



# LIVING LONGER AND BETTER THAN EXPECTED

**A**s aging persons struggle to maintain their health and the quality of their life, many see avoidance of nursing facilities as integral to those goals. Continuing care retirement communities (CCRCs) provide housing, residential services, and guaranteed lifelong healthcare as needed. CCRCs have the opportunity to promote a wellness philosophy, thus helping older adults retain their health and independence and extend their lives.

Residents of The McCauley, West Hartford, CT, illustrate the benefits of the CCRC's pervasive wellness approach. The positive results seen among this group hold significant implications for the healthcare of older adults and the management of human resources.

## PERSUASIVE EVIDENCE

The evidence is persuasive. In 1989, when The McCauley opened, an actuarial firm calculated it would need about \$16 million in reserves by the year 2000 to cover anticipated extended nursing care for the initial group of 280 residents. Because the facility had been in operation only a few months, the actuaries based their predictions on the national experience of similar retirement communities—that is, full-service CCRCs that guarantee lifetime healthcare. In May 1991 another actuarial firm recalculated the reserve funds for anticipated nursing care, based on The McCauley's own experience, and the figure was a



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*A  
Wellness-  
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Keeps  
CCRC  
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Active,  
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And Out  
Of Nursing  
Homes*

**BY SR. MARGARET  
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little more than \$3 million. The considerable difference of nearly \$13 million largely reflects the residents' health and lack of reliance on outside nursing facilities.

Although the relatively high socioeconomic status of our residents, who have had a lifetime of regular medical care, helps explain their good health, the concept of wellness practiced here can be applied to other living environments with resi-

**Summary** The McCauley, a continuing care retirement community in West Hartford, CT, promotes a wellness philosophy that helps its residents retain their health and independence and extend their lives. The wellness program centers around the individual, not around the services provided. The residents have significant input and initiative in maintaining their own health.

The health program is based on a nursing model, with each resident relating to a primary nurse as needs become evident. The nurses' goal is to know each person's holistic needs—to assist in maintaining physical, emotional, and spiritual balance.

The program's approach to physical health requires a strong emphasis on prevention, including individualized fitness programs.

The McCauley fosters mental and social well-being by allowing patients to maintain independent living for as long as they are able and by maximizing their self-direction. Another contributor to mental well-being is the opportunity for personal growth and intellectual stimulation.

The McCauley promotes spiritual well-being by supporting continued participation in churches or synagogues from previous neighborhoods, fostering a supportive network within the community, and recognizing the value of residents' volunteer activities.





dents of all backgrounds. We do our best to keep our residents out of extended care facilities. Yet Kate Daly, our director of health services who is ultimately responsible for promoting the wellness ethic, observes that our residents seem to have good health longer than other older adults she has worked with.

In 1991, of The McCauley's 278 residents (whose average age was 81.5 years), 12—roughly 4 percent of the total population—were permanently residing in extended nursing care facilities. This number included those who had entered such facilities in previous years and remained there. The resident population consists of 48 married couples, 139 single women, and 20 single men. Although the majority of residents (roughly 90 percent) have at least one chronic condition, they have adapted to its consequences and tend to focus on the more positive aspects of their lives. At any given time, about 20 to 25 residents are receiving supportive assistance with one or two activities of daily living.

Studies have indicated that residents of CCRCs live 20 percent longer than the general population of older adults (H. E. Winklevoss and A. V. Powell, *Continuing Care Retirement Communities: An Empirical, Financial, and Legal Analysis*, Irwin, Homewood, IL, 1984). However, more important is the *quality* of that extended end-of-life period. This article describes our efforts to extend life and improve its quality in a wellness-based nursing model.

### HOLISTIC WELLNESS PROGRAM

The McCauley's wellness program centers around the individual, not around the services provided. The residents have significant input and initiative in maintaining their own good health. Health counseling is geared to the individual's needs, giving options that allow the resident to make informed decisions.

The health program is based on a nursing model with each of the seven full-time equivalent nurses working under her own license. Each person relates to a primary nurse as needs become evident. Nurses

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share pertinent data with residents' primary physicians. Skilled interventions are provided under the written order of the physician. Nursing response is available 24 hours a day for emergency situations.

