

# Strategic Wellness Plan

A Cross-Stakeholder, Mixed-Methods Research Case Study Informing  
Continuing Care Retirement Community Redesign

*Redacted Case Study*

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*Note: This report has been redacted for portfolio purposes. The client organization's name, staff names, specific location identifiers, and two identifying images have been replaced with generic descriptors or removed. The research methodology, findings, and recommendations are otherwise presented as originally developed in 2013.*

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## Table of Contents

Executive Summary .....	3
Acknowledgment and Thanks .....	6
Objectives of Strategic Wellness Plan Summary Report.....	7
Section 1: Background and Structure.....	7
the Community's History .....	7
Mission, Vision, and Value Statements.....	7
the Community's Organizational Structure.....	8
the Community's Current Situation: Living Options, Physical Spaces, Programs, and Services .....	9
Section 2: Current Situation and Industry Trends.....	18
Demographic Trends .....	18
Trends in Key Indicators of Wellness.....	19
Trends in Whole Person Wellness for Older Adult Populations.....	20
Other Significant Industry Trends and Influences.....	23
Implications of Trends and Influences.....	24
Section 3: Perspectives of the Community's Current Residents, Prospective Residents, and Staff .....	30
Methodology .....	25
Participants .....	25
Wellness Program Participation among Current Community Residents...29	29
Maintaining Wellness: Prospective Residents.....	30
Section 4: the Community's SWOT Analysis.....	32
Strengths Identified by Current Residents.....	32
Challenges/Concerns Identified by Staff and Current Residents.....	32
Daily Hassles Identified by Staff and Current Residents.....	33
Opportunities to Enhance Existing Programs and Spaces Identified by Staff and Current Residents.....	33
Opportunities for Adding Programs and Spaces Identified by Staff and Current Residents .....	34
Opportunities to Create Programs and Spaces Identified by Prospective Residents .....	35
Opportunities to Provide Desired Health Services as Identified by Prospective Residents .....	36
Opportunities to Address Design/Building Features Identified as Most Important by Prospective Residents.....	37
Threats to Success (Internal and External Factors).....	37



Section 5: Site Visits ..... 40  
    Moorings Park ..... 40  
    Solivita ..... 40  
    The Villages ..... 41  
    Potential Spaces Identified as Part of a Wellness Center as a Result of  
    Site Visits ..... 41  
  
Section 6: General Conclusions ..... 43  
  
Section 7: Recommended Strategic Action Items..... 44  
  
References ..... 55

## **Executive Summary**

### **Purpose**

The overarching goal of the current project was to assist the Community achieve its mission and vision to provide compassionate personalized continuing care and service of the highest quality, to be a national leader in personalized senior living, and remain an authentic community which facilitates an active engaged life. Specific project objectives were to examine the current situation and trends and assess current and future needs in order to develop recommendations for the design and development of new wellness spaces and programming. Recommendations include priority areas, goals, and strategies to achieve those goals. The conceptual framework used to guide discovery and develop recommendations was the ICAA active aging model<sup>®</sup>, designed to guide a variety of agencies and service providers in implementing active-aging strategies. This model “promotes the vision of all individuals, regardless of age, socioeconomic status or health, fully engaging in life within all seven dimensions of wellness: emotional, intellectual/cognitive, physical, professional/ vocational, social, spiritual and environmental.” The nine principles of the active aging model include populations, perceptions, people, programs, products, promotions, places, policy, and potential.

### **Process**

Several methods of data collection were used to inform the discovery phase of the project. Throughout the process, secondary sources were used to gather information about the current situation, projected future industry trends, and potential resources. In addition, multiple individual interviews with the Community's Executive Director and other the Community staff were conducted to learn about current living and care options, programming, and procedures within the Community. Four group meetings were held at the Community to ascertain opinions and preferences of key group members. Focus groups were performed with the Community staff, external stakeholders from various community organizations serving older adults, and prospective residents. A fourth meeting with current the Community residents was held in a town-hall style format, where residents' opinions were ascertained via voting on key issues. Finally, site visits were made to three exemplary housing communities for older adults in Florida in order to learn more about successful practices and challenges in these communities. The communities visited were Moorings Park in Naples, Solivita in Poinciana, and The Villages in Lady Lake.

### **Results**

General conclusions from research-gathering are listed below. Following the general conclusions are nine priority areas, with a specific goal for each. The report details multiple strategies to achieve each of the nine goals.

- A sense of community and being “at home” is essential, with open communication being a key factor in fostering a sense of community.
- Communities for older adults are a place of living and growth.
- Wellness is a supportive avenue and basis for the creation of intentional community and prolonging independence.
- Communities that address ways to reduce isolation of elders, purposefully engage elders, and provide community benefit are all important aspects, as long as the means of integration supports security and safety.
- Alternative revenue streams should be considered, but only utilized if not compromising security, safety, and fulfillment of care, services, and supportive life style of residents living at the Community.
- Embracing of wellness as a core of a community requires the evaluation of not only desired resident outcomes, but also the operational impact and staffing requirements supported by the physical environment.
- The establishment of measurable benchmarks is necessary to provide feedback for continual improvement.
- Wellness is comprised of evaluation and assessment of the “whole person”, not only medical diagnosis, but spiritual, mental, emotional, and social well-being, identification and understanding of preferences, providing choices and resident engagement.
- Volunteerism, including purposeful, meaningful and valued contributions, is underutilized at the Community and is a potential resource to be tapped through reallocation of resident volunteer opportunities.
- Furthering the integration of wellness activities (physical, social, mental, emotional), clinical services, and recreational activities are all part of a successful health and wellness program.

The nine priority growth areas recommended for the Community are:

### **1. Adding facilities and Spaces.**

**Goal:** *To ensure residents have accessible spaces that create opportunities to live an active and engaged lifestyle.*

**Example strategy:** *Create a bistro/café casual dining experience with expanded dining hours, and grab-and-go options.*

### **2. Engaging a wider audience.**

**Goal:** *To ensure residents have activities and program opportunities that address the seven dimensions of wellness.*

**Example strategy:** Cross-promote wellness across functional areas to generate interest and target residents more effectively to reach all levels of needs.

### 3. Enhancing vocational and intellectual wellness through volunteer opportunities.

**Goal:** Identify meaningful opportunities that encourage a sense of self efficacy and provide intellectual stimulation while contributing to the organizational mission and day-to-day operation of the Community.

**Example strategy:** Incorporate vocational/volunteer interests into a formal life assessment to be administered at move-in and at pre-determined intervals thereafter. Also consider making these assessments available to prospective residents and including those individuals in the pool of potential volunteers.

### 4. Measuring wellness.

**Goal:** Benchmark and track wellness at the community and individual level in order to provide person-centered services and tailored interventions, and determine overall effectiveness of the Community wellness programs.

**Example strategy:** Create written wellness objectives for the community that include both residents and staff.

### 5. Connecting with the internal community.

**Goal:** To increase awareness about community happenings, convey information that promotes whole-person wellness, and foster a sense of community.

**Example strategy:** Create a centralized resource area with access to internal and external information, media resources, etc. Promote new programs, dining menus, special events and other activities here.

### 6. Connecting with the external community.

**Goal:** To maintain individual and organizational connections with the community-at-large for the benefit of residents and their families, the Community, and the community as a whole.

**Example strategy:** Identify one or multiple higher education partners to offer an onsite lifelong learning program. Former Rath Center staff may be utilized to coordinate and oversee programming if relocated to the Community campus.

### 7. Creating an environment that enhances safety, security, and life engagement.

**Goal:** To provide a supportive environment that allows residents to remain engaged in life to the extent they desire and minimizes the physical or psychological obstacles to active living.

**Example strategy:** *Evaluate and incorporate technologies to enhance safety, promote health and fitness, encourage socialization, and allow electronic documentation.*

### **Acknowledgment and Thanks**

The project team would like to thank the residents, prospective residents and staff of the Community for enthusiastically participating in the research process. Your time, thoughtful input, and graciousness helped us develop a robust impression of your community and develop recommendations based on this.

The team appreciated the hospitality while on campus, and the effort put forth to provide a welcoming atmosphere. We were also grateful for the excellent work of the Executive Director and his thorough preparation for our focus groups, town hall meetings, and site visits, as well as the organization and hospitality he provided once we were on campus. Special thanks to a member of the administrative staff for her instrumental assistance in preparing for the group meetings, and to the Board Chair for actively participating in the meetings and site visits.

We would like to acknowledge the contributions from members of the external community. We appreciated the time, expertise, and candor granted by representatives from Moorings Park, Solivita, USF Health in the Villages, and The Villages Recreation. Their willingness to share successes and challenges provided invaluable real-world insight. We were also thankful for the tremendous participation in the focus group with key personnel from older adult service providers in the surrounding county. They supplied the team with genuine insight into the landscape of aging in the surrounding county, and laid the foundation for potential future collaboration.

Having the opportunity to interact with multiple stakeholder groups afforded the team with diverse perspectives that were integral to the research process. It was clear that many stakeholders have a personal commitment to enhancing the lives of older adults, and this commitment was particularly evident within the Community.

Thank you again for your hospitality and your commitment to advancing the quality of life for residents in the Community. We look forward to seeing the ongoing development and great things to come in the near future at the Community.

Sincerely,

Christine B. Phillips, Ph.D. and project team

## Objectives of Strategic Wellness Plan Summary Report

- Assess the current situation at the Community with regards to living options, resident needs, physical spaces, programs and services.
- Assess the current situation relative to demographic and industry trends and prospective resident needs.
- Identify priority areas for growth and development of new wellness spaces and programming at the Community.
- Develop goals and strategies within each priority area to enhance active engaged living.

### Section 1: Background and Structure

#### the Community's History (Source: the Community)

the Community was founded by a regional church denomination and was originally supported solely by contributions from affiliated churches throughout the state. It was incorporated as a not-for-profit organization in the 1960s. They remain focused on encouraging our residents to embrace life and to pursue fulfillment through vital involvement and honoring the wisdom of each other.

The community was founded in the mid-1950s when a local resident, recently out of the hospital and tired of hotel living, sought a place that felt more like home. With his gift and contributions from others, a small house was purchased to provide a home and care for 10 residents. Over the decades, the community grew to serve roughly 300 residents on a lakeside campus.

The history of the Community is a story about the extraordinary people who have resided there and the dedicated service of the men and women on staff. "Our residents think of this as their home, not an institution," were the words of the community's founder. It has never been an institution. It has always been just what it says it is, a home, where older adults live and are supported in a loving Christian community.

