Connecting Affordable Senior Housing and Services

A Descriptive Study of Three Colorado Models

Michelle Washko, Ph.D.; Alisha Sanders, M.P.Aff.; Mary Harahan;
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Funding for this report was provided by the Retirement Research Foundation, with additional support from the Murray and Sydell Rosenberg Foundation (Greystone). The views presented here are those of the authors and do not necessarily represent the official statements or views of the funders.

The authors of this report would like to acknowledge the team at the University of Denver School of Social Work who contributed to this project, including Enid Cox, DSW, Johny Augustine, Doctoral Student, and Rachel Solomon, Doctoral Student. They would also like to recognize Lauren Harris-Kojetin, PhD, IFAS's former Director of Research, who was instrumental in developing the proposal for this project.

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Institute for the Future of Aging Services

2519 Connecticut Avenue, NW

Washington, DC 20008

(202) 508-1208

Fax (202) 783-4266

www.futureofaging.org

The Institute for the Future of Aging Services (IFAS) is a policy research institute whose mission is to create a bridge between the practice, policy and research communities to advance the development of high-quality health, housing and supportive services for America's aging population. IFAS is the applied research arm of the American Association of Homes and Services for the Aging (AAHSA). AAHSA members serve two million people every day through mission-driven, not-for-profit organizations dedicated to providing the services people need, when they need them, in the place they call home. AAHSA's commitment is to create the future of aging services through quality people can trust.

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Executive Summary

The U.S. will experience an unprecedented growth in the elderly population as the Baby Boom generation turns 65. This boost in the numbers of older Americans will certainly influence the delivery of health and long-term care services. As the Baby Boomers age and experience increased chronic illness and disability, more long-term care choices will most likely be necessary. Of particular concern to lower-income seniors and their families will be finding affordable long-term care solutions.

The study was conducted by the Institute for the Future of Aging Services (IFAS), the applied research arm of the American Association of Homes and Services for the Aging (AAHSA), in collaboration with University of Denver (DU) School of Social Work. The Retirement Research Foundation funded the study, with additional support coming from the Murray and Sydell Rosenberg Foundation (Greystone). It describes and compares how three senior housing communities in Colorado help residents maintain independent living in the face of growing frailty and/or disability. Linking affordable independent senior housing to health and supportive services is one potentially cost-effective strategy for supporting the long-term care related needs of at least some older adults.

The three housing communities evolved different strategies to foster independent living and support residents in the face of changing needs. One property organized itself as a direct service provider, the second property developed a rich array of purposeful community partnerships and the third property left to residents and their families the responsibility for organizing their own services.

This study revealed several interesting findings. First, although the median age of residents was about 85, the great majority reported themselves to be in good health. Only a minority reported they were chronically ill and/or functionally disabled. Between 16 and 25 percent of the residents across the three properties had three or more chronic health conditions. Between 15 and 22 percent reported limitations in one or more ADLs or IADLs. This group may be more similar to an assisted living population and in need of more intensive services such as case management and personal assistance. The research team also found residents did not report using many services, although they were more likely to use services if the property offered them onsite. Somewhat surprising to the research team, the study also found that residents in the three properties relied to a significant extent on families to provide services and care. Whether or not families were providing a level of assistance that enabled residents to remain in independent living if their health declined and/or disability increased needs to be further examined. The research team could not conclude whether the availability of services or the strength of family support resulted in better outcomes, e.g., extending the duration of independent living, improved health, functioning and quality of life or reduced use of hospitals, nursing homes and assisted living.

Study findings confirm that the make up of elderly residents in publicly subsidized housing is changing. They are much older at entry and, reflecting their older age, are more likely to have chronic health problems and disability than was true 10 or 20 years ago. The study framed the challenge ahead for senior housing providers—an aging resident base with increasing frailty. The study results are intended to contribute to the evidence base about the potential of linkages between publicly subsidized housing and health-related and aging services in addressing some of the long-term care needs of the nation's elderly.

Chapter 1 – Introduction

The goal of this study is to describe, compare and assess the potential of strategies employed by three affordable senior housing communities in the State of Colorado to link residents in independent living settings to health-related and supportive services. Increasingly, senior housing providers are employing such strategies to help residents "age in place" rather than seeking a higher level of care as their needs change. This study is intended to contribute to the evidence base on the extent to which and how linkages between publicly subsidized housing (and other affordable independent housing settings) and aging services can help meet some of the long-term care needs of the nation's elderly.

Statement of the Problem

The United States will experience an unprecedented growth in the elderly population as the Baby Boom generation begins to turn 65. The older population is projected to double from 35 million in 2000 to 71.5 million in 2030 (He, Sengupta, Velkoff and DeBarros, 2005). Like the rest of the United States, Colorado will see a dramatic growth in its elderly population.

While, as a group, seniors often are perceived to be financially secure, large numbers struggle to make ends meet. Many elderly individuals are on fixed incomes, which are eroded by inflation over time (Himes, 2001). In 2000, 10 percent of seniors ages 65 and older, or 3.4 million, had incomes at or below the federal poverty line.[1] In 1999, 7.4 percent of Colorado's older adults were at or below the federal poverty level (National Research Center, 2004).

Advanced age and low income place older adults at greater risk for chronic illness and disability, and consequently in greater need of health and long-term care services (Redford and Cook, 2001). Studies show that with every 10 years after reaching the age of 65, the odds of losing mobility double (He, et al., 2005). Among older adults aged 85 and above, 19 percent were in nursing homes in 2002 and almost 51 percent were limited in their ability to carry out everyday activities without assistance (Federal Interagency Forum on Aging Related Statistics, 2004).

In response to these trends, policymakers, aging advocates and service providers have sought new ways of organizing and delivering long-term care supports that are more attractive and affordable than nursing homes. Over the past three decades, significant attention has been paid to developing non-institutional models of home and community-based care. These models encompass a wide variety of settings, from congregate living arrangements to a person's own home. Somewhat more recently, assisted living facilities (ALFs) have received considerable attention. ALFs are a facility-based model of care that, like nursing homes, combine shelter and health-related and supportive services in a single package. The goal of assisted living is to provide older adults with cognitive and/or functional limitations a more home like, less restrictive and more affordable environment than is typically found in a nursing home.

However, experience to date suggests that it has been quite difficult to maintain the affordability of ALFs for older people with limited incomes (Wright, 2004). A less well-publicized strategy for providing lower-income seniors access to long-term care supports is emerging among publicly subsidized housing communities. In this model, independent housing is linked with health and supportive services so that older residents are able to age in place rather than move to a higher level of care as their needs change. This model has a number of potential advantages. For example, the model:

[1] In 1999, the income year for the 2000 Census, the poverty threshold for a person 65 or over living alone was $7,990, and it was $10,075 for a two-person household with the householder 65 or over.

- Responds to the preferences of overwhelming numbers of seniors who want to remain independent and in charge of their own lives.
- Builds on residential arrangements that are affordable to low- and modest-income older adults and are already present in many communities.
- Draws on existing community service networks as much as possible to obtain needed services and supports.
- Takes advantage of economies of scale and potentially lower service costs resulting from large numbers of seniors living in close proximity.

Rationale

About 1.8 million low-income older adults, mostly single women in their mid 70s to early 80s, live in independent, largely multi-unit federally subsidized housing—more than the number who live in nursing homes (Wilden and Redfoot, 2002). The majority live in public housing, housing with Section 8 assistance, Section 202 Supportive Housing for the Elderly, Section 515 Rural Rental Housing and Low Income Housing Tax Credit properties.[2] Unknown numbers of low-income seniors also live in rental properties subsidized through state and municipal programs.

Research shows that many of these older residents need assistance with routine activities. The 2002 American Community Survey found that subsidized older renters were twice as likely to be disabled as were older homeowners (Heumann, Winter-Nelson and Anderson, 2001). Over half reported limitations in activities such as walking and climbing stairs, compared to one quarter of older homeowners. A third reported difficulty with shopping or going to the doctor, twice that of older homeowners. Likewise, surveys of Section 202 property managers indicate that the proportion of residents having difficulty preparing meals or performing personal care tasks increased almost four fold between 1988 and 1999. Managers in the 1999 survey also reported that 30 percent of vacancies occurred because of a transfer to a nursing home (Heumann, et al., 2001).

Renters in subsidized senior housing also are less likely than unsubsidized renters to live in properties that offer supportive services. According to analysis of Wave 2 (1996) of the Study of Assets and Health Dynamics among the Oldest Old (AHEAD), 36 percent of subsidized senior housing properties offer transportation services, 26 percent offer group meals, about 12 percent offer housekeeping and six percent offer personal care. In contrast, over 75 percent of unsubsidized elderly renters live in independent senior housing offering group meals and transportation, 67 percent live in properties offering housekeeping and 43 percent in properties offering personal care (Gibler, 2003).

Linkages between subsidized housing and supportive services for older adults have been slow to take hold. The public agencies responsible for financing, managing and regulating low-income housing and health-related and supportive services programs are separate entities with separate missions. None has recognized a need for coordination and collaboration on a widespread or consistent basis. Providers often mirror the “silo” thinking of their funders. Housing providers may think that services are not their business. Community service

[2] The Section 202 program is the only federal financing source specifically for senior housing. Today’s Section 202 program provides non-profit entities with interest-free capital advances to help finance construction and rental assistance to subsidize resident rents. Qualified tenants generally must be at least 62 years old and have incomes less than 50 percent of the area median income. Low-income housing tax credits provide equity capital to help finance the development of affordable housing. The credits are competitively awarded to housing project sponsors who then sell the credits to investors to offset their federal tax liability. Projects are required to target a minimum of number of units to residents with incomes less than 50 or 60 percent of the area median income. The Section 515 program provides direct loans to finance affordable rental housing in rural areas for low-income families, elderly people and persons with disabilities. Properties financed by all these programs may also have Section 8 or similar rental assistance attached to them. Section 8 assistance pays property owners the difference between 30 percent of the household income and an established fair market rent for the area. Public housing is a federally funded program administered by local housing authorities to provide rental housing for low-income families, the elderly and persons with disabilities. In general, residents pay 30 percent of their monthly income in rent. Public housing is the largest federal housing assistance program for the elderly. Seniors live in both elderly-designated buildings and family properties.

providers may think that the service needs of the residents of subsidized housing are taken care of already. Perhaps most importantly, many housing and community services providers simply do not understand how to work together to meet the changing needs of aging residents in an economically feasible way or the potential benefits of doing so (Golant, 2003; Wilden and Redfoot, 2002; Golant and Salmon, 2004).

The evidence base regarding the efficacy of linking services to subsidized rental housing for seniors is limited. A growing body of case study literature has documented the basic characteristics of a variety of housing with services programs (Shuetz, 2003; Lawler, 2001; Wilden and Redfoot, 2002; Pynoos and Hardwick Lanspery, 1994; American Association of Homes and Services for the Aging, 1997; Harahan, Sanders and Stone, 2006). However, it provides few insights into what housing sponsors and managers, residents, community services providers and policymakers expect from these programs or how their effectiveness is perceived. Few formal evaluations of the impact of low-income housing with services models or their cost-effectiveness have been conducted.

