

ICAA/ProMatura
Wellness Benchmarks

The National Benchmarks Report 2016



A research report demonstrating the connection between wellness lifestyles and customer satisfaction in senior living

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Introduction

The ICAA/ProMatura Wellness Benchmarks were developed in response to requests for metrics that would relate the outcomes of wellness programs in age-qualified communities to the organization's business objectives, such as resident satisfaction, occupancy, length of stay and marketability.

To execute the vision, membership association International Council on Active Aging® (ICAA) partnered with the market research firm ProMatura Group to create a web-based survey and reporting system. The ICAA/ProMatura Wellness Benchmarks are based on key performance indicators identified by multiple work groups and review panels.

Description of the report

The National Wellness Benchmarks Report 2016 is based on data from 73 continuing care retirement communities (CCRCs) and 26 communities offering independent living (IL) or both independent living and assisted living (IL/AL). Over three thousand (3,406) residents shared their opinions of life in the community and of the wellness/lifestyle options.

In the benchmarks "wellness" is an umbrella term meaning any quality-of-life offering, excluding nursing and medical services. These lifestyle options may be housed in one or more functional areas: wellness, fitness, resident life, activities, therapy, engagement or other organization-specific name.

Wellness activities are categorized as physical activity/fitness; cognitive training/brain games; cultural, art and performance activities; formal volunteering; health education; assessments; and lifelong learning/groups and clubs. Benchmarks users select activities where residents are actively involved (not entertainment or passive pastimes) because research has demonstrated that these types of activities impact individuals' feelings of health and well-being. The attendance of individual residents is recorded each time that activity is offered and entered into the system. This report is drawn from the activity data entered in April 2016, which serves as a proxy month.

The term "wellness participants" refers to residents who completed a survey asking about their satisfaction with the community and programs, and who are participating in activities that are being tracked for the benchmarks.

The benchmarking system collects information on wellness services provided in independent living, assisted living and memory care. In this report, the data from independent living and independent and assisted living communities is combined to create a larger sample size. This combination is referred to as IL plus IL/AL communities.

When graphs and tables state "independent living," "assisted living" or "memory care" without designating a type of property, then the data shows that level of living across all communities, including CCRCs, IL and IL/AL properties.

Comparisons are made to the National Benchmarks Report 2015, which was based on data in the system in April 2015, including 62 continuing care retirement communities and 24 independent living (IL) or independent living and assisted living (IL/AL) properties.

Note: The term "life plan community" is being used within the industry. ICAA and ProMatura acknowledge this name change. In this report, continuing care retirement community (CCRC) is used because that is the term used in the 2015 and 2016 surveys.

Acknowledgement

Staff members at communities enrolled in the ICAA/ProMatura Wellness Benchmarks are the reason why this report is available for the industry. Staff members have given thought to the activities to track, developed systems to track the participation of individual residents, assigned job responsibilities, and continue to collect and report data. We appreciate all the work they have done, and will do in the future.

Executive summary

The ICAA/ProMatura Wellness Benchmarks indicators were developed to track how effectively wellness/lifestyle programs are being used by age-qualified communities, and how well they deliver value to the organization and its residents.

By looking at the business side of wellness programming—fitness, resident life, activities, engagement or other organization-specific name—the data in the wellness benchmarks fulfills the need of executives for outcomes measures that explain the value of lifestyle, fitness and wellness services in relation to business objectives. For managers, the benchmarking data generates actionable insights for program development, staffing and marketing.

The wellness/lifestyle program is a key part of the resident experience at the benchmarking communities. The results of the benchmarking reports are important tools that residents and their family members use to confirm their investment in the community, guide input on lifestyle options and check on individual progress. Marketing departments use this information extensively to show that life in a community is engaging and fulfilling—counteracting the stereotype that moving to a community is starting down the road to decline and death.

The National Wellness Benchmarks Report 2016 is based on input provided by 73 continuing care retirement communities (CCRCs) and 26 communities offering only independent living (IL) or independent living and assisted living (IL/AL). Over three thousand (3,406) residents shared their opinions of life in the community and of the wellness/lifestyle options.

Benchmarks users profile their communities and follow residents who participate in the wellness activities they are tracking. By identifying the wellness activities each unique resident joins, and linking that participation to their input on a satisfaction survey, benchmarking communities can draw a line from the wellness program options to the lives of residents in independent living, assisted living and memory care.

This is an important outcome for the industry. The ability to relate the wellness participation of an individual to that person's engagement with life at the community goes beyond the usual

“how many people were there” counts. Tracking individuals in relation to lifestyle choices helps answer the big questions: does participation in wellness/lifestyle lead to a longer length of stay, in better health, with higher levels of satisfaction?

