Feasibility Study to Describe the Dependency Levels of People Living in Retirement Villages in Auckland, New Zealand

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BACKGROUND

RETIREMENT VILLAGES IN NEW ZEALAND:
• Approximately 30,000 people live in villages
• 5% proportion of the over 65 years population
• Retirement Village Dwellings:
  - 1998 – 10,000
  - 2010 – 17,250
  - 800-1200 dwellings increasing annually

INCREASED SENSE OF WELLBEING IN RETIREMENT VILLAGES: UNITED KINGDOM
• Significantly higher levels of general and mental health when compared to older people living in the community.¹

INCREASED SATISFACTION: MELBOURNE, AUSTRALIA:
• Village residents reported higher levels of improvement compared to the community group on all measures of quality of life.

REASONS FOR MOVING TO AGED CARE
• “Pushing” factors
  - own or spouse’s deteriorating health
  - lack of help available
  - reduce responsibilities
  - loneliness and the closure of previous facility
• “Pulling” factors
  - location of the village
  - Familiarity
  - reputation of the facility
  - security
  - joining friends who were either moving at the same time or had previously moved to the facility.²
• Little or no input into the decision to move can lead to negative health outcomes such as depression.³

AIMS

• Conduct a literature search to identify and review the relevant national and international literature regarding occupants of retirement villages.
• Develop a questionnaire that will describe the demographic and functional characteristics of village residents.
• Pilot the questionnaire to assess the acceptability, clarity and any associated problems
• Conduct a pilot survey to assess the feasibility of the methods

METHODS

• 6 Retirement Villages, 2 in each Auckland DHB
• Attempted to include facilities with a variety of characteristics:
  - Group affiliated
  - Stand alone
  - Large and small
  - License to occupy and unit title
• Cooperation of village managers was crucial in providing lists of all units and approaching randomly selected residents.
• 207 units randomly selected; 100 units (48%) with 124 residents indicated their willingness to participate
• 110 self-completed questionnaires.

KEY MESSAGES

• Overall the dependency level of retirement village residents is somewhat in between those who reside in private dwellings in the community and those who live in rest homes.
• All respondents were able to move independently indoors (Figure 1).
• 16% reported impaired vision even when spectacles were used.
• 35% reported some hearing loss with 33% relying on hearing aids and 3% isolated by their hearing impairment.
• Urinary incontinence in the villages was higher than expected at 44% which is similar to the 41% found in rest homes (Figure 2).
• 1 in 5 village residents had a BRIGHT score of 3 or more indicating high risk for functional impairment compared to 1 in 10 of community dwellers aged 75 years and older (Figure 4).
• >50% received some help with home care and 15% received help with personal care.

RESULTS

Figure 1 – Comparison of dependency in activities of daily living between retirement village and rest-home residents.⁴

Figure 2 – Comparison of urinary and fecal incontinence between retirement village and rest-home residents.⁶

Figure 3 – Comparison of cognitive and behavioural impairment between village and rest-home residents.⁸

REFERENCES & ACKNOWLEDGEMENTS


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