
from Chapter Two, (2) exploratory research such as the case studies in Chapter Three can
help identify possible concepts relevant to AIP, and (3) use of existing concepts that have
been established in related research such as Lawton and Nahemow’s (1973) concept of
adaptation.

The challenge with selecting the main concepts that are relevant to a middle range
theory of AIP is the use of concepts that are interdisciplinary. The objective of
developing a theory of AIP is to create a theory that can cumulatively build knowledge
from a concept that is used across diverse disciplines. With this challenge present, my recommendation is that we strive to develop concepts specific only to AIP. In other words, create concepts that are discipline neutral but phenomenon specific. For instance, the theme of AIP situational independence from Chapter Three could become a potential concept of aging in place with further testing and verification. If AIP situational independence were found to be a concept, then it could be a directed concept used just with AIP research. In other words, if concepts are developed to be AIP specific, but not discipline specific, then they become easier to use to build cumulative knowledge.

Concepts that may represent AIP have been identified from the contemporary definition of AIP from Chapter Two. Future research should examine shared responsibility, AIP empowerment, AIP independence, AIP collaborations, and AIP innovations.

*Model case development:* Model cases highlight all the components of a concept (Rodgers, 2000; Walker & Avant, 2005). Future cases should strive to incorporate all the characteristics of aging in place even though this will be complex and challenging to achieve. My recommendation is to study an individual aging in place in a self-determined home environment and radiate out to their family, friends, neighbors, and service providers to examine all the components of their AIP process. Figure 4.1 shows a modified version of the convergence of multiple sources of evidence diagram for construct validity that was used in the study of chapter three of the dissertation. In Figure 4.1, interviewing neighbors and AIP service providers has been added. By adding the dimensions of those who live in the neighborhood and those who provide services to the older adult will create a more complete representation of an AIP model case.
Propositions. The next step will be to develop testable propositions and to cumulatively build AIP related statements. Propositions are “theoretical statements about the relationship between two or more concepts” (Neuman, 2006, p. 58). The development of conceptual model cases will be crucial in helping to identify AIP specific propositions. And throughout the theory development journey, collaboration, review, and feedback from peers will improve the quality of the development. AIP theoretical pathways are propositions that will require testing and verification.

Using the contemporary definition of AIP from Chapter Two and the themes found in Chapter Three the following propositions are suggested for future testing and verification (Golant, 2003) for theory construction of AIP:

**Proposition one.** Understanding the aging adults AIP situational independence may help AIP providers facilitate the individual’s desire to remain in a self-determined environment.

**Proposition two.** Shared responsibility between aging individuals and AIP providers is a necessary component of maintaining AIP independence.

**Proposition three.** Aging adults may use self-preserving actions to maintain their AIP independence.

**Proposition four.** Helping individuals to understand their AIP options requires empowerment actions and options from AIP providers.

**Proposition five.** To create AIP actions and options, the involvement of interdisciplinary collaborations is necessary due to the complexity of AIP issues.

**Proposition six.** To create AIP actions and options, the involvement of interdisciplinary collaborations is necessary due to the complexity of AIP issues.
Final Thoughts

The research conducted in the dissertation titled, *Aging in Place: A Contemporary Social Phenomenon*, is the preliminary groundwork for future research. As explained by Walker and Avant (2005),

…”good theory development takes time and work. It is a very sophisticated and complex level of effort because the theorist must deal with the concepts, statements, linkages, and definitions all at the same time….Theory development is the most challenging pursuit of the scientist, but it is also the most creative and most satisfying. (p. 133)

Although there are many challenges ahead in developing a theory of aging in place, there are two reasons for needing cumulative knowledge advancement of the interdisciplinary AIP concept. The global population is aging and growing rapidly, and to state it simply, AIP is a 21st century civil rights issue. AIP reflects a contemporary civil rights issue because the key assumption of AIP states that *aging adults desire to remain in a self-determined environment and to avoid or delay institutionalization. Society has a social responsibility to facilitate the individual’s desire to remain in a self-determined environment.*

The title of this dissertation, *Aging in Place: A Contemporary Social Phenomenon* reflects the researchers conclusion that AIP is not only a concept central to the development of a theory of aging in place, but that there is an active social responsibility and movement active in society that promotes AIP independence for all aging individuals.
Figure 4.1

Convergence of Multiple Sources of Evidence Diagram for Construct Validity for Future Model Case Study of AIP.
References


APPENDICES
APPENDIX A-2.1

REFERENCE LIST OF 62 SAMPLE RESOURCES
References


APPENDIX B -3.1

PRIMARY CASE STUDY PARTICIPANTS’ FACETS OF LIFE INTERVIEW GUIDE
Interview Guide (Older Adult)

The getting to know you questions
1. Could we just get to know each other today? Tell me a little about yourself and your family.
   a. Age
   b. Family – When were you married?
   c. Tell me about your home here such as the length of time lived in this house?
2. Are you working, volunteering, retired?
   a. How much time spent working or volunteering.

Getting out and about in the community
1. Today it would be great to learn more about what you do when you’re not at home?
2. What kinds of social activities have you done recently? Please give examples.
   b. What is your shopping routine like in the area?
   c. Transportation options
3. Are there any community services in town that you use? Explain.

The past “life history” questions
1. Tell me about your childhood and where you grew up?
   a. Asked as “Did you grow up in Oregon?”
   b. Stimulate interest in showing or discussing photos, artifacts.
2. Stimulate discussion on family homes for the housing history.
   a. Did you grow up in a home similar to this house?
   b. Did your children grow up in homes similar to this house?

Staying indoors
1. Tell me about your daily routine around the house – start with the morning?
   a. Try to get a tour of home if it pertains to routine (opening blinds)
   b. Prompt for routine that offer convenience and/or comfort.
   c. Prompt for routine that offers security.

Neighborhood and community
1. How has the neighborhood changed since you’ve lived here?
2. Could you tell me a little about your neighbors?
   a. Prompt with how important or interaction is with the neighborhood to them?
3. Tell me about how the community has changed since you’ve lived in town?
Home
1. Tell me about your home?
2. Has your home been an important place for you over the years?
3. Is your home the place where the family gathers?

Global context
1. How do you think the economy over the years has influenced your past housing situations?
2. How do you think the economy over the years has influenced your current housing situations?
3. Are there any policy or political situations that have influenced your present or past housing situations?
4. What about events in the global news have stimulated your interest lately?

Exit interview
1. What are you looking forward to in the future?
   a. Stay in home?
   b. Make changes to the home?
   c. Travel?
   d. Outside activities?
APPENDIX B – 3.2

PRIMARY CASE STUDY PARTICIPANTS FRIEND AND FAMILY MEMBER INTERVIEW GUIDE
Interview Guide (Relative/Friend)

1. Can you tell me a little about yourself in general?

2. Describe the nature of your relationship with [older adult’s name]?
   If needed, prompt with:
   - Length of time known each other
   - Frequency of interaction
   - Type of interaction

3. Describe in your words the idea of aging in place?
   - If they express comfort in knowing what aging in place, then continue discussing their understanding of aging in place?
   - If they are not very familiar with the term aging in place, discuss with them that aging in place references our desire to remain in a familiar residence during the aging process. After explaining the term aging in place, ask them to describe in their own words their idea of aging in place?

4. In your own words, can you describe how you picture aging in place when you are around [older adult’s name] age?
   If needed, prompt with:
   - Describe the home environment you might envision
   - What type of neighborhood do you envision
   - What type of community and/or services do you envision
   - What role do you see social activities in aging in place for you
   - What kind of support systems do you envision
   - Describe what you envision for your health
   - What types of things are you doing now to plan for aging in place?

5. Tell me about you lived experiences that you believe have influenced your vision/idea of your own personal aging in place?
   If needed, prompt with:
   - Have you helped others who were aging in place, and how did this affect you?
   - What are the benefits you’ve seen for others who have aged in place in a private home?
   - What are the disadvantages you’ve experienced for others who have aged in place in a private home?
APPENDIX B – 3.3

PRIMARY CASE STUDY PARTICIPANTS’ WEEKLY ACTIVITY LOG
### Primary Case Study Participants’ Weekly Activity Log

<table>
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<th>MORNING ACTIVITIES</th>
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<td>8am – 10am</td>
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<td>10am – Noon</td>
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<td>2pm – 4pm</td>
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<td>4pm – 6pm</td>
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<td>8pm – 10pm</td>
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</tr>
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<td>10pm – Midnight</td>
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</tbody>
</table>
APPENDIX B – 3.4

PRIMARY CASE STUDY PARTICIPANTS' DEMOGRAPHIC QUESTIONNAIRE
Demographics Survey

1) **Gender**
   - Female
   - Male

2) **Age** (in years)__________

3) **Marital Status**
   - Married or living with partner
   - Separated
   - Divorced
   - Widow
   - Single / Never married
   - Other (explain) __________
   - Decline to answer

4) **Ethnic background**
   - White, non-Hispanic
   - American Indian or Alaskan Native
   - Asian
   - Black or African American
   - Latino/Hispanic
   - Native Hawaiian or other Pacific Islander
   - Other (explain ____________)
   - Decline to Answer

5) **What is the highest degree or level or schooling you have completed**
   - No schooling completed
   - 8th grade or less
   - Some high school (no diploma or GED)
   - High school graduate or equivalent (GED)
   - Some college (no degree)
   - Associate degree
   - Bachelor’s degree
   - Master’s degree
   - Professional degree (e.g. MD, DDS, DVM, LLB, JD)
   - Doctorate degree

6) **Which best describes you current employment status**
   - Employed for pay, full-time
   - Employed for pay, part-time
   - Volunteer work full or part-time
   - Retired
7) Please choose the one that best describes your current household composition /family structure

☐ Living alone
☐ Single parent living with children under the age of 18
☐ Single parent living with children over the age of 18
☐ Single parent living with children under and over the age of 18
☐ Married or partnered living with children under the age of 18
☐ Married or partnered living with children over the age of 18
☐ Married or partnered living with children under and over the age of 18
☐ Married or partnered living with no children
☐ Multi-generational (more than two generations living under the same roof)

(Describe _________________________________________________)

☐ Other ________________________________

☐ Decline to Answer

8) What is your before-tax yearly household income (including all sources)?

☐ under $15,000
☐ $15,000 to $24,999
☐ $25,000 to $34,999
☐ $35,000 to $49,999
☐ $50,000 to $74,999
☐ $75,000 to $124,000
☐ $125,000 or more

☐ Decline to Answer
APPENDIX B – 3.5

PRIMARY CASE STUDY PARTICIPANT REVIEW OF DRAFT
CASE STUDY RESULTS
Case 1: Charlotte review of draft narrative text

Charlotte requested five changes to her case narrative: (1) She felt she had not discussed and stressed the importance of travel in her life after retirement; (2) The paintings she has in her home were by her grandfather, not her father; (3) Her first husband was not away at war, he sold insurance. She had been elusive about her first husband in our early conversations because she was being cautious with the truth. She had left her first husband for her second husband. Her first husband experienced pain with their breakup and she believes today she used him and hurt him unnecessarily; (4) She was married to her second husband for 15 years into her late 30s; and (5) She had also lived in Washington, D.C. and Rhode Island.

Charlotte review of her AIP situational independence. Charlotte confirmed that the event in her life that prompted her independence was the completion of her teaching degree. She feels this event changed the course of her life substantially into independence.

Case 2: Mae review of draft narrative text.

Mae was sent her draft narrative text. We discussed her text briefly over the phone. She was unable to meet in person for an exit interview, but she quickly confirmed on the phone that her narrative seemed correct. The researcher is concerned that Mae’s evaluation of her review may not be thorough due to her health and personal issues occurring.

Mae review of AIP situational independence. Due to the inability to obtain an exit interview, we did not discuss Mae’s situational independence event identified by the researcher.
Case 3: Agnes review of draft narrative text.

Agnes requested three changes to her case narrative: (1) She wanted clarification that she does not have Glaucoma; (2) Agnes wanted clarification that she and her family lived in Singapore for three years; (3) One of Agnes’s sisters helped with her husband’s uncle’s estate after his death. Another sister helped with her mother in law’s estate by communicating with family members and directing the settlement.

Agnes mentioned, “captured my character” in the narrative text. It is important to note that that Agnes felt her character was represented accurately in the text.

Agnes review of AIP situational independence. Agnes confirmed that the event in her life that prompted her independence was the divorce from her husband and leaving everything behind. She worked throughout her marriage which made her transition into a career at age 50 much easier.

Case 4: Annabelle review of narrative text.

Annabelle requested five changes to her case narrative: (1) She was not the first daughter in her family, instead, she was the first “responsible daughter” in the family; (2) After a fall during her September 2008 trip she has started physical therapy and is no longer afraid of her front entry steps; (3) She wanted the quote removed about “the thing in my head” to describe what may have been contributing to her balance problems. She does not remember making the statement “the thing in my head” although it is in the transcript; (4) The wood sculpture she has above the front door of a weeping moon that came from her daughter’s ex-husband, was not showing he was sad, instead it was his apology to what he had done to the family; (5) The big home with her second husband was 4,000 square feet on 5 acres.
Annabelle’s review of her AIP situational independence. Annabelle confirmed that an important event in her current aging in place was her decision to maintain the family business. She mentioned that buying the home she current lives in was also a big event because she and her husband were trying to lower overhead costs by relocating to a smaller home. Being in the smaller home has made it possible for her pay for cost of living.

Case 5: Peggy review of narrative text.

Peggy requested no changes to her narrative text.

Peggy review of AIP situational independence. Peggy agreed that her husband’s death changed her aging process in her 80s. She felt his Alzheimer’s changed their aging in place together in their 70s.

Case 6: Julia review of draft narrative text

Julia requested two changes. Her career had last 40 years versus the 30 years in the review draft. Second, Julia was concerned that the she made leaving her home for long-term was “no big deal.” She indicated that today she can say it will be no big deal, but when/if the times comes to relocate to an institution she may not be as casual about the move. Her indication is that leaving her home would be very traumatic.

Julia review of AIP situational independence. Julia confirmed that the event in her life that prompted her independence was her relocation with her job. The event of relocation removed her from her long-term relationships in her original community. She was forced to create a new life after the relocation.

Case 7: Ruby review of draft narrative text
Ruby requested four changes to her case narrative: (1) She wanted a clarification that her mother drank too much, (2) she wanted a clarification that her husband was not an alcoholic, (3) she lost one third of her lung, and (4) her husband was a good man, a smart man.

*Ruby review of AIP situational independence.* Ruby confirmed that the event in her life that prompted her independence was the death of her husband. Ruby thinks he would “throw a fit” if he knew she was living in a trailer instead of a house with acreage. He believed that owning land was important.
APPENDIX B – 3.6

CASE 1: CHARLOTTE AIP NARRATIVE TEXT
Case 1: Charlotte AIP Narrative Text

Current status of AIP

AIP residential environment. At 88 years old, Charlotte lives alone in an apartment. She rents an apartment located in the Eugene/Springfield metropolitan area. The apartment complex is an age integrated community. The apartment is two bedroom, 1 bath, living room, kitchen/dining room.

Charlotte has lived in the Eugene/Springfield area for approximately 20 years. She has lived in three apartments within the same complex over a 12 year period. She lives in this complex by choice because of location. It is “perfect” for her. Although she has a car and still drives, she has access to a bus stop outside her front door. She has a shopping mall and many restaurants within walking distance. She feels completely “self-sufficient” living here.

