2018 Adult Foster Home Chartbook

Resident and Community Characteristics Report on Adult Foster Homes

Paula Carder, Ph.D., Sheryl Elliott, M.U.S, Ozcan Tunalilar, Ph.D., & Sarah Dys, M.P.A.

A study completed by the Institute on Aging at Portland State University in partnership with Oregon Department of Human Services









2018 Resident and Community Characteristics Report

Adult Foster Homes

A study completed by the Institute on Aging at Portland State University in partnership with Oregon Department of Human Services

About the Institute on Aging at Portland State University (IOA/PSU)

IOA/PSU strives to enhance understanding of aging and facilitates opportunities for elders, families, and communities to thrive.

IOA/PSU Study Team: For more information:

Paula Carder, Ph.D. Paula Carder, carderp@pdx.edu

Sheryl Elliott, M.U.S 503-725-5100

Ozcan Tunalilar, Ph.D. Institute on Aging, Portland State University

Sarah Dys, M.P.A P.O. Box 751, Portland, OR 97207

Additional Contributors from Portland State University:

Ellis Hews, Carol Menton, Rachel Steele, and Jaclyn Winfree

Special thanks to all of the adult foster home owners throughout the state of Oregon who contributed to this effort.

About Oregon Department of Human Services

DHS is Oregon's principal agency for helping Oregonians achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity, especially for those who are least able to help themselves.

DHS Study Team:

Paul Bellatty Angela Long

Julia Brown Lynette Caldwell Jay Grussing Sylvia Rieger

Jordan Purdy

Suggested citation:

Carder, P.C., Elliott S., Tunalilar, O., & Dys, S., (2018). 2018 Resident and Community Characteristics Report: Adult Foster Homes Portland, OR: Portland State University. Institute on Aging. Available at: https://www.pdx.edu/ioa/oregon-community-based-care-project

Contents

SAMPLE	1
Table A1: Regional Distribution of Sample and Response Rates, 2018	. 1
Figure A1: Oregon Regions by County	. 1
Section 1: Capacity and Occupancy	1
Table 1.1: Capacity and Occupancy Rates of Surveyed Homes, 2015-2018	. 1
Table 1.2: Rate of Surveyed Homes at Full Capacity, 2018	. 2
Table 1.3: AFH Licensed Capacity by Rural Status, 2018	. 1
Table 1.4: Highest Classification Level, 2018	. 1
Section 2: Adult Foster Home Owners	2
Table 2.1: Owners Living in AFH 2015-2018	. 2
Table 2.2: Provider Certification, 2015-2018	. 3
Table 2.3: Owners' biggest challenges	. 4
Section 3: Community Services and Policies	5
Table 3.1: Resident Needs and Behaviors That Would Typically Prompt a Move-Out Notice, 2016 and 2018	. 5
Figure 3.1: Use of a Fall Risk Assessment Tool, 2016 - 2018	. 6
Section 4: Adult Foster Home Staff	. 7
Table 4.1: Number of Caregivers Employed, 2015-2018	. 7
Table 4.2: Care Staff with Certifications	. 8
Table 4.3: Staff Training Topics by Rural Status, 2018	. 9

Table 4.4: Training Topics that AFH Owners Think Would Be Beneficial to Them and/or Staff	10
Section 5: Rates, Fees, and Medicaid Use	11
Table 5.1: Total Monthly Charge for Private Room by Region, 2018	11
Figure 5.1: Inflation-Adjusted Average Monthly Charges in Private Pay Rates over Time	12
Figure 5.2. Changes in Percent of Payers using Medicaid or Private Pay over Time, 2015-2018	13
Table 5.2: Services Available and Charged for in AFHs, 2016-2018	14
Figure 5.3: Medicaid Reimbursement, 2008-2017	15
Section 6: Residents	16
Table 6.1. AFH Resident Gender and Age, 2015-2018	16
Table 6.2: AFH Resident Gender and Age by Rural Status, 2018	17
Table 6.3: AFH Resident Race/Ethnicity, 2015-2018	18
Table 6.4: AFH Resident Race-Ethnicity by Rural Status, 2018	19
Table 6.5: Resident Move-in Locations, 2015-2017	20
Table 6.6: Resident Move-out Locations, 2015-2017	21
Figure 6.1: Resident Length of Stay over Time	22
Table 6.7: Length of Stay Among Residents Moving Out in the Prior 90 days, 2016-2018	23
Figure 6.2. Percentages of AFH Residents Requiring Staff Assistance with ADLs	24
Table 6.8: Residents Requiring Staff Assistance with ADLs by Rural Status, 2018	25
Table 6.9: Assistance from Family Members and Friends by Rural Status, 2018	26
Table 6.10: Chronic Conditions over Time	27
Table 6.11: Chronic conditions by Rural Status, 2018	28