In the 1990s, the U.S. Department of Housing & Urban Development (HUD) evaluated two of its programs designed to help seniors age in place through case management and supportive services—the Congregate Housing Services Program (CHSP) and the Hope for Elderly Independence Demonstration Program (HOPE IV). These programs combined HUD rental assistance with the introduction of a service coordinator and HUD payments for supportive services targeted to low-income very frail elderly renters. Researchers found participants were satisfied with both programs, but observed no significant impact on their nursing home use or length of residence in independent housing. These findings are not surprising given participants were found to be less disabled than those eligible for nursing homes (Ficke and Berkowitz, 2000).

Courtesy of Golden West

Study Overview

The study was conducted by the Institute for the Future of Aging Services (IFAS), the applied research arm of the American Association of Homes and Services for the Aging (AAHSA) in collaboration with the University of Denver (DU) School of Social Work. The Retirement Research Foundation provided funding, with additional support from the Murray and Sydell Rosenberg Foundation (Greystone).

The study grew out of the interests of IFAS and the CEO of Eaton Terrace Residences, an AAHSA member in Lakewood, CO, who wished to understand the extent to which his investment in health-related and supportive services was helping his elderly and frail residents to age in place and at what cost. He enlisted two colleagues, the CEOs of Golden West Senior Residence in Boulder, CO, and Hover Manor in Longmont, CO, to participate in the project, as well. All three properties are located in the same general geographic area.

Courtesy of Eaton Terrace

The study team conducted case studies of three affordable housing properties in the state of Colorado. Each of the properties has articulated a commitment to helping residents maintain their independence and age in place. The report that follows presents findings from these case studies and includes:

- Documentation and comparison of the three housing communities' philosophy on aging in place and how these philosophies influence their approach to resident services, including the type of services available to residents and how the service strategy is organized, implemented and financed.
- Analysis of data collected by the study team to determine how and what services residents use and how services are perceived—from the point of view of the resident, his or her family and the housing staff.
- A discussion of the implications of the study findings for practice, policy and further research.

The full technical report is available from the Institute for the Future ofAging Services at http://www.futureofaging.org.

Methodology

The research team conducted a descriptive process evaluation of the three participating housing communities to understand their approach to addressing the services needs of their residents. The evaluation was based on a collective case study approach, which employed the following data collection strategies:

- a self-administered resident survey
- participant observation
- focus groups
- structured interviews
- property records review

The IFAS research team collected data during three site visits to the housing communities between January and June 2006. The site visits were designed to collect information on: (1) the characteristics of the housing properties and residents, (2) the approach of the property to linking residents to services and (3) the opinions of residents, family members and staff. Each site visit was conducted over a seven-day period, with approximately two days spent at each property. During the first site visit, data documenting the characteristics of the housing community, including resident characteristics, were collected from property files. Time also was allotted for observing residents and staff. During the second visit, researchers conducted focus groups with residents and family members. On the third visit, the team members held structured, one-on-one interviews with housing staff and service contractors. Team members from DU also visited each property twice to collect information on resident health and functional status through a 23-item Self-Administered Questionnaire (SAQ) given to every tenant in the three properties.

Study Limitations and Challenges

Every research study faces limitations and challenges. In this study, limitations are defined as issues that are inherent in the type of research being conducted. Challenges are defined as issues that arose during the course of conducting the study that are barriers to

achieving study objectives and which were (or were not) overcome.

Two major limitations are noted. Because a case study methodology was employed for the study, the results cannot be generalized to all affordable senior housing providers in the country. However, findings can provide important insights and offer some wider suggestions and general explanations of other similar situations around the country.

In addition, focus group participants who provided an evaluative perspective on the properties' services were told beforehand about the general topic areas that would be discussed. The residents and family members who agreed to participate were self-selecting or recommended by the property staff—as is true of many focus group efforts. Although the results from the focus groups were analyzed in conjunction with other data sources, the possible introduction of bias based on focus group makeup must be acknowledged.

Two primary challenges were encountered in the data collection process. First, the quality and content of property documentation varied greatly between (and occasionally within) the three properties. A second challenge arose from unexpected turnover in property or contracted staff that interfered with the quality of the interviews and the ability of the research team to obtain information from knowledgeable informants. Despite these limitations and challenges, the study's multi-method approach allowed for a rich description of the three sites and their service models. Using a variety of qualitative and quantitative data sources, researchers still were able to identify key themes or results and synthesize them into meaningful summative findings.

Chapter 2 – Characteristics of the Housing Communities and Residents

Three senior housing communities in the Denver metropolitan area participated in the study—Eaton Terrace Residences in Lakewood, Golden West Senior Residence in Boulder and Hover Manor in Longmont. Each is an affordable independent rental property designed for seniors aged 62 and above. Each was originally built with federal or state subsidies that restricted resident eligibility to low-income seniors. Along with construction subsidies, the properties also received project-based rental subsidies. All three properties have since refinanced their initial loans and not all remain under the same income restrictions. Nonetheless, all three continue to be committed to serving low- and modest-income seniors.

Characteristics of the Housing Properties

Eaton Terrace Residences

Sponsored by the West Alameda Community Baptist Church, Eaton Terrace Residences was built in 1980. The church initially proposed building a nursing home. However, after further evaluating the needs of the community and finding a lack of affordable housing, they decided to build an independent rental property affordable to lower-income seniors. The project was financed through bonds issued by the Colorado Housing and Finance Agency and is HUD-insured through the Section 221(d)(3) program.[3] The project also was awarded a project-based Section 8 contract, which provides rental assistance for all of its units.

In 1997, Eaton Terrace refinanced the property using tax-exempt bonds issued by the Colorado Housing and Finance Agency. The Section 8 rental assistance will continue through the end of the original contract (2010). Eaton Terrace's contract rent is set at $831 (including utilities).[4] All tenants pay 30 percent of their monthly income, and the Section 8 assistance pays the difference between this amount and the contract rent. Tenant eligibility is limited to persons with incomes below 65 percent of the area median income (in 2006, this is $32,800 for a one-person household and $37,500 for a two-person household in the Denver metropolitan area).

Courtesy of Eaton Terrace

Eaton Terrace has 162 one-bedroom units. First-floor apartments are accessible to persons with mobility impairments and have walk-in showers. The property has several common areas for resident activities and programs, including a reception area and large meeting room on the first floor, which can expand into the adjacent chapel room where the West Alameda Community Baptist Church now holds services. Eaton Terrace also has a library, card/party room and second large meeting room, which can be used for various activities.

[3] Section 221(d)(3) is a HUD mortgage insurance program that insures lenders against loss on mortgage default.

[4] In properties with project-based Section 8 assistance, the contract rent can be determined through a couple different methods, but in no case is higher than the comparable market rent for the area as determined by HUD.

Courtesy of Eaton Terrace

In 1989, Eaton Terrace expanded its operations by opening an adjoining 56-unit assisted living facility, Eaton Terrace II. Eaton Terrace II was funded by the Colorado Housing and Finance Agency as one of five pilot assisted living facilities to use a newly approved Medicaid assisted living waiver.[5] In 1994, Eaton Senior Programs was established to serve as the managing organization for Eaton Terrace Residences and Eaton Terrace II. As operations expanded, the West Alameda Baptist Church realized it could not continue to financially support its growing ministry. In 1994, the church created the Wellspring Senior Foundation to help provide funding for the programs and services offered at the Eaton properties.

Eaton Terrace is connected to Eaton Terrace II via a short walkway. The ALF has 56 units with 74 licensed beds, 35 of which are Medicaid certified. To maintain financial viability of the ALF, management tries to maintain a 60/40 ratio between private pay and publicly subsidized (through Medicaid and PACE) ALF residents.[6] Depending on unit availability and the combination of double occupancy rooms, this ratio can climb to 50/50. If they are eligible, residents from Eaton Terrace are able to move to the ALF based on the availability of a Medicaid-funded bed. Most are not able to afford to pay privately, which in 2006 ranges from $2,495 to $3,095, depending on the apartment size.

Eaton Senior Programs has several employees who work across both Eaton Terrace Residences and the ALF in addition to those who work exclusively in each property.

Golden West Senior Residence

Golden West Senior Residence was built in 1965, with a second building added in 1971. The project was sponsored by the First Christian Church in response to members' concerns about the housing needs of the many seniors in their congregation. The church was awarded two loans (one for each building) through HUD's Section 202 Supportive Housing for the Elderly program. The financing also included a rent supplement contract, which provided the property with funding to help subsidize the rents of some residents.

In 2002, Golden West prepaid its Section 202 loans and refinanced with bonds issued through the Colorado Housing and Finance Authority. In doing so, Golden West lost the funding it received from HUD to help subsidize resident rents and now offers no direct rental assistance. Residents who were receiving a rent supplement prior to the refinance were instead given a tenant-based Section 8 voucher. Golden West also will accept new residents with tenant-based Section 8 vouchers. Currently, about 43 residents are receiving Section 8 assistance. A use agreement remains in place with HUD until the end of the original loan contracts, which restricts tenant eligibility to those earning less than 80 percent of the area median income (in 2006, this is $40,150 for a one-person household and $47,700 for a two-person household in Boulder County).[7]

The monthly rent for residents who lived in Golden West prior the refinance in 2002 is capped at the level at the time of the refinancing and only can be increased five percent annually with the permission of HUD.

[5] Medicaid only pays for long-term care services delivered in a nursing home. However, states can apply for a "waiver," which allows Medicaid to pay for long-term care services delivered in community settings, such as assisted living facilities. To be eligible for the waiver, participants still must require nursing facility level of care.

[6] Total Long-Term Care, the PACE program in Denver, contracts with Eaton Terrace II for beds for some of its program participants.

[7] The original loan contract would have expired in 2014 for the first building and 2018 for the second building.

Approximately 135 residents fall into this category. Tenants who moved in after 2002 and all new tenants are charged the going rate. In 2006, this ranges from $517 to $702 (including utilities), depending on the location and size of the unit. Golden West has made a conscious decision to remain affordable to low- and modest-income seniors and estimates that its rental rates are approximately 25 percent less than prevailing rates in its market area.[8]

Golden West has 255 units, including 141 studios, 112 one-bedroom units and two two-bedroom units. All units are equipped with grab bars in the bathroom, 12 have tub cuts and 13 have walk-in showers. The property has several common areas for resident activities and programs, including a reception area, coffee area, computer center, recreation room, library, meeting room and large community room. It also has a wellness center space.

In 1989, Golden West expanded operations by opening an adjoining 56-unit ALF, Golden West Manor. The Manor, like Eaton Terrace II, was funded by the Colorado Housing and Finance Agency as one of five pilot assisted living facilities to use a newly approved Medicaid assisted living waiver. All ALF units are certified to accept Medicaid. When it first opened, the Manor intended to limit Medicaid recipients to approximately 20 percent of the ALF beds. However, because of strong demand and Golden West's commitment to serving lower-income seniors, Medicaid recipients now occupy about 50 percent of the ALF units. Residents of the independent living property are given priority for available ALF units. Many, however, would have to wait for the availability of a Medicaid-funded bed as they would be unable to afford the private pay rate, which in 2006, is $3,000 per month. The Golden West Foundation was created in 1986 to help raise funds to build the assisted living facility. Today, the mission of the foundation is to support independent and assisted living residents by funding rental and food assistance, wellness activities and other amenities.

Golden West Senior Residence and the ALF each have their own employees; however, like Eaton Terrace, several staff members work across both properties.

Hover Manor

Hover Manor sits on land owned by the Charles Hover family, whose dream was to create a place where low-income elderly could age with dignity. The Charles L. Hover Family Foundation worked with Rocky Mountain United Methodist Homes and Ministries, Inc., to create Hover Manor, which opened in 1979. The project was funded through HUD's Section 202 Supportive Housing for the Elderly Program, which provided a construction loan and project-based Section 8 rental assistance for all the units in the property.