Charlotte has the financial stability to choose her self-determined living environment. She has not owned a home in 30 years because rentals take care of everything. This choice represents her frugality with her retirement income.

The walls of Charlotte’s living room are decorated with paintings that represent her past. There is a painting of the nurse in India who first cared for her. There are paintings by her grandfather and paintings of the places she has lived or traveled. They hold significant meaning and pride for Charlotte.

AIP activities. Prior to Charlotte’s stroke suffered at age 86, her health was excellent. The stroke affected her speech and her ability to understand numbers. She was in a rehabilitation therapy program to regain her speech and number comprehension. She was in therapy for the entire time that Medicare covered her expense. Charlotte was
motivated to recapture her health and independence through speech therapy that she attended three days a week. Her therapist positively reinforced the necessity for hard work so improvement could happen.

Charlotte remains active by reading, watching television, attending programs/classes and interacting with friends. She has an invested interest in the 2008 political election for United States President. She is an avid reader, particularly, with material that relates to spirituality, philosophy and religion. She attends classes that focus on personal growth and is committed to her personal growth as a spiritual human being. She recently attended a class on following your passion in life.

Charlotte has a weekly routine and schedule that keeps her active. On Mondays, she attends garden club meetings. On Tuesdays, she occasionally takes classes on spiritual awareness. She attends movies at the senior activity center on Wednesdays, and on. Thursdays, a friend, Jenny, visits. They clean Charlotte’s house together, and Jenny gives Charlotte a massage. Fridays are for church during the rainy season, and for other activities when the weather is nice. Saturdays, she is “at home” and watches television all day, OPB and C-Span.

Charlotte’s activities decreased after the stroke. She does the same familiar activities she did before the stroke, but her involvement is different and less frequent. She remains quiet in group settings because of her speech and the inconvenience it might cause others. She uses the senior activity center for classes and films. She is an active member of the garden club and volunteers on special occasions.

Charlotte’s friend was in town visiting, and they drove five hours to attend the Shakespeare festival in Ashland. She was excited about the trip because it was the first
time she had traveled since her stroke Charlotte enjoyed traveling the United States and abroad by taking bus tours in the past. She accepts that traveling is too difficult for her now, and recounts her journeys by remembering.

Charlotte’s personal environment has changed since her stroke. She finds it difficult to communicate with friends, and does not want to ask for assistance or bother anyone, keeping interactions to a minimum. Charlotte let two people in her life following the stroke, her sister and a close companion, Jenny.

The relationship with her sister is complicated and strained. Her sister suffers from chronic mental illness (i.e. depression. Charlotte is 10 years older than her sister, and their differences are obvious. Charlotte had her stroke while her sister was here visiting. Her sister was responsible for Charlotte’s finances until she could take care of them again.

Her friend Jenny, age 65, lives in the Eugene/Springfield area. She provided care for Charlotte during her rehabilitation period. Jenny would drive Charlotte to therapy three times a week. Charlotte and Jenny have been friends for 20 years. Jenny visits Charlotte weekly as a companion who assists her and for socialization. Charlotte trusts Jenny completely and does not question her character or intentions.

Charlotte is financially independent because of her career as a teacher. Her father left Charlotte and both siblings a sufficient inheritance. Charlotte lives comfortably on her Social Security and the interest on her inheritance. She is aware of her financial stability and is grateful for her independence.
The AIP process across the ecosystem

Individual history. Her lifestyle is self-described as a part of the “art spirit.” This spirit was learned from her mother as she had a tremendous influence on Charlotte. She was raised to appreciate and create beauty through art, dance, drama and music. This spirit was fundamental to Charlotte’s roots and is at the center of her belief system today.

Her mother’s spiritual beliefs were a result of her unique upbringing, including world travel. Her religious beliefs changed from Christianity to the different practices and disciplines of India. Charlotte believes in reincarnation, and this is fundamental to her belief structure today. Charlotte’s philosophy flourished in her 20s and 30s. She practices hypnotism, and used it, to free her from difficult life patterns and in identifying past lives.

Charlotte attends services, programs and classes offered by the Church of Religious Science, Unity Church and the Church of Self-Realization. Charlotte has kept her spiritual growth private throughout her life, even from all but one husband, her employers and friends. She explained that in America in 1950, her beliefs regarding hypnotism and reincarnation would not have been supported or understood.

Her spiritual beliefs gave her the strength to make life decisions, including no children, and multiple divorces. Charlotte’s decision for no children was partially influenced by the women in her life, her mother and aunts. She was encouraged not to become pregnant with her husband away at war, and because finances were minimal. Charlotte saw her aunts and mother have illegal and dangerous abortions. Charlotte formed her own opinion regarding the possibility of an abortion if needed. She had the independence and inner strength to live life her way.
Charlotte’s life was surrounded by children when she got an early education degree. She attended college in San Diego in her 30s, and began teaching after graduation. Her career changed her life, and gave her financial independence. Her career in teaching allowed her to use her artistic talents.

*Personal AIP environment.* Charlotte has been married four times, divorced three times and widowed once. Her first two marriages were financially necessary and socially expected. She had a high school education and no career at that time. She loved her first husband, but found him “controlling.” She had an affair with another man three years into her marriage, and asked for a divorce in her 20s from her first husband. The man she had the affair with became her second husband.

She was married to the second husband for 15 years, and by all accounts, had a good marriage. He was a pilot in the United States Navy. Charlotte became very independent while her husband was away. This husband encouraged Charlotte to return to school to become a teacher. Ironically, it was this choice that gave her freedom and independence. She taught for a short time after finishing school, but her husband wanted her home to be a Navy wife. She chose to leave the marriage rather than forfeit her career and financial independence.

The third husband knew how important hypnosis was to her and participated in her hypnosis sessions. This was a good marriage, but he retired early and stayed home. Charlotte was still working and felt that their lifestyles had changed. She found it difficult to divorce him, but was not getting what she needed from the marriage.

*Physical AIP environment.* Divorce was never easy for Charlotte. It was particularly hard to leave the second husband and their beautiful home. Her husband
furnished the home with Asian inspired design and beauty. She left the home and all the belongings behind because she believed these were his. Charlotte acknowledged that this was the first time in her life she had financial stability, a lovely home and beautiful things. It was a very difficult decision to leave both the home and the husband.

Prior to her second marriage, Charlotte had lived with little income, and her homes reflected this financial instability. She learned how to be “thrifty” with her money from her father, and never spent recklessly or foolishly.

Charlotte’s final home was in San Diego 35 years ago. She was working as a teacher, and the third marriage had ended. She had to manage the home on her own, and found that maintaining the home and teaching full time was too much. She decided to sell the home and simplify her responsibilities.

When she moved to Eugene with her fourth husband, she arrived with two boxes of belongings and her paintings. The paintings were her prized possessions. She decided to move to the area for the culture and arts. Her husband had a home in Minnesota, and many belongings were left behind.

*Community and neighborhood AIP environment.* The Eugene/Springfield area provided Charlotte with everything she needed and was interested in, including cultural arts and spiritual growth opportunities. She has lived in many diverse communities, including Hawaii, Guam, Minnesota, New York, New Jersey, California, Washington, D.C., and Rhode Island.

Through the years, the dynamics of her apartment complex have changed with new management. Many neighbors have moved, and she no longer knows them, but she
is happy with her apartment because of the location. She maintains her independence because the location gives her access to stores, food and transportation.

Institutional issues and AIP. The economic and political structures, both domestically and globally, are topics that dominate Charlotte’s thinking. She is distressed by the past eight years of government in the United States under the 2000-2008 Bush/Cheney administration. She is against the war in Iraq. The potential loss of women’s rights reflected in Roe v. Wade is an enormous concern for Charlotte. She is terribly worried about the economy. Her main concern is the dominant conservative belief system in the United States today. Charlotte discussed these issues frequently during the interviews.

Future AIP plans. Charlotte will remain in her apartment as long as possible. She has no interest in relocating to a care facility. She does not want to lose her independence, her paintings or the choice of what she eats. Charlotte would use in home health care if her health were to further decline. She has remained financially secure and has options in her aging process because she has been conservative in managing her retirement funds. Charlotte has obtained the Do Not Resuscitate (DNR) paperwork for her home and her medical records. Her primary doctor supports her DNR request as she has already suffered a stroke. Should the quality of Charlotte’s life and independence be compromised, she is prepared for death. Charlotte expects to have a long life, as both her parents lived to be 98 years old. She expects to pass away with dignity and self-respect by natural causes, and not through medical intervention. Her fourth and last husband passed away quickly from natural causes. His death was a peaceful experience.
Charlotte’s sister is the executor of her estate, and she is comfortable with this decision. She trusts that her sister would guard her best interests, even though they have a strained relationship.

AIP summary

Charlotte is active in her life, and recognizes her passions and desire to continue learning and growing. She demonstrates a complete self-mastery of her resources. As her health declined from the stroke, she altered her resources to fit her new lifestyle. Through selection, optimization and compensation, she adjusted to her new lifestyle and has drawn upon established resources to maintain a healthy life.

Charlotte’s situational independence began when her husband left for the war and she had to take care of herself. The women in her life taught her to live independently by not having children until she was financially secure. She chose a career over motherhood, and this allowed her to leave her marriages when she was no longer “getting what she needed.”

Charlotte’s situational independence is directly connected to her non-traditional spiritual beliefs. She learned quite young to keep her beliefs to herself and to practice privately. She knew it would affect her career and her relationships. She became self-sufficient as a result of her individual beliefs.

Family and Friend Interviews: Combined Cases for Narrative Triangulation

Two of Charlotte’s friends from the past 20 years were interviewed. Jenny and Sarah are both in their mid 60s and are involved with Charlotte through personal growth activities. Jenny and Sarah refer to Charlotte as truly special and magical. Charlotte has influenced their lives on aging by teaching them to enjoy life through independence and
learning. They believe her positive attitude on life is unique, and that this is the catalyst to her healthy aging.

Jenny clarified that Charlotte has lost some memory with numbers because of the stroke. This was seen in Charlotte’s narrative when dates and numbers were used. Jenny said that the loss of speech from the stroke was scary for Charlotte. She described how hard Charlotte worked to regain her speech. Charlotte is self-conscious of her slurred speech, and says this is why she decreased her social activities.

There was little clarification from speaking with Charlotte’s two friends regarding her case. Her friends perceive that Charlotte is aging well, and that her positive outlook on life is special and noteworthy.

*The friends future AIP plans*

*Jenny.* Jenny, 64 years old, and has no plans for her future as she has no financial security. She is self-employed as a massage therapist and will work as long as possible. She had health insurance for only two years of her life, and does not expect to live into advanced age without good health care.

*Sarah.* Sarah, 65 years old, has the ability to choose her future aging in place environment. She and her husband currently live in a three story home located outside the city. They manage a filbert orchard on their property and harvest it by themselves once a year. They have talked about relocating to a smaller home, but this is the family home and moving would be difficult. They have remodeled the downstairs to include a bedroom and bathroom should stairs present mobility issues in their aging.

*How the friends view Charlotte’s AIP.* Charlotte’s friends do not worry about her well-being. They have confidence that Charlotte can care for herself and is fine on her
own. They also respect Charlotte’s privacy in not asking others to help. Sarah and Jenny would help Charlotte in any way possible if asked.

*Narrative triangulation summary for Charlotte*

Charlotte’s friends confirmed the investigators findings that Charlotte is spiritually awakened and free of worry and fear. Her friends have been greatly influenced by her and attribute their independent growth to Charlotte. The narrative triangulation for Charlotte confirmed the findings from her. The investigators felt, in this case, that by understanding Charlotte’s actions and housing choice, she accurately portrayed her situation and lifestyle.
APPENDIX B – 3.7

CASE 2: MAE AIP NARRATIVE TEXT
Case 2: Mae AIP Narrative Text

Current status of AIP

AIP residential environment. At 75 years of age, Mae lives with her oldest daughter in a 1,400 square foot single level family home. The home is located in the Eugene/Springfield metropolitan area in an age-integrated neighborhood.

Mae is living in her daughter’s home for the next few months until her privately attached apartment is finished. The home is being remodeled to include a separate apartment with a living area, kitchen and bathroom. The space will include an entry into the house, as well as a private outside entry. Mae is looking forward to having an area of her own.

Mae shares the home with her oldest daughter, and an 18 year old grandson. He shuttles between the homes of his divorced parents. Mae has had some disagreements with her grandson, but now chooses to avoid conflict.

Mae doesn’t have financial stability in her aging process and has modified her self-determined living environment.

She plans an activity every day and keeps busy, particularly, with activities outside of the home. Activities away from the home include trips to the post office, or volunteering and helping others. One reason Mae decided to live in the Eugene/Springfield area was because of the senior activity center which she frequents and volunteers at three to four times a week. She works in the gift shop, helps with special events and assists with office support. She does scrapbooking on Monday’s, or goes to the church to make baby blankets and comforters for the homeless. She enjoys going to movies and occasionally eats out. On Sunday’s, she attends church and Sunday
school. Sunday’s are difficult days for Mae because that was a special day for her and her husband during their 35 years of marriage.

Mae has recently experienced some health problems. She has some mobility issues due to a snapped tendon in her knee. At times, she uses a cane so she can stand longer. Getting appropriate medical care for her knee has been difficult and frustrating. Her health insurance plan for older adults is called Ever Care which is paid for by Medicare. It is better suited for her income level. She has a smaller pool of doctors to choose from, but it works well for her.

Mae recently had a skin cancer lesion removed from her leg. She also had major dental surgery on her gums because of damage caused by her dentures. She was nervous about both procedures.

*The AIP process across the ecosystem*

*Individual history.* Mae was raised in a small rural community in the mid-west. She came from a hard working family. Her father was an ice man, coal man and junk man; therefore, it was necessary for him to own multiple trucks for his jobs. Her mother had 12 children, five of which died in infancy. Mae was raised with five brothers and one sister. She learned at a young age how to work hard, an example set by her parents. She also witnessed her father being verbally and physically abusive towards her mother.

Mae was married at 18 and left high school before graduating. Young Mae wanted to be a wife, have a family and a nice home of her own. She explained that “she wasn’t chosen to do that.” Mae and her husband moved frequently throughout the marriage in search of gainful employment. Her husband was a good man, and they had a respectful marriage based on equality. They had five children, but lost the youngest
daughter to Lupus when she was in her 20s. Mae earned her GED when her second daughter was in high school.

Mae worked a variety of hard jobs throughout her lifetime. Most of her work involved customer service or professional caregiving. She spent many years in the nursing industry working as a Certified Nursing Assistant (CNA). She also worked as an in home nurse’s aide. Other employment included the management of a foster home for older adults. There were caregiving positions which involved children; however, she mainly worked with older adults over the years. Her customer service positions included working as a cashier in a grocery store and as a greeter at Wal-Mart.

Mae’s husband died unexpectedly in his early 50s. The loss of her husband caused a terrible disruption in her future plans for retirement. At the time of his death, she not only lost her husband, but her home and her job. Six years prior to his death, Mae and her husband had moved to Florida to become managers of a retirement mobile home park. This was a wonderful time in Mae’s life because she and her husband had income, a home, and a community. When he died, the mobile home park did not hire Mae. Subsequently, in one day, Mae lost her husband, her house and job.

