A Life-Course Perspective on Housing Expectations and Shifts in Late Midlife

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This study applies a life-course approach and retirement migration theory to develop a model of future housing expectations and actual moves for a random sample of men and women in late midlife. Results suggest that late-midlife workers and retirees expect to age in place; expectations to live in highly supportive environments are uniformly low. Older, nonmetropolitan respondents with less education and more years in their homes express the strongest expectations that they will age in place. Those people who rent their homes, have weaker ties to their communities, and have more symptoms of depression tend to foresee a move in the future. However, physical health of respondents and their spouses do not predict future housing expectations. Prior expectations about aging in place, residential history, and life-course changes in marriage and retirement predict actual moves within the next two years, with differing patterns for men and women.

With the rapid expansion of the older population in the United States and the growing prevalence of chronic diseases, housing, and related services for older people are increasingly on the policy agenda (Pillemer et al. 1995; U.S. Bureau of the Census 1995). Several

different types of innovative housing options for aging Americans have been developed, each falling on an independence/dependence continuum, ranging from living in one's own home at one end to institutionalization on the other (Pynoos 1999). These options include assisted-living facilities, long-term home health care, continuing care retirement communities (CCRCs), shared housing between two or more nonrelatives, ECHO cottages (small, removable units placed temporarily on a relative's property), and other temporary apartment arrangements. Each of these options has both obvious and less apparent costs and benefits, but what is not known is whether Americans in late midlife expect to take advantage of any of them as they age and, if so, how they regard such housing alternatives. Furthermore, how accurate are expectations in predicting subsequent moves?

The use of direct measures of expectations, rather than inferring future behavior from past behavior patterns, has become an increasingly important research strategy in the economics literature and is particularly useful in gerontology (Juster 1997). Several studies have documented that expectation measures yield largely valid and unbiased estimates of actual behavior (Holden, McBride, and Perozek 1997; Hurd and McGarry 1995; Juster 1966). Manski (1990, 1993) points out that although intentions do not always predict behavior, they bound the probability of certain behaviors. Both Juster (1997) and Manski (1990) suggest that intentions and behavior diverge when people gain more information or when unforeseen circumstances arise between the time of their stated intentions and the time when their behavior is assessed.

This study investigates the expectations of a sample of late-midlife workers and retirees (ages 50-72) regarding eight particular future housing arrangements, including aging in place. Longitudinal data are then examined to determine the odds of actually moving within the subsequent two-year period. We draw on two theoretical approaches, the life-course perspective and retirement migration theory, to develop a model of postretirement housing plans, expectations, and reality.

LIFE-COURSE PERSPECTIVE

The life-course perspective underlines the importance of continuity and change during the life span, emphasizing cumulative patterns and

role trajectories (Clausen 1986; Elder 1995; Moen 1995). Later life transitions are influenced and shaped by earlier experiences, and they, in turn, shape the subsequent life course. As with continuity theory (Atchley 1989), a life-course lens views the outcome of past experiences and relationships, in addition to current influences.

A life-course formulation also emphasizes the significance of human agency and subjective appraisals and expectations. Individuals hold certain views of their futures; these expectations frequently reflect strategies of adaptive response, affecting both current and subsequent life choices (Moen and Wethington 1992). For example, Elder (1995) describes *control cycles*, where individuals modify their expectations and behavior in response to changes in either needs or resources.

Also important is *context*, the situational circumstances shaping perceptions and choices. Decisions such as those related to housing are not made in a vacuum; rather, ongoing role involvements and situational factors influence actions and expectations. For example, a history of prior residential mobility, community and family involvements, and personal and family health, in combination with current economic, social, and health situations, may well shape both housing expectations and subsequent moves.

RETIREMENT MIGRATION

Basic demographic theory regarding migration concentrates predominantly on the economic "pushes" and "pulls" that influence decisions to move or stay in a particular housing situation. Research focusing on migration patterns among older people considers several other issues, such as quality of life, family circumstances, and access to amenities, in addition to economic concerns, such as cost of living and retirement status (Clark and Davies 1990; Haas and Serow 1993; McLeod et al. 1984; Rives and Serow 1981; Serow 1987).

There has been some melding of these two frames, with a life-course approach at least implicitly guiding research and theoretical development in the study of retirement migration. Thus, for example, Wiseman (1980) developed an early model of migration specific to older people, describing migration as a series of related decisions set off by specific "triggering mechanisms" (p. 146). For those with more resources, the migration decision more likely involves a move toward

"climatic and recreational amenities" (p. 142), whereas those with fewer resources may become involuntary stayers or may move only when they need assistance.

Family life-cycle change represents a key impetus for moving (Rossi 1980). The addition or subtraction of children from the household, as well as the aging of couples, can create pressure to change housing. Litwak and Longino (1987) draw on a family cycle/life-course framework in their approach to migration after age 60. They describe three distinct types of moves during later life: a primary retirement move for amenities, a move to adapt to moderate disability levels, and a move in the face of major, chronic disability that usually results in institutionalization. Each type of move is affected differently by retirement lifestyle, family ties, and health.

Since its inception, Litwak and Longino's model of retirement migration has framed much of the research on migration in later life. Several researchers have successfully tested various aspects of the model, finding overall support for the basic theory that health and service needs predict which type of move is undertaken among samples of people who have moved in their later years (Longino 1990; Longino and Serow 1992; Longino and Smith 1991; Longino et al. 1991; Reshovsky and Newman 1990; Rogers 1990; Speare, Avery, and Lawton 1991).

Silverstein (1995) expands on Litwak and Longino's developmental model by considering migration patterns and demographic characteristics of *adult children* in relation to their older parents. In an examination of temporal distance between older people and their children, he finds that declining health and widowhood increase the likelihood that older people live closer to their children after four years (Silverstein 1995). Older mothers who have less money than one of their children typically expect to move closer to a child. Furthermore, parents expect to move closer to daughters rather than sons, particularly when the parent has a higher level of disability (Silverstein and Angelelli 1998).

Only a few studies have investigated *expectations* of later or midlife residential mobility, examining correlates of plans or intentions to move in a prospective sample. Colsher and Wallace (1990) focused on the importance of health, psychological, and social factors, as well as life events, in predicting older people's intention to move. Specifically, they found that living alone, separation from spouse, change

in work duties, and someone else moving in (i.e., early caregiving) correlate with higher expectations of residential relocation among their sample of older Americans (3,097 Iowans 65 and older).

