

5. FINDINGS FROM FOCUS GROUPS AND KEY INFORMANTS

INTRODUCTION

As a part of the Senior Housing Market Study work plan, an analysis was conducted of senior housing preferences, including costs for services, amenities, and features, for individuals residing in a variety of senior living communities (independent living, congregate living and assisted living) across the state. The qualitative findings gathered through the focus groups and key informant interviews provide insight into the market preferences for senior residential facilities in the state. The findings provide specific ideas for MSHDA to consider as it continues to develop senior housing across the state.

Ten senior housing locations across the state were identified to hold focus groups. These locations were selected to provide a balanced mix of independent, congregate and assisted living facility types.

Table 28. Focus Group Locations

Community	Location	Type of Community
Swanhaven Manor	Saginaw	Congregate Living
Allen Neighborhood Center (ANC)	Lansing	Residents living in their own homes
Country Village Apartments	Roscommon	Independent Living
Westhaven Manor	Westland	Independent Living
Hope Woods	Kalamazoo	Independent Living
Waltonwood at Cherry Hill	Canton Township	Congregate Living
Michigan Masonic Home/Masonic Pathways	Alma	CCRC
Lockwood of Waterford	Waterford Township	Congregate Living
Avery Square	Sault Ste. Marie	Independent Living

Figure 7. Focus Group Locations



Each focus group had on average 10-12 participants who were invited to participate through a general announcement throughout the community (flyer, event calendar, etc.). At no time did any staff members from the community participate in the focus group in an effort to create an environment where candid feedback could be provided. Participants were provided with the focus group question protocol before the event so they could prepare for the discussion. The following pages provide findings from these focus groups. For the purposes of this report, the term “senior living communities” refers to the residential community where focus groups were held.

The project team interviewed senior housing residential community managers, Area Agencies on Aging case managers and local health service providers, utilizing a key informant interview protocol (in the Appendix). The protocol focused on how new residents are attracted to the community, unit features most preferred by residents, important amenities, features most requested and needed by residents, and how service packages, meals, housekeeping, laundry and other supports, are priced.

FOCUS GROUPS

Focus group participants were asked a series of questions to understand their personal preferences on the following key issue areas:

- Reasons for moving into a senior residential community
- Preferred in-unit features including accessible features to support aging in place
- Preferred neighborhood amenities and access to services

Reasons for Moving into a Community

While there were a variety of reasons why participants chose to move to a senior residential community, the top three reasons were: moving closer to family, no longer able to maintain a large home, and desire to have social connections. Most participants chose the particular community/facility because of proximity to their adult children. On average, family members were located within the same city/township that allows the participant to have informal support to assist them with their daily lives including laundry, shopping, and transportation to medical visits. Participants lived in the community on average 3-5 years with some residing in the building for more than 7 years and some less than 1 year. While the initial adjustment period was difficult for some, generally all of the participants were happy with their community.

Table 29. Top Three Reasons for Moving into a Senior Residential Community

Move closer to family
No longer able to maintain a large single family house
Increased desire to have social connections

Participants also identified their desire to be in a place where they could age in place and not have to move into a nursing home or more formal institution. Many had lost their spouse and were isolated in their homes and moved into the facility to be connected with their peers. Participants had no desire to live in intergenerational settings and preferred the peace and quiet offered through the facility setting.

Generally most of the participants had lived in a single family house before moving into the independent or congregate community. On average many had moved from within a 5-10 mile radius and chose to move to the facility in order to stay in the city or township they had lived for years. There were a number of participants who had been residents of Michigan and moved back from out of state. Most participants had lived in either suburban or rural settings prior to coming to the facility.

There was a desire to understand what marketing and outreach touch-points were the best way to secure a market for senior residential communities. To gather this information, participants were asked about how they identified the residential community location in which they live. Most participants found the facility where they currently reside through either family suggestions or word of mouth. No participants we spoke with used a housing search, realtor, Area Agencies on Aging referral or the like. Most of these participants either knew of the facility or visited 1-2 places before deciding on the community where they live. Additionally, many participants stated their family members had conducted the search of communities and facilities in the area before bringing the participant in to view the top choice. Generally participants found the information on the properties easy to access and found the amenities to be the determining factor in their decision.

When asked about other types of senior housing or age-restricted models they would consider, many participants stated that the only other type of housing community they looked at was independent senior apartments. While this offered the freedom and independence many sought, most felt the offering of amenities, activities, social connections and sense of community found at the independent and congregate living communities a determining factor in their decision. Participants stated that living in a senior/age restricted apartment building would not have afforded them any additional assistance than they found living alone in their own home. Many felt that this type of age-restricted housing without a mechanism to build social connection was just as isolating. Participants felt the social connections that were quite important to their decision to reside in the independent and/or congregate facility.