Following his passing, Mae’s daughters packed her bags and took her away from Florida. She started traveling and moving from one place to another. She felt better being on the road than anywhere else. Mae has lived with family members, and occasionally rented her own place over the past 20 years. She has lived in eight different states. Mae describes her wandering following her husband’s death as, “I don’t know what I was looking for and I don’t think you’d ever find what it was supposed to be.” In other words, she was in search of a home that no longer existed.
Mae decided to stay in the Eugene/Springfield area these past three years because of her practicality, and because of her complete enjoyment and involvement with the senior center. Her oldest daughter welcomed her into her home and she was able to obtain health insurance. Mae is very appreciative of her living situation; however, she would relocate if she had the financial ability to do so.

*Personal AIP environment.* Mae’s family and her Christian faith are her main support systems. She has two long term friends living in Illinois. She has met people at the senior activity center, but feels she is a “loner.” She has tried to make new friends but feels her attempts have been unsuccessful. She has befriended a younger woman who works at the activity center. They enjoy each others company and go to movies and card making classes together.

Mae stays in contact with her three daughters, but respects how busy they are. She wants to be liked by her daughters and their husbands and finds that by staying out of their business, it helps the situation. Mae’s daughter in Eugene works full time and is very busy with her job, and her own activities. She and her daughter go to an occasional movie on Friday’s and grab a sandwich from McDonalds.

She has not made close contacts or friends through her church community. She is connected to her church, primarily on Sunday’s when she attends the service and Sunday school.

Following her husband’s death, Mae dated a man she considered marrying, however, she ended the relationship after witnessing an unpleasant situation. She has decided to never remarry because she feels her husband was a once in a lifetime love who cannot be replaced.
Physical AIP environment. Mae prefers living in warm environments, such as, Florida. She would like to live closer to her two daughters in Michigan, but finds the weather too cold and difficult for her health. Oregon is an easier climate for her to live in with the exception of the dark and rainy winters that affect her moods.

Mae does not have many possessions as they are not a priority in her life. She has moved so many times throughout the years that she has simplified her life by traveling light. She brought a special collection with her to Oregon, her salt and pepper shakers. This collection includes 450 pairs of shakers that are displayed in a cabinet, a Valentine’s Day gift from her husband. All the shakers have meaning for Mae, some representing her travels, and others are gifts from loved ones. Her sewing and embroidery materials and equipment are among her special belongings. She has pictures of the family, a television, bed, and radio, records, CD player and a collection of Pillsbury doughboys that she hopes to have in her apartment when it is finished.

Community and neighborhood AIP environment. Mae has a difficult time with depression during the rainy months in Oregon. She stated, I don’t like all the rain, it makes me depressed.” She thrived in environment that were sunny such as Florida. She enjoys the Eugene/Springfield community because she enjoys the senior center where she spends much of her time. The neighborhood was not discussed with Mae.

Institutional issues and AIP. Mae does not have savings or a retirement plan. She relies entirely on her monthly Social Security. Mae uses a form of statewide insurance for low-income adults called Ever Care, and she is satisfied with the service.
Future AIP plans. Mae is unclear about future plans. She may stay in Oregon for a while, however, she might move again. Her concern with moving is that she cannot afford the expense of another move, but she is not at home here.

Mae wants to be buried next to her husband in Michigan. Her practical nature tells her that it is more cost effective to die in Michigan than in Oregon. This is her preference if at all possible.

She has talked with her daughters about her future plans, and they want to wait and see what happens. Mae does not want to go into a nursing home because of the expense of long-term care. She knows her mother lived well in a nursing home, but she is not interested in that lifestyle.

AIP summary

Mae has worked hard all of her life, but remains content. She and her husband had a close relationship which she has greatly missed with his death 20 years ago. She has a supportive family who cares about her needs.

Mae’s situational independence began when her husband passed away. She traveled around the United States in search of a new place to call home. She enjoyed her freedom while traveling; however, it represented a lack of roots, place or family and this was hard for her. Mae wanted a consistent life with home family, and familiarity. Her later life was one of misplacement and searching. She is capable of caring for herself and using her resources wisely. When her husband died, she lost her sense of home. She traveled because her home and husband were gone. Her aging in place is represented by her journey to find a place she believes no longer exists.
Family and Friend Interviews – Combined Cases for Narrative Triangulation

*Individual clarifications.* Mae’s friend from the senior center felt Mae suffered from a bad knee but was overall in good health. She believed Mae had a difficult life that was not easy financially or emotionally.

*Personal clarifications.* Mae’s friend indicated that Mae is very popular at the senior center and has a big smile and is very playful with others in interaction. She said that Mae’s embroidery sells well at the senior center gift shop.

*The friend’s future AIP plans*

*Molly.* Molly, 63 years old, divorced and living alone in a two bedroom townhome. Molly has no family in the Oregon and would like to be near family as she ages. However, she enjoys living in Oregon and has a good life here. She does not have plans for aging because as she explained she does not have much money and feels limited by her aging options. She would prefer to remain living independently and would not like to live her adult children like Mae. She discussed her concerns about her children feeling responsibility for her. She believes her three grown children are industrious and successful, yet they are very overworked by the responsibilities in their lives. She does not want to do anything that would strain them further, therefore remaining independent is very important to her.

*How the friends view Mae’s AIP.* Molly feels Mae is aging “a little below average.” She believes that Mae would prefer to live elsewhere, possibly in another state and with a different adult child. Molly mentioned that Mae’s knee injury and frequent use of a cane somewhat limits her mobility and ability to be more active in the center.
Narrative triangulation summary for Mae

Molly is not a close friend of Mae’s and has only known her for three years. They do not do planned activities and only interact when Mae is volunteering and Molly is working at the senior center. Mae did not offer any of her adult children for the interview, and she indicated that the adult daughter she lives with would be too busy to talk with the researcher. The narrative triangulation was helpful in confirming that Mae had a difficult life with many emotional and financial stresses.
APPENDIX 3.8

CASE 3: AGNES AIP NARRATIVE TEXT
Case 3: Agnes AIP Narrative Text

Current status of AIP

AIP residential environment. At 75 years of age, Agnes lives in a 900 square foot condominium that she has owned for 22 years. The home is located in a large planned community that is age-integrated in Springfield, Oregon. The community includes a clubhouse with a pool, spa, and sauna and workout room.

Her home is located on the ground level with two bedrooms, two bathrooms, kitchen, laundry closet, dining and living area with a covered porch. The home is in good condition, free of clutter and well maintained. Agnes is responsible for the upkeep of her home, her porch and patio garden. When she needs help with minor problems in the home, she has a neighbor who can assist.

Agnes owns a second home on the Oregon coast. The coastal home is part of her long-term care plan. Agnes bought the home five years ago for two main reasons. First, she wants to relocate to the Oregon coast because she enjoys the aesthetics and lifestyle. Second, the coastal home is currently being occupied by an adult daughter, and occasionally a teenage granddaughter.

Agnes enjoys her time at home reading, listening to the radio and relaxing when she is not busy with activities. She is a morning person and plans each day accordingly.

Agnes remains active in the community by volunteering and working. She enjoys the arts and entertainment the area has to offer. Agnes is employed by the Springfield activity center as a part-time energy assistance specialist. The state wide funded program provides seniors with energy assistance during the fall-spring season. She works approximately 20 hours a week when the program is active. A primary reason for staying
in her current home is her employment. She likes her work and earning an income. She states, “I take it one year at a time, as long as they keep hiring me back for this job, I may as well do that as long as I am able. I enjoy it. I like the money.”

Agnes remains very busy with activities outside the home. Her socialization is directly connected to the senior center where she is employed. She volunteers at the center, and uses a wide variety of activities. After she “settled down and stopped traveling and changed [her] lifestyle,” the senior center became her “hang out.”

Agnes attends a yoga class twice a week at the activity center and has done this for seven years. She has a group of friends in class who she occasionally socializes with. On Friday’s, Agnes walks with a group from the center. She has a neighbor in her condominium complex that she walks several miles with when they have time.

Volunteering is a large part of Agnes’s activity environment. Her volunteer activities include chaperoning day trips for the senior center. Because of the recent hike in gas prices, Agnes enjoys her day travel by volunteering and having expenses covered. She volunteers for other activities at the center while also doing volunteer work outside the center.

The city presents interesting opportunities for Agnes. She goes to festivals, the theater and seasonal events. She recently participated in two summer events in Eugene, Oregon, the Olympic Trials and the Bach Festival. She has a car and drives, but is willing to use the free senior bus program in order to navigate the town with ease, particularly, when parking is limited.

Agnes is “pretty content, I think. I have a place to live, I have a car. I have good health.” She lives in the moment and doesn’t anticipate the future.
**AIP personal environment.** Agnes has two adult daughters and one granddaughter. Her daughters live in Oregon, approximately three hours away but in different cities. Agnes worries about both daughters. She is more comfortable with Katie’s situation because Katie is settled, employed and living in Agnes’s house on the coast. Agnes is concerned about her daughter Beth’s current and future well-being. It bothers Agnes that Beth does not have a good job or benefits because she is in her 50s and living alone. The relationship with her daughters is complex and reflects the family’s struggle with adversity and turmoil.

Agnes’s parents have passed away, but there are two remaining sisters, and a brother. One sister lives in the same community as Agnes, but they rarely see each other. Agnes and her sister have had difficulties through the years. Agnes was away from the family for many years raising her own family. She and her sister recently helped each other through the losses of many older people in their lives.

Agnes has relationships with her neighbors in the condo complex. She enjoys spending time with her 70 year old immediate neighbor. They watch each others homes when one is out of town. She is also friends with a 60 year old neighbor man who helps her with small maintenance jobs, even in opening the occasional stuck jar lid.

**AIP health status.** Agnes has some minor health problems. Her mobility and hearing are good, but she worries about the possibility of a stroke from high blood pressure. Agnes does not think of herself as 75 years old until she “looks in the mirror.”

*The AIP Process Across the Ecosystem*

**Individual history.** Agnes was raised in upstate New York in a hard working family with a workaholic father who believed you should not waste your time. She was
fifth generation reared in the same community as her family before her. Agnes has fond memories of her childhood in NY.

She attended college some 200 miles from home. The schools in her town were either for men, or didn't offer a program of interest. Attending school away from home gave Agnes early independence. She worked for a year and a half after college and was married at 23. She stated, “I gave my life over to my husband.” Her husband was in the military during their early years.

Following her husband’s military service, he went to school to become an electrical engineer. While he was in school Agnes, “became the breadwinner and the mother and helped my husband – very intelligent in math – but when it came to history or English, I was doing a lot of his homework while working.” Agnes was driving 20 miles to work every day, while keeping a meticulous household, just as his mother had done. Her husband was a proficient cook and helped care for the children.

Agnes lived in many places because of her husband’s work. For three years, the family lived in Singapore. Agnes didn’t work during this time, but kept busy by volunteering and socializing. This was a difficult time for the family because her husband was dealing with health issues. Alcoholism, which became a consistent problem, and a later diagnosis of manic depressiveness were identified. Agnes and her daughters encountered many difficulties and trauma due to the severity of his illness.

Agnes related an incident that occurred while traveling in Europe with her family. She needed to protect her family from her husband by retrieving their passports and tickets. An episode occurred relating directly to his unreliable and manic behavior.
Agnes had to handle all the family affairs because her husband was often unable to help. She was alone in her marriage, and had little or no social life other than her church community.

Once the girls were out of the home and away at college, Agnes filed for divorce as problems mounted. She left the marriage with very little, and described her actions as, “that took a lot of independence.” Agnes and her husband have been divorced for over 20 years. Agnes’s relatives found her decision to divorce difficult, and her mother told no one.

Agnes had to reevaluate her present and future as she hadn’t planned on being alone in her aging process. Financially, she had nothing to fall back on. The pensions and Social Security belonged to her husband. He had become increasingly irresponsible with their money. She was forced to make a new life for herself at a late age in life, near 50 years old, including starting a retirement fund. Agnes has been frugal with her income through the years attempting to create a savings for both her and her girls.

*Personal AIP environment.* Agnes found support through Al-Anon and Catholicism to cope with her failing marriage and subsequent divorce. Agnes’s Catholic faith has been an integral part of her personal environment. It was from within this environment, that various groups, retreats and workshops helped her heal and move on. She met many people during this time that she still considers friends.

Following the divorce, Agnes moved and worked in Germany for three years. Once this assignment was up, she needed to recommit to Germany or move elsewhere. Agnes decided to relocate to Oregon where her parents, sister and daughter were living. She wanted to be near family, but with this decision came problems. She had been away
from her parents and siblings for years, and found that by living nearby, things were not what she had hoped.

Agnes never remarried deciding it was not for her. Having lived alone for 28 years, she replied, “Why? I’m independent.” She worked very hard to regain her life and finances after the divorce. She did not want to involve anyone else in her personal affairs.

*Physical AIP environment.* Agnes owns two homes. Her primary home is her condo in Springfield, Oregon. Her retirement home is located on the Oregon coast. The home on the coast is a split level single family dwelling. Agnes, eventually, plans on living in the downstairs area, while her daughter occupies the upstairs. The downstairs area includes a bathroom, living area and bedroom. The upstairs includes a kitchen, bathroom, two bedrooms and living area. Should Agnes experience any health problems affecting her mobility, she would make the necessary modifications to the coastal home. The home, as it is now, is not the best home for aging because of the split level and stairs. Agnes was aware of the aging limitations when she purchased the home; however, she chose to buy it because of the split levels. This would give her daughter privacy upstairs and Agnes privacy downstairs.

Agnes has seen problems that families experience in settling the affairs of a deceased loved one. She has felt the negative and overwhelming consequences of homes being left full of belongings. She has watched “families fighting over things that don’t have meaning” following their deaths. It took her sister two to three months to clean out the basement and barn for her husband’s uncle who died. Another sister was involved with her mother in law’s death where email was used to discuss and disperse of personal belongings.
Agnes has things in her home with significant meaning. She would like for her daughters to take them one day. Her daughter, Beth, has moved four times in the past year and is not in a position to take anything. Katie, her other daughter, has past and painful memories associated with Agnes’s belongings. Agnes explained that Katie’s feelings relate to the frequent moves made by the family when the girls were young. Agnes tried to recreate familiar and similar environments regarding food and belongings in each and every home.

The inconsistent home environment was tumultuous for Agnes and caused some emotional detachment to home. She is not attached to things or belongings at this stage of aging in place.

Agnes has experienced two significant losses of home in her lifetime. The first was the loss of her childhood environment as she knew it. As a child, she had an extended family nearby, namely grandparents and their homes. As family members aged and died, these familiar places lost their meaning. She says, “That feeling overrides the family home.” She understands this feeling because she is now the oldest surviving member in her family. She loved the layers of her family and their lineage. It is for this reason that Oregon does not feel like home, even though her daughters, sister and granddaughter live here.

The second loss occurred when Agnes divorced her husband. She left the marriage with $20 in her pocket, leaving behind years of memories and belongings. She did not contest her divorce, and made the decision to start her life over.
Agnes’s belongings represent her journeys and travels, and she enjoys having them in her home. Should these belongings be difficult for her girls to remove once she is gone, she’d rather not have them in the house.

