U.S. Department of Health and Human Services
Assistant Secretary for Planning and Evaluation
Office of Disability, Aging and Long-Term Care Policy

DIFFERENCES AMONG SERVICES AND POLICIES IN HIGH PRIVACY OR HIGH SERVICE ASSISTED LIVING FACILITIES

November 2000

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DIFFERENCES AMONG SERVICES IN HIGH PRIVACY OR HIGH SERVICE ASSISTED LIVING FACILITIES

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BACKGROUND

One of the basic realities underscored by the results of the National Study of Assisted Living for the Frail Elderly is that the term "assisted living" refers to residential care settings that vary dramatically along a number of important dimensions. Given this diversity, a fundamental question, with a number of variations that depend on who is asking the question, arises. For consumers, the question they must ask is, "What type of residential care setting that calls itself assisted living will best fit my needs?" Policy-makers must begin to address the question, "What type of regulatory and reimbursement structure for assisted living should we implement in order to encourage the growth of an industry that will meet the public's needs?"

The previous substantive reports generated by the National Study of Assisted Living for the Frail Elderly have, for the most part, looked at the industry as a whole. The emphasis was on describing the diversity present among assisted living facilities (Hawes, Rose, and Phillips, 1999), describing the residents and staff in those diverse facilities (Hawes, Phillips, and Rose, 2000), and analyzing why residents leave assisted living (Phillips, Hawes, Spry, and Rose, 2000).

The focus of this short analytic report differs in that it attempts to address, at least in an initial fashion, what types of assisted living facilities (ALFs), among those in our sample, have characteristics that might be appealing to either consumers or policy-makers focusing on consumers' needs. These analyses involved comparing the three groups of facilities that the research team considered most representative of the philosophy of assisted living in that they offered more than minimal levels of both services and privacy.

These groups of facilities were compared along six dimensions. These dimensions included:

- the privacy that they offered residents in accommodations and bathrooms;
- the control or environmental autonomy that residents had in their personal space;
- the degree to which residents in these facilities feel that they had unmet care needs;
- the affordability of each type of facility for lower income elderly;
- the willingness of each type of facility to retain residents with potentially problematic conditions (e.g., dementia or incontinence); and
- the willingness of each type of facility to meet both residents' scheduled and unscheduled care needs.

These analyses can only be seen as an initial step for a number of reasons. These six indicators do not approach an exhaustive list of those characteristics that a policy-maker or consumer may desire in a residential care setting. In addition, our three-fold categorization of facilities is certainly not the only facility classification scheme that might be useful. However, this exercise is exactly the type of investigation required for those seeking appropriate care for themselves or others, and for those attempting to develop public policy that will assist consumers in their efforts to find appropriate settings that fit well with their needs, strengths, and desires.

STUDY METHODS

Defining Assisted Living

There are a variety of ways of defining assisted living, and the industry is in an almost constant state of change. These factors make it important that one recognize the population of residential care facilities that are included in this study. To be considered for inclusion in the study, a facility had to be operating in the United States at the time of screening and data collection (Spring and Summer, 1998). To be identified as eligible, an ALF also had to serve predominantly elderly tenants, have more than ten beds, and:

- be a "self-proclaimed" facility that advertised or called itself assisted living; or,
- be a residential care facility that provided (or arranged) at least two meals a day, 24-hour staff, housekeeping, and assistance with at least two of the following: medications, bathing, or dressing.

The study excluded facilities with ten or fewer beds. We expected the majority of these very small facilities to be board and care homes that did not serve the elderly or did not provide the level of care and services commonly associated with assisted living (Hawes et al., 1995a; Hawes et al., 1995b). We also excluded places that did not serve the elderly, places licensed for only special populations (e.g., persons with developmental disabilities), and places licensed only as nursing homes (although places with nursing homes and other residential settings could be eligible).

Identifying Facilities for Site Visits

The target facilities were divided into groups, based on the levels of services and privacy the facility offered. During the design phase of the study, we developed working definitions for different levels of service and privacy. The working definitions were modified based on the results of the facility screening survey (Hawes, Rose, and Phillips, 1999) and appear below. Only those facilities in three categories or groups were eligible for site visits that included resident, staff, family, and administrator interviews. These facilities were those defined as Low Privacy/High Service, High Privacy/Low Service, or High Privacy/High Service.

Levels of Service and Privacy

As indicated earlier, those facilities selected for site visits offered High Privacy/High Service, High Privacy/Low Service, or Low Privacy/High Service. Facility administrators were surveyed using the Administrator In-Person Interview and the Administrator Self-Administered Supplemental Questionnaire. Also, project staff

conducted a structured observation of the facilities, using the Walk-Through Observation instrument.[1] Thus, for these facilities, there is very detailed information about resident case mix, services, prices, admission and discharge policies, visiting hours, other policies related to resident autonomy, administrator background, staff training, facility ownership, and affiliations with multi-facility systems.