The aggregated data in the National Report reveals 10 key findings:

- 1. Residents are engaged and satisfied with the community's wellness program.** Half of all residents in the benchmarking communities engage in the wellness program, and over three-quarters of the residents whose activities are tracked in the benchmarks are “very satisfied/satisfied” with the program (79% in CCRCs and 88% in IL plus IL/AL properties).

The “very satisfied” people are an important group because they tend to be the most loyal and to share their positive perspectives by referring others. Nearly half of everyone who participates is “very satisfied” with the wellness program (44% of wellness participants in CCRCs and 45% of participants in IL plus IL/AL properties).

- 2. Wellness participants live in the community longer than other residents (length of stay).** Longer average lengths of stay (ALOS) in the community translate to revenue for the community because residences remain occupied (multiply cost per unit times each month of residence) and there are savings of the cost of marketing empty units.

Benchmarking communities report that the average length of stay of all residents is three to five months longer in 2016 than it was in 2015. Even more striking is the ALOS of wellness participants in independent living: their average length of stay is about two years longer than the ALOS of all independent living residents (both wellness participants and non-participants) in the community.

3. Participants in wellness programs enjoy a high quality of life. More than half of the residents who participate in the wellness program are “very satisfied” with their overall quality of life in the community: 54% in CCRCs and 56% in IL plus IL/AL properties. The “very satisfied” group are the cheerleaders of the community, the people who spread a positive message outside the community and within it. Add together the “very satisfied” and “satisfied” residents, and the majority of residents who join the wellness activities are happy with their quality of life: 86% of CCRC residents and 96% of those living in IL plus IL/AL properties.

4. Participating in the wellness program increases resident satisfaction. At CCRCs, participating in the wellness program made 79% of residents “much more” or “somewhat more” satisfied with the overall community. At IL plus IL/AL properties, 84% of residents felt that participating in the wellness program made them “much more” or “somewhat more” satisfied with the overall community. When over three-quarters of residents feel their participation positively influences their satisfaction with their overall quality of life, there is a powerful argument for insuring a robust and meaningful wellness program.

5. Wellness participants subjectively rate their health very highly. Self-rated health is an indicator regularly used in population studies because research has found that a lower perception of one’s own health is associated with mortality and functional decline. When older adults or their family members investigate senior living options, it is often because they have health concerns, or anticipate they will. Will moving to a community help individuals maintain their functional independence and health?

For CCRCs with an effective fitness and lifestyle program in addition to other wellness services, the answer can be “yes.” Wellness residents ages 75-84 rate their health as “good to excellent” more often

than people ages 75-84 in the US population—94% in benchmark CCRCs and 79% in IL plus IL/AL communities compared to 76% in the US population (US National Health Interview Survey 2014).

A high proportion of residents ages 85 years and older likewise rated their health as “good to excellent”: 92% in CCRCs and 79% in IL plus IL/AL communities. In comparison, 68% of the US population ages 85+ rate their health as “good to excellent.”

6. Wellness participants are very satisfied with their quality of life, regardless of their health status.

Wellness participants are “very satisfied” with their quality of life in the community, even when they rate themselves in fair or poor health. Although ratings of their health tend to fall as people age, individuals who are able to function in daily life tend to rate their health more highly than do people who cannot maintain activities of daily living, are depressed or are obese. A person who is in fair or poor health but still is satisfied with the community may feel that the services, including the wellness program, and staff are contributors to their quality of life.

7. Wellness programs attract new residents and add value.

“Occupancy” is a key metric in age-qualified communities since the goal is to have people living in all the available residences. As the younger generation of boomers (ages 51-69 in 2016) join people in their 80s, their expectations for housing and amenities are causing communities to evaluate their offerings. About half of the wellness participants in CCRCs (49%) and 46% of the participants in IL plus IL/AL communities “strongly agree” or “agree” that the wellness program is one of the primary reasons they selected their particular community. Note that the benchmarking communities provide staffed, comprehensive wellness programs, which may be one reason why wellness participants were attracted to them.

Wellness benchmarks dashboard

National Report 2016

ICAA/ProMatura Wellness Benchmarks

Residents who participate in wellness program
(activities, fitness, recreation)
73 CCRC/life plan; 26 IL or IL/AL; 3,406 resident surveys

	CCRC	IL+IL/AL	Alignment
Participation	55%	50%	utilization of services
IL Length of stay increase compared to all residents	24 months	24 months	increased revenue; less care
Satisfaction with community life because of program	79%	84%	referrals; longer LOS
Program a primary reason for move-in	49%	46%	occupancy
Satisfaction with program	79%	88%	resident well-being; risk reduction

Note: Average length of stay is reported for total residents in all types of communities

People move to an age-qualified community for many reasons, among them the amenities and programs offered. Whether they rent, own or pay entrance and monthly fees, residents want to be sure their investment is worth it. Just as residents participating in activities being tracked are highly satisfied with the overall community, so do they feel that the community offers them good value for the dollars they spend to live there. Among CCRC residents, 72% “strongly agree” or “agree” their community is a good value. Among residents of IL plus IL/AL properties, 86% “strongly agree” or “agree” with this statement.

