



Northwestern

THE AGE WELL STUDY:

Investigating Factors Associated with Happiness &
Life Satisfaction in Residents of Life Plan Communities

SUMMARY FINDINGS OF THE YEAR 3 REPORT



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STUDY OVERVIEW



Happiness is important... not only because it feels good, but because it's associated with other important outcomes, such as better physical and mental health, more positive social interactions, and greater creativity.

The Age Well Study is a five-year, nationwide study examining the impact of residing in a Life Plan Community on residents' health and wellness. The focus of the Year 3 study was to examine factors that may be related to happiness and life satisfaction among residents. Happiness and life satisfaction are both subjective assessments of one's own well-being. Happiness concerns one's state of well-being, while life satisfaction refers to the extent to which one's life has met one's expectation.

Happiness is important, not only because it feels good, but because it's associated with other important outcomes, such as better physical and mental health, more positive social interactions, and greater creativity (Baas, De Dreu, & Nijstad, 2008; Diener, Kanazawa, Suh, & Oishi, 2015; Kushlev et al., 2020). Evidence suggests that positive emotions broaden thoughts and behaviors in a way that leads people to try new things, engage in more social interactions, and be more creative and flexible. As a result of this broader, positive mindset, people develop greater skills, resources, and relationships that enable them to respond more resiliently to challenges (Fredrickson, 2001; Tugade & Fredrickson, 2004).

Happiness is based on many factors, including one's genetics and personality, situational factors, and day-to-day thoughts and behaviors (Lyubomirsky, Sheldon, & Schkade, 2005). This means that some people naturally have happier dispositions than others; however, it's also possible to engage in activities to increase one's happiness. Ironically, happiness-seeking can sometimes be related to lower levels of happiness (e.g., Mauss, Tamir, Anderson, & Savino, 2011; Sheldon, Corcoran, & Prentice, 2019). Pursuing activities solely for the sake of happiness may not have the intended consequence. Instead, engaging in meaningful activities, helping others, cultivating feelings of gratitude, and other activities of more intrinsic value may ultimately be more effective at enhancing happiness (e.g., Friedman, Ruini, Foy, Jaros, Sampson, & Ryff, 2017; Otake, Shimai, Tanaka-Matsumi, Otsui, & Fredrickson, 2006; Seligman, Steen, Park, & Peterson, 2005).



PARTICIPATING COMMUNITIES AND RESIDENTS



122

LIFE PLAN COMMUNITIES AROUND
THE US PARTICIPATED IN THE STUDY

4,191

LIFE PLAN COMMUNITY RESIDENTS
PARTICIPATED IN THE STUDY

Year 3 study findings are based on responses from 4,191 residents from 122 Life Plan Communities throughout the United States. Life Plan Communities with at least 100 residents residing in independent living were eligible to enroll in Years 1 or 2, and a staff member at each community was asked to complete a survey regarding organizational characteristics. Residents residing in independent living at enrolled communities were invited to complete annual surveys on their health and wellness as well as other individual characteristics. Year 3 of the Age Well Study was administered in January to May 2020 in the midst of a global pandemic.

Table 1 presents the demographic characteristics of the residents of Life Plan Communities who participated in Year 3 of the Age Well Study. Category totals may not sum to 100% due to rounding.

Table 1. Respondent Characteristics

Number of respondents	4,191
Age	
Younger than 80	23%
80 to 84	25%
85 or better	51%
Not reported	0%
Gender	
Female	67%
Male	33%
Not reported	0%
Ethnicity	
Hispanic/Latino	<1%
Not Hispanic/Latino	88%
Not reported	12%
Race	
White/Caucasian	97%
Black/African-American	<1%
All other races	2%
Not reported	<1%

Marital status	
Married	51%
Widowed	37%
Divorced	6%
Never married	4%
Partnered	1%
Separated	<1%
Not reported	0%

Education	
No degree	<1%
GED	<1%
High school	11%
Associate's	8%
Bachelor's	31%
Master's	30%
Doctorate	15%
Other	3%
Not reported	<1%

Religion	
Protestant	57%
Catholic	14%
Jewish	6%
None/No preference	14%
Other	7%
Not reported	1%

Income	
Less than \$20,000	1%
\$20,000 to less than \$40,000	5%
\$40,000 to less than \$60,000	9%
\$60,000 to less than \$80,000	12%
\$80,000 to less than \$100,000	12%
\$100,000 to less than \$120,000	15%
\$120,000 to less than \$140,000	7%
\$140,000 to less than \$160,000	6%
\$160,000 or more	20%
Not reported	11%

Region	
South	33%
West	25%
Midwest	24%
Northeast	17%

A man and a woman are hiking on a rocky mountain trail. The man, in the foreground, is wearing a bright green jacket and a large brown backpack. He is smiling and reaching out his hand towards the camera. The woman, slightly behind him, is wearing a red jacket and is also smiling. They are both looking towards the camera. The background shows a steep, rocky mountain slope with some sparse vegetation. The sun is shining from the upper left, creating a warm, golden light and some lens flare effects. An orange banner with the text "STUDY FINDINGS" is overlaid on the lower left side of the image.