In addition, a probability sample of staff and residents of these facilities were interviewed on-site, using the Staff Member Interview and the Resident Interview. For members of the resident sample who were moderately or severely cognitively impaired or were physically unable to participate, proxy respondents were identified. For each resident requiring a proxy, we used the Resident Proxy Respondent Interview to interview a staff member who provided direct care to the resident. Using the Family Member Telephone Interview, we also interviewed a family member of a resident who required a proxy respondent.

Sampling

In those facilities chosen for sites visits, on-site interviews were conducted with facility administrators, staff members, and residents. A total of 482 such facilities were identified in 40 first-stage sampling units (i.e., counties or county-equivalents). The administrators of these facilities were recruited by telephone in order to provide permission for a Field Representative (FR) to visit the facility to conduct the various in-person interviews. During this telephone recruitment, the facility administrator was asked how many residents and staff members were currently at the facility. These staff member and resident counts were used to generate sample selection worksheets that the FR used to select which residents and staff members would be interviewed. For the resident samples, six random numbers were selected in each facility. If the number of residents at the facility was less than eight, all residents were selected. Similarly, for the staff members, two random numbers were selected for each facility, but if there were less than four staff members at the facility, all of the staff members were selected.

Response Rates

The staff and resident response rates among those facilities eligible for site visit facilities were quite high. Ninety-three percent of the selected staff members responded. Information was gathered for 88% of the residents selected for interviews. Only 68% (i.e., 300) of the eligible facilities participated in the on-site data collection, however. This rate is somewhat lower than the 74% rate achieved in the earlier board and care study (Hawes et al., 1995a; Hawes et al., 1995b). However, the assisted living industry is in a greater state of flux than the board and care industry and a lower rate of participation might be expected because of that turmoil. In addition, this response rate is significantly higher than the rates in other surveys of the industry, and we can still, with

[1] All project instrumentation is included in the public use data files available from the study sponsor, ASPE.

our adjustments for non-response, develop meaningful national estimates with these data. The 300 ALFs included in this analysis represent the estimated 4,383 high service or high privacy ALFs across the nation.

Analytic Strategy

The analyses in this report focused on comparisons of the characteristics of the three types of facilities included in the site visits. These analyses involved bivariate analysis, testing the significance of group differences in means and proportions. All analyses were performed using SUDAAN, due to the nature of the sample design (Shah, Barnwell, & Bieler, 1997). In the exhibits that follow, the standards errors of the point estimates appear in parentheses below the estimates.

RESULTS

As noted earlier, our analyses focus on differences among the three types of ALFs (High Privacy/Low Service, Low Privacy/High Service, High Privacy/High Service) most closely identified with what might generally be defined as the "philosophy of assisted living."

Shared Accommodations and Baths

Overall, 12.7% of the residents in higher service or higher privacy ALFs shared their living space (i.e., bedroom or apartment) with an unrelated person, and just over 17% shared a bathroom with an unrelated person (see Exhibit 1). In the lower privacy facilities, just over one-quarter of the sampled residents shared their apartment or bedroom with an unrelated person. When we compared the percentages for the sharing of accommodations and for sharing bathrooms across these facility types, as one would suspect, both of the High Privacy facility types differed significantly from the Low Privacy facilities. In addition, the analysis indicated that the rates of sharing did not differ significantly for all of those facilities identified as High Privacy, though they offered different levels of service.

EXHIBIT 1. Sharing Living Space with Unrelated Parties and Facility Type (N=188,821; n=1,544)

Shared Spaces	Facility Type			
	Low Privacy/ High Service	High Privacy/ Low Service	High Privacy/ High Service	All Facilities in Sample
Accommodations	26.9%	8.2%	5.5%	12.7%
(s.e.)	(5.9)	(2.2)	(1.9)	(2.5)
Baths	34.8%	13.2%	7.6%	17.4%
(s.e.)	(6.3)	(2.6)	(2.5)	(3.0)

Environmental Autonomy and Control

Four items were combined into a scale to evaluate differences among facility types in the degree to which they provide residents with control over their personal environment. These items dealt with whether residents could lock their doors, control the temperature in their personal space, had a refrigerator, or had a microwave oven in their room or apartment. When combined into a scale, these items showed good internal consistency (alpha=0.75). When tested, no significant differences were found between the autonomy in either High Privacy facility type. However, there was a significant difference between the level of environmental control found in High Privacy/High Service facilities and in Low Privacy/High Service facilities.

