

ICAA wellness programs and places report **2024**



April 2024

Member \$99
Nonmember \$149

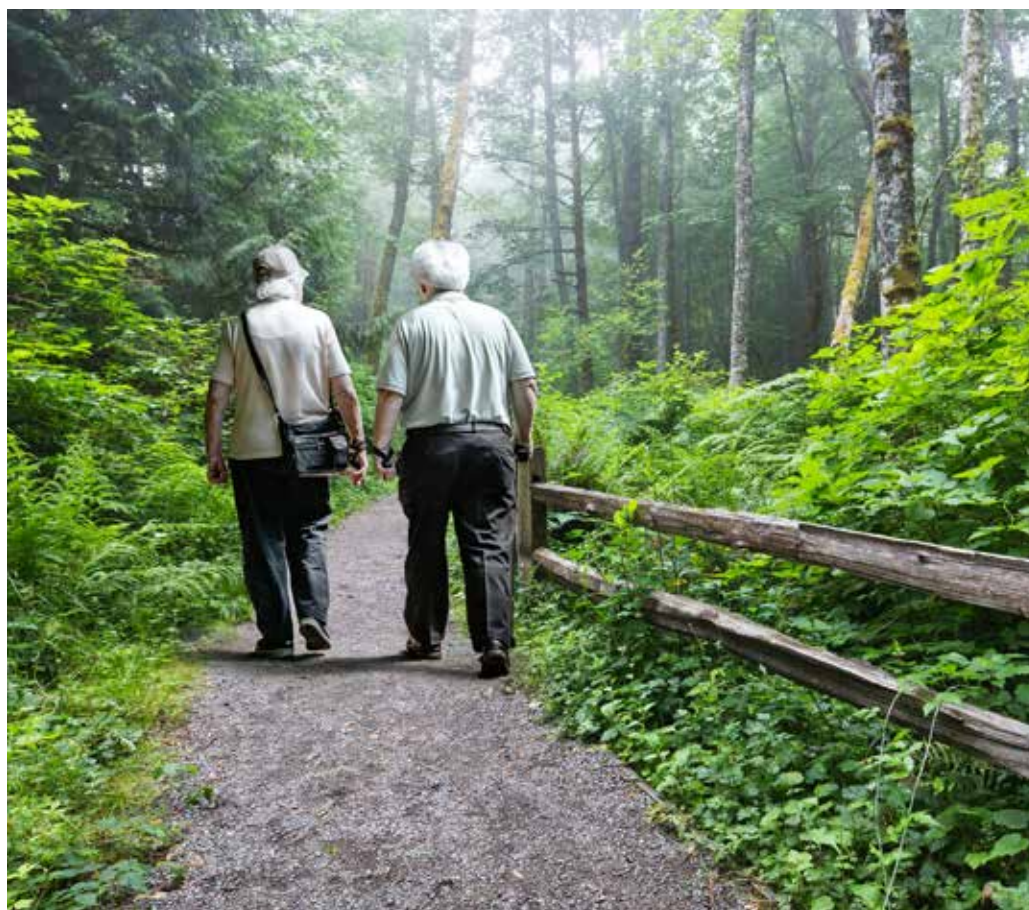
ICAA Wellness Programs and Places Report 2024

International Council on Active Aging®

Changing the Way We Age®
603-1112 West Pender Street
Vancouver, BC V6E 2S1
Toll Free: 866-335-9777
Tel: 604-734-4466
www.icaa.cc

Colin Milner, Chief Executive Officer, ICAA
Patricia Ryan, Content development and reporting

International Council on Active Aging® has led, connected and defined the active-aging industry since 2001. Founded in the belief that unifying the efforts of organizations focused on older adults benefits both the people they reach and the organizations themselves, ICAA's vision is shared by more than 10,000 organizations. ICAA's support of the active-aging industry includes creating industry research reports, enhancing market development, encouraging education and research on healthy aging and wellness, networking and sharing best practices, promoting development of wellness environments and programs and cultivating recognition programs.



CONTENTS

EXECUTIVE SUMMARY	4
Wellness and lifestyle build momentum across the industry	
INTRODUCTION	7
A decade of progress	
PRIORITIES	8
Wellness and lifestyle are top priorities	
Wellness programs align with business priorities	
PROGRAMS	12
Wellness opportunities continue to expand	
The dimensions of wellness organize programs	
Additional wellness opportunities on the horizon	
Innovative programs and attitudes power wellness	
Special section: Senior living reimagines itself	
TECHNOLOGY	20
Technologies serve wellness and operations	
Technology choices are needs-based	
Technology is a tool for effective wellness opportunities	
TOOLS	24
Equipment and supplies serve many needs	
Fitness equipment is in the budget	
Innovations for effective programs	
PLACE	27
New spaces build on current facilities	
Nature and recreation raise in prominence	
Outdoor spaces need upgrades for wellness	
POTENTIAL	31
Wellness unites people and places	
METHODOLOGY	32
Resources	
Endnotes	
Demographics	
APPENDIX I: ACTIVE-AGING ORGANIZATIONS	36
APPENDIX II: DETAILED FINDINGS	37

EXECUTIVE SUMMARY

Wellness and lifestyle build momentum across the industry

As the world reopens following the closures and crises experienced during the major years of the pandemic (2020-2021-2022), wellness-based organizations and people are likewise gearing up. The professionals who responded to the ICAA Wellness Programs and Places Report 2024 survey, conducted by International Council on Active Aging® (ICAA), shared a sense of optimism and purpose.

Over the past 10 years, executives and senior managers recognized that to appeal to the needs and aspirations of people who want to live in their buildings or visit their centers, they need to deliver services for active people as well as those with physical limitations. To do this wellness centers have been built, community centers upgraded, and programs widened the scope of activities.

Today, wellness is building from a solid foundation to integrate all areas of an organization. The purpose of the ICAA Wellness Programs and Places Report 2024 is to track the status of buildings, places and programs, and showcase areas of growth. Reflecting the breadth of services for older adults, the 519 respondents to the survey work in various types of senior living communities, “seniors” community centers, public agencies, fitness clubs and health care.

Across all types of organizations, wellness will expand over the next two years (2024-2025) with people and programs taking full advantage of indoor and outdoor places.

Key findings

Wellness programs are the top priority.

74% of respondents believe onsite wellness programs are the top priority of executives and leadership

76% plan to increase programs, activities and classes (2024-2025)

Wellness programs regularly schedule opportunities for social and emotional well-being.

- 81% offer art, creativity and self-expression
- 71% have social gatherings and clubs
- 70% have opportunities for mindfulness, meditation and faith communities
- 46% schedule stress management, laughter or personal history

Physical activity is a permanent feature of programs across all organizations.

- 94% regularly schedule physical activity and fitness
- 48% will increase options for instructor-led exercise and fitness

Senior living communities will adopt a model of wellness.

- 75% of senior living communities have a formal, structured wellness program
- 76% will increase the activities, programs and classes over the next two years
- 55% believe the senior living community will be based in wellness with options for care by 2025

Wellness-centered organizations utilize technology.

- 63% evaluate new technology when older technology no longer serves the need
- 43% plan to offer more technology-led exercise using video or online programs;
- 51% already provide this
- 57% will purchase or upgrade virtual reality headsets for residents or clients, or for staff training
- 27% will purchase artificial intelligence to manage data

Equipment and supplies will refill wellness toolboxes.

- 61% will purchase activities supplies (e.g. art, photography, games)
- 56% will purchase or upgrade exercise equipment

EXECUTIVE SUMMARY *Continued*

Outdoor spaces will host wellness activities.

68% of all respondents regularly offer connections to nature and outdoor activities
30% of senior living communities have a sports court; 19% will build or renovate sports court(s)

51% of organizations in the community-at-large have a sports court; 18% will build or renovate court(s)

63% of organizations in the community-at-large have walking trails/paths; 12% will renovate or build them

16% of all respondents will build or renovate a meditation garden; 30% already have a meditation garden

Indoor spaces get an upgrade.

61% of senior living communities have a casual café/juice bar; 15% will build or renovate one

65% of organizations in the community-at-large have a fitness center/room; 10% will build or renovate the room

18% of all respondents have a multisensory room; 14% will add or upgrade one

46% of all respondents report having a wellness center in a separate building with more than fitness; 14% will add or upgrade one

People in midlife and later-life, along with the organizations created to serve them, are seeking to find their place as the new world of economic and social conditions unfolds following the first years of the COVID-19 pandemic.

The person who walks into a life plan community or a fitness studio or a “seniors” center is the product of decades of personal and social experiences. Family, friends, work and large-scale social forces influence each individual.¹ A robust wellness culture, inspiring the people and services in an organization, delivered through programs and experiences, has the diversity to address the needs of each person.

The ICAA Wellness Programs and Places survey confirms that the people who manage and staff active-aging organizations have maintained the progress they achieved before the pandemic lockdowns. In 2024, they intend to enrich lives and support their workplaces with diverse programming framed by the dimensions of wellness.

INTRODUCTION

Wellness is derived from our ability to understand, accept and act upon our identity and capacity to lead a purpose-filled and engaged life. In doing so, we can embrace our potential (emotional, environmental, cognitive/intellectual, physical, social, spiritual and professional/vocational) to pursue and optimize life's possibilities.

