



Benjamin Rose today!

HELPING PEOPLE AGE SUCCESSFULLY Vol. 5, No. 1

An Open Letter to the Greater Cleveland Community, Friends and Supporters of Benjamin Rose



Richard Browdie

It has been my good fortune to have worked for organizations that were trying to help the poor and elderly for 35 years. All of them have been great organizations to be a part of. But none of them have been more selfless in their commitment to advancing the cause of serving low- and moderate-income elders than Benjamin Rose. Our ability to be so selfless is owed to the decision made by Benjamin Rose nearly a century ago. Our obligation is to be good stewards of his legacy.

We are committing our staff resources at Kethley House and from our Community Services Division to help residents and families plan for and make transitions as smooth as possible.

Since 1908, the Benjamin Rose Institute has worked to meet the needs of older people. It has used the “good grace” provided by the proceeds of the Benjamin Rose Trusts to provide care for older people who others would not serve because they could not pay, to support research, and to take on initiatives that others could not afford. Many times, we have turned the successful projects into independent agencies in the process, frequently forgoing the public recognition that could have stayed in our name had we held on to them. The Benjamin Rose Trusts made it possible to think of the best interests of those new agencies rather than our own. The Trust resources continue to be the source of support for a broad range of important services Benjamin Rose provides through community services, research and the pursuit of innovation in the service system. Assuring the continuation and integrity of those resources is essential to preserving our ability to pursue our mission in the future.

A great deal has changed in the long-term-care industry since the early '90s, when the decision to build Kethley House was made.

(continued inside)

Remembering Jess A. Bell

Health Advocate, Business Professional Dies at Age 80

In 1999, Benjamin Rose decided to recognize the achievements of older adults who defy the myths of aging, people who remained active, optimistic, enthusiastic, inspired, innovative, and empowered well into their “golden years.” Those attributes were all embodied in Benjamin Rose’s first MythBuster, Jess A. Bell, former president and CEO of Bonne Bell, Inc.

In his 1999 interview with Benjamin Rose, Bell noted, “I wouldn’t think for one second that my age... I’m 74... would prevent me from doing something ‘too’ strenuous. I refuse to think in terms of taking things easy.”

Jess Bell passed away September 4 of complications from a heart problem.

In 1959, Bell became president of the company founded by his father. One of his many creative product ideas, Lip Smackers, introduced in the late 1960s, went on to become the company’s biggest seller.

While product innovations helped the company thrive financially, Bell’s workplace innovations helped employees thrive physically. His company began providing workout facilities in the 1970s, and employees were offered financial incentives to exercise, lose weight, and quit smoking.

His strong belief that older adults could remain productive and active led to the creation of Bonne Bell’s Senior Work Program in 1997. The idea came to him when he and his wife, Julie, were helping out with a shift at the company’s plant.

(continued on back)

For Fact Sheets
on Kindred Healthcare
and Long-term Acute Care,
visit our Web site
at www.benrose.org.

Ben Rose VP Honored



Dr. Linda S. Noelker

Linda S. Noelker, PhD, Senior Vice President, Planning and Organizational Resources, is the recipient of the 2005 Distinguished Career in Gerontology

Award, presented by the Gerontological Society of America (GSA). Dr. Noelker received the award at GSA's annual meeting held in November in Orlando, Florida.

The Distinguished Career award is given annually to an individual whose contributions over the course of her career have added a novel approach to addressing a significant problem in the field of gerontology.

Earlier this year, Dr. Noelker was recognized by the American Society on Aging with its 2005 Leadership Award.

Benjamin Rose *Fall 2005*
today!
HELPING PEOPLE AGE SUCCESSFULLY Vol. 5, No. 1

FALL 2005 Volume 5, No. 1

Benjamin Rose today! is published by the Institutional Advancement division of Benjamin Rose.