#### Mission, Vision and Value Statements

##### Mission

the Community provides compassionate, personalized continuing care and service of the highest quality, consistent with our Christian heritage.

##### Vision

the Community will be a national leader in personalized senior living.

## Values

- Choice – the Community provides freedom of choice with the highest standards of personalized attention.
- Compassion – the Community is a nurturing, loving community where compassion is abundant.
- Community – the Community builds positive, effective and sustained relationships that support active, vibrant and spiritual communities.
- Opportunity – At the Community opportunity means enjoying life your way – learning, growing and living among friends.
- Security – the Community provides lifelong continuing care that fosters peace of mind and a sense of security.
- Integrity – the Community is committed to the highest standards of integrity, transparency and accountability.

## **the Community's Organizational Structure**

*[Organization chart showing the community's reporting structure across Executive, Clinical, Wellness, Facilities, and Administrative functions — organization name withheld for confidentiality.]*

**the Community's Current Situation: Living Options, Physical Spaces, Programs, and Services** (Sources: Pre-Focus Group Meeting, the Community, 2013a)

➤ **Residential-Related, Level of Care Changes, and Fees**

- **Current Living Options and Number of Units**
  - o 115-116 houses—Single family/duplexes
  - o 60 apartments (IL)
  - o 38 assisted living
    - o Progressive care (used to be dementia care) – it is staffed like AL, but with additional CNA. Rebranded to Progressive care to reduce stigma associated with dementia care.
  - o 32 private, 16 semi-private Health Center units
- **Future Units**
  - o 6 duplexes currently under construction
  - o 4 homes under renovation
  - o 3-4 apartments under renovation
  - o More land opening up for addition of independent living housing units
  - o the Community was seeking a flex license for Assisted Living where care could be stepped up by the unit, allowing a person to stay in place and transition from IL to AL. This did not pass in the legislature this year. However, the Community has applied for a Home Health license to facilitate aging in place.
- **Changes in Levels of Care**
  - o Nurse case manager for independent/assisted living residents. She has all medical history, tracks each resident and discusses level transitions with them when appropriate.
  - o She is assisted in tracking by student nurses who work at the Community in first clinical rotation in nursing school.
  - o There are objective criteria set forth in the Resident Handbook regarding the need for transitioning from AL to Health Center

- **What instrumental assistance is currently provided to maintain current level of care?**
  - o In-house services include housekeeping, meal delivery, additional maintenance, extra yard care, companion care, and transportation
  - o Outside providers provide 24-hour care, home health care, and airport transportation.
- **What transportation is currently offered to residents?**
  - o Generally M-F from 8am-6:30pm
  - o Weekends as needed
  - o Watson Clinic, scheduled shopping trips, individual trips by appointment
  - o Evening trips to performing arts events
- **What is the current cost structure? Will there be options for short-term stays (or monthly rental options) outside of a skilled care environment?**
  - o Depending on unit, deposit varies in cost, up to \$225K.
  - o Monthly fees are about \$1200, and include interior/exterior maintenance, property taxes/insurance, 1 meal/week in the dining room, renovation every 10 years, and use of the amenities. Monthly fees for apartments are \$1,600, and include 1 meal/day in the dining room.
  - o Working to develop a fee structure that would allow residents to allocate monthly fees as they need. For example, they may not need dining services, but need extra yard care one month, but the next month those needs may change. The proposed fee structure would allow them to direct funds according to changing needs.
  - o It is a Type C CCRC, with no prepayment for health care services. Need will dictate other structures (such as Type D) that may be presented to the Board for approval.
- **Is there a new resident orientation process? What is included in that?**
  - o Two formal staff activities – Management team meets with every new resident individually. John (Director) has a quarterly luncheon with all of the new residents.

- o Welcome Neighbor program – a resident from each area welcomes the new resident. They advise new residents to call them if they need help, need questions answered, to call maintenance if they need help hanging mirrors/pictures or dispose of moving cartons. They will also offer to escort the new resident to the dining room at the new resident's convenience. The "Welcome Neighbor" will also set up a time to call and review the Resident's Handbook and answer any related questions.
- o New residents complete a bibliographical record that is made available to all residents to facilitate getting to know their neighbors.
- **What environmental amenities are there on campus (either naturally occurring or built design)?**
  - o Outdoor: Lake, lakeside gazebo, memorial garden, shared patio garden space (AL, HC and IL), dog park, swimming pool with chair lift and dressing rooms, putting green, canoes, walkways through community and along the lakefront
  - o Indoor (in AL): meeting space/lounge/exercise area, DVD library, common lounge, kitchen and dining area. Living spaces have lake views, living space, dining space, sleeping area, kitchen area, high ceilings, and bathrooms with showers and sink vanities that can convert to wheelchair accessible if necessary. Have also converted several efficiencies into 2-BR apartments with large master BR for couples.
  - o Indoor: Chapel with labyrinth, large group exercise space, large fitness equipment room, small satellite fitness room, wood carving room, library, billiards room (currently taken over by knitting group), woodworking, ceramics space (in a garage—unused), music area, art room, dining room with lake views.
- **How is technology used?** Very little. IT is outsourced, and they are not technologically proactive. Wireless nurse call stations-- pull stations.
- **Social, Vocational, Intellectual, Spiritual, and Leisure Recreation Activities**

- **What types of recreation are currently being provided? Who organizes/leads them? Where do they take place?**
  - o Monthly calendar for planned activities
  - o Dining services arranges themed meals
  - o Activities coordinator arranges travel
  - o Special holiday events
  - o Canoeing, putting green, woodworking, painting, wood carving, ceramics, knitting group, billiards, square dancing, Wii bowling (struggling with attendance without a staff leader), bingo, brass hand bell ringers, board games, card games, dominoes.
  - o Several issues with existing spaces were noted throughout the interview process. 1) Current set up for canoes is not ideal because there is no designated and easy to maneuver launching point. 2) Putting green is not centrally located. 3) The ceramics program is virtually nonexistent since it was moved to a garage area away from the wellness center.
  - o Art/Wii bowling and other activities have struggled when paid instructors were taken away. Residents have not been able to sustain these activities without leadership. This doesn't apply to all recreational activities, however.
  - o Passive recreation in outdoor patio/garden area shared by AL, HC and IL, lakeside gazebo, dog park, and movies. Note: Current and prospective residents believe active and passive recreation areas next to the lake would be more user-friendly if screened-in (boat dock and sun deck were specifically mentioned).
- **What clubs/social opportunities are available? (overlaps with recreational and other opportunities)** Knitting group, brass handbell ringers, choral group, fine arts group (painting and drama clubs), Breakfast forum, golf group, the neighborhood association, and a community fellowship group.
- **How do you determine what residents like to do? Is it included within a "Life Plan" assessment?** There is no structured process at this time. Involvement in activities happens organically.

- **What is the volunteer program currently in place? Is this managed by resident council? Staff? Or a combination?**
  - o Activities coordinator manages volunteer program. A recognition dinner is held annually to recognize volunteers.
  - o the Community residents volunteer approximately 33,000 hours of time/year internally or with outside organizations
  - o the Community volunteer opportunities include assisting marketing, welcoming new neighbors program, social services (mail sorting and delivery), guide to chapel, memorial services, food events, reception desk in AL, speaking at marketing programs, resident newsletter (proofreading, collating, delivery), working in the 2<sup>nd</sup> hand shop (they raise about \$20K/year), providing tax assistance, social services, and lake-clean-up events.
  - o Residents volunteer outside of the Community in the hospital, free clinic, public library, art museum, churches, elementary school, homeless shelter, and Habitat for Humanity
- **How are volunteers recruited?** Through activities coordinator. They also seek out volunteer opportunities.
- **What educational and intellectual opportunities are currently available for residents? Within the Community? Community at large?**
  - o The Academy is a resident-driven learning program. They meet 2x/month and have a monthly dinner. It consists of various programs/discussion groups.
  - o The chaplain has begun to incorporate programming related to the spirituality of aging.
  - o Wellness manager presents wellness-related programs and also utilizes outside experts to present programming.
  - o Cameo Writing class
  - o Florida Southern Fine Arts Series
  - o Book Club

- **What spiritual programs are in place?** Tai Chi, Yoga, Centering Prayer, and Labyrinths have recently been introduced. Stevens Ministry Program (could also be considered a volunteer program), Sunday Vespers, Catholic communion offered on campus, Sunday worship services, bible study.

➤ **Physical Fitness and Physical Health**

- **Is there currently an HRA or other health/physical fitness assessment protocol in place?** No. Individuals can request a physical fitness assessment from therapy services.
- **What fitness classes are currently being offered?**
  - o Chair exercise
  - o Water exercise
  - o Tai Chi
  - o Chair Yoga
  - o Wellness Exercise
  - o Super Seniors 2
- **What individual fitness services are currently being offered? Orientation? Assessment? Exercise prescription? Personal training? Who provides services?**
  - o Orientation required to use wellness facility is provided by wellness manager.
  - o Assessments and exercise prescriptions are provided through the contracted physical therapy service provider. There is no cost to residents; it is part of the contractual agreement.
  - o Individuals may use the main fitness center or a smaller satellite facility that has just opened on the other side of campus after going through an orientation.
- **What health screenings and/or preventive services are offered?** Blood pressure screenings at ALF nursing station.
- **What health care services are currently provided and planned for the future?**

- o Outside of the Health Center, which is used predominantly by residents, there are no current on-campus health services. It was mentioned in the prospective resident meeting that a Podiatrist makes on-site visits at regularly scheduled intervals.
- o Have recently hired a N.P., and applied for a Medicare license. When this happens, they will begin to offer walk-in clinic appointments with N.P.
- o They have applied for a Home Health license, and will provide in-house care if this is granted.
- **Are Alternative therapies offered?** No.
- **Do residents have access to a registered dietitian?** Dietitian is primarily involved in Health Center. This is through an organization contracted to do menu planning for Health Center.

#### ➤ Dining

- **How do residents participate in establishing choice of meals? Requesting favorite items?** Food committee is main source of feedback for dining services and requesting favorites (liver and onions!), though they are not directly involved in meal planning.
- **How many alternative dining venues are there for all residents living in different settings?** Main dining area only.