In 1999, Hover Manor's 20-year Section 8 contract expired and a decision was made not to renew the contract. Like Golden West, Hover Manor also chose to prepay and refinance its loan with tax-exempt bonds through the Boulder Housing Agency. These financing changes eliminated Hover Manor's need to restrict occupancy to low-income seniors and set the housing community on a course of gradually increasing rents, attracting higher income residents than it had in the past. Although Hover Manor no longer has rental assistance for all of its units, it does

Courtesy of Hover Manor

[8] HUD has set the fair market rent (FMR) in Boulder County for a studio apartment at $702 and $813 for a one-bedroom apartment. FMR is the payment standard HUD sets for the Section 8 assistance payment program. It is set as the dollar amount below which 40 percent of the standard-quality rental housing units in an area are rented.

accept residents with tenant-based Section 8 vouchers. Approximately 30 residents currently receive such assistance. Hover Manor's rents range from $685 for a non-remodeled one-bedroom unit to $785 for remodeled one-bedroom unit and $840 for a larger remodeled one-bedroom unit (rents include utilities and cable).

Hover Manor has 120 units, including 119 one-bedroom units and one two-bedroom unit. Twelve units are accessible to persons with mobility impairments. The property has a large reception and community area that includes a library and computer center and a smaller community room.

In 1989, Rocky Mountain United Methodist Homes closed its business operations and Hover Community, Inc., was established to manage Hover Manor and the implementation of the Hover family vision. Part of the foundation's master plan was to diversify the type of housing available in the Hover community. As a result, land was sold to private developers to build market rate and age-restricted town homes and condominiums and a plan was developed to create an ALF. In 1991, the 55-unit Beatrice Hover Assisted Living Residence opened. Like Eaton Terrace and Golden West, the ALF is connected to the independent living property via an enclosed walkway. The ALF does not accept Medicaid, although Hover Community's executive director maintains that it is one of the lowest-priced private-pay facilities in the county, with rates starting at $2,800 per month. Because it does not accept Medicaid recipients, few Hover Manor residents are able to move in when a higher level of care is needed.

Like the other two properties, Hover Manor and the ALF have dedicated staff, as well as staff who work across both properties.

Resident Characteristics

The remainder of this chapter examines the characteristics of the resident populations in the three properties.

Demographics and Income

As shown in **Exhibit 2.1**, more than 85 percent of the residents in the three properties are female. The residents' ages ranges from the early to mid

Exhibit 2.1: Resident Age and Gender in 2006

	Number of Residents	Gender	Median Age	Minimum Age	Maximum Age
Eaton Terrace	162	89% female 11% male	83	63	98
Golden West	252	85% female 15% male	85	62	101
Hover Manor	117	86% female 14% male	85	64	99

Exhibit 2.2: Resident Ages at Entry

	Eaton Terrace	Golden West	Hover Manor
1970s	N/A	66.9 (n = 2)	N/A
1980s	64.5 (n = 4)	66.8 (n = 13)	62.5 (n = 3)
1990s	74.8 (n = 33)	74.9 (n = 67)	76.5 (n = 23)
2000s	80.2 (n = 123)	80.7 (n = 188)	83.0 (n = 97)

Exhibit 2.3: Resident Income, Income Eligibility Requirements, Residents with Housing Subsidy and Estimate of Residents Qualifying for Medicaid

	Eaton Terrace	Golden West	Hover Manor
Median Income[9]	$11,976	$18,851	$16,236
Income Eligibility Requirements	Below 65% of AMI	Below 80% of AMI	No limitations
Percent Receiving Rent Subsidy	100%	17%	23%
Estimated Percent Who Would Qualify for Medicaid LTC Benefits	94.9%	57.6%	79.3%

60s to 101 years old. The median age across the three properties is about 85, with Eaton Terrace having a slightly younger population. Data on race and ethnicity were not formally collected; however, property staff (confirmed by the research team's observations) indicate that resident population in each property is overwhelmingly non-Hispanic white, ranging from about 95 percent at Eaton Terrace to about 98 percent at Golden West and Hover Manor.

Exhibit 2.2 shows that residents who have moved into the three housing properties in recent years are considerably older than those who moved in in the 1980s and 1990s. Although only a few residents who moved in during the 1980s remain in each of the properties, the median age of those residents at entry was in the mid 60s. In contrast, the median age of residents moving into the properties in the 1990s was about 75 years old and by 2000, residents entering the properties were in their early 80s.

Exhibit 2.3 shows the median income ranges from $11,976 at Eaton Terrace to $18,851 at Golden West. Because Eaton Terrace receives property-based Section 8 assistance for all of its units, eligibility is limited to households earning less than 65 percent of the area median income. Golden West is limited to residents earning less than 80 percent of the area median income. Golden West provides no direct rental assistance, but will accept tenants with Section 8 vouchers. Hover Manor has no income restrictions and provides no rental assistance; however, it will accept tenants with Section 8 vouchers.

In Colorado, the income limit to qualify for Medicaid long-term care programs is 300 percent of the monthly SSI payment, or $1,809 per month. Looking only at the incomes of the residents across the three properties (researchers did not have access to asset information), almost all residents at Eaton Terrace would qualify to receive Medicaid-funded long-term care services. Just over three-quarters of Hover Manor residents and slightly more than half of Golden West residents would be eligible. Should the residents at Eaton Terrace or Golden West require assisted living level services, they could possibly move into the property's ALF, if a Medicaid-funded bed were available. Many would be unable to afford a private pay bed. Most residents at Hover Manor would have to look elsewhere, as its ALF does not accept Medicaid and most would not be able to afford the private pay rate.

[9] Income information for Eaton Terrace was collected from each resident's most recent recertification for his or her Section 8 voucher, which must be verified with proper documentation. Income information for Golden West was collected from a self-reported survey conducted by the property in June 2006. The survey had a 78 percent participation rate. Income information for Hover Manor was collected from each resident's application for residency and is self-reported. Income information was not available for all current residents. At all three properties, couples were removed because their income was reported as a household, and researchers were unable to determine their individual incomes.

Health and Functioning

Residents in each property were asked to complete a self-administered questionnaire about their physical health and functional status and to identify specific health problems they were currently experiencing. As shown in Exhibit 2.4, just over three-quarters (76.1 percent) of residents reported they were in good to excellent health, while less than one quarter perceived their health as fair or poor.

Self-reported health status among residents in the three properties is slightly better than that reported by the overall non-institutionalized elderly population. According to the 2002 Health and Retirement Study, 70 percent of adults age 65 and older perceive their health as good to excellent, while about 30 percent see their health as fair or poor (Johnson and Wiener, 2006).

The resident questionnaire also asked respondents to identify specific health conditions or problems they were currently experiencing. Exhibit 2.5 shows the most common health conditions reported were arthritis (53.2 percent of all residents), blood pressure problems (50.6 percent) and heart problems (28.1 percent). Several residents also reported problems with macular degeneration (18.7 percent), incontinence (15.1 percent) and diabetes (14.4 percent).

The research team also compared the health conditions experienced by residents to the overall non-institutionalized elderly population. According to the 2003-2004 National Health

Exhibit 2.4: Self-Reported Health Status

	Eaton Terrace	Golden West	Hover Manor	Total Resident Population
"In general, would you say your health is:"				
Excellent	5.3 %	9.0 %	1.1 %	6.3 %
Very Good	25.8	25.6	28.4	26.2
Good	46.2	41.2	45.5	43.6
Fair	21.2	22.3	23.9	22.3
Poor	1.5	1.9	1.1	1.6

Exhibit 2.5: Percent of Selected Residents Reporting Chronic Health Conditions

	Eaton Terrace	Golden West	Hover Manor	Total Resident Population
Arthritis	56.1	50.5	55.1	53.2
Blood Pressure	59.1	47.4	44.9	50.6
Heart	25.8	28.1	31.5	28.1
Macular Degeneration	17.4	17.9	22.5	18.7
Incontinence	15.2	15.3	14.6	15.1
Diabetes	13.6	15.8	12.4	14.4

Interview Survey, 50 percent of persons aged 65 and over report a doctor's diagnosis of arthritis, 51.9 percent experience hypertension, 31.8 percent suffer from all types of heart disease and 16.9 percent report diabetes. These figures are roughly similar to the resident population surveyed in this study, with a slightly larger proportion of residents reporting arthritis and a slightly smaller proportion reporting heart problems and diabetes.

The research team also calculated the proportion of residents in the three properties who experienced multiple chronic health problems, which might indicate a significant need for services and supports. As shown in **Exhibit 2.6**, about 19 percent of residents across the three properties reported they had three or more of the following chronic health conditions—heart problems, high blood pressure, diabetes, macular degeneration and arthritis. Just over half reported having two or more chronic health problems.

The research team also collected information on functional status to determine the level and types of disability experienced by residents. This information is useful in estimating the proportion of residents who might need assistance or services to help compensate for disability. **Exhibit 2.7** presents the percentage of residents reporting functional limitations. This exhibit classifies functional limitations into two categories—limitations in Activities of Daily Living (ADLs) such as eating, bathing, dressing, getting in and out of bed or using the toilet and limitations in Instrumental Activities of Daily Living (IADLs) such as preparing meals, managing money, shopping, doing housework and using a telephone. Across the three properties, almost 20 percent of residents reported no functional limitation, while more than 63 percent said they needed assistance with one or more IADLs and almost 18 percent reported needing assistance with one or more ADLs.

The study team compared the level of disability in the overall non-institutionalized elderly population with the disability status of the residents in the three housing properties. According to the 2003 Medicare Current Beneficiary Survey,

Exhibit 2.6: Percent of Residents Reporting Multiple Chronic Health Conditions

	Eaton Terrace	Golden West	Hover Manor	Total Resident Population
No Chronic Conditions	11.4	16.8	18.0	15.3
One or more Chronic Conditions	88.6	83.2	82.0	84.7
2 or more Chronic Conditions	56.8	55.6	53.9	55.7
3 or more Chronic Conditions	18.9	15.8	24.7	18.7

Exhibit 2.7: Percent of Residents Reporting Functional Limitations

	Eaton Terrace	Golden West	Hover Manor	Total Resident Population
1 or more ADL Limitations	16.6 (22)	14.5 (31)	22.5 (20)	17.9 (73)
IADL Limitations Only	66.2 (88)	64.6 (137)	57.3 (51)	63.6 (276)
No ADL or IADL Limitations	17.3 (23)	20.8 (44)	20.2 (18)	19.6 (85)

about 21 percent of older adults aged 65 and above experienced no functional limitations, about 51 percent needed assistance with IADLs and about 28 percent reported needing assistance with ADLs. This comparison suggests that the level of disability among the residents in the three independent housing properties is somewhat lower than in the general population of older adults. There is a variety of possible explanations for the differences between the two populations. It may be that residents in the three properties have better access to ALF level of care and, therefore, are more likely to transfer as their level of disability increases. This may be particularly true for Eaton Terrace and Golden West residents where the properties' ALFs accept Medicaid recipients.

Exhibit 2.8 shows the types of functional problems residents experienced. Of the 16.8 percent who indicated needing help with ADLs, the most common needs reported were help getting around the resident's apartment or room (10.1 percent of all residents) and help with bathing (5.3 percent). The most common needs for IADL assistance reported included help with laundry (10.1 percent) and money management (9.7 percent).