STUDY FINDINGS



Analyses investigated resident characteristics associated with happiness and life satisfaction, including

- demographic characteristics
- personality traits
- psychological resources
- social/communal factors
- health

Analyses accounted for the effects of residents' age, gender, income, education, marital status, depressive symptoms, number of chronic health conditions, and length of residence.

DEMOGRAPHIC DIFFERENCES IN OVERALL HAPPINESS AND LIFE SATISFACTION

There were small, but statistically significant, differences in happiness and life satisfaction associated with respondent demographics and background characteristics:

- **GENDER:** Female respondents reported greater happiness compared to males (see Figure 1).

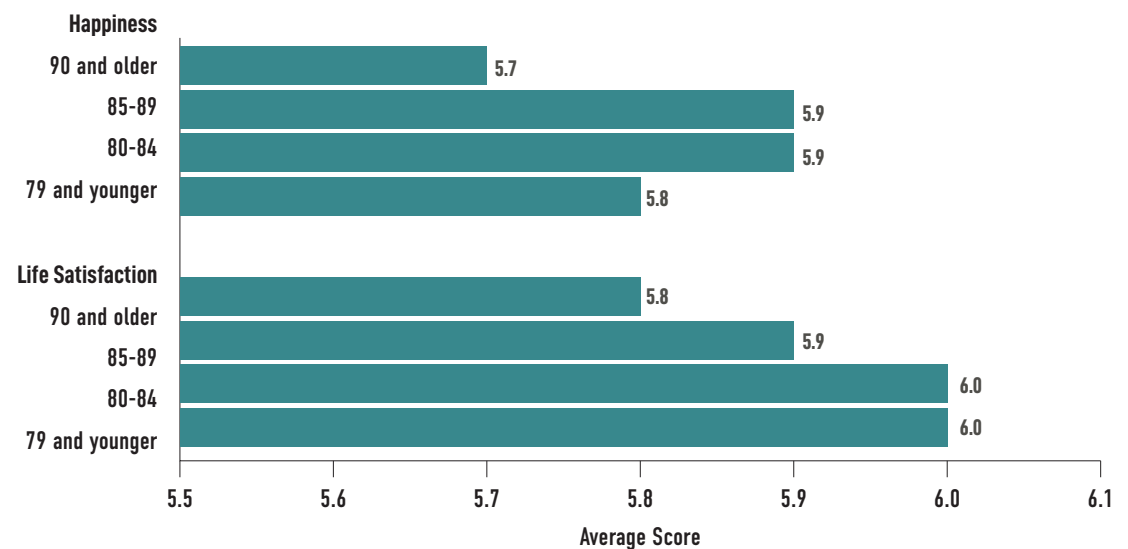
Figure 1. Gender Differences in Average Happiness



Respondents with a college degree or more education reported higher life satisfaction compared to people without a college degree.

- **AGE:** Respondents in the oldest age range (90+) reported lower happiness and life satisfaction than younger age groups (see Figure 2).

Figure 2. Age Differences in Happiness and Life Satisfaction



- **EDUCATION:** Respondents with a college degree or more education reported higher life satisfaction compared to people without a college degree (college degree = 6.0; no college degree = 5.8).
- **INCOME:** Greater household income was related to higher life satisfaction, and the greatest average differences in life satisfaction occurred between residents with household incomes less than \$40,000 compared to residents with household incomes of \$80,000 or more (see Figure 3). However, average happiness levels did not significantly differ based on income, college education, being married/partnered, and length of residence.

Figure 3. Relationship between Income and Average Life Satisfaction



- **MARITAL STATUS:** Respondents who are married or partnered reported higher life satisfaction compared to other marital statuses (married or partnered = 6.0; other marital status = 5.9).

PERSONALITY TRAITS & HAPPINESS AND LIFE SATISFACTION

Personality traits are among the strongest predictors of happiness (Steel et al., 2008). The “Big Five” personality traits include Openness to Experience, Conscientiousness, Extroversion, Agreeableness, and Neuroticism. Each describes patterns of behavior, thoughts, and feelings that typically don’t change much over time. (See Table 2). The teal boxes and upward arrows indicate positive outcomes, while the orange boxes and downward arrows indicate negative outcomes.