*Community and neighborhood AIP environment.* Agnes’s activities are reflected in her daily schedule. She participates in her community by being employed, volunteering and enjoying the entertainment and events in the area. Agnes has familiarity and security in her Springfield condominium, but is frustrated with the rules and regulations board from time to time.

The home on the coast has a senior activity center, but she does not feel the services or the center are equal to the center in Springfield. There is sufficient health care for her on the coast. Shopping is not crucial for Agnes, so she is comfortable with the shopping that is there.

*Institutional issues and AIP.* Agnes has worked in the social services field for 40 years. She worked in mentally challenged hospitals in the 1960s, and worked in inner-city schools as a teacher during the Civil Rights movement. Most of her work has focused on gerontology, rehabilitation services and program directing.

Agnes currently works with older adults that need energy assistance. Energy assistance is a federal program run by the state. Her job can be difficult because of the desperate nature of those needing the service. She frequently sees women who have had long marriages, no careers and rely on their income from Social Security.

Agnes is aware of the structural issues within her environment. She sees rising costs in her personal situation, such as gas and electric bills. The Federal government recently ruled that all TVs must convert to digital by February, 2009. This has upset
Agnes. She feels that the government is depriving her of choosing by forcing her to pay more for services she does not want. This federal change affects the older population and creates confusion for them.

Agnes projects that women, age 60 or younger, are more self-reliant and financially capable. They take care of themselves as they age. Today, divorce is more acceptable and women do not have to stay in terrible marriages. They’re more aware, confident and proactive in having careers that provide them with Social Security, pensions and retirement plans.

*Future AIP plans*

Agnes has a long-term care plan. Her health and legal matters are organized and arranged. Her long-term aging in place plan will be in her home on the coast. Her adult daughter, Katie, who lives in the home, will provide caretaking for Agnes when needed. If Katie is unavailable to care for Agnes, she would live in a care facility. She is concerned about this from a financial point of view, knowing there would be little money left for her girls. The ongoing cost of a care facility would deplete her finances.

*AIP summary*

Agnes feels she “was forced to be independent throughout life.” She is an active participant who uses her community by working, volunteering and engaging in many activities. Her socialization is also associated with these activities. Agnes likes being a contributing member of society. She finds purpose in helping others while keeping active in her own right. She will rely on her daughter for care and assistance in her aging process when needed.
Agnes’s situational independence is a result of guiding her family through a series of traumatic situations for many years. If her marriage had been different, if there had not been a divorce or loss of a family home and financial security, she would be experiencing a very different aging in place process. She was proactive in creating a life for herself at age 50 which included employment, housing and retirement planning. The difficulties in Agnes’s past have provided her with the stability to age in place well today.

*Family and Friend Interviews – Combined Cases for Narrative Triangulation*

*Individual clarifications.* Agnes feels her daughters resent her being able to financially help them. Both daughters respect their mom’s work ethics and ability to earn an income. Beth feels that Agnes uses her independence and homeownership for establishing stability in her own life.

Both daughters are grateful for their Mom’s lessons on living well by exercising, eating right and staying active in life. Beth wants her Mom and sister to cope with past issues, find forgiveness and move on.

*Personal clarifications.* The daughters indicate that their childhood was filled with trauma. One daughter implies that they suffered from physical, emotional and sexual abuse. Trauma is defined as events which are “…spectacular, horrifying, and just deeply disturbing experiences” (Wheaton, 1994, p. 90).

The daughter on the coast is expected to share the home with Agnes when she retires. Agnes expects this daughter to care for her when she can no longer care for herself. Her daughter Katie, however, seems unfamiliar with this plan. Agnes emphatically states that this daughter will be her caregiver, whether or not she wants to.
Beth, Agnes’s other daughter, is concerned with this arrangement. She feels her sister has many serious personal issues which need attention. Beth indicated that both Agnes and Katie are currently attending family therapy together.

*Physical clarifications.* Agnes’s daughters appreciated her efforts to give them a recognizable living environment regardless of location. As a result of frequent moves, Agnes used familiar food and belongings to bring comfort and consistency into their environment

There are belongings in Agnes’s house that she wants her daughters to have. Neither of the girls wants to own these things. The memories associated with them are insurmountable.

*The families future plans*

*The adult daughter – Katie.* Katie is 51 years old and doesn’t think about her future aging in place. She doesn’t have time to focus on herself, because she is too busy making ends meet. She has a 20 year troubled old daughter she worries about.

Katie is influenced by Agnes’s teachings on eating well and remaining active. She knows that older adults need social interaction, a lesson learned from her Mom and her own experience as a water aerobics teacher. She understands the importance of not isolating. Katie knows the importance of a well designed home for older adults. She is aware of how poor design with limited access, such as stairs, split levels, narrow hallways and high cupboards can limit usefulness. She is planning carefully for her own aging in place.

*The adult daughter – Beth.* Beth is 50 years old, and does not think about her future aging in place because she does not expect to live a long time. Beth’s past, present
and future are directly affected by her lack of financial stability. She has a Master’s Degree, but does not have a career. She concentrates on her spiritual and psychological awareness rather than on financial matters. She feels one cannot age well without financial security, but chooses her present lifestyle. She cannot afford health insurance, and has no retirement plan.

Beth wants her own home with acreage, but feels it is out of her reach. She feels that in order to age well, one must have adequate medical insurance, a place to live, and a retirement or pension plan. Her parents have these comforts now, but she does not see them for herself.

The future plans of the Connelly Women. The Connelly family comprised of Agnes and her daughters are reflections of their traumatic past. Agnes wants to leave her daughters financially secure when she dies. She knows that the money she leaves her daughters is their primary “retirement” fund. Her daughters believe that Agnes’s desire to do this is a direct response to their past history as a severely dysfunctional family.

Agnes worked hard to find employment offering retirement and health benefits, but her daughters have struggled to do the same. Neither of her daughters have savings or employment with benefits. Beth believes that Agnes’s present situation is from “fear based reality.” She believes that Agnes’s choices were made from fear to find stability and security. Her daughters believe she “squirreled away” money to avoid any future financial devastation.
The Connelly family was the most complex case study of the seven. Agnes is resourceful even with her traumatic past. The daughters cannot care for themselves financially, as they are emotionally crippled from past events. The daughters have low expectations regarding their own aging, but admire their mother’s courage to age well. They believe she is aging well and that she sets a good example for aging enjoyably.
APPENDIX 3.9

CASE 4: ANNABELLE AIP NARRATIVE TEXT
Case 4: Annabelle AIP Narrative Text

Current status of AIP

AIP Residential environment. At 75 years old, Annabelle lives alone in a 2,300 square foot multi-level single family home that she has owned for 23 years. The home is located outside of Eugene/Springfield, Oregon. Annabelle has the financial stability to choose her self-determined living environment.

The home is extremely important to Annabelle for many reasons. This is the home she lived in with her children before they left for college. The family cared for her ill husband in this home for four years before his death. Second, the home contains many important belongings from Annabelle’s past. Third, Annabelle loves the beauty of home interior and exterior. The environment around her home is beautiful to her.

The home has three bedrooms, three bathrooms, kitchen, dining room, sitting room, and den/library. The home is a split level with four levels that are accessed by stairs. The home has a lifetime of Annabelle’s beloved belongings. As she explains, there are so many memories, so many treasures, how would she ever part with her belongings. They mean so much to her. There is artwork, books, family and friend photos, dishware, furniture and more. Concerning the house, she states “the house. I love it beyond measure. I adore my house. Sometimes I just stand and look at everything.” Annabelle attributes her good life and advanced age to being surrounded by love, including her family and her home.

The home currently presents some challenges for Annabelle. Maintenance is becoming an issue. It is hard to find help, as in the case of the broken sprinklers. Annabelle has some mobility issues regarding the entry stairs, and only uses the garage for entering and exiting the home. She no longer uses her porches other than for
barbequing with her companion, David. She is aware of her limitations with the house. She is not planning, however, on making any modifications or relocating.

Annabelle’s son lives in town and helps her with problems relating to the home. He also helps Annabelle by driving her to appointments and in other ways as needed. She is close to her children and grandchildren.

Annabelle enjoys spending time at home alone, as well as, being active in the community and traveling around the world. Annabelle’s companion of 10 years, David, is Annabelle’s main social and travel partner. Annabelle and David spend alternating weekends together because they live an hour apart. They talk by phone on Wednesday. Annabelle and David enjoy eating out together, watching opera and visiting David is nearly 80 years old, and has vision problems relating to macular degeneration and cataracts.

Annabelle and David have traveled the world throughout the years. They recently took a trip to the lowlands of Europe. The lowlands are easier for Annabelle to maneuver because of her mobility concerns. She loves her travel experiences, including other travelers, and all the beauty in the world. She is enthusiastic about those things that interest her, such as, going to concerts and the Bach festival.

When she is not with David, she spends her time following the news, reading, attending to business matters on the computer and volunteering.

Annabelle has had some serious health concerns, including cancer twice. She has recently, experienced “a thing in my head” that has her “curious” but not worried about her health. The thing in her head is compromising her balance, and is leaving her lightheaded. She tripped and fell in the garage, breaking her glasses and hitting her nose.
Her hearing is good, but she has cataracts and macular degeneration. She has managed her eye symptoms for eight years with medical and vitamin intervention. Annabelle is concerned about her eyesight because she can not imagine not being able to see all the beauty in her home and in life.

She does not worry about falling or other health issues that could harm her, as she is not afraid of dying. She has a strong religious belief that provides her with tremendous calmness and few fears.

Annabelle wants to remain independent for as long as possible. She has her affairs in order and likes being in complete control of her finances, house and personal decisions. Annabelle has no interest in remarrying and does not want to involve a partner in her business and personal matters. She realizes the importance of making her own decisions after having shared her personal affairs with prior husbands.

The AIP process across the ecosystem

Individual history. Annabelle’s family history is complicated and filled with beauty and pain. Annabelle’s parents had seven children; and she was the second child and first girl. There is a 25 year age difference between Annabelle and her youngest sister. Annabelle tragically lost her youngest brother when he was 29 years old. He had an addiction problem that Annabelle believes was his response to an untreated learning disability.

Her parents were entrepreneurs who created a large family fortune through perseverance and ingenuity. Her parents owned multiple businesses that provided the family with a financially stable and unique childhood in California. Annabelle reflects fondly on her childhood and the dynamic lives of her parents.
The family had good times together, enjoying travel and the outdoors. Annabelle was the least athletic in the family; however, she excelled in her education, becoming a Phi Beta Kappa.

The family had difficult years, many that were filled with deceit, anger, sadness and pain. Her mother described the family as a family with “so many tragedies.” A sibling of Annabelle’s had been legally appointed to manage the family fortune. He squandered and misrepresented the estate, leaving the family emotionally and financially devastated. The situation inadvertently led to the deaths of two siblings, and a beloved brother-in-law. Annabelle has accepted the family situation, but remains sad.

Young Annabelle wanted to marry and have a family, a typical expectation for a woman in 1950. Annabelle believed that having children would be the most important thing in her life. She married her first husband in 1950, but they divorced 7 years later. They had two children. She remarried two years after the divorce, and had two more children with her second husband. They were married for 22 years until his death from diabetic complications.

Annabelle was raised with a strong work ethic, and worked much of her adult life. She would spend the summers working in her father’s company. Her first career was that of a second grade teacher for eight years. She stopped teaching when she became a stay at home Mom. She and her second husband owned restaurants and Annabelle helped in the operation of the business. The restaurants were popular; however, they did not provide the financial stability needed to support a family. Annabelle took a job outside the restaurant to help with finances.
An opportunity arose from within her husband’s family regarding a ceramic factory they owned. Her husband, Colin, wanted to sell it, however, Annabelle in collaboration with his sister decided to keep the factory against his wishes. Annabelle explains that

“My mother in law had a ceramic factory. It is now an auto shop. My sister in law and I still own it and that piece of property is what supports us, the rent, the food. I’m very grateful we still have it. When I was married, I did not take very good care of finances. My husband wanted to sell the property over and over again, boy am I glad we didn’t.”

Annabelle has a positive attitude towards life and aging. She enjoys her freedom with aging, and interacts with people more openly and finds this satisfies her curious nature.

*Personal AIP environment.* She is in contact with her children, but they are busy with their own lives. Annabelle sees her family on special occasions and holidays. Most of her children are self-sufficient, however, she has one son who is dealing with serious financial and legal matters Annabelle is helping him financially; however, she is worried that his situation could affect her financial planning for aging.

Annabelle doesn’t see her siblings very often, but they email, write letters and call occasionally. She has life-long friends in California that she also communicates with by phone, letter, and emailing.

She has a small group of friends in town that she sees for birthdays and holidays. This is a group of women that get together because of the efforts and organization of one woman. Annabelle enjoys the camaraderie of the group, but finds herself an outsider
because her lifestyle is very different from theirs. Several of her friends are struggling financially, and Annabelle is 10 years older than her friends, travels abroad, and has financial flexibility and security. Annabelle described herself as a possible “loner” because she doesn’t always connect well with friends.

*Physical AIP environment.* Annabelle, as a child, was very aware of the beauty around her. She realized the significance of this the first time she saw a beautiful home interior. Annabelle’s love of beauty in the natural and built environment is reflected by her attachment to her “treasures” (i.e. her belongings) and her home. She enjoys being able to look out her window and see the natural beauty and animal activity, like the deer feeding in the back yard.

Her current home is smaller than the previous home she owned. Annabelle’s first home was approximately 3,000 square feet, and the family felt they should downsize in order to lower their overhead. The transition from the bigger home to her current home, which is 2,300 square feet, seemed much smaller at first; however, it now feels quite large.

Annabelle’s love of her belongings reflects her sentimentality with the past. Annabelle says that everything in the home has a story. There are belongings throughout the house that represent the difficult times, but she keeps them because they are beautiful. An example would be the moon wall sculpture that hangs above the front door. It was made by her daughter’s ex-husband and depicts a crying moon. The ex husband, Mr. Moon, gave it to the family as a gift to express his sadness regarding the end of his marriage to Annabelle’s daughter. She keeps the moon because she aesthetically likes it; however, Annabelle would take the moon down if her daughter asked her to.
There are books written by family members about the family and, paintings in the home that were painted by family members. There are creative works by her daughter throughout the house, and reminders of her parents everywhere.

* Modifications to the home. * Annabelle’s home reflects the challenges the family encountered while caring for Annabelle’s husband. He had severe complications from diabetes including blindness and limb amputations. The home has multiple levels and stairs; and the family would carry him to other levels when he could no longer do this. He would use the banisters which were installed on the staircase until he became too disabled to navigate the stairs. There have been no modifications to the house other than these banisters.

Annabelle believes her own mobility would be better if she had not depended on the banisters in her home. She feels she relied on them before needing them. She depends on solid objects now, such as, walls for support when walking in public places.

* Community and neighborhood AIP environment. * The neighborhood was a good place to raise a family when the children were young. Her family knew the neighbors because all the children interacted with one another. Annabelle is not close with her neighbors today, as many of them have moved away. She is friendly with one man in the neighborhood who helps her with small maintenance jobs. He is growing older himself and can no longer help like he once did.

