## Assisted Living Facilities: Consumer Decision Making and Satisfaction

Focus groups were held with residents of Assisted Living Facilities (ALF) to discuss the decision making process of moving and subsequent satisfaction with living in an ALF. Responses will guide research on helping the elderly and family members plan for changes in health care of the elderly.

Sharon A. DeVaney<sup>1</sup>, Purdue University Aimee Prawitz<sup>2</sup>, Northern Illinois University Susan Bowers<sup>3</sup>, Northern Illinois University

Assisted living facilities (ALFs) offer a special combination of housing, supportive services, personalized assistance, and health care designed for those who need help with activities of daily living and instrumental activities of daily living. ALFs are growing rapidly and their growth is of great interest. ALFs are privately funded and largely unregulated. AARP and five other organizations have drawn up a set of quality initiatives that contain minimum standard guidelines. Currently about 16 states are attempting to establish or change assisted living regulations.

The entry-level requirements of the two institutions where focus groups were held were similar. The residents must be sufficiently mobile to get around in their rooms and to go to the dining area. Residents should be cognitively intact, although the directors acknowledged that there might be some cognitive impairment. For example, in the focus groups, several residents commented that they needed help in remembering to take their medications.

Overall, residents were satisfied with the care, the quality of meals, and being with others, especially at mealtime. A majority did not have family nearby. Many residents commented that the ALF made special arrangements for them when family members came, such as a birthday cake, a special meal or their own table in the dining room.

The conditions under which residents moved into the ALF varied. Some selected the ALF on their own; in some instances, a family member suggested the ALF. A few moved to the ALF from a hospital or nursing home. If residents had arrived when they were in poor health and unable to make their own decision, they seemed to be less satisfied in the beginning about the move. As time passed, they realized that it was the right decision, but they were still slightly resentful about the move without their permission.

Each ALF included a nursing home or wing for nursing home residents. When asked what they would do if their health deteriorated, residents replied that they would be able to move to the "other side". In effect, a commitment was made when they moved in, that they would not be dismissed. The commitment for continuity in living arrangements seemed to provide residents with peace of mind.

The residents had private apartments consisting of one or two rooms. Residents were pleased that fees were due on a monthly basis instead of an annual basis. When asked about communicating with family members about finances, about half said they spoke freely with their families while about half indicated that they would "tell their family members what they need to know when the time comes". The inability to communicate with family members about finances suggests that any discussion would need to be initiated by the family members. Additional research is needed to determine the factors that would enable residents to communicate openly.

## **Endnotes**

- Assistant Professor, Consumer Sciences and Retailing
- Assistant Professor, School of Family, Consumer, and Nutrition Sciences
- Assistant Professor, School of Family, Consumer, and Nutrition Sciences