Figure 6.3: Falls in Prior 90 days and Falls Resulting in Injury or Hospitalization	. 29
Table 6.12: Resident Falls in the Last 90 days by Rural Status, 2018	. 30
Section 7: Health Service Use	31
Table 7.1: Health Service Use among Residents, 2016-2018	. 31
Section 8: Medication Use	32
Table 8.1: Assistance with Medications and Treatments, 2016-2018	. 32
Table 8.2: Assistance with Medications and Treatments by Rural Status, 2018	. 33
Section 9: Staff, Owner, and Resident Language	34
Table 9.1: Languages Spoken other than English	. 34

SAMPLE

Table A1: Regional Distribution of Sample and Response Rates, 2018

	Population % (n)	Sample Population % (n)	Respondents % (n)	Response Rate % (n)
Region 1: Portland Metro	52% (828)	52% (340)	52% (205)	60%
Region 2: Willamette Valley/North Coast	24% (377)	26% (168)	26% (101)	60%
Region 3: Southern Oregon/South Coast	15% (238)	13% (81)	12% (47)	58%
Region 4: East of the Cascades	9% (141)	9% (61)	11% (42)	69%
Total	1,584	650	395	61%

• We selected a sample of 650 AFHs, 395 of which responded, for a response rate of 61 percent.

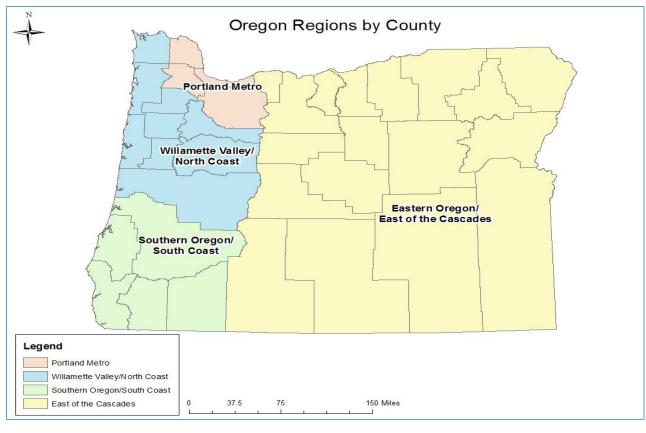


Figure A1: Oregon Regions by County

Oregon Department of Transportation Regions. Retrieved from: http://www.oregon.gov/ODOT/Regions/pages/index.aspx

• To ensure that our sample would be representative of AFHs throughout the state, we aggregated counties into four regions and calculated the number needed from each region to create a proportionate sample by region.

Section 1: Capacity and Occupancy

Table 1.1: Capacity and Occupancy Rates of Surveyed Homes, 2015-2018

	2016	2017	2018
Total Licensed Capacity of Survey Respondents	1,401	1,523	1,760
Occupancy of Survey Respondents	1,218	1,259	1,485
Occupancy Rate	87%	83%	84%

• The 395 AFHs from which we collected data were licensed to care for 1,760 residents and reported a total of 1,485 current residents, for an occupancy rate of 84 percent.

Table 1.2: Rate of Surveyed Homes at Full Capacity, 2018

# of Residents Permitted	Licensed Capacity % (n)	At Maximum Capacity % (n)
1 resident	6% (24)	100% (24)
2 residents	3% (11)	73% (8)
3 residents	6% (22)	23% (5)
4 residents	11% (42)	48% (20)
5 residents	75% (296)	53% (157)
Overall	100% (395)	54% (214)

• Fifty-four percent of AFH owners were at full capacity but this rate is largely explained by the number of homes licensed for one person. Of the homes licensed for three residents, only 23 percent had three residents.

Table 1.3: AFH Licensed Capacity by Rural Status, 2018

	Urban %	Rural %
1 resident	4	16
2 residents	2	7
3 residents	5	7
4 residents	9	9
5 residents	80	61
All AFHs	100	100

- Overall, AFHs located in rural/frontier communities had lower licensed capacity compared to AFHs located in urban communities.
- Average licensed capacity in rural/frontier AFHs was 3.9 compared to 4.6 for AFHs located in urban communities.