The nurses' goal is to know each person's holistic needs—to assist in maintaining physical, mental, emotional, and spiritual balance. Once residents become accustomed to this nursing model, they report feeling a sense of security and of being understood.

The wellness program's physical, mental, social, and spiritual components are described separately here, but in actuality are always interrelated.

### PHYSICAL WELLNESS

Maintaining good physical health requires a strong emphasis on prevention. The residents' ongoing relationship with a staff nurse often leads to early detection and treatment of health problems—at a stage when the chances for successful recovery are the greatest and the cost to the healthcare system the least. Other preventive steps include one-on-one discussions of medication, diet, and nutrition and occasional group education seminars on prevention topics.

Residents' interest in physical fitness led one of our nurses to become certified in aerobic instruction and personal fitness training. She began by offering moderate "stretch and flex" classes, but the participants progressed so well that soon she was providing a one-hour cardiovascular strengthening workout three times a week; she also began a second "Easy Does It" class for beginners and those with disabilities.

Individualized fitness programs are also popular, especially among some of the men, who enjoy early-morning camaraderie in the exercise room. The varied types of equipment available help our fitness instructor tailor programs to each individual's needs and abilities. One man worked with her to regain strength in his leg following a stroke. After six months of



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exercise, he threw away his cane and walked almost normally. When he later broke his leg, his recovery period was briefer than for most persons his age. In addition, regular exercise reduced his high blood pressure appreciably.

The results of consistent fitness programs have been gratifying. Last year, the Travelers Center on Aging conducted an exercise study at The McAuley on preventing falls by developing strength. At the end of three months, the center found not only significant strength gains, but also improved flexibility and gait. In an internal survey about exercise programs, participants reported better stamina and energy levels, improved appetite and digestion, and especially a better mental attitude.

#### MENTAL AND SOCIAL WELL-BEING

The McAuley offers a benefit critical to mental well-being: the ability to maintain independent living in one's own apartment, as long as it is safe to do so. An additional plus is, if one spouse must move to an extended care facility, the other is assured the right to remain in his or her residence. Just knowing that continuing care is guaranteed by contract seems to relieve residents' worries, particularly about finances.

Although it is more cost-effective to segregate people with similar health needs and services as their physical conditions change, good basic care principles regarding continuity of independent living take a higher priority than efficiency. People who have established a sense of residence in a retirement community after leaving behind a previous home are understandably disturbed by further uprootings. Therefore our management philosophy is to bring services to the residents, not vice versa.

Mutual efforts by the staff and residents maximize self-direction, a concept closely associated with independent living. The nurses work hard to diminish feelings of dependency and to foster instead a mind-set of independence. The practice of informed consent is consistent with a respect for self-direction. For instance, when discussing smoking, diet, or medications, the nurses advise the individuals about risks or benefits, but acknowledge their right to make the final decisions, just as younger adults do.

The right of older adults to make choices affecting their health extends to the often difficult decision about length of stay in an extended nursing facility. Residents of The McAuley who are

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mentally competent have the right to choose to return to their apartment here—even if they have been back and forth more than once and the staff believe they will be unable to maintain independent living. Again, the nurses provide their best advice and may set requirements for returning, such as contracting for private assistance. But the ultimate decision rests with the individual, who deserves the chance to succeed.

For people with chronic illness or incapacity, personal care assistants perform needed services in their apartments. A resident Care Committee also supports their neighbors by helping with grocery shopping and other tasks and by visiting them. This combination of a supportive community and the ability to maintain independent living in familiar surroundings appears to contribute meaningfully to health and longevity.

#### GROWTH AND STIMULATION

Another contributor to mental well-being is the opportunity for personal growth and intellectual stimulation. The community has set aside areas for creative activities, such as woodworking and painting, as residents request them. Encouragement and appreciation of people's creative efforts has led residents to share their talents—for example, by displaying miniature furniture, original paintings, and flower arrangements throughout the common areas; giving musical performances; and outdoor landscaping. The enthusiastic response that greets those who share their talents contributes to their feelings of self-worth.