IN-UNIT FEATURES

Participants were asked to identify the in-unit features that were most important to them and that they would recommend be included in new developments. The top five in-unit features most important to participants centered around features that assist with mobility and assist with aging in place.

Table 30. Top Five In-Unit Features

Accessible and barrier free
Universal design features in each unit
Lifeline® or similar life alert capacity – located in each room
Ample storage – closets, bay window seats, cabinets etc.
Washer and dryer in the unit

The participants directed the discussion towards accessible facilities as one of the most important key features desired in the apartment units. Most, if not all, of the participants felt a strong desire to age in place and felt this was an important factor in the determination of where they would live. Accessible features were quite important and many desired to have more accessible features built into the standard unit rather than just set aside for the handicapped or disabled units.

Many felt that there should be more focus on universal design in all of the apartment units including lower cabinets, switch plates at more accessible levels and microwaves not set above the stove out of reach. Many participants were secure with the fact that they may eventually need to be in a wheelchair or scooter, if they were not already, and expressed a strong desire to have these accessible features in their apartments already.

In the bathroom, participants felt strongly about the need for either roll-in showers or bathtubs with a cut out side for easy step in. Some participants had paid out of their own pocket for a cut out to be made in their bathtub – an approximately \$800-1000 cost. While many communities provide fully accessible units geared toward people with limited mobility, many of these communities only offer a few (2-4) fully accessible units and typically have 100% occupancy. Participants are worried the lack of available units onsite would hinder their ability to age in place and fear these units would not be available to them in the event they needed these types of features in the future.

The availability of in unit pull cords were prevalent in every community visited, however participants expressed concern as to why these cords were only available in the bathroom and bedroom of their units. Many felt the pull cord should also be available in the living room and kitchen where they spend most of their time. Participants also expressed the desire to have Lifeline® or life alert necklaces or bracelets instead of pull cords, stating that in an emergency they may not be able to reach the pull cord to call for help. This was a bit of a contentious issue as participants were split on this issue with some not having any desire to wear a lifeline on their person. Some participants had purchased their own Lifeline® service and paid out of their own pocket for the monthly service. It is unclear, however, whether or not the Lifeline® services paid for by the individual participants were able to be connected to the staff. This would be a good service to provide to residents of these communities and ensure the systems are connected to the senior housing community's emergency response system.

Participants also discussed the desire for the building to be required to have a backup generator in the event of power loss. Many had questioned the community managers about this issue and had been told that buildings under three stories were not required to have a generator. However, many felt this was a critical component to their safety citing a number of times where the power had been lost in the building and residents who used walkers or other types of assistive devices not being able to climb the stairs. Participants also cited the need to have a clearer understanding of the emergency procedures within the building. Many felt a fact sheet should be provided annually or as a part of the welcome packet to every resident along with bi-annual fire drills and emergency preparation assistance provided by the facility.

Participants were asked whether they preferred to be in a one or two bedroom unit. Respondents were quite divided on the issue of a second bedroom. Those participants who currently live in a two bedroom unit stated the

extra room is nice and provides them more storage. Participants currently living in a one bedroom unit either felt that it would be nice to have extra room for visitors or hobbies or that having extra room would be difficult to maintain. Most participants in a one-bedroom feel that cost was the main factor keeping them from leasing a two bedroom unit. The ability to have a large enough unit that will allow the participant to move in key furniture pieces (bedroom and living room) from their previous residence was a concern.

Storage was a critical issue for many participants who moved into the facility from a single family house and found it hard to let go of personal items they had acquired over the years. While this was a hard transition for some, the ability to purchase a storage unit at \$20/month extra was a good feature. Additionally, having adequate storage within the apartment unit was a preference. Participants noted that some of the cabinets are very deep and hard to access but do provide a good deal of storage. Many participants identified the need to have adequate storage in the kitchen cabinets but that these cabinets have easy to access pull out drawers to assist in accessing lower cabinets that may be very deep. Linen closets, storage under bay windows and walk in closets were all identified as key features that would be nice to have in their units.

Overall, most of the participants who live in independent or congregate housing are generally happy with their community. Many noted that while the community is supposed to be for independent seniors who can take care of themselves, there seems to be an increase in residents who have significant daily care needs. Participants feel that this has changed their community and is not the type of community they were hoping for when they originally moved in. Many participants would like to see more of an emphasis placed on the “independent” living aspect. Otherwise there were not very many areas for change cited by the participants other than the suggestions identified above.

COMMUNITY AND NEIGHBORHOOD AMENITIES

The location of the senior residential community and its proximity to shopping, entertainment, health and wellness services and other services is a critical factor for many residents in their ability to maintain an independent lifestyle. Proximity to all of these neighborhood amenities was an important factor in assisting participants to be active and engaged. Additionally, there were a number of neighborhood amenities that held importance for the respondents. The top five neighborhood amenities are listed below in Table 30.