Another study of intentions to move compared a random sample of 347 Chicago residents in three age-groups: general adults, preretirees, and elderly people (Oldakowski and Roseman 1986). The preretirement group's moving intentions were positively correlated with age, income, and being White, whereas no personal characteristics were related to the elderly group's intentions to move. All three groups' expectations about moving were increased by strong ties to other places (i.e., migration destinations)—for example, owning property—and weak ties to the current location.

Examining retirement housing expectations and realities from the vantage point of a life-course perspective and retirement migration theory raises important research questions. First is the importance of the gendered life course (Moen 1996). Are there distinct patterns of expectations for men versus women? Second concerns the salience of life course-related events and trajectories, such as biographical geographic mobility patterns, as well as health, social integration, and productive activity. What past experiences or current situational exigencies promote expectations regarding "aging in place" as a viable option? Are particular housing arrangements perceived as more or less likely based on midlifers' location in the social structure and their own life-course biographies?

MODEL AND HYPOTHESES

To address these questions, we propose a model with four categories of explanatory factors affecting the expectations of those in late midlife about both their future mobility (and living arrangement expectations) and their actual moves during the two-year period between survey waves: background characteristics, housing history, social integration, and health. Following a life-course perspective, we assess the importance of past experiences (such as one's housing history) as well as current contextual and social factors to explain both subjective expectations and future behavior. In addition to examining the general effects of these factors on expectations regarding future living arrangements, we also explore potential differences between men and women. Do some factors (e.g., marital status or various

family connections) influence the housing expectations of women but not men, or vice versa?

Specifically, we examine individuals' expectations about eight housing or long-term care options, arrayed along a continuum of care. Independence is a primary American norm; our society expects people of all ages to take care of themselves, both in terms of physical functioning and financial independence. Past research has shown that the majority of older people prefer to remain in their own homes and live independently for as long as possible (American Association of Retired Persons [AARP] 1992; Clark and Davies 1990). Thus, we postulate that more "vulnerable" respondents, people with fewer financial or physical resources, will have higher expectations regarding future housing arrangements that provide higher potential levels of needed assistance or support. More vulnerable respondents are those more likely to experience physical or financial need (specifically older individuals, the retired, women, metropolitan residents, those with lower socioeconomic status, or non-White).

Respondents with fewer ties to their current homes and neighborhoods may also be more open to options that would involve residential moves. Such ties to the neighborhood or community have been shown to influence expected geographic mobility (Lee, Oropesa, and Kanan 1994). Thus, renters (versus homeowners) and mortgage holders (versus those who own their homes outright) should also anticipate a higher likelihood of changing their residence, given fewer ties to their current residence and, in the case of renters, less control over their housing in general. Measures of social integration, conceptualized both as multiple role occupancy and as contact with social network members, are also indicative of the ties to the current home and neighborhood. Furthermore, the availability of social network members, particularly children or other close relatives, may provide a measure of security that future assistance needs can be met without moving. Those respondents who are less socially integrated should have higher expectations about moving to more supportive housing options, as should be the case for those in worse health or with a less healthy spouse.

Respondents with biographical patterns of residential mobility (those who have lived in their homes for fewer years or have made more moves during their life course) can be expected to be more open to future expected (and actual) moves. Also having experienced

another life-course transition—retirement—should free those in late midlife from the geographic constraints of their primary "career" jobs.

We expect, given the age of this sample (50-72 at time 1), that respondents most likely to move within two years following the survey will primarily make an amenities move (Litwak and Longino 1987). This is especially likely given the relative youth and good health of the sample (see below). Thus, factors hypothesized to relate to actual moves within this relatively short time period include younger age, higher education, being married, weaker ties to the former home and neighborhood, and better health. Those who saw themselves as extremely likely to age in place at the baseline interview should be less likely to move during the next two years. In addition, unforeseen circumstances (such as changes in work status, personal or spouse's health, or marital status) may act as triggering mechanisms for a move (Wiseman 1980).

Data and Method

SAMPLE

We draw on data collected in the first (1994 to 1995) and second (1996 to 1997) waves of the Cornell Retirement and Well-Being Study. Seven hundred sixty-two randomly selected retirees and active workers, age 50 to 72, from six large organizations (manufacturing firms, utility industries, hospitals, and universities) in upstate New York were first interviewed about their plans and activities for the future. These organizations were chosen to represent large corporations and service organizations from both metropolitan and nonmetropolitan areas. The sample includes both men and women as well as workers and retirees from a wide range of occupational levels. In addition to responding to a structured questionnaire in a face-to-face interview, respondents and interviewers together completed a life history calendar at wave 1. This calendar maps the respondent's life history, from the age of 18 to present in multiple areas including education, employment, housing, family, health, health of family members, volunteering, and family caregiving. The calendar contains dates and qualitative comments regarding transitions and trajectories in these areas (see also Han and Moen 1999).

A list of respondents was randomly generated for each organization from a larger list provided by the organization including all employees and retirees in the appropriate age range. Potential respondents received an initial contact letter describing the study, followed by a telephone call to arrange for an interview. Two of the organizations sent the contact letter themselves with a response card; the organizations permitted the research team to contact only those people who returned the response card. For the four organizations for which we had unrestricted access to employee lists in the target age range, 74% of eligible respondents participated in the interview; 53% of eligible respondents from the two organizations that required a response card were interviewed, yielding a total response rate of 67%. We have no way to ascertain whether not returning a card represented a nonresponse or ineligibility due to death or other circumstances (such as never receiving the card). To minimize the effects of missing values, the wave 1 analyses below include only those respondents for whom we have data on at least one of our expected future housing questions (the dependent variables) ($N = 703$). Comparisons of all housing variables between those selected for whom we know the response rate and those who were randomly sampled by participating organizations, as well as between those with incomplete data, showed no significant differences.

In the second survey wave (1996 to 1997), data were collected through telephone interviews. Of the 762 respondents in the 1994 to 1995 interview, 8 had died and 712 (94.4% of those still living) completed the interview. Analyses show that wave 2 nonrespondents do not differ from wave 2 respondents in gender, education, company, age, or retirement status. However, highly paid wave 1 respondents were somewhat more likely to participate in wave 2, as were respondents with higher occupational status. Again, to minimize the effects of missing data, only participants with complete data on actual moves between interviews are included in the wave 2 analyses ($N = 678$).