Exhibit 2.8: Types of ADLs or IADLs

	Eaton Terrace	Golden West	Hover Manor	Total Resident Population
ADLs				
No ADLs	83.5%	85.4%	77.5%	83.2%
Eating	0	0	1.1	.2
Dressing	0	0	1.1	.2
Personal Care	0	.5	1.1	.5
Getting Around	12.0	8.5	11.2	10.1
Getting in Bed	1.5	0	0	.5
Bathing	3.0	5.7	7.9	5.3
IADLs				
No IADLs	17.3%	21.2%	20.2%	19.8%
Telephone	0	.9	0	.5
Out of Walking Distance	1.5	0	0	.5
Groceries	0	.5	1.1	.5
Meals	2.3	.5	2.2	1.4
Housework	5.3	3.3	2.2	3.7
Laundry	11.3	10.4	7.9	10.1
Medications	1.5	1.4	1.1	1.4
Money Management	9.0	9.9	10.1	9.7

Exhibit 2.9: Residents who Died or Moved out of Property

	Eaton Terrace				Golden West			
	2005		2004		2005		2004	
Died	8	25.0%	5	18.5%	9	17.3%	10	21.3%
Nursing Care	9	28.1	3	11.1	10	19.2	7	14.9
Assisted Living	3	9.4	12	44.4	19	36.5	20	42.6
With Family Member	4	12.5	1	3.7	4	7.7	5	10.6
Other Independent Setting	6	18.8	3	11.1	7	13.5	3	6.4
Other (setting unknown)	2	6.3	3	11.1	3	5.8	2	4.3
TOTAL DEATHS AND MOVE OUTS	32	100	27	100	52	100	47	100

Observations of resident health and functional status from both the focus groups and site visits supported the survey data findings that the majority of the residents across the three properties were relatively healthy and mobile. At the same time, the study team did observe a minority of residents in wheelchairs, using walkers, on oxygen and/or who appeared to exhibit some degree of cognitive impairment.

The relatively high proportion of residents who appeared to be in good health and without disabilities warrants further examination. It is possible that the survey results overestimate residents' health level and understate their functional status. Although the participation rate in the survey was high across the three properties, from 76 to 84 percent, not all residents completed the survey. It is possible those who did not participate were the frailer residents who might have more difficulty completing the survey. It is also possible residents may not have accurately disclosed their health status, health conditions or level of disability and need for assistance. This may reflect residents' denial about their health status and functioning level, which property staff say they sometimes encounter. One staff member stated, *"There are some services we think a resident may need, but they don't want it."* Another echoed that sentiment saying, *"There are some very strong, opinionated people [here], and they just don't think they need that help."* Residents also may fear that revealing information about their needs will jeopardize their ability to remain in an independent living setting. The DU team members assisted approximately 105 residents with filling out the resident questionnaire. From these interactions, they observed that many residents had not initially completed the questionnaires because of concerns about how the property might use them. Several family members who were present also expressed similar concerns. Overall, there was a strong concern among some residents and their families about whether they could continue to live in their apartment if management discovered they were in poor health or in some way disabled. Some residents said they were afraid to seek out medical care, tell their doctors about health concerns or accept social services for fear that they would not be viewed as independent.

Exhibit 2.9 presents data abstracted from property records on the percentage of residents who died or moved out of Eaton Terrace and Golden West over the course of 2004 and 2005. Similar data was not available for Hover Manor. Roughly one-fourth to one-fifth of residents who left Eaton Terrace died

during the two years, while a little less than one-fifth of Golden West residents died. The largest proportion of residents who moved out of the two properties transferred to a higher level of care, either an ALF or a nursing home. At Eaton Terrace, for example, about 28 percent of residents who moved out in 2005 went to a nursing home and more than nine percent transferred to an ALF—together this was approximately seven percent of the overall population. At Golden West in 2005, about 11 percent of the total resident population moved to a higher level of care.

Chapter 3 – Comparison of Strategies for Linking Residents to Services

A major objective of this study was to compare the strategies each housing community developed to link residents to health-related and supportive services. The research team was interested in addressing the following questions:

- What is the underlying ***philosophy of the property*** and how does it influence the strategies employed to link residents to needed services and help them age in place?
- What differences exist across the properties with respect to ***what services are available to residents and how they are organized, delivered and financed?***
- What differences exist with respect to the ***types of services actually received by residents*** and is it possible to account for these differences?
- What ***role do families play in supporting their relatives?***

Philosophy About Resident Services

The three properties in the study are each committed to fostering independent living and supporting residents in the face of changing needs. Each one, however, has a somewhat different philosophy on how to assist residents in maintaining their independence. Hover Manor articulates a relatively "laissez faire" approach to supporting residents and facilitating their access to services. Management identifies the property first as an independent housing community. Its philosophy is to create a dignified retirement setting that encourages personal choice and self-determination. According to the CEO, *"Our role is primarily to provide a safe, secure environment to enable the resident to access services, whatever they might need. It's important they be accessed on an individualized basis, rather than an all-or-nothing [basis]."*

They do not operate with a formal service coordinator, as do the other two properties. Hover Manor's approach puts the responsibility on residents to initiate the search for services, although the property will help if residents request it. Management believes they help residents maintain independence, not by offering many services, but rather by encouraging residents to seek the assistance they need. As the CEO stated, *"A real focal point of our responsibility is to make sure our residents are able to access things in the community … It isn't that you don't acknowledge individual service needs—you help them find it in the community."*

Eaton Terrace's philosophy is significantly different from Hover Manor. The community actively serves the whole resident and his or her changing needs. It identifies itself as more than an independent housing property, having a mission *"to provide, on a nonprofit basis, affordable housing and services designed especially to meet the physical, spiritual, social and psychological needs of seniors, and to contribute to their health, security, happiness and worth, enabling all to live to their fullest potential."*

To support its philosophy, Eaton Terrace has developed a primarily in-house delivered, service model for its residents, anchored by a full-time social service director whose job is to help residents obtain the services they need. Management is committed to maintaining residents in independent living for as long as possi-

ble. As the CEO commented, *"My basic bottom line is 'Okay, if you're going to move someone, how is it going to help them?' When you are looking at people with limited incomes, you have very few options. Most cannot afford assisted living."*

Golden West's philosophy lies somewhere between Hover Manor and Eaton Terrace. According to its executive director, its goal is to *"allow people to maintain their independence as long as possible in their apartments, as long as they are safe and not harming themselves."* The definition of "independence" is flexible because Golden West permits residents and/or their family members to bring in any services necessary to support their ability to remain safely in their apartment. Golden West's role is to help residents and their families find and secure the services they need. Like Eaton Terrace, it employs a full-time service coordinator to help residents identify and arrange services. Golden West's director observes, *"We're not providing home health, assistance with cooking or anything like that, but what we are doing is allowing people to stay in their apartments if they can put together a basic support system that allows them to do that."*

Defining Residents who are Appropriate for Independent Living

Each of the housing communities has developed some criteria to define who they consider inappropriate for independent living. For example, Eaton Terrace states in its resident handbook that residents who are incontinent (unless self managed), unable to perform ADLs with assistance or exhibit a variety of cognitive or behavioral problems may not be appropriate tenants. However, according to Eaton Terrace staff, they do not encourage residents to transfer to a higher level of care until they have attempted to assist them in finding needed supports. However, as the director of social services commented, *"If they can get support, they can stay here. If we intervene and they don't respond—they don't get it. The resident needs to be able and willing to accept help if necessary. It is our job to help family and residents understand the consequences of the choices that they make, but not in a punitive way."*

Golden West also lays out specific criteria in its resident handbook for deciding whether a resident should remain in the property. Examples include: residents should be oriented to time, day and place; be continent; have the ability to make reasonable and adequate judgments; and maintain personal grooming, hygiene, dressing and undressing. Like Eaton Terrace, Golden West staff examines the complete picture of an at-risk resident before exploring a transfer to another care setting. When looking at whether an existing resident needs to move, Golden West staff members first try to ascertain why they are failing on their own. If they are not able to put the necessary supports in place, staff helps the residents and their families understand why they are unsafe in their apartment and explore next steps.

When a new resident moves into Hover Manor, they also are given criteria for independent living in their resident handbook. Criteria include the ability to manage personal hygiene, maintain an odor-free environment and ambulate through the facility and exit the building without the physical assistance of others. Before encouraging an at-risk resident to move, Hover Manor staff typically assesses the resident's health status, level of frailty and disabling conditions. The CEO of Hover Manor explained the property's approach to residents with increasing disability as follows:

"Typically, if a person cannot maintain their apartment any longer, if they are incapable of maintaining it free of health or safety hazards … or if someone is confused or wandering … that's a real problem. Typically, we try to be proactive and look for trends in behaviors or accidents. If we feel there is a trend towards an unsafe activity, we contact family members. Our initial response is not that the person needs to leave, but that we try to work with them."

How Service Needs are Identified and Addressed

The philosophy of the three housing communities is tangibly reflected in the strategies they have developed to help residents age in place. These strategies differ according to the way resident needs are identified, how residents are connected to services and how services are actually provided.

Eaton Terrace

Eaton Terrace developed a proactive model of resident advocacy, case management and supportive services to help residents maintain independent living. As is true in all three properties, participation in Eaton Terrace services and programs is voluntary, with the exception of a mandatory meals program. Residents of Eaton Terrace, under the auspices of Eaton Senior Programs, have access to a social services department that serves both Eaton Terrace and the adjoining ALF. Typically, the social services director functions as a service coordinator for the independent living residents and a second social worker works with assisted living residents. The social services director identifies resident needs in a variety of ways. Housing staff—such as those working in the dining room, housekeeping or maintenance—will alert her if they sense a problem or change in someone. Residents will come to her if they think a neighbor has a problem. Residents themselves come for information and referral to community providers. The service coordinator will provide residents with information or will help them arrange services, if they wish.

The service coordinator also orchestrates more formal case management services. Most residents are assessed at entry to determine their ability to carry out daily activities, see what medications they are taking and identify their interests and hobbies. While case notes are made at assessment, there is no formal record and no follow-up unless a problem arises. When residents do develop significant problems, the service coordinator develops a formal plan with their agreement. The service coordinator says she is only involved with a small number of residents on a "hands on" level over a sustained period at any given time. In 2005, the service coordinator team assisted 94 residents with 363 interventions. Reasons for assistance ranged from hospital discharge, behavioral issues and health issues to needing assistance with ADLs and difficulty with paying for services. Actions taken can include assessing residents' needs, linking them with appropriate support services, monitoring that residents are getting the support they need and are making process and/or advocating on residents' behalf. The service coordinator also works with family members who seek her support.

Eaton Terrace also operates an Interdisciplinary Care Consultation Team, led by the social services director, which includes the ministry director, the leasing director, the COO, the activities coordinator and a contract nurse. The team meets weekly to assess residents with special problems that may affect their independence and devise proactive interventions for them. In addition, the social services department draws on volunteer master of social work interns from the University of Denver to supplement its services. The social services director is currently funded with a HUD service coordinator grant.

