

ICAA State of Wellness

**Documenting the progress and priorities
for developing a culture of wellness within
active-aging organizations**



Inside,
special section
on senior
living

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ICAA State of Wellness 2019

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International Council on Active Aging has been leading, connecting and defining the active-aging industry since 2001. Founded in the belief that unifying the efforts of the organizations focused on older adults benefits both the people they reach and the organizations themselves, ICAA's vision is shared by over 10,000 organizations. ICAA's support of the active-aging industry includes the ICAA/ProMatura Wellness Benchmarks and Industry Research Reports, environment and program development, market development, education and research on healthy aging and wellness, and Active Aging Week.

Note:

International Council on Active Aging does not promote all the terminology used in the industry or included in write-in comments. To ensure accuracy, the words chosen by respondents are reported.

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Executive summary: ICAA State of Wellness Survey

As leadership moves wellness initiatives through the planning process, twin needs for wellness positioning and education emerge. Staff who understand and promote the wellness model can serve as guides.

Wellness and lifestyle are concepts dominating much of the news surrounding housing developments and repositioning of community “seniors” centers, continuing care/life plan communities, and government or NGO agencies. For fitness studios, health clubs and medical wellness sites, which serve increasingly large numbers of older adults, those two words reinforce their missions and plan for expanded services.

For organizations in the active-aging industry, *wellness* is a strategy, an attitude that informs the structure of services and programming, giving each older person the opportunity to manage or improve their health, take advantage of social supports, and pursue their activities with the best possible physical and cognitive ability.

Wellness as a competitive advantage and mission-enabling philosophy is so strong that, in a 2018 survey conducted by International Council on Active Aging (ICAA), more than half (57%) of leaders considered wellness lifestyle programs and activities a “must-have” for their senior living or community organizations. In nearly three-quarters (72%) of these organizations, lifestyle/wellness was a high or essential priority,¹ a rating consistent with ICAA surveys over the past five years.

To find out how the word *wellness* is being used in organizations that serve older adults, and discover how effective organizations are in implementing a wellness strategy, ICAA surveyed its members and colleagues. The 532 respondents to this 2019 survey work at places that have a brick-and-mortar location and include three major segments of businesses that focus on older adults. Senior living & care (70%) and community-based seniors centers and agencies (12%) are aimed at older adults, often 55+ or 65+. The fitness, therapy & parks (13%) segment includes a variety of locations that serve people at all ages, including people in the 50+ age range.

To identify what ICAA meant by wellness, several definitions focused the questions:

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 that include the dimensions of wellness: emotional, environmental, intellectual/cognitive, physical, professional/vocational, social and spiritual. Older adults are active participants in developing the wellness culture.

“Lifestyle” is the way a person lives, often shared with a group or a culture. The **wellness lifestyle** means older adults choose the opportunities that enable them to experience life satisfaction and the best possible health.

The results of the survey reveal the actions that are—and are not—being taken to promote wellness across an organization.

Key points

- *Wellness* is a term used in 71% of the organizations represented in the survey. Most of the respondents primarily work with older adults who live independently, whether they visit a seniors center or health club, or reside in a senior living community.
- There is a wide gap between what the word *wellness* means to survey respondents—who likely understand and believe in the dimensions of wellness model—and what the word means to their colleagues in other departments who use *wellness* far less frequently to describe services.
- Across all types of organizations, more than half of survey respondents (58%) believe that everyone at their organizations works together in a wellness culture. Another 39% believe some people and departments promote wellness while others do not.
- Across organizations, respondents believe that the value of wellness to the organization is an improvement in the health and well-being of older adults (92%) and the organization’s ability to stay relevant in a changing industry (73%).
- Overall, participation has increased since wellness initiatives were implemented (70%). Respondents believe that participants feel their health is maintained or improved (69%) and they have a high quality of life (64%).
- Across all types of organizations, 91% reported that their organizations took action to implement a wellness culture and lifestyle in 2017-2018, primarily by including wellness in the organization’s planning process (81%).
- Over the next few years (2019-2020-2021), 71% of all respondents say their organizations will include wellness concepts in the planning process. In senior living and care, 50% say their organizations will train staff in all departments about wellness, an action planned to occur with less frequency in the fitness, therapy and recreation world, reported by 39%.

Executive summary: ICAA State of Wellness Survey

- The biggest challenges all respondents face in developing a culture of wellness are funding/budget for programs and services (41%) and lack of understanding that wellness is a lifestyle (36%). The third biggest challenge differs among organizations. Community centers and agencies are challenged by the age gap among clients from 65-105 years; fitness and recreation businesses are challenged by executives' need for a return on investment. In senior living, respondents consider coworkers not feeling wellness is part of their jobs is a challenge.
- From a list of 19 elements of a wellness culture (including leadership, staffing, services and involvement of older adults), respondents working in all types of organizations gave nearly all the elements a high or extremely important rating. However, only about half of the organizations were rated as very or extremely effective at delivering the 19. The only match between importance and effectiveness is in the traditional fitness and activities/engagement areas. The ratings differed somewhat depending on the location.

Top performers in leadership knowledge of wellness

In organizations rated very effective & extremely effective in senior leadership's knowledge of wellness...

The organization is also very or extremely effective in elements of wellness culture.

+30

Executives financially support wellness initiatives

Effective organization 81%
Average organization 51%

+20

Executives believe wellness gives a return on investment

Effective organization 73%
Average organization 53%

+15

Meaningful activities, engagement programs available

Effective organization 92%
Average organization 77%

+14

Wellness programs have full-time staff

Effective organization 75%
Average organization 61%

Preparing for wellness culture

There is good news for organizations in the results of the ICAA State of Wellness survey. By identifying the benefits of wellness along with the challenges in developing a wellness culture, there is clear guidance on what actions need to be prioritized. Consider that:

- Many organizations already have included wellness concepts in the planning process, and will continue to plan for wellness over the next few years. This implies that the importance of nonmedical lifestyle opportunities, in company with health care, is recognized as a mission-driven competitive advantage.
- There are already dedicated staff in place, exemplified by the survey respondents, who understand the dimensions of wellness model. Those who grasp the breadth and benefits of wellness recognize that many actions are important to such a culture. They can serve the organization as guides and cheerleaders.
- The priority areas that need improvement are consistent: leadership knowledge and funding. Leadership sets policy and direction, which means they bring managers and staff on board. Funding follows knowledge of the value wellness brings to the organization's objectives. Any organizational strategy requires leadership knowledge, priority and funding, which places wellness on the same level as other services.
- Positioning the wellness model as an umbrella that unites all services and activities is a giant step toward enabling staff in all departments to recognize their contributions to each client's or resident's quality of life.
- Measurable outcomes from wellness programs can be cited, and there are models for measuring these already in place. Outcomes help create buy-in for wellness, and identify the return on investment.

It is useful to remember the respondents believe that staying current with industry trends is achieved, in part, through a wellness culture. The health and well-being of older adults, and their desire to maintain purpose in their lives, underpins industry preparations to be the home for boomers, the next generation of older adults. Whether that home is a community or a favorite park or community center, agile organizations that develop a culture of wellness are maneuvering through demographics and perceptions to achieve the purpose: quality of life for older adults.

Discovering the State of Wellness

Wellness is a goal for active-aging organizations, including those aimed solely at the 55 plus or 85 plus populations, and those that serve all ages. The dimensions of wellness model captures the attitudes and opportunities that anchor a culture of wellness.

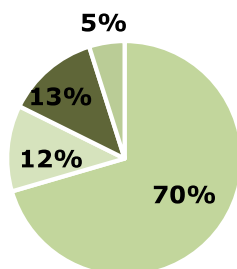
Why has the attention of CEOs in public and private organizations serving the 50+ population turned to wellness and lifestyle? The emphasis on wellness for adults 50 years and older is motivated by opportunity and need—executives recognize that a desirable lifestyle attracts people to the business, and age-related issues require appropriate support.

Wellness as a competitive advantage and mission-enabling philosophy is so strong that, in a 2018 survey conducted by International Council on Active Aging (ICAA), more than half (57%) of respondents said their leadership considered a wellness lifestyle program a “must-have” for their senior living or community organizations. In nearly three-quarters (72%) of these organizations, lifestyle/wellness is a high or essential priority,¹ a rating consistent with ICAA surveys over the past five years.

Wellness may be a must-have and a priority, but what do organizations mean when they promote *wellness*? How far along are organizations in their development of a culture of wellness—the policies and attitude that informs the structure of services and programming—that gives older persons the

Active-aging organizations

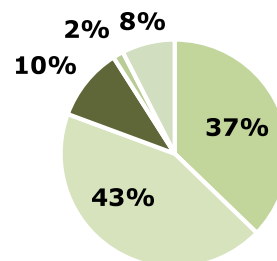
N = 532



- Senior living & care, 70%
- Centers & agencies, 12%
- Fitness & therapy, 13%
- Other, 5%

Role in organization

N = 532



- Executive & senior leadership, 37%
- Directors, coordinators, 43%
- Physical activity staff, 10%
- Medical & Education, 2%
- Other job roles, 8%

opportunity to manage or improve their health, take advantage of social supports and pursue their activities with the best possible physical and cognitive ability?

Most importantly, where do organizations go from here?

To answer these questions, ICAA invited its members and colleagues to answer a series of questions that add detail to the picture developed in the 2018 ICAA Active-Aging Trends Report.¹

The 532 respondents to this 2019 survey work at places that have a brick-and-mortar location. Three major segments of businesses are included.

Senior living & care includes organizations with stand-alone or combined options for independent living, assisted living, memory care or nursing.

Centers & agencies includes 50+ seniors centers, along with government and nongovernmental organizations placed in urban, suburban and rural areas.

Fitness, therapy & parks includes health clubs, wellness centers, clinics and parks that provide recreation and training for all ages, including people in the 50+ age range.

Consistent with prior surveys, respondents across all these types of organizations generally work full-time, spending over half of a workday in overall management of a department or organization (30%), physical activity/fitness (29%) and lifestyle activities (20%). Their roles vary based on the type of organization where they work. Most work with clients or residents who live independently.

To identify what ICAA means by wellness, several definitions focused the questions:

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 that include the dimensions of wellness. Older adults are active participants in developing the wellness culture.

“Lifestyle” is the way a person lives, often shared with a group or a culture. The **wellness lifestyle** means older adults choose the opportunities that enable them to experience life satisfaction and the best possible health.