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Doug Knoop, *Fundraising Specialist*
Anne Schleicher, *Consultant*
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An Open Letter *(continued from front)*

The impact of these changes has accumulated since the day the facility opened. There are many specific issues that could be highlighted, and we could recount the many strategies and new relationships that were explored over a three-year period to limit the growing impact on the resources available to the Board. The overall result was that providing high-quality services at Kethley House could no longer be supported by Benjamin Rose without severely curtailing the other activities of the organization. After a period of exhaustive analysis and much soul-searching, the Board of Directors of the Benjamin Rose Institute has decided to end nursing home operations at Kethley House. A notice has been filed with the appropriate State authorities indicating that nursing services will end after 90 days. All personnel, residents and their families are being notified simultaneously. In my 35 years of serving older people, I have never been involved in a decision which was more painful than the decision we had to make.

Our foremost concern is with our residents and their families. We know that there are many other facilities in the community that will be able to meet their needs. And, we know that this change will be disruptive and unsettling. We are committing our staff resources at Kethley House and from our Community Services Division to help residents and families plan for and make transitions as smooth as possible. In addition, even though we know that our very capable staff at Kethley House will be in great demand in the long-term-care marketplace, we will provide resources to assist them in their transitions. We will support the people we have cared for and the people who have helped us provide that care.

Kethley House will remain with Benjamin Rose and will soon be bustling with new activity. Benjamin Rose will lease a portion of the building to Kindred Healthcare, which will renovate the space to operate a long-term acute care (LTAC) hospital. Additionally, Benjamin Rose will maintain a major presence at Kethley House, as it will serve as our new headquarters for administrative, research and community service operations. This move will enhance collaboration across our programs and enhance our position as one of this country's premier applied research and service organizations for the elderly.

As always when something big or surprising happens, some people have misread the news. Benjamin Rose is not going out of business, and Benjamin Rose is not ending all of its service operations. On the contrary, this painful decision assures that, once we have worked through all the financial consequences, Benjamin Rose will be in a stronger position to pursue a number of initiatives and its mission for the next hundred years. You will be hearing more about these initiatives, as well as our growing research portfolio and our broadening impact in advocacy and public policy, in the coming months.

For now, we want to concentrate on supporting our residents at Kethley House, their families, and our fine employees, who have served our residents well. And, we want to express our deep gratitude for your continued support. We ask for your continued cooperation during this difficult but necessary transition.

Sincerely,

Richard Browdie
President and CEO

Thank You for Your Generous Support!

Every gift – whether unrestricted, restricted, or made in memory or tribute – supports Benjamin Rose’s efforts to deliver quality services to greater Cleveland’s elderly population. We extend our sincere appreciation to the following donors for their gifts received from July 1 through November 30, 2005.

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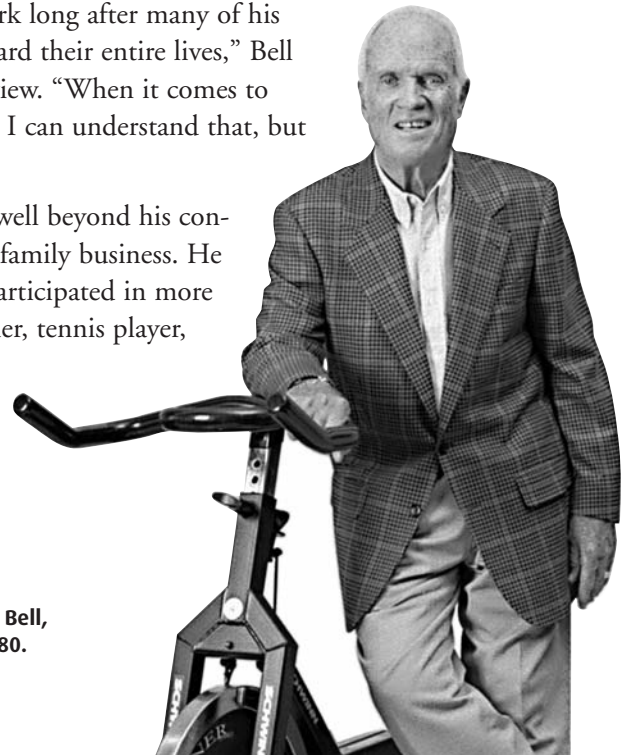
Bell *(continued from front)*

"We realized that if we can do this, there must be other seniors out there who can do this too," he said. The program continues to employ seniors ranging in age from 57 to 88 who work part-time in the company's manufacturing facility.