DEPENDENT VARIABLES

We assessed respondents' expectations, plans, and dispositions about their current and future housing/long-term care arrangements by using modified questions based on the 1989 version of the AARP (1992) Understanding Senior Housing for the 1990s Survey. Our

TABLE 1
Descriptive Statistics for Housing Expectations and Actual Moves

Variable	Number	Percentage	M	SD	Maximum	Minimum
Housing expectations						
Never move	671		57	35	100	0
Unlikely/uncertain/likely		28/28/45				
Staying in own home with modification for special needs	676		49	34	100	0
Unlikely/uncertain/likely		39/24/37				
Obtaining a reverse mortgage	668		18	25	100	0
Unlikely/uncertain/likely		78/14/8				
Living in a retirement community	689		23	26	100	0
Unlikely/uncertain/likely		72/19/9				
Purchasing long-term care insurance	675		34	33	100	0
Unlikely/uncertain/likely		57/24/20				
Moving in with a family member	678		12	20	100	0
Unlikely/uncertain/likely		89/7/3				
Sharing household with unrelated people	686		9	17	100	0
Unlikely/uncertain/likely		93/5/2				
Living in detached, movable unit on relative's property (ECHO cottage)	684		7	16	100	0
Unlikely/uncertain/likely		94/4/2				
Actual move since wave 1 interview						
Yes	64	9.4				
No	614	90.6				

subjective dependent variables, respondents' *expectations* of ever making each of eight different housing or long-term care arrangements, are each gauged on a separate scale from 0 to 100 (see Table 1). The following introduction precedes the eight options: "Below are descriptions of various living arrangements people choose for their retirement years. For each option, what is the likelihood that you will live in such an arrangement in the future: 0% = *absolutely no chance you will have this arrangement*; 100% = *certain you will have this arrangement*." (The few people who had already made any of the arrangements are excluded from the analyses for that particular option.) Thus, for each housing option, respondents estimate a probability, or

likelihood, that they will ever choose it. The final dependent variable indicates whether respondents have *actually moved* from their primary residence during the two years between the wave 1 and wave 2 interviews.

We conceptualize the eight housing or long-term care options as arrayed along a rough continuum of care and accommodation, from no shifts in current circumstances to care by relatives. Some options provide increased physical support, others are primarily financial choices, and a few combine these two factors. Note that the options are not necessarily mutually exclusive; many respondents expressed high expectations about more than one. Most minimal expectations concern remaining in one's current home or modifying it for special needs, retaining the current household composition. Of course, modifying a home can itself be minimal or massive, from inexpensive changes (such as installing handrails or improved lighting) to more expensive renovations (such as creating a downstairs bathroom). But such expected renovations, likely to be made as necessary and tailored to the resident's exact needs, do not require major lifestyle disruptions and can be viewed as sustaining older people's ability to function independently, with very little need for either physical or financial assistance from others.

Three additional options also maintain the same household composition but indicate an awareness of a potential future need for either physical or financial assistance. Obtaining a reverse mortgage involves using the accumulated value in one's home (home equity) to get extra cash without having to move or repay the loan until death or sale of the home. Those anticipating this option might see the resulting financial support as preventing an unwanted move (and therefore allowing reverse mortgage holders to age in place). Expecting to move to a retirement community that provides meals, housekeeping, transportation, and social activities represents a shift in residence, with an eye toward assistance with physical functioning at some level. Of course, the term *retirement community* can imply an enormously wide range of living arrangements, from separate houses with no form of available assistance to more traditional assisted-living environments. (Note that the description of a retirement community used in this survey *does* imply at least a minimal level of physical assistance by providing meals and other services.)

Anticipating purchasing long-term care insurance ensures purchasers financial independence in the event of needing home or institutional physical assistance in the future. However, it entails the risk of spending a relatively large amount for a product they may never need. As is true for the reverse-mortgage option, purchasing long-term care insurance does not represent a particular housing arrangement. However, it allows its holders to remain at home with home care or to exercise more choice in long-term care facilities as private-pay residents.

The three remaining expected options all require changes in one's actual household composition, reflecting concerns about the need for substantial physical or financial assistance as one ages. Shifts in who lives in one's home clearly has a strong impact on daily living, and choosing or needing to change the household makeup implies a high level of required assistance. Expecting to eventually move in with a family member; to move into a household shared by one or more unrelated people; or to live in a small, removable housing unit located on a relative's property (ECHO cottage) indicates a high level of perceived future need for care and/or financial support. Note that moving in with a family member connotes an active change on the respondent's part. Thus, those who already cohabit with adult children or who have adult children move in with them (which frequently indicate the *child's* increased dependence—see Crimmens and Ingegneri 1990) are not included in this option. In addition, this option excludes respondents who may expect to move near (but not in with) a family member, which indicates a lower level of needed support than actively giving up one's independent household and moving in with a family member.

We do not model respondents' expectations about future use of a nursing home. Although nursing home residence is certainly a prevalent living arrangement in later life, it is qualitatively different from the other expected options assessed in this study. A nursing home stay frequently only lasts for weeks or months following an acute health event; thus, it can represent a transitory residence, in contrast to the more long-term options described above. Furthermore, moving into a nursing home, especially as a long-term resident, is generally perceived as a last resort, rather than a choice among various arrangements. In addition, there is already some evidence regarding future residence in a nursing home. Holden and colleagues (1997) have conducted an in-depth examination of older people's expectations about nursing

home use, considering the influences of gender, health, and family characteristics. They found a range of expectations about future nursing home residence that varies in response to particular sociodemographic and health conditions. Specifically, health conditions and marital status influence men's expectations more than women's, such that sicker and unmarried men expect to use nursing homes. Women with fewer children, a family history of nursing home use, and more education are more likely to expect to use nursing homes themselves.

INDEPENDENT VARIABLES

We, too, believe that older people's expectations about future housing arrangements vary by demographic characteristics, including *gender*, *nonmetropolitan versus metropolitan* residence (census categorization), *education* (six levels: less than high school, high school degree, associate, bachelor, master, Ph.D./M.D.), *age* (50-72 in wave 1), *marital status* (married versus not married), *racial/ethnic* background (White versus non-White), and *retirement status* (retired—defined as drawing a pension after having left one's primary "career" job with the participating corporations in the survey—versus preretired older workers). (Note that 58% of the non-White group are Black, 18% are Asian, and the remaining participants are 8% Hispanic or 16% mixed ethnicity.)

Housing tenure is operationalized by whether people rent or own their homes and (among the homeowners) whether they have a mortgage or own their home outright. We use data from the life history calendar to construct a measure of the *number of prior moves* (since age 30) as well as the *duration of living in the current residence*, in years.