Golden West

Golden West's resident services strategy is based on resident assessment, information and referral and informal case management. The strategy is anchored by a service coordinator funded within the property's operating budget. While its approach is both proactive and reactive, it appeared to the research team as less structured and more informal than Eaton Terrace. The service coordinator primarily fills an information role, helping residents and families identify resources and services to fulfill their needs. The service coordinator checks on residents to see if they need assistance, typically in response to the observations of a family member, staff person or other neighbor that the resident is having difficulty. Residents are informally

assessed at entry, but no formal record of the assessment is put into the resident file and no formal follow-up is conducted unless a problem arises. Written care plans for residents are not developed, as they are at Eaton Terrace. In general, the service coordinator provides information to the resident and occasionally assists with arranging services, depending on the resident's capacity and the involvement of family.

In talking about the property's approach to service coordination, Golden West's executive director commented, *"I've thought that we should be reactive, but we're often proactive. It is a wishy-washy answer because we're still working it out … Do we need to know every detail of their surgery? No, but it becomes our business when they are being discharged and they are coming back. There's such a range of family support that the degree to which we're involved depends on that."* Once a week, the independent living and assisted living service coordinators, the assistant director of operations, the assisted living manager and the assisted living medication coordinator meet to discuss recent incident reports and any residents they are keeping an eye on to determine if any follow-up is needed.

Hover Manor

Hover Manor does not employ a formal service coordinator. However, informally, the housing property seems to fill part of the service coordination role by encouraging staff to be sensitive to resident needs and help them obtain services when appropriate. The director of housing stated, *"I put myself out there as a resource and try to help them get services that they need or want, not necessarily bringing them in because I don't think they really want that."* Offering an example, the CEO told of a time when a colleague contacted him about an apartment for a family member: *"We got her an apartment and a subsidy, and we were able to channel her activities and contacts with her support group of medical professionals. It wasn't formal social services casework—we just monitored and made sure she's on the right track."*

This informal resident assistance role may be changing. During the course of this evaluation, the CEO hired the former marketing director from Golden West to serve in a newly created director of housing position. This director, though not charged with all the responsibilities of a formal service coordinator, is becoming a point person who residents can go to when they need information or assistance in locating services.

Service Provision

Each property's approach to service provision is also quite different, although there are common elements. Each offers similar amenities and core services such as a mandatory meal program, emergency response systems in each apartment, recreational and educational opportunities, religious services and a beauty shop. Beyond this, though, there is substantial variation in the range of available services, as well as how services are organized and delivered. It is also important to note that residents and their families directly arrange many of the services they receive, without the knowledge or intervention of the housing property.

The Scope of Services

Hover Manor provides a more limited scope of services than the other two properties. There is no service coordinator, and the property provides few services directly. Hover Manor is the only one of the three properties that offers individualized transportation to residents. For a $1 fee and with 24-hour notice, residents can request van service to any destination. Hover Manor's van driver estimates that approximately 90 percent of his trips are to medical-related appointments. Hover also operates daily shopping trips to places such as grocery stores, a mall, Target, Wal-Mart and banks.

Each year, Hover Manor purchases each resident a $15 membership in a local hospital's wellness program, Prestige Plus. The program sends a registered nurse (RN) to the property for a semi-monthly clinic, which offers health and wellness counseling, preventative screenings and wellness education programs.

Attendance fluctuates, but an estimated 25 residents attend the clinics regularly, just over one-fifth of the resident population. Management believes a wellness program serves a preventative function, helping residents maintain their independence.

The property also collaborates with another community provider to obtain foot care for residents, and residents run a video exercise class three times a week. Staff estimates about 15 residents use the foot care clinic.

Eaton Terrace and Golden West offer a far more extensive range of services. Both employ a full-time service coordinator. Beyond this, the properties vary in the types of services they bring to the property and how these services are arranged. Services organized by Golden West tend to emphasize wellness and prevention. For example, Golden West contracts with a local organization to operate a daily, onsite wellness center. For a $50 monthly membership fee, participating residents receive an individually designed exercise program and can schedule regular times to exercise in a supervised environment. In addition, all residents can have their blood pressure checked, attend a monthly presentation on a wellness topic and participate in a semi-monthly balance class.

Golden West also partners with a local hospital to bring its wellness clinic to the property monthly. For a $30 annual membership fee, participants can schedule a 30-minute private appointment with an RN to discuss health concerns and receive routine screenings for blood pressure, weight, blood sugar, urinalysis, colon cancer, etc. In addition, Golden West partners with several other individuals and organizations to bring in a variety of wellness-related services, including foot care, massage, reflexology and acupuncture. According to staff, the wellness center averages 50 members, roughly one-fifth of the residents. An average of 12 people participates in each semi-monthly balance class. The wellness clinic offered by the local hospital has 30 members, and about 15 residents use the foot care clinic each week, about 100 individual residents over a year. In addition, some participants in the focus groups mentioned attending a local YMCA, community center or senior center for fitness-related activities. Golden West also is the only property that has a full-time activities coordinator for independent living residents.

At Eaton Terrace, a deliberate effort has been made to offer services to compensate for increasing disability and reduce the need for assisted living and/or a nursing home. Eaton Terrace is the only property that enables residents to purchase personal care and medication management services directly from onsite staff. This is possible because the ALF also is licensed as a home health agency. While residents at Golden West and Hover Manor can obtain personal care services, they must be arranged privately from outside community providers. (Residents at Eaton Terrace also may secure these services from an outside provider, if they prefer.) In addition, Eaton Terrace partners with a PACE program to enable nursing home eligible, independent living residents to participate offsite in an adult day health center. Through PACE, approximately 12 significantly disabled Eaton Terrace residents have access to a comprehensive array of medical, rehabilitative and supportive services. PACE is not available in Boulder and Longmont, where Hover Manor and Golden West are located.

Eaton Terrace also offers a wellness clinic; however, its wellness-related activities are somewhat less extensive than those available at Golden West. The property contracts with an RN to staff a free semi-monthly clinic where residents can have their weight and blood pressure checked and have health-related questions answered. Foot care services also are offered during the wellness clinic for a $13 fee. In 2005, about 54 residents, approximately one-third of the resident population, participated in the wellness clinic. Eaton Terrace also hosts a resident-run exercise program two days a week. Attendance varies at each class, but approximately 21 residents participate on a somewhat regular basis.

Exhibit 3.1 shows the array of services available to residents of each of the three properties, either directly by the property, through contracts between the property and outside providers or through a purposeful partnership with an outside organization.

How Services are Organized and Delivered

Each of the three properties has developed its own approach to organizing services and service delivery. At Eaton Terrace, many resident services are provided directly by employees of Eaton Senior Programs. The decision to provide services directly was made for several reasons.

Exhibit 3.1: Services Available to Residents by Type of Service
(The full details of each property's service can be found at http://www.futureofaging.org)

Eaton Terrace (162 residents)		Golden West (252 residents)		Hover Manor (117 residents)	
Service	Number Using Service	Service	Number Using Service	Service	Number Using Service
		Health and Wellness Services			
Wellness Clinic	54 annually	Wellness Center	Average 50 members; monthly PT caseload of 15; 12 in bi-monthly balance class	Wellness Program	Between 5-25 at each clinic; approximately 25 use regularly
		Wellness Clinic (55+ Clinic)	30 members		
(Nail clinic included in Wellness Clinic)		Foot Care Clinic	Approximately 15 each week, 100 annually	Foot Care Clinic	Approximately 15
Exercise Program (resident run)	Averages 16 per class	(Wellness Center above, an exercise component)		Exercise Class (resident run)	Generally 10-15 per class
Personal Care	1 currently	N/A	N/A	N/A	N/A
Medication Monitoring	5 currently	N/A	N/A	N/A	N/A
PACE program	12 currently	N/A	N/A	N/A	N/A
Music Therapy	26 annually, average 3 per month	N/A	N/A	N/A	N/A
Low-Vision Support Group	15-25 per month	N/A	N/A	N/A	N/A
N/A	N/A	Hearing Aid Clinic	30+ annually	N/A	N/A
N/A	N/A	Massage Therapy	Unknown	N/A	N/A
N/A	N/A	Reflexology	12-16 each week	N/A	N/A
N/A	N/A	Acupuncture	18 each week (+ waitlist)	N/A	N/A
N/A	N/A	Wheelchair Clinic	At least 10 each clinic	N/A	N/A

Exhibit 3.1: Services Available to Residents by Type of Service (continued)

Eaton Terrace (162 residents)		Golden West (252 residents)		Hover Manor (117 residents)	
Service	Number Using Service	Service	Number Using Service	Service	Number Using Service
Social Services					
Service Coordination	94 residents for 363 incidents in 2005	Service Coordination	Close to 100%; don't track all interactions	N/A	N/A
Supportive Services					
Meal Program	100%	Meal Program	100%	Meal Program	100%
Emergency Response	Varies greatly	Emergency Response	Averages 12.6 calls per month (8 result in call to 911, 6 in transport to hospital)	Emergency Response	Average 1-2 pull cords per week, real emergency 1-2 times per month
Spiritual Ministry		Religious Services	Approximately 50 per week	Religious Services	About 5 attend bible study, 20 attend services
Transportation (group trips)	50 use for grocery trips; 49 for activities	N/A	N/A	Transportation (personal and group trips)	Approximately 1/3 (40) use for personal trips
Housekeeping	67 currently	Housekeeping	30	N/A	N/A
N/A	N/A	Banking Services	Approximately 80	N/A	N/A
N/A	N/A	Handyman	Varies	N/A	N/A
Activities					
Social, entertainment, educational	Varies	Social, entertainment, educational	Approximately 75% (197)	Social, entertainment, educational	Varies
Property Amenities					
Beauty Shop	Varies	Beauty Shop	Approximately 50% (125) annually, 50 per week	Beauty Shop	Approximately 25% (30)
Library	Unknown	Library	Close to 100%	Library	Approximately 1/3 (40)
N/A	N/A	Computer Center/Classes	40+	Computer Center	Approximately 10
N/A	N/A	Reception Desk	100%	Hospitality Center (resident run)	Approximately 65
N/A	N/A	Gift Shop	Approximately 55% (139)	N/A	N/A

Courtesy of Golden West

Management believes this approach gives them a better understanding of resident functioning and needs. Prior to the decision, upwards of 15 different home health care agencies were serving residents. This resulted in poor communication between housing staff and outside agencies about the level of difficulty residents were experiencing and their personal assistance needs. Management thought that by providing home care services directly, they would have a better picture of residents and be in a better position to respond to their needs. Eaton Terrace also thought it could provide home care services at a more affordable price than outside organizations and could better ensure residents were receiving quality services.

For similar reasons, Eaton also contracted with an RN to run its wellness clinic, work with its care consultation team and be on-call to address resident concerns. Working as part of their staff, management believes the nurse can assist residents more efficiently and help staff to better identify needs and coordinate care.

Golden West, on the other hand, provides most services through purposeful partnerships with outside individuals and organizations. Management finds this to be a cost-effective mechanism. With this approach, Golden West does not have to invest in developing and staffing a new service and, instead, capitalizes on the resources and expertise of programs already operating in the community. This allows the property to bring in a broad range of opportunities. Golden West also works with many community groups and organizations to bring in or provide residents access to education and entertainment opportunities. Golden West management points out that one of the challenges of their partnership strategy is that the partners sometimes want to come on their own schedules, which may not necessarily be compatible with the property's other activities and resident preferences and needs.

Recently, Golden West has begun looking at directly providing services to residents. At the beginning of 2006, they initiated an in-house housekeeping service. The hope is that they can offer residents more flexible scheduling and a lower fee through having multiple customers in the same building.

Exhibit 3.2 shows how each property organizes the services that are available to residents. Four categories are displayed: services directly delivered by property staff, services obtained though contracts with outside providers, services arranged through a "purposeful partnership" between the property and an individual or organization without entering into a formal contract; and services arranged privately by residents or their family in the community.