Table 31. Top Five Neighborhood Amenities

Walkable access to shopping, entertainment, health and wellness services
Transportation provided by facility
Strong, engaged on-site Activity Director
Flexibility in meal service – pay by the meal or purchase meal package
Proximity to neighborhood fitness center with a swimming pool

Most participants felt their housing community was conveniently located to shopping, entertainment, pharmacy and health services. For the most part, activities are planned and outings to nearby shopping, restaurants and cultural activities were provided daily. In one community, participants felt very positively about the fact they were able to walk to nearby shopping and entertainment and there were adequate public sidewalks available to make them feel safe about walking. Most facilities visited had daily excursions to nearby grocery shopping and residents were encouraged to sign up to participate. Transportation provided by the facilities typically only provides rides within a five mile radius of the community.

Participants noted that many local pharmacies will make deliveries and this was an important factor in their daily lives. Participants felt this was a great feature and many expressed the need to have a pharmacy that either delivered every day or had a satellite location onsite where they could access prescriptions.

Access to health care services, however, was a rather divergent issue. While many of the facilities were located close to regional health centers, many of the participants retain their own doctors when they move in. For those

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participants who, on average, move in from greater than 10 miles away, they find difficulty in accessing their doctor and/or specialist. Transportation provided by the facility generally does not include transport to doctor visits and so many participants rely upon either family or friends. For those facilities located close to health centers, participants felt a strong desire to have easy access either by walking or local transit.

Some housing communities coordinate with local health specialists (e.g. podiatrist, optometrist, dentist etc.) to make monthly visits to the community. These specialists are paid by the residents out of pocket for any services they need. Participants expressed their pleasure in having this amenity coordinated by the facility because it offered easy access to specialists they would otherwise have difficulty accessing.

Participants in communities where there were on site health services offered through a third party provider found that having this available was good. Many expressed they felt more comfortable knowing that there was the ability to access these services on either a formal or episodic basis. Many of these health services provide medication reminders, assistance with personal care needs, transportation, laundry and housekeeping.

Participants also identified the desire to live close to fitness centers that offer swimming pools and whirlpools. While many would prefer to have an indoor pool or whirlpool in the facility, being nearby was key for many who utilize swimming or aqua aerobics as their main source of exercise. Swimming is less harmful to aging joints and many find that the fitness equipment located onsite is unused since it does not provide the same benefits of swimming. Participants who cited this desire are able to walk or easily access the YMCA or other similar fitness center that offers this type of exercise.

The discussions with the focus group participants on this issue highlighted the need to have a strong activities director on site who keeps a diversity of activities and excursions available to the residents. Not only do these activities provide access to much needed services, they also provide social engagement among the community residents and prevents isolation which can still occur within these communities.

Having an active and engaged activities director to plan activities is a critical component to what makes participants happy with their community. Participants would like activities that are well-rounded and provide ongoing social connections, including discussions on health and wellness, planned outings to cultural events and dining, organized fitness activities (walking clubs, exercise classes), and other organized activities available on a daily or weekly basis.

Proximity to faith-based activities for volunteering and worship was also quite important to many participants. Many of the participants indicated they had to move away from their faith community and only attend for special occasions. Some of the facilities visited provide a weekly service onsite and this is sufficient for some of the participants. Connection to faith communities affords many participants an opportunity to volunteer, which is an important component to maintain a healthy active lifestyle.

Transportation services were a critical feature for the participants and having the ability to schedule trips outside of planned activities was desired. Different transportation programs are offered at all of the locations visited (episodically, only within a 5 mile radius, no health visits, etc.) but all participants found transportation to be a feature they liked and utilized as much as possible – even the participants who still drive and store their car at the facility.

All participants stated the flexibility to purchase meals, laundry and housekeeping on either a monthly contract basis or episodically as needed was a good feature that met their needs. Many of the participants still like to cook for themselves and having a fully designed kitchen was an important feature in their unit. However, many participants who still cook liked having the option of joining their friends in the dining room on occasion and having the ability to pay by the meal (approximately \$5-7 for lunch and \$8-10 for dinner) was a terrific feature. On average the cost for a monthly meal contract ranged from \$150-200. Some participants cited the desire to have a payment schedule based on income so those who are on a fixed income could afford to pay for this and other services.

Laundry services available on site were fine but many participants desire to have a stackable washer and dryer within their own apartment unit. Some facilities offer in unit laundry but only for two bedroom units. Most of the participants living in the one bedroom units preferred to have the option of having the laundry machines within

their own apartments. Many participants needing assistance with laundry – i.e. heavy episodic loads like drapery, bed linens, etc. – tend to rely upon family in the area to assist rather than pay for laundry services offered on site. Cost was the main factor as a typical load in the “do it yourself” laundry was around \$3.00 a load whereas the cost to pay for someone to do it can cost as much as \$20/load which was viewed as too high.