A decade of progress

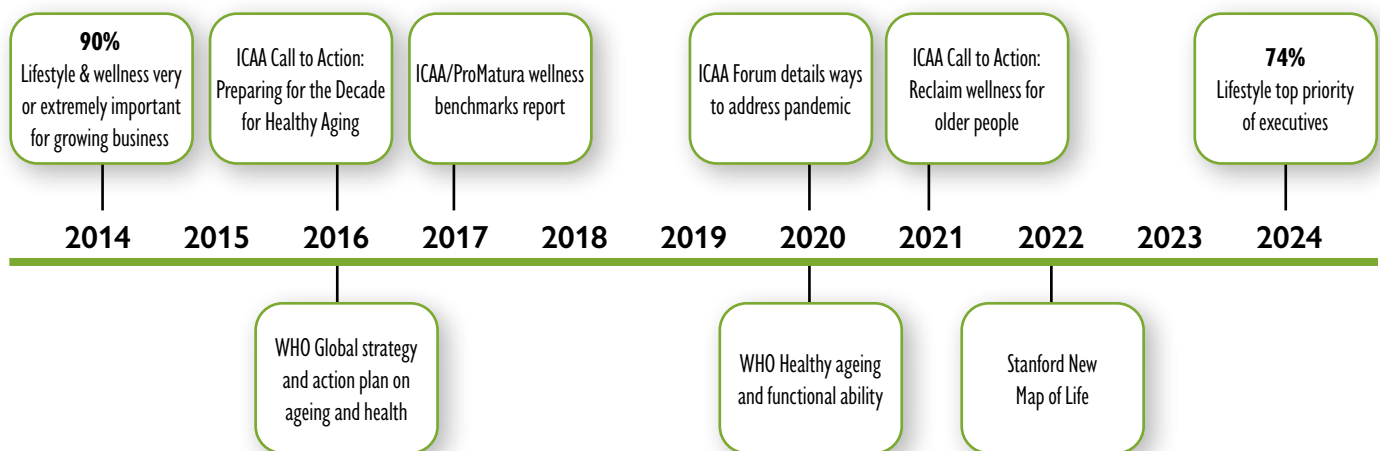
Over the past 10 years, wellness has evolved as a lifestyle and a business strategy. More people have realized that their choices affect their sense of well-being and their health. Savvy managers have seen that being a source for wellness-oriented services—be these nutrition, physical activity or social connections—is a good way to maintain an active client base.

In 2014, ICAA surveyed senior leaders in organizations aimed at older adults, both in the community-at-large and in senior living. They believed that over the next two years the organization's investment in wellness would increase. They also planned to add additional wellness-related services and to build or significantly remodel to create places for lifestyle/wellness activities.² True to their words, 10 years of ICAA surveys have captured new buildings and expansions along with increases in wellness opportunities and in wellness staff.

Today, in 2024, all that growth succeeded in keeping wellness as the practical method to deliver quality services during the first years of the pandemic. Amazingly, this year's ICAA survey shows that the wellness environments and programming not only were maintained during the pandemic closures, but also thrived with new ideas, new technologies and committed people. Organizations will increase the number of wellness activities and programs (76%), increase budgets (54%) and hire wellness staff (56%) at a rate higher than in previous years.

Wellness continues to cross over siloed departments, integrate with remodels and new construction, and expand the vision of a world where all people live their best possible lives.

A decade of wellness



PRIORITIES

Key points

- Lifestyle programs are the top priority of executives and leadership, believe wellness managers and staff members.
- Program managers schedule physical activity, social gatherings, arts and hobbies, stress management and spiritual opportunities to support participants' quality of life.
- Wellness programs are evaluated based on the number of participants and satisfaction surveys.

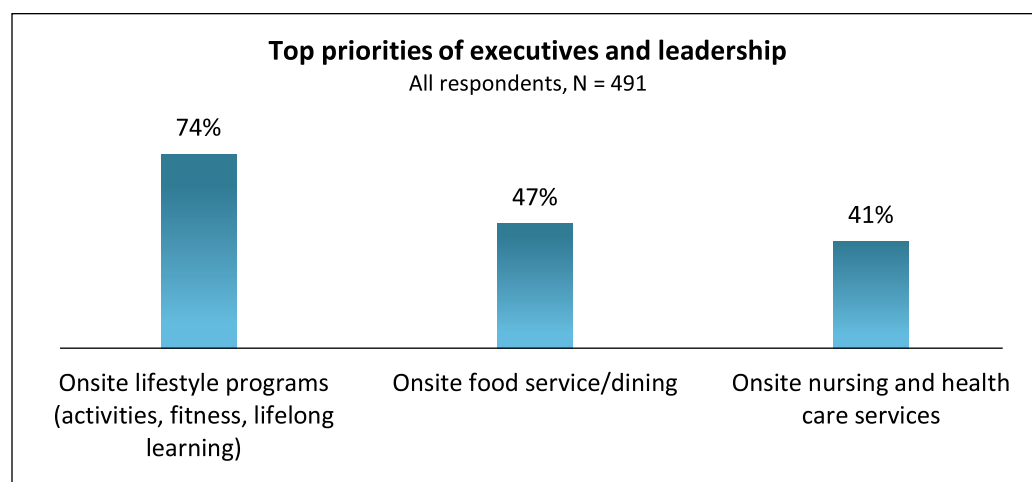
Wellness and lifestyle are top priorities

The momentum favoring wellness—meaning all the areas influencing a person's well-being and health—has been building across the years. While public and private companies may have different purposes, when it comes to older adults, the solutions overlap. Today, wellness may be the go-to priority that enables public agencies and senior living communities, “seniors” centers and health clubs to position for the people they seek and the funding they need.

For the ICAA Wellness Programs and Places survey, 519 professionals in staff and management positions provided information on how their organizations are faring in 2024. Coming from five types of senior living communities (79%), organizations in the community-at-large (community centers, aging services, fitness clubs, parks) and health care (15% and 6% respectively) respondents reinforce the impact wellness has on the long-term prospects of organizations.

Lifestyle programs remain a top priority. Between 2014 and 2024, leaders of organizations aimed at older adults along with people in midlife and later-life learned about three important trends: people are living longer, some chronic diseases can be prevented or managed with good nutrition and physical activity, and wellness-guided choices can lengthen years of healthy life.

The people who choose an organization are looking for the lifestyle that helps them live healthier, longer. Leaders are recognizing that wellness opportunities exist across all service areas as a cohesive philosophy that unites managers, staff and clients.



When asked to rank the priorities of executives and senior leadership, respondents chose three that reflect the services at the organization where they worked:

- 74% onsite lifestyle programs (activities, fitness, lifelong learning, etc.)
- 47% onsite food service/dining
- 41% onsite nursing and health care services

While lifestyle retains its top position, priorities shift depending on the type of organization.

Organizations based in the community-at-large serve people living in private homes, relying on clients to come to their locations. These organizations range from community centers to parks. Delivering offsite programs is more important when the organization's responsibilities may be providing services in multiple locations or outdoors.

Senior living combines housing, food and services on a single campus, placing high priority on services that benefit residents on the property. For many senior living communities their dining rooms and options for health care are a major selling point.

Health care organizations have a population of people with impairments, illness or injury. The challenges of staffing for health care have been widely publicized. In this environment recruiting and retaining staff members is a top priority.

Yet, all the activities and opportunities in wellness programs, based in wellness culture, enhance the priorities of older adults: purposeful living, best possible health, sound nutrition and social connections aided by friendly and skillful staff members.

PRIORITIES *Continued*

Top priorities differ by organization	
<i>What are the 3 top areas that are rated a high priority by the executives and leadership? Please check only 3 areas. (Onsite means at the property or location, offsite means not at the property or location where you work.)</i>	
	Senior living N = 386
Onsite lifestyle programs (activities, fitness, lifelong learning)	75%
Onsite food service/dining	53%
Onsite nursing and health care services	45%
	Community-at-large N = 75
Onsite lifestyle programs (activities, fitness, lifelong learning)	77%
Offsite programs and services (at community centers, parks)	35%
Recruiting and retaining staff members	27%
	Health care N = 29
Onsite nursing and health care services	62%
Recruiting and retaining staff members	62%
Onsite lifestyle programs (activities, fitness, lifelong learning)	48%

Wellness programs align with business priorities

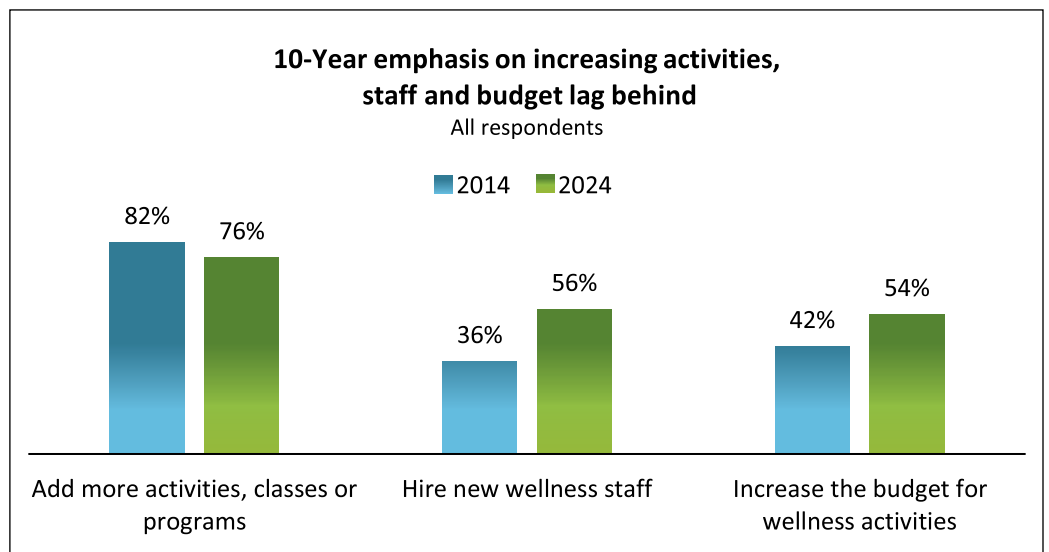
Alignment with business needs, operations and services is a strength of wellness because it crosses all functional areas. Fully resourced wellness programs and services support the priorities of the leadership by providing diverse opportunities that cross departments and jobs.

Reflecting the top priority of leadership, regularly scheduled programs include planned and unstructured activities that cover the dimensions of wellness, which ensures each person can find an activity or space that meets their interests or needs. Programming includes the expected physical activity, arts and crafts and lifelong learning. Food and nutrition education are on schedules along with health education and support for chronic disease management. Stress management and counseling are also available. All of these support the priorities.

In an earlier ICAA survey, respondents reported that the performance indicators most important to executives were the number of participants and ratings on customer satisfaction surveys.³ In 2024, wellness staff track these indicators by counting the number of participants (75%) and conducting satisfaction surveys (65%).