EXHIBIT 2. Environmental Autonomy and Facility Type (N=142; n=1,125)				
Environmental Autonomy Scale (0-4)	Facility Type			
	Low Privacy/ High Service	High Privacy/ Low Service	High Privacy/ High Service	All Facilities in Sample
Group Means (s.e.)	2.41 (0.21)	2.70 (0.16)	2.94 (0.14)	2.71 (0.13)

Unmet Care Needs

Most of the residents in our facility sample, as indicated in earlier reports, were not heavily impaired in their activities of daily living (ADLs). One important question, however, is whether there are significant differences among the different types of facilities in their willingness or ability to meet residents' ADL needs (see Exhibit 3). Bathing and dressing were the two ADLs with which residents were most likely to have needed assistance. For dressing, there were no significant differences among the facility types in the percent of residents who had some need for assistance with dressing that was not met by the facility. In bathing, a significant difference appeared between Low Privacy/High Service facilities and High Privacy/Low Service facilities. With both ADLs, however, the pattern of differences was similar. Residents in High Privacy/Low Service facilities had the highest level of unmet needs, and residents in Low Privacy/High Service facilities had the lowest levels of unmet needs.

EXHIBIT 3. Unmet Needs for Personal Assistance Among Those Residents Who Need Assistance by Facility Type				
Unmet Needs	Facility Type			
	Low Privacy/ High Service	High Privacy/ Low Service	High Privacy/ High Service	All Facilities in Sample
Dressing (N=13,250; n=101)	10.5% (6.7)	16.5% (4.0)	11.0% (4.3)	13.3% (3.2)
Bathing (N=58,268; n=480)	1.0% (1.1)	13.6% (4.8)	10.6% (5.3)	9.3% (2.6)

Affordability for Lower Income Elderly

Another important issue is the affordability of ALF care for lower income elderly. Until recently, ALF care has largely been the province of those able to privately pay for care. Given that the average monthly rate in these facilities ranged from just under $1,800 a month to just over $1,900 per month and given the average income of the elderly, one can easily see that ALF care had largely been reserved for the "well-to-do" elderly in our society. In fact, 44.5% of the ALF administrators indicated that they would discharge a resident who exhausted her or his private financial resources, rather than accept public funds, seek other sources of funds, or private charity care.

However, as Exhibit 4 indicates, many facilities do in fact have at least one resident who is a Medicaid recipient or receives Supplemental Security Income (SSI). Administrators in just over 18% of the sampled ALFs indicated that their facility had a resident receiving Medicaid and 30% indicated the presence of a resident receiving SSI. Though these results show some indication of differing policies across facility type, statistically these results are very consistent. None of the twelve possible comparisons in Exhibit 4 was statistically significant.

EXHIBIT 4. The Affordability of ALF Care by Facility Type (N=3,623; n=248)

Unmet Needs	Facility Type			
	Low Privacy/ High Service	High Privacy/ Low Service	High Privacy/ High Service	All Facilities in Sample
Discharge Residents Who Exhaust Resources (s.e.)	32.7% (10.2)	54.3% (7.4)	40.0% (7.0)	44.5% (5.4)
Any Current Medicaid Residents (s.e.)	29.1% (9.3)	15.7% (3.9)	13.2% (3.6)	18.4% (3.8)
Any Current SSI Residents (s.e.)	43.6% (10.2)	27.4% (5.4)	21.8% (4.1)	30.0% (4.1)
Monthly Rate (s.e.)	$1,769 (109.2)	$1,744 (84.6)	$1,909 (107.0)	$1,799 (57.9)

Retention Policies

A resident's ability to age in place is dependent on the resident's preferences and the discharge policies of the facility in which the resident resides. As part of our inquiry, project staff asked facility administrators which of 18 conditions could be present and the facility would certainly retain the resident. These conditions were summarized in an additive scale that ranged from zero to 18, which exhibited good internal consistency (alpha=0.81). On average, for the 213 facilities that answered these items, facilities answered positively to 7.4 (s.e.=0.30). Low Privacy/High Service facilities were the most likely to let residents with potentially troublesome conditions remain in the facility (mean=8.7; s.e.=0.60). High Privacy/Low Service facilities were the least likely to retain such residents (mean=6.6;s.e.=0.33). High Privacy/High Service facilities fell between these two extremes in their responses (mean=7.8; s.e.=0.51). The difference between Low Privacy/High Service facilities and High Privacy/Low Service facilities was highly significant (p=0.006), which the difference between High Privacy/Low Service facilities and High Privacy/High Service facilities approached statistical significance (p=0.07). The difference in retention policies between the two types of High Service facilities did not even approach conventional levels of statistical significance.