- 8. Educated wellness staff encourage resident satisfaction.** Over half of wellness participants are “very satisfied” with the wellness staff (62% in CCRCs, 65% in IL plus IL/AL). Staff members tend to be highly educated, most with four-year or graduate degrees. Significantly, residents who are “very satisfied” with the wellness staff are also “very satisfied” or “satisfied” with their quality of life at the community.

Age-qualified communities satisfy the needs of residents for housing, food and transportation to the degree offered at the community. But after these needs are met, day in and day out, it is the staff who say hello, offer assistance, plan activities, encourage participation and tell a joke. The people become the greatest satisfier.

- 9. Benchmarking communities offer comprehensive wellness programs.** Nearly all the CCRCs and the IL plus IL/AL benchmarking properties provide opportunities in seven dimensions of wellness. Six of the most frequently offered activities influence multidimensional abilities, including exercise classes, brain fitness, educational lectures, clubs/crafts groups, day trips and health education.

Activities such as these where residents are actively involved in pursuits that are physically and cognitively challenging are associated with better physical and mental health along with feelings of well-being. These

types of programs also offer opportunities for social connections, which are another important factor in health and well-being.

- 10. Benchmarking properties are rich in amenities.** The common areas in a community provide space for a diverse wellness program, whether purpose-built for hobbies or fitness or intended for multiple uses, such as a general purpose room or outdoor barbeques. The benchmarking communities have many spaces that can be used for wellness. Choosing from a provided list of 20 physical amenities, 50% or more of CCRCs have almost all of the amenities, and 50% or more of the IL plus IL/AL properties have over half of them.

The results of the 2016 National Wellness Benchmarks Report are consistent with the results in the 2015 report. This indicates that a portion of the same communities are inputting data, and a trend may be developing. The consistency suggests that the benchmarking reports accurately reflect these communities since there are no disagreements between years.

In both 2015 and 2016, residents who participate in the wellness activities being followed by benchmarks users are very satisfied with their quality of life in the overall community and feel that their participation positively influences that level of satisfaction. They feel that the community, overall, provides good value for the dollars spent.

The number of residents who are “very satisfied” with the wellness program, program staff and their overall quality of life in the community is an important metric. Very satisfied residents are most likely to reach out and recommend others visit or move into the community. Satisfied residents also carry a positive attitude that helps generate a comfortable and friendly living environment.

When census and the health and well-being of residents are goals, the wellness and lifestyle programs in benchmarking communities are a valuable solution to achieving them.

How to use wellness outcomes

- Compare each property's results found in the monthly user-generated report to the aggregated results in the National Report. Use the format in the National Report Dashboard to provide numbers of importance to executives.
- Report program outcomes in relation to the organization's strategic plan and business objectives.
- Provide the property report to the marketing and sales staff to use when informing prospects of the value of life in the community.
- Customize property reports to identify changes in participation in selected activities and modify the program or activity if needed. Use the listings to check the program is well-balanced.
- Review the participation of individual residents to discover if a person has suddenly declined in participation, which may indicate a need for follow-up or coaching.
- Review the participation of individual residents each month and prepare an individual report to share with family members who wish to know how involved their relative is.
- Validate staffing levels and performance measures.

How to measure wellness outcomes

The wellness/lifestyle program is an asset that integrates with the services offered in all departments for the greater good of residents. The quantitative outcomes the emerge through the ICAA/ProMatura Wellness Benchmarks blend with anecdotal reports of success to create the story of the wellness department's contributions.

The ICAA/ProMatura Wellness Benchmarks is an online, password-protected tool to build the business case for wellness and guide program management. Users in retirement communities enter information on resident participation in meaningful activities, and then use that information to (1) discover engagement in the program and (2) relate their participation to residents' overall satisfaction with their quality of life in the community, their self-rated health, and the value wellness contributes to their satisfaction with the community.

"Meaningful" activities are those where residents are actively engaged in, for example, physical activities, lifelong learning, brain health programs, formal volunteer programs, arts and cultural activities, and health education. Activities and classes in the benchmarks are regularly scheduled with a leader or organizer who reports the attendance of each individual every time the activity is offered.

Users create and download online reports at any time, and do so at least once a month. Online reports are saved as an Excel or a PDF document. The National Report is prepared annually.

Staff members in communities can begin using the benchmarking tool at any time. Before participating, community members join a custom webinar to guide entry into the system, and receive a Toolkit of instructions and forms, and telephone and email support.

To get started, contact the Benchmarks Program Manager by emailing info@icaa.cc or patryan@icaa.cc, or by calling ICAA at 866-335-9777. Additional information is available on the ICAA website at www.icaa.cc

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