Level of participation indicates how engaged people are in the wellness offerings, while people who are satisfied with their lifestyles are more likely to stay with the organization. These numbers prove the value of wellness.

Because of the emphasis on wellness lifestyles, over the years investment has continued to increase. Executives in organizations seeking to appeal to today’s generations of older adults are shifting more investment to wellness than they did a decade earlier.



PROGRAMS

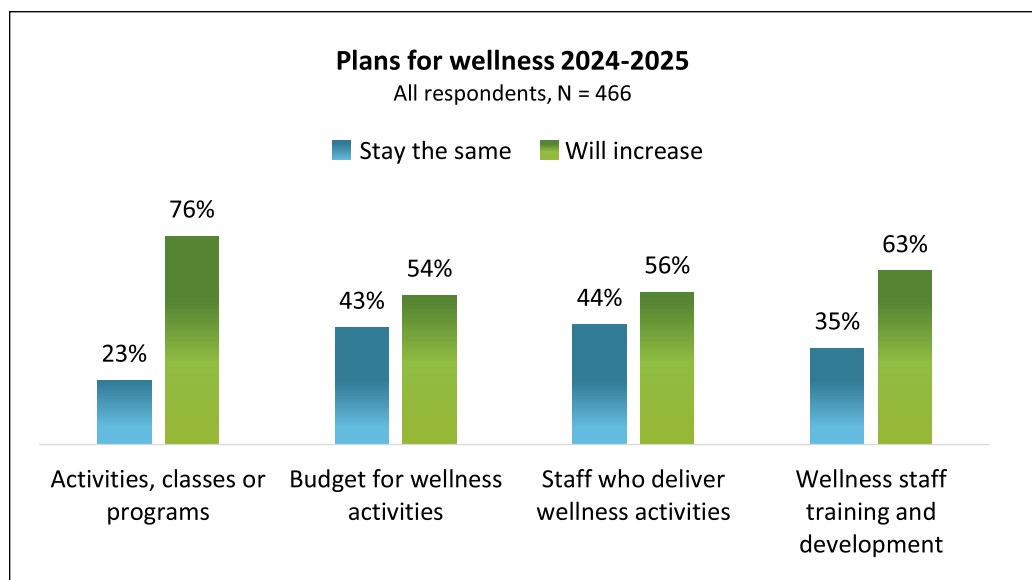
Key points

- Wellness programs will increase the number of activities and classes offered.
- Training and professional development for staff members will increase for many organizations.
- Physical activity, organized social gatherings and activities for creativity and self-expression most frequently appear on wellness program schedules.

Wellness opportunities continue to expand

Whether you call the collection of lifestyle opportunities wellness or well-being or a brand name, the programming that houses all of them is the lifeblood of the organization. Over the next two years, survey respondents expect to increase the number of activities, classes and programs they offer, but they will do it without getting an equal increase in staffing or budget.

Where budgets and staffing are not increasing, they also are not declining. Budgets and staffing that “stay the same” are stable, which indicates that, at these organizations, the allocation to wellness is steady.



The variance between increases in activities and less investment in budgets and staff members has been consistent over the years. Wellness staff can plan and monitor more than one program, calling in specialized expertise when needed. However, as the quantity of programs increases, wellness staff benefit from professional development to help them handle additional tasks and expand skill sets. Increasing professional development for wellness staff is a sign this need has been recognized.

Plans for wellness differ by organization. With buildings in place and a level of activities part of the service package for residents, senior living communities have the funding and need to provide wellness programs. Community-based organizations deliver similar programs, but many also provide social services and function in a wider range of physical spaces. Local needs and funding also direct priorities.⁴

While activities and staffing plans are about the same in senior living and the community-at-large, budgets will face more pressure at community centers, fitness centers, parks and aging services. Reduced budgets likewise will limit funds for wellness staff training and development.

The dimensions of wellness organize programs

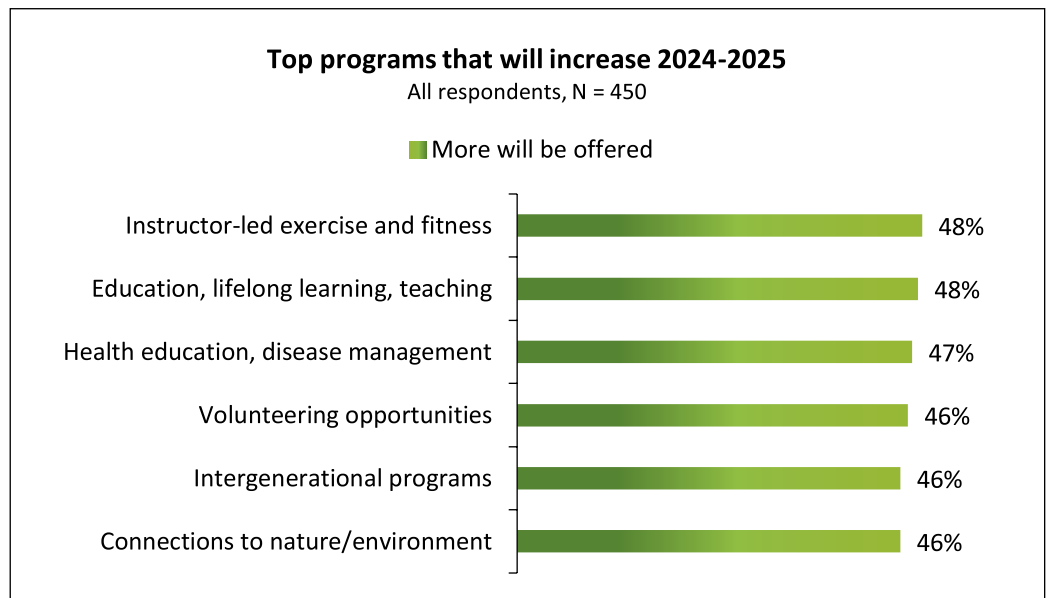
Programs and services that are permanent or regularly scheduled are those with high impact on people's lives. By including opportunities in each dimension of wellness, programs offer older adults practical and inspirational opportunities to encourage their interests and provide physical and emotional support when needed.

PROGRAMS *Continued*

Programs and services reflect the dimensions of wellness in 2024		
<i>Which of these programs and services are regularly available at the location you are describing in this survey? Please check those that are permanent or regularly scheduled.</i>		All respondents N = 450
Cognitive, Intellectual	education and lifelong learning, writing, journals	61%
Emotional	stress management, humor/laughter, personal histories	46%
Emotional	depression or anxiety counseling, grief support	45%
Environmental	connections to nature, outdoor activities	68%
Physical	fitness, exercise	94%
Physical	nutrition, dining, food service	83%
Physical	health care, self-care	68%
Professional, Vocational	civic engagement, volunteering, caregiving	52%
Professional, Vocational	opportunities for paid work, reskilling to stay in workforce	6%
Social	organized gatherings, clubs, dances	71%
Spiritual	faith communities, mindfulness, meditation, reflection	70%
Vocational	creativity and self-expression, arts and crafts, hobbies	81%

Additional wellness opportunities on the horizon

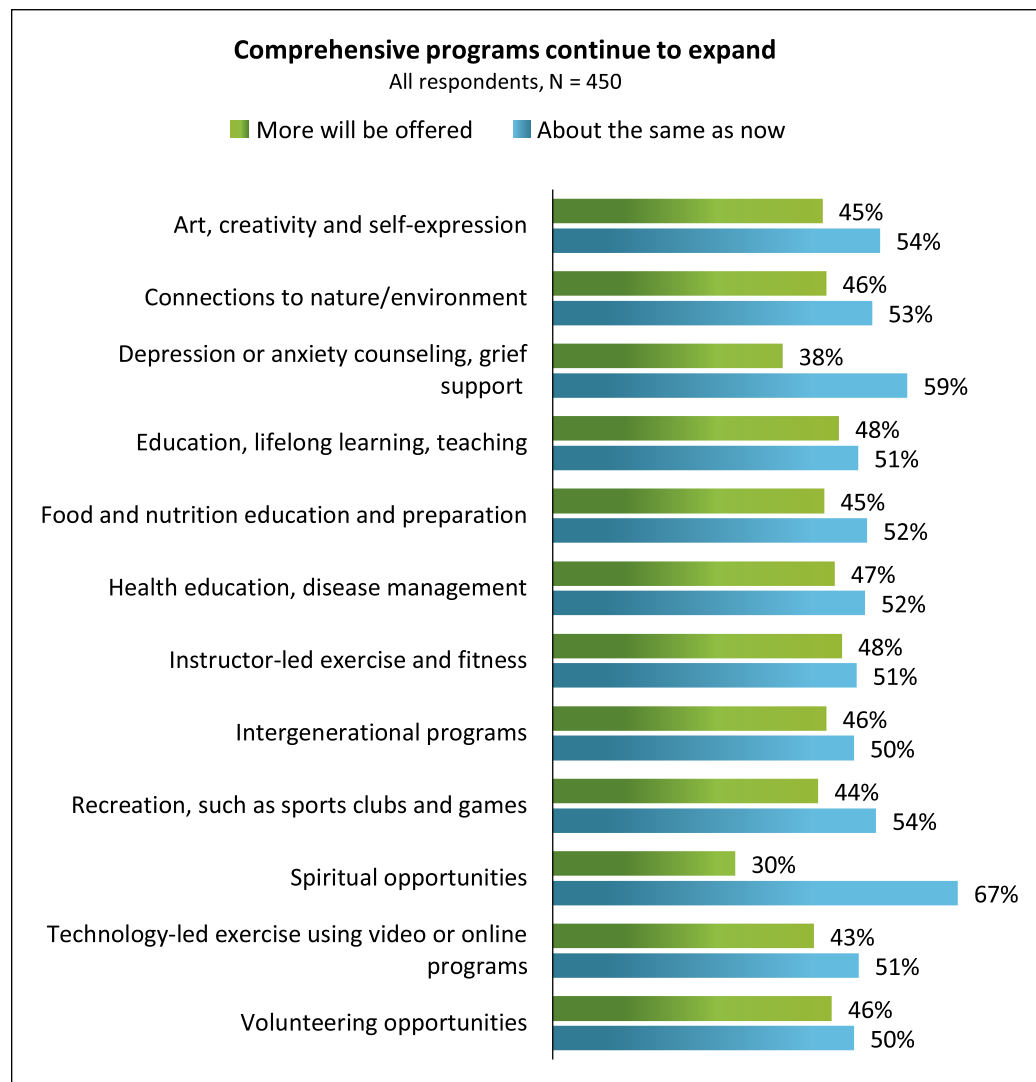
Over the years wellness programs have grown in scope, guided by clients and residents looking for more variety and program managers trying out new ideas. Rising on the list of increasing programs are intergenerational programs and connections to nature. Both types of programs have received attention over the past years.