#### ➤ Community Connections

- **Are there current community at-large organizations that come into the community as part of daily life? Versus as an “activity”?** Most are activities, but some that come into the community on a regular basis are:
  - o St. Paul’s Lutheran School, 1<sup>st</sup> and 3<sup>rd</sup> grades
  - o Florida Southern students
  - o Nursing students
  - o In-home care providers
  - o Visiting dog programs
  - o Entertainers

- o Grandchildren
- **Do residents participate in off-site programs, and if yes, what are they?**  
Churches, volunteering, golf, Florida Southern Fine Arts Series are some of the most popular. A small number of residents take part in activities offered through the YMCA and City of the surrounding city Recreation Centers.

### ➤ **Resident Communication**

- **How are residents communicated with? Electronically, written, postings, other?**
  - o Monthly newsletter
  - o “Touch-town” television channel
  - o Daily emails
  - o Trying to move away from flyers and paper forms of communication
  - o Automated call system to notify when residents pass away
  - o Director envisions giving an IPAD to all new residents upon move-in.
- **How are complaints and concerns made by residents currently addressed?**  
Depends on the issue—publicly, one-on-one-- but philosophy is to address directly and quickly. They are a service-centered community. Also through Residents Council and suggestion boxes.
- **Resident Committees**
  - o Residents Council
  - o History (Archives)
  - o Food
  - o Spiritual Life
  - o Fitness
  - o Going Places Committee

### ➤ **Outcomes Measurement**

- **What outcomes are currently being measured for each level of care?**

- o IL /AL– no formal outcomes or activity participation tracking at this time, other than resident satisfaction. There was a wellness survey recently conducted
- o Health Center
  - o 30-day readmits to hospital – the surrounding city dropped from 23% to 0% in last quarter of 2012
  - o Falls
  - o Infections
  - o Preferences (on admission)
- o Resident satisfaction - “My Interview” conducted annually in AL and HC; every two years in IL

➤ **Staff-Related**

- **Is there currently a staff wellness program? Is it unified with the residents or separate?** Yes, it is in the very beginnings. It consists of having access to the fitness center that is available to residents.
- **How are in-services completed? And are they completed for all types of staff, not only for healthcare staff?**
  - o Annual in-services for all staff
  - o Quality service is a training priority for Director
  - o Health Center staff have additional in-services
  - o HK and Dining staff members are all CPR certified – working on getting all staff CPR certified. (Only one AED is in AL)
- **Contracted Services**
  - o IT
  - o Rehab
  - o Health Center menu plans/dietitian
  - o Mowing services
  - o Everything else is in-house, including general contracting services



## Section 2: Current Situation and Industry Trends

Some clear trends are indicative of the current situation relative to older adults. These trends result in implications and opportunities for the Community to achieve its mission “to provide compassionate, personalized continuing care and service of the highest quality”, and its vision to “be a national leader in personalized senior living”.

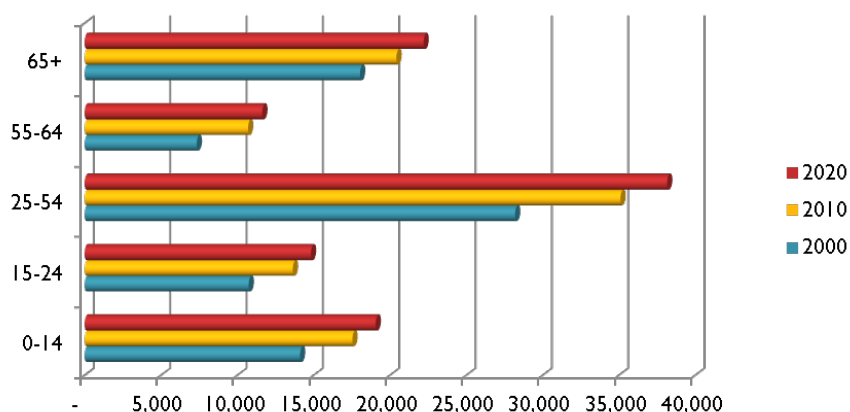
### Demographic Trends

the surrounding county population growth between 1990 and 2000 was primarily fueled by people in the age range of 35 to 54, which accounted for 43.6% of the entire increase over this period (U.S. Census Bureau). Extrapolated out from 2010 to 2030, this population “bubble” were between the ages of 45 and 64 in 2010, will be between the ages of 55 and 74 in 2020, and will be between 65 and 84 in 2030.

the surrounding city has a higher than average 65+ population and it is expected to grow. (the regional Leadership Council on Seniors, 2012)

*[Table: 2010 U.S. Census population data by age 65+, shown at the national, state, and regional level — specific place names withheld for confidentiality.]*

### Regional Population by Age, Projected\*



### Trends in Key Indicators of Wellness (International Council on Active Aging, 2008)

- **Health** - While older people experience a variety of chronic health conditions that often accompany aging, the rate of functional limitations among individuals 65 and older declined from 49% in 1992 to 42% in 2005. The prevalence of certain

conditions differs by gender. Women reported higher levels of arthritis than men did, while men reported higher levels of heart disease and cancer.

- **Health risks and behaviors**
  - o Factors affecting the health and well-being of older Americans—such as smoking history, influenza and pneumonia vaccinations, and mammogram screenings—are key indicators that have shown long term improvements, but no significant change in recent years.
  - o There was no significant change in the percentage of older people engaged in physical activity between 1997 and 2006.
  - o The percentage of people ages 65 and older who are obese, as with other age groups, increased between 1988–1994 and 2005–2006, rising from 22% to 31%. However, over the past several years, the trend appears to have leveled off.
- **Healthcare**
  - o Healthcare costs, particularly for prescription drugs, have risen dramatically for older Americans.
  - o Between 1992 and 2004, average inflation-adjusted healthcare costs for older Americans increased from \$8,644 to \$13,052. Costs varied by race and ethnic group, income, and health status.
  - o In 2004, over half of out-of-pocket healthcare spending (excluding health insurance premiums) by community-dwelling older people was for the purchase of prescription drugs. By 2004, prescription medications accounted for 61% of these out-of-pocket expenses.
  - o From June 2006 through September 2007, the number of beneficiaries ages 65 or older enrolled in Medicare Part D increased from 18.2 million to 19.7 million, with two-thirds selecting stand-alone plans and one-third in Medicare Advantage plans.
  - o There is uncertainty about what will happen with health care in the future and how much it will cost.
- **Use of time**
  - o The proportion of leisure time that older Americans spent socializing and communicating—such as visiting friends or attending social events—declined by age, from 13% in those ages 55–64 to 10% for those 75 and over.
  - o The proportion of leisure time devoted to sports, exercise, recreation and travel also declined with age.
  - o On an average day, most Americans ages 65 and older spent at least half of their leisure time watching television.
  - o Americans ages 75 and older spent a higher proportion of their leisure time reading, relaxing and thinking than did those ages 55–64.

**Trends in Whole Person Wellness for Older Adult Populations** (Edelman, Hodgson, Hermann, Leary, & Lindeman, 2006; International Council on Active Aging, 2012; LCS, 2012b)

### Concept of Whole Person Wellness Programs

- Most CCRCs have embraced the idea of, and made progress toward, creating a culture of whole-person wellness. Some have been significantly ahead of the curve, and believe their wellness programs have reduced residents' use of medications and health care services.
- Perceived benefits of wellness programs include greater resident satisfaction, ability to accomplish everyday activities, life engagement, and quality of life, increased community marketability and reduced staff turnover.
- The five factors believed to be most important in creating successful wellness programs are:
  - o Organizational commitment to residents and program
  - o Program/activity variety
  - o Trained/experienced staff
  - o Programs appropriate to residents' abilities
  - o Financial resources

### Programming

- Most program choices exist in the physical, social, intellectual and spiritual dimensions of wellness. Though the fewest exist in the vocational and environmental dimensions, these were the two largest growth areas from 2010 to 2012.
- Participation in programs relating to the physical, emotional and vocational dimensions of wellness is generally low, ranging from zero to 20%. High participation (41-100%) is reported for social activities, health checkups and fitness assessments.
- Volunteers are most likely to be used in social and spiritual activities. Though utilized less than volunteers across all dimensions of wellness activities, paid contractors are more commonly used for programming in the physical dimension.
- There is a clear trend of expansion in programs among older adult wellness program providers. As of 2012, planned increases over the next two years include:
  - o Sixty-nine (69%) percent will add more activities, classes or programs.
  - o Thirty-seven percent (37%) will increase the budget for wellness activities.
  - o Thirty-three percent (33%) will hire consultants or outside services. The top three planned contracted services are architectural, design and staff training and/or continuing education.

- o Thirty-two percent (32%) will hire new wellness staff.

### Physical Spaces

- Physical features identified within successful wellness spaces include:
  - o Appropriate size and scale for designated activities. Ceiling height of 8-10 feet for small groups; greater than 10 feet in large group spaces.
  - o Natural light.
  - o Usage of at least 5 days each week (except spaces dedicated to spiritual programming).
  - o Close proximity to other wellness spaces, but not necessarily adjacent to each other (especially those dedicated to vocational activities).
- In 2012, older adult wellness program providers reported having the following indoor spaces:
  - o Multi-purpose room (86%)
  - o Dining room (84%)
  - o Fitness room with equipment (82%)
  - o Library (81%)
  - o Business center or computer room (78%)
  - o Crafts room, hobby shops (74%)
  - o Casual café or juice bar (60%)
  - o Billiards room (60%)
  - o Changing or locker rooms (53%)
  - o Studio dedicated to dance and/or group exercise (50%)
  - o Movie or performance theater (42%)
  - o Wellness center in a stand-alone or attached building (33%)
  - o Fitness center in a stand-alone or attached building (32%)
- The most common outdoor spaces as of 2012 were:
  - o Walking trails or paths (63%)
  - o Outdoor areas for physical activity (60%)
  - o Medication garden, gardening area (57%)
  - o Games courts (43%)
  - o Full size swimming pool (39%)
  - o Warm water therapy pool (24%)
  - o Smaller pool for various types of exercise (23%)
  - o Sports courts (18%)
- Plans for adding amenities between 2012-2014 include:
  - o Casual café or juice bar (28%)
  - o Walking trails or paths (19%)

- o Meditation garden, gardening area (18%)
- o Studio dedicated to dance or group exercise (17%)
- o Games courts (15%)
- o Spa area (14%)
- o Fitness center in a stand-alone or attached building (13%)
- o Fitness room with equipment (12%)
- o Wellness center in stand-alone or attached building (12%)
- o Crafts room, hobby shops (11%)
- As of 2005, more than 62% of participating CCRCs had plans to add square footage and/or new construction for wellness-related programs within the next 5 years. The most commonly reported short-term additions were spa treatment facilities, refreshment areas, and indoor pools. Longer-term plans for therapy pools and indoor tracks were noted. Trends for addition of amenities between 2010 and 2012 among older adult wellness programs saw the largest increases in movie or performance theaters, business center or computer rooms, and smaller pools for exercise.
- In 2012, just over half of reporting CCRCs were planning capital projects within the next year. Projects across all senior wellness program providers range from \$3,000-\$65 million. These included:
  - o New community centers and retirement community buildings.
  - o Addition of housing or beds for assisted living and memory care.
  - o New wellness centers and expansion or renovation of fitness centers.
  - o Renovations of living areas and infrastructure (e.g., air conditioning and technology).
  - o Expansion or renovation of kitchens and dining areas.
  - o Addition of places for arts, crafts, woodworking and performing arts.