Discovering the State of Wellness

The concepts of wellness are framed by seven dimensions that outline the aspects of a person's life.

Misunderstood, the physical dimension of aging

The physical dimension of wellness is a very large category. People tend to associate it with physical activity, which is an important element. However, humans are physical beings, and this dimension includes nutrition, health care, self-care (managing diabetes with diet and exercise or a massage to relieve sore muscles or stress), adequate sleep, exercise, maintaining a healthy weight, limiting tobacco and alcohol, using safety precaution and such.

Because of the scope of the physical dimension, it can incorporate many of the services and program provided for older adults. The physical dimension overlaps the other dimensions. For example, cognitive health is related to physical activity and nutritional status.

Wellness dimensions frame a wellness lifestyle

Dimension	Descriptions
Emotional	managing and directing feelings; coping with challenges; behaving in trustworthy and respectful ways
Environmental	integrating wellness into physical environments and nature; eco-friendly products, services, processes and designs
Intellectual, cognitive	engaging in creative pursuits and intellectually stimulating activities; problem solving and reasoning
Physical	choosing lifestyle habits for health and functional ability, e.g., adequate nutrition, sleep and exercise; limiting stress, alcohol intake; accessing health care
Professional, vocational	maintaining or improving skills, abilities and attitudes that help self or others; being productive
Social	interacting with others for mutual benefit; awareness of the larger community and participation within it
Spiritual	living with a meaning/purpose in life; exploring beliefs and values that create personal peace and understanding

Mapping the location of wellness

The word wellness is frequently used, primarily by professionals who understand and believe in the dimensions of wellness model. For wellness to infuse the organization's culture, a better understanding of the meaning is needed.

Wellness is the broadest of terms, yet its aim is a razor sharp focus on quality of life. Like the concept of active aging, wellness is involved in all aspects of individuals' lives, reflected by the people they interact with, the buildings they live in, and the curiosity and knowledge they bring to their lives, and the lives of others.

The results of the survey show that, within all types of organizations, wellness is often available to people who are able to live independently and can visit a seniors center or health club or join fitness and engagement activities in a planned community. Just over half of professionals who work in continuing care/life plan communities or those with independent living plus assisted living/memory care said they spend 60% or more of their workdays with those in independent living. Several reported that the place where they work is used by residents in assisted living as well as those in independent living.

Culture is the set of shared attitudes, values, goals, and practices that characterizes an institution or organization. More than half of all respondents (58%) believe that everyone at their organizations works together in a wellness culture.

An even higher percentage (71%) reports that the word "wellness" is used. A small number of respondents said that another name that brands a program or identifies a service is used, most frequently, fitness, lifestyle/engagement or the organization-specific branding.

However, there is a wide gap between what wellness means to survey respondents and what it means to their colleagues in other departments.

Mapping the location of wellness

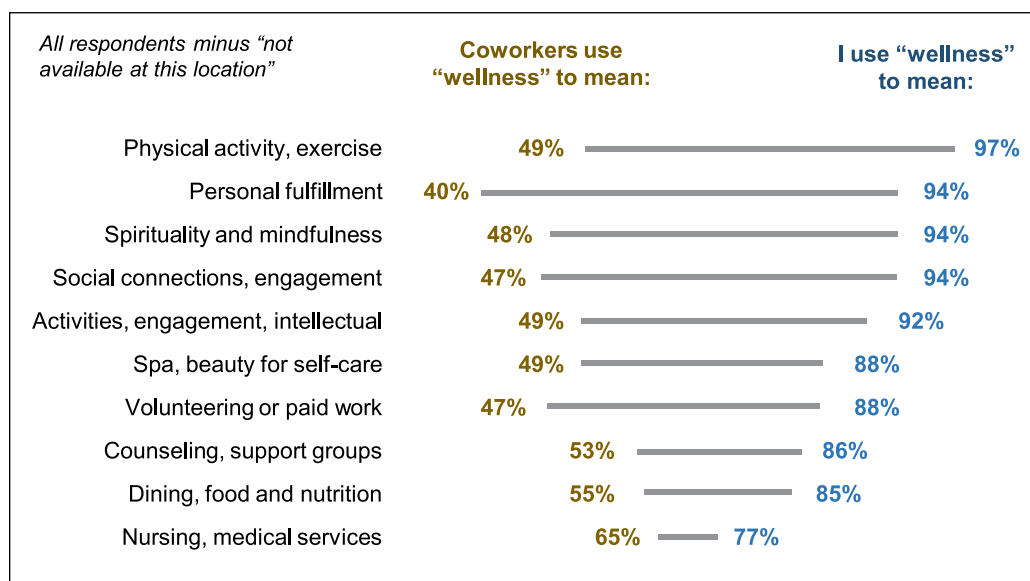
What does “wellness” mean?

The staff and managers who responded to the ICAA State of Wellness survey use the word *wellness* to apply to many facets of an older adult’s life about twice as often as their coworkers. Many of the professionals who are part of the International Council on Active Aging tend to be early adopters of the multidimensional wellness framework. They are likely familiar with the wellness dimension model, and believe in the value of positive lifestyle choices.

Coworkers may be less likely to use the term *wellness* because they focus on their disciplines or jobs rather than looking for how their area fits into the larger picture of wellness. Yet, each discipline or job can encourage others to develop the healthy habits that contribute to wellness.

The respondent’s place of work likely influences how the word wellness is used. Not all businesses have the services and amenities listed in the graph (percentages include only the input from locations where the service or amenity is available). A point of interest is that the least available options among all types of organizations are nursing/medical services, volunteering/paid work, spa/beauty and counseling/support groups. This is probably due to the type of business (for example, nursing or medical services was not as available outside of senior living).

This disconnect between use of the term *wellness* suggests an opportunity to educate about the value of wellness and how it infuses all roles and services. Since wellness concepts are in most organizations’ planning processes, a baseline of education is a useful tactic.



When there is education and priority for wellness, then the culture will include people regardless of their physical or cognitive limitations. Within the wellness culture, all departments can join together in promoting a wellness lifestyle. As one respondent observed, “a culture of wellness cannot succeed with only one department pushing it forward.”

Why does the word wellness matter?

The word *wellness* is used inconsistently among organizations and professionals in active aging. If the environment, services and people are in place to deliver a culture of wellness, with the workforce, participants and residents understanding the lifestyle choices, then it may not matter if an organization calls everything that is offered *wellness*.

It does matter when leadership and staff do not recognize that all the services they provide are part of wellness. The inconsistency works against an accurate accounting of the wellness model’s contributions to the organization’s purpose and finances. Dining/nutrition, social and spiritual connections and medical services are as much a part of wellness as fitness and activities. All are needed for individuals to function as independently as possible with quality of life.

It is the lifestyle that often attracts older adults to seek the services offered by a community or organization, providing a return on investment that helps all other departments. If the services are not understood to be wellness, then the wellness lifestyle opportunities do not get credit for the value they bring.

Mapping the location of wellness

Adoption of a wellness culture			
<i>Would you say that your organization is based in a culture of wellness?</i>	Sr. Living, N = 353	Centers & Agencies, N = 57	Fitness & Therapy, N = 59
Yes, we all work together in a wellness culture	56%	60%	59%
Somewhat, some people and departments promote wellness; others do not	41%	39%	34%
No, it's not a part of the company mission	2%	2%	5%
Don't know, not sure	0%	0%	2%

"Wellness" is widely used			
<i>At the organization where you primarily work, is the word "wellness" used to describe the services and/or activities that are available?</i>	Sr. Living, N = 370	Centers & Agencies, N = 60	Fitness & Therapy, N = 65
Yes, the word "wellness" is used	73%	67%	72%
No, "wellness" is not used	6%	5%	6%
Some people use it; others do not	18%	25%	20%
We use another word instead of "wellness" that means the same thing (e.g., branded name)	4%	3%	2%

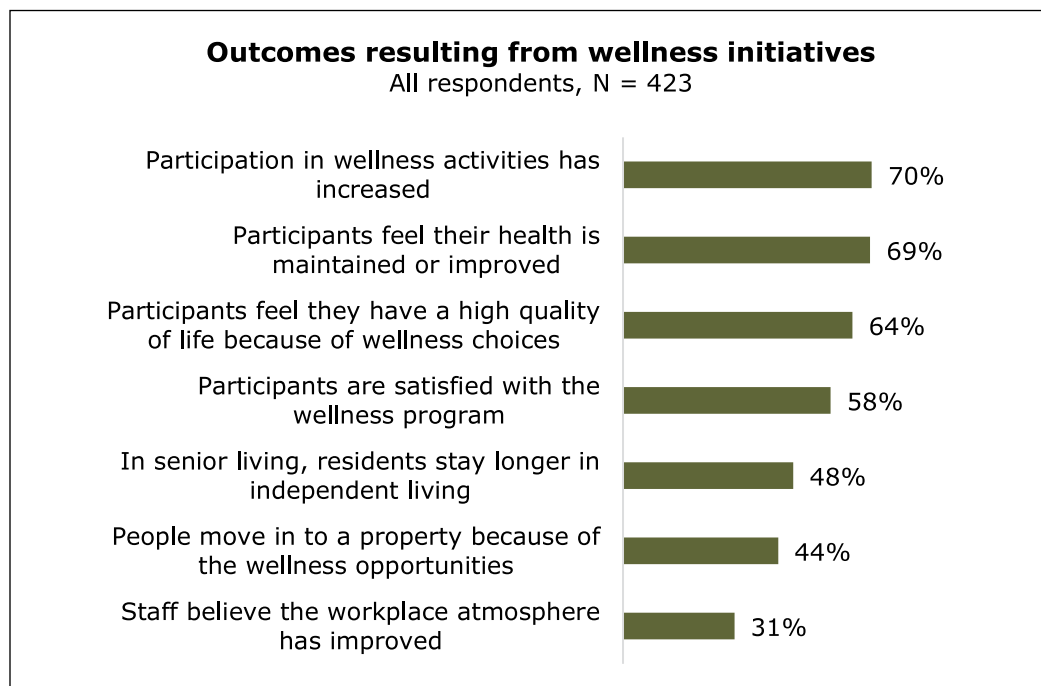
Recognizing the value of wellness

Older adults believe the results of wellness initiatives have improved their health and promote a positive quality of life. Organizations find goals of older adult's improved health and well-being are being met and that wellness provides a competitive advantage.