Bell himself continued to work long after many of his peers retired. "People work hard their entire lives," Bell said in his MythBuster interview. "When it comes to retirement, they want to rest. I can understand that, but it doesn't mean inactivity."

For Bell, "activity" extended well beyond his continued involvement with the family business. He was an avid runner, having participated in more than 36 marathons, a swimmer, tennis player, and mountain climber. At the time of his Benjamin Rose interview, he was planning mountain-climbing trips to Nepal and Tibet.

Benjamin Rose MythBuster, Jess A. Bell, passed away in September at age 80.



Caregiver Corner

Family and professional caregivers can share their thoughts and experiences in the new **Caregiver Corner** section of the Benjamin Rose Web site at www.benrose.org.



Each month a new topic of interest or concern to caregivers will be posted for discussion, and all are invited to share their insights and experiences.

Caregiver Corner kicked off in December with a discussion on "The Rewards and Blessings of Being a Caregiver."

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findings

A NEWSLETTER OF THE
MARGARET BLENKNER RESEARCH INSTITUTE

Fall 2005

Housing for Older Adults *Options and Trends*



Continuing care retirement communities (CCRCs) offer a range of housing choices and services designed to meet the changing needs of residents as they age. Also called “life care communities,” CCRCs feature a mix of single homes, townhouses, and apartments for independent residents and assisted living apartments for those who need help with cooking, personal care, housekeeping, medication management and other activities. Some facilities provide skilled nursing facilities for residents who require short-term rehabilitation or long-term care.

More than 2,000 CCRCs in the United States are home to 625,000 residents. These facilities may be privately owned or affiliated with religious, fraternal or ethnic organizations. Entrance fees range from \$20,000 to \$400,000 depending on the facility’s location and the level of living arrangements selected. While some CCRCs offer residents the option of owning their home, many charge a

monthly rent. Additional monthly fees generally depend on service use.

CCRC Living

Most facilities provide meals, transportation, housekeeping and maintenance, laundry, emergency call monitoring, some utilities, security and health services for their residents. Other amenities include onsite beauty and barbershops, swimming pools, health clubs, libraries, chapels, banking, pharmacies and post offices. Residents can often choose from a full program of activities including health and wellness programs, movies, dances, concerts, reading groups, educational classes, excursions and religious services. Easy access to organized pastimes prevents the isolation and loneliness that troubles many older adults living in the community.

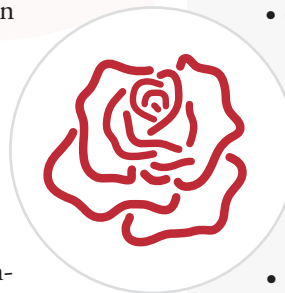
CCRCs: The Next Generation

CCRCs are becoming increasingly attractive retirement housing choices especially for aging Baby Boomers. This independent generation has very different attitudes about later life than their parents did and will be offered many inviting choices for retirement living. They’ll demand a homelike environment, Internet access, and space for computers, DVD players, and flat screen TVs and the availability of leisure activities.

Choosing a CCRC

Here are some questions to keep in mind when selecting a CCRC for yourself or a loved one.

- What levels of care are available: independent living, assisted living, skilled nursing care?
- How much are entry fees? Monthly service fees?
- What services are covered with monthly fees? Ask for a sample contract.
- Do residents own or rent their living quarters?
- Is there a waiting list for admission?
- Does the facility have a trial period or satisfaction guarantee so new residents can leave without a financial penalty?
- Who owns the facility?
- What is the facility’s financial status? Ask for a copy of the financial statement.
- What kinds of living units are available?
- Are pets permitted?
- How many meals are provided? Ask for a sample menu for the week.
- Can guests eat in the dining room?
- Is laundry service and housekeeping provided?
- What other onsite amenities are available?
- Is there a health clinic and pharmacy onsite?
- Is transportation available?