Annabelle has volunteered through the years for many different projects. She worked for her church with the food box agency. She has volunteered at a library in a smaller community outside the Eugene/Springfield area. She has volunteered for the
corporate board of her sorority, assisted the blind, helped children to read, and volunteered for the ESL program.

Institutional issues and AIP. Annabelle follows the news and current events by reading newspapers, listening to the radio or watching T.V. With the impending presidential election at hand, she mentioned how she resents the government’s interferes with individuals who should be doing things for themselves. She wants the government to educate individuals by teaching them self reliance.

Future AIP plans. Annabelle would prefer to stay in her current home as long as possible. She has no interest in relocating to a care facility. She has watched individuals rapidly decline once they enter care facilities. Annabelle does not want to leave her home or belongings behind. She has collected so many wonderful things and she does not want to give them up.

Annabelle is aware that the home is becoming more difficult for her to manage by herself. She would like to stay in the home, but said that “it is becoming increasingly more difficult. I can’t imagine giving it up.”

She has a positive attitude, and believes that her successful aging directly relates to this attitude, and her willingness to get out and live life.

AIP summary

At 75 years old, Annabelle lives alone in a large single family home. Annabelle has the financial stability to determine her preferred living environment, and the financial stability to participate in international and domestic travel with a male companion whom she also enjoys spending time with on weekends. The current characteristics of Annabelle’s AIP process reflect her financial stability and her connection to the past, her
home, and belongings. Annabelle has experienced substantial familial trauma through the years and remains emotionally tied to these memories. Her financial stability gives her freedom for her aging in place process, and she is choosing to remain in her home environment surrounded by her “beautiful treasures.” Annabelle is aware that the home is becoming more difficult for her to manage by herself. She indicates that she wants to stay in the home, but that “It is becoming increasingly difficult. I can’t imagine giving it up.” She has areas of housing function and concern, but frequently states, “life is good” and feels she is aging well and comfortably.

*Family and friend interviews – Combined cases for narrative triangulation*

Annabelle provided four contacts for interviews, three friends and her youngest sister. Her sister is 51 years old, lives in California and was interviewed via phone. Two of her friends are in the Eugene/Springfield area and provided the interviewer with in person interviews. Both friends are in their mid 60s. The final interview was with a childhood friend of Annabelle’s who she has known for 50 years. The friend is 75 years old and living in California.

*The Friends and family future AIP plans*

*Shelly.* Shelly is living alone in a small rental condominium and struggles to make ends meet. She is 65 years old and is pleased to have Medicare and Social Security. Her ex-husband recently passed away, and it is because of his death that her monthly Social Security payment has increased. Sheila did not have a career and depended on her husband for financial support. Her family suffered a bankruptcy and tax evasion situation that left them financially devastated. Shelly’s plans for aging are unknown. She would like to remain in her current residence as long as possible. The home has two stories with
stairs leading from the living area to the bedroom. Shelly has fibromyalgia and severe back and joint pain, but does not see the stairs as a problem. She does not have the income or retirement for private assistance programs, and may need government assistance, such as, adult foster care. Shelly does not want to live in that type of care environment.

Even though Shelly cannot choose her self-determined aging environment, she appears content. She is pleased with her independence and strong identity. Prior to her bankruptcy and divorce, she was totally dependent on her husband. She is now self-reliant and capable of handling her own affairs. Shelly has no desire to remarry. Her support system comes from her friends and they will continue to support one another when needed.

\*Amy. At age 67, Anne is a widow and is currently struggling to keep the family home. She can not afford the home on her Social Security check or pension. Her ex-daughter in law lives in the home and helps to pay the bills. The daughter in law will move out next year when she remarries. Amy will then need to find a new way to keep the home, or sell and relocate.

Amy’s adult son has asked her to relocate to a smaller residence in Portland, Oregon. She will consider this option when she can no longer afford her current home. Amy is having a difficult time letting go of her home even though it is quite large, and presents maintenance problems. It was the family home and it holds many memories for Amy.

\*Deb. At age 75, Deb is a widow, and she has terminal cancer. She has changed her living environment, and has planned for her advanced disability. She has moved from
the family home that was located in a remote location. She moved to a smaller townhome in a 55 and older community. The home is located minutes away from her son and daughter-in-law. She has a good relationship with the daughter-in-law and she is willing to help Deb. Deb enjoys living closer to her family. She knew that the family home was no longer working for her, so she chose to downsize and relocate.

She will remain in the townhome until she can no longer care for herself. She has already selected a continuing care retirement community (CCRC) where she will move. The CCRC is 20 minutes from her family; however, the facility meets her needs. She knows many people who have lived in this facility, and it was their recommendations that helped her make a decision. Deb’s decision to buy her interim home before moving to the CCRC, was to help defray cost. She wants to delay moving to the residence where she will inevitably receive hospice care.

*Penelope.* Penelope is Annabelle’s sister and is in her early 50s. She has no plans for aging because she doesn’t see herself as aging. She works multiple jobs to afford her lifestyle, and has chosen a life with spiritual growth instead of financial security. She believes she will be independent for the rest of her life. She has been married and divorced three times. She is currently in a long-term relationship and has no plans to remarry.

Penelope explained that their mother taught them how to love themselves. She explained that her mother valued independence, and taught the girls how to enjoy alone time

*How the friends view Annabelle’s AIP.* Both Shelly and Anne believe Annabelle is aging well, because she has the financial security to maintain a flexible lifestyle. Her
sister has not seen her for two years, but believes that Annabelle is aging well because she has a wonderful home and financial stability. Her sister does not worry about her health or well-being because she believes Annabelle is capable of taking care of herself.

Annabelle’s friends and sister confirmed that Annabelle loves beauty. Her home reflects her love of things. Everyone interviewed believe that Annabelle lives well because of her financial stability. They are unaware of her recent problems with balance and lightheadedness. They do not realize Annabelle’s concerns regarding her home maintenance and physical safety issues.

They believe that she and her children have good relationships and that her relationship with David is satisfying. Annabelle’s sister said that David is “controlling,” so why would Annabelle want to marry him? Annabelle’s sister and friends believe that Annabelle is capable of caring for herself. They believe her home, financial security and lifestyle are to be envied.

The investigator saw Annabelle’s emotional discomfort in wanting to stay in her home, knowing the home is becoming problematic. Friends and family in her life believe she is doing better than she really is. The investigator observed Annabelle’s sadness by the frequent crying during each interview. She appeared frail and her mobility was challenged when using the stairs. The investigator observed that Annabelle is not forthcoming to her friends and family about her recent home and health issues. She worries that others may force her to leave her home and independence behind should they find out

Narrative triangulation summary for Annabelle
Annabelle’s sister indicated that Annabelle is not aging as well as their mother did. She feels that Annabelle’s health problems are due to her lack of athleticism. There was little clarification regarding Annabelle’s perception of her own AIP and that of her friends and family regarding her AIP. Her friends and family agree that her statements on having a good life by traveling and being financially stable are accurate. Annabelle’s financial stability was a reoccurring theme that gave them comfort regarding Annabelle’s aging process.
APPENDIX B – 3.10

CASE 5: PEGGY AIP NARRATIVE TEXT
Case 5: Peggy AIP Narrative Text

Current status of AIP

AIP Residential environment. At 86 years of age, Peggy is living alone in a 1,100 square foot single family home that she owns. The home is located in the Eugene/Springfield, Oregon metropolitan area in an age-integrated neighborhood.

Peggy has lived in this home for 22 years. Her husband passed away five years ago, and she remains in the home today. The home is single level, with three bedrooms, one bathroom, living room, kitchen and dining room. There are steps by the front door with hand railings that lead into the house and there is also an entry into the home through the garage. The home is well maintained and neatly arranged.

Peggy still drives, and engages in many activities of her own choosing. She has an active and diverse social and activity calendar. She has planned activities four days a week that begin on Sunday by attending a church service. She has attended the same water aerobics exercise class at the local public swimming pool on Monday, Wednesday, and Friday mornings for 22 years. The water aerobics class helps to keep her fit and contributes to her social environment. The water exercise class has “kept me going in the past few years. Gives me purpose.” She makes herself go even when she would rather not. Peggy walks the neighborhood for exercise when the weather is nice.

She has two close friends that she spends time with on a regular basis. Her friend of 40 years, Jean, lives close by and they attend water aerobics class together. Jean and Peggy see each other every day for activities, such as, dinner and shopping. They supported each other during their husbands Alzheimer’s disease and subsequent deaths.

Peggy has a newer friend, Jerry age 60, that she met through church. She and Peggy became friends after Jerry’s husband died. Jerry loves the arts and takes Peggy to
theater, music and other related cultural events in town. Peggy is pleased that Jerry includes her in so many activities.

Peggy’s youngest daughter lives a few minutes away, and is in frequent contact with her mother. Peggy is concerned that she relies on Pam too much and has experienced feelings of frustration with this. Peggy stated that “when I don’t know where she is or what she is doing I get a snippy feeling.” Pam lives in the area and is asked to do more than the other kids. Peggy enjoys Pam’s company, and describes her as the most like herself in personality.

Peggy has experienced good health throughout her lifetime. She uses hearing aids and wears glasses for improved sight. She underwent knee surgery two years ago and has experienced improved mobility. She has had no major medical situations or scares. She explains her good health as having “good genes” and because she has “lived right” by taking care of herself with food and drink.

Peggy attributes to her self-described “good aging as being willing to keep busy.” She has friends who have not remained active, and she believes this why they have given up on life.

The AIP Process Across the Ecosystem

Individual history. Peggy was an only child raised by a single working mom. Her parents divorced when she was two years old, and they lived with extended family members. She lived in the same household as her grandparents, aunt, two uncles, and mother. She described herself as being “spoiled.” Her mother never remarried and supported her family as owner of ready-to-wear clothing shops. Peggy went to college in Oregon for two years before marrying her husband.
She married her husband in 1943, and was pregnant soon after the marriage. Her husband left for the war before the baby was born. She raised the baby on her own for three years while he was away, and lived with her mother. By the time her husband returned, she had become very independent. Once he returned from the war, they had a baby nearly every year for the following six years.

Her self-described personality and lifestyle is, “I’ve never been unhappy,” and “I’ve always liked people” and “I’ve had a good life.” Peggy believes that by going with the flow, the adjustments necessary in life are easier to accomplish. She and Con moved to three different states over a 21 year period for Con’s work. She didn’t like moving, but went with the flow. She experienced things she didn’t think she could cope at the time, but always managed. She did not have a high stress level raising the kids because it was necessary to remain calm. She says they had a good marriage and that they worked together as a couple raising the family and dealing with the finances.

*Personal AIP environment.* Peggy has a large and valued family that is the most important part of her personal life. Peggy has seven adult children. Four of those children live in Oregon, including a daughter, Pam who is only a few minutes away. Peggy doesn’t worry about her adult children or her 12 grandchildren. Her children are all able to care for themselves financially and emotionally. She does not worry about the availability of Social Security or Medicare for her children because of their financial independence. Peggy does not worry about her grandchildren because all 12 are college educated and self-sufficient.

Peggy and her husband, Con, interacted with three other married couples who became close friends. The four couples frequently socialized with their families. Three of
the husbands have died, and all four women are still alive. Two of the women, Peggy and Jean, live alone and independently in their homes. The others live in care facilities. There is regular contact with these friends.

Peggy has the financial stability to choose her self-determined environment for aging. She and Con hadn’t planned for aging, “We didn’t plan the future. We just lived. That’s the formula.” There was some planning done, however, because Peggy has financial security and money to spend as she likes. She is conservative with her money, but says, “I can do what I want.” Her kids encourage her to spend the money and enjoy her savings because they do not need the inheritance.

*Physical AIP environment.* Peggy enjoys living in her house and attributes the home to her independence. She would like to remove the wallpaper in the kitchen and apply fresh paint. There is some frustration that she can’t do the kitchen project on her own.

When Peggy and her husband bought this house 22 years ago, she knew this would be their home for aging. She had the master bathroom modified and enlarged, and installed a roll in shower to prepare for aging.

Peggy has a large backyard with an extensive garden that she cared for by herself. Her youngest daughter, Pam, has taken care of the yard in recent years until she became busy with her own life, and needed to hire gardeners. Peggy accepts the lawn maintenance because it helps her stay at home. She would “move from the home, if additional maintenance becomes necessary. “It is just something you do when you get to the point you can’t keep it up. You don’t want to see it deteriorate.” She doesn’t expect
her kids to help with maintenance. She does not want to rely on them because they are too busy with their own lives.

Peggy is in the process of giving her things away to the kids. She has made a list of her belongings and has assigned names to the items each will inherit, just as her husband’s Mother had done before she died. She is no longer interested in collecting new things because the belongings she has are special, and she does not need more.

Community and neighborhood AIP environment. Peggy believes her current community in Oregon is a great place to live. She likes Eugene because all of the activities that are available here. She wonders “why would you want to live anywhere else?” Peggy formed this opinion years ago when her husband expressed a desire to live elsewhere.

The neighborhood has changed through the years. There is a new concern with crime in the area. Peggy, however, feels safe, and believes that the problems are caused by the neighborhood children who are now teenagers. New young families have moved into the homes where older adults once lived. There is only one older woman who has lived in the neighborhood as long as Peggy.

She is very aware of her neighbors, and has expressed concern with one “unfriendly” female neighbor. This neighbor won’t acknowledge Peggy, and Peggy is confused and unhappy with her behavior. She is aware of her neighborhood environment and accepts the changes that have occurred. It is quite important for Peggy to know and understand the neighborhood and the’ activity surrounding it.

Institutional concerns and AIP. Peggy is more focused on her local community than that of the macro-environment. She is aware of national and global concerns, but is
primarily concerned with the activities and economy of Eugene. The current recession is “scary” to her, and she hasn’t seen the economy this bad before. Many local workers have lost their jobs, including neighbors. She knows how hard this is for the Eugene community.

_Future AIP plans._ Peggy’s current home is her preferred self-determined choice. She loves her home, but is comfortable admitting that if she cannot take care of herself, she would willingly relocate to a care facility. She feels that “someone else can take care of her for once.” She indicated that she would not use in home care.

Peggy is willing to accept relocation because of her own experience with in home care giving. She tended to her husband who was aging with Alzheimer’s disease as long as she could. Peggy and her youngest daughter, Pam, provided most of his in home care. She would not expect her children to do the same for her.

Peggy also accepts the idea of relocating to a care facility because she has many friends living in them. She frequently interacts with them. She has friends who both enjoy, and dislike that type of living arrangement. Peggy thinks it depends on personality and how well they are adapting to the facility.

_AIP summary._

Peggy lives life in the present moment and does not worry about tomorrow. She maintained her resources and does not limit her activities or interactions. Her social environment is structured around her family and friends, and they are an integral part of her well-being. Peggy says that if she isn’t being active and interacting, then what is the point of living?
Peggy’s situational independence began when her husband died. She started interacting outside the home with friends more frequently. Her choice to remain in the home is her decision. She respects that there may be a time, she’ll have to leave. This decision will be made by Peggy before her children have to make it for her.

*Family and Friend Interviews – Combined Cases for Narrative Triangulation*

Two interviews were conducted with two of Peggy’s children. An adult son, age 65, participated in a phone interview that lasted one hour. An adult daughter, age 55, participated in a face to face interview that lasted two hours.