Over the past decade, the benefits of using multidimensional wellness as a business strategy have slowly emerged as researchers and trade associations documented the outcomes when wellness lifestyle options are available.

Aspects of the multidimensional wellness model have been supported by large-scale research studies, which have shown improvements in overall feelings of well-being and life satisfaction, less social isolation, and maintained or improved cognitive and physical health. These results demonstrate how wellness helps delay lifestyle or age-related declines and manage health conditions.^{2,3,4,5} Life satisfaction tends to accompany meaningful wellness choices, among other benefits.

Across organizations, respondents to the ICAA State of Wellness survey believe that the value of wellness to the organization is an improvement in the health and well-being of older adults (92%) and the organization's ability to stay relevant in a changing industry (73%). More than half (56%) recognize that participants and residents want a wellness culture. Attracting younger adults and competing against similar organizations were also named as values.



Recognizing the value of wellness

An indication that the financial impact of wellness is not understood by staff and managers was found in the response that wellness programs do not bring in money. Yet, all the potential values that were highly rated do bring in money because of new participants or residents and cost savings from improved health. This thought is reinforced by the outcomes that have been realized.

When asked about outcomes from wellness services and programs, respondents focused on the participants. Overall, participation has increased since wellness initiatives have been implemented (70%), and staff believe that participants feel their health is maintained or improved (69%) and they have a high quality of life (64%).

As one respondent said, “There is more energy in the room whenever there is a group of residents, and more ownership of residents inviting neighbors and encouraging their success.”

Benefit for staffing. An encouraging finding is that almost one-third (31%) believe that wellness initiatives have improved the workplace atmosphere. Staffing is an ongoing issue for many organizations, and a positive atmosphere is a strong selling point. In their comments, several respondents noted that employee wellness has been expanded where they work.

There is a practical value for hiring and retaining staff, points out one respondent: “A well-run program attracts competent team members who maintain high levels of resident and participant engagement.” Cost savings for employees can also be realized by “improved health outcomes for staff, reduced insurance utilization, reduced cost per person.”

Benefits from better health. Over two-thirds of respondents reported that participants feel their health is maintained or improved because of wellness initiatives. This finding is significant because it may be related to a scale used by researchers. A person’s rating of their health (often on five points from poor through excellent) is a reliable indicator of their actual health.^{6,7}

Older adults with maintained or improved health lower health care costs for themselves and for organizations,⁸ and maintain their functional abilities longer, which reduces the workload on caregivers. It is one way that wellness promotes quality of life.

Satisfaction needs improvement. Although 70% of all respondents report increased participation as an outcome, only 58% believe participants are satisfied with the program. This is a fairly low satisfaction rate, which indicates a need to re-evaluate the contents of the program.

Measuring outcomes needs improvement. More could be done to prove the value of wellness. The outcomes of nonmedical wellness programs can be measured, but it requires organizational will to set aside staff time and provide the tools to do so. Familiar metrics are often centered on chronic disease management, injury prevention and preventive health screenings. These are important for multidimensional wellness and need to be assigned to the lifestyle areas that help manage chronic conditions (for example, diet and exercise), prevent injuries and enable function (exercise is important for this) and aid health promotion through referrals and staff observation.

Additional indicators can track results of wellness programs and services. Beyond the number of participants, which measures utilization, it's important to follow individuals through their time in an organization. The items listed in the outcomes graph show common indicators. Collect these through observed data (participation at 3-month intervals, individual attendance at 3-month intervals, results of physical or cognitive assessments) and results of surveys of participants (was the wellness program a reason you joined the center or became a resident; does participation increase satisfaction).

Value of wellness			
<i>In your opinion, what is or would be the value to your organization of implementing a culture of wellness? The culture would include services, programs and environments that emphasize the dimensions of wellness: emotional, environmental, cognitive/intellectual, physical, social, spiritual and vocational.</i>	Sr. Living, N = 305	Centers & Agencies, N = 48	Fitness & Therapy, N = 49
Attracting younger adults	48%	47%	55%
Can better compete against similar organizations	52%	30%	51%
Health and well-being of older adults would improve	93%	94%	90%
Participants and residents want it	61%	45%	49%
Staying relevant in a changing industry	71%	77%	82%
Wellness programs bring in money	27%	19%	37%
Not sure; Other	5%	0%	6%

Recognizing the value of wellness

Outcomes prove value by demonstrating levels of engagement, changes in functional abilities, integration in the social network, and improvements in business metrics that accompany customer satisfaction and referrals, such as an increases in fees, new clients from referrals, and higher levels of satisfaction. Allocations to the wellness function drives positive outcomes and demonstrates that overall satisfaction with an organization is due to multiple services (including wellness programs, dining, care and nonmedical services).

Direct and indirect revenue and cost recovery are collected because of wellness programs and the work of wellness staff. Recording the value of these items goes a long way toward showing the monetary value of wellness, in addition to the goal of quality of life for older adults.

Wellness outcomes			
<i>Considering the wellness initiatives that have been implemented in your organization, what outcomes have been realized?</i>	Sr. Living, N = 305	Centers & Agencies, N = 48	Fitness & Therapy, N = 49
In senior living, residents stay longer in independent living	60%	13%	18%
Participants are satisfied with the wellness program	62%	56%	49%
Participants feel their health is maintained or improved	70%	69%	80%
Participants feel they have a high quality of life because of wellness choices	68%	56%	59%
Participation in wellness activities has increased	72%	69%	67%
People move in to a property because of the wellness opportunities	56%	8%	10%
Staff believe the workplace atmosphere has improved	31%	33%	41%
Not sure, don't know	6%	13%	4%
Other (please specify)	2%	0%	6%

Dollar contributions of wellness

	Sr. Living & care	Centers & Agencies	Fitness, Therapy, Recreation
Direct revenue sources			
Fees for personal training or special classes (e.g., fall prevention workshops)	X	X	X
Fees for membership to use the fitness/wellness center	X		
Fees for wellness services, such as massage or nonreimbursable therapies	X		X
Indirect revenue			
Allocation of dues/fees paid by new members, clients and residents	X	X	X
Additional months of stay (LOS) in because of participation in purposeful wellness activities	X		
Allocation of resident fees	X		
Allocation of dues/fees from new members, clients or residents referred by satisfied participants	X	X	X
Cost recovery			
Participants pay cost of food, transportation or cultural activities (visits to museums, beach outings, etc.)	X	X	X
Community organizations (e.g., community centers, hospitals, agencies) cover cost of wellness staff providing programs	X	X	X
Donations cover costs of major purchases or special programs	X	X	
Grant funding to provide a specific program (nonprofit)	X	X	
Cost savings			
Labor hours provided by volunteers who are organized by wellness staff	X	X	X
Wellness interns who provide dual benefit of extra staff and a pipeline for recruitment	X	X	X
Sponsorships and donations for marketing materials and giveaways, T-shirts, water and other items	X	X	X
In-kind partnerships with local businesses, e.g., pharmacies, universities, shoe stores and travel agencies, that provide information and education for free, saving the cost of speakers or materials	X	X	X
<i>Adapted from "The business case for wellness in senior living," International Council on Active Aging, 2018</i>			

Planning a culture of wellness

Including wellness concepts in the planning process is a staple for most organizations, with potential actions dictated by type of business. Recognition of the value proposition is increasing staff training and budgets.

Historically, organizations have compartmentalized physical activity, leisure activity and health care as separate, distinct functional areas. These are also the areas often referred to as *wellness*. While this structure may be efficient for the organization, such silos make it difficult to advance a wellness culture.

Since the usage of *wellness* is inconsistent among workers, it may be that an organization's leadership regards wellness as a strategy that may reside in a department rather than across an organization. Manager and staff attitudes are an influence; a person whose job is preparing food or caring for memory-impaired people may not see that they are part of a wellness culture.

Still, organizations are integrating wellness concepts into the planning process, which may help to punch holes in the departmental silos. Across all types of organizations, 91% reported that their organizations took action to implement a wellness culture and lifestyle in 2017-2018. The most common actions were:

- Wellness concepts were part of the planning process (81%)
- Marketing began using “wellness” or the organization’s signature name that means the same thing (58%)

Individual organizations had successes, according to respondents. Several people noted that current services and programs expanded, or that they continued with multidimensional programs already planned. (In a 2017 ICAA survey, 89% of respondents planned to increase the number of wellness programs.⁹)

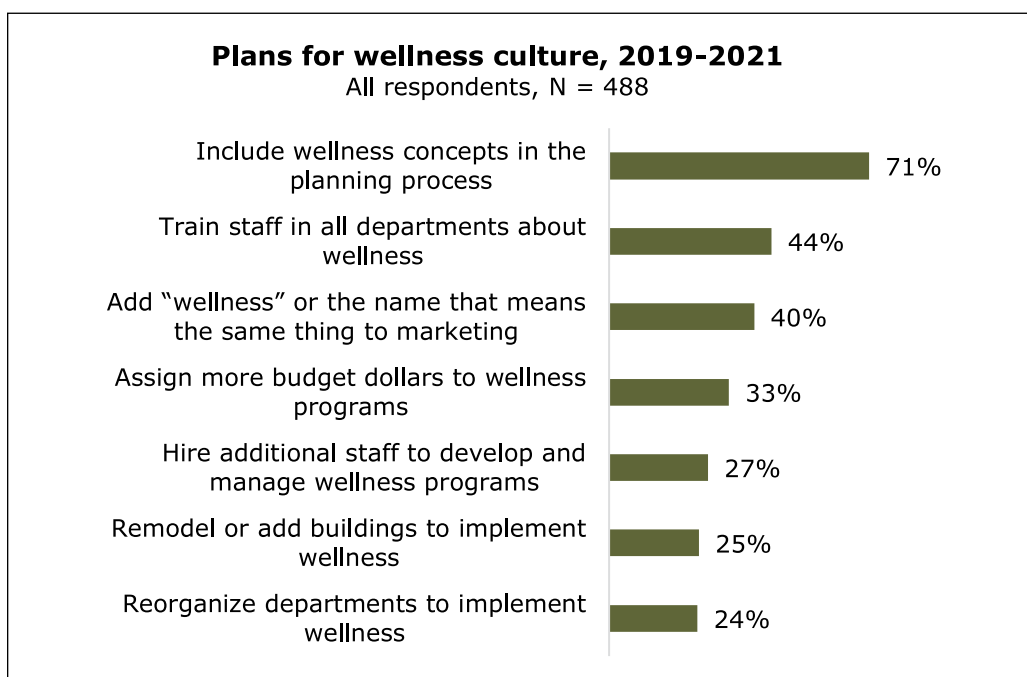
- “Within Area Agencies on Aging, there was more recognition of the importance of wellness for older adults. Participation in wellness-type programs continues to grow and administration recognizes this.”
- “A Health and Wellness Fund was formed by the owner of the corporation, and each community will receive an allocation to develop wellness programming.”
- “We began implementing a new strategy of care in higher levels of support to evolve and increase inclusion of those living with dementia.”