Resources on the Internet

The following links provide additional information and resources regarding Continuous Care Retirement Communities:

AARP

Offers an overview of CCRC services living arrangements, costs and entry requirements.

www.aarp.org/families/housing_choices/other_options/a2004-02-26-retirement-community.html

Carepathways.com

Detailed checklists for evaluating independent living facilities can be found on this service site created and maintained by registered nurses.

www.carepathways.com/checklist-il.cfm

CARF: Commission on Accreditation of Rehabilitative Facilities

Includes a checklist for selecting a CCRC, plus users can search for CCRCs by state.

www.carf.org/consumer.aspx?content=ConsumerSearch&id=7

To help planners understand the needs and satisfaction of elderly retirees in CCRCs, Farida Ejaz, PhD, LISW, a senior research scientist at Benjamin Rose's Margaret Blenkner Research Institute, and research analysts Dorothy Schur and Kathleen Fox surveyed residents of CCRCs in northeast Ohio and their family members. Results of their work can provide guidance for CCRC developers

With funds from the AARP Andrus Foundation, Dr. Ejaz surveyed 137 residents of eight Ohio CCRCs to learn how satisfied they are with the care and services they receive. Most participants were widowed Caucasian women, ranging in age from 59 to 99 years. All were well educated and fairly independent in terms of activities of daily living. Most of those interviewed lived in independent housing.

What Residents and Families Say

The independence, security and privacy CCRC living offers are important considerations for older adults looking for retirement housing. Residents typically moved to the CCRC because of health conditions – either their own or their spouse's. Others relocated because they wanted to downsize living quarters or live closer to friends and family. They chose their particular CCRC for convenience, attractive living space and grounds, familiar location or recommendations from others.

"It's nice and quiet here and there's always someone to talk to," commented one resident.

Other reasons for choosing CCRCs included security, safety, cleanliness and availability of housekeeping services, freedom to live as one wants, availability of emergency services, social events and educational activities. "I feel like I'm cared for and know if something does happen, help is available," one resident commented.

Location also was important. One respondent liked the fact that she now lived very close to her daughter. For others, moving to the CCRC meant they could live in an area close to familiar shopping malls, medical offices and churches.

Negative aspects mentioned by residents were dissatisfaction with heating and air conditioning, inconvenient bathrooms, small rooms and inconvenient laundry rooms. Meals also got negative reviews: food quality varies, service is slow and menus are repetitious. Some residents said they felt isolated or lonely and others wanted different or more activities.

"We were interested to learn that programs, services and transportation the CCRC offered were not 'very' important to these residents." Dr. Ejaz notes. "However this is not surprising because the majority of those we interviewed got along very well on their own. The needs of assisted living residents may differ substantially."

Satisfaction with Care and Services

Two areas are significant in determining resident's overall satisfaction with the CCRC: the type of interactions between residents and staff and the importance a resident places on certain services. If interactions between residents and staff are positive, residents are more likely to be satisfied with the overall care in the CCRC. It's also important to know what residents value most in terms of care and services. "It is critical to understand the importance *residents* place on particular care and service areas and not what administrators *think* is important for them," Dr. Ejaz explains.

Residents used phrases like "friendliness of staff," "their helpfulness" and "employees are very, very kind" to describe their encounters with staff. The findings were interesting because even fairly independent residents placed a great deal of importance on staff-resident interactions. Other satisfaction studies have found similar results in a variety of long-term-care settings. For example, in the historical study that formed the basis of the federal Omnibus Reconciliation Act of 1987, the National Citizens' Coalition for Nursing Home Reform found that nursing home residents placed a high value on warm and caring staff.

Applying the Research

The findings from the CCRC study revealed that understanding what is important to residents is critical to providing services that are responsive to their needs. It suggests that administration and staff need to make the distinction between what residents' desire and what others believe CCRCs *should* provide. One resident said: "[Management needs to] talk to residents more" while another emphasized the importance of "Better communications between residents and management." Therefore, administrators need to encourage positive interaction and communication between residents and staff; and, continuously seek to discover what residents want in order to provide services that are appropriate and enhance consumer satisfaction.