Survey respondents could choose “More will be offered” or “About the same as now” for each activity on the provided list. While more activities and programs will be offered, they are built on a strong base. More than half of survey respondents feel that in 2024-2025, the number of activities in their programs will stay the same as today.

PROGRAMS *Continued*

Program offerings have grown in scope over the years, and many were added because residents asked for them or current trends and research suggested them.⁵ These activities that meet a need and gain participants are fixtures on a comprehensive program.



Given the diversity among locations it's not surprising that a proportion of respondents will offer fewer activities in a program while others will increase the activity. Among all respondents, 6% will decrease technology-led exercise using robots or online programs, and 43% will offer more sessions. Intergenerational programs will be reduced by 4% of respondents, and increased by 46%. The location and population served, plus budget, influences the ups and downs of program delivery.

Innovative programs and attitudes power wellness

When asked about the innovative programs that would make the wellness lifestyle most effective for older adults, many ideas surfaced. A sample of respondents' suggestions follows.

“

I would like to see all levels of staff model wellness behaviors. We can influence our communities by being live “wellness billboards.”

“I'd like to have a wellness assessment program that generates recommendations on a personal basis and helps track wellness over time.”

“I want to associate longevity with a whole-person approach (“gym” does not equal longevity; rather, exercise, stress management, prayer/meditation, socialization, making good nutrition choices, etc. do).”

“I'd like education and opportunities for residents to self-improve and remain independent.”

“I want wellness programs that help overcome inequities as our residents are in low-income senior housing.”

“I want to have mental health support and accountability groups, wellness salons (reading/discussion/accountability buddies), nutrition and cooking classes, end-of-life education groups.”

“Increasing use of what is already in place would be a great start to providing an effective wellness lifestyle.”

”

SPECIAL SECTION

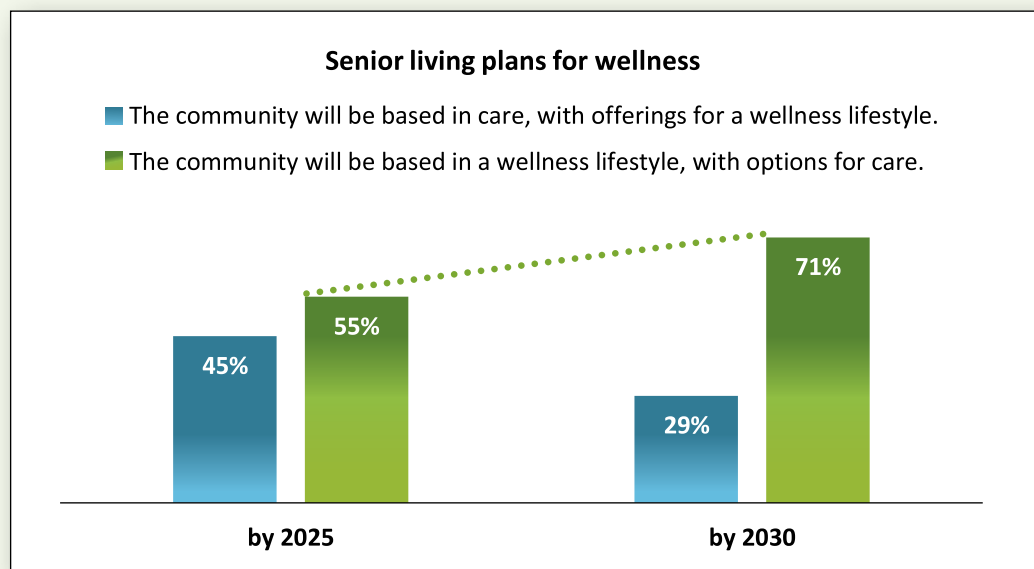
Senior living reimagines itself

Shifts in the economics of providing services, coupled with the need to replace talk with action, have expanded the viewpoints of how much territory wellness covers. Gone are the debates over whether senior living is hospitality or care. It’s a combination of both. Hospitality is more than a restaurant and care is more than nursing. The wellness culture includes these along with plenty of opportunities to span the gap between them.

It’s not surprising that 75% of 358 senior living communities have a formal, structured wellness program. Communities have buildings on a campus that can house programs, and a value proposition that promotes the ability to stay healthier, longer by taking advantage of all the lifestyle offerings. Consider that the Boomer and Gen X populations assume longer lifespans and want to be healthy to enjoy them. These generations have middle incomes, prefer choice-driven autonomy and lots of ways to stay engaged.^{6,7} A robust wellness culture and program offers that.

Researchers and thought leaders point out that meaningful activities, social connections and support when needed are influencing occupancy and length of stay in senior living communities.⁸ As providers explore partnering with Medicare Advantage (US) plans and hospitals,^{9,10} wellness staff who lead physical activity, health education and activities that enhance cognitive and intellectual health become critical to supporting the value of the community as a partner and providing a source of data and outcomes health insurers require.

Executives are recognizing that models need to change to attract the next generations of older adults while continuing to serve their current residents. The new model of wellness is positioning communities for the future.



Senior living communities open their doors

To maximize the return on investment in programs, staffing and places for wellness activities (77% have crafts rooms or hobby shops, 47% feature a wellness center and 70% a fitness center), communities are opening their doors to paying customers. Nearly one-quarter (23%) of respondents said their communities already do this.

Inviting nonresidents to use the community's facilities and programs has financial and marketing benefits. Paying guests generate revenue. Enjoying the buildings and programs predisposes guests to seriously consider moving in to the community. And open doors position a senior living community as a good neighbor that shares resources with the community-at-large. Inviting paying guests to experience an active, social and safe environment is a step toward changing negative perceptions of senior living.

Communities that are successful treat services and programs for paying guests as a new business line. Spaces must be available, well-equipped and maintained. Equally important are the staff members with the expertise that benefits participants, whether resident or nonresident. Guests/members are willing to pay for a fully staffed wellness center with modern equipment and classes, or a meal prepared by a chef.

Most often paying guests can access:

- 70% fitness center
- 49% aquatics facilities and swimming pool
- 48% physical therapy and 42% occupational therapy
- 67% dining and café
- 43% lectures and arts programs

As communities continue to plan the transition to a wellness-based model, more communities are likely to open their doors to the general public.

TECHNOLOGY

Key points

- Software for business operations (staff management, reservations, payments) is the most frequently used type of technology.
- Virtual reality headsets will be the top technology purchase, used for staff training and client/resident experiences.
- Technology is purchased or upgraded primarily when an older technology is no longer able to perform the intended purpose.
- Lack of training is the biggest challenge staff and managers face when a new technology is brought into the workplace.

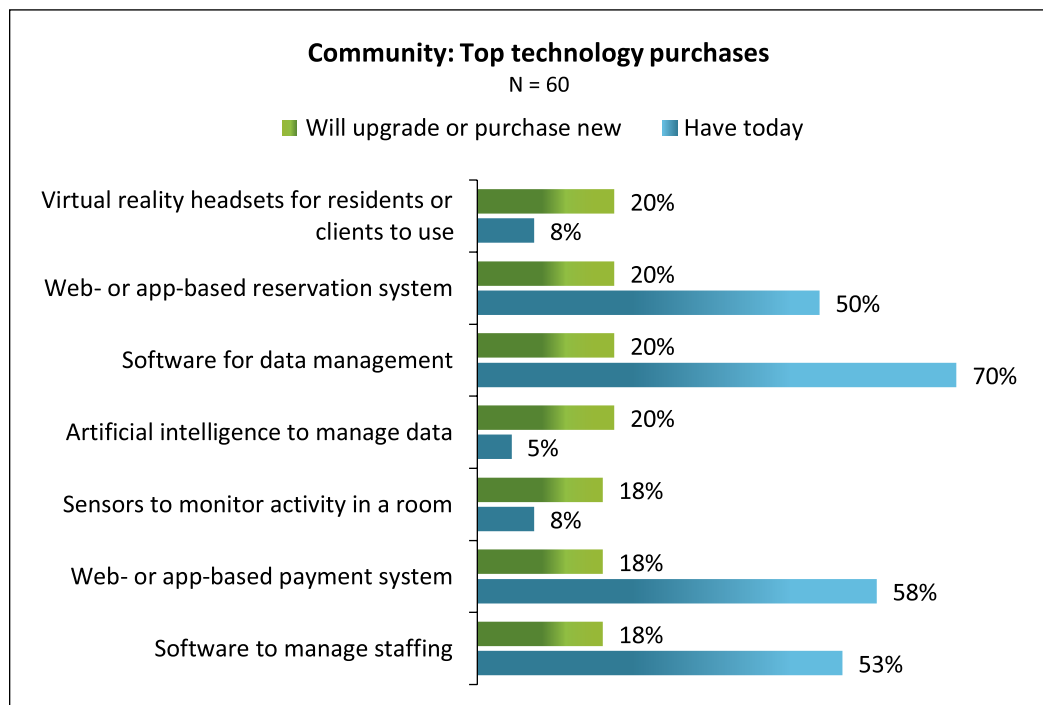
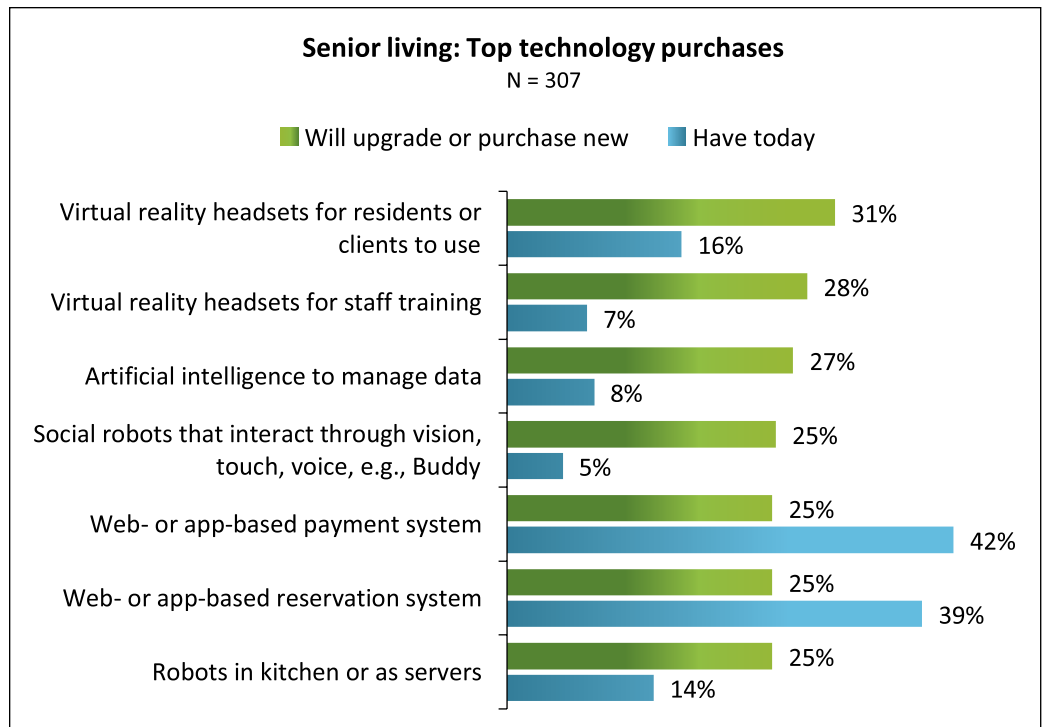
Technologies serve wellness and operations