More actions are in the making for the next few years (2019-2020-2021). To develop a wellness culture and lifestyle, most organizations plan to include wellness concepts in the planning process (71% of all respondents). As can be expected, the actions will vary depending on the type of business.

Three people reported a focus on employee wellness, both to expand offerings and encourage participation. Others stated they are adding options to the existing program. Overall initiatives are in the works.

- “Reorganize activities and programs to reflect active wellness initiatives and replace passive activities that may have in the past represented ‘wellness’ at that point in time.”
- “We have been looking forward to including/adding another building to promote wellness activities.”

It seems that many actions to promote wellness are taking place on a department level rather than an organizational level. With wellness concepts integrated into the planning process, it is a good time for leadership and staff to think beyond their own roles to the greater purpose of quality of life for older adults.



Planning a culture of wellness

Steps to implement wellness culture, 2017-2018			
<i>If your organization took action in 2017-2018 to implement a wellness culture and lifestyle, what action(s) were taken? Please check all that apply.</i>	Sr. Living, N = 319	Centers & Agencies, N = 50	Fitness & Therapy, N = 54
Wellness concepts were part of the planning process	84%	66%	76%
Marketing began using “wellness” or the organization’s name that means the same thing	59%	42%	63%
Onboarding and training of staff in all departments included wellness	40%	22%	35%
Additional staff were hired to develop and manage wellness programs	34%	24%	31%
More budget dollars were assigned to wellness programs	31%	18%	31%
Buildings and departments were remodeled or added	26%	14%	13%
There was a department reorganization to implement wellness	22%	14%	20%

Wellness culture building blocks 2019-2021			
<i>Looking ahead to the next few years (2019-2020-2021), what action(s) is your organization taking to implement a wellness culture and lifestyle? For the rest of this year and the next two years, the organization plans to:</i>	Sr. Living, N = 349	Centers & Agencies, N = 55	Fitness & Therapy, N = 59
Include wellness concepts in the planning process	72%	73%	66%
Train staff in all departments about wellness	50%	27%	39%
Add “wellness” or the name that means the same thing to marketing	40%	36%	36%
Assign more budget dollars to wellness programs	35%	33%	25%
Remodel or add buildings to implement wellness	29%	15%	14%
Hire additional staff to develop and manage wellness programs	28%	20%	37%
Reorganize departments to implement wellness	28%	9%	24%
No actions will be taken	1%	0%	7%
Not sure, don’t know	19%	24%	20%

Defining implementation challenges

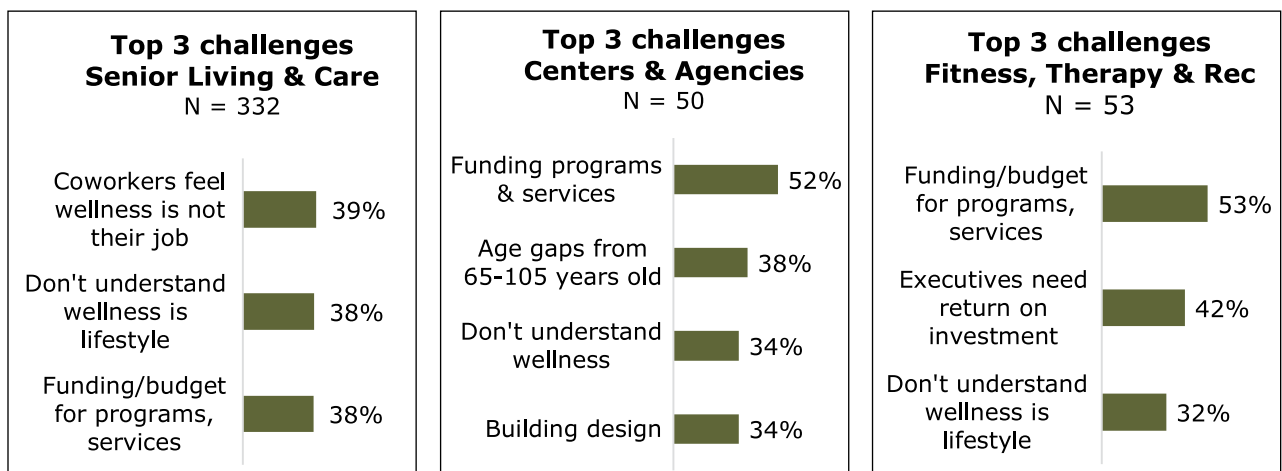
Across all organizations, similar challenges to developing wellness culture focus on how well colleagues understand the value of wellness and the ongoing need for funding.

The purpose of an organization dictates if and how wellness is delivered, just as purpose in life directs individuals. The purpose of most health clubs and fitness studios is physical activity; community and seniors centers provide recreation along with nutrition; the primary purpose of government agencies is supportive services for the 65+ and disabled populations. A senior living community may provide a lifestyle, along with a purpose of providing care.

Although the purpose of active-aging organizations may differ, the challenges appear to be similar. When asked to identify the three top challenges to building a broad-based culture of wellness, respondents in all types of organizations cited a lack of funding/budget (41%) and a misunderstanding that wellness encompasses a person's lifestyle (36%).

Additional challenges reflect the purpose of the organizations and the services being offered. In senior living, lack of support for wellness among coworkers was among the top three challenges. Centers and agencies find the wide range in ages they service is a barrier, and those in fitness and therapy noted that executive leadership focuses on return on investment.

Respondents were asked to choose only three challenges among all that were presented. Virtually all of the challenges were recognized, implying a need to examine issues pertinent to the type of business. As will surface in the survey results, lack of knowledge about the role and value of wellness among the organization's leadership influences the top challenges.



Defining implementation challenges

Wellness is a challenging concept to operationalize. As a quality of life issue, it seems less a priority than the day-to-day demands of making sure staff is in place and food is on the table. Delivery is also regional: the wellness concepts accepted in rural farming communities may be very different from those needed in a West Coast beach town. Nonetheless, multiple organizations have shown that overcoming the challenges to develop a culture of wellness is a sure way to deliver on an organization's mission.

Challenges to implementing wellness			
<i>What are the biggest challenges you and your organization are dealing with when building a broad-based culture of wellness? Please select up to three (3) challenges.</i>	Sr. Living, N = 332	Centers & Agencies, N = 50	Fitness & Therapy, N = 53
Funding/budget for programs and services	38%	52%	53%
Lack of understanding that “wellness” is lifestyle	38%	34%	32%
Most coworkers don't feel wellness is part of their jobs	39%	10%	17%
Executive leadership needs to know the return on investment	27%	24%	42%
Priority is given to nursing and health care, not to nonmedical wellness activities	28%	14%	19%
Age gaps from 65-105 years old	22%	38%	13%
Building design	20%	34%	23%
Ageist stereotypes; not recognizing older adults' capabilities	16%	32%	26%
Older adults, family and medical staff think wellness means healthcare	22%	18%	6%
Marketing health care instead of wellness/lifestyle	9%	6%	23%
Other	5%	0%	8%

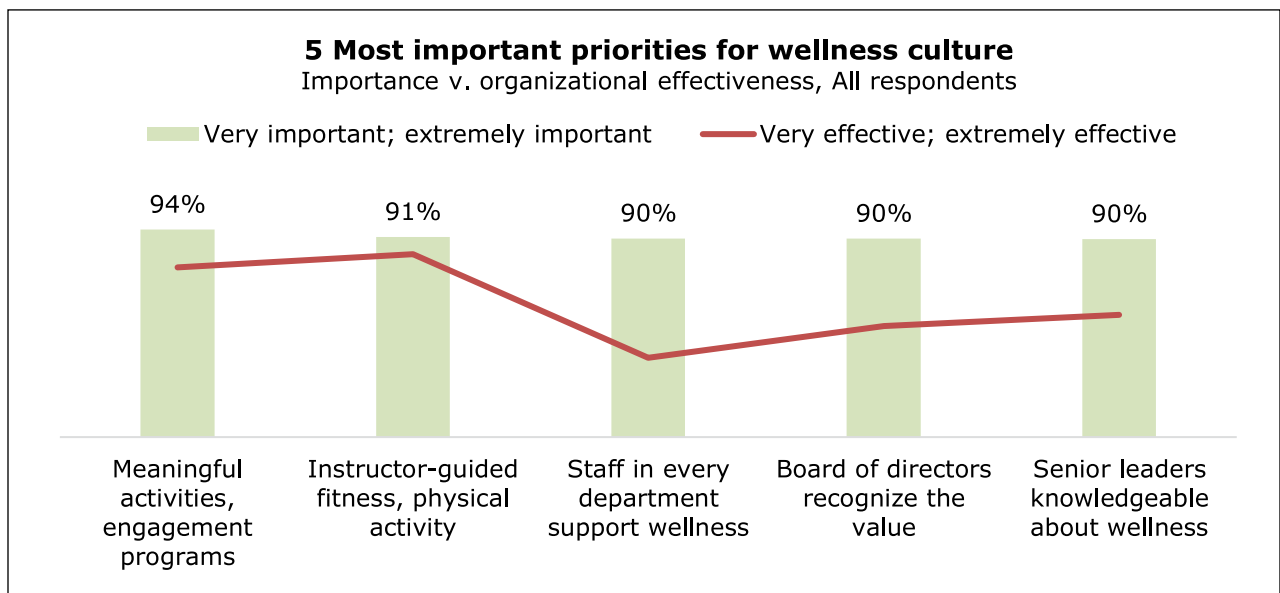
Balancing importance against effectiveness

Many elements are important for delivering a wellness culture across all services, yet organizations are challenged to effectively deliver them. An understanding of the wellness model and its value is key to improving implementation in multiple areas.