The McAuley's proximity to several colleges allows residents easy access to continuing education programs. Courses in Shakespeare's plays have become particularly popular with McAuley residents, as have some courses taken through Elderhostel, a national organization offering continuing education for older adults in varied locations. Continuing education courses that foster social interaction were found to have a positive impact on depression, social satisfaction, and health symptoms of aging in a recent study of older adults conducted at East Stroudsburg University in Pennsylvania (Karen G. Panayotoff, "The Impact of Continuing Education on the Health of Older Adults," *Modern Maturity*, April 1992, p. 7).

The McAuley's calendar is often bursting with cultural and intellectual programs planned by the resident Academic Liaison Committee. Activities include a Great Decisions speaker series, con-





certs, travel series, and a lively book discussion group.

In addition to bringing in outside speakers from nearby colleges and other organizations, residents feel free to offer programs based on their own professional expertise. The important point is that these events are almost exclusively initiated and planned by residents, with staff acting as facilitators.

The Academic Liaison Committee has its parallel in the social arena—an equally active Program Committee, which plans on-site activities and day trips. Residents are encouraged to lead trips that involve their areas of experience. As one resident remarked, “The best explanation for our active life-style is that we’re doing exactly what we want to do—what we plan, not what someone else decides for us.”

#### **SPIRITUAL WELL-BEING**

No matter what its affiliation or sponsorship, a community that promotes wellness cannot ignore the spiritual well-being of its residents. The fact that The McAuley is sponsored by the Sisters of Mercy, Connecticut Regional Community, gives the institution a solid foundation of values centered on caring for others. As part of the health program, a sister with a counseling background—one who is an older adult and can identify with our residents’ experiences—provides pastoral care.

However, the McAuley is a mixed interfaith community that fosters respect for each individual’s beliefs and actively supports residents’ continued participation in the church or synagogue from their previous neighborhoods. The symbols in our meditation room reflect Judeo-Christian traditions. Prominently placed in the room are the Torah, the Christian Bible, and a book of remembrance containing the names of all deceased members of The McAuley community.

A charitable spirit infuses much of the community’s activities, as evidenced in the support that residents extend to one another in so many aspects of their lives. Residents report that the bonding and friendships which naturally grow from this kind of community make them feel comfortable reaching out to others in need: reading books, driving to appointments, checking up on someone with a bad cold, baking cookies to share. Anyone who becomes hospitalized or enters an extended care facility can expect regular visits from McAuley residents.

**The McAuley**  
is a mixed  
interfaith  
community  
that fosters  
respect for each  
individual’s  
beliefs and  
actively  
supports  
residents’  
continued  
participation in  
the church or  
synagogue  
from their  
previous  
neighborhoods.

Bernard Glueck, who is the president of our Resident Association and a retired psychiatrist, has observed that men and women whose spouses have died while they lived at The McAuley have handled their losses far better than those he has known who suffered a similar loss while living in separate housing. He attributes this phenomenon to the community’s genuine caring and supportive network, as well as to the residents’ active life-style.

The sizable number of residents who regularly engage in volunteer activities indicates that this generosity extends to the surrounding community. The knitting group makes numerous hats, mittens, and scarves for distribution to persons at inner-city shelters. Other residents gather leftover food from our food service to be distributed at a homeless shelter. Some residents volunteer in literacy programs or provide other educational services, whereas others visit the ill or aged in various institutions. By recognizing the value of these contributions, The McAuley’s staff encourages residents to remain involved in the outside community and also to reach beyond themselves in a way that cannot help but increase the giver’s well-being.

#### **A POSITIVE TREND**

Two elements are particularly essential to the success of a wellness program. First, if managers and staff are to serve as advocates for residents’ good health, the commitment to a wellness ethic must begin at the top and be consistent throughout every department of the organization, in much the same way that total quality management requires the participation of each member of a corporation.

Second, respect for the dignity of older adults—that is, the promotion of self-worth, which is the foundation of holistic wellness—suggests that residents must be allowed a great deal of self-determination to direct their own lives, as well as positive recognition for their accomplishments.

Our experience in incorporating wellness into the entire fabric of the community points to a positive trend in the quality of life for active older adults. Evaluating the economic implications of such an approach for end-of-life healthcare costs would make an interesting study as well. Surely, the gratifying results of this one social model are applicable on a far wider basis to our public and private healthcare system. □