



***Exploring Ideas from  
Hospitality,  
Health Management,  
and Design for Senior Housing  
and Care:***

Insights from 2016 CIHF Senior Living Roundtable

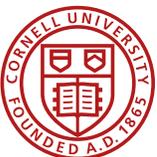
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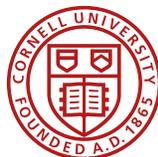
***Healthy Futures***

*Volume 1 Number 1  
July 2016*

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College of Human Ecology



School of Hotel Administration

# Exploring Ideas from Hospitality, Health Management, and Design for Senior Housing and Care:

## Insights from 2016 CIHF Senior Living Roundtable

Reported by Sherrie Negrea

Roundtable chaired by Brooke Hollis



**T**he first Cornell Institute for Healthy Futures (CIHF) roundtable, held in April 2016, brought together senior-level executives, educators, and leaders in senior housing and care to share experiences and exchange ideas. CIHF roundtables are purposely limited to approximately 25 to 30 participants “at the table” to foster discussion on a more intimate basis than traditional conferences. In addition to the formal participants, students, faculty, and guests observed and interacted during the event and attended a separate panel discussion, and reception the evening before. Students, faculty, and industry leaders also met together at a working luncheon session to brainstorm ideas for recruiting and training young talent for careers in the senior housing and care industry. (See Appendix.)

**B**y 2060, the population aged 65 and older in the United States is projected to reach 98 million, more than double its current population of 44.7 million, according to the U.S. Department of Health and Human Services. As the baby boomers retire, they will need access to senior living arrangements that meet their needs, and communities will have to accommodate a population where more than 1 in 5 people are over 65. The burden of providing appropriate senior living options for this burgeoning group of older Americans means that new models must be developed to meet this challenge.

A range of ideas from across hospitality, health management, and design for senior housing and care were explored at a roundtable sponsored by the Cornell Institute for Healthy Futures from April 21-22 at the Statler Hotel at Cornell University. The roundtable drew a cross-section of 29 leaders in the senior housing and care industry representing both for-profit and not-for-profit service providers, including home-based and smaller entrepreneurial organizations, national corporations, industry associations, hospitals, financial services companies, and consulting firms.

At the roundtable, industry leaders and participants noted that while many organizations have developed innovative facilities and programs, there are many opportunities for improvement, especially given the dramatically increasing numbers of consumers and their evolving expectations. The entire continuum of care could potentially benefit from the application of principles developed in the hospitality industry and the growing body of research and approaches from the design world. At the same time, managing the health of seniors in residential care needs to keep pace with the changing landscape in the health care industry.

Given these changes, various models are being explored in the field. An innovative project constructing senior housing as part of mixed-used international hospital and commercial development, is one model being developed.

However, as service providers look at innovative development in senior housing, they need to keep in mind the critical role cost will play in determining the types of options older adults can afford. “We’ve got some bigger problems than just service excellence,” said Mary Tabacchi, associate professor at the Cornell University School of Hotel Administration. “We’ve got people who have a wide range of physical and mental abilities who want to be challenged. How do you serve this big market of people who haven’t had all of the advantages that those of us in this room have had?”



**Mary Tabacchi:** How do you serve this big market of people who haven't had all of the advantages that those of us in this room have had?

## Ideas from Hospitality, Design and Operations

**P**eople who move into senior living facilities are looking for the same level of quality they seek in their favorite hotel brands, said Jeanna Korbas, vice president of design for Direct Supply Aptura, a Milwaukee-based company that builds, equips, and operates senior living facilities. Yet unlike the luxurious interior spaces that once dominated the major hotel brands, the senior living industry is shifting to a simpler design approach. “Now the emphasis is on lifestyle,” Korbas said. “It’s

about experiential design and the redefinition of luxury. The redefinition of luxury is: What does it mean for you?"

In a senior living community, that experiential design comes down to two concepts: choice and freedom. Dining facilities in senior living facilities must offer flexibility of when and in what type of dining room residents can eat. Korbas said the emerging trend of a "third space" that can serve multiple purposes ties into dining. One example of a "third space" her company designed for a senior living facility is a bistro/pub that serves breakfast in the morning, tea in the afternoon, and offers space to hold events in the evenings.