Shifting a culture while overseeing day-to-day operations is a formidable task. For the ICAA State of Wellness survey, an adaptation of an importance-performance analysis compared what the respondents consider important for wellness to their evaluation of how effectively their organizations deliver on these elements.

To compare the importance of 19 aspects of a wellness culture to implementation, survey respondents rated each on a five-point scale from not important (1) to extremely important (5) and from not effective to extremely effective.

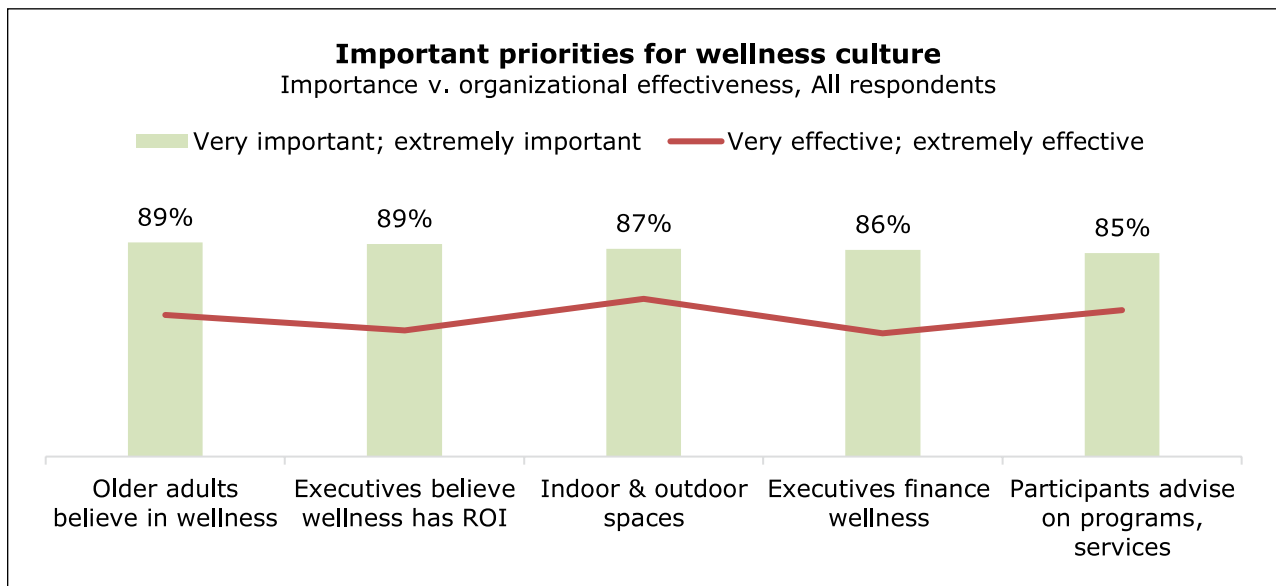
Across all types of organizations, the only match between importance and effectiveness is in the traditional fitness and activities/engagement areas. Otherwise, roughly half of organizations are effective at delivering the most important elements, based on between one-third and two-thirds of organizations rated as effective across 19 elements needed for wellness.



Balancing importance against effectiveness

The greatest disconnect between importance and effectiveness at community centers/agencies and at fitness/recreation sites are duties related to wellness in job descriptions and staff support of wellness. These mirror the top challenges for implementing a wellness culture. The other disconnect relates to the organization's purpose. For community centers/agencies, it is older adults believing in wellness; for those in fitness/recreation, the issue is funding and return on investment. (Discrepancies between importance and effectiveness in senior living are outlined in the Special section.)

Keep in mind that the professionals who answered the survey probably recognize that wellness is multidimensional and applies to many service areas, which may explain why they see so many of the survey items as important. At the same time, they point out a challenge that has surfaced in multiple surveys conducted by ICAA: Unless the senior leadership and board of directors of an organization are knowledgeable about wellness, and recognize the value, it is difficult to promote a wellness culture.



Workforce rating: Importance of services and people in developing the wellness culture

<i>When developing a culture of wellness, how important are the following priorities and services? All respondents, all types of organizations</i>		Not at all & slightly important	Moderately important	Very & extremely important
Leadership	Senior leadership is knowledgeable about wellness	4%	7%	90%
	Executives financially support wellness initiatives	5%	8%	86%
	Executives believe wellness gives a return on investment	3%	8%	89%
	Board of directors recognize the value of wellness	3%	7%	90%
	Funders (e.g., banks or grantors) recognize the value of wellness	5%	11%	84%
Staff	Wellness programs have full-time staff	8%	11%	81%
	All staff in every department support wellness	3%	7%	90%
	Duties related to wellness are in job descriptions for staff in all departments	6%	15%	79%
	Wellness outcomes are measured and acted upon	6%	10%	84%
Services	Meaningful activities, engagement programs are offered	3%	3%	94%
	There are high-quality, nutritious meals	5%	10%	85%
	Instructor-guided fitness, physical activity is available	4%	5%	91%
	Health care, nursing, medical services are offered	6%	9%	84%
	Indoor and outdoor spaces are available for wellness activities	3%	10%	87%
Participants	Older adults believe in wellness	2%	9%	89%
	Residents/participants advise on what's needed in buildings and amenities	7%	19%	75%
	Residents/participants advise on programs and services	4%	11%	85%
	Residents/participants lead wellness programs and services	13%	23%	64%
	Family members are welcomed as advisors and participants	6%	18%	75%

Balancing importance against effectiveness

Workforce rating: Effectiveness of organization in implementing elements of wellness culture				
<i>As of today, how effective [or successful] is your organization in implementing these elements of a wellness culture? All respondents, all types of organizations</i>		Not at all & slightly effective	Moderately effective	Very & extremely effective
Leadership	Senior leadership is knowledgeable about wellness	13%	32%	55%
	Executives financially support wellness initiatives	19%	29%	51%
	Executives believe wellness gives a return on investment	20%	27%	53%
	Board of directors recognize the value of wellness	21%	29%	50%
	Funders (e.g., banks or grantors) recognize the value of wellness	28%	29%	44%
Staff	Wellness programs have full-time staff	15%	24%	61%
	All staff in every department support wellness	30%	34%	36%
	Duties related to wellness are in job descriptions for staff in all departments	37%	27%	37%
	Wellness outcomes are measured and acted upon	20%	30%	50%
Services	Meaningful activities, engagement programs are offered	6%	17%	77%
	There are high-quality, nutritious meals	15%	27%	59%
	Instructor-guided fitness, physical activity is available	7%	10%	83%
	Health care, nursing, medical services are offered	10%	13%	78%
	Indoor and outdoor spaces are available for wellness activities	10%	24%	66%
Participants	Older adults believe in wellness	8%	33%	59%
	Residents/participants advise on what's needed in buildings and amenities	21%	32%	47%
	Residents/participants advise on programs and services	12%	27%	61%
	Residents/participants lead wellness programs and services	27%	31%	42%
	Family members are welcomed as advisors and participants	24%	31%	46%

Three necessities to progress wellness

For wellness to be an effective strategy, staff need to be involved in planning and be given the tools to evaluate the results of wellness initiatives. Ongoing communication between managers and staff can keep everyone moving in the same direction.

Among the respondents represented in the survey results, most staff and managers understand the framework of multidimensional wellness, see the value in wellness, and know what is important to achieve it. The responses likewise indicate areas of misunderstanding or lack of knowledge that can hamper progress for the organization. These three areas of need can be overcome with better communication and staff training.

Staff are not informed. While most respondents could rate the importance of an action for wellness, a number did not answer the questions about organizational effectiveness. There was also a drop in the number who answered the question about the organization's future plans. Combined with other information in the survey, the implication is that in some organizations, the "wellness" function is siloed in a department. Or, that leadership is not sharing key information.

How can staff function effectively if they are unaware of the organization's goals and the work of other departments?

Lack of results proving value of wellness. A decline in the number of respondents appeared when they were asked about the outcomes from wellness. A few commented that they do not know the outcomes. This is puzzling, and implies they may be evaluated on performing tasks rather than achieving a goal or producing results. Or, they are not educated in tracking and reporting on the results of their work.

Outcomes are the result of an action; the cause and effect of wellness. It is possible to measure the outcomes of wellness by tracking the individuals who participate (and those who do not), ratings on organizational surveys and additional indicators with meaning for the organization. This survey includes measurable outcomes.

Three necessities to progress wellness

Lack of awareness of the relationship of outcomes to budget. Top concerns are the lack of recognition of the value from multidimensional wellness among senior leadership and coworkers, along with lack of funding. Yet, without outcomes it is difficult for senior leadership, coworkers and funders to see the value. Decision-makers need concrete, specific outcomes (they need numbers), and be able to place these alongside the numbers on a spreadsheet provided by other departments.

To gain budget dollars and recognition of the dollars wellness contributes, staff need to track and report outcomes.

ICAA's "Framing the return on investment (ROI) in wellness staff" shows how to demonstrate the value of wellness programs and staff. Use that to get ideas. The "Business case for wellness" is aimed at senior living, but the points are largely applicable to any type of organization. Trade the word "clients" or "members" for residents. Both are free white papers available for download; find them in the Resources box at the end of this report.

Special section: State of Wellness in Senior Living

Wellness services are at the forefront of strategies used by senior living organizations to attract and retain residents. Plans for wellness include staff training and organizational positioning.

Is the senior living industry moving toward a culture of wellness?

The leadership in senior living and care communities—which range from active adult real estate through residences for people who live independently or need assistance or nursing care—seems to agree that “wellness” or lifestyle could sustain their current properties and be a basis for new development. This transformation from the apartment-and-bingo approach of the past is intended to appeal to the current (and future) generations of older adults who are more active and functionally able.

Nonetheless, a community that includes assisted living, memory care or nursing services is based in the provision of care, defined as “what is necessary for the health, welfare, maintenance, and protection of someone or something.” These organizations must make a fundamental shift in thinking to look at the wellness lifestyle as the umbrella covering all their services.

In the 2018 ICAA Active-Aging Trends survey,¹ the 363 respondents working in senior living said that their leadership viewed “wellness through all the dimensions is a must-have” (64%) and a high or essential priority (75%). Just over half reported that their organizations were based in a culture of wellness (55%), while 37% gave a more nuanced “somewhat, some people and departments promote wellness; others do not.”