Table 1.4: Highest Classification Level, 2018

	Class Level % (n)
Class 1	3% (12)
Class 2	45% (176)
Class 3	49% (195)
Variance	7% (26)
Ventilator assisted care	<1% (2)
Limited	5% (20)
Don't know	2% (6)

Note: The percentages need not add up to 100 percent because of possible overlap across different classifications.

- Almost half of the owners who completed a survey held a Class 3 license.
- An owner with a Class 3 license may be approved to provide ventilator assisted care if they fulfill additional requirements.
- A limited license has provisions regarding the care of one specific resident².

Section 2: Adult Foster Home Owners

Table 2.1: Owners Living in AFH 2015-2018

J	2015 % (n)	2016 % (n)	2017 % (n)	2018 % (n)
Live at AFH	89 (200)	85 (272)	84 (263)	88 (320)
Family in AFH	56 (115)	72 (196)	65 (202)	64 (252)
Average number of family members among those with any family member	2.1	2.2	2.3	2.2
17 or younger	29 (126)	32 (76)	34 (163)	32 (179)
18 or older	71 (303)	68 (162)	66 (314)	68 (376)

Note: In 2018, owners were asked whether they lived at AFH all the time, some of the time, or never. The statistic reported here combines "all the time" and "some of the time" responses.

- Most AFH owners lived at their AFH. Most lived at their AFH all of the time, and a few did so some of the time (not shown in table).
- Most had family members living in the home. Of family members who lived in the AFH, 32 percent were age 17 or younger.

Table 2.2: Provider Certification, 2015-2018

	2015 % (n)	2016 % (n)	2017 % (n)	2018 % (n)
CNA	21 (48)	22 (70)	21 (71)	20 (78)
RN	5 (11)	5 (17)	5 (16)	6 (25)
LPN/LVN	4 (8)	3 (10)	4 (12)	3 (10)
MSW	<1 (1)	1 (2)	1 (2)	<1 (1)
Respiratory Therapist	1 (2)	<1 (1)	2 (5)	<1 (1)
Other	20 (46)	16 (52)	17 (58)	13 (50)

• Owners are not required to hold a health care certification, medical professional license, or degree. However, 20 percent indicated that they were certified nursing assistants (CNAs), the most commonly reported health care certification among respondents.

Table 2.3: Owners' biggest challenges¹

Challenge	% (n)
Regulatory requirements, paperwork	19 (48)
Resident care-health or behavior	17 (41)
Lack of qualified caregivers	15 (37)
Low Medicaid reimbursement rates	13 (31)
Long work hours	8 (19)
Licensors	5 (13)
Background checks	4 (11)
Dealing with loss; Emotionally taxing	3 (9)
Dealing with residents' families	3 (8)
Staff: other- work nights, wages	2 (7)
Capacity-filling beds	2 (5)
Dealing with other providers	1 (3)
Few resources	<1 (2)
Total responses	247

Note: This table can be found in the Health Service Use section on page 34.

• Most owners who identified challenges experienced difficulty with regulatory requirements, resident healthcare and behavior needs, the lack of qualified caregivers, and low Medicaid reimbursement rates.

Section 3: Community Services and Policies

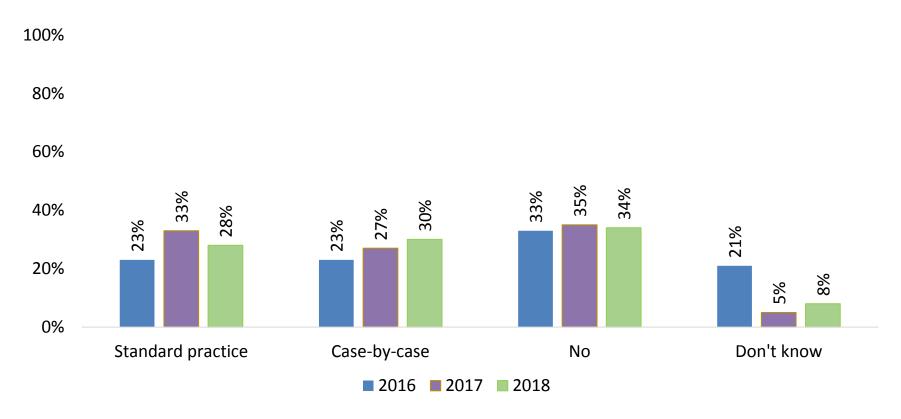
Table 3.1: Resident Needs and Behaviors That Would Typically Prompt a Move-Out Notice, 2016 and 2018

able 512. Resident Heeds and Benations that trouis Typicany Trompt a Mote Gat Holles, 2020 and 2020				
	2016	2018		
	% (n)	% (n)		
Hitting/acting out with anger	69 (128)	57 (223)		
Two-person transfer	27 (84)	24 (92)		
Wandering outside	27 (84)	18 (70)		
Lease violations other than non-payment	-	27 (104)		
Non-payment	-	60 (234)		
Sliding scale insulin	5 (15)	2 (6)		
Other	25 (79)	9 (35)		

Note: In 2016 and 2018, owners were asked about hypothetical scenarios. In 2017, they were asked about move-out instances. Therefore, this table does not include data from 2017.