As new technologies emerge, managers evaluate them based on how well the technology meets a need, how easy it is for staff and customers to use, and how much it will cost over the short- and long-term. Technologies also are selected based on the ability to generate data that is useful to show outcomes.¹¹ Senior living communities and organizations in the community-at-large already have technology in place, and even more is planned for 2024-2025.

The setting where a technology is used determines the need. Many organizations benefit from software to manage staffing, and web- or app-based payment systems are increasingly common. Paying bills by logging into the bank using a computer or mobile device are examples. These types of software are used across all organizations.

The function of a service explains technology choices. For example, sensors to monitor activity in a room may be found in assisted living, but not in a community center. Companion robots may appeal to those with cognitive decline.

Even if an organization lacks a type of technology, it may add it over the next two years. While the availability of artificial intelligence is low in this survey, it's likely organizations are investigating or piloting it, but have not yet implemented it across the organization. One-quarter of respondents know they will get it.



TECHNOLOGY *Continued*

Technology choices are needs-based

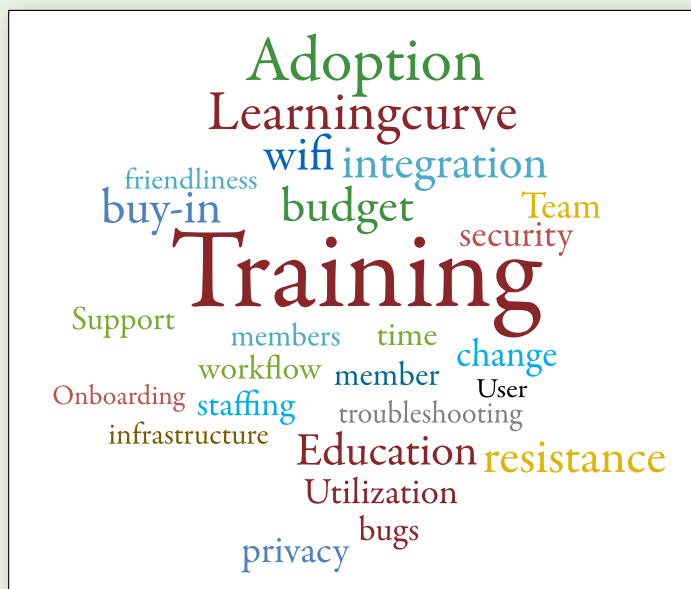
Technologies placed in organizations serving older adults are based on need rather than the desire to acquire the “next new thing.” New technologies are evaluated when:

- 63% older tech no longer fills the need
- 46% each department proposes a tech during budgeting
- 38% tech has a lot of problems or failures
- 33% required by regulation or legal

Investment in a new technology and deployment across operations will only return on the investment when the intended users know how to use it, see why it’s valuable and put it to work.

Training is biggest need for technology adoption

When a new technology is brought into the workplace, what is the single biggest challenge you face when using it? A technology could be software or a piece of equipment or software/control panels that are needed to use the equipment.



Technology is a tool for effective wellness opportunities

In the future, staff members and managers would like technology and technology training for their programs. A sampling of their ideas:



Embracing technology to create user-friendly apps or programs tailored for older adults could be a game-changer. Maybe a wellness app with personalized health plans, easy-to-follow exercise routines, and even virtual social spaces to foster a sense of community. Innovations that merge well-being with user-friendly tech could be the future!”

“I think finding ways to streamline different areas of wellness into one platform would be the biggest, most effective opportunity.”

“There needs to be more accessible technology for folks with low vision or hearing challenges.”

“Virtual Reality and Augmented Reality technologies have applications for cognitive stimulation, pain management, and virtual travel experiences. These technologies can improve the mental and emotional well-being of seniors, especially those with limited mobility.”

“We need more courses on technology for both staff and residents.”

“I’d like programs to engage residents in acclimatizing to existing technology that impacts their daily lives (smart watches, smartphones and tablets, online services).”

“I’d like easier to use, simple, exercise tracking devices/software for tracking attendance, equipment use, and health integration with our medical suite.



TOOLS

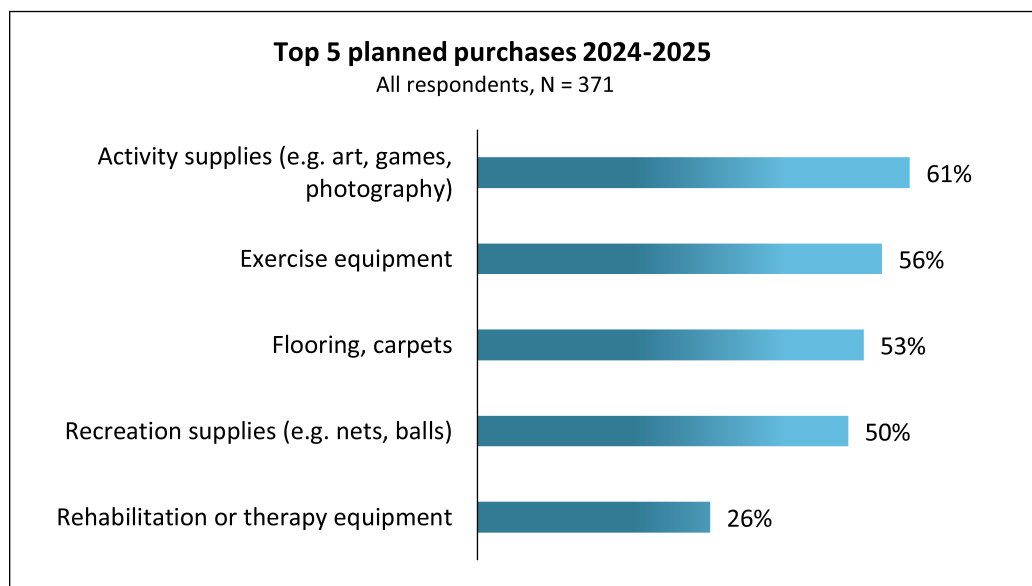
Key points

- Equipment that is frequently used, such as sports equipment and activity supplies for art, photography and games will be purchased over the next two years.
- Free weights and portable equipment are slated for purchase or upgrade.
- Fitness equipment that has a system to capture usage and produce a report of the data is very important or moderately important.

Equipment and supplies serve many needs

An effective implementation of programs and services means putting the right tools in the hands of the people who will deliver and receive the services. Equipment and supplies that get the most constant use are slated for purchase or upgrade over the next two years. The type of organization plays a role in determining the tools that are needed. For example, if there is no pool on-site, then no aquatics equipment is needed.

Purchases over the next two years emphasize the physical, social and vocational dimensions of wellness.



In the community-at-large, purchases are largely planned by community centers, agencies on aging and other organizations for older adults. They plan to purchase exercise equipment and flooring.

In the senior living environment, which covers a wide range of housing and services, respondents mentioned plans for purchasing or upgrading kitchen cabinets, countertops and furniture, adding red light and salt therapy, and acquiring equipment for cooking demos and wellness pop-ups/presentations.

Fitness equipment is in the budget

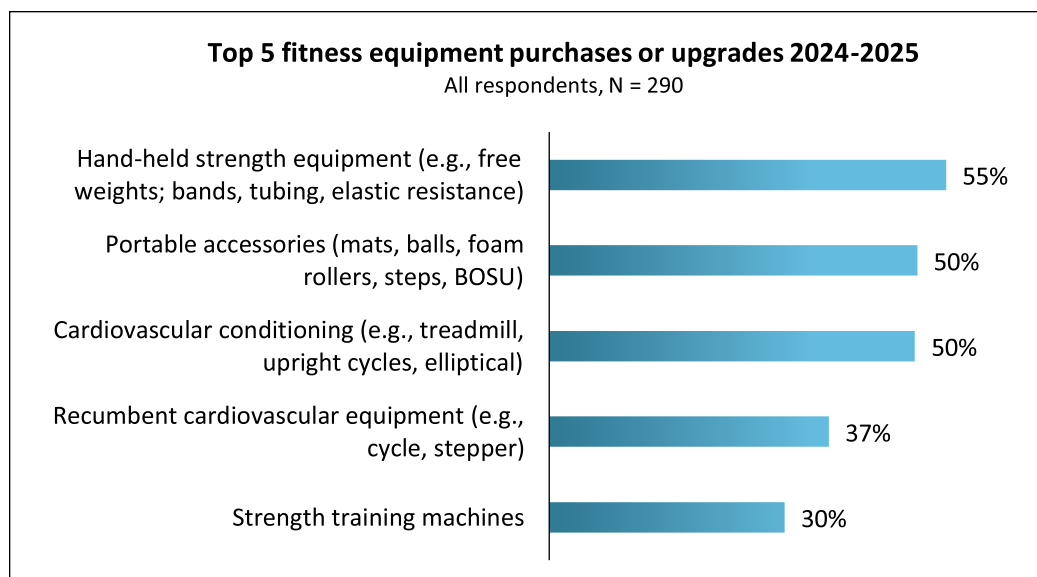
Since 94% of respondents have physical activity/fitness as a permanent or regular part of their programs, and 68% have a fitness center or room in their buildings (46% report a wellness center), providing adequate equipment is a necessity.