### Outcomes Measures

- In 2012, the following assessments were being utilized among older adult wellness service providers to track outcomes:
  - o Participation (90%)
  - o Customer/resident satisfaction surveys (73%)
  - o Facility usage (67%)
  - o Program retention (56%)
  - o Health status (52%)
  - o Staff performance evaluations (33%)
  - o Revenue from ala carte services (21%)

- Twenty-two percent (22%) plan to implement software to facilitate wellness program or fitness assessment tracking.

### Financial

- More than  $\frac{3}{4}$  of CCRCs report receiving insurance reimbursement for some of the wellness program costs.
- The two most common fee structures for wellness programs are payment through monthly fees only and monthly fees + a la carte fees for specific programs. Very few report charging a membership fee or other payment method.
- Thirty-two percent of retirement communities report allowing access to wellness programs for prospective residents. Thirty percent allow people outside the community to pay a membership fee to access wellness programs.
- Most CCRCs anticipate increases in resident/entrance/membership/program fees to cover additional expenses associated with expanded program offerings, space and staff additions, as well as increases in participation.

### **Other Significant Industry Trends and Influences (LCS, 2012a)**

- Rapidly increasing number of technologies being developed and implemented for the benefit of older adult populations and care providers.
- Affordability and cost of health care and changes in healthcare policy will impact the industry in ways that are not known at this point.
- Next generation of CCRC residents value more variety in programs, services, choices in how to access programs and services, and unique attributes of CCRC and community-at-large.
- Next generation values social/family connections and independence, and will likely embrace communities with locations, designs and supportive systems that enable maintained community connections.
- There is a growing interest in environmental wellness, which includes environmentally-friendly building design and operational practices, as well as spaces and programs that allow interaction with the natural environment.

### **Implications of Trends and Influences**

- Demographic trends will result in a greater number of age-eligible prospective residents over the next 10-30 years. However, many will not have the financial security enjoyed by previous generations of CCRC consumers.
- CCRCs may be able to tap into otherwise inaccessible markets by offering flexible service or contract arrangements, offering select services to populations outside of the CCRC, or adopting a “CCRC without Walls” service model in addition to traditional on-campus living.

- CCRCs have a financial interest in keeping residents well as long as possible. Those who do a better job may recognize additional benefits by taking greater financial ownership in care management (i.e., becoming a medical home).
- To appeal to next generation of CCRC residents while they are still vibrant and active, programs and services must offer the same benefits, variety of choices and flexibility as life outside the CCRC, but with increased supportive systems that allow engagement and independence longer than would be expected if living outside the CCRC.
- Health services will need to adapt to consumer preferences just as other programs and services will need to meet those desires.
- Technology can be used to boost organizational efficiency, track resident outcomes, create living environments that facilitate safety, security and aging in place, and provide residents greater access to information.
- CCRCs that provide residents with meaningful roles inside the community will benefit from the knowledge and skills provided by highly educated individuals with many years of life experience, as well as their desires to feel needed and to “give back” to the community.
- Building design that allows interaction with the natural environment and surrounding community, but ensures the safety and security of residents, will appeal to prospective residents.
- Eco-friendly building and operation practices that encourage energy efficiency, reduce waste, and focus on sustainability are likely to appeal to future generations.
- A CCRC community design that features the most active areas (living and community spaces) as outward-facing to the greater community will showcase CCRC vibrancy and promote community connections among residents who want to maintain those connections, while protecting and centralizing services for more vulnerable populations.
- As the CCRC population continues to age, more living spaces, programs and technology supporting individuals with cognitive impairment will be necessary.

### **Section 3: Perspectives of the Community's Current Residents, Prospective Residents, and Staff**

#### **Methodology**

To learn more about the needs and wants of current and future residents, we conducted meetings using the methodology described below. Results of a 2013 wellness survey conducted internally at the Community are also presented in this section.

Step One: Two focus groups were scheduled. Representatives from local organizations that provide services and programs for older adults were invited to participate in the first meeting. The second focus group was with key internal the Community staff from multiple service areas.

The objectives for these meetings were:

1. To identify existing programs and services offered for older adults at the Community and in the greater the surrounding city community. What specific programs/services are most beneficial and highly utilized?
2. To identify issues, needs, and problems regarding traditional community and supportive services such as recreation, social opportunities, quality of life, educational opportunities, housing/living arrangements, health/wellness/screenings, transportation/mobility or others.

Step Two: A “town hall” style working group meeting was scheduled with current residents. In the “town hall” meeting, existing programs and services, issues, needs, and problems identified in Step One were presented on easels in list format. Meeting attendees were asked to provide input into any areas that may have been missed. Participants received one sticker for every seven items generated in each list, and were asked to place a sticker on those that were especially important to them. In addition, residents were asked to complete forms with demographic data, reasons for selecting the Community, and any other opinions or comments they wanted to share.

Prospective residents were invited to attend a separate discussion group that was conducted in a traditional focus group format. Participants were also asked to complete forms with demographic and household information. The objectives of these meetings were to: 1) Clarify issues identified by key personnel from a user perspective. 2) Prioritize existing programs/services/issues/needs/problems perceived to be most important to each group.

#### **Participants**

**Key Personnel – the Community.** Twelve staff members took part in the internal staff focus group on the afternoon of March 12, 2013. Functional areas represented included

Maintenance/Housekeeping/Transportation, Assisted Living and Health Center Administration/Corporate Compliance/Dietary Compliance, Marketing/Sales, Construction/Design/Development, Internal/External Communication, Fitness/Wellness, Assisted Living and Health Center – Clinical, Rehab, Dining Services, Care Transitions, Human Resources and Front Office, Finance

**Key Personnel – the surrounding city Community.** Twenty-one invitees attended the meeting held in the early afternoon on March 12, 2013. Organizations represented were: a regional civic planning organization, the Community, Florida Southern College, the regional medical center, the Community's Board, county elder services, a regional civic planning organization, Rath Center, Darby Law Group, Sun 'n Fun, Cornerstone Hospice, Alzheimer's Association, Community Foundation Greater the surrounding city, Ensure Financial Group, city planning department, VISTE (Volunteers in Service for the Elderly), and the Area Agency on Aging.

**Current Community Residents.** Seventy-seven current residents attended the town hall meeting on the afternoon of March 15<sup>th</sup>, 2013. Group characteristics are presented in Table 2.

**Prospective Residents.** Twenty prospective residents attended a focus group meeting on March 26, 2013. Group characteristic are presented in Table 3.

**Table 2: Community Resident Meeting Attendee Characteristics**

<b>Characteristic</b>	<b>Number of Attendees</b>
Age	
Average	81.3 years
Range	61-98 years
Gender	
Females	51
Males	24
Education	
High School	2
Some College	17
BA/BS	33
MA/MS	18
Doctorate	2
Current Housing	
Duplex/Triplex	40
Apartment	13
House	12
Assisted Living	3
Health Center	1
Years Living in the Community	
< 1 year	17
1-3 years	24
4-6 years	11
7-10 years	12
> 10 years	11
Reasons Cited for Moving to the Community	23
Future care/Health	21
Activities/Enjoyment	16
Security/Not living alone	15
Warmth/Friendliness/Caring	13
Family or friend referral	12
Location	10
Faith-based/Christian ties	8
Housing Options	6
Price/Financial security	5
Community upkeep	4
Staff/Administration/Service	

**Table 3: Prospective Resident Characteristics**

<b>Characteristic</b>	<b>Number of Attendees</b>
Age Range	
66-70 years	5
71-75 years	3
76-80 years	8
81+ years	4
Gender	
Male	9
Female	10
Marital Status	
Married	16
Divorced/Separated	1
Widowed	3
Education	
High School	3
Some College	3
BA/BS	6
MA/MS	6
Doctorate	2
Income	
21-40,000	2
41-60,000	7
61-90,000	4
101,000+	2
Lives With	
Spouse	16
Alone	3
Pets	3
Current Home	
Single Family	19
Townhome	1
Exercise Frequency	
Daily	11
3-4 days/week	4
1-2 days/week	4
Self-Rated Health	
Excellent	8
Good	10
Fair	1
Poor	1
Care Responsibilities	
None	10
Spouse	7
Grandchildren	1
Disabled Family or Friend	1

## **Wellness Program Participation among Current Community Residents**

(the Community, 2013b, Numbers indicate current number of participants out of 97 respondents.)

### **Fitness Activities**

2\_Super Seniors  
 9\_Sit & Be Fit  
 8\_Bike Riding  
 36\_Community Walking  
 14\_Tai Chi  
 28\_Wellness Exercise  
 19\_Sittercise  
 16\_Chair Yoga  
 33\_Fitness Machines  
 35\_Swim

### **Active Leisure**

18\_Wii Bowling  
 8\_Square Dance  
 5\_Billiards  
 11\_Putting Greens

### **Intellectual/Educational**

9\_Writing Group  
 21\_Book Club  
 51\_The Academy  
 16\_Exercise to Improve Memory  
 48\_Reading

### **Board and Card Games**

7\_Euchre  
 4\_Up Words  
 10\_Dominos  
 14\_Jigsaw Puzzles  
 7\_Scrabble  
 6\_Hand/Foot Game  
 12\_Bingo  
 7\_”500” Card Game  
 6\_Skip-Bo  
 21\_Bridge  
 4\_Trivia Game

**Spiritual**

15\_Church Circle

12\_Bible Study

11\_Centering Prayer

**Vocational/Hobbies**

8\_Art Group

5\_Woodcarving

4\_Cooking/Baking

14\_Joyful Singers

18\_Knit for Peace

6\_Blue Bells

16\_Ding-A-Lings

**Other**

70\_Chat with John

**Maintaining Wellness: Prospective Residents**

(Source: Information gathered in prospective resident meetings.)