Many participants still own their own cars and are able to drive. Overall, parking on site is free for an open parking spot but participants pay extra to park in a covered parking spot. This was crucial to participants who were unable to clean their cars of snow/ice and also desired to have a cooler car to enter in the summer heat. Participants who said they pay for covered spots felt that \$20/month extra was a reasonable price to pay for parking. Participants did identify the need to have more barrier-free parking spaces and also designated residential parking, both covered and non-covered, so that they are able to easily access parking near their apartments at all times.

KEY INFORMANTS

In an effort to provide a well-rounded perspective on the senior housing market and the preferences of seniors in Michigan, key informant interviews were conducted with key stakeholders. The project team interviewed senior housing residential community managers, Area Agencies on Aging case managers and local health service providers. The interviews focused on how new residents are attracted to the community unit features most preferred by residents, important amenities, features most requested and needed by residents, and how service packages, meals, housekeeping, laundry and other supports, are priced.

Reasons for Moving Into Community

Typically, adult children make the initial contact to the community, seeking more information on options for their parent(s). Most often the adult child will then bring their parent(s) back for a site visit, reflecting the important influence the adult child has on this decision. Many residents tend to move into the area – either from within the state or out of state – usually to move closer to their adult children. Respondents also identified that on average 75% of the residents are moving into the community from a single family private home.

Referrals are also an integral part of identifying and attracting residents. Many of the respondents cited relationships with home health, discharge nurses at regional hospitals, rehabilitation facilities and physicians as their referral source and often results in the placement of the older adult in the facility. This placement, however, is dependent upon the older adult’s condition and if their needs can be met by the senior residential community. One challenge cited by case managers is finding the appropriate housing to meet individual residents’ needs and preferences. Many communities identify themselves as being “barrier-free” but do not offer the level of accessibility needed in the units to support limited mobility issues.

Respondents also indicated the reasons many residents move into their communities include the resident’s inability to maintain a single family home, the desire of residents to make social connections, and the need for services and supports with daily living. Respondents also noted that many residents seek out vibrant, active independent and congregate living communities versus a senior apartment due to the links to social, health and wellness activities at an independent or congregate community.

In-Unit Features

Accessible features that assist residents with mobility limitations and allow a resident to age in place are the most commonly requested in-unit features according to the key informant respondents. This includes roll-in showers or bathtubs with cut outs for ease in entry, switch plates located at accessible heights, barrier-free kitchen and wide doorways inside the unit to accommodate walkers, wheelchairs and motorized chairs. Many respondents stated that while these features are most important to residents, often they have a limited supply of fully accessible units. This poses a challenge to allow residents an opportunity to age in place and have a unit that meets their needs as their limitations and support needs progress with age. In addition to accessible features, many respondents identified in-unit storage, laundry and windows that open as the most common in-unit features requested by residents.

Community and Neighborhood Amenities

Respondents were asked to identify the community (on-site) and neighborhood (off-site) features and amenities that are most commonly requested and utilized by residents. A walkable, accessible neighborhood that provides

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access to shopping, health and wellness and entertainment are the most commonly preferred features. Many residents limit their driving to the daytime or no longer drive at all and so access to the surrounding neighborhood via sidewalk is preferred. Additionally, residents prefer to be active participants in the neighborhood and having the ability to walk down the street to access services is a critical factor in their independence.

According to respondents, the features and services most preferred by residents are transportation, meals, service package (including housekeeping and laundry services) and activities that promote social interaction and health and wellness. Many respondents said that providing a flexible rate schedule for meals is a good way to get residents to take advantage of the service. Many respondents felt having the ability for residents to purchase meals on an episodic basis allows the resident to participate in meals with their friends in the community. Additionally, having the ability to purchase laundry or housekeeping services on either an episodic basis or as a package is also good to meet the resident's changing needs.

Each senior residential community should have a full time on-site activities director. This person plays an integral role in creating the social activities and often is the one to set up on-site medical screening for the residents. Many residents are unable to get to the eye doctor, podiatrist, and other specialists and often forgo screening and treatment. Bringing these specialists to the residential community on a regular basis provides an opportunity to promote wellness and prevention among the residents.

Transportation plays a crucial role connecting the residents of the surrounding community. Many respondents provide transportation for social outings but there is still a need for transportation for medical appointments. Respondents said that transportation provided by the facility is often provided as a part of the services and is included in the rent payment, but the route is often limited. Some respondents noted that the residents have developed a volunteer driver program to supplement the transportation offered through the community. Respondents felt that the combination of providing transportation, proximity to public transportation and use of volunteer drivers has been the solution to providing a multi-faceted level of transportation needed to keep the residents connected to the larger community.