Social integration measures include whether respondents are *volunteering* (whether informal "helping out" or more formal community participation) or *caregiving* (defined as helping an elderly or disabled relative [including ill or disabled children or grandchildren] or friend with activities such as shopping, transportation, visiting, checking on them by phone, or arranging for care, and excluding normal child rearing), amount of *contact with neighbors* and *relatives* (whether respondents see them more than once a month), whether they live near *grandchildren* (in the same city or nearby), and their *religious involvement* (whether they attend some type of religious services more than once a month—cf. Moen, Dempster-McClain, and Williams 1992).

We include five categories of health measures: current objective and subjective physical health, psychological health, spouses' health, and respondents' and spouses' health histories. *Objective physical health* is gauged by whether the respondent has had any major illness, injury, or disability in the year preceding the wave 1 interview, as indicated by a checklist of specific illnesses and injuries. Respondents rated their *subjective* health, or how their health has been lately, on a health ladder, with steps ranging from 0 (*very serious health problems*) to 10 (*in the very best health*). Responses to the Center for Epidemiologic Studies–Depression Scale (CES-D) and Rosenberg's self-esteem scale indicate psychological health. The CES–D ranges from 0 to 36; 16 generally indicates clinical depression (Radloff 1977). Rosenberg's self-esteem scale ranges from 0 to 4 (Rosenberg 1986). A life history calendar provides data on the *spouses'* health (whether he or she had any major illness, injury, or disability in the past year) as well as both respondents' and spouses' health *histories* (the number of major illnesses, injuries, or disabilities since the respondent was 30 years old). Unmarried respondents receive a value of zero on the two spouse health measures; that is, if the respondent is not married, he or she is categorized as not having a spouse with any current or past health problems. Several independent variables from the wave 2 interview are examined in relation to actual moves: whether the respondent had a *change in marital status* (either marital disruption or a new marriage), a *change in work status* (i.e., retired between interviews), or the *respondent or his or her spouse had a major illness or hospitalization* since the wave 1 interview. These change measures represent potential "triggering mechanisms" as described by Wiseman (1980) that might be reflected in expectations about future housing/care needs. Table 2 presents descriptive data on all variables in the proposed model.

ANALYSES

Housing Expectations

We categorize respondents' expectations about the eight housing options into three levels: expecting little likelihood of the arrangement (0% to 33% likelihood), uncertain about expectations (34% to 66% likelihood), and expecting to have the arrangement (67% to 100% likelihood). This categorization allows us to distinguish among these

TABLE 2
Descriptive Statistics for Independent Variables

Variable	Number	Percentage	M	SD	Maximum	Minimum
Background characteristics						
Men/women	703	49/51				
Nonmetro/metro	696	33/67				
Education (six levels)	702		Associate's degree		Ph.D./ M.D.	< high school
Age	703		60	6	72	50
Married/not married	703	75/25				
White/non-White	680	94/6				
Retired/not retired	703	60/40				
Housing circumstances and history						
Rent/own with mortgage/ own home outright	670	8/45/47				
Number of moves	701		8	2	13	0
Years in current residence	677		18	13	70	.04
Social integration						
Volunteering (Y/N)	703	42/58				
Caregiving (Y/N)	703	24/76				
See neighbors > once a month (Y/N)	689	63/37				
See relatives > once a month (Y/N)	690	71/29				
Grandchildren nearby (Y/N)	680	47/53				
Religious service > once a month (Y/N)	686	52/48				
Health						
Ill in past year (Y/N)	703	27/73				
Subjective health	701		7.9	2.1	10	0
Depression	691		3.9	5.1	34	0
Self-esteem	690		2.5	.3	4	0
Spouse ill in past year (Y/N)	702	15/85				
Respondent health history	703		1.1	1.6	12	0
Spouse health history	703		0.6	1.0	7	0
Change since wave 1 interview						
Marital disruption (Y/N)	678	2/98				
New marriage (Y/N)	677	2/98				
Retired (Y/N)	677	9/91				
Respondent new health problem (Y/N)	630	36/64				
Respondent hospitalization (Y/N)	677	12/88				
Spouse new health problem (Y/N)	678	15/85				

distinct but ordered values while accounting for the nonlinearity of the responses using ordered logit analyses. Ordered logit is based on a proportional odds model, has no parametric assumptions, and uses the maximum-likelihood method to estimate parameters (Greene 1993). The use of ordered logit is supported when the dependent variable is ordinal in nature and the assumption of linearity has been violated. Ordered logit also allows for the calculation of predicted probabilities for different combinations of independent variables to show the housing expectations for individuals with given sets of characteristics.

We test our model of housing expectations separately for each option. Specifically, we examine eight distinct models (i.e., one model per housing option) with the expected probability (unlikely, uncertain, or likely) of a particular housing/long-term care arrangement in the future as the dependent variable. Each of these eight models includes background characteristics, housing history measures, social integration variables, and variables indicating health as independent predictors. Factors having no significant bivariate or multivariate relationships with any of the eight options are excluded from the final models: frequency of contact with neighbors, church attendance, respondents' physical objective health, and respondents' health history. The models also exclude three additional variables due to multicollinearity (correlations exceeding .5 with other factors): retirement status (correlates .5 with age), number of moves (correlates .5 with number of years in the home), and spouse's objective health (correlates .6 with spouse's health history).

In addition to potential gender differences in expectations of future housing/long-term care, it is likely that the *patterns* of factors predicting these expectations also differ for men and women, as Holden and colleagues (1997) have shown in the case of expected future nursing home residence. We therefore estimate separate models for men and women for each housing option.

Actual Moves

We use logistic regression models to estimate the likelihood of actually moving within the two-year interval between interviews, which is appropriate given our dichotomous dependent variable (Greene 1993). Odds ratios are calculated for each independent measure in the model. Models are estimated for the combined sample as

well as for men and women separately. Bivariate comparisons for the whole sample and for men and women separately identified significant factors to include in the multivariate models (data not shown). The factors retained include age; marital status; number of years in the home; housing tenure; contact with neighbors; religious involvement; spouse's health history; the wave 1 expectation of ever moving; and a series of indicators of life changes, or triggering mechanisms, since wave 1: marital disruption, new marriage, new retirement, a hospitalization for the respondent, and a spouse's major illness. All analyses use SPSS Windows Release 8.0 (SPSS Inc. 1998) and STATA Release 3.1 (STATA 1990).