Willingness to Meet Residents' Needs

The ability and willingness of an ALF to meet a resident's needs, both scheduled and unscheduled, is an important dimension of ALF performance. We asked facility administrators whether they provided, arranged, or would not provide or arrange a variety of services. Their responses to eight items related to personal care needs were aggregated into an additive scale ranging from 0-8. This scale (alpha=0.76) included items related to:

- assistance with medication;
- escort to meals;
- assistance with bathing;
- assistance with dressing;
- help with using the toilet;
- help with locomotion;
- assistance with transfers; and
- help with eating.

The statistical analyses showed no significant differences among the three types of facilities in their scores on this scale (i.e., in their willingness to provide these services.)

However, items that focused on scheduled needs (e.g., bathing, dressing, etc.) dominate the scale. An additional analysis focused on only those items that involved unscheduled needs (i.e., toileting, locomotion, and transfers). These three items were combined in a separate scale (alpha=0.76). The facilities most willing to meet unscheduled needs were High Privacy/High Service ALFs. The statistical analyses performed using this scale indicated that the High Privacy/High Service facilities scored significantly better on this scale than did High Privacy/Low Service ALFs ($p<0.05$).

SUMMARY AND CONCLUSIONS

As noted earlier, these results are an initial step aimed at understanding the effects of various facility characteristics on how well ALFs may meet the needs of different residents. Exhibit 5 summarizes these results.

As that exhibit indicates, there were few significant differences between the two groups of facilities that offered high privacy but offered differing levels of service. The only significant difference between such facilities came in a service-related indicator, their willingness to meet residents' unscheduled care needs. The higher service facilities were significantly more willing than lower service facilities to meet individuals' needs for assistance in toileting, locomotion, and transfer.

EXHIBIT 5. Summary of Differences Based on Facility Types

Performance Indicator	Comparisons Among Facility Types		
	Low Privacy/ High Service vs. High Privacy/ Low Service	**Low Privacy/ High Service vs. High Privacy/ High Service**	**High Privacy/ Low Service vs. High Privacy/ High Service**
Privacy	Significant Difference	Significant Difference	
Environmental Autonomy		Significant Difference	
Unmet Personal Care Needs	Significant Difference		
Affordability for Low Income Elderly			
Retention Policies	Significant Difference		
Meet Scheduled and Unscheduled Needs			Significant Difference

Those two groups of facilities that offered high service but differed on privacy, exhibited statistically significant differences for two of the six indicators. These differences were, as one might expect, in the areas of privacy and environmental autonomy. No differences occurred in the service-related indicators.

Those comparisons between groups of facilities that differed in both privacy and services also exhibited three significant differences for the six indicators. However, these differences appeared in both service-related and privacy-related indicators.

These results indicate that significant differences in policies and performance exist between groups of facilities categorized on the basis of different combinations of service and privacy levels. They respond differently to residents' needs and preferences and embody, to varying degrees, key elements of the philosophy of assisted living. Some features seem to have a fairly direct effect. For example, ALFs with higher levels of privacy tend to offer residents both greater privacy and greater levels of autonomy. However, the effect of facility characteristics is more complex when combined.

Moreover, some features will increase one desirable performance indicator (e.g., environmental autonomy) and have little effect on another (e.g., affordability). Perhaps the most significant finding, however, is that no one model or type of ALF appeared to maximize ALF performance across all or even most of the indicators. Thus, at present, the results provide only limited guidance for policy.

It is important to note the limitations of this analysis. First, this array of performance indicators is limited in scope. Moreover, the basic classification system for ALFs is restricted in scope, and there may be a variety of other facility classification schemes that could work equally well with these and other indicators. The task for future analyses is to develop a wider range of indicators of residents' needs and preferences and more sensitive facility classification schemes that might provide more comprehensive and consistent differentiation among these indicators.

These findings--and their necessarily limited nature--present policy-makers and consumers with significant challenges. For consumers, the multiplicity of models of assisted living and the differential effects of key features on facility performance mean that consumers must seek and consider substantial, diverse information when selecting from among a group of facilities. For policy-makers it seems clear that they must not consider the effect of individual features but instead take into account their combined effects when setting standards for licensure or certification (e.g., for participation in Medicaid waiver programs).

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Reports Available

A National Study of Assisted Living for the Frail Elderly: Discharged Residents Telephone Survey Data Collection and Sampling Report

HTML	http://aspe.hhs.gov/daltcp/reports/drtelesy.htm
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A National Study of Assisted Living for the Frail Elderly: Final Sampling and Weighting Report

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Instruments Available

Assisted Living Discharged Resident Telephone Interview

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