Services Financing

The costs of administering the properties and providing some services are offset to some extent by the co-location of assisted living and independent living properties on the same campus. This permits each property to apportion personnel costs for management and professional staff, along with some program staff, between the facilities to achieve savings in both labor and overhead expenses.

At both Eaton Terrace and Hover Manor, the costs of transportation services are split across the independent and assisted living properties

Exhibit 3.2: Approach to Service Delivery

Eaton Terrace	Golden West	Hover Manor
Services Provided Directly by Property		
Service Coordination/Care Consultation Team Personal Care Housekeeping Medication Monitoring Emergency Response Spiritual Ministry Exercise Program (resident run) Speaker Series Music Therapy Activities	Service Coordination Handyman Housekeeping Emergency Response Religious Services Computer Center/Classes Library Gift Shop Reception Desk Activities	Transportation Emergency Response Religious Services Exercise Class (resident run) Computer Center Library Hospitality Center (resident run) Activities (many resident run)
Services Provided through a Contract with an Outside Services Provider		
Meal Program Wellness Clinic Beauty Shop	Meal Program Wellness Center Beauty Shop	Meal Program Beauty Shop
Services Provided through a Purposeful Partnership		
PACE program Low-Vision Support Group	Wellness Clinic Foot Care Clinic Hearing Aid Clinic Massage Therapy Reflexology Acupuncture Wheelchair Clinic Banking Services	Wellness Program Foot Care Clinic
Services Arranged Privately by Residents/Families and Provided by an Outside Organization		
Transportation Home Care Hospice Commodities Bookmobile Income Tax Preparation	Transportation Housekeeping Home Care Hospice Mental Health Memory Evaluation Clinic Dental Aid Veteran's Services Project Hope Carry Out Caravan/Commodities Low Vision/Hearing Impaired Support Groups Talking Books/Homebound Library Lifeline Medicare & Medicaid Reps. Legal Aid Senior Bill Paying Income Tax Preparation CU Classes	Transportation Housekeeping Home Care Hospice Carry Out Caravan

based on use. The activities director at Eaton Senior Programs serves residents in both Eaton Terrace Residence and the ALF, and activities are open to residents in both buildings. The costs of the activities director and some expenses for specific activities are paid from the ALF budget. The ALF is also key to Eaton Terrace's ability to provide low-cost personal care and medication management services to independent living residents. By tapping resources already in place, rather than hiring all new staff, Eaton Terrace reduces the risk of creating a new service without achieving high enough demand to support it.

Eaton Terrace finances many of its services directly out of its operating budget. It charges residents a fee for its supportive services program (personal care, housekeeping and medication management services). Management believes that resident fees cover the full cost of the program, and they do not have to subsidize it out of the operating budget.

Since Hover Manor offers a minimal service package, its costs are small and it is able to finance most services out of the operating budget. Like the other three properties, Hover sets the monthly fee for the mandatory meal program to cover the costs of the program and, generally, does not have to subsidize its costs. The property also charges a minimal fee of $1 per trip to help support the costs of the transportation services.

Golden West capitalizes on existing services in the community, minimizing direct expenses from its operating budget except for nominal staff time to help coordinate the service or activity. Services that are provided directly are generally supported through the property's operating budget. Golden West has recently begun to provide a few direct services for which it charges residents a fee. Although they anticipate that these services might one day produce a small revenue stream, right now management believes they are only breaking even and covering the expense of providing the service.

Eaton Terrace and Golden West also raise funds through their foundations to help subsidize service and activity costs or to provide individual assistance to residents. In 2006, Golden West contributed approximately $7,000 toward resident scholarships for the wellness center and to subsidize the operations of the center. In addition, roughly $2,000 went toward assisting residents who cannot afford the full price of the meal program, assisting with some resident personal needs and subsidizing activity costs. Eaton Terrace funds several activities of its wellness program and some staff time of the care consultation team through individual and grant funds raised by the Wellspring Foundation.

Services Received by Residents

In the self-administered questionnaire, researchers asked residents in each of the three housing communities to identify the services they actually used. As shown in exhibit **Exhibit 3.3**, residents reported using transportation more than any other service. From 46 percent to more than 68 percent of survey respondents said they used transportation services, with Hover Manor residents reporting the highest usage rate. This is not surprising since Hover Manor is the only property providing individualized transportation. In contrast, Eaton Terrace provides only group trips and Golden West provides no formal transportation services (although residents of both Eaton Terrace and Golden West have access to public transportation).

Survey respondents also reported considerable use of housekeeping services, with rates ranging from 36 percent to more than 50 percent. The highest rates were reported by Eaton Terrace and Golden West residents—both properties offer housekeeping services in-house, making it easy for residents to arrange. Hover Manor does not provide housekeeping service and, therefore, all residents must arrange it with outside providers.

Exercise and wellness programs were another popular service with relatively high rates of use across all three properties, particularly at Golden West, with almost half of survey respondents

participating. This fits with the emphasis Golden West places on preventative and wellness services. About one-quarter of residents responding to the survey at Eaton Terrace and Hover Manor reported using exercise and wellness programs.

Approximately one-fifth to one-third of respondents reported participating in activity groups. This rate is somewhat lower than might be expected given residents' frequent expressions of enthusiasm in the focus groups for the social opportunities available at the properties. Participation in social activities is highest at Golden West—not surprising since it has a full-time activities coordinator dedicated to the independent living property.

Across all three properties, only a small number of respondents reported using services that may indicate a moderate or significant level of disability or dependence, such as intensive case management, medication assistance or personal care. According to staff, only one person at Eaton Terrace was purchasing personal care services from the property at the time of the study, and five were purchasing medication monitoring services. Although these numbers may fluctuate, they have tended to remain low. However, the research team is also aware that 12 other Eaton Terrace residents received intensive case management, personal care and medication management through the PACE program.

In addition, some residents may have purchased home health and personal care services from outside providers. Golden West staff estimated that 15 to 20 residents were using home health services at any one time; however, they were not able to distinguish between residents

Exhibit 3.3: Self-Reported Services Used by Residents

	Eaton Terrace	Golden West	Hover Manor
Transportation	46.2%	55.7%	68.5%
Medication Assistance/Compliance	9.1	5.2	5.6
Cleaning Service	51.5	47.6	36.0
Home Delivered Meals or Commodities	6.8	6.1	5.6
Guardianship/Representative Payee	1.5	1.9	0
General Financial Management	8.3	9.4	7.9
Adult Day Care	2.3	0	0
Senior Center	11.4	17.0	12.4
Exercise/Physical Fitness/Physical Wellness	24.2	45.3	28.1
Assistance with ADLs	1.5	0.9	2.2
Companion Programs	6.1	8.5	9.0
Other Clubs/Activity Groups	18.2	35.8	20.2
Case Management	2.3	2.4	1.1
Cognitive Testing/Assessment	2.3	0.5	2.2
Individual Therapy	3.0	4.1	2.2
Group Therapy	0	1.5	1.1

Exhibit 3.4: Social Networks

	Eaton Terrace	Golden West	Hover Manor	Total
Have Family	95.4 %	93.8 %	95.3 %	94.6 %
Family Calls Regularly	87.7	83.8	84.9	75.4
Family Visits Regularly	36.2	39.5	45.4	39.7
Have Friends	95.0	93.1	94.7	94.0
Friends Call Regularly	85.9	82.5	82.7	83.6
Friends Visit Regularly	28.4	25.9	34.7	28.4

using the service on a short-term basis following a hospital stay and those using it on a regular basis. Five residents from Golden West also received services from Project Hope, a local program providing rental assistance, care coordination and support services for frail seniors in need of assistance with ADLs. Hover Manor staff estimated that 55 residents used home care services over the course of the year; however, like Golden West, they are not able to distinguish between short-term users and those with chronic care needs.

It is reasonable to hypothesize that residents underreported their use of personal care and other more intensive services for some of the same reasons they might have underreported their level of chronic illness or disability, e.g., frailer residents may not have responded to the survey, residents may have been in denial about their health status or functioning or they feared reporting it because they did not trust how the information might be used. It is also possible that some residents were receiving assistance with ADL and/or IADL activities from family members but did not perceive this as a traditional service to be identified in the survey.

Informal Caregiving Support

An important objective of this study was to understand the role families and friends played in supporting residents to live independently.

There appears to be a high percentage of family contact with the residents in the three properties. **Exhibit 3.4** shows more than 95 percent of all residents surveyed reported they have family, approximately 75 percent reported they have regular phone contact with them and 40 percent reported regular visits from family members.

Exhibit 3.5 shows the proportion of family and friends who provide informal assistance to the residents, as reported by the residents themselves. As the responses illustrate, family caregivers were extremely active in providing such support. Over half of the survey respondents at Golden West reported receiving assistance at least sometimes from their relatives, and more than two-thirds of residents in Hover Manor and Eaton Terrace received informal help. Family members in the focus groups also frequently mentioned assisting their relatives (at least weekly) in areas such as medication management, communication with their family member's physician, trips to the doctor's office, laundry and shopping as some of the support they provided. At Eaton Terrace, families in the focus groups felt they were providing so much assistance that their parents did not need to use many formal services beyond the mandatory meal program.

A slightly smaller percentage of residents across the properties indicated they have friends who provide assistance with their care. Although information is lacking on the

proportion of residents at each property who have family members in the near vicinity, several residents in the focus group indicated they had moved to the area to be closer to their children. However, in some cases where family may not be nearby, an individual may rely informally on friends to provide assistance.

Interviews with staff, as well as the focus groups, buttressed the survey data regarding the important roles families play. Staff across all three properties believed family support was crucial to a resident's general well-being and an essential factor in whether the property was able to help residents maintain their independence. Golden West's executive director commented that he felt family support is often a determinant in a resident's ability to remain in the property and *"supporting that support system is important."* Hover Manor's executive director concurred, stating, *"The role of the family is central. It's essential to our success. It's critical for the success of our residents in this environment."*

In addition to directly assisting residents, property management and staff commented that family members are helpful in communicating

Courtesy of Hover Manor

with residents. Residents may be unwilling to accept from property staff that they are having problems and need some type of assistance, but they may be willing to listen to their family members. Management at all three properties said they contact family members if they feel a resident's safety and ability to remain in independent living is in jeopardy.

Most housing staff also expressed the desire for more family involvement. All three properties noted that the amount and intensity of involvement varied across residents, depending on the relationship of the resident with family members. Staff expressed that most residents have

Exhibit 3.5: Informal Assistance

	Eaton Terrace	Golden West	Hover Manor	Total
No Assistance Needed from Family	33.9 %	44.4 %	31.8 %	38.6%
Family Provides Assistance	66.1	55.6	68.2	61.4
Assist, provide care	4.8	2.0	2.4	2.9
Assist, other	61.3	53.6	65.8	58.5
No Assistance Needed from Friends	60.3	62.2	53.9	60.1
Friends Provide Assistance	39.7	37.8	46.1	39.9
Assist, provide care	3.4	2.6	1.3	2.6
Assist, other	36.3	35.2	44.8	37.3

family members in the area, but that *"it really shows when someone has no family or a strained relationship with family."* In the absence of family support, the properties often engage with the residents on a deeper level to help the resident access needed assistance.