*Individual clarifications.* Peggy indicated that the time she spent care giving for her husband, when he was in the advanced stages of Alzheimer’s, did not affect her health. Her adult daughter indicated otherwise. Peggy experienced stress that affected her emotional health. Professional care was needed to help her with these emotional symptoms.

Peggy said the decision to relocate her husband to a nursing home was made by her children following an incident with him. Both of the children said that Peggy made the decision, but felt guilty for institutionalizing him. She told others that her children made her do it.

*Personal clarifications.* Peggy’s adult daughter indicated that their father had a drinking problem most of his life. He was not always a pleasant man, and this was very hard on her mother. During these interviews, Peggy never discussed her husband or his addiction to alcohol.

Pam indicated that her mother has high expectations regarding the family. She demands their attention. Her behavior can be challenging because she has strong opinions
concerning her family members and their lifestyles. Pam has lived with the strain of her mother’s demands. This is how she has always been, and although it is difficult, it is how she will always be.

Peggy has a different relationship with all seven of her children. Each child has a role in communicating and/or assisting with Peggy’s needs. In other words, one child works with her on finances, and another helps her schedule trips.

*The Friends and Families Future Plans*

*The adult son.* The adult son is the oldest child of the seven kids. He is 65 years old and has been retired for eight years. Jason worked in the corporate technology industry, and was able to retire early. He keeps busy by actively volunteering, traveling and pursuing outdoor activities. He currently lives on a 20 acre property that he and his wife own. It requires a lot of maintenance, but he can handle it and plans on staying for awhile. He is slightly concerned about Alzheimer’s disease, as both his dad and aunt died from it. He has no arranged care plan if the disease does occur, and he joked about being left in the wilderness to die should this happen.

He would eventually like to relocate to an urban environment which is age-integrated and has a connecting area or green that allows for access to natural areas, shopping areas, and big developments made possible by mass transit, walking or biking. He indicated that living within five to ten blocks from these amenities would be great.

He is unaware of what aging environment his wife would prefer in the future.

*The adult daughter.* The adult daughter is the youngest child of the seven kids. She is 55 years old and her personality is self-described as being the most like her mother’s. Pam was very active in providing care for her father. His Alzheimer’s has
influenced her advocacy work in promoting disease awareness. The impact of the disease on Pam is enormous.

Pam lives with her partner of 14 years, and works part-time as a Master Gardner. Her future plans for aging are not yet defined. She lives in a single level home because of her experience as a caregiver. She would consider living in a care facility instead of aging at home. She would enjoy having her activities planned, and her transportation and social networks provided.

*How the relatives view Peggy’s AIP.* Peggy’s children do not worry about her physical health, and feel she is capable of caring for herself at home. Neither of her adult children is worried about her living alone. They want her to decide when it is time to leave the home, and will not interfere with that decision.

Pam believes her mother is aging well and has a good life. She feels that her mother would enjoy an environment where activities are planned, and transportation is available.

Jason is somewhat removed from having an opinion concerning his mother’s aging. He feels that there are no obvious problems; therefore, it must be fine. He wishes she was more independent in doing things on her own, such as, taking better care of her business affairs.

The children, especially Jason, believe Peggy became a new person after her husband’s death. She became more independent, socialized more often and experienced a new lightness in her personality.

*Narrative triangulation summary for Peggy*
Peggy’s children don’t believe their mother goes with the flow as much as she says, and they do not perceive her as highly independent. Both children feel their mother is dependent on them to make her AIP in this home possible. They also said that their mother is concerned about what others might think. An example of this is the difference in the story related by Peggy and her children regarding the institutionalization of the father.

The narrative triangulation for Peggy gave the investigator additional insight into how Peggy perceives her own going with the flow attitude. The implied information given by Peggy’s children is helpful in properly understanding her housing choice and resulting actions.
APPENDIX B – 3.11

CASE 6: JULIA AIP NARRATIVE TEXT
Case 6: Julia AIP Narrative Text

Current status of AIP

AIP residential environment. At 79 years of age, Julia is living alone in a 1,440 square foot manufactured home. She owns the home and rents the land. The home is located in a small, planned 55 and older gated mobile home community located within the Eugene/Springfield, Oregon metropolitan area. Julia has the financial stability to choose her own self-determined living environment.

Julia has lived in her home for 27 years with her cats throughout the years. Her 18 year old cat recently passed away, and it was a tremendous loss, because her cat was a most valued companion. Within months, she adopted two kitties, also called “the kids.”

She has a single level home that is in good condition. It has two bedrooms, two full bathrooms, kitchen, dining room, family room, laundry room and living room. There are three steps leading up to a covered porch. Julia maintains the home and grounds by herself. She has some help with maintenance as needed.

She remains active by using a series of activities that are inclusive of household chores. She takes care of her away from home activities in the morning. The afternoons are for her, with the kittens going to bed at 8 p.m. so she can have alone time. Her schedule reflects the organization that was so fundamental to her life-long career of being a personal secretary.

Mondays, are for washing her hair and doing the laundry. She volunteers two to three hours a week on Tuesdays, doing office work at the local senior activity center. Wednesdays are for chores around town. She takes an exercise class on Thursday at the senior activity center. She washes her hair on Fridays, changes the bed sheets, and does
laundry. The weekends give her free time for activities of her choosing. Julia uses this time for cooking, entertaining, gardening, and reading.

Julia has experienced some changes with her social activity as a result of health and driving limitations. She had a driving scare, and no longer drives at night or outside the city. This has limited her nighttime activities, such as dinner out and evening theater. Many of her social contacts are in the Portland area, so she relies on family and friends for her commutes to and from Portland. Julia’s extended family (i.e. two cousins) live in Arizona and the Portland area. She enjoys seeing them whenever possible. A female cousin, Marcie age 62, lives in Oregon and is the executor of Julia’s estate. Marcie and her husband are the primary providers for Julia’s physical and emotional support during a crisis, such as health concerns.

Julia has good physical mobility even though she experiences some arthritic discomfort in the morning. She moves around with relative ease and does not use any assistive devices. She has used hearing aids for over 15 years. She had cataract surgery on both eyes, with one eye needing more surgery. Julia has experienced some serious health concerns over the past five years, including two “mini” strokes and the installation of a pace maker. A tumor recently caused concern until it was diagnosed as benign.

Her health situation has brought changes to her lifestyle. She tires easier and does not do as much as she used to. She enjoys her time spent at home, but recognizes the importance of getting out of the house. She has watched others age who have chosen inactivity over activity. She has seen them not leave their homes. She knows this is not an option for healthy living.
The AIP process across the ecosystem

Individual history. Her personality is self-described as “extroverted,” “likes being around other people,” “very organized” and “a worry wart.” Although she doesn’t worry today, like she did as a career professional, she consciously works at not worrying. Julia discussed that she is not a depressed person, and is thankful for being “even keeled.” Julia interacts with brevity, but with genuine interest and caring for others. She is a skilled listener. Julia is gentle, kind, giving and nurturing. Her graciousness is evident and present in the quality of her life.

Young Julia had two aspirations in life. One was to be a private secretary, and the other was to be a mother. Her 40 year career as a “personal secretary” influenced her greatly, and has remained a large part of her identity and lifestyle. Her volunteer office position at the senior activity center, two to three hours per week, is something she greatly enjoys while further defining her identity. It was important for Julia to continue offering business service in the community following her retirement, but she wanted something with the flexibility of setting her own schedule.

Julia did not have children, as the timing of her romantic relationships did not coincide with this reality. There is disappointment in this, but there is also an understanding and acceptance. She believes that she would be a very different person had she had children. She probably would have stayed home and cared for a family, perhaps, foregoing a career.

Personal AIP environment. Julia was raised as an only child in Portland, Oregon. She had a “very secure home” and “a very close and loving family”. Her parents were not wealthy but they provided the love, support and strong work ethic that Julia has used all
of her life. Julia recognizes that she was “protected” from the way others lived as a child. She was an adult when she learned that some families live with varying degrees of discord (i.e. “families that don’t speak to each other”). Her family was social, and raised her to respect and like people. She enjoyed the social activity surrounding her family. She was taught to join organizations such as Job’s Daughters.

Her parents passed away in her hometown of Portland, Oregon, and both died of cancer. Her father was in his 70s and her mother in her 80s. Julia had relocated to Eugene, Oregon for her job, and lived two hours from her parents. This limited her ability to caretake for her parents. Julia was extremely close to her parents and speaks of them often.

Julia described her personal life as “I have no boyfriend. I never remarried. I have no children. I have no brothers or sisters.” She was married at 20 years of age, and divorced at 27 by her own choice. Her ex-husband was a good man, but she was an extrovert and he was an introvert. Julia was engaged two more times in her life. She would have “remarried in a minute” but the circumstances were not right, and the longer she waited, the more independent she became. The older she got, the more concerned she became that remarriage might translate to caretaking.

Julia has an established social network that was built during her childhood and during her career. She maintains long term relationships with friends in the Portland area. When she moved away from her hometown of Portland, some30 years ago and relocated to Springfield, she formed new social relationships in the community. She has friends at the senior activity center in Eugene. She used to have friends in her neighborhood, but, many of them have either moved or died.
She is busy with activities, and goes to lunch with friends several times a month. Many of her friends are younger than she is. She finds that people her age have aches and pains, and this limits their going and doing things. There is little family left today, but she has developed strong friendships, and feels very blessed.

*Physical AIP environment.* The 1,440 square “it’s just right for me and the kids.”

Because of the kittens and their curious nature, many of her personal belongings have been put away for safe keeping. The home is devoid of clutter and neatly maintained. There are multiple pieces of furniture which belonged to her parents along with mementos, such as paintings and figurines, given to her by family or friends. The items in the home represent memories, but they are subtle with little attention called to them. As an outsider, her home appeared organized and tidy, in an aesthetically familiar environment which she has maintained through the years.

There are no age related modifications to the home environment, as none have been needed. There are some maintenance issues with the home which require outside assistance. Maintaining her home and property is manageable for Julia. She uses house cleaning and garden services for heavier cleaning once a month.

Even though her home is important to her, and her preferred choice is a self-determined living environment, she would leave the home if necessary and take what she could with her. Leaving things behind would be sad and difficult, but being practical, she would accept the situation. Julia acknowledges that even though she feels moving to a care facility would be “no big deal,” she wonders if the actual relocation process would be difficult for her.
Community and neighborhood AIP environment. The decision to buy a home in a 55 and older mobile home park was encouraged by a friend. She decided to buy her home in an age-segregated environment because she preferred to live around people her own age. She worked long hours and was not retired at the time of purchase; therefore, she preferred to be around seniors for peace and quiet. This has been the right choice for her. Amenities of the park include a clubhouse with a pool, workout equipment and a gated community at night.

Years ago, the neighborhood was very social with parties and frequent social activities. The neighborhood has changed residents through the years, and her new neighbors are friendly and she feels safe but, there is little socialization in the neighborhood except for the occasional potluck.

Julia has made use of the Springfield/Eugene community through the years, including the shopping and entertainment. She has received proper health care and uses community services, such as, the shuttle provided for visits to her eye doctor. Julia did not stress an attachment to the community or its amenities. She relocated to the community as a result of her job and has remained a resident.

Institutional concerns and AIP. The institutional issues on Julia and aging is her ability to live on her Social Security and her pension. Some of her friends who lacked careers are now struggling financially, and must live on tight budgets. Julia does not worry about the loss of Social Security for her generation because she cannot control it, so why worry about it.

The economy has affected Julia’s choices in multiple ways. An example of this is the increased rent she pays for her leased land. She no longer runs casual errands, but
plans her trips in order to use her gas mileage more wisely. The election for the United States Presidency is of interest to Julia, particularly, reviving the economy and ending the war in Iraq.

*Future AIP plans.* Julia wants to remain in her home as long as she can. A neighbor is currently receiving professional care 24 hours a day, seven days a week because of advanced dementia. Julia would consider the use of in-home care if needed, but a concern would be the cost of full time care. Julia would move to a care facility if required to do so. She does not have a care facility selected and will deal with that at the appropriate time. She doesn’t want to think about it, unless it is necessary. If advanced care is needed, her cousin would encourage Julia to move closer to Portland.

Leaving her home would be “traumatic.” She explains that moving for older adults is usually difficult. She has friends who have moved and left their belongings behind. Her belief is that “you’d have to face it. If you can not take things you do not take them, if it comes to that, you have no choice.” When she moved to Springfield, she made choices and left things behind in Portland.

Julia has made legal arrangements regarding her estate, advanced directive and burial. She has appointed her cousin as legal operative giving her power of attorney. Julia was able to make her own preparations because her parents had made their arrangements, and she had helped an aunt with her estate planning,

*AIP summary*

Julia is active in her aging in place because she is aware of her needs. Julia is taking action today by rearranging certain activities. She does not drive at night, so she can maintain her comfort and independence. Julia maintains continuity with her past as a
career professional. By keeping this continuity in reproducing a work schedule through modified activities, she has maintained comfort in aging process (Atchley, 1989)

Julia is unique in her situational independence. She focused her attention on her career rather than that of a wife and mother. These two dominant themes have influenced and shaped most of her choices, and explain the current state of her AIP. Julia’s self described extroverted and social personality benefited her personal interactions with others. Julia is aware of the importance of being an active participant in her aging process. She believes she is aging well.

*Narrative triangulation for Julia*

Julia is the only study participant that did not provide the investigator with friends or family to talk with. Julia explained that she did not feel comfortable asking others to participate. This decision by Julia was not unexpected. She is extremely independent and frequently expressed her discomfort in asking others for assistance or favors. Julia said that she is very social and has many friends, but she never discussed friends by name or activity. The only individuals addressed by name were her cousins who help in times of a crisis.

The findings suggest that Julia did not want the investigators to speak with her caretaking cousins for two reasons. One cousin is in her 90s and lives out of state. Julia may have felt this cousin is too old to be interviewed. The second cousin lives nearby and is in her 60s. This cousin provides Julia with most of her social and emotional support. Julia was concerned about inconveniencing this cousin. She keeps things to herself because she does not want to use up her resource with this cousin.
In other words, she contacts her cousin and asks for help only when there are serious health concerns. Our analysis suggests that the cousin was not contacted for an interview because Julia didn’t want to use her resource for something minor or less important than a crisis.
APPENDIX B -3.12

CASE 7: RUBY AIP NARRATIVE TEXT
Case 7: Ruby AIP Narrative Text

**Current status of AIP**

*AIP Residential environment.* At 82 years old, Ruby has lived alone in an age-segregated mobile home park for 55 and older for the past 12 years. During the course of the case study data collection Ruby now shares her home with her 54 year old daughter, Joan. The home is located in the Eugene/Springfield area. The 900 square foot home has a living room, kitchen/dining area, two bedrooms, one bathroom and a covered porch with three steps leading to the home.

The decision to have Joan move in was discussed for a year before any changes were made. Ruby, would like the companionship of Joan, not as a caregiver, but for companionship and help with maintenance around the house. Ruby states, “Let’s be honest, I’m getting up there and I need somebody close.” Sharing the financial responsibility would also be helpful for both Ruby and Joan.

The companionship between Ruby and Joan is important. They get along well, and are the most alike among Ruby’s 6 children. Ruby trusts Joan wholeheartedly, and believes that Joan has her best interests at heart. Ruby and Joan are concerned that the neighbors think Joan has moved in to “take care of” or “take advantage” of Ruby. Joan is getting to know the neighbors to dispel any misconceptions about her residency with Ruby.