**Current Practices**

- Yoga, swim, fitness and exercise
- Technology – smart phone and computers
- Volunteering (among multiple participants)
- Gardening, lawn and house care, garden club line dancing, one-on-one visitation for homebound
- Line dancing

Note: volunteering and giving back to the community was a recurring theme among this group - for both the benefit of others as well as their own quality of life.

(Clowning, Hospice, therapy dogs, one-on-one visitation, Meals on Wheels and pillow cases for sick children were mentioned.)

**What is Important for Maintaining Wellness:**

(Note: Numbers in parentheses indicate the number of different participants who listed these items in their written responses.)

- Connectivity
  - o Keeping in touch with the surrounding city activities
  - o Social activities – inside and out (2)
  - o Make friends of own age and interest
  - o Sex/active

- o Nice place to have friends for coffee and dessert
- Intellectual
  - o Activities/stimulation needed to keep sharp minds/educational programs/learning/reading (5)
  - o Computer training for those not proficient
  - o Rooms not dedicated to certain uses for various mental activities
  - o Current events TV and informative and entertaining shows
- Independence/Instrumental Assistance
  - o Living independently (2)
  - o Help with mobility as needed
  - o Accessibility
  - o Security (call system)
  - o Personal encouragement to be/to keep mobile
- Vocational/Leisure
  - o Cooking school/cocktail mixing
  - o Travel/wine tasting
  - o Ministry/working or volunteering opportunities (2)
  - o Hobbies (2) (sewing, painting and cooking)
  - o Lots of different activities - Active day
- Physical Health
  - o Diet/meals (3) - no fried food, low sweet foods
  - o Exercise/exercise equipment/facility/supervised exercise/physical activity (8)
  - o Preventive health care – screenings for macular degeneration was specifically mentioned
  - o Nurse practitioner availability
- Sensory
  - o “Our sensory faculties are not as acute as they once were – yet we appreciate and respond to the pleasures of experiencing them – fragrances, food, color, music, warmth and cold, sounds and solitude, space and shapes.”

## Section 4: Community Wellness SWOT Analysis

### **Strengths Identified by Current Residents**

(Note: number beside each item denotes the number of votes received from current residents)

- 43\_ Staff and residents sincerely care for one another
- 27\_ Transportation services
- 24\_ Benevolent Fund
- 15\_ Instructor-led exercise classes
- 15\_ Hair/nail salon and barber shop
- 15\_ Main dining room – everyone is welcome regardless of level of care
- 14\_ Special dining functions
- 13\_ Diverse spiritual programs and worship opportunities
- 12\_ Variety of spaces for different activities
- 10\_ No daily hassles
  - 9\_ High return rate from Health Center back to former residence
  - 9\_ Physical location next to lake
  - 7\_ Guest room available for couples
  - 7\_ The Academy
  - 7\_ Pet-friendly
  - 6\_ Cost of Care
  - 6\_ Open Administration
  - 4\_ Community is part of the surrounding neighborhood, not a walled high rise building
  - 3\_ Woodworking
  - 2\_ Brain fitness programs
  - 0\_ Resident involvement in the neighborhood association

### **Challenges/Concerns Identified by Staff and Current Residents**

(Note: Number beside each item denotes the number of votes received from current residents.

An asterisk indicates this item was not presented to residents because it pertained solely to staff members.)

- 36\_ Safe walking surfaces
- 35\_ Parking
- 31\_ Security (e.g., vulnerability, outside threats)
- 18\_ Moving to a higher level of care
  - 9\_ Availability of fitness instructor to assist with machines and individual exercise programs
  - 8\_ Adequate lighting
  - 8\_ Mobility (getting where you need to go; 7 specified on campus)
  - 4\_ Easily accessible restrooms on campus
  - 4\_ User-friendly exercise equipment

4\_ Adequate space for large functions

1\_ Storage for large furniture items during temporary care transitions

1\_ Lighting around homes

- \* No main entry - difficult to direct people/potential job applicants to HR
- \* No ideal area to welcome prospective residents. It is too hard to find and busy in its current location.
- \* Lack of storage – files/records/promotional materials, mattresses for HC, group exercise equipment, activities supplies
- \* Limited kitchen space (note: dining services staff member had to leave early - relayed by other staff)

### **Daily Hassles Identified by Staff and Current Residents**

(Note: Number beside each item denotes the number of votes received from current residents.)

50\_ Communication - not knowing what is going on and where

23\_ Limited dining hours

15\_ Limited options for “grab and go” food

13\_ No space for walkers and other assistive devices in dining area

13\_ Multiple entrances – unclear where visitors should enter

12\_ Activity spaces are too spread out and far away from assisted living and health center

9\_ Lack of signage

9\_ Difficulty with activities such as Wii Bowling or painting without an instructor or leader

1\_ Signage for hearing impaired

### **Opportunities to Enhance Existing Programs and Spaces Identified by Staff and Current Residents**

(Note: number beside each item denotes the number of votes received from current residents.)

31\_ Evaluate and improve walking surfaces as needed

27\_ Moving the pool, exercise rooms and other facilities to a central location, and closer to Assisted Living and Health Center

26\_ Wireless campus – more ways to incorporate technology into daily life

17\_ Larger thrift store

34\_ Larger Pool, walk-in, to accommodate group aqua fitness classes and lap swimming

o 16 specified not salt water; but not indoor or outdoor

o 11 specified indoor and salt water

o 7 specified outdoor and salt water

14\_ More educational programs

13\_ Group exercise room, designed for group exercise

- 12\_ Upgrade exercise equipment to be more user-friendly
- 12\_ Combine outpatient rehabilitation and exercise spaces to allow easier transitions from rehab to independent exercise programs
- 10\_ Evaluate and improve lighting as needed
- 9\_ More meeting rooms
- 7\_ Larger beauty parlor
- 7\_ Creating more opportunities to spend time near the lake
- 5\_ More off campus trips/variety
- 2\_ Chorale group
- 1\_ Move horseshoe pits and putting green to more convenient location
- 0\_ Larger billiards room

### **Opportunities for Program and Space Additions Identified by Staff and Current Residents)**

(Note: Items with asterisks were listed by staff as important opportunities to provide better services or needed to improve safety/quality of life.)

- 54\_ Bistro with coffee, sandwiches, ice cream, soda fountain, “grab and go” food, wine, outdoor and indoor seating, Wi-Fi, tables with electric outlets.
- 29\_ Additional parking – 2 specified golf cart
- 25\_ More flexibility in when and what is available to eat
- 23\_ “Sundries” store with basic supplies
- 22\_ Walkable sidewalks throughout community and surrounding area
- 21\_ Multi-purpose room with theater-style seating (similar to Dr. Musser’s dentist office waiting room)
- 21\_ Massage therapy
- 21\_ Computer lab
- 21\_ Garden patio area overlooking lake with outdoor chairs, tables and good lighting
- 18\_ Technology features to make “signing in/out” of spaces and signing up for events easier/more automated.
- 15\_ Bank
- 14\_ Dock with boat and area for fishing
- 13\_ A single main entrance with dedicated space for HR, marketing and PR - not attached to living spaces
- 9\_ Shuffleboard
- 7\_ Directional signage
- 7\_ Centralized storage area
- 7\_ Centralized community information center – with information about the Community and greater community
- 6\_ Community vegetable garden
- 6\_ Computer training

- 5\_Croquet
- 5\_Locker rooms with restrooms, lockers and showers for exercise areas
- 3\_Personal shopping
- 2\_Drinking fountain
- 2\_Line dance
- 1\_Ballroom dance
- 0\_Archery
- 0\_“Artist in Residence” studio
- \* Centralized welcome station for guests
- \* Marketing office with parking area that includes 3 small offices and 2-3 seating areas and bathroom
- \* Flooring color schemes and surfaces
- \* Lighting - bright lighting and ability to adjust light levels
- \* "Discovery" area for prospective residents that is not sales-focused

### **Opportunities for Enhancements and Additions Identified by Prospective Residents**

- Spaces
  - o Meals – common kitchenette/dining areas to prepare meals and host friends
  - o Café or bistro – multiple responses for this
  - o Artistic surroundings
  - o Sundries shop
  - o Pier with screened area
  - o Place to paint
  - o Screened rooftop sundeck
  - o A place to write – use computer
  - o Wooden floor and sound system
  - o Build several small rooms for small groups – also make them connected but with folding panels to separate them or enlarge them
  - o Onsite bank
  - o Shade
  - o Greenhouse
  - o Outside garden space – flowers, plants and vegetables (Butterfly and hummingbird bushes being planted now)
  - o Shuffleboard
- Spaces/Activities
  - o Camaraderie – good food, good company
  - o More live and lively music. Specifically mentioned was using the nearby park and Harrison Arts School to perform

- o Intergenerational connectivity
  - Harrison performing arts – uplifting entertainment
  - Exposure beyond campus “get outside”
  - Circle Bar B ranch
  - School system – serving as support system for children who need someone to make a difference in their lives
  - An example was given of another Pres. Ret. Community that has a preschool/afterschool care
  - Offer parenting skills classes
- o Line dancing
- o Opportunities to put internal talent on showcase
- o Vocational/hobby classes (e.g., having woodworking classes for those who don’t already have experience, lapidary work – jewelry-making)
- o Activities that attract men (both informal and formal). Specifically mentioned was a morning coffee/breakfast men’s social group
- o Proactive prevention plan that addresses age-related physical changes and how to successfully navigate them (e.g., Exercise and How to prevent falls – things to change like no throw rugs)
- o Wii
- o Current events group
- o University/expert lectures
- o Active community
- o Leaders for classes
- o City transportation or the Community smaller vehicles to easily get outside of community (note: HANDi buses were mentioned as having a cumbersome and inconvenient booking process)

### **Opportunities to Provide Desired Health Services as Identified by Prospective Residents**

- Onsite clinic services
- Nurse care manager (currently provided)
- Podiatrist
- Health care education lectures
- Not sure what will be needed with “Obamacare” –resource to help navigate governmental processes
- Referral service; someone who knows where to send you
  - o Several mentioned that there was plenty of information out there, but not sure how many people know how to access it and where to go with specific issues
- Multiple participants said they accessed information online