Table 2. Relationship between Personality Traits & Happiness and Life Satisfaction

	Happiness	Life Satisfaction
Openness to experience		
Conscientiousness		
Extroversion	↑	↑
Agreeableness	↑	↑
Neuroticism	↓	↓

■ Positive Outcomes
■ Negative Outcomes

- **OPENNESS TO EXPERIENCE:** Individuals who exhibit high levels of openness usually enjoy new experiences. They tend to be creative, appreciate beauty, enjoy intellectual activities, and understand their emotions. Openness to new experience was not significantly related to resident happiness or life satisfaction.
- **CONSCIENTIOUSNESS:** Persons who rate high on conscientiousness are generally disciplined, dependable, and detail oriented. Conscientiousness was not significantly related to resident happiness or life satisfaction.
- **EXTROVERSION:** Extroverts are outgoing and often like to be the center of attention. More extroverted residents tended to be happier and more satisfied with life than less extroverted residents.
- **AGREEABLENESS:** Persons who rate high on agreeableness value getting along well with others. They tend to be warm, helpful, empathic, and generous. Residents with higher (vs. lower) levels of agreeableness were happier and more satisfied with life.
- **NEUROTICISM:** Individuals with higher levels of neuroticism tend to be less emotionally stable and frequently feel sad, anxious, or angry. In contrast to other personality types, residents with higher levels of neuroticism were less happy and less satisfied with life.

PSYCHOLOGICAL RESOURCES & HAPPINESS AND LIFE SATISFACTION

Residents with higher optimism were happier and more satisfied with life.

Psychological resources, associated with numerous benefits, are valuable assets in our lives. Many studies have shown that psychological resources are strongly linked to positive emotion, happiness, and life satisfaction (Carver, Scheier, & Segerstrom, 2010; Hausknecht, Low, O'loughlin, McNab, & Clemson, 2019; de Quadros-Wander, McGillivray, & Broadbent, 2014; Irving, 2017; MacLeod, Musich, Hawkins, Alsgaard, & Wicker, 2016). While some psychological resources have a genetic component, individuals can work to strengthen psychological resources. (See Table 3).

Table 3. Relationship between Psychological Resources & Happiness and Life Satisfaction

	Happiness	Life Satisfaction
Higher optimism	↑	↑
Higher perceived control	↑	↑
Greater purpose	↑	↑
More positive perceptions of aging		↑
Higher resilience	↑	↑

■ Positive Outcomes
■ Negative Outcomes

- **OPTIMISM:** People who are optimistic have positive expectations for the future. Residents with higher optimism were happier and more satisfied with life.
- **PERCEIVED CONTROL:** Perceived control refers to the degree to which an individual believes they have control over their activities and their lives. Residents with a higher sense of perceived control were happier and more satisfied with life.
- **PURPOSE IN LIFE:** Individuals with a strong sense of purpose are goal-directed and feel their life is meaningful. Residents with a greater sense of purpose in life were happier and more satisfied with life.

- **PERCEPTIONS OF AGING:** Perceptions of aging are a reflection of one’s attitudes, experiences, and internalized stereotypes about getting older. Residents with more positive perceptions of aging were more satisfied with life; however, perceptions of aging were not significantly related to happiness.
- **RESILIENCE:** Highly resilient individuals are able to cope with and recover from difficult events and stressors. Residents with greater resilience were happier and more satisfied with life.

SOCIAL/COMMUNAL FACTORS & HAPPINESS AND LIFE SATISFACTION

More religious residents were more satisfied with life, but religiosity was not significantly related to happiness.

Social and communal factors are measures of relationships and connections—to others, the community, the spirit, and a higher power. Previous studies demonstrate that social and communal factors play a role in feelings of happiness and life satisfaction (Cowlshaw, Niele, Teshuva, Browning, & Kendig, 2013; Cramm, Van Dijk & Nieboer, 2013; Helliwell, Huang, Norton, & Wang, 2019; Myers, 2008; VanderWeele, Hawkey & Cacioppo, 2012). (See Table 4).

Table 4. Relationship between Social/Communal Factors & Happiness and Life Satisfaction

	Happiness	Life Satisfaction
Higher loneliness	↓	↓
Greater social cohesion	↑	↑
Greater community belonging	↑	↑
Higher religiosity		↑
Higher spirituality	↑	

■ Positive Outcomes
■ Negative Outcomes

- **LONELINESS:** Loneliness is a feeling of isolation and desire for greater social connection. Residents with greater loneliness were less happy and less satisfied with life.
- **SOCIAL COHESION:** Social cohesion refers to the degree of closeness and trust among community members. Residents with a greater sense of social cohesion in their communities were happier and more satisfied with life.