Given the enthusiasm for wellness, it’s not surprising that 59% of 267 staff and managers in the trends survey believed the community would be based in a wellness lifestyle, with options for care by 2023, while 41% felt that the community would be based in care, with offerings for a wellness lifestyle.

Moving to the 2019 ICAA State of Wellness survey, 56% of senior living respondents believed their organization is based in a culture of wellness, with another 41% feeling there is “somewhat” of a wellness culture. This is the same proportion as the 2018 survey. Now, one year later, progress toward wellness through all the dimensions remains a work in progress.

Special section: State of Wellness in Senior Living

Wellness meaning is unclear

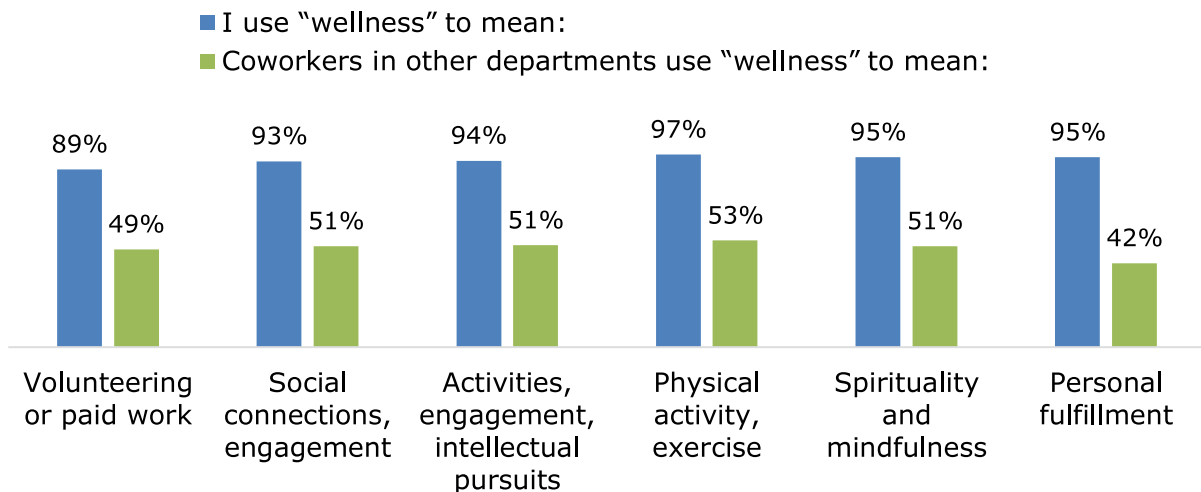
If an organizational culture based in the dimensions of wellness is reflected in a common language, then the results of the ICAA State of Wellness survey show how far apart the understanding of wellness is between the respondents, who likely are very involved in lifestyle opportunities, and their colleagues in other departments.

The only area where respondents and their colleagues generally used the word *wellness* was when referring to nursing and medical services.

Among the 56% of respondents who said they worked within a culture of wellness, the use of the word *wellness* was virtually identical to the results shown in the graph “Disconnect between respondent and colleagues when talking about wellness,” with one exception: “Personal fulfillment” was meant as *wellness* by 94% of respondents and by 50% of coworkers in other departments.

If wellness is to become a culture and frame all the value an organization can provide in a person’s life, then adopting a common language is vital.

**Disconnect between respondent and colleagues
when talking about wellness**
Senior Living & Care



Planning and training advance wellness culture

Over the past two years (2017-2018), 96% of respondents said their organizations took at least one action to implement a wellness culture and lifestyle. The primary actions taken were:

- 84% Wellness concepts were part of the planning process
- 59% Marketing began using *wellness* or the organization's name that means the same thing
- 40% Onboarding and training of staff in all departments included wellness

Similar actions will be taken over the next few years (2019-2021).

- 72% Include wellness concepts in the planning process
- 50% Train staff in all departments about wellness
- 40% Add *wellness* or the name that means the same thing to marketing

While marketing departments are beginning to use the word *wellness*, the service that is being described is not known. That is, the survey did not capture whether wellness meant a single department or multiple dimensions delivered through several department and all staff.

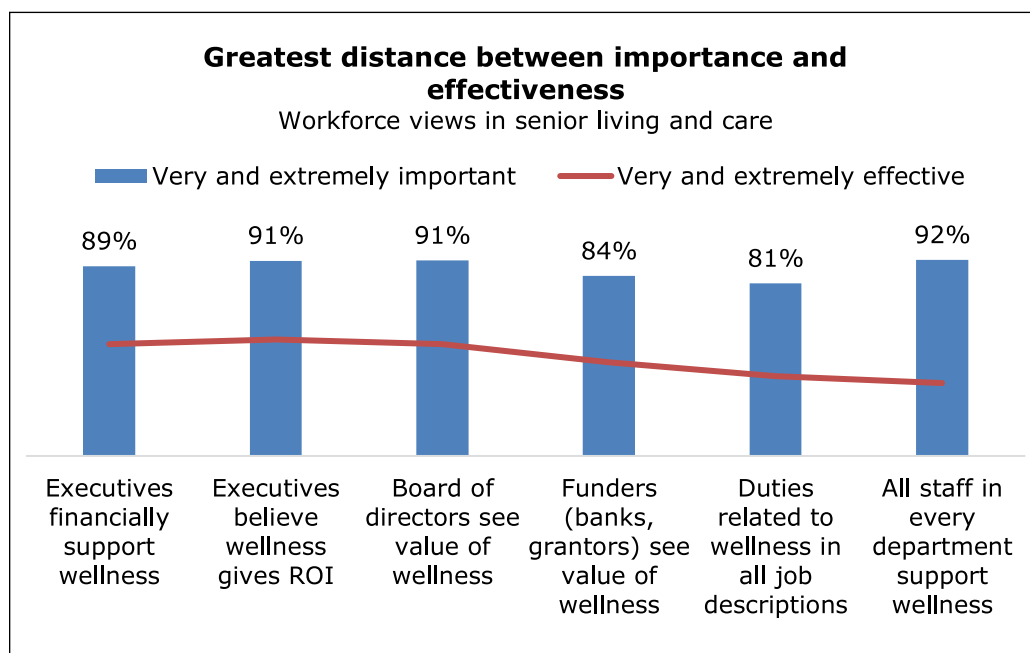
In senior living, the transition to a culture of wellness with options for care appears to involve a lot of talk with less action. This is understandable, since such a transition is a major shift in thinking for current board members and staff, as well as some residents. However, major steps are being taken. For an organizational strategy to be successful, it is wise to include wellness concepts during planning and to prioritize training staff on their roles in the wellness culture. Additional actions will be less effective unless the planning and people are in place.

Evaluating the progress to wellness culture

There are so many elements needed to develop a wellness culture that it is helpful to identify what these are. For the ICAA State of Wellness survey, an adaptation of a strategic planning tool asked respondents to compare the importance of 19 elements for developing a wellness culture (rated on a 5-point scale) against their evaluation of how effectively their organizations deliver on these elements.

Overall, respondents believe that most of the 19 items on the list are very or extremely important for developing a culture of wellness. They are less confident that their organizations are achieving the important elements.

Special section: State of Wellness in Senior Living



The areas that seem to require the most development include:

- Educating leadership about the value of wellness
- Educating staff in all departments about their jobs in relation to the wellness culture
- Mapping the financial benefits of wellness

Those with management job roles are especially aware that outcomes from wellness initiatives are not measured and acted upon, which likely influences their report that senior leadership is not knowledgeable about wellness, and does not financially support wellness initiatives. Managers likewise note that neither the board of directors nor funders see the value of wellness initiatives.

These concerns are reflected in the top challenges faced by those in managerial and staff roles.

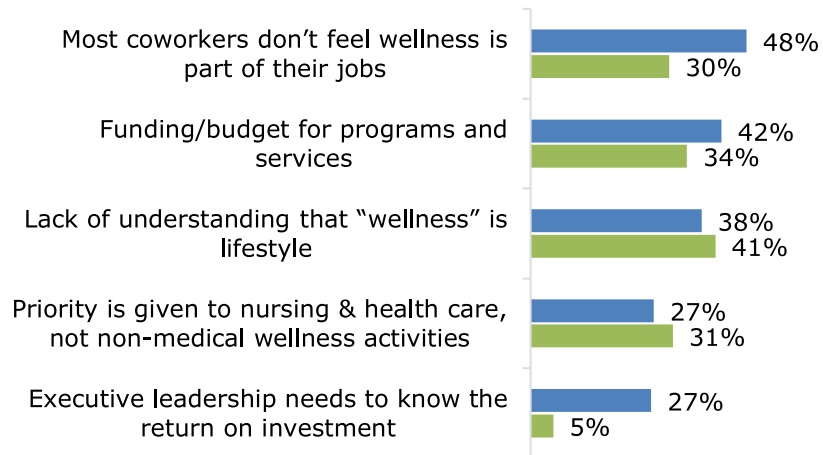
Respondents shared their insights on the challenges, which help to identify areas for improvement.

- “Staff and resident buy-in is a big challenge for us. We are flipping from care services with wellness options to wellness services with care options, and it is proving to be quite challenging for funding with the recent changes in Medicare.”
- “Our leadership has buy-in, but I am having a tough time getting the residents to be engaged.”

Top 3 challenges of managers and staff

Senior living & care

■ Staff, N = 181 ■ Managers, N = 128



- “I think being able to tie measurable outcomes to wellness programs/ activity offerings and participation is the needed driver for success in shifting the culture from medical/care to wellness. This is where we struggle as a company.”
- “I believe progress is being made, but the obstacles for growth continue to be financial. Wellness programming needs to be factored into budgets.”
- “My biggest struggle in leading the department is finding qualified staff. The pay is ridiculously low, and the responsibilities for the position are complex. When I am short staffed the quality of programs suffer, and then I struggle to achieve my own wellness.”
- “I believe that there is a large disconnect between the importance of wellness and needs of the residents versus what the executives consider a priority. I understand that this is a business that needs to make money, but fitness is not taken seriously because the department is ‘fun’ in the eyes of the executives.”

When care is provided, specialized issues may surface.

- “Getting the wellness nursing staff in independent living to embrace whole-person wellness as a part of their job to make a difference in health and well-being (not just blood pressure and Band-Aids).”
- “In skilled nursing, it’s training all interdisciplinary team members to participate in motivating and escorting residents to their desired activities.”