"The idea of a third space and how you create spaces that the residents will want to go to is a new concept," Korbas said. "What you want is for people to be engaged, and you want to give people that opportunity throughout your community to have that."

Another factor that affects design is language and the terms used to describe features within senior living facilities. A study of 15 senior living organizations showed that the use of language can affect a facility's focus on person-centered care, and it can help residents feel the environment is less institutional, said Cate O'Brien, director of research at Mather LifeWays Institute on Aging, a not-for-profit based in Evanston, Illinois, that conducted the study.

Younger adults moving into senior living communities have different expectations of what the facility should offer them, and their language preferences reflect that, O'Brien said. The expectation of younger adults, for example, is that they will be going to "restaurants," not "dining rooms." Language, she added, can also play a significant role in changing the overall perception of senior living communities.

While younger adults are influencing key aspects of the senior living industry, the average age at which adults move into assisted living in the United States is rising. The current age at



**Cate O'Brien:** The terms used to describe features within senior living facilities can affect a facility's focus on person-centered care.

which people enter assisted living is now 87, according to the National Center for Assisted Living. Ten years ago, that number was about 77, which indicates that people are aging in place for longer periods of time.

Two key factors that allow residents to remain in their homes longer are whether their residence incorporates universal design features and whether supportive services are available, said Esther Greenhouse, '93, MS '03, an environmental gerontologist in Ithaca. "People are insisting on aging in place," she said, "and we see that they are, and they're moving in at later dates, but are they doing so successfully?"

While many future options may involve home-based solutions, Karl Pillemer, a professor of Human Development at Cornell, suggested that in their planning process, retirees might also want to consider the potential value of a senior living community. Americans often have an ingrained ideal that we should "age in place," each of us staying alone in our big house, says Pillemer. "But actually, my interviews and other research show that people may do better by 'aging in community.'" The wide range of senior living options now makes it possible to find a

community where your social needs can be met and you can stay engaged.”

## Improving Care Across Acute/ Post-Acute Organizations

Changes in government programs, including Accountable Care Organizations and other approaches affecting the focus and incentives for managing patients and residents across the continuum, are also affecting the relationship between post-acute and acute care providers.

One key factor that determines whether older adults successfully transition into senior living is health care. When patients enter hospitals for the treatment of a condition, hospitals need to make sure patients have a plan of care for when they are discharged. The financial incentives for hospitals determining care after discharge have been influenced by new Medicare rules that result in payment penalties if patients have a readmission within 30 days. “The goal is for our patients to either not be admitted or to be discharged to an optimal place to prevent readmissions,” said Mary Blyth, corporate director for care coordination at New York Presbyterian Hospital



**Mary Blyth:** The process to plan care after discharge must begin when patients are admitted.

in New York.

The process to plan care after discharge must begin when patients are admitted, Blyth said. Under a new law enacted in New York State in 2016, hospitals have to identify patients’ caregivers, provide them with the patient’s medical record, and educate them on readmission prevention.

This changing health care environment is having a dramatic impact on senior living facilities. Hospitals used to earn money based on the number of services they provided within their buildings, said Lynne Katzmann, president and CEO of Juniper Communities, which invests in, develops, and manages senior living communities. Now, hospitals are paid the same amount regardless of where services are provided, and as a result, they want services to be provided in the most cost-effective setting.

“What does that mean for us, in post-acute care? It means people are coming to us sicker, and they’re typically older with more complex needs,” Katzmann said. As a result, she said, senior living facilities now have a bifurcated market: patients who are admitted from hospitals and consumers who are more focused on other issues, such as convenience and lifestyle.



**Lynne Katzmann:** Long-term care communities now have to offer more advanced and clinically complex care on-site to accommodate a new type of patient.

These trends have forced senior living facilities to change their staffing patterns, environment, and ambience as they comply with new regulations and manage new risks. In addition to providing primary care, rehab, and fitness services, long-term care communities now have to offer more advanced and clinically complex care on-site to accommodate a new type of patient, Katzmann said.

## Attracting A New Generation to Senior Living Careers

**A**s the senior living industry adapts to the changing health care landscape, it is struggling to attract more young people to enter the profession. By 2025, the industry will need to recruit 1.2 million employees to fill new positions and replace retiring professionals, according to research conducted by Argentum, a national trade association that serves senior living communities.