Much equipment, especially for physical activity, has been purchased and installed over the past years. That means that maintaining still-useful equipment is important. New models and capabilities, such as computer-based systems for training cognition or platforms for assessing balance, recently entered the field. Last year, new capability was added to stationary equipment through artificial intelligence. Future surveys will track how much these types of electronic equipment are being integrated into current equipment designs.

Any piece of equipment is as good as the instructor and the exerciser who correctly uses it. Since fitness professionals work with people across a spectrum of functional and cognitive abilities, a choice of equipment allows instructors to adapt an exercise to the functional ability of each exerciser. The combination of free weights, portable accessories and machines facilitates that adaptation, while providing opportunity for the individual to progress or sustain their physical abilities.

Tracking each person's status helps instructors and exercisers see areas of improvement and areas that benefit from more attention. More than three-quarters (78%) of respondents feel it is very important or moderately important that "fitness equipment has a system to capture usage or track individuals and produce a report of the data."

TOOLS *Continued*



Innovations for effective programs

The equipment that would be useful, said respondents, included options that would expand programming and track outcomes. Survey respondents wrote several ideas for development of effective programs.

“ I’d like to incorporate more rehab type machines into our wellness programs.”
 “I would love to see machines in a space other than the rehab gym.”
 “We need data-driven health and fitness measurements.”
 “An outdoor functional fitness equipment setup would be useful.” ”

PLACE

Key points

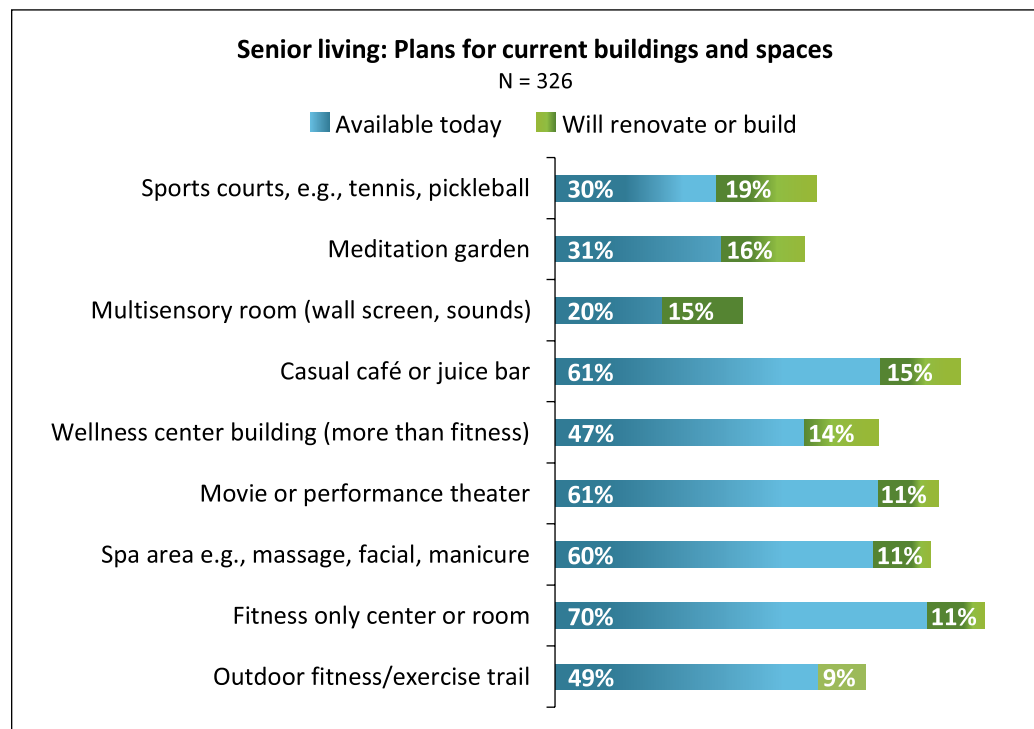
- Sports courts, gardens and walking trails or paths are among the places that will be renovated or built.
- Cafes and casual eating spaces are set for renovation or building in senior living communities.
- Wellness centers and fitness rooms are standard at many locations; some will be renovated and new ones built.

New spaces build on current facilities

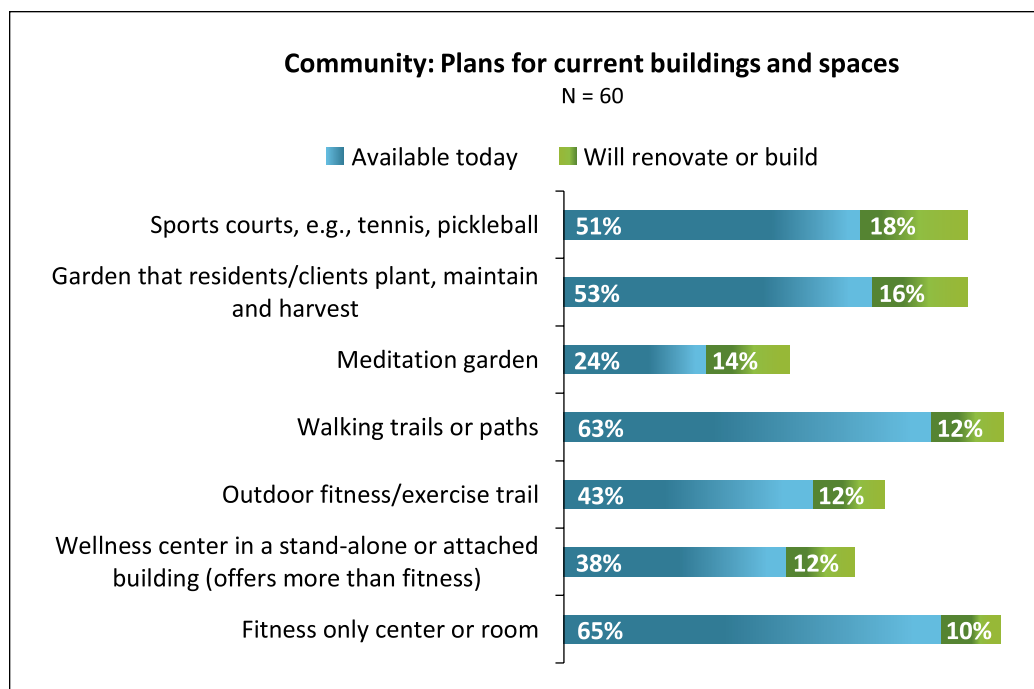
Location is the great influencer of the built environment. A building in the center of a city or town may not have space to increase in size or take advantage of the outdoors. Suburban and rural locations may have easy access to outdoor space and large building lots, but lack the zoning and funding to use them.

The purpose of the organization equally determines the places and spaces that are available for wellness activities. An active adult real estate development promotes lots of activities, as do contemporary “seniors” centers, but the purpose, space, funding and location of each are radically different.

On a campus with one or more buildings, senior living properties divide the space inside their buildings for residences, common areas, food service and administration, housekeeping and maintenance. Wellness activities may be held in these spaces, as well as in those designated for the program.



PLACE *Continued*



A lack of dedicated space for wellness activities is a challenge identified by survey respondents. While they recognized the limitations, especially in older buildings, they also offered ideas to strengthen the organization for the future.



I believe we could expand our wellness center to include more than just a fitness area. We could incorporate a juice/smoothie bar for residents, we could provide an onsite store for basic needs. The pickleball court could be renovated and expanded.”

“An innovation would be a place for continued ‘work,’ under whatever definition our residents know and use that word.”

“We need a free-standing space that honors quiet for meditation, contemplation, yoga, pilates, etc.”

“An Artist in Residence house and studio would add to the community.”

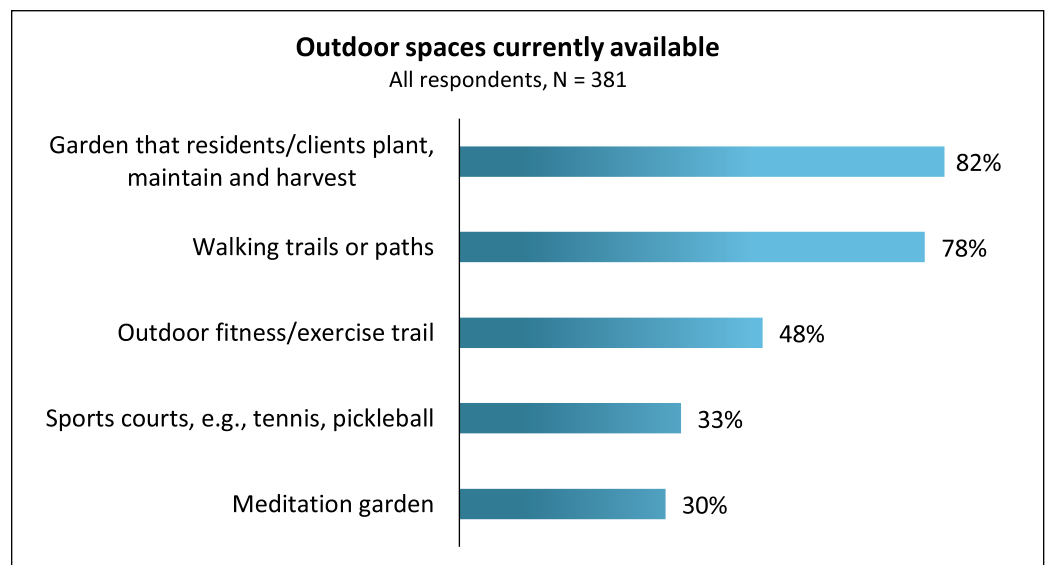
“It would be good to add space for therapeutic wellness such as relaxation venues, steam rooms, sauna rooms, self-massage areas.