• The most common potential reason for giving a resident a notice was non-payment, followed by hitting or acting out with anger.

Figure 3.1: Use of a Fall Risk Assessment Tool, 2016 - 2018



• A majority of AFH owners (58 percent) used a fall risk assessment tool, either as standard practice or on a case-by-case basis.

Section 4: Adult Foster Home Staff

Table 4.1: Number of Caregivers Employed, 2015-2018

	2015 % (n)	2016 % (n)	2017 % (n)	2018 % (n)
None	20% (46)	12% (38)	19% (62)	13% (53)
1	35% (80)	23% (72)	21% (68)	17% (67)
2	26% (58)	32% (100)	33% (109)	27% (105)
3	9% (20)	19% (61)	13% (43)	22% (85)
4	2% (4)	8% (24)	8% (27)	9% (35)
5 or more	8% (18)	7% (21)	7% (23)	12% (48)

- Eighty-seven percent of homes employed at least one caregiver (e.g., resident manager, shift caregiver, etc.) in 2018.
- The proportion of homes that had no paid caregivers was similar in 2016 and higher in 2015 and 2017.

Table 4.2: Care Staff with Certifications

	2016 % (n)	2017 % (n)	2018 % (n)
LPN/LVN	2 (15)	2 (12)	1 (12)
CNA/CMA	17 (116)	19 (141)	16 (154)
Not licensed or has other certificate	81 (552)	79 (598)	83 (808)

- Caregivers are not required to have a health care certification.
- Overall, the majority of staff with a certification held a CNA or CMA certification.

Table 4.3: Staff Training Topics by Rural Status, 2018

	Urban %	Rural %
Race	40	13
Intercultural	32	9
Sexual orientation	29	20
Gender	25	15

• Owners in rural/frontier communities received these training topics at a lower rate compared to owners in urban communities.

Table 4.4: Training Topics that AFH Owners Think Would Be Beneficial to Them and/or Staff

Category	Topic (N=291)	n	%
	Alzheimer's, Dementia, Cognitive Care, Memory Care	60	21%
	Behavior (management, training, interventions, challenges, TBI)	35	14%
	Medication (administration, management, side effects, marijuana use	30	10%
Resident	Chronic conditions and disease (i.e. heart, stroke, cancer, hygiene, wound care, TBI weight, ventilator)	26	9%
Healthcare	Resident care-needs (i.e. rights, social, fitness, falls, body mechanics, pain management, screening, transition)	25	9%
	Mental health (illness, issues	19	7%
	Nutrition(diet, diabetes, renal failure, healthy meals, meal prep	14	5%
	End of life care, hospice; Activities; Disease/disability diagnosis	21	<5%
Resident Other	Transfer, mobility	3	<5%
	Safety, communication with residents and family, Self-care; ESL training; Computer	33	11%
Owner	skills	33	11/0
and Staff	Time management, staffing, record keeping, background checks, administrative rules, service availability	25	9%

- Of all the requested topics, most were related to resident care (77 percent of responses cited training related to resident care).
- Of the most requested topics, 43 percent of requests were for training in dementia and behavior management.

Section 5: Rates, Fees, and Medicaid Use

Table 5.1: Total Monthly Charge for Private Room by Region, 2018

	Minimum	Average	Maximum
Portland Metro	\$1,800	\$3,583	\$7,200
Willamette Valley/North Coast	\$1,400	\$3,482	\$6,125
Southern Oregon/South Coast	\$575	\$3,173	\$5,000
East of the Cascades	\$1,500	\$3,439	\$7,000
Total	\$575	\$3,492	\$7,200

- The average monthly charge for AFHs that returned a survey was \$3,492.
- The highest average rates were found in the Portland Metro region, followed by Willamette Valley/North Coast, East of the Cascades, and Southern Oregon/South Coast regions.