- Canadian drug store

### **Opportunities to Address Design/Building Features Identified as Most Important by Prospective Residents**

- Functional Design
  - o Accessible
  - o Flexible, multiple room functions
  - o Good lighting
  - o Elevator for multiple floors
  - o Dual purpose as storm shelter
  - o Good acoustics
  - o Dedicated spaces for walkers (especially around dining or other large gathering areas)
  - o Security (most felt like it was a secure campus now, but would want thought to be put into how to maintain that secure feeling with new space)
    - Cameras integrated in community
    - Joked about “alligators in moat”
- Space Features
  - o Proper AV equipment for music groups and other programming – not unidirectional microphones, proper speakers
  - o Ergonomic chairs
  - o Windows to get light and views of the lake
- Aesthetic
  - o Appealing, attractive
  - o Colorful – inside and out- to stimulate and invite creativity
  - o Artful
  - o Shape of spaces – not boxes, creative, open, spaces flow together—not jarring from space to space
- Construction
  - o “green”
  - o Quality materials and construction –“know it when you see it” and “proud to show off” (New ALF building meets the “high quality construction” standard)
- Specific spaces
  - o Sundeck with screened area
  - o Conversation/reading area with aquarium or birds – calming place

### **Threats to Success (Internal and external factors)**

Current residents' concerns and beliefs about inviting on-campus connections with the community-at-large

17\_Security

4\_Parking

3\_Who will pay?

2\_Enough space to accommodate everyone

4\_None

54\_All of the above/for residents only

52\_There are no benefits associated with creating community connections on campus

Note: There were specific negative comments regarding the surrounding neighborhood that indicated general mistrust and lack of desire to intermingle.

Some meeting attendees submitted written concerns regarding various aspects of living at the Community, and the proposed wellness center project. They have been categorized according to theme, with specific examples presented in Table 4.

**Table 4: Resident Concerns**

<b>Theme</b>	<b>Examples</b>
<p><b><i>Inviting the community-at-large into the Community</i></b></p> <p>There are concerns about opening campus to non-residents. These concerns are primarily related to security, access, and financial considerations. However, several residents expressed possible benefits with non-resident access.</p>	<ul style="list-style-type: none"> <li>• <i>Opening ourselves up to the community coming to our campus will create security issues and take away from our community atmosphere. I would not have the same peace of mind as I do now and would feel more vulnerable.</i></li> <li>• <i>Instead of "Town Center", call it our "Community Center."</i></li> <li>• <i>New facility should not be called a community center, but should denote that it is for residents and guests only.</i></li> <li>• <i>Any outside community involvement must be financed by the outside community with high priority for resident parking and security.</i></li> <li>• <i>I have worked in LTC facilities which had a bistro/café and golf course open to the community with no major problems. It was a definite positive marketing tool.</i></li> </ul>
<p><b><i>Financial</i></b></p> <p>There is concern about the financial commitment required to build new spaces.</p>	<ul style="list-style-type: none"> <li>• <i>ALF should be paid for prior to new projects. Am concerned about financial if the economy should turn down again.</i></li> </ul>
<p><b><i>Change</i></b></p> <p>Residents expressed issues related to changes, both at the community and individual levels.</p>	<ul style="list-style-type: none"> <li>• <i>We loved the small community. We are very sad and concerned that our community is growing too much and too fast.</i></li> <li>• <i>We moved here to live out our remaining years and enjoy my life – not all this building and being upset over living conditions the last few years. The first five years was wonderful.</i></li> <li>• <i>Address changes when we move to other levels of</i></li> </ul>

	<i>care, plus 2 zip codes on campus. We move when we are ill, making it more difficult.</i>
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<p><b>Communication</b></p> <p>Residents expressed a desire to know what is going on in their community and for their opinions to be heard and matter.</p>	<ul style="list-style-type: none"> <li>• <i>A lot of emphasis has been put on growth and being prepared for the Baby Boomers. I think this is very wise. However, there seems to be some feeling of our being left behind. It used to be that hardly anything was done without detailed explanations to residents. That seems to be happening less and less. One example is the sidewalk between terrace Gardens and Lakeside Ct. which suddenly removed one day with no notice to residents and no provision for an alternate path.</i></li> <li>• <i>We are alarmed that some of the resident-focused caring seems to be depreciating. We would like the Board of Directors to be made aware of the concerns of the Resident Community and the Board's feedback to the Residents be made public.</i></li> <li>• <i>Communications within the community continue to get worse.</i></li> <li>• <i>Open communication with administration is a big problem.</i></li> </ul>
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### External Factors

- Economic uncertainty.
- Health care policy uncertainty.
- Age-related physical changes that create barriers to remaining active and engaged
- Lack of walkable or walker/wheelchair-friendly areas. (Specifically mentioned was a pedestrian walkway on campus that had grading and evenness issues that made it difficult to navigate in a wheelchair.)
- City policies/restrictions regarding streets/sidewalks/signage/building.
- Surrounding neighborhood considered to be distressed.

### Other

- Potential disagreement between current and prospective residents about acceptable ways of engaging with the community-at-large.
- Disparity in the needs, desires and expectations among current, near-term prospective and longer-term prospective residents.

## **Section 5: Site Visits**

### **Moorings Park**

Moorings Park is a gated, upscale continuing care retirement community that is opening a state of the art Health & Wellness Center; positioning the community as a primary care provider with a strong wellness focus on prevention and healthy aging. The population has a 30% decline due to “snow birds” returning north in the spring time.

### **Lessons Learned from Moorings Park**

The newly opening health center and upscale restaurant supports trends in senior living that support a healthier lifestyle and the establishment of primary care as the entry point for better care management. Because of both the high entry and monthly fees, there is a very high level of expectation of care, services, and activities for an affluent population. The inclusion of different types of dining experiences was confirmed at Moorings Park, in addition to the attraction by existing as well as future residents.

### **Solivita**

Solivita is a gated community that includes a “main street” concept that provides places for activities and includes a large recreational center. The community spaces provided are designed for use only by residents that live in Solivita. There is no integration with multi-generational at-large community, other than the staff working within the gated community. The population has a 30% decline due to “snow birds” returning north in the spring time. The 30% of the population that returns to the north tends to be the group that has the most disposable income. Therefore some of the venues provided have difficulty remaining solvent and successful; such as the Bistro, the Mosaic, and other eatery venues. From a planning perspective, the Bistro was not located in the highest area of traffic, including an awkward layout and minimal menu choices; contributing negatively to its success. The Mosaic was only utilized in conjunction with an event or performance in the adjacent room. Therefore, The Mosaic itself, which attempted to be a fine dining establishment in the early years would benefit from being themed based upon a common population affinity; such as a sports bar. In addition, the darkness of the environment of The Mosaic was not a welcoming environment (except for the decorative lights added by the staff to create a more pleasing environment). The main attraction is the Wellness Center that included recreational activities, indoor pool, indoor walking track, fitness/exercise room, gym, and classroom space. The lobby was largely un-used, and based upon the number of residents utilizing the Wellness Center, a café or bistro would have more foot traffic if it was located within or adjacent to the Wellness Center.

### Lessons Learned from Solivita

Based upon the layout of the Wellness Center, it was difficult to verify resident check-in for tracking utilization and outcomes. If an exterior pool remains on the Community's campus, it would be anticipated that an interior pool for exercise would be beneficial. Locker rooms that have accessible toilet rooms, showers, lockers and excellent ventilation are necessary. Provision of a shared shower and dressing room for residents needing assistant or a care provider accompanying a spouse should be provided.

### The Villages

This 55+ community consists of many neighborhoods that are supported by recreational centers that are utilized by residents living in the different neighborhoods. The 'golf cart' is essential to the lifestyle within the different neighborhoods. The desire to be the "healthiest hometown in America" is the goal of The Villages partnership with USF Health. The provision of grocery stores, Starbucks, name brand stores and other recognized venues provided a sense of "realness" to the town centers. However, the restriction of 55+ provides a sense of "missing generations" versus "intergenerational" or "multigenerational". There are younger people working at The Villages different recreational centers and retail venues, but otherwise the population age did not vary, unless guests were accompanied by someone 55+.

### Lessons Learned from The Villages

The coordination of care services, including education, outreach, assessment, and follow-up are necessary for building a wellness model. The establishment of the connections between educational location, related activities, and anticipated outcomes is the basis for wellness; as well as for benchmarking data to demonstrate replicable outcomes. Providing coordination access for residents is both "resident seeking" as well as a necessity for strong marketing outreach to the resident population. Providing further outreach and assessment approach for a wellness program not only supports resident quality of life, but also supports independence avoiding isolation of residents. The outreach approach also extends service and coordination to residents that may not be "people-people".

### Potential Spaces Identified as Part of a Wellness Center as a Result of Site Visits (Educational, Activity-based, Supportive)

1. Centralize greeting/concierge space
2. Multi-purpose room
3. Theater
4. Exercise area with equipment
5. Pool with locker rooms, including whirlpool

6. Physical and Occupational therapy spaces
7. Exercise class space for varying size classes
8. Evaluate the need/usability of small meeting spaces for one on one discussions of a more private nature
9. Food venue; such as a bistro including supportive kitchen space
10. Resource library
11. Activity staff presence: office
12. Healthcare staff presence: office
13. Wellness staff presence: office
14. PT/OT staff/contractor presence: part of PT/OT therapy spaces
15. Outside service provider space: office/treatment room
16. Evaluation of other offices and/or disciplines within the wellness center
17. Access to outdoor space and views
18. Demonstration kitchen area
19. Support areas for service access

## Section 6: General Conclusions from Research Gathering

- A sense of community and being “at home” is essential, with open communication being a key factor in fostering a sense of community.
- Communities for older adults are a place of living and growth.
- Wellness is a supportive avenue and basis for the creation of intentional community and prolonging independence.
- Communities that address ways to reduce isolation of elders, purposefully engage elders, and provide community benefit are all important aspects, as long as the means of integration supports security and safety.
- Alternative revenue streams should be considered, but only utilized if not compromising security, safety, and fulfillment of care, services, and supportive life style of residents living at the Community.
- Embracing of wellness as a core of a community requires the evaluation of not only desired resident outcomes, but also the operational impact and staffing requirements supported by the physical environment.
- The establishment of measurable benchmarks is necessary to provide feedback for continual improvement.
- Wellness is comprised of evaluation and assessment of the “whole person”, not only medical diagnosis, but spiritual, mental, emotional, and social well-being, identification and understanding of preferences, providing choices and resident engagement.
- Volunteerism, including purposeful, meaningful and valued contributions, is underutilized at the Community and is a potential resource to be tapped through reallocation of resident volunteer opportunities.
- Furthering the integration of wellness activities (physical, social, mental, emotional), clinical services, and recreational activities are all part of a successful health and wellness program.