- **COMMUNITY BELONGING:** Community belonging describes a sense of fit and belonging to a community. Residents with a greater sense of community belonging were happier and more satisfied with life.
- **RELIGIOSITY:** Religiosity is the adherence to an organized system of beliefs and practices related to a higher power and community. More religious residents were more satisfied with life, but religiosity was not significantly related to happiness.
- **SPIRITUALITY:** Spirituality is the search for meaning and the relationship to a higher power that may be independent from religion (Koenig, 2000). More spiritual residents were happier, but spirituality was not significantly related to life satisfaction.

HEALTH & HAPPINESS AND LIFE SATISFACTION

Greater physical activity was associated with greater happiness, but it was not related to life satisfaction.

There is a strong connection between the mind and body. The Age Well Study focused on three components of health: self-reported health, physical activity, and healthy diet. (See Table 5).

Table 5. Relationship between Health & Happiness and Life Satisfaction

	Happiness	Life Satisfaction
Self-reported health	↑	↑
Physical activity	↑	
Healthy diet	↑	↑

■ Positive Outcomes
■ Negative Outcomes

- **SELF-REPORTED HEALTH:** Residents with better self-reported health reported greater happiness and higher life satisfaction.
- **PHYSICAL ACTIVITY:** Greater physical activity was associated with greater happiness, but it was not related to life satisfaction.
- **HEALTHY DIET:** Residents who indicated that they have healthier diets tended to be happier and more satisfied with life.

A photograph of a Black woman with short, curly hair, smiling broadly and looking upwards. She is wearing a blue and white patterned button-down shirt. Her right arm is extended outwards. The background is a sunlit park with green grass, trees, and a blurred street lamp. A semi-transparent orange banner is positioned across the lower left of the image.

DISCUSSION



Year 3 of the Age Well Study built on findings from the previous years by focusing on factors associated with resident happiness and life satisfaction. The results of this study, which identified factors associated with happiness as well as characteristics of residents who may be at risk of being less happy, can inform the development and implementation of efforts to support residents' emotional wellness.

It is interesting to note that many of the characteristics associated with resident happiness are also associated with better resident health and healthy behaviors (see the Year 2 Age Well Study report). For example, higher levels of extroversion, sense of purpose, optimism, and social cohesion are related to both greater happiness and better health. In addition, previous research indicates that there's a bidirectional relationship between happiness and health (e.g., Kushlev et al., 2020; Steptoe, 2019). In other words, happiness contributes to better health, and health, in turn, promotes greater happiness. This suggests that many of the programs and resources offered by Life Plan Communities to enhance residents' physical wellness may also support their emotional wellness.

Higher levels of extroversion, sense of purpose, optimism, and social cohesion are related to both greater happiness and better health.

These findings have several implications for Life Plan Communities:

- The specific aspects of life that contribute to happiness may vary from person to person. A source of joy for one resident may be of no interest to another. Solicit feedback from residents on their needs and interests and offer a variety of programs to support those areas.
- There's a strong connection between the body and mind. Continuing to support residents' physical wellness contributes to their health as well as their happiness. Interest is likely to be greatest for wellness programs that are both effective and enjoyable. People are more likely to continue with wellness behaviors that they enjoy.
- Supporting residents' social connections is a particularly high priority, given the physical distancing efforts that were established in many Life Plan Communities during the Coronavirus pandemic to protect the health and safety of the community. Communication technologies have played a large role in enabling people to connect with family and friends. However, access and ability to use these technologies may vary across residents.
- There is a core set of psychological resources, such as optimism and resilience, that appear to be beneficial in many aspects of life. People may naturally differ in their level of these resources; however, evidence suggests that these resources can also be learned (e.g., Treichler et al., 2020). Life Plan Communities can provide residents with programs, coaching, or other opportunities to enhance these skills.

FUTURE STUDY

The Age Well Study Year 1 results indicated that residents of Life Plan Communities reported better physical, social, intellectual, vocational, and emotional wellness compared to older adults residing in the community at large, but they were lower on spiritual wellness. The Year 2 report deepened our understanding of resident wellness by identifying a diverse set of factors associated with healthy behaviors and health outcomes. In Year 3, we examined another facet of resident wellness—factors associated with greater happiness and life satisfaction. Age Well Study surveys will be administered annually for the next two years with the ultimate goal of exploring changes in wellness outcomes over time among residents of Life Plan Communities compared to older adults in the community at large.

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To read the full report on Year 3 of the Age Well Study, and learn more about Mather Institute, visit TheAgeWellStudy.com.

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