Results

Overall, the late-midlife respondents in our sample do not expect to radically shift to dependency on others as they age. They see living with a family member, sharing a home with unrelated people, or living in an ECHO cottage on a relative's property as very unlikely future possibilities (mean expectation probabilities for these three options are 12%, 9%, and 7%, respectively, on a scale from 0 to 100, see Table 1). By contrast, many are uncertain about whether they will stay in their own homes (with or without modifications, with mean expectation probabilities of 57% and 49%). Expected probabilities of obtaining a reverse mortgage (18%), moving to a retirement community (23%), and purchasing long-term care insurance (34%) reflect some small, but not very probable, expectations of using these strategies. The standard deviations of all of the options are fairly large, indicating a wide degree of variation regarding expectations for each type of future housing/long-term care strategy.

Tables 3 and 4 present the ordered logit regression and predicted probabilities for expectations of always living in one's current home. Table 5 summarizes the significant factors from the ordered logit regressions for expectations about the remaining seven alternative housing options (complete data are available from the authors). We first analyze expectations for each housing option for the whole sample, then separately for men and women.

TABLE 3
Ordered Logit (OL) Regression Results: Expectation of
Always Living in One's Current Home (standard errors in parentheses)

	Never Move		
	Full Sample	Men	Women
Background variables			
Age	.052**	.013	.094**
	(.015)	(.023)	(.022)
Women	.244	—	—
	(.175)	—	—
Urban residence	−.410*	−.456	−.319
	(.177)	(.276)	(.244)
Education	−.238**	−.170	−.347**
	(.067)	(.091)	(.110)
Married	−.055	.192	−.162
	(.211)	(.392)	(.261)
White	.399	.724	−.101
	(.362)	(.548)	(.502)
Housing history			
Years in residence	.015*	.022*	.003
	(.007)	(.011)	(.011)
Rent	−1.182**	−.822	−1.636**
	(.354)	(.615)	(.461)
Own home outright	.304	.764**	−.271
	(.190)	(.280)	(.275)
Social integration			
Volunteering	.453**	.449	.411
	(.168)	(.241)	(.245)
Caregiving	−.367	−.401	−.276
	(.192)	(.296)	(.262)
See relatives often	−.126	.073	−.472
	(.204)	(.288)	(.303)
Grandchildren near	.300	.186	.415
	(.182)	(.268)	(.260)
Health			
Self-esteem	−.137	−.280	−.008
	(.205)	(.297)	(.295)
Depression	−.045**	−.018	−.062**
	(.017)	(.030)	(.022)
Spouse's health history	.079	.001	.189
	(.087)	(.125)	(.128)
1st "cutpoint" OL model	1.661	−.108	2.432
	(1.331)	(1.878)	(1.811)
2nd "cutpoint" OL model	2.999	1.054	4.052
	(1.335)	(1.879)	(1.822)
Observations	616	300	316
Log likelihood	−598.811	−289.823	−294.859

*$p < .05$. **$p < .01$.

TABLE 4
Predicted Probabilities of Significant Factors Related to Always Living in the Current Home

Expected Likelihood	Full Sample			Men			Women		
	Unlikely	Uncertain	Likely	Unlikely	Uncertain	Likely	Unlikely	Uncertain	Likely
Housing options and significant[a] characteristics									
Never move									
Under 60[b]	.375	.291	.334				.354	.338	.308
60-72	.198	.250	.552				.135	.263	.602
Metropolitan	.311	.279	.410						
Nonmetropolitan	.222	.250	.528						
High school or less	.230	.257	.513				.193	.288	.519
More than high school	.344	.284	.372				.328	.319	.353
Fewer than 17 years in home	.357	.283	.360	.431	.245	.324			
More than 17 years in home	.213	.257	.530	.237	.230	.532			
Rent	.552	.256	.192				.476	.309	.214
Own with mortgage	.260	.270	.470				.218	.298	.484
Own home outright				.174	.217	.609			
Own with mortgage				.452	.255	.294			
Volunteer	.246	.261	.493						
Not a volunteer	.307	.275	.418						
CES–D = 0	.248	.265	.487				.160	.275	.565
CES–D = 1-15	.294	.271	.435				.259	.305	.436
CES–D = 16+	.322	.276	.402				.355	.329	.316

NOTE: CES–D = Center for Epidemiologic Studies–Depression Scale.
a. Numbers in table represent statistically significant differences in probabilities by categorical independent variables at $p < .05$.
b. Age at wave 1 (1994-1995).

TABLE 5
Ordered Logit Regression Results: Summary of Significant Factors for Expected Alternative Housing Options

	Modify Home	Reverse Mortgage	Retirement Community	LTC[a] Insurance	Live With Family	Share Home	ECHO[b] Cottage
Background variables							
Age		T–, F–		T–, F–		T–, F–	T+, M+
Women	T+		T+	T+	T+		
Urban residence			M–				T–, M–
Education				T+, M+, F+	F–		
Married	M+				T–, F–	T–, F–	
White	T–, M–, F–						
Housing history							
Years in residence	M+	T–, F–	T–, F–			F–	
Rent		T–, F–					
Own home outright	T+		T+			T+, F+	
Social integration							
Volunteering				T+			
Caregiving			T+, F+	F+			
See relatives often				M–		M–	
Grandchildren near							
Health							
Self-esteem	T–	T–, M–, F–					
Depression							T+, F+
Spouse's health history							
Observations	606	601	621	605	608	617	616
Log likelihood	–629.527	–394.234	–463.463	–572.016	–226.115	–170.595	–148.855

NOTE: T = total sample; M = male; F = female; – = negative relationship; + = positive relationship; $p < .05$.
a. Long-term care.
b. Elder Cottage Housing Option.

REMAINING IN ONE'S CURRENT HOME

The most general option assessed, never moving from the current home, does not exclude acceptance of some of the other options, notably home modifications, reverse mortgages, or home sharing. The term *aging in place* encompasses each of these options. This general question gives a sense of respondents' overall conviction that they will not change their current housing in response to changing social or health circumstances that may accompany aging. Expectations of the late-midlife workers and retirees in the Cornell Retirement and Well-Being Study sample regarding always *staying in one's current home* vary by age, area of residence, education, years in the current home, tenure (renting versus owning), volunteering, and symptoms of depression (see Table 3). Underlying processes predicting expectations about moving/ staying do differ for men and women, with older, less educated, home- owning (versus renting) women and those with fewer depressive symptoms expecting to age in place. For men, only housing history (living in their current homes for more years and owning their homes outright) leads to stronger expectations of staying in their current homes. Both living in nonmetropolitan areas and being engaged in volunteering increase expectations of aging in place, regardless of gender. With the exception of volunteering, no other measure of social integration relates significantly to this expectation. Surprisingly, net of these variables, none of the measures of current or past physical health or of spouses' health predict expectations about staying put or moving.