“We talk a lot about challenges we have out there. One of the big ones is the workforce — hiring, retention, and development of people at all levels,” said Brooke Hollis, associate director of the Cornell Institute for Healthy Futures and of the Sloan Program in Health Administration.



**Brooke Hollis:** One of the big challenges is the workforce — hiring, retention, and development of people at all levels.



**Corinna Loeckenhoff:** Give students an understanding that aging is a continuum and that having a healthy future is everyone’s healthy future, if they’re lucky enough to live long enough.

“For young people, this has traditionally not always been the first choice for a career.”

One way to tackle the problem is to develop interest in careers in senior living when students are in college. Universities, for example, could provide structure and mentors for students working in internships in the industry. Students should also be encouraged to shadow professionals in senior living communities to find out what their jobs entail, said Corinna Loeckenhoff, associate professor of Human Development and director of Gerontology minor program at Cornell.

As students explore the senior living and care fields in their studies, the curriculum also needs to deconstruct negative perceptions about aging. “Teach students that stereotypes about aging are not accurately depicting what older adults can and cannot do and what they want or don’t want,” Loeckenhoff said. “Give students an understanding that aging is a continuum and that having a healthy future is everyone’s healthy future, if they’re lucky enough to live long enough.”

Another suggestion is to look at careers that are now attracting millennials and to promote career paths that offer reasonably competitive compensation levels, such as a management development program leading to executive director or corporate roles allowing them to make an impact. “The industry has done a very poor job of marketing itself,” Greenhouse said. She suggested that the industry change its terminology so that positions are more appealing to young people.

The industry also could more successfully recruit millennials by offering benefits such as flexible schedules and by focusing on facility design to make the environment more attractive, said Jie Zhang, an assistant professor of operations management and information systems at the University of Vermont. Recruitment is a two-way selection process, she said, adding, “You want to attract people, but you want to make sure you have the right people.”

## Looking to the Future

**A**s mixed-use development is becoming a theme more frequently considered in the hospitality industry, senior living communities are also starting to embrace the trend. One example is an innovative mixed-used project in Mexico City that is being developed by Belmont Village Senior Living, a company that develops, owns, and operates senior living communities throughout the U.S. and is now beginning to assess more expansion in Mexico.

A joint development with ABC Medical Centre in the Mexican capital, the project will include a 22-floor facility with upscale retail and dining on the ground floor, 11 stories of senior living, and a Hyatt Hotel on the top eight stories. Next door, a medical office tower will be constructed as part of the development, and the two buildings will be connected to the hospital by a sky bridge. The project is scheduled to open later this year.

“We’re creating a true mixed-use project with senior housing being one of the major uses,” said Patricia Will, founder and CEO of Belmont

Village Senior Living. “Once you take out the very prescriptive rules that have happened in our space, the opportunity to innovate is quite amazing.”

Another trend Belmont is focusing on is building senior living projects for affinity groups who want to live together. The company is currently developing a senior housing community for the University of California at Berkeley, scheduled to open next year. Belmont previously built a similar senior living community near the University of California at Los Angeles.

While it has focused primarily on development, Belmont has also conducted groundbreaking research on the impact of senior housing in slowing down cognitive decline in its residents. Preliminary results from the research show that cognitive decline can be contained by engaging residents in a range of activities and services, such as exercise, nutrition, social engagement, the learning of new skills, and coordination of mind and body.

“It’s true that you don’t have to be in a senior community to maintain your brain,” Will said. But senior living communities offer the most optimal environment to program and control



**Jeanna Korbas:** What you want is for people to be engaged, and you want to give people that opportunity throughout your community.



Preliminary results show that cognitive decline can be contained by engaging residents in a range of activities and services, such as exercise, nutrition, social engagement, the learning of new skills, and coordination of mind and body.

these activities for their residents, she explained. “Yes, you can do all these things at home, but the likelihood that programmatically you’re going to be compliant, enjoy it, and have the right types of guidance is very difficult.”

A ten-year study of several senior living communities owned by Belmont, conducted by a researcher at Vanderbilt University, found that the combination of programming activities and support services the company provides in its facilities does work in containing dementia. The research will be presented at a national Alzheimer’s conference this summer. “It’s a very exciting step not just for us and our company,” Will said. “It’s a very exciting step with respect to what can go on between the walls for the disease that I think is the most devastating for the seniors and their families.”