Although researchers did not collect in-depth data on the quality or intensity of assistance family members provided, some individuals in the focus groups commented that help from family was instrumental in maintaining themselves (or their relative) in an independent living setting. Data about the informal caregiving behavior of families with relatives in publicly subsidized housing is sparse; therefore, the extent to which significant family involvement occurs is not known.

Chapter 4 – Perceptions of Residents, Families and Housing Staff on the Value of Resident Services

In this chapter, the research team examines the perceptions of residents and family members, housing staff and selected aging services providers with respect to the value of the properties' approach to linking residents to needed services. Data for this section is largely taken from the focus groups and structured interviews.

View of Residents and Family Members

Researchers asked residents in the focus groups to discuss their overall views about the value of the services their housing communities offer. In general, it did not appear that when they moved in they expected very much, other than a safe and secure housing environment. As one resident put it, *"I was like a lot of people … I knew I would have one meal, but my thought was no more shoveling snow … raking leaves."* Focus group participants said prior to their move, they knew the property offered certain amenities, such as laundry facilities, a beauty shop and a library, as well as the mandatory meal program and some social activities. However, the availability of supportive services that might help them remain independent as their needs changed did not appear to be an important consideration in their decision to move. Some focus group members pointed out that they did not need additional services when they moved in, so they did not think about whether they would be provided.

After moving in, residents became much more aware of the diverse array of services opportunities available. Most residents in the focus groups gave the impression they knew what services were offered and how to find out about them. Residents at Eaton Terrace and Golden West highlighted the importance of the service coordinator in addressing their questions and helping them find assistance with their needs. Focus group members at Golden West commented they liked knowing services would be there for them when they were needed. One participant, who appeared to be quite independent and active, took comfort in knowing that when he ages, services are in place, even though he does not take advantage of them now. Another Golden West resident said, *"Initially this was like having an apartment anyplace else in the city, except I used meals. I moved in here totally independent. As time has gone on and I've gotten less ambulatory, I've used more of the services."*

Residents at all three properties seemed to highly value the social opportunities and sense of community. One participant in the focus group put it this way: *"It's just a big happy family here. We call it the Hover family."* Many mentioned how the activities and the friendships helped keep them young. Family members echoed the sentiments of the residents. *"My dad would say the camaraderie is the best part of this place,"* said one family member, *"he says it's the meal—it's the big social time and he wouldn't have that."*

Focus group members also were asked to talk about the services they used. Not surprisingly, most of the conversation focused on social activities. Health and wellness services were mentioned only after the research team probed. There may be several reasons why residents highlighted the value of social activities, while not paying much attention to the

role of health and wellness and supportive services. First, it is likely that participation in social activities is far more prevalent than participation in services designed to assist people in maintaining independence. Most residents report themselves to be in good or excellent health without significant disabilities. Like any community, it is also true that needs and personal preferences vary, so only a minority of residents may be likely to select a particular supportive service at any point in time. In addition, some of the supportive services residents used most heavily, at least according to staff perceptions, were the assistance of the service coordinators at Eaton Terrace and Golden West. Residents may not think of this as a traditional service. In addition, residents, who are the most dependent and therefore likely to be the heaviest users of supportive services, simply may not have participated in the focus groups. It is also possible, as was discussed earlier, that the high levels of informal support found in the study may obviate some of the need for more formal services.

Discussions by focus group members also spotlighted the high value residents placed on being independent and in charge of their own lives. As one resident stated, *"I value my privacy and I don't want someone knocking on my door and saying, 'Hey do you know they have a foot clinic?' It is independent living, and you should be able to find out things for yourself and take care of yourself to a certain extent."* On the other hand, most of the focus group participants seemed to appreciate that staff kept an eye on them and were aware of what was going on. Residents at Golden West mentioned that staff used the meal program as a daily check to identify individuals who might need to be followed up because they did not come down for a meal. Both Eaton Terrace and Golden West focus group members also expressed the feeling that staff were not invasive or pressuring them to use services if they did not want to. A Hover Manor resident pointed out they liked living at Hover Manor because they could be whoever they wanted to be—or as one resident said, *"You can be as private as you want or as social as you want."*

Family members in the focus groups generally affirmed the views of their relatives. They did not have many expectations about services when their loved one moved in and have been pleasantly surprised at what is offered. In at least some cases, it does appear that family members were not aware of the more health-related and supportive services offerings of Eaton Terrace and Golden West.

Are Residents Able to Age in Place as Needs Change?

Researchers asked residents and family members in the focus groups whether they thought they would be able to maintain independent living and age in place as they grew older and frailer. At Eaton Terrace, residents in the focus groups overwhelmingly believed they could stay in the property for a long time—provided *"you remain able to get around,"* as one resident put it.

Family members in the Eaton Terrace focus groups seemed to share the belief that without the assistance they provide themselves and the services their relatives receive through Eaton Terrace, independent living could not be maintained. Speaking about her mother, one daughter stated, *"Prior to coming here I thought 'this is fine for now,' but now I'm thinking that as bad off as she can be sometimes … I think she can stay here a while."*

Residents of Golden West also perceived they would be able to obtain a lot of support to maintain independent living. They thought they would be allowed to stay in their own apartments as long as they were safely able. *"I think Golden West is very committed to keeping us as independent as possible instead of shipping us off,"* observed one focus group participant. Family members also believe that as their parents age, they will be able to remain in Golden West. A family member noted, *"They explained to us that with people with physical disabilities, before putting them into assisted living, they try to keep them as long as possible."* In discussing when

a resident might have to leave Golden West, most focus group members had a similar understanding, e.g., *"if you are bedridden, if you can't get to the dining room, if you can't dress yourself, if you become disruptive or demented."* However, focus group participants also did not believe that Golden West staff took this move lightly. As one resident stated, *"If there's some kind of a problem with one individual that affects the welfare of all the other individuals, our administrator takes it very seriously. He resorts to asking them to move as a last resort, but takes it very seriously."*

One interesting theme emerged from the resident focus groups that could have an impact on how far a housing community may be willing to go to support frail residents. Some residents expressed concerns that people might be allowed to stay too long in the property. For example, a resident from Golden West commented, *"I feel in the past few years they've let people in here who are not independent—they are more dependent than independent. These people may come down to dinner once in a while, they don't speak, they can't hear, can't walk."* Another said she felt some individuals should be in assistive care rather than remaining in independent living. It also was noted that the criteria to be able to live at Golden West have evolved over time. As one resident said, *"We were told when we came, you have to be able to come down and get your mail,"* and another said, *"When I came here, all you could have is a cane."*

The attitudes of residents and family members at Hover Manor appeared to be somewhat different from those at the other two properties. Residents at Hover Manor talked a great deal about independence and appeared to reflect the views and philosophy of the property's leadership. For example, one resident explained that if you need a special diet (e.g., low sodium) the options are there, but it is your responsibility to make the right selection. While many focus group participants said they would be able to age in place in their apartments, it was not always clear that they were talking about

Courtesy of Hover Manor

the same thing as the residents at the other two properties. Some said yes, they could age in place. For example, some focus group members said it was okay to remain at Hover Manor as long as people were able to do for themselves. One individual felt you need to be able to take care of your personal needs—dress, bathe, take medicines, get yourself to the dining room. In general, Hover Manor residents seemed more likely than residents at the other two properties to say that they would not expect to receive services to help compensate for frailty or disability because Hover Manor was an independent living facility.

Family members in the Hover Manor focus groups tended to reflect the residents' perceptions. More than in the other properties, participants in the family focus groups at Hover Manor were likely to agree that it was not necessarily appropriate for their parents to stay in their apartments as they became older and frailer. They seemed to be comfortable with their parents moving on to a higher level of care. They echoed residents' fear of becoming dependent, and one observed, *"You can start doing too much when they really are capable of doing it, so you have to be careful not to make them dependent."*

Courtesy of Golden West

The View of Property Staff and Community Providers

Staff interviewed at all three properties commented they were seeing more people moving in at older ages who are physically frail. They also believed residents could prolong their period of independent living if they were willing to use appropriate services. In fact, they perceived that many residents were aging in place by obtaining necessary assistance as their needs changed. However, staff was also quick to point out that management must carefully weigh whether it is appropriate for an individual who is growing increasingly dependent to remain. For example, Eaton Terrace staff, as well as a number of the service providers who served Eaton Terrace residents, generally felt that Eaton Terrace residents are aging in place and that the property enables them to do so. One individual stated, *"They really do a good job of appropriately keeping them in the environment. They always have the ability to have housekeeping or care management brought over. They really do a nice job of keeping people to age in place, but the nice part is they are also the first ones to say we are not doing right by the resident keeping them here."*

Golden West staff, as well as the outside providers serving its residents, also shared many of the same sentiments. Staff viewed Golden West as being in a position to promote positive aging in place. As the associate director of housing operations commented, *"Our goal of having a service program is to keep them in place. Originally in this place, you had to be 62 and older to live here. Now, the [average] age is 85. As that's progressed, the services we provide have changed—it's a matter of giving the consumer what they want. Forty years ago they didn't have a dining room, they had a general store. They changed the mission statement to include we will be a provider of affordable, quality housing and services."*

At Hover Manor, although many staff members seemed to feel that residents could age in place, it was often qualified by a caveat regarding the quality of their health or the amount of assistance they require. For example, one Hover Manor employee stated, *"I think there is a level at which residents need more assistance than they can get in the independent living and somewhere along the line they're going to have to move out of here."* A community provider serving Hover Manor residents said it appeared that while many residents with increasing frailty are aging in place, the property could do more to encourage and assist this development. This provider observed, *"I know it's possible, but I think other services would be needed. I think laundry services, contracting with housekeeping people, being able to offer a couple of other programs would be more assistive—shopping services. As far as those who don't have diminishing mental capabilities—if they could offer some supplemental services at an additional cost that would be great."*

At all three sites, housing staff seemed to be largely in tune with the management philosophy regarding the role of services in maintaining independent living. Golden West's executive director spoke of the importance of educating staff members on the property's philosophy and their individual role in supporting it. He noted that it is important staff not send mixed messages about who is or is not appropriate to live at the property—*"you can't have the maintenance staff telling people 'behave yourself or they'll send you to assisted living.'"* Line staff, such as maintenance, housekeeping and dining services employees, has frequent one-on-one

interaction with residents and observes their living environments. Not only can they be helpful to the residents, they can be a valuable resource in alerting the service coordinator and management to any potential problems or needs residents may have, if they know what to look for. He also noted that the more lenient you are with residents and the more you support them, the more staff starts to question why a resident is allowed to stay. *"You really have to educate staff to your philosophy … you also have to educate residents."*

Barriers to Expanding Services and Aging in Place

As part of the structured interviews, researchers asked housing staff to identify possible barriers to residents' ability to age in place. Not surprisingly, staff at Eaton Terrace and Golden West believed that a primary barrier is funding. As organizations serving low-income residents, they have limited resources to invest in services. It is also difficult to depend on public and philanthropic funds, which may be here one day and gone the next. For example, Dental Aid, a local non-profit, once had funding to provide onsite dental cleanings and exams at Golden West, but the grant was not renewed. In addition, staff point out that many residents are not able to pay for services out-of-pocket. This is particularly true for health and personal care services for residents who do not qualify for Medicaid. Both Eaton Terrace and Golden West raise funds through their foundations to help subsidize the costs of some services and activities or assist individual residents who are unable to afford particular services or activities.