Although the ordered logit coefficients clearly indicate the direction of the relationship, the magnitude of the effects is difficult to interpret (Greene 1993). Specifically, we cannot know which categories have an increased likelihood, only that respondents with particular characteristics are more likely to be in the highest category. Thus, we derive predicted probabilities of feeling unlikely, uncertain, or likely to always stay in the current home for each of the significant factors identified in the ordered logit regression (see Table 4). The predicted probabilities are estimated by using the relative odds formula from the ordered logit model to calculate the probability of falling into each expectation category, setting all other independent factors at their means (Greene 1993; see also Holden et al. 1997). We can thus change

the value of one variable and recalculate the probabilities to see its independent effect.

The first three columns of Table 4 display predicted probabilities for the full sample. The largest differences appear in the "likely to stay" and "unlikely to stay" categories rather than in the "uncertain" category. Respondents aged 60 to 72 are almost twice as likely as those in their 50s to feel certain they will never leave their current homes. Nonmetropolitan residents see themselves as more likely to stay in their own homes than their metropolitan counterparts; the same holds true for respondents with at most only a high school education. Long-term neighborhood residents—people who have lived in their homes for 17 or more years—see themselves as likely to stay where they are, compared to renters who are less likely to expect to remain in their current homes. Respondents who volunteer see themselves as likely to stay in their homes, compared with respondents who are not volunteers. As the number of depressive symptoms increases, so does the expectation to move.

Men who have lived in their current homes longer are more than twice as likely to feel that it is likely they will stay there. The same holds true for men who own their homes outright, compared with those with a mortgage. Women in their 50s are about equally likely to expect to move, to stay in their own homes, or to be uncertain about their residential futures. By contrast, older women (in their 60s and early 70s) are twice as likely to feel sure they will never move. Women with at most a high school education report more certainty that they will stay where they are currently living than do women with some college background. And women who currently rent their homes are twice as apt to feel likely to move in the future, compared with those who own their homes. Finally, women with no depressive symptoms see themselves as significantly more likely to age in place than are women with some or many depressive symptoms.

OTHER ALTERNATIVES

Table 5 summarizes the significant factors ($p < .05$) for the remaining seven housing strategies: modifying the home to adjust for special needs, obtaining a reverse mortgage, moving to a retirement community, purchasing long-term care insurance, moving in with a family

member, sharing the home with a nonfamily member, and living in an ECHO cottage. Gender and ethnicity, housing tenure, and self-esteem (regardless of gender), relate to respondents' expectations of *modifying their homes* to adjust for special needs. Specifically, women, non-White respondents, homeowners without a mortgage, and those with more self-esteem are more likely to expect to do so. Men who are married and have lived in their homes longer also have expectations about modifying their homes. Again, physical health does not relate to anticipating modifying the home for men or women. In fact, only ethnicity significantly predicts women's expectations about this option, with non-White women more likely to expect to make home modifications.

Late-midlife women have higher expectations than do men of both a future move to a *retirement community* and purchasing *long-term care (LTC) insurance*. However, older women have lower expectations of buying LTC insurance or obtaining a *reverse mortgage* than do their younger counterparts, whereas age does not affect men's expectations about these options. Higher educated men and women are more apt to expect to purchase LTC insurance, compared with those with less education. Housing history predicts expectations about both moving to a retirement community and obtaining a reverse mortgage. Specifically, women who have lived in their homes for fewer years have higher expectations about these two options, and respondents who own their homes outright (versus having a mortgage) foresee a greater likelihood of moving to a retirement community. Not surprisingly, women who rent their homes see little likelihood of ever obtaining a reverse mortgage in the future.

Respondents who volunteer in some capacity foresee a higher likelihood of purchasing LTC insurance, as do women caregivers and men who see their relatives infrequently. In addition, women caregivers have stronger expectations about moving to a retirement community. Expectations about purchasing a reverse mortgage are predicted by low levels of self-esteem for both men and women. Other measures of physical and psychological health do not relate to expectations about these three medium dependency options.

Women are more likely than men to expect to *move in with a family member*. For women, having less education and being single also predict greater expectations about moving in with a family member.

Women in their 50s and unmarried have a higher expectancy of *sharing one's home* with a nonrelative than do women who have spent fewer years in their current home. Women who own their homes outright (versus holding a mortgage) also perceive home sharing as a more likely option, possibly as a strategy for staying there. For men, only seeing their relatives less frequently increases the expectation of sharing one's home. Neither respondents' nor their spouses' health appears to influence expectations about home sharing. Finally, older men and men who live in a nonmetropolitan setting have higher expectations of living in an ECHO cottage; only women who report more symptoms of depression have a higher likelihood of choosing this arrangement.

ACTUAL MOVERS

The final set of analyses examines factors from the hypothesized model that predict moves actually made during the two years following the wave 1 interview (see Table 6). For the total sample, housing history and wave 1 expectations are by far the most influential factors. As residential mobility theory would predict (McHugh, Gober, and Reid 1990), renters at wave 1 are more than four times more likely to move in the two-year interval compared with homeowners who hold mortgages. Furthermore, compared with mortgage holders, those who own their homes outright are only one-third as likely to have moved. Wave 1 expectations about remaining in one's current home are negatively related to the likelihood of actually moving during the subsequent two years. But note that none of the demographic, social integration, health, or life change measures (triggers) predict moving (at the $p < .05$ level) for the whole sample.