*AIP activities.* Ruby remains active by working at the senior activity center. She has been employed for four years and assists with the nail care program on Monday’s for 4 hours and on other days as needed. Ruby prepares the clients for the service and for the technician who does the nail clipping. She collects the money and books future appointments. It is important for Ruby to still be working, “I’m 82 and I have a job.”
The job provides activity and social interaction for Ruby. On days she works, she says “I wonder when I go what friends I’ll see today. I like it, I do like it. I like the people and I like helping them out, bossing them around.” Ruby indicates that she has struggled to maintain long-term friendships. It is part of her personality to push people away before they get too close. She is aware of this life-long pattern, and it causes some concern that she remains detached.

She has a close friendship and connection with her ex-daughter-in-law. Ruby has friends at the senior center where she works and takes exercise classes. She has practiced yoga for 40 years, and attends classes at the center two days a week. She has tried to make friends with women in her yoga class, but says, “It is a lot of work to have a friend. It is a lot of responsibility. Maybe that is why I push out.

It is imperative for Ruby to leave the house and not stay at home all day. She explains this as, “the truth of the matter is, some days it is a whole lot easier to stay home, but when I get to feeling like that I push myself out the door.“ She has watched others stay home and not participate in life, and this bothers her. She talks of a neighbor whose wife died, and notes that he stays indoors and will not join in. She is sad about this.

Ruby spends her free time reading, sewing and taking day trips through the senior center. She also travels around the United States visiting with her family. She travels whenever she wishes, and it is important that she does what she wants, when she wants.

*AIP health status.* Ruby is experiencing good health in her aging process. She had one third of her lung removed 12 years ago, and still has problems with lung infections and walking long distances Ruby’s lung problems began with two years of caregiving for her husband of 45 years who was dying of cancer.
Ruby remains mobile and moves with ease, in fact, at 82 she can bend forward and touch her toes. She wears glasses, and has glaucoma that is mild and non-invasive. Ruby does not wear hearing aids and does not have trouble hearing. She is proud of her independence and overall good health.

The AIP Process Across the Ecosystem

Individual history. Her self-described personality is “practical”, “I like people,” “stubborn” and “I’m almost too independent.” Most of Ruby’s personality traits are traced to her past. The reoccurring theme from Ruby’s past, present and likely future is, “too independent.”

At a very young age, Ruby was forced to become responsible and independent. She was raised in a small Utah community with a strong religious conviction. Her father died when she was eight years old. Her mother never worked, and was married right of high school. She drank too much. Ruby had three younger sisters, and helped raise them. This deprived her of having her own childhood. Ruby can’t explain her strong moral convictions, but they kept her out of trouble.

She left home at 16 years old and was pregnant and married at 17. She was soon divorced and raised her son alone for six years. She then remarried her second and last husband. They had five children together, and he raised her child as his own. She had a good and respectful marriage. He was a good man, a smart man. He was a good father who supported the family. He worked as an electrician and made adequate income, but with six children, she learned to be frugal.

The family moved frequently because her husband wanted to make a lot of money. He thought he was a failure because he believed that successful people made lots
of money. He was always searching for new opportunities, such as, looking for gold. Ruby’s husband suffered from mental illness, called manic depression. His mood swings either left him quiet for days, or caused him to make rash and difficult decisions for the family.

Ruby was employed on and off through the years. She worked different jobs including, manager of a Western Union office and a tailor. She was a stay at home mom with her children for many years and it was her husband who supported the family financially.

Ruby’s history with financial instability taught her how to be responsible and frugal with money. She has always kept a ledger listing all of her financial dealings, and spending. By monitoring her spending, she realizes how much money is wasted on frivolous things.

*Housing history after husband’s death.* When her husband passed away after two difficult years of terminal cancer, Ruby was relieved. She accepted his death because she felt there was nothing she could have done differently.

Shortly after her husband’s death, Ruby was quite ill and hospitalized. She lost part of a lung and was not expected to live. After many months in the hospital, she returned home to Sutherlin and made a quick decision to sell her home and relocate.

She wanted to leave Sutherlin because she felt trapped and had no contacts in the community. She wanted easier access to travel by being near airports and train depots. She sold her home and took a loss, stating that her decision “put me in a bad spot, bad spot.” Her children were not part of the decision to sell the home because Ruby makes all
of her own decisions. Even though she lost money by selling her home, she had enough left over to buy her current home in the Eugene/Springfield area.

*Personal AIP environment.* She has good relationships with her six children. She receives phone calls from each of her kids at least once a month. Ruby does not call them because they are busy. She assumes they will call her when they have time. She has 14 grandchildren, but does not know most of her grandkids or great grandkids. They live all over the country, and it is difficult to know her extended family because of the miles between them. She accepts this situation as a reality of life, and remains content with her family structure.

After her husband died 12 years ago, Ruby chose not to remarry. She was getting to know Ruby for the first time in her life. She has enjoyed living and taking care of herself, but she is now ready to share her home and social environment with her daughter, not because she is lonely, but for the companionship.

*Physical AIP environment.* Ruby likes having her daughter in the home to help with maintenance. It was becoming too much for her to manage alone. Her daughter is willing and capable of taking care of the home and the required maintenance.

Ruby cleaned out her home making room for Joan. Her daughter sold most of her belongings prior to moving in, because she and Ruby are combining their household items. Joan brought her own bed and dresser with her.

Ruby is not attached to the things in her home and explains that she is not a sentimental person. There is a small section of wall in the dining room where photos with memories are displayed in the home.
Ruby recently used a statewide program that provided weatherization of the home for low-income adults. She has also used the energy assistance program for older adults. Ruby begrudgingly accepted these “hand-outs” because it is a sign of failure to do this if you are poor. She also feels that others may need the help more than she does. This explains Ruby’s comments about being “too independent,” almost to a fault. Friends have encouraged Ruby to accept the help offered by the government because she has contributed to the system through the years. She is now more willing to accept it and is grateful for the help.

Community and neighborhood AIP environment. Ruby lives in close proximity to her neighbors. Her privacy regarding the physical space is compromised, but she maintains her privacy by keeping to herself. She does not walk in the neighborhood or often interact with her neighbors. She is aware of who her neighbors are and can tell you a little about them.

She enjoys living in the Eugene/Springfield area because she likes the activities that are offered in the community. She also enjoys the easy access for travel.

Institutional issues and AIP. Ruby is concerned about the present economy, but has seen this type of crisis before and believes it will be okay. She feels the government is providing for older adults, but thinks it is the responsibility of an older adult to take care of themselves.

Future AIP plans. Ruby hasn’t thought about a long term aging plan. She feels that as long as she is healthy, she doesn’t need to worry about it. An indicator, however, that she is already very actively initiating a long term care plan is the move in by her daughter. She also finds comfort in her oldest sons promise that, “he wouldn’t let me be a
bag lady.” Ruby does not have the financial stability to afford a care facility and does not want to be placed in a government supported facility.

**AIP summary**

Ruby takes great pride in her ability to work and be active. She has a small social environment, but understands how important activity is for maintaining a healthy aging process.

Ruby’s AIP situational independence began after her husband’s death. She felt relief when he died and no longer had to suffer. She promptly sold their home, took a loss and relocated to her current residence Ruby has been alone for 12 years, and said “I found me again.” Ruby has enjoyed her time alone, but now welcomes the companionship of her daughter who recently moved in with her. Ruby is aware that she is aging quickly and that her health is impaired. Her daughter’s moving in represents the practicality and resourcefulness that are characteristics of Ruby self preservation process.

**Family and Friend Interviews – Combined Cases for Narrative Triangulation**

Ruby became ill during the study and it appeared that her daughter was relocating to Eugene to help with caregiving, even though Ruby said otherwise. She developed a stubborn lung infection after the second interview that affected her health for three weeks. Only Joan was interviewed out of respect for Ruby’s privacy regarding her health situation.

Joan indicated that her dad was not a “good father.” He was a depressed man who made the family move frequently, always seeking his “fortune.”
Joan discussed Ruby’s lifelong pattern of pushing friends away when they get too close. Joan believes Ruby has been terribly hurt by people in the past and pushes friends and acquaintances away for self protection.

*The family member’s future AIP plans.* Joan is 54 years old, and is retired from Hewlett-Packer. She has good benefits from her many years of working for one company, and is now interested in starting her own dog walking business. She would like part-time work that would supplement her retirement income.

*How the daughter views Ruby’s AIP plans.* Joan planned on relocating from Washington to Eugene to be near her mother once her daughter turned 18 years old. She enjoys spending time with her mom, but also wants to be near Ruby as her health declines. Ruby has recently been experiencing breathing and lung complications. Joan believed it was important to move as soon as possible, and she will provide care for her mother as long as she can. Hospice will come in and take over when necessary. They do not plan to send Ruby to a care facility.
APPENDIX B – 3.13

INVITATION TO PARTICIPATE IN AGING IN PLACE RESEARCH (OLDER ADULT)
I am writing to invite you to participate in our research study in the Department of Design and Human Environment, Housing Studies Program at Oregon State University.

Researchers in Oregon State University are interested in older adults’ and their family members’ and family friends’ experiences and opinions regarding *aging in place*. *Aging in place* is the desire to remain in a familiar environment throughout the aging process.

Eligible participants should meet the following criteria: 1) You are 75 years or older and living alone in a private home, apartment or condominium that is not part of a retirement or assisted living community, and 2) You have the ability to refer a minimum of two family members or friends who might be interested in participating in the research. You and between two to eight relatives and/or family friends will participate separately in this study. The study has two aspects:

1) You will be asked to participate in eight interviews over an eight week time period during home visits in your residence. From the eight interviews we are interested in learning about your experiences and opinions of aging in your familiar home environment. The first home visit interview will be done at your home, and the researcher will discuss the informed consent documentation and discuss the study in further depth. If you decide to participate in the study we will conduct the first *getting to know each other* interview session during the first home visit. During the sixth interview the researcher will conduct the interview, as well as ask permission to conduct a Home Modifications Check-List. The Home Modification
Check-list will allow the researchers to assess if you have made any modifications to help with aging in place. During the eighth and final interview a short demographics survey will be conducted.

2) Your family members and/or family friends possibly interested in participating will be contacted for an interview. The interview will take 30 to 90 minutes, and can be conducted over the phone or in a face-to-face interview. The interview will focus on their experiences and perceptions of aging in place. In the event of a minimum of two family members and/or friends’ inability to participate, the researcher will ask you to continue participation in the study, and the following informal interview question will be asked: Why do you think we were unable to talk with a minimum of two family members or friends about their views on aging in place?

Participation is completely voluntary, and your name will not be attached to the answers you give or noted in the report in any fashion. If you decide not to participate anymore in the study during the interview, you can leave without any penalty and/or problems.

If you participate, we will offer a $25 gift card from Fred Meyer as a thank you for your time. Based on this information, if you are willing to participate in this study and/or if you have any questions and concerns, please contact:

Megan Lee, Ph.D. Candidate  
Dept of Design and Human Environment  
Telephone: 541-556-0515

Dr. Carmen D. Steggell  
Dept of Design and Human Environment  
Telephone: 541-737-0995

Thank you very much for your attention.

Sincerely,

Megan Lee, Ph.D. Candidate  
Department of Design and Human Environment  
224 Milam Hall  
Oregon State University  
Corvallis, OR 97331  
(541) 556-0515  
Phone: (541) 556-0515  
Email: leemega@onid.orst.edu
INVITATION TO PARTICIPATE IN AGING IN PLACE RESEARCH
(RELATIVE/FRIEND)
Dear ____________:

I am writing to invite you to participate in our research study in the Department of Design and Human Environment, Housing Studies Program at Oregon State University.

Researchers in Oregon State University are interested in older adults’ and their family members’ and/or family friends’ experiences and perceptions regarding aging in place. *Aging in place* is the desire to remain in a familiar environment throughout the aging process.

Family members and/or family friends of an older adult aged 75+ living alone in a private home are being asked to participate in this study. The study has two aspects:

1) An older adult in your family or friend network is interested in participating in eight interviews over an eight week time period. From the eight interviews we are interested in learning about their experiences and perceptions of aging in your familiar home environment.

2) You as a family member or friend are being asked to participate in a 30 to 90 minute interview. The interview can be conducted over the phone or in a face-to-face interview. The interview will focus on your experiences and perceptions of aging in place.

Participation is completely voluntary, and your name will not be attached to the answers you give or noted in the report in any fashion. If you decide not to participate anymore in the study during the interview, you can leave without any penalty and/or problems.
Based on this information, if you are willing to participate in this study and/or if you have any questions and concerns, please contact:

Megan Lee, Ph.D. Candidate
Dept of Design and Human Environment
Telephone: 541-556-0515
Email: leemega@onid.orst.edu

Dr. Carmen D. Steggell
Dept of Design and Human Environment
Telephone: 541-737-0995

Thank you very much for your attention.

Sincerely,

Megan Lee, Ph.D. Candidate
Housing Studies
Department of Design and Human Environment
224 Milam Hall
Oregon State University
Corvallis, OR 97331-5101
ph. 541.556-0515
fax 541.737.0993
Email: leemega@onid.orst.edu
APPENDIX B – 3.15

INVITATION AND ELIGIBILITY TELEPHONE SCRIPT (OLDER ADULT)
Invitation and Eligibility Telephone Script (Older Adult)

Hello, my name is ____________ from OSU. Did you receive our letter in the mail in the past few days?

Researchers in Oregon State University are interested in older adults’ and their family members’ and/or friends’ experiences and opinions regarding aging in place. Aging in place is the desire to remain in a familiar environment throughout the aging process.

Eligible participants should meet the following criteria: 1) You are 75 years or older and living alone in a private home, apartment or condominium that is not part of a retirement or assisted living community, and 2) You have the ability to refer a minimum of two family members or friends who might be interested in participating in the research. You and between two to eight relatives/friends will participate separately in this study. The study has two aspects:

1) You will be asked to participate in eight interviews over an eight week time period during home visits in your residence. From the eight interviews we are interested in learning about your experiences and opinions of aging in your familiar home environment. The first home visit interview will done at your home, and the researcher, Megan Lee will discuss the informed consent documentation and discuss the study in further depth. If you decide to participate in the study we will conduct the first getting to know each other interview session during the first home visit. During the sixth interview the researcher will conduct the interview, as well as ask permission to conduct a Home Modifications Check-List. The Home Modification Check-list will allow the researchers to assess if you have made any modifications to help with aging in place. During the eighth and final interview a short demographics survey will be conducted.

2) Your family members and/or family friends possibly interested in participating will be contacted for an interview. The interview will take 30 to 90 minutes, and can be conducted over the phone or in a face-to-face interview. The interview will focus on their experiences and perceptions of aging in place. In the event of a minimum of 2 family members and/or friends’ inability to participate, the researcher will ask you to
continue participation in the study, and the following informal interview question will be asked: Why do you think we were unable to talk with a minimum of two family members or friends about their views on aging in place?

Participation is completely voluntary, and your name will not be attached to the answers you give or noted in the report in any fashion. If you decide not to participate anymore in the study during the interview, you can leave without any penalty and/or problems.

If you participate, we will offer a $25 gift card from Fred Meyer as a thank you for your time.