Nature and recreation raise in prominence

One solution to gaining more space is to take advantage of the outdoors. During the years of social distancing, balconies, patios, gardens and parks saw an influx of people who could walk or wheel in the open air. Nowadays, restaurants retain their outdoor seating areas while patios and lawns continue to provide space for a variety of activities.

Some locations already have outdoor features, depending on the space available at the location and the willingness of managers and residents/clients to use and maintain them.



Recreation is a big word that ranges from ice skating to bird watching. Senior living organizations plan to renovate or build new sports courts and may add space for meditation. Community locations also have renovated or new sports courts in their plans, along with gardens.

Wellness professionals are on trend, as evidenced by the outdoor and recreation activities that are regularly on schedules, and are planned to grow.

PLACE *Continued*

Wellness moves outdoors			
		Senior living	Community-at-large
Regularly scheduled	Connections to nature, outdoor activities	76%	40%
More will be offered	Recreation, such as sports clubs and games	45%	41%
	Connections to nature/environment	47%	40%
Will purchase or upgrade	Recreation supplies (e.g. nets, balls)	50%	53%
	Outdoor fitness equipment	21%	13%

Outdoor spaces need upgrades for wellness

Simply saying people can go outside is not enough. For an effective wellness program for older adults, respondents shared practical suggestions:



Redesign outdoor spaces to make them more functional for wellness programming.”

“Add indoor and outdoor pickleball court, sports arena.”

“Provide a specific area for outdoor exercise classes.”

“Improve the walking trails and outside spaces.”

“I’d like a greenhouse for our garden, a dog park for our animal owners, pickleball courts, an outdoor pool and larger overall spaces for our growing community.”

“Improve our use of outdoor space with an outdoor theatre and area for performances and social gatherings.



POTENTIAL

A culture of wellness involves all leaders and staff, in every role and department, in providing services and experiences that enable older adults to participate in life-affirming choices across the dimensions of wellness. Older adults are active participants in developing the wellness culture.



Wellness unites people and places

Both older adults and company leaders are aware of three things:

1. people are living longer with more years of life to fill,
2. health span is not lifespan, and
3. chronological age means less than it used to.

The average age of a senior living resident or “seniors center” member is less important than the functional ability of the resident or member and their physical and cognitive health. Age is a convenient proxy for health status and generational outlook, but in 2024, assumptions about what a 70-year-old today will want in 10 years may not reflect what organizations need to prepare for.

Wellness professionals predicted in a 2018 ICAA survey¹² that the most important issue impacting organizations would be offering services for younger 50-75 year-olds and 80+ elders at the same time. This prediction came true.

Researchers at the University of Michigan found that older adults experience life satisfaction and happiness when they have opportunities to socialize, work, volunteer and exercise. Other research discovered mobility impairments have a greater negative impact on well-being than older age or mild cognitive impairment.¹³

Active-aging professionals are taking action. Respondents to the ICAA Wellness Programs and Places Report 2024 are providing programs that encourage wellness for people with all levels of functional ability. Social interactions and emotional well-being are addressed. Mobility can be maintained or improved through physical activity, nutrition and health education—all keystone elements of wellness. Lifelong learning and skills-based activities keep minds active. Enjoyment and fun are part of everyday life.

That’s why the wellness culture, which encompasses all areas of an organization and influences the whole of a person’s life, is so valuable. The population of people 50 years and older, across the globe and in every country, is large and dynamic. Wellness is the thread that ties together mission, services, people and programs.

METHODOLOGY

A link to the ICAA Wellness Programs and Places survey was emailed to a convenience sample of emails in the database of the International Council on Active Aging. Four email invitations were sent between January 24, 2024 and February 12, 2024. Respondents were offered incentives for participating. Survey questions focused on brick-and-mortar locations. After eliminating ineligible and incomplete responses, a total of 519 surveys are included in this report.

“All respondents” includes everyone who answered a question. When there are multiple responses allowed in a question (for example, “check all that apply”), the percentages do not add to 100. Due to rounding, all percentages will not add to 100.

All responses to the survey questions, including comments, are anonymous. Comments were edited for clarity and length.

Resources

An integrative health framework for wellbeing in the built environment

Building and Environment, 2021

<https://www.sciencedirect.com/science/article/abs/pii/S0360132321006533>

Framing the return on investment (ROI) in wellness staff

www.icaa.cc//listing.php?type=white_papers

Funding the new wellness model in senior living

ICAA Forum 2022

https://www.icaa.cc/conferenceandevents/forums/reports/2022_06.pdf

ICAA/ProMatura Wellness Benchmarks

The National Benchmarks Report, 2017

icaa.cc/business/benchmarks.htm

The future is an employee-first workplace, ICAA Forum

https://www.icaa.cc//listing.php?type=white_papers

The promise of well-tech

Outcomes from the ICAA Forum 2023

https://www.icaa.cc/conferenceandevents/forums/reports/2023_10_future.pdf

The State of Today’s Senior Centers: Successes, Challenges, and Opportunities

National Council on Aging

<https://www.ncoa.org/article/the-state-of-todays-senior-centers-successes-challenges-and-opportunities>

Well at Work: Creating Wellbeing in Any Workspace

Esther Sternberg, MD

<https://esthersternberg.com/books-publications/>

Endnotes

1. Kunkel, S. R. & Settersten, R. A. (2021). *Aging, Society, and the Life Course*, 6th Edition. Springer Publishing Company, LLC.
2. International Council on Active Aging. (2014). ICAA Wellness Readiness Survey 2014.
3. International Council on Active Aging. (2020). ICAA Environments for Wellness survey.
4. National Council on Aging. (2023). *The State of Today's Senior Centers: Successes, Challenges, and Opportunities*.
5. International Council on Active Aging. (2019). ICAA State of Wellness survey.
6. Kramer, B. (2022). Hospitality's Immense Opportunity in the New Senior Living. A Mammoth Market That Nobody Owns. *Boston Hospitality Review*, School of Hospitality Administration, Boston University. June. <https://www.bu.edu/bhr/2022/05/24/hospitalitys-opportunity-senior-living/>
7. Lippton, S. (2022). Senior Living: The Next Iteration. *Boston Hospitality Review*, School of Hospitality Administration, Boston University. June. <https://www.bu.edu/bhr/2022/05/24/senior-living-the-next-iteration/>
8. NIC (National Investment Center for Senior Housing and Care). (2023). Older Adults Are Demonstrably Less Vulnerable Soon After Moving into Senior Housing. Press release (September 26, 2023).
9. Christman, A. (2023). Senior Living Operators Plan to Up Tech Budgets With Focus on Health Care, Staffing. *Senior Housing News*. <https://seniorhousingnews.com/2023/12/14/senior-living-operators-plan-to-up-tech-budgets-with-focus-on-health-care-staffing/>
10. Mullaney, T. (2020). 28% Growth in Medicare Advantage Plans Led By Senior Housing and Care Providers. *Senior Housing News*. <https://seniorhousingnews.com/2020/11/11/28-growth-in-medicare-advantage-plans-led-by-senior-housing-and-care-providers/>
11. International Council on Active Aging. (2023). The promise of well-tech. Outcomes from the ICAA Forum.
12. International Council on Active Aging. (2018). ICAA Active-aging Industry Trends Survey 2018.
13. Scommegna, P. (2023). Happily Ever After? Research Offers Clues on What Shapes Happiness and Life Satisfaction after Age 65. *Population Reference Bureau*. <https://www.prb.org/resources/happily-ever-after-research-offers-clues-on-what-shapes-happiness-and-life-satisfaction-after-age-65/>

OVERVIEW AND METHODOLOGY *Continued*

Demographics

Organizations		
<p>Please tell us about you and your company. Which of the following best describes the organization where you primarily work? Please choose one type of organization. Organizations included in this report, N = 519</p>		
Senior living N = 408 79%	CCRC (continuing care) or life plan community	26%
	Independent living and assisted living, with or without memory care or SNF	23%
	Assisted living, with or without memory care; assisted living and nursing care	22%
	Independent living retirement community with services	5%
	55+ lifestyle real estate development	3%
Health care N = 31 6%	Long-term care nursing home	5%
	Therapy clinics (physical, occupational, speech)	1%
Community-at-large N = 80 15%	Seniors center, active-adult center, community center (stand alone or in parks & rec)	6%
	Area Agency on Aging; tribal or government agency	1%
	NGO (nongovernment organization) with housing, services for older adults	1%
	Seniors housing (apartments, condos) in larger community	1%
	Health club, YMCA, YWCA, JCC, personal training studio	3%
	College or university wellness or fitness center	2%
	Parks and/or recreation	2%
	Medically-based, rehab or wellness center; hospital	1%

Tax status of organizations			
	Senior living N = 393	Community-at-large N = 79	Health care N = 30
For profit	43%	11%	73%
Not for profit	51%	47%	17%
Government agency/public health	0%	33%	0%
Don't know, other	6%	9%	10%

Diverse responsibilities of respondents			
<i>What areas are you responsible for? Check all that apply.</i>	All respondents N = 505	Senior living N = 395	Community-at-large N = 79
Fitness, physical activity	51%	52%	57%
Activities, engagement, lifestyle (social, arts, computers, etc.)	51%	54%	48%
Wellness program development	43%	45%	42%
Overall management of organization, department or facility	34%	33%	44%
Employee wellness	25%	28%	19%
Volunteering or volunteers	24%	23%	33%
Health education, disease management	21%	19%	30%
Community-based supportive services	18%	16%	33%
Spiritual opportunities	18%	21%	8%
Memory care	16%	17%	10%
Transportation	15%	18%	9%
Health care, nursing, medical services	15%	15%	8%
Dining, food service, nutrition	11%	10%	20%
Services in private homes; “without walls” services	2%	1%	4%
Other (please specify)	11%	7%	9%

