Care Referral Committee

Reasons for Referral to a Continuing Care Facility

- Loss of function of multiple systems
- Multiple medical problems with compromised functional status
- Cognitive impairment
- Severe dementia
- Dependence on others for daily care
- Multiple infections
- Failure to thrive
- Significant weight loss
- Inability to maintain home
- Inability to manage medications
- Depression
- Alcohol or drug abuse
- Need for 24-hour care
- Physical restraint use
- Difficulty communicating needs
In general, older adults who live alone or in small groups, such as those in nursing homes or assisted living facilities, may face more challenges in maintaining their health and well-being. These include limited access to healthcare services, social isolation, and financial difficulties. However, older adults who live in close proximity to others, such as those in multigenerational households or senior cohousing communities, may have better access to social support and healthcare services, which can improve their quality of life.

In CCRDs and other support systems, such as home health care and community-based programs, older adults can receive assistance with daily activities and medical needs. However, these services may not always be available or affordable, and older adults may need to rely on informal caregivers, such as family members and friends, to provide support.

A key challenge in delivering support to older adults who live alone or in small groups is the need for flexible and adaptable support systems. This includes access to transportation, affordable housing, and culturally appropriate healthcare services. Additionally, older adults may need support in navigating complex healthcare systems and making informed decisions about their care.

In conclusion, older adults who live alone or in small groups face unique challenges that require tailored support systems. By investing in community-based programs and informal support networks, we can help ensure that older adults have the resources they need to maintain their health and well-being.
Facility and Sample. The CRC described in this study is a profit-fee CRC.

The CRC involves a $100,000 interest-bearing contract for

facilities, along with a $10,000 interest-bearing contract for

monthly fees of approximately

$5,000. The CRC is offered by

the Tufts University School of

Public Health and the Boston College,

School of Social Work.

The sample consists of 120

women aged 18 or older, of whom

70% were Hispanic and 90% were

residents of Lawrence, MA.

The sample was selected to

reflect the demographic profile of

women living in Lawrence, MA.

The sample was also selected to

reflect the demographic profile of

women living in Lawrence, MA.

Methods. The study included

an interview with women aged 18 or older who had participated in

the CRC. The interview was conducted by

telephone by trained interviewers.

The interviews were conducted by

trained research assistants.

Results. The results showed that

women who participated in the CRC

had a lower risk of mortality than

women who did not participate in the CRC.

Conclusion. The CRC was found

to be effective in reducing mortality

rates among women living in Lawrence, MA.

References. The study is based on

the work of Cohen & Zanin (1990), Cohen, Gage, & Zanin (1988),

women, married women, and married men. The two unmarried men were excluded from the analysis.

Data analysis. Questions about the reasons for moving, general considerations in selecting a new residence, and considerations in selecting the specific CCRC were submitted to separate exploratory factor analyses using a principal axis technique and varimax rotation. The factors that emerged from the exploratory factor analysis on the response categories of the three open-ended questions did not achieve acceptable levels of reliability when tested with Cronbach's alpha. Therefore, the item response categories were analyzed with the demographic variables separately. Logistic regressions, a statistical test in which the dependent variable is a categorical variable, were used. Independent variables were used to predict the likelihood of membership into one of the two dependent categories and are expressed as odds ratios. Multiple logistic regressions were estimated to see if reasons for moving or considerations in moving could be predicted by the demographic factors. Interaction terms were created for Marital Status x Age cohort, Age Cohort x Perceived Health, and Marital Status x Perceived Health, and these were also tested as predictors of reasons for moving in multiple logistic regressions.

Results

Reasons for Moving

Table 2 presents data on the percentage of respondents selecting specific reasons for moving from their primary residences. The three most important reasons for moving were, respectively, to seek continuing care (84.6%), release from the burden of household upkeep and maintenance (52.7%), and the desire not to become a burden on their families (44%). Both desire to obtain security in continuing care and desire not to become a burden on family involve anticipation of future needs. The release from household upkeep and maintenance could be viewed as a current need, a future need, or both. Respondents' current health (11%) and/or respondents' spouse's current health (11%) were mentioned as reasons for moving less frequently.

More logistic regressions were used to determine whether demographic information predicted respondents' reasons for relocating (see Table 3). Respondents who had higher levels of education and those whose spouses were in poor health were more likely to say they would like to move due to their spouses' health. Respondents who rated their health as being lower were more likely to state that their ability to get around was a reason to consider moving from their primary residences. Married women tended to mention their ability to get around as a consideration, whereas unmarried women did not mention this at all. Within the sample, 16% of married women indicated that they either never learned to drive or did not currently drive. This is consistent with previous research that has found older women drive significantly less often than do older men (Googe & Keller, 1996; Rosenbloom, 1995; Stewart, Moore, Marks, & Hale, 1993). Therefore, it is not unreasonable to assume that married women would be more dependent on their husbands for transportation whereas unmarried women would be much more independent in this regard.

An interaction of marital status and perceived health shows that married and unmarried women who reported better health were more likely than married men to report upkeep and maintenance of their homes as a reason for relocating. This finding could reflect a couple of different factors, one of which would include married women being dependent on their husbands for household upkeep and having concerns about the future of home maintenance. Also, unmarried women are significantly older than both married women and men (see Table 1). Thus, unmarried women, even those in better health, may perceive themselves as being unable to continue with the upkeep and maintenance of their homes. However, age was not a significant factor in
In terms of their reasons for relocating to the specific CRC, data in Table 4 show that respondents cited financial need (25.4%) and improving health (15.4%) as the main reasons for moving in to the facility (12%). In many cases, financial need was cited as the primary reason for moving into the facility, with respondents often mentioning the need for assistance with rent or other financial expenses. Improving health was also a common reason, with respondents reporting that their health had significantly improved since moving into the facility.

A small number of family members (6.4%) and personal preference (4.4%) were also cited as reasons for moving into the facility. However, these reasons were less common compared to financial need and improving health. Family members often mentioned the need for support or care, while personal preference was cited by those who desired a change in their living situation for personal reasons.

The data also show that respondents were predominantly female, with 56% of the respondents being women. The age distribution of the respondents was also noteworthy, with a higher concentration of responses from older adults, particularly those over the age of 65. This is consistent with the demographics of the CRC, which is designed to meet the needs of older adults with limited mobility and financial resources.

In conclusion, the data suggest that financial need and improving health were the primary reasons for relocating to the specific CRC. The facility appears to be well-managed and offers a good quality of life for its residents, which is reflected in the high number of respondents who have been living there for a significant period of time. However, the facility could improve by addressing the financial needs of its residents and providing more support for family members who are involved in the care of their loved ones. Overall, the CRC seems to be an important resource for older adults who require assistance with daily living activities and financial support.
Summary

The research reflects the different types of residential movement that occur in CCRs. The study finds that CCR residents tend to be older population, generally situated in a more rural setting, and often have specific needs that require specialized care. The research also highlights the importance of considering the social, economic, and environmental factors that influence residential movement in CCRs.

CCR residents tend to have a lower level of mobility compared to the general population, and are often more reliant on specific services and amenities provided by the CCR. The study suggests that CCRs should be designed to accommodate the needs of residents of all ages and backgrounds, and that attention should be paid to factors such as accessibility, affordability, and quality of life.

Overall, the research highlights the importance of understanding the factors that influence residential movement in CCRs, and the need to develop policies and programs that support the needs of residents of all ages and backgrounds. The study suggests that further research is needed to better understand the specific needs of CCR residents, and to develop effective strategies for supporting their needs.

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