Home health entrepreneur and School of Hotel Administration graduate John DeHart ’96 said trends show that changes in demographics will force a major restructuring in the senior housing and care industry. Baby boomers are unhealthier than they’ve ever been, which means they will be spending more money on their health care.

Nevertheless, he predicted that they won’t want to invest their dollars in the industry as it is currently configured.

“The baby boomer today is not going to take what health care is today,” DeHart said, suggesting that many, perhaps most, are not going to live in facilities, no matter how nice they are. “They’re not going to do it,” he said.

In the next 15 years, the industry systemically has to change to meet this challenge, including the way it delivers service, the types of products it offers, and the partnerships it creates. DeHart suggested that leaders in senior living and care organizations need to think more entrepreneurially so that they are not “out-innovated” by those just entering the profession.

“You can talk about vision and the future and what it might look like,” DeHart said. “The key to execution will be empowering your culture and your people to go along for the ride.” As an example, he noted that his company used to create comprehensive plans on a 10-year cycle but now develops them every 18 months.

DeHart closed by suggesting that organizations in the industry start planning how they will



**John DeHart:** Trends show that changes in demographics will force a major restructuring in the senior housing and care industry.



**BUURTZORG Neighborhood Nursing**, a highly successful award-winning model of quality home care originating in the Netherlands.

develop innovative strategies and become “disruptive” in the way they operate. “I think we all have to be thinking about that,” he said, “because if you’re not, you’re the one who is going to get disrupted — I guarantee it.”

In a concluding discussion at the roundtable, participants agreed with earlier comments that there is a critical need for developing moderately priced options in senior living and care. A number of developments were mentioned, including the Senior Suites model offered through Senior Lifestyle as well as PACE (Program of All-inclusive Care for the Elderly), which provides medical and social services to seniors living at home. DeHart and others suggested there will be new approaches combining home care and other contracted services with community-based networks to facilitate longer aging in place.

A variety of current and future models will be using variations on technology for remote monitoring and communications to facilitate care and interactions with families, caregivers, and others involved in the programs. Laura Barre MD, RD, a roundtable participant and an assistant clinical professor at Cornell, is working with a group in the Corning area to evaluate one

such model.

Although there are challenges to overcome in the future, moderators Will and DeHart both see incredible opportunities for innovators working in this space moving forward. As new approaches are developed, the entire continuum of care will be looking to the hospitality industry to apply the principles that have made service excellence a primary ingredient of success. From cutting-edge design of senior housing, updated technology to modernize senior care, and new research validating the programs used



**Patricia Will:** As new approaches are developed, the entire continuum of care will be looking to the hospitality industry to apply the principles that have made service excellence a primary ingredient of success.

in assisted living, it is clear there are unlimited possibilities to improve the options for senior housing and care. And while looking to the future, industry leaders need to continue to seek innovative approaches, including potential public-private partnerships, creative use of tax incentives, variations on Medicaid waiver options, and other ideas to help ensure that facilities and programs are accessible to as wide a cross section of our population as possible, regardless of income and health status.

*Sherrie Negrea is a freelance writer specializing in higher education.*



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## Roundtable Chair

**Brooke Hollis**

Associate Director, Cornell Institute for Healthy Futures & Sloan Program in Health Administration, College of Human Ecology, Cornell University

## Participants

**David Allen**

Director

PwC Strategy& - Healthcare New Entrants & Innovators

**Elizabeth Ambrose**

Proprietor

Bridges Cornell Heights

**Laura Barre, CHE '91**

Assistant Clinical Professor, Department of Nutritional Sciences  
College of Human Ecology, Cornell University

**Mary Blyth**

Corporate Director Care Coordination  
New York Presbyterian Hospital

**Denise Boudreau-Scott, MHA '94**

Owner

Denise B. Scott, LLC

**John DeHart, SHA '96**

Co-Founder

Hart1fy Brands

**Esther Greenhouse, CHE '93, MS '03**

Environmental Gerontologist.

Esther Greenhouse. LLC

**David Gress**

National Client Executive  
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**William C. Jones**

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Berkshire Healthcare Systems, Inc.