Special section: State of Wellness in Senior Living

Value of wellness in senior living

To prove the value of wellness, it is necessary to present facts that show the benefits. What was the purpose of the policy, program or initiative, and was it achieved? What results, or outcomes, did or did not occur because of the policy or program?

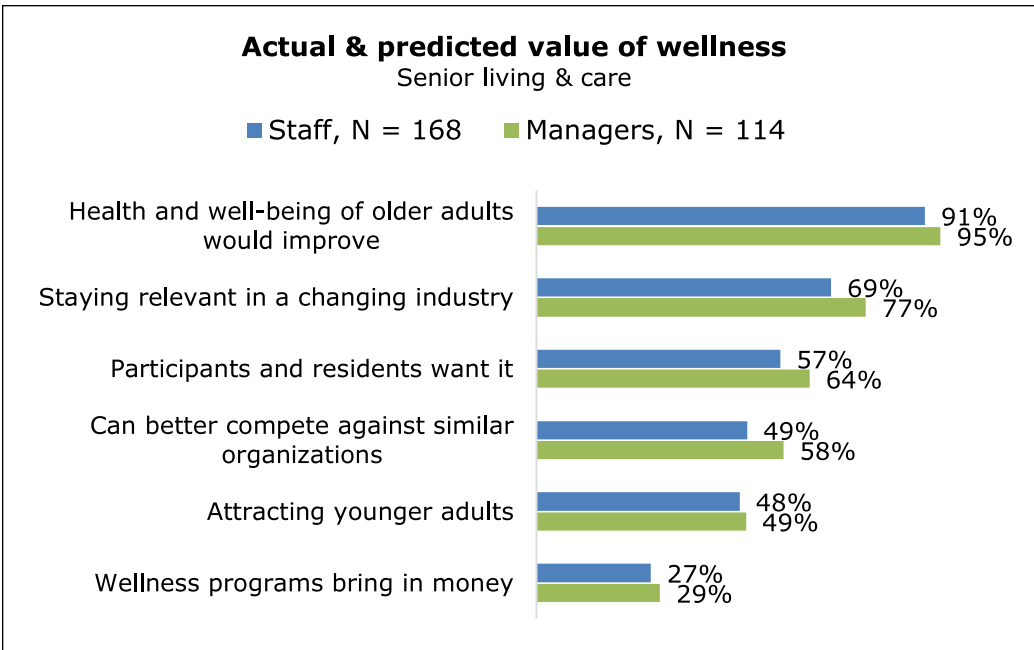
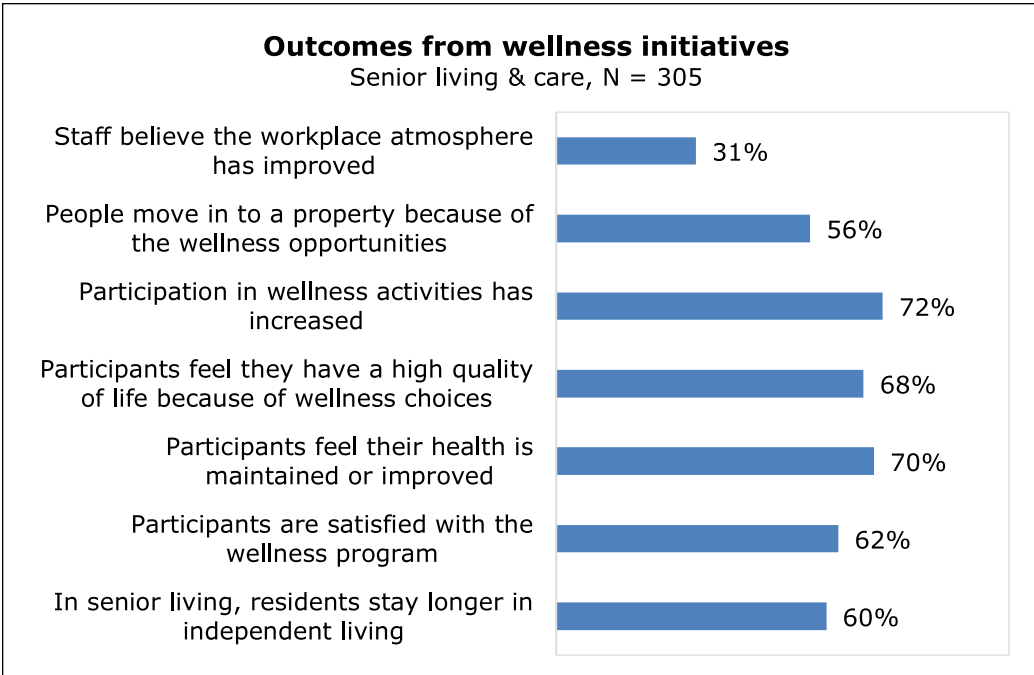
Both managers and staff agree that there are positive outcomes from wellness initiatives, outcomes that are consistent with those identified in the ICAA/ ProMatura Wellness Benchmarks.¹⁰ The outcomes listed in the survey detail specific reasons why multidimensional wellness helps the organization achieve its objectives, which can be linked to financially important indicators of occupancy, longer length of stay in independent living, and delayed or reduced costs for health care. In addition, the outcomes are powerful messages for positioning and marketing.

Additional resources for showcasing the results of making wellness an organizational culture rather than a department can be found in the ICAA's "Business case for wellness programs in senior living" and the Age Well report from Mather Lifeways (among others).

When examining the survey input, it was apparent that while most respondents could indicate what was important for a wellness culture, a number dropped out without indicating organizational effectiveness. The same drop in respondents occurred when asked about outcomes, especially among staff positions. This is concerning. If staff members do not know the outcomes of their work, then how can they improve and promote the value of wellness?

As organizations transition to a wellness-based culture, there are successes:

- "Government support programs, including education and mass marketing, have helped highlight the risks of nontangible benefits like costs of social isolation."
- "Nine months ago, the senior manager said, 'all the residents want are more card games.' Now he is using the words *wellness* and *proactive*. It's small, but positive."
- "We are trying to connect and assimilate relationships at the peer-to-peer level, rather than just hosting or promoting participation in 'things.' We want to better understand our customer and be deliberate in providing the best experience in one's transition into senior or communal living."



Special section:

State of Wellness in Senior Living

- “I have found the population moving into our community expects a wellness culture, which is good! We need our administration to understand it is an important factor in choice, as well as implementing the culture to staff.”
- “Residents are proud of the involvement they have in the development of the wellness culture and the variety of opportunities they have to choose from.”

Setting the priorities

After excluding nursing homes, there are an estimated 1.4 million senior living properties with independent living, and a portion with assisted living in the United States, according to the National Investment Center.¹¹ That is a lot of competition for residents who have the interest and financial resources to choose an age-targeted property. Active adult real estate, beginning a growth curve, appeals to those who want the lifestyle promised by multidimensional wellness. Properties with independent living plus care, now with many residents 85 years and older, need to attract a new population.

Instilling a culture of multidimensional wellness across all departments and job roles is a strategy that works. Based on the findings in this survey, three priorities for action can move the organization forward.

- 1. Identify what wellness means in your community.** Wellness may already be in the planning process, but what is critical is that it is applied to all areas, not just a single department. This will be the base for educating all staff.
- 2. Implement a process for identifying the outcomes from wellness.** Go beyond estimating how many residents and visitors show up for an activity or visit the wellness center. A process for collecting wellness outcomes and relating them to business indicators is available from ICAA as part of the ICAA/ProMatura Wellness Benchmarks system. The “National Benchmarks Report, 2017” includes a list of the questions used to compose the benchmarks.
- 3. Involve leaders in all departments** (human resources, dining, care, housekeeping, etc.) in developing a process for bringing multidimensional wellness to their areas. Then add to job descriptions.

Shifting a culture requires years, but it is worth the effort. Senior living and care is particularly challenged to service the interests and needs of the 80+ current and potential resident along with those in the 60+ age range. The results of the ICAA State of Wellness survey show that there are well-defined outcomes that prove the value of wellness, and a motivated cadre of staff and managers who will guide the effort once the organization adopts the culture.

As one person explained, “As a new CEO, I will be changing the organization’s focus from health care to wellness; however, we are just beginning the journey.” It is a journey, and one worth traveling.

Detailed findings for senior living

Roles in manager and staff categories		
<i>Senior living and care</i>	Manager, N = 136	Staff, N = 213
Division or department director, manager; supervisor	52%	
Executive director or administrator; assoc director; general manager	18%	
Vice president, corporate director	12%	
National or regional director, manager	10%	
Resident services director or coordinator	5%	
Owner, president, executive	3%	
Lifestyle, activity, engagement director, coordinator		30%
Fitness director, coordinator		25%
Wellness director, coordinator		25%
Personal trainer, group instructor, fitness specialist		12%
Program manager, coordinator, specialist		5%
Marketing or sales professional		2%
Physician, nurse, therapist, allied health professional		1%

Special section: State of Wellness in Senior Living

What wellness means in senior living and care		
N = 335, when services are available	I use the word “wellness” to mean:	Coworkers in other departments use “wellness” to mean:
Nursing, medical services	78%	68%
Dining, food and nutrition	84%	60%
Counseling, support groups	88%	55%
Spa, beauty for self-care	87%	52%
Volunteering or paid work	89%	49%
Social connections, engagement	93%	51%
Activities, engagement, intellectual pursuits	94%	51%
Physical activity, exercise	97%	53%
Spirituality and mindfulness	95%	51%
Personal fulfillment	95%	42%

Workforce rating of important elements for wellness culture

<i>Senior living and care</i>		Not at all & slightly important	Moderately important	Very important; extremely important
Leadership	Senior leadership is knowledgeable about wellness	4%	6%	90%
	Executives financially support wellness initiatives	3%	8%	89%
	Executives believe wellness gives a return on investment	2%	7%	91%
	Board of directors recognize the value of wellness	2%	7%	91%
	Funders (e.g., banks or grantors) recognize the value of wellness	4%	11%	84%
Staff	Wellness programs have full-time staff	5%	8%	86%
	All staff in every department support wellness	3%	5%	92%
	Duties related to wellness are in job descriptions for staff in all departments	5%	15%	81%
	Wellness outcomes are measured and acted upon	4%	9%	87%
Services	Meaningful activities, engagement programs are offered	1%	3%	96%
	There are high-quality, nutritious meals	5%	10%	86%
	Instructor-guided fitness, physical activity is available	3%	5%	92%
	Health care, nursing, medical services are offered	3%	7%	90%
	Indoor and outdoor spaces are available for wellness activities	2%	9%	89%
Participants	Older adults believe in wellness	1%	9%	90%
	Residents/participants advise on what's needed in buildings and amenities	4%	17%	79%
	Residents/participants advise on programs and services	3%	9%	88%
	Residents/participants lead wellness programs and services	11%	21%	68%
	Family members are welcomed as advisors and participants	6%	16%	78%