The second and third columns of Table 6 capture the logistic regression models of the odds of actually moving, analyzed separately for men and women. Again, for men and women alike, the stronger the expectation to age in place in 1994 to 1995, the less likely respondents were to move by 1996 to 1997. However, housing history does not predict men's actual moves during the ensuing two years. Compared with men in their 50s, men in their 60s and early 70s were more apt to move. In addition, men who retired from their primary "career" jobs between

TABLE 6
Logistic Regression: Variables Associated
With Actual Moves After Two Years

Variable	Total Sample (N = 595)		Men Only (n = 294)		Women Only (n = 301)	
	Parameter Estimate	Odds Ratio	Parameter Estimate	Odds Ratio	Parameter Estimate	Odds Ratio
Age	.005	1.00	.109*	1.12	−.107	.90
Women	.017	1.02	—	—	—	—
White	.802	2.23	.501	1.65	6.747	851.39
Married	.100	1.10	−.213	.81	−.001	1.00
Years in residence	.018	1.02	.004	1.00	.031	1.03
Rent	1.357**	3.89	.970	2.64	1.596*	4.93
Own home outright	−1.025*	.36	−1.146	.32	−1.147	.32
See neighbors two times per month or more	−.039	.96	−.516	.60	.382	1.47
Attend church two times per month or more	.597	1.82	.598	1.82	.618	1.85
Spouse's health history	−.056	.95	−.050	.95	.101	1.11
Wave 1 expectation to age in place	−.032**	.97	−.036**	.97	−.031**	.97
Marital disruption since wave 1	1.167	3.21	−6.330	.00	2.924*	18.61
New marriage since wave 1	1.511	4.53	−7.002	.00	3.836*	46.36
Retired since wave 1	.350	1.42	1.344*	3.84	−.662	.52
Hospitalization since wave 1	.689	1.99	.691	2.00	.729	2.07
Spouse health problem since wave 1	.604	1.83	.569	1.77	.579	1.78
−2 log (likelihood)	254.05	16 df	123.58	15 df	105.07	15 df
χ^2	84.48	p = .000	52.18	p = .000	57.42	p = .000

*p < .05. **p < .01.

waves 1 and 2 of the survey were almost four times as likely to move as those who did not retire during this period. This finding supports other residential mobility research indicating that retirees are more likely to move than those constrained by employment to a particular location (Clark and Davies 1990; Glasgow 1980).

Two things best predict the odds of late midlife women workers and retirees moving. First, renters are close to six times more likely to move than are women who are homeowners with a mortgage. Second, a change in marital status, either marital disruption or a new marriage, also greatly increases the odds of moving for women.

Discussion

The findings presented here reinforce our life-course emphasis on the importance of resources, past experiences, and contextual considerations in shaping subjective choices and expectations. Clearly, individuals can and do make cognitive assessments of their future housing expectations, with variations as to the strength of expectations about particular options contingent both on individuals' location in the broader social structure and their previous housing history. Thus, for example, net of other factors, not only women and members of ethnic minorities but also those tied to their communities through owning a home outright are more apt to expect to "age in place" through suitable modifications of their current homes. Residential mobility research indicates that older Whites are more likely to actually move (Watkins 1989), but so are women who do not foresee this transition in our sample. Furthermore, there is a general trend away from expecting to count on one's children for care and toward expecting to age in place, which reflects the underlying desire for independence and avoidance of "becoming a burden." This finding points to the growing need to plan for alternate housing and community-based long-term care arrangements that will enable disabled older people to maintain their sense of independence.

Results regarding expectations to always remain in one's current home reflect the relative youth and good health status of this particular sample of workers and retirees. When considering their responses to this question, it appears that these respondents picture making an amenities-oriented move (Litwak and Longino's [1987] type 1 move) rather than a move to adjust for disability (Litwak and Longino's types 2 and 3 moves) or staying where they are involuntarily (Wiseman 1980). Retirement mobility research has demonstrated that people with more resources have higher migration rates in their early retirement years (Golant 1987; Morrison 1990; Wiseman 1980). Respondents in this sample mirror this pattern in their expectations to move, with younger respondents and those with more education expressing more certainty of a future move. By contrast, older men who are newly retired are more likely to actually move in the two-year follow-up period.

Although expectations about the eight housing and LTC options considered in this study are predicted by various measures in the hypothesized model, there is no clear pattern linking people with greater likelihood of future need for assistance (e.g., those who are older or less healthy) to stronger expectations regarding the options that provide such help. In fact, respondents in their 60s and early 70s express more certainty than those in their 50s that they will never move from their current homes. By contrast, midlifers in their 50s are more apt to expect to obtain a reverse mortgage or LTC insurance and to share their home with others. Women have higher expectations of moving in with a family member but also of remaining in their current home, modifying their homes, moving to a retirement community, and purchasing LTC insurance than do men.

Deeper ties to the community, expressed by measures of housing history, do predict strong expectations to stay in one's current home, reflecting continuity in life patterns. The migration literature has demonstrated repeatedly that such ties prevent moves, whereas ties to other places (e.g., family and friends or owning vacation property) encourage moves (Cuba 1991; Glasgow 1980; McHugh 1990; Oldakowski and Roseman 1986). Nonetheless, it is important to note the diverging patterns for men and women. For example, the residential mobility literature indicates that renters will always move more often than homeowners (McHugh et al. 1990). Yet, status as a renter predicts late- midlife women's expectations but not men's, decreasing their expectations of never moving and of ever obtaining a reverse mortgage. "Aging in place" can be viewed as an extension of duration of residence; thus, living in the current home for a longer period should lead to stronger expectations to remain there permanently. For men, results support this hypothesis. Remaining in their current residence for longer periods of time increases men's expectations that they will age in place, including modifying their homes. By contrast, women's expectations about aging in place do not relate to the duration of time in their current residence. The length of time in their current home does predict women's lower expectations of moving to a retirement community, but it also predicts lower expectations of obtaining a reverse mortgage or sharing their homes, both of which would enable them to age in place.

Owning one's home outright (versus carrying a mortgage) is a significant predictor as well; those who own their homes outright anticipate a higher likelihood of sharing housing in the future. Additional analysis shows that those who hold a mortgage have significantly higher incomes than homeowners without a mortgage; those owning their own homes may see shared housing as an option that would allow them to remain in their homes while simultaneously generating some income.

Individual measures of social integration have some unique relationships with expected housing options of our late-midlife sample of workers and retirees, with volunteers and women caregivers having higher expectations of purchasing LTC insurance and caregiving additionally predicting higher expectations of moving into a retirement community. Being volunteers also binds respondents to their current home. Both volunteering and caregiving experiences may well increase late-midlifers' firsthand awareness of the frailties that often accompany aging, reinforcing their desire to take control over their own future housing and LTC arrangements to optimize both care and independence. The fact that seeing their relatives often negatively predicts late-midlife men's expectations of purchasing LTC insurance or of sharing their home with nonrelatives suggests that men with active kin networks may feel that they can rely on them for care, even though they do not foresee moving in with family members. These findings reveal that, rather than acting uniformly as strong ties to the community, indicators of social integration have disparate effects on housing and LTC expectations, depending on the nature and the context of the role or relationship, the gender of the respondent, and the particular housing and/or care option under consideration.