## Section 7: Recommended Strategic Action Items

The following have been identified as priority growth areas for programs, services, facilities and environmental design within the Community. Consistent with the mission, vision and values of the Community, we believe action in these areas will facilitate creating a home environment that fosters well-being and optimal quality of life regardless of age or functional ability. In addition, we believe the recommended enhancements will enable the Community to position themselves as industry leaders in providing enriched living and person-centered care, and better able to meet the needs and desires of the next generation market. Within each identified priority area, a primary goal and strategies to achieve those goals have been developed from current and prospective resident input, staff input, industry best-practices, and current and projected industry trends.

### **Priority Area 1: Adding facilities and spaces.**

**Goal:** *To ensure residents have spaces that create opportunities to live an active and engaged lifestyle.*

**Strategies** (Please note that the estimated number of people each space should accommodate is based on the assumption of utilization only by the Community residents and staff).

- € Bistro/café casual dining experience with expanded dining hours, and grab-and-go options and supportive kitchen space. Specific options to explore are:
  - o Indoor, outdoor and/or indoor/outdoor convertible seating for approximately 45 people
  - o Menu options (e.g., some suggested items included wine, ice cream, sandwiches, salads)
  - o Non-resident access to bistro to increase revenues
  - o Culinary sharing/demo kitchen for resident-initiated or interactive activities
- € Centralized stand-alone or attached fitness facility that houses integrated fitness and rehab services, designated space for group exercise, and storage for items such as large exercise balls, dumbbells, barbells, wrist and ankle weights, and other as advised by Director of Rehab/Wellness Coordinator. We recommend space to accommodate 15-20 people in the fitness/rehab area and 25-35 in the group exercise space with enough room for chairs/equipment as well. Items for consideration by the Community include a swipe card system that tracks the person as well as the class attended, a centralized desk space for both scanning badges, verifying classes attended, and scheduling of individual appointments and classes would be appropriate. Equipment should be age-friendly, appropriate for therapeutic and preventive exercise, allow movements that demonstrate transfer to everyday physical function, and require relatively low maintenance.

Ideally, machines will have embedded software that allows data collection, storage and reporting by staff and users. Some also have embedded technology that encourages participation through goals setting and tracking, real-time online challenges with other users, screens that display scenic treks or games that can be played while exercising, etc. Several lines of equipment to consider are listed below with notable features listed for each.

- o HUR – facilitates tracking outcomes, has pneumatic resistance, speed training, unilateral training, ROM limiters, small footprint, mostly seated movements, but cable towers allow ground-based movements for more functional resistance exercise.
  - o Keiser A420 – Keiser is a pneumatic line of equipment without weight stacks that allows weight adjustments in 1lb increments. The A420 series of equipment is specifically designed with embedded software for research purposes.
  - o Technogym – User-friendly design, high quality with long life spans/low maintenance. Kinesis strength line utilizes user-defined paths of motion, allowing for greater transfer to functional performance. Cardio equipment has embedded TV and web access, as well as access to a wellness incentive/coaching program (for an additional fee). It can be somewhat customized, but it is not specifically designed as a whole-person wellness program for CCRC environments.
- € Swimming pool with walk-in ramp, and is large enough for lap swimming and aqua fitness classes with 15-20 participants. Several considerations for further exploration include indoor vs. outdoor and chlorine vs. saltwater. If an exterior pool remains on the Community's campus, it would be anticipated that an interior pool for exercise would be beneficial.
  - € Locker rooms that have accessible toilet rooms, showers, lockers and excellent ventilation would be appropriate. Locker rooms should be easily accessible from pool (wet) and exercise (dry) areas, ideally with direct entrances from both. Provision of a shared shower and dressing room for residents needing assistant or a care provider accompanying a spouse should be provided.
  - € Large multi-purpose room with flexible seating and features that make it an appropriate space for music performances, lectures, movies, group/club activities, etc. Space requirements depend on intended use. The estimated number of people to be accommodated for lectures is 30-40; 15-20 for activities; 40-60 for social events.
  - € Create smaller rooms dedicated to specific activities with space for equipment, supplies, and 5-15 people depending on activity. Several noted as important

during information-gathering included woodworking, ceramics and painting/art spaces. These are also activities that need strong leadership, instruction and/or a convenient location in order to remain highly utilized.

- € Sundries shop with convenience items such as food staples, greeting cards, personal hygiene, and other supplies that are commonly needed.
- € Computer lab with 4-6 workstations. Current residents indicated that a computer lab would be better utilized if classes were offered. A second consideration is making this space multi-functional. Several possible alternatives include setting up the stations with brain fitness software, and/or creating a media resource center with multiple modes of communication targeted to hearing/sight impaired individuals as well as those who are not visually or auditory challenged.
- € Centralized resident information area that is convenient to administrative personnel, transportation and dining. It is recommended that this would be a staffed area, potentially managed resident volunteers. If unstaffed, this area could be a multi-functional space shared with computer workstations (see above), and media resources.
- € Create a main entrance that is easy for visitors, prospective residents, and job applicants to find. Ideally this space will be separate from living and wellness spaces that are for resident-use only. In addition to housing HR, Sales and Marketing and PR, any services that will be accessed by the external public, such as the Rath Center, would be well-suited for this space. The Rath Center collaborates with other organizations to provide services such as support groups, evidence-based programs, aging resources, counseling services, and prior to losing USF as an academic partner, Senior Scholar's classes and the Posit Science Brain Fitness Program.
- € Other considerations are adequate storage for marketing and HR supplies, dedicated space for prospective residents that is hospitable and doesn't feel like a sales area.
- € Build a covered dock/pier with a boat slip and space to launch canoes, and fishing and sitting areas. Residents indicated a need for sitting area to be covered and screened.
- € Add parking that is convenient for visitors, staff and residents.
- € Location and size of activity spaces is important. Spaces need to be visible and accessible. Consideration of sight-lines and adjacencies should be made to encourage movement/engagement from one space to another. "Right sizing" spaces to activities, including the possibility of using demountable or other types of movable wall systems that support flexibility and easy modification to support changing demand and provision of flex-space for multiple activities to occur at the same time.

## **Priority Area 2: Engaging a wider audience.**

**Goal:** *To ensure residents have activities and program opportunities that address the seven dimensions of wellness.*

### **Strategies**

- € In addition to offering a casual dining alternative, we recommend moving to a dining model that prepares food to order, reflects residents' preferred patterns of eating, uses input from residents in meal planning, and incorporates fresh seasonal ingredients as much as possible. Consider employing strategies such as a reservation system, take-out dining and room service to discourage compressed dining and enable dining staff to offer a consistent meal experience for residents.
- € Food is a common thread among many individuals and a primary source of social interaction. In addition to offering more flexibility in dining options and spaces, grab and go options and made to order meals, consider utilizing dining services to further enhance nutritional social, vocational and intellectual wellness through creative programming (e.g., iron chef competitions, interactive classes such as cake decorating, growing herbs or vegetables for use in meal preparation, educational programs about the science of food, etc.).
- € Utilize skilled instructors for educational programs and other classes and activities in which participation is dependent on leadership and learning facilitation, such as Wii bowling, computer training, art classes, ceramics, and any new exercise classes. The Community staff, paid contractors, resident volunteers or student volunteers with appropriate skills and/or professional credentials may be employed depending on the availability of resources.
- € Research and create 2-4 new programs within the seven dimensions of wellness each year. Allow programs to be dictated by resident needs and wants, as assessed through objective and subjective measures of health and resident preferences. Consider offering new programs or classes as "samples" or limited-time offerings. Evaluate resident interest, participation, and post-program feedback to determine long-term inclusion into program or changes that will better meet resident needs.
- € Develop new marketing techniques to reach a wider audience with a range of needs. For example, when offering a new fitness class, consider promoting the class with table tents in dining areas or kicking off a new intellectual wellness program by scheduling a guest lecturer to speak on brain health.
- € Cross promote wellness across functional areas to generate interest and target residents more effectively to reach all levels of needs. For example, consider selecting a monthly theme such as "Summer" in June. Each functional service area such as dining services, fitness, rehab, health center, assisted living, etc. would plan educational activities, guest lectures, menus, special events, etc. around the theme,

and cross promote the activities in each of their areas. Themes could be based on holidays, national health observances, local events, or resident generated ideas, concerns, and interests.

- € Solicit formal resident feedback about specific programs through annual written class/program assessments. Offer alternate methods of assessment for sight-impaired individuals.
- € Consider providing more medical services in-house through ownership or partnerships, moving toward a medical home model where all health care along the continuum can be managed and provided at the Community. In addition to being an access point for wellness, this would facilitate integration of care services, wellness programming, and activities.

### **Priority Area 3: Enhancing vocational and intellectual wellness through volunteer opportunities.**

**Goal:** *Identify meaningful opportunities that encourage a sense of self efficacy and provide intellectual stimulation while contributing to the organizational mission and day-to-day operation of the Community.*

#### **Strategies**

- € Incorporate vocational/volunteer interests into a formal life assessment to be administered at move-in and at pre-determined intervals thereafter. Also consider making these assessments available to prospective residents and including those individuals in pool of potential volunteers.
- € Develop a process to communicate and “match make” volunteer opportunities with those seeking to volunteer their time and talents.
- € Shift management emphasis of volunteer program from driving to supportive role. Allow residents to take greater ownership of on-campus vocational activities, with management providing the tools to facilitate resident-led initiatives when possible.
- € In addition to existing volunteer recognition activities, develop methods to measure, quantify and report the impact of resident-led programs.
- € Consider creating a garden space, possibly with a greenhouse, in which residents can grow flowers, plants, and vegetables that may be used in dining services, raising money for the benevolent fund, or delivering to residents in the HC or AL.