Based on this information, are you willing to participate in this important study? If the answer is no, thank them for their time. If the answer is yes, follow the text below to establish study eligibility criteria

If the older adult is willing to participate, please continue with eligibility screening below.

Great! We are excited with your willingness to participate. I have a few quick questions to establish your eligibility to be in the study, do you have a couple more minutes?

1) Are you 75 years old or older?

2) As mentioned above, we are interested in talking with you, as well as a few of your relatives and/or friends. We are interested in their experiences and perceptions with aging in place. Do you have a minimum of two relatives and/or friends that you think might be interested in talking with us about aging in place?

3) Do you live in your own private home, apartment, or condominium (not part of a senior community living facility)?
4) Since the study is interested in aging in place in private homes, part of the study is to meet with you in your home. Would you be interested in allowing me to visit you in your home eight times over an eight week period to interview you about aging in your home?

5) When would be a convenient time for us have our first home visit at your house? [set up date and time].

Thank you very much for your time. I look forward to meeting with you [date and time].
APPENDIX B – 3.16

INVITATION AND ELEGIBILITY TELEPHONE SCRIPT (RELATIVE/FRIEND)
Hello, my name is ____________ from OSU. Did _______________ mention that I would be calling? Great!

Researchers in Oregon State University are interested in older adults’ and their family members’ and family friends’ experiences and perceptions regarding aging in place. Aging in place is the desire to remain in a familiar environment throughout the aging process. Family members and/or family friends of an older adult aged 75+ living alone in a private home are being asked to participate in this study. The study has two aspects:

3) An older adult in your family or friend network is interested in participating in eight interviews over an eight week time period. From the eight interviews we are interested in learning about their experiences and perceptions of aging in your familiar home environment.

4) You as a family member or friend are being asked to participate in a 30 to 90 minute interview. The interview can be conducted over the phone or in a face-to-face interview. The interview will focus on your experiences and perceptions of aging in place.

Participation is completely voluntary, and your name will not be attached to the answers you give or noted in the report in any fashion. If you decide not to participate anymore in the study during the interview, you can leave without any penalty and/or problems.

Based on this information, are you willing to participate in this important study? If the answer is no, thank them for their time. If the answer is yes, follow the text below to establish study eligibility criteria.

1) Are you over the age of 18 years old?
   ➔ If no, thank them for their time and terminate the call.

2) Do you prefer to conduct the interview over the phone or face-to-face?
   ➔ If choose face-to-face skip to 3a below

   ➔ If choose phone interview skip to 3b below
3a) *Face-to-face text* When would be a good time for us to schedule an appointment to talk in the near future? Thank you for your time. I look forward talking with you on [date and time].

3b) *Phone interview text* When would be a good time for us to schedule an appointment to complete the interview over the phone? I will be in contact with you on [confirm day and time] to complete the interview.

In the meantime before the interview, you will receive in the mail two documents that need to be completed prior to the interview: (1) An informed consent document with a short letter, and (2) The demographic survey. Please return the informed consent document and the demographic survey prior to our interview. Thank you for your time, and I look forward talking with you on [date and time].
APPENDIX B – 3.17

FIRST HOME VISIT AND INFORMED CONSENT DE-BRIEFING SCRIPT
First Home Visit and Informed Consent De-briefing Script (Older Adult)

Introduction and Consent:

1. Thank you for allowing us to visit with you at home. Introductions are made.
2. This research study is about how older adults’ and their family members’ and family friends’ experiences and opinions regarding aging in place. Aging in place is the desire to remain in a familiar housing and community environment throughout the aging process.
3. We asked for you and members of your family and family friends to be involved because we are interested in your collective experiences. We are going to conduct this research study in two parts: (Part 1) During this home visit we will get to know each other and discuss the study. I will ask if there are relatives/friends over the age of 18 you think might be interested in participating in an interview about aging in place. We will meet, including today, 8 times over an 8 week period for interviews, observations, home modification check-list and activity recall diary data collection. (Part 2) Interested relatives and friends will be involved in one 30-90 minute interview to discuss their experiences and perceptions of aging in place.
4. We will want to hear your experiences and opinions regarding aging in place.

First, we need to go through this consent form to get your formal agreement to be part of this research project.

1. After consent documentation is discussed, questions answered and signed, we will begin the first interview session.
2. During our time together, I may be taking notes. I am interested in how you use the home space while we are together. You are free to see and contribute to the notes at any point time.
3. The Aging in Place Activity Recall Diary will be introduced today and completed together. The purpose of the Aging in Place Activity Recall Diary will ask about the activities you engaged in yesterday. It doesn’t have to be a perfect recollection of each hour of the day. Please just think about your morning first, what did you do after you woke up? What did you do in the early afternoon? What did you do during the evening?

Wrap up after the interview is complete:

1. We need to schedule a day and time for our next visit, what time would you like to meet next week?

Close the home visit with thank you and I look forward to our visit next week!
APPENDIX B – 3.18
FACE-TO-FACE INTERVIEW AND INFORMED CONSENT SCRIPT
(RELATIVE/FRIEND)
Face-to-Face Interview and Informed Consent Script (Relative/Friend)

(Total Interview time: 30 to 90 minutes)

Introduction and Consent:

1. Thank you for agreeing to participate in this interview. Introductions are made.
2. This research study is about how older adults’ and their family members’ and family friends’ experiences and perceptions regarding aging in place. Aging in place is the desire to remain in a familiar environment throughout the aging process.
3. We asked for you and members of the older adult’s family/friends to be involved because we are interested in your collective experiences.
4. We will want to hear your experiences and opinions regarding aging in place.

First, we need to go through this consent form to get your formal agreement to be part of this research project. After consent documentation is discussed, questions answered and signed, we will begin the semi-structured interview session. If the consent is not signed, terminate interview and thank them for their time.

End of Interview

1. Thank you for your participation. We greatly appreciate your time!
APPENDIX B – 3.19

INTERVIEW BY PHONE (RELATIVE/FRIEND)
Hello, this is [name] from Oregon State University. Thank you for returning the informed consent documentation and demographic survey. Before we begin we will quickly go over the informed consent letter that was sent to you in the mail and returned to us on [date]. [Read through the informed consent letter with the participant and ask if they have further questions].

We will begin the interview now, start with Informal Interview Question 1
APPENDIX B – 3.20

INFORMED CONSENT DOCUMENT (OLDER ADULT)
Title: **Case Studies: The Experience of Aging in Place**

Investigators: Carmen Steggell, Ph.D., Megan Lee, Ph.D. Candidate

**What is the purpose of this study?**

Aging in place is a term being used to describe the desire to age in a familiar housing and community environment. Aging in place is difficult to understand in private home environments because all home environments are very different. This research will capture the experience of aging in place through in-depth investigation of individuals and families experiencing aging in place.

You are being invited to take part in a research study to explore the experiences of individuals aging in place in a private home residence through the aging process. Results of this study may be used in a student thesis, presented to academic organizations, and published in a scholarly journal to improve our understanding of aging in place in private home environments.

**What is the purpose of this form?**

This consent form gives you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask any questions about the research, the possible risks and benefits, your rights as a volunteer, and anything else that is not clear. When all of your questions have been answered, you can decide if you want to be in this study or not.

**Why am I being invited to take part in this study?**

You are being invited to take part in this study because you are an adult 75 years or older that is aging in a private home environment, and you have a social support system of relatives and/or friends. You can share your experiences and opinions about aging in place in private home environments.

**What will happen during the study and how long will it take?**
Participation in the study will be over an eight week period that involves eight home visits from the researcher. There are five aspects of data collection in this study:

(1) There are eight informal interviews to be conducted during eight home visits. The home visits and interview are focused on general topics relating to aging in place. The eight home visit topics will ask you about your experiences as related to the following eight areas of life: (a) getting to know you, (b) getting out and about in the community, (c) your past housing and living environments, (d) staying indoors and activities, (e) neighborhood, (f) home environment (g) global context (h) exit interview. Each home visit will take 60 to 120 minutes, and one of the informal interview topics will be the focus of each of the eight home visits. During the home visits the research will ask if there are relatives or family friends who might be interested in participating in the study.

(2) At each of the eight home visits an Activity Recall Activity Diary will be completed. The participation in the diary will ask you to describe the activities from your previous day. This information can be general about the types of activities you did in the morning, afternoon and evening.

(3) Observation notes will be taken by the home visit researcher that document how the home environment space was used during the home visit.

(4) During the sixth home visit, the researcher will ask to complete a Home Modification Check-list, the researcher will ask to see around the house including a bathroom, kitchen and hallway. The home observation checklist will allow the researchers to assess if you have made any modifications to help with aging in place.

(5) During the eighth and final home visit, the researcher will complete the last or exit interview, observations and give you a short written demographic survey.

One aspect of this study involves making audio recordings, the recording will be used for transcription purposes. At any time during the interview you do not wish to be recorded, please let us know. The recordings will be kept in a locked file, and access will be restricted to the researchers. Your real name will never be associated with the information we use, code names will be used. The recordings will be destroyed at the completion of the study.

__________ I agree to be audio recorded during the eight home visit interviews

(please initial)

**What are the risks and benefits of the study?**

There are few foreseeable risks to participating in this project. Additionally, thinking about the past, present and future aging in place experiences and needs may make you
feel anxious. The sharing of solutions with others may be of benefit. However, there are no direct benefits with participation in this study. We hope that the information you and others share will inform others about families and successful aging in place in private home environments.

**Will I be paid for participating?**

Participation in this study is completely voluntary and you will not be paid for being in this research study. However, as our thanks for your participation, you will receive a $25 gift certificate from Fred Meyer.

**Who will see the information I give?**

The interviews will be audio recorded and then converted into written transcript for subsequent data analysis. The reason for audio recording is to provide the researchers with accurate records of the interview raw data. The transcribers will be the two approved researchers on this study and pseudonyms for each respondent will be used. Only the two approved researchers on this study will have access to raw data and transcripts, which will be kept in a locked file in the principal investigator’s office. All participant contact information will be kept in locked cabinets during the time of data collection and transcription. Participation in this study is completely voluntary; participants are free to respond only to those questions that they feel comfortable answering. Name pseudonyms will be used to ensure the anonymity of the participants in all documentation. You can withdraw from the study at any time. The feedback from any one individual is not important; rather it’s the collective responses and ideas that will be of assistance. All audio recordings and transcriptions will be terminated at completion of study.

**Do I have a choice to be in the study?**

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering. You may choose to skip questions any questions that you would prefer not to answer on the questionnaire. You will not be treated differently if you decide to stop taking part in the study. If you choose to withdraw from the study before it ends, the researchers may keep the information collected about you and this information may be included in study reports.
What if I have questions?

If you have any questions about this research study, you may contact the investigator at the following address and phone number:

Carmen D. Steggell, Ph.D.  
Housing Studies  
Dept of Design & Human Environment  
328 Milam Hall  
Oregon State University  
Corvallis, OR 97331-5101  
ph. 541.737.0995  
fax 541.737.0993  
carmen.steggell@oregonstate.edu

Megan Lee  
Housing Studies  
Dept of DHE  
224 Milam Hall  
Oregon State University  
Corvallis, OR 97331-5101  
ph 541 556.0515  
fax 541 737.0993  
leemega@onid.orst.edu

If you have questions about your rights as a research participant, please contact the Oregon State University Institutional Review Board (IRB) Human Protections Administrator, at (541) 737-4933 or by E-mail at IRB@oregonstate.edu.

Your signature indicates that this research study has been explained to you, your questions have been answered, you agree to be audio taped, and you agree to take part in this study.

You will receive a copy of this form.

Participant’s Name (please print):

___________________________________ __________________________

(signature of participant) (date)
APPENDIX B – 3.21

INFORMED CONSENT DOCUMENT (RELATIVE/FRIEND)
INFORMED CONSENT DOCUMENT
(Relatives and Family Friends)

Title: Case Studies: The Experience of Aging in Place

Investigators: Carmen Steggell, Ph.D., Megan Lee, Ph.D. Candidate

What is the purpose of this study?

Aging in place is a term being used to describe the desire to age in a familiar housing and community environment. Aging in place is difficult to understand in private home environments because all home environments are very different. This research will capture the experience of aging in place through in-depth investigation of individuals and families experiencing aging in place.

You are being invited to take part in a research study to explore the experiences of individuals aging in place in a private home residence through the aging process. Results of this study may be used in a student thesis, presented to academic organizations, and published in a scholarly journal to improve our understanding of aging in place in private home environments.

What is the purpose of this form?

This consent form gives you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask any questions about the research, the possible risks and benefits, your rights as a volunteer, and anything else that is not clear. When all of your questions have been answered, you can decide if you want to be in this study or not.

Why am I being invited to take part in this study?

You are being invited to take part in this study because you are the family member or family friend of an older adult aging in a private home environment, and you are 18 years or older. You can share your experiences and opinions about aging in place in private home environments.

What will happen during the study and how long will it take?
Participation in the study will involve one phone or face-to-face interview. The interview will take 30 to 90 minutes. The interview will ask you questions regarding your experiences and perceptions of aging in place.

One aspect of this study involves making audio recordings, the recording will be used for transcription purposes. At any time during the interview you do not wish to be recorded, please let us know. The recordings will be kept in a locked file, and access will be restricted to the researchers. Your real name will never be associated with the information we use, code names will be used. The recordings will be destroyed at the completion of the study.

___________ I agree to be audio recorded during the interview

(please initial)

What are the risks and benefits of the study?

There are few foreseeable risks to participating in this project. Secure transmission of information via the phone interview cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, or destroyed. Additionally, thinking about the past, present and future aging in place experiences and needs may make you feel anxious. The sharing of solutions with others may be of benefit. However, there are no direct benefits with participation in this study. We hope that the information you and others share will inform others about families and successful aging in place in private home environments.

Will I be paid for participating?

Participation in this study is completely voluntary and you will not be paid for being in this research study.

Who will see the information I give?

The interviews will be audio taped and then converted into written transcript for subsequent data analysis. The reason for audio recording is to provide the researchers with accurate records of the interview raw data. The transcribers will be the two approved researchers on this study and pseudonyms for each respondent will be used. Only the two approved researchers on this study will have access to raw data and transcripts, which will be kept in a locked file in the principal investigator’s office. All participant contact information will be kept in locked cabinets during the time of data collection and transcription. Participation in this study is completely voluntary; participants are free to respond only to those questions that they feel comfortable answering. Name pseudonyms will be used to ensure the anonymity of the participants in all documentation. You can withdraw from the study at any time. The feedback from any
one individual is not important; rather it’s the collective responses and ideas that will be of assistance. All audio recordings and transcriptions will be terminated at completion of study.

**Do I have a choice to be in the study?**

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering. You may choose to skip questions any questions that you would prefer not to answer. You will not be treated differently if you decide to stop taking part in the study. If you choose to withdraw from the study before it ends, the researchers may keep the information collected about you and this information may be included in study reports.

**What if I have questions?**

If you have any questions about this research study, you may contact the investigator at the following address and phone number:

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fax 541 737.0993  
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Your signature indicates that this research study has been explained to you, your questions have been answered, you agree to be audio taped, and you agree to take part in this study. You will receive a copy of this form.

Participant’s Name (please print):
___________________________________
____________________________________
____________________________________
(signature of participant) (date)