APPENDIX I: OVERVIEW OF ACTIVE-AGING ORGANIZATIONS

Types of organizations						
Focus on older adults Aimed at or restricted to people about 50 years and older				Focus on all ages Aimed at children and adults		
Senior living & care			Centers & agencies		Fitness & parks	
55+ lifestyle real estate developments	Independent and/or assisted living, life plan/ CCRC	Assisted living, memory care, nursing*	Area agencies on aging, NGOs	Seniors/ active adult community centers	Health clubs, Ys, JCCs, studios	Public parks & recreation
Housing, amenities, lifestyle activities	Housing, services, amenities, wellness lifestyle	Housing, care, meals, services, activities	Health and social services, supportive services	Meals, activities and recreation, social services	Fitness equipment and training, snack bars, health education	Recreation, sports, access to nature, community gatherings
* Serve all ages, but majority of residents are older adults Source: ICAA Active Aging in North America, Opportunities for growth, 2017						

Senior living and care is an umbrella term for a variety of residential and service models for older adults. These are complex businesses mixing real estate, restaurant/ food service, recreational activities and support services, whether housekeeping or assisted living. They include for-profit and not-for-profit organizations. Life plan and continuing care organizations have housing and services for people who live independently or need help through assisted living, memory care or nursing.

Active adult “seniors” centers, area agencies on aging and nongovernmental organizations are not-for-profit and government-funded entities for older adults living in the community. Aimed at keeping their clients independent, services are a combination of meals, education, health promotion and referrals, home-based assistance and lifestyle options, including physical activity, lifelong learning and crafts. Centers and agencies are influenced by federal, state and local policies as well as the attitudes of the local population.

Fitness studios, health clubs, parks and recreation can have a large population of 50+ adults. They may have equipment available for self-directed exercise and instructors for group classes. Specialty studios may concentrate on a type of movement, such as pilates or yoga. Most commercial health clubs and studios are for-profit with membership dues and fee-based services. Parks and recreation typically are under the jurisdiction of governments or nongovernmental organizations (NGOs) and are free to users, who may pay a fee for specific activities.

APPENDIX II: DETAILED FINDINGS

Plans for wellness 2024 - 2025			
<i>Over the NEXT TWO YEARS (2024 – 2025), do you think there will be more or fewer activities/programs offered as part of a planned, formal wellness program in each of these categories?</i>			
Senior living			
N = 366	Will increase	Stay the same	Will decrease
Staff who deliver wellness activities	56%	44%	1%
Activities, classes or programs	76%	24%	1%
Budget for wellness activities	57%	40%	3%
Wellness staff training and development	65%	33%	2%
Community-at-large			
N = 71	Will increase	Stay the same	Will decrease
Staff who deliver wellness activities	50%	49%	1%
Activities, classes or programs	77%	23%	0%
Budget for wellness activities	44%	54%	1%
Wellness staff training and development	54%	46%	0%

APPENDIX II: DETAILED FINDINGS *Continued*

Programs and services reflect the dimensions of wellness in 2024				
<i>Which of these programs and services are regularly available at the location you are describing in this survey? Please check those that are permanent or regularly scheduled.</i>		All respondents N = 450	Senior living N = 355	Community-at-large N = 70
Cognitive, Intellectual	education and lifelong learning, writing, journals	61%	66%	50%
Emotional	stress management, humor/laughter, personal histories	46%	51%	31%
Emotional	depression or anxiety counseling, grief support	45%	51%	23%
Environmental	connections to nature, outdoor activities	68%	76%	40%
Physical	fitness, exercise	94%	97%	86%
Physical	nutrition, dining, food service	83%	88%	56%
Physical	health care, self-care	68%	76%	33%
Professional, Vocational	civic engagement, volunteering, caregiving	52%	56%	41%
Professional, Vocational	opportunities for paid work, reskilling to stay in workforce	6%	5%	6%
Social	organized gatherings, clubs, dances	71%	77%	51%
Spiritual	faith communities, mindfulness, meditation, reflection	70%	81%	27%
Vocational	creativity and self-expression, arts and crafts, hobbies	81%	86%	61%

Growth and stability guide wellness programs 2024-2025			
<i>Over the NEXT TWO YEARS (2024 – 2025), do you think there will be more or fewer activities/programs offered as part of a planned, formal wellness program in each of these categories? All respondents, N = 450</i>	More will be offered	About the same as now	Fewer offered
Art, creativity and self-expression	45%	54%	1%
Connections to nature/environment	46%	53%	1%
Depression or anxiety counseling, grief support	38%	59%	3%
Education, lifelong learning, teaching	48%	51%	2%
Food and nutrition education and preparation	45%	52%	3%
Health education, disease management	47%	52%	1%
Instructor-led exercise and fitness	48%	51%	1%
Intergenerational programs	46%	50%	4%
Recreation, such as sports clubs and games	44%	54%	2%
Spiritual opportunities	30%	67%	2%
Technology-led exercise using video or online programs	43%	51%	6%
Volunteering opportunities	46%	50%	3%

Senior living opens services to the larger community

<i>Which programs and services are nonmembers or nonresidents able to access after paying a fee? Please check all that apply.</i>		N = 81
Fitness center		70%
Dining and café		67%
Aquatics facilities and swimming pool		49%
Physical therapy		48%
Lectures and arts programs		43%
Occupational therapy		42%
Spa or salon		38%
Nursing/healthcare		27%

Technology use grows

<i>Does the company where you work provide these? Please check what is used today, and what is planned to purchase or upgrade over the NEXT TWO YEARS (2024 – 2025). All respondents, N = 387</i>	Company has today	Will upgrade or purchase new
Virtual reality headsets for residents or clients to use	15%	29%
Artificial intelligence to manage data	7%	27%
Virtual reality headsets for staff training	7%	27%
Web- or app-based payment system	43%	24%
Web- or app-based reservation system	39%	24%
Robots in kitchen or as servers	11%	24%
Social robots that interact through vision, touch, voice, e.g., Buddy	4%	24%
Software for data management	63%	23%
Web- or app-based attendance system	51%	23%
Sensors to monitor activity in a room	21%	22%
Software to manage staffing	62%	21%
Voice-activated assistants, e.g., Siri, Alexa, Amazon Echo	36%	20%
Companion robots shaped like animals, e.g., Paro baby seal	17%	20%

APPENDIX II: DETAILED FINDINGS *Continued*

Technology installations depend on need				
When does the organization evaluate buying new technology or replacing current installations?	All respondents N = 404	Senior living N = 320	Community-at-large N = 64	Health care N = 20
If older tech no longer fills the need	63%	62%	67%	55%
During budgeting when each department proposes a tech	46%	48%	47%	25%
When tech has a lot of problems or failures	38%	38%	34%	45%
When required by regulation or legal	33%	35%	22%	45%
When customers or residents/families request it	20%	19%	16%	35%
When a new, exciting technology is announced	18%	18%	19%	20%
When a new update is released	16%	17%	13%	15%

Planned purchases vary by type of organization		
What types of products does your organization plan to purchase or upgrade in the NEXT 2 YEARS (2024 - 2025)? Please check all that apply.	Senior living N = 293	Community-at-large N = 57
Activity supplies (e.g. art, photography, games)	63%	56%
Aquatics equipment and services	25%	26%
Balance and gait assessment technology	20%	26%
Exercise equipment	54%	72%
Flooring, carpets	56%	40%
Lockers to store clothes/equipment	8%	9%
Recreation supplies (e.g. nets, balls)	50%	53%
Rehabilitation or therapy equipment	24%	23%

Plans to purchase or upgrade fitness equipment		
<i>What types of fitness equipment does your organization plan to purchase or upgrade in the NEXT 2 YEARS (2024 - 2025)? Please check all that apply.</i>	Senior living N = 224	Community-at-large N = 52
Assessment tools for fitness and body composition	21%	25%
Cardiovascular conditioning (e.g., treadmill, upright cycles, elliptical)	49%	52%
Hand-held strength equipment (e.g., free weights; bands, tubing, elastic resistance)	52%	63%
Outdoor fitness equipment	21%	13%
Pilates equipment	9%	21%
Portable accessories (mats, balls, foam rollers, steps, BOSU)	47%	63%
Pulley equipment or system	13%	13%
Recumbent cardiovascular equipment (e.g., cycle, stepper)	37%	35%
Strength training machines	28%	35%
Wall-mounted system or suspension training equipment	14%	27%

APPENDIX II: DETAILED FINDINGS *Continued*

Type of organization determines built environment		
<i>Which of these indoor places is available today at the location where you work?</i>	Senior living N = 326	Community-at-large N = 60
Intergenerational space for children and teens	23%	27%
Crafts room, hobby shops	77%	60%
Multisensory room (wall screen, sounds, lighting)	20%	2%
Chapel or place for reflection	59%	13%
Movie or performance theater	61%	35%
Wellness center in a stand-alone or attached building (offers more than fitness)	47%	38%
Fitness only center or room	70%	65%
Casual café or juice bar	61%	38%
Kitchen and dining area(s)	94%	63%
Salon for hair care and beauty treatments	94%	13%
Spa area e.g., massage, facials, manicure/pedicure	60%	12%
Onsite store for supplies, food, clothing	43%	17%

Places for outdoor activities and sports		
<i>Which of these outdoor places is available today at the location where you work?</i>	Senior living N = 316	Community-at-large N = 49
Garden that residents/clients plant, maintain and harvest	87%	53%
Meditation garden	31%	24%
Outdoor fitness/exercise trail	49%	43%
Walking trails or paths	82%	63%
Sports courts, e.g., tennis, pickleball	30%	51%

NOTES



603-1112 West Pender Street
Vancouver, BC, V6E 2S1
Toll-free: 866-335-9777 Tel: 604-734-4466
www.icaa.cc