**Alice Katz, MBA/Sloan '76**

President

The Vinca Group L.L.C.

**Lynne Katzmann**

President and CEO  
Juniper Communities

**Jeanna Korbas**

Vice President of Design  
Aptura

**Steve Kramer**

President and CEO.

The Mayflower Retirement Community



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Professor of Operations and Supply Management  
University of Bath

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Associate Professor, Department of Human Development, Cornell University  
Associate Professor of Gerontology in Medicine, Weill Cornell Medical College

**Cate O'Brien**

Director of Research  
Mather LifeWays

**John Peters**

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Executive Director, Cornell Institute for Healthy Futures  
Professor, School of Hotel Administration

**Kate Walsh**

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**Elaine Wethington**

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Professor of Gerontology in Geriatrics, Weill Cornell Medical College

**Eileen McCoy Whang**

Work/Life Consultant  
Cornell University

**Patricia Will**

Founder and CEO  
Belmont Village Senior Living

**Jie Zhang**

Assistant Professor  
University of Vermont



# Appendix

## AGENDA

### Cornell Institute for Healthy Futures

*Innovating Across Hospitality, Health, and Design*

2016 Roundtable: **Exploring Ideas from Hospitality, Health Management, and Design for Senior Housing and Care**

Thursday, April 21, 2016

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4:30 – 5:30 p.m. **Panel/Q & A on Career Opportunities** *198 Statler Hall*  
**Brooke Hollis** and **David Schless**, Co-moderators *Cornell University*

**Denise Boudreau-Scott, MHA '94**  
Owner, Denise B. Scott, LLC

**John DeHart, SHA '96**  
Co-Founder, Hartify Brands

**David Gress**  
National Client Executive, Sodexo

**Lynne Katzmann**  
President and CEO, Juniper Communities

**Steve Kramer**  
President and CEO, The Mayflower Retirement Community

**Bill Sims**, Managing Principal, HJ Sims

5:30 – 7:00 p.m. **Welcome Reception** *SHA Tower 5<sup>th</sup> Floor*  
**Posters from students in courses including:** *Silver Birch Suite*

*Hospitality, Health, and Design Industry Immersion Seminar*  
*(HADM/DEA 4055/6055)*

*Quality Systems and Processes (HADM 4030/6030)*

*Health and Healing Studio (DEA 3304)*

*Operations and Planning of Senior Living and Related Facilities*  
*(PAM 5500/HADM 6033)*

*Fundamentals of Health Facilities Planning for Managers (PAM 5740)*

*Graduate Independent Research (HADM 6990)*



# AGENDA

Friday, April 22, 2016

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- 7:30 – 8:30 a.m. **Registration and Networking Breakfast** *Carrier Ballroom Foyer  
Statler Hotel*
- 8:30 – 8:45 a.m. **Welcome and Introductions**  
**Brooke Hollis, Chair** *Carrier Ballroom*
- 8:45 – 10:00 a.m. **Ideas from Hospitality, Design, and Operations**  
*What is working / potential new approaches*  
**Cate O'Brien and Jeanna Korbas, Moderators** *Carrier Ballroom*
- 10:00 – 10:15 a.m. **Break** *Ballroom Foyer*
- 10:15 – 11:30 a.m. **Improving Care across Acute/Post-Acute Organizations**  
*Technology, processes, and relationships*  
**Mary Blyth and Lynne Katzmann, Moderators** *Carrier Ballroom*
- 11:30 – 12:30 p.m. **Careers Luncheon** *Taylor A & B*  
  
*Participants and students pair up during a working lunch and brainstorm to identify innovative ideas for recruiting and training new young talent and developing a career path for long-term opportunities.*
- 12:30 – 1:30 p.m. **Reports from Lunch Work Groups** *Carrier Ballroom*  
  
*Discussion of action opportunities for workforce development*
- 1:30 – 1:45 p.m. **Break: Making Connections** *Ballroom Foyer*
- 1:45 – 2:45 p.m. **Looking to the Future**  
*Changing models and consumers*  
**Patricia Will and John DeHart, Moderators** *Carrier Ballroom*
- 2:45 – 3:00 p.m. **Wrap-Up and Next Steps** *Carrier Ballroom*





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### **Healthy Futures**

Vol. 1, No 1 (June 2016)

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