Special section: State of Wellness in Senior Living

Workforce rating of organizational effectiveness in achieving a wellness culture

<i>Senior living and care</i>		Not at all & slightly effective	Moderately effective	Very effective; extremely effective
Leadership	Senior leadership is knowledgeable about wellness	11%	34%	55%
	Executives financially support wellness initiatives	17%	31%	52%
	Executives believe wellness gives a return on investment	17%	28%	55%
	Board of directors recognize the value of wellness	16%	31%	52%
	Funders (e.g., banks or grantors) recognize the value of wellness	25%	31%	44%
Staff	Wellness programs have full-time staff	10%	24%	66%
	Staff in every department support wellness	29%	36%	34%
	Wellness duties in job descriptions for staff in all departments	36%	27%	37%
	Wellness outcomes are measured and acted upon	19%	28%	53%
Services	Meaningful activities, engagement programs are offered	4%	15%	81%
	There are high-quality, nutritious meals	14%	27%	59%
	Instructor-guided fitness, physical activity is available	6%	10%	84%
	Health care, nursing, medical services are offered	6%	11%	84%
	Indoor and outdoor spaces are available for wellness activities	8%	24%	68%
Participants	Older adults believe in wellness	6%	33%	61%
	Residents/participants advise on what's needed in buildings and amenities	18%	31%	51%
	Residents/participants advise on programs and services	10%	25%	64%
	Residents/participants lead wellness programs and services	24%	33%	43%
	Family members are welcomed as advisors and participants	22%	31%	47%

Setting priorities for action

Organizational focus on the high importance/low effectiveness elements of wellness culture provides a concrete guide for setting priorities. The planning process is the format for staging the action steps, which become measurable key performance indicators.

If the framework of multidimensional wellness is to be a valuable contributor to older adults and to the organization, then a culture of wellness that infuses all departments and roles must be the standard. Developing the culture means prioritizing needed actions in a sequence that is reasonable to manage and leads stepwise to the result.

Following is an example of staging the actions to develop a culture of wellness.

Stage I: Preparation

- Continue integrating wellness concepts into strategic plans. As part of the process, each department will plan objectives that implement the wellness strategy.
- Gain agreement that services, including dining/nutrition, social services, fitness, meaningful activities and environmental services, all contribute to wellness.
- Clarify that wellness goals are a responsibility for human resources and department leaders.
- Determine the wellness outcomes that are needed to demonstrate value, and establish the methods for measuring the effectiveness of the actions that are taken.
- Establish a method to recognize the financial implications of wellness. For example, assign a portion of resident fees as a budget for wellness training and functions. Track monies brought in from fees and cost recovery, plus savings from in-kind trades.
- Human resources to re-evaluate job descriptions and hire or train professionals who can implement the organizational goals.

Setting priorities for action

Stage 2: Action

- Obtain buy-in from coworkers, staff and stakeholders on the action plans for wellness. Human resources as well as managers are critical in explaining the purpose.
- Implement methods for tracking and reporting wellness outcomes. Train staff in tracking designated wellness outcomes, with the tools to do so.
- If there is no operational budget for wellness, write one. Managers of wellness program should be accountable for managing the budget.
- Share budget information with all staff members. Familiarity with the budget will give staff information to make programming decisions.

Stage 3: Monitor and build

- Monitor results of the actions, analyze, adjust.
- Keep selecting items from the comparison of importance/effectiveness to include in each year's planning process.

The results of the ICAA State of Wellness survey identify the important elements of a wellness culture from the point of view of managers and staff. Older adults along with their families and friends may have different points of view depending on generation, culture, health and personalities. Their points of view can add to the success of a wellness initiative.

Wellness services, programs and environments have the potential to aid organizations in dealing with challenges they foresee: higher numbers of people with dementias, more older adults needing assistance because of function and health declines, the difficulty recruiting qualified, dedicated employees.

When the mission of an organization includes opportunities for quality of life, personal fulfillment and the best possible health, then a culture of wellness is the comprehensive strategy to achieve its purpose.

Survey details

Resources

Active Aging in North America: Opportunities for growth
www.icaa.cc//store_detail.php?id=5905

Framing the return on investment (ROI) in wellness staff
www.icaa.cc//listing.php?type=white_papers

ICAA career path for wellness professionals
www.icaa.cc/careercenter.htm

ICAA/ProMatura Wellness Benchmarks
The National Benchmarks Report, 2017
icaa.cc/business/benchmarks.htm

Key elements for developing a wellness program for older adults
www.icaa.cc/business/whitepapers/wellnessprogramwhitepaper.pdf

The business case for wellness programs in senior living
www.icaa.cc//listing.php?type=white_papers

Trends and environments for active aging
ICAA Active-Aging Industry Development Survey 2017
www.icaa.cc//store_detail.php?id=5791

Using ROI to Gain Funding for Your Wellness Program (webinar)
Touchtown
www.touchtown.com/resource/roi-on-wellness-webinar/

Endnotes

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 9. International Council on Active Aging. (2017). Trends and environments for active aging, ICAA Active-Aging Industry Development Survey. https://www.icaa.cc/store_detail.php?id=5791
 10. International Council on Active Aging. (2017). The National Benchmarks Report, ICAA/ProMatura Wellness Benchmarks. www.icaa.cc/business/benchmarks.htm
 11. National Investment Center for Seniors Housing & Care. (2018). NIC Investment Guide, Fifth Edition. <https://www.nic.org/analytics/publications/investment-guide/>

About the survey

Three invitations to complete an online survey questionnaire were emailed in July 2019 to a convenience sample of members of International Council on Active Aging and colleagues who had joined the email list. The purpose was to capture the observations of professionals who worked in a single, brick-and-mortar location. There were 637 respondents for a 13% response rate. After excluding respondents who did not meet the criteria, 532 respondents were included in the results.

All responses to the survey questions, including comments, are anonymous. Comments were edited for clarity and length. When there are multiple responses allowed in a question (for example, “check all that apply”), the percentages do not add to 100.

Demographics

Organizations by type of business		
<i>Percent of organizations within each segment.</i>		
Senior living & care (designed for people 55 and older) N = 375	55+ lifestyle real estate development	2%
	Independent living retirement community with services	9%
	Independent living and assisted living, with or without memory care	27%
	Assisted living, with or without memory care; assisted living and nursing care	14%
	CCRC (continuing care) or life plan community	45%
	Long-term care nursing home	2%
Centers & agencies (aimed at people 65 and older) N = 63	Area Agency on Aging, tribal or government agency	5%
	NGO (nongovernment organization) with housing, services for older adults	35%
	Seniors center, active-adult center, community center (stand alone or in parks & rec)	60%
Fitness, therapy & parks (all ages, including 50+) N = 68	Medically-based, rehab or wellness center; hospital	24%
	Therapy clinics (physical, occupational, speech)	9%
	Health club, YMCA, YWCA, JCC, personal training studio	44%
	Parks and/or recreation	24%

Survey details

Primary work location			
<i>On average, where do you spend 60% or more of a workday?</i>	Sr. Living, N = 375	Centers, Agencies, N = 63	Fitness, Rec, N = 68
Administrative office	10%	24%	21%
Adult day services	0%	5%	0%
Assisted living	12%	3%	1%
Health club, community program	6%	11%	46%
Independent living	52%	3%	3%
Memory care	6%	0%	1%
Nursing, health care center	5%	0%	3%
Seniors center	0%	51%	7%
Other	8%	3%	18%

Role in organization				
<i>What is your role in the organization where you work?</i>		Sr. Living, N = 375	Centers, Agencies, N = 63	Fitness, Rec, N = 68
Executive & senior leadership, N = 198	Division or department director, manager; supervisor	19%	32%	22%
	Executive director or administrator; assoc. director; general manager	7%	13%	6%
	Owner, president, executive	1%	0%	3%
	Vice president, corporate director	4%	0%	3%
	National or regional director, manager	3%	0%	1%
Directors, coordinators, N = 231	Resident services director or coordinator	2%	2%	0%
	Wellness director, coordinator	14%	3%	0
	Program manager, coordinator, specialist	3%	17%	0
	Fitness director, coordinator	14%	3%	7%
	Lifestyle, activity, engagement director, coordinator	17%	3%	0%
Physical activity staff, N = 55	Personal trainer, group instructor, fitness specialist	7%	13%	28%
Medical & Education, N = 8	Physician, nurse, therapist, allied health professional	1%	0%	3%
	Professor, educator, researcher	1%	0%	1%
Other job roles, N = 40	Marketing or sales professional	1%	2%	1%
	Social worker, Outreach coordinator	0%	5%	0%
	Other, e.g., volunteers, health educator,	7%	8%	7%

Survey details

Workforce spends over half of workday in these areas			
<i>In which area do you work 60% or more of your time?</i>	Sr. Living, N = 374	Centers, Agencies, N = 63	Fitness, Rec, N = 68
Activities, engagement, lifestyle (social, games, computers, etc.)	25%	10%	9%
Community-based supportive services	3%	10%	0%
Employee wellness	1%	2%	0%
Fitness, physical activity	31%	19%	35%
Health care, nursing, medical services	3%	2%	1%
Health education, disease management	2%	2%	6%
Overall management of organization, department or facility	26%	49%	43%
Services in private homes; “without walls” services	0%	2%	0%
Spiritual opportunities	1%	0%	0%
Volunteering or volunteers	1%	2%	1%
Other (please specify)	6%	5%	4%

Average hours worked			
<i>How many hours per week are you required to work at the location you are describing for this survey?</i>	Sr. Living, N = 372	Centers, Agencies, N = 63	Fitness, Rec, N = 67
40 hours or more	80%	54%	48%
35-39 hours	9%	21%	15%
34 hours or less	12%	25%	37%



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