In all three properties, staff cited resistance from residents (and sometimes their families) as a barrier to supporting residents to age in place. Staff at Hover Manor saw limited demand for services. In January 2006, management conducted a survey of residents' service interests. Few residents expressed a desire for the property to offer more services; those who did were primarily interested in social activities. The director of housing operations at Hover speculated this may partially be the result of residents' perception that if they are in need of services, they are losing their independence. Eaton Terrace staff echoed this sentiment, saying that frequently residents are in denial of their increased frailty and need for help. They also found that some family members are not ready to accept their parent is in decline. As previously pointed out, research staff observed that, in some cases, residents may fear that demonstrating a need for services could jeopardize their ability to remain in the property. As noted before, some residents do not like the idea of having very frail and/or disabled individuals as their neighbors. Perhaps this is too painful a reminder of what might await them.

Several staff members also mentioned that it takes a lot of education and information, provided on a consistent basis, to get people involved in activities or to use services. They suggested family members could be helpful in encouraging their parent to take advantage of the opportunities around the property. Education is also necessary to assuage resident concerns that the property will not allow them to continue living there if their health declines and they need assistance.

Chapter 5 – Conclusions and Implications

This comparative case study of three affordable senior housing communities in Colorado offers lessons for provider practice, policy and further research. It also has raised many new questions that need to be explored further.

Provider Practice

Each of the properties in the study developed a different strategy to foster independent living and support residents in the face of changing needs. Two of the three consciously developed purposeful services linkage strategies. Eaton Terrace organized itself as a direct service provider, using its own employees to deliver services, including some more typically found in an assisted living setting, such as medication management and personal care. Golden West built an extensive network of community-based providers, largely at no cost to itself, with a particular emphasis on promoting resident health by bringing in preventative and wellness services. Management staff from both of these properties also reported providing more intensive case management, using a care team approach to assist residents who were experiencing a crisis or who they deemed to be at high risk. The third property, Hover Manor, largely left the responsibility for organizing services to residents and their families, with the expectation that such a strategy fosters resident independence.

From the perspective of residents, staff and families, these similarities and differences seem to have mattered. In the two properties with purposeful resident services strategies, focus group participants appeared to be more confident they could maintain themselves in an independent living setting for a long time, even in the face of increasing frailty and/or declining health. Residents and families remarked on the value of having services there when they needed them. They also seemed appreciative that staff was available to check on them if they had problems. There was no indication residents in these properties felt staff was intrusive or they were pressured into using services they did not want. At the third property, where management did not emphasize resident services as much, the tone of the focus groups was somewhat different. In this case, residents generally depicted themselves as a very independent group who desired to be “left alone” and did not necessarily want the property to offer services to them. Several residents and family members commented that they did not expect housing staff to assist them if they became more dependent. They seemed to assume that, if necessary, moving to a higher level of care like assisted living was appropriate. However, it was not clear that these individuals had thought about the affordability of higher levels of care.

The availability of services delivered on the property also seemed to make a difference. In most cases, residents were more likely to use these services, perhaps because access was easier and it could be scheduled more flexibly to suit their needs and preferences. It is not possible to determine from the study whether a services strategy based largely on direct service delivery is more or less effective than one built on purposeful collaboration and community partnerships. Whether the provision of direct services was economically feasible to the housing provider also is not clear. Management indicated that the fees charged for direct services largely covered their cost, although they did not necessarily make a profit.

The study also shows what the research team interpreted as a surprising amount of interac-

tion between families and residents. Almost all residents—more than 95 percent—reported families were involved in their lives, and over half reported receiving assistance from their families on a regular basis. Since information on the informal caregiving behavior of families with relatives in publicly subsidized housing is largely lacking, there is no way to tell whether the amount of family involvement in the lives of these residents is typical. The study also did not collect data on the quality or intensity of assistance provided by family members. Some family members in the focus groups did state that the help they provided was instrumental in maintaining their parents in an independent living setting. The high proportion of family involvement with residents suggests that housing providers should consider targeting informal caregivers as they evolve resident services strategies. Sponsoring informal caregiver support groups may be a low-cost way to support family members in their caregiving roles and help educate them about alternative ways of meeting their family members' needs without burning out. Housing staff also should consider building family members into their care consultation meetings to help in the design of service plans and to encourage residents to use the services.

According to the study, the great majority of residents in the three properties reported themselves as relatively healthy and active. Only a minority reported they were chronically ill and/or functionally disabled. Between 16 and 25 percent of the residents across the three properties had three or more chronic health conditions and between 15 and 22 percent reported limitations in one or more ADLs or IADLs. This population may be more similar to an assisted living population and most in need of case management and assistance with ADLs and IADLs. This population is also likely to grow as the average age of entry into publicly subsidized housing continues to climb.

Although the resident population with chronic illness and significant disability in this study is relatively small, it may account for many of the daily problems faced by these housing providers, such as crises requiring 911 calls and emergency transport to the hospital, growing isolation of some residents, declining ability to maintain their apartments, resident turnover and complaints from other residents about personal hygiene and safety. The findings from this study suggest that housing managers may want to consider developing a proactive case management system that targets this higher risk population. Such a system could help residents and their family members assess needs and identify and arrange service options. Doing so might facilitate a smoother, more efficient operation of the housing community, as well as improve the health and quality of life of selected residents.

In interpreting the study results, it is important to consider alternative explanations for why the study found such a high proportion of residents, whose median age was almost 85, in good or excellent health and with relatively few physical limitations. According to the literature, the profile of the average community-dwelling elderly population in the United States at age 85 would show a much higher rate and level of chronic illness and disability. The research team identified a variety of reasons for this apparent anomaly. First, about one in five residents across the three properties did not fill out the resident questionnaire. It may be that residents who have greater health problems and/or functional limitations and would have more difficulty completing the survey did not participate. It is also possible many residents are in denial about their health conditions or level of disability or are simply afraid to report them for fear they would be deemed inappropriate for independent living. Both housing staff and the research team perceived this to be the case to some extent. The resident population in the three properties was also overwhelmingly white, a factor that also could account for the higher than expected proportion of healthy residents with few disabilities.

Sicker or frailer residents also could have

been encouraged by the property or their families to move to a higher level of care or to move in with a family member, rather than seek more intensive services. Given the fact that all three housing communities also include an ALF on the same campus, there may have been some incentives for more disabled residents to transfer to the ALF. Given the relatively low incomes of residents in the three independent living units, however, it seems unlikely that many could afford to pay privately for the ALF.

The research team also found wide variation in the information available to housing management and staff that would allow them to systematically respond to changing needs of residents and their families over time, or to tell how well the property is performing in meeting resident needs. These data include measures of resident health and functional status, service needs and preferences, service use and the triggers that result in resident transfers out of the property to a higher level of care. Even where data were collected, staff did not systematically use the information to follow up with residents who may be in need of assistance. This lack of data and follow-up makes it extremely difficult for a housing provider to plan a comprehensive and long-range service strategy or to convince the housing property's board or prospective funders of the importance of addressing resident service needs.

The research team recognizes that the mission of the three housing communities participating in the study is to promote a culture of independence among residents. Residents and family members affirmed this mission by reporting in the focus groups that they placed a high value on living in an independent setting where they could make their own choices. The housing provider, therefore, has a fine line to walk in facilitating and strengthening this culture of independence and, at the same time, confronting the realities of an aging resident base and meeting rapidly changing needs. While the collection and use of certain types of resident information may appear intrusive, it is essential for those housing providers who choose to address the unmet needs of residents and maximize their potential to age in the property.

Policy

In the face of rising long-term care costs and an aging population, policymakers at the federal, state and local level have many incentives for supporting the development and testing of new approaches to meeting the long-term care needs of low- and modest-income elderly. Models that purposefully link publicly subsidized housing with health-related and supportive services offer a potentially less expensive and more desirable choice for the almost two million seniors who are today aging in place in these settings. Most of these older adults want to remain in an independent housing arrangement as long as possible, rather than move to an ALF (which is often unaffordable) or a nursing home.

Health, long-term care and housing policymakers need to carefully examine rules and regulations devised at the federal and state level and how they impact the ability of local providers to integrate affordable housing and resident services for seniors. Do they impede or promote such integration? Do they allow for significant family involvement and the ability of property staff to integrate formal and informal services? This study has supported previous research conducted by this research team and others that many housing providers are cobbling together services from a variety of public and private funding sources. Policymakers need to review their regulatory and administrative policies to assess how well current programs help facilitate the development of a seamless system for providers and residents. Furthermore, unless there is evidence that current regulatory approaches actually improve quality and resident safety, policymakers should consider modifying such requirements.

Policymakers also need hard information to assess the extent to which federal, state and local governments should invest in strategies

that link senior residents in publicly subsidized housing to health and supportive services. Many low-income senior housing communities across the country are actively experimenting with a range of strategies. These natural laboratories can form the basis for a more systematic evaluation of the impact of affordable housing plus services models on residents, housing providers and public and private costs.

Applied Research

Over the course of this study, the research team has identified a variety of issues and questions that, if addressed, can help housing and aging services providers and policymakers make more informed decisions about the costs and benefits of integrating services into affordable housing settings for older adults. One priority issue that could not be addressed by this case study is the tremendous need for outcome information. How do various models linking publicly subsidized housing residents to services affect the duration of independent living; physical health status and functioning; unmet needs; quality of life; use of hospitals, nursing homes and assisted living; and public and out-of-pocket costs? Does targeting prevention and wellness services for more healthy residents and case management for those at higher risk produce better outcomes for residents and their families, as well as for the housing provider?

The study team also noted that the population in the three housing communities in this study was different from the image of residents in publicly subsidized housing properties typically located in urban areas. Importantly, residents were almost all white and had a lot of family support. Replicating the study with providers in urban areas with high concentrations of minority populations would be an important next step to understand how to devise service models that meet the needs of very different populations of seniors who may have less education, lower incomes, greater levels of disability and chronic illness and fewer available family members.

The study also raises a variety of other important questions that should be addressed to maximize the benefits of integrating services into publicly subsidized housing. For example:

- Do some publicly subsidized housing communities systematically target case management and services to residents with significant chronic illness and/or disability and, if so, how?
- What types of services do family members provide to residents, and does an active family support system affect how long a resident can stay in independent housing? What are the most complementary roles for housing providers and families to play in supporting at-risk residents? What proportion of residents in publicly subsidized housing has no family support?
- How do housing providers educate families and residents on evaluating their needs and obtaining services? Does such education make a difference in resident service use and outcomes?
- Under what conditions is it effective and feasible for housing properties to deliver services directly as opposed to organizing community service networks? What capacities (including financial resources, physical plant, operational infrastructure and staffing) must a housing provider possess to be a service provider as well?
- What types of information systems should be devised by housing providers to track resident health and functional status, service use, unmet needs, and transfers to other settings? How can providers ensure confidentiality while using this information to meet resident needs?
- What barriers (e.g., regulatory, practice, etc.) impede the ability of providers to implement models of affordable housing and services, and how can they be overcome?

In conclusion, this study has explored the experiences of three senior housing providers in a defined geographic area. The findings have provided some important insights into the various ways in which housing staff, residents and their families view aging in place and the strategies that each property uses to meet the needs of its residents. These study results, however, cannot be generalized to the wide array of senior housing that exists across the country. Further research is needed to examine how services can be linked with affordable housing in the most efficient and cost-effective manner to help low-income elderly in urban, suburban and rural communities remain as independent as possible if they choose to do so.

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2519 Connecticut Avenue, NW
Washington, DC 20008
(202) 508-1208
Fax (202) 783-4266
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