### **Priority Area 4: Measuring wellness.**

**Goal:** *Benchmark and track wellness at the community and individual level in order to provide person-centered services and tailored interventions, and determine overall effectiveness of the Community wellness programs.*

#### **Strategies**

- € Create written community wellness objectives that include both residents and staff.
- € Assess general health status or quality of life. A number of instruments that measure health or quality of life are publicly available and have been validated in older adult populations. Two such instruments are described below. A consideration to using these instruments is that an implementation and tracking system would need to be developed for effective utilization. Two proprietary tools with notable features of each are also listed below.
  - o Publicly available instruments:
    - The Self-Evaluation of Life Function Scale (SELF; Linn & Linn, 1984). The SELF was designed as a comprehensive measurement of the physical, psychological, and social functioning of people aged 60 years or older. The objective was to develop a short multidimensional scale that elderly people can complete themselves. It is a short, comprehensive, and inexpensive measure of overall function. One negative aspect of this measure is a complicated scoring system.
    - The World Health Organization Quality of Life Scale (WHOQOL; WHOQOL Group, 1994). This measure provides a subjective assessment of a broad definition of quality of life, including spiritual and environmental factors. One caveat to using as an outcome measure is that it only captures perception of function, not actual function.
  - o Proprietary instruments:
    - Masterpiece Living Lifestyle Review – This is a comprehensive questionnaire that includes items related to lifestyle habits, personal beliefs and subjective ratings of health and quality of life. It is available to all Masterpiece Living partner communities. More information is available at: [http://www.mymasterpieceliving.com/index.cfm?fuseaction=content.How\\_Masterpiece\\_Living\\_Works](http://www.mymasterpieceliving.com/index.cfm?fuseaction=content.How_Masterpiece_Living_Works).
    - Mather LifeWays Whole-Person Wellness Assessment (WPWA) - This is a 20 to 30 minute survey that measures well-being based on six dimensions of wellness: physical, social, emotional, spiritual, intellectual, and vocational. The target audience includes both residents and staff. The cost varies according to number of participants, and includes individual and organizational level reports. The WPWA includes six scales:
      - \* Confidence (Self-Efficacy) in One’s Ability to Participate in Wellness Opportunities
      - \* Satisfaction with Wellness Behaviors
      - \* Stage of Readiness to Change Wellness Behavior
      - \* Attitudes (Self-Responsibility for Wellness)

- \* Relationships Between Staff and Residents
  - \* Organizational Wellness Culture and Commitment
- More information is available at:
    - <http://www.matherlifewaysinstituteonaging.com/wp-content/uploads/2013/01/WPWAPP-12-21-12.pdf>
  - o ICAA/ProMatura Benchmarks. This online tool allows users to track property characteristics, occupancy and participation statistics, and resident satisfaction with the community and the program. Data are analyzed by frequency of participation, self-reported health and satisfaction levels. Real-time reports can be generated by users. National benchmarks are available for property comparisons. There is the capacity to compare the perceptions of residents who do not access wellness programs to residents who do. The system provides reports from user-entered data. Metrics and reports may be customized at an additional cost. More information is available at:
    - [http://www.icaa.cc/business/benchmarks/webinarseries/icaa-promatura\\_wellness\\_benchmarks\\_overview.pdf](http://www.icaa.cc/business/benchmarks/webinarseries/icaa-promatura_wellness_benchmarks_overview.pdf)
  - o Assess daily life habits and preferences of all residents. At this time, we know of no comprehensive instrument that has been developed to ascertain life habits and preferences for independent or assisted living populations. Section F of the CMS RAI MDS 3.0 Manual, “Preferences for Customary Routine and Activities” (CMS, 2011) is a tool used in nursing homes, and may be helpful as a model to guide development of similar instruments for independent and assisted living populations.
  - o Physical Function Assessment. A number of assessments exist to measure objective physical fitness and/or function. Fitness assessments are currently performed on request at the Community. We recommend incorporating these assessments into a comprehensive wellness measurement program that is encouraged for all residents, with intervals spaced no more than one year apart. More frequent assessments may be warranted for at-risk individuals, or those actively engaged in improving physical fitness.
  - o Continue resident satisfaction surveys. In order to maximize response rates, consider empowering residents to assist with the process.
  - o Provide individuals with assessment results and one-on-one review of results, implications, and recommendations.
  - o Aggregate data and share with residents and staff. Use data to evaluate and revise specific community wellness objectives, inform programming decisions and market the Community to prospective residents.

- o **Priority Area 5: Connecting with the internal community.**

- o **Goal:** *To increase awareness about community happenings and information that promotes whole person wellness and fosters a sense of community using a variety of methods including current technology.*

- o **Strategies**

- € Explore various communication methods that are acceptable ways for residents to receive information. Provide wide access to information about large- and small-scale community happenings. We recommend a high level of transparency, except where personal staff or resident information may be compromised.
- € Create a centralized resource area with information regarding the Community happenings, as well as other local programs, services and activities of interest and various magazines and news publications. Promote new programs, dining menus, special events and other wellness activities here. Evaluate portions of the USF program at the Villages, including collaterals and information that could be available.
- € Consider having a resident website for events, communications, and other announcements. This could supplement the newsletter, until the website and electronic newsletter could be adapted over time for resident use. As communication technologies evolve, resident education will be an important component in full utilization of these resources.
- € Consider empowering residents to take ownership of the defunct weekly news publication, with management offering any needed support to find an ecologically-friendly way to meet resident information needs.
- € Provide instruction and knowledgeable leadership to introduce and maintain activities with new technologies that can enhance wellness (e.g. Wii bowling, online educational resources, computerized brain fitness programs, etc.).
- € Extend wellness activities to staff, including assessments and education. Seek involvement in wellness committee and writing wellness objectives from multiple functional areas.
- € Explore the needs and interest levels for wellness programming that may be targeted and extended to family members of residents.

- o **Priority Area 6: Connecting with the external community.**

- o **Goal:** *To maintain individual and organizational connections with the community-at-large for the benefit of residents and their families, the Community, and the community as a whole.*

- o **Strategies**

- € Explore partnerships with the Watson Clinic, Florida Southern College, USF School of Aging Studies, USF Health, and local active adult retirement communities. Some potential outcomes of these partnerships are facilitated care management/cost containment, student service-learning projects, on-campus preventive screenings, participation in healthy aging research, and a larger pool of prospective residents.
- € Identify one or multiple higher education partners to offer an onsite lifelong learning program. Former Rath Center staff may be utilized to coordinate and oversee programming if relocated to the Community campus.
- € Recommend creating a matrix of all healthcare providers in the surrounding city to not only identify potential relationships, but also to see if there are services that are lacking from within the community that could align with a wellness approach that should be considered in developing a wellness center within the Community.
- € Develop and implement one to two new intergenerational programs based on resident interests and needs. Several options that surfaced during information-gathering were resident-taught parenting skills classes and utilizing college students to lead the Community programs or classes in service learning projects related to their study areas.
- € Explore technology alternatives that facilitate resident connections with family and friends outside of the community. An immediate consideration discussed with the Community activity staff included the utilization of the Community meeting areas to host a “meet-up group”; information available at [www.meetup.com](http://www.meetup.com). Discussed antique car enthusiasts that are both living at the Community as well as within the community at-large). The existing “Shooters” (photographers) seek different locations for meetings, events, and exhibits. This is an opportunity for the Community to be involved with the community at-large in a purposeful, meaningful and intentional way.
- € Consider adding more on-demand transportation services to foster greater autonomy and the ability to maintain connections outside of the Community.
- € Maintain relationship with city of the surrounding city to facilitate creating a walkable community throughout and around the Community.
- € Utilize the adjacent a nearby green space park to sponsor special events such as “Music under the Stars”. Consider partnering with Harrison School for the Arts to showcase students in these events and local vendors to provide food.
- € Invite waiting list and prospective residents to participate in select activities such as wellness fairs, special events, etc. Consider extending more programs and services to prospective residents on a membership or fee-for-service basis.

Hours of volunteer service provided on campus at the Community could also be used to “buy down” membership fees.

- € Explore the possibility of extending services to older adults living outside of the Community. This may be done through offering select fee-based services, or by incorporating a “CCRC without Walls” model, whereby becoming a “resident” may also include off-campus options with a separate fee structure than on-campus residential living.
  - o **Priority Area 7: Creating an environment that enhances safety, security and life engagement.**
  - o **Goal:** *To provide a supportive environment that allows residents to remain engaged in life to the extent they desire and minimizes physical or psychological obstacles to active living.*
  - o **Strategies**
- € Evaluate and incorporate technologies to enhance safety, promote health and fitness, encourage socialization, and support aging in place (see Leading Age Center for Aging Services Technologies for specific technologies in each dimension). We believe the Community may be able to differentiate themselves from other similar communities through use of cutting-edge, evidence-based technology to promote independence, safety, and wellness. However, technologies should be carefully researched and evaluated to determine the return on investment and prevent unintended consequences such as increased indirect operational expenses.
  - o Technology features to promote safety and family connections in living areas may be particularly appealing to prospective residents and their adult children. One example is a system such as that planned at Moorings Park that utilizes sensors within residential units to generate alerts with changes in movement habits. Utilizing Microsoft Health Vault for 200 devices that can tie into resident monitoring system.
  - o Overall, wireless access, utilization of medical record for “life planning” assessments, and providing access to classes and training for current and future residents is an important consideration for the Community. For provision of integrated care, such as home healthcare, primary care, and coordination of health and wellness services, and electronic system would be appropriate for the Community.
- € Incorporate security features that provide a sense (and real) safety in home (home being the Community's campus), but not so intrusive that they create a sense of confinement for residents or are unwelcoming for guests. Consider

incorporating principles of Crime Prevention Through Environmental Design (CPTED) on campus and working with neighboring community to do the same.

- € Consider incorporating a space or spaces that serve as resident shelter in the event of a disaster, or design of spaces that facilitate emergency response in the event of a disaster.
- € Create buildings and spaces that are aesthetically interesting to resident population (colorful, flowing spaces, natural lighting, etc.).
- € Incorporate environmentally friendly design as much as possible.
- € Provide spaces with natural light when possible, or install bright adjustable lighting.
- € Create spaces with good acoustics, and equipped with appropriate AV equipment as dictated by intended use of spaces.
- € Install flooring with appropriate textures, surface properties, and color/design contrasts to minimize fall risk.
- € Connect areas within and outside of community with walkable sidewalks that are wide enough to accommodate side-by-side walkers and wheelchairs/strollers.

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