Surprisingly, none of our measures of current or prior physical health problems predict expectations about future living and/or LTC arrangements for late-midlife men or women in their 50s, 60s, and early 70s. However, respondents with poorer psychological health (as gauged by depressive symptoms and low self-esteem) are more apt to expect greater dependency than those with more psychological resources, having higher expectations of getting a reverse mortgage or living in an ECHO cottage and lower expectations of remaining in their current home. Note that depressive symptoms only predict women's expectations in these analyses.

FROM EXPECTATIONS TO BEHAVIOR

Our discussion thus far has focused on predictors of expected housing and/or LTC strategies, not actual behavior. But the Cornell Retirement and Well-Being Study does provide evidence of the importance of cognitive assessments regarding future actions, as Juster (1966, 1997) and Manski (1990, 1993) theorize. The strongest predictor of who had actually moved by the two-year follow-up interview are respondents' expectation of moving in the future (as stated during the wave 1 interview). This relationship further validates use of expectation measures for predicting future behavior and, therefore, as a tool in policy and corporate decision-making.

Net of the expectation measures, housing tenure and age remain significant predictors of moving, with renters most apt to actually move and homeowners with no mortgage more likely to remain in their same residences. Notably, the duration of years in the current home does not predict actual moves, suggesting that shifts in situational exigencies may have a stronger influence on actual moves than do ties to the current residence. And, in fact, our results demonstrate the clear, but gendered, influence of various triggering mechanisms (Wiseman 1980). Specifically, changes in marital status for women and changes in employment status for men predict residential moves, again supporting Juster (1997) and Manski's (1990) qualification about unforeseen circumstances causing behavior to diverge from intentions.

CAVEATS

Although this study is unique in assessing the probability (on a scale from 0 to 100) of anticipated future housing arrangements, some limitations exist. The research design deliberately taps a population in transition, those moving into or through the early years of retirement, age 50 to 74. It does not represent those individuals in their late 70s and 80s, and it also excludes late-midlife women who have not been in the labor force. Thus, our late-midlife respondents are younger and healthier than many older Americans actually facing the need to change their living arrangements. Moreover, our respondents are drawn from six employing organizations in upstate New York and therefore do not make up a nationally representative sample. The data do not permit much variance in population heterogeneity in terms of

race and organization/industry (see also Han and Moen 1999). The sample includes only a small group (5%) of non-White respondents, so conclusions about this subgroup remain tentative. Nevertheless, we have been able to assess the housing and LTC expectations of a cohort just beginning to contemplate their future housing and support needs and to document a very strong link between these expectations and their actual short-term behavior.

The retirement housing industry has exploded during the past two decades, with new and distinct types of retirement housing in constant development. The options considered in this study clearly do not represent all of even the most common retirement housing arrangements. Notably missing are specific migration to a retirement destination (which maintains independent living) on one end of the continuum and assisted living and nursing homes at the other end. Also, the retirement community option certainly includes many different types of communities within one category; it is impossible to know exactly what type of retirement community respondents visualize, within the parameters of providing meals, housekeeping, transportation, and social activities. Nevertheless, the options chosen for this study, based on AARP's (1992) tested items, attempt to make a broad sweep over the gamut of housing and/or LTC options for those currently in late midlife as they confront the onset of old age. Future analyses should certainly focus on more in-depth examinations of expectations about other and more specific options.

Clearly, the housing options examined here are not mutually exclusive; for example, some respondents expect to remain in their own homes and eventually to obtain a reverse mortgage to enable them to do so indefinitely. Thus, an important next step involves modeling the relationships among various options. Such analysis can provide additional insights into how aging adults conceptualize their future housing arrangements and identify individual characteristics predicting particular sets of expectations.

This study moves research on retirement populations forward by including both men and women from a wide range of occupational statuses in both metropolitan and nonmetropolitan areas. Unfortunately, any finer distinctions between urban and suburban residence were impossible to make. Two other measures that were unavailable but that could yield interesting results include proximity of children (in addition

to our measure of proximity of grandchildren) and more direct measures of satisfaction with one's current home and/or community.

POLICY IMPLICATIONS

Expectations about future housing and LTC options have clear implications for both public policy and private industry, clarifying which settings will need increased service provision and which types of housing programs to develop or support through demonstration projects and other funding mechanisms. Home building and renovation, retirement community, insurance, and finance industries can incorporate information about the housing expectations of late-midlife adults into their long-range planning strategies.

From a policy perspective, our findings show that expectations about specific housing options vary widely, emphasizing both the heterogeneity of expectations of people in late midlife and the corresponding necessity of providing a range of housing and LTC options for people moving into their later years. Clearly, a large proportion of Americans plan to age in place and will require access to a wide variety of community-based services. However, significant numbers do expect to make alternative housing arrangements and express interest in various mechanisms to finance their housing and LTC needs.

Knowing who sees LTC insurance as a viable option will allow both private corporations and public policymakers to target groups in which to make this option available. Equally important, they can learn who finds LTC insurance beyond their financial reach or think it is unnecessary. This is a timely issue, as President Clinton's 2001 budget proposes to offer LTC insurance in federal employees' benefits.

Of particular interest to employers considering including LTC insurance in their benefits packages, as well as insurance companies selling these policies, is the finding that many employees in their 50s and 60s express interest in this option, especially women and more educated workers. This interest may reflect an emerging shift in employee preference, as new cohorts of midlife workers begin to confront the reality of life after retirement. Employers and organizations that offer retirement planning and counseling or sponsor retirement clubs could include information about housing and LTC, educating their audience as to both the range of options and the trade-offs among them.

It is instructive that three of the most supportive options assessed in this study are seldom expected among late-midlife respondents. Sharing a home with a nonrelative did appeal more to some groups than to others, but the overall average rate of expectation remains low (9 out of a possible 100%). Moving in with a family member or living in an ECHO cottage is uniformly unanticipated (at 12% and 7%, respectively), indicating that informal family solutions to the housing needs of older Americans are rarely preferred or acceptable options.

The fact that neither objective nor subjective evaluations of health relate to respondents' expectations about any of the housing options suggests that poor health for individuals in their 50s and 60s is not translated into perceptions of increasing periods of morbidity and increasing incidence of chronic diseases that will necessitate future housing and/or care arrangements. Individuals therefore may neglect to prepare for future dependency through planning for alternative housing arrangements. However, physical health problems may become more salient in shaping housing expectations, as well as real housing needs, for people moving through their 70s and 80s. What may be required are policies and practices that assist individuals in learning about and assessing housing options and requirements as they age so that their housing expectations and choices conform more closely to the realities of their future needs and resources.

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