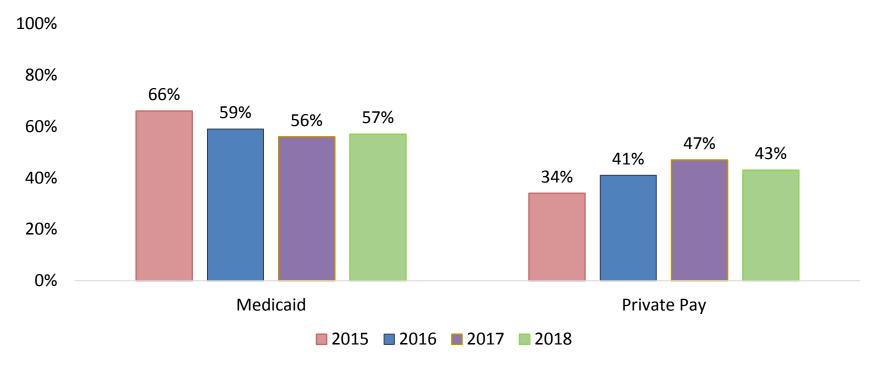


Figure 5.1: Inflation-Adjusted Average Monthly Charges in Private Pay Rates over Time

Note: Values are inflation adjusted to December 2017 using the Bureau of Labor Statistics (BLS) inflation calculator.

• Between 2015 and 2018, inflation-adjusted average total monthly charges decreased from \$3,522 to \$3,492 (in December 2017 dollars), less than a one percent decrease in real dollar terms.

Figure 5.2. Changes in Percent of Payers using Medicaid or Private Pay over Time, 2015-2018



Note: In 2017 and 2018, "private pay" reflects percentage of all residents who paid using sources other than Medicaid.

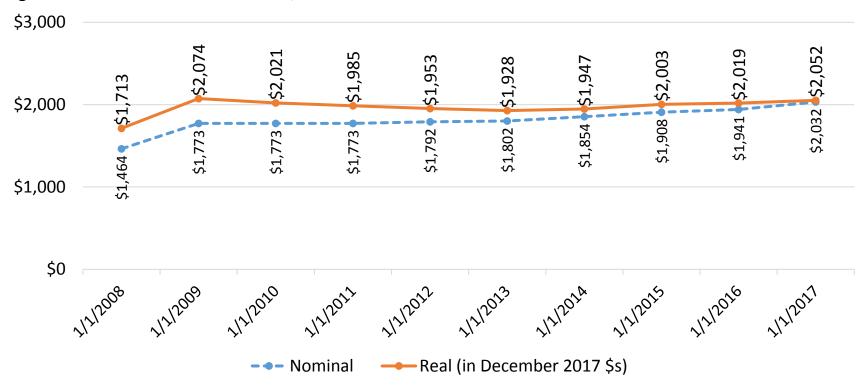
- The two main payer sources were Medicaid and residents' private sources.
- Overall, there was a decline in Medicaid use, and an increase in residents using private pay resources since 2015.

Table 5.2: Services Available and Charged for in AFHs, 2016-2018

	2016	2017	2018
	% (n)	% (n)	% (n)
Available			
Night-time care	86 (171)	81 (160)	86 (335)
Advanced memory care	68 (134)	69 (135)	62 (241)
Two or more person transfer assist	68 (133)	51 (99)	55 (215)
Obesity care	41 (82)	25 (48)	37 (145)
Catheter/colostomy	76 (150)	73 (142)	73 (284)
Advanced diabetes care	81 (161)	70 (135)	73 (286)
Charges Fee			
Night-time care	68 (116)	68 (114)	59 (195)
Advanced memory care	72 (97)	58 (90)	60 (143)
Two or more person transfer assist	72 (97)	54 (90)	71 (150)
Obesity care	46 (38)	27 (26)	53 (77)
Catheter/colostomy	77 (116)	68 (109)	65 (183)
Advanced diabetes care	70 (111)	66 (103)	64 (180)

- Most AFHs provided night-time care, catheter/colostomy or similar care, and advanced diabetes care, and two or more transfer assist.
- The percentage of AFHs charging additional fees ranged from 53 percent to 71 percent depending on the services provided.
- The three most commonly reported services for which an additional fee was charged included two or more person transfer assistance, catheter, colostomy or similar care, and advanced diabetes care.

Figure 5.3: Medicaid Reimbursement, 2008-2017



- Between 2008 and 2017, inflation-adjusted Medicaid reimbursement rates for AFHs went from \$1,713 to \$2,052, an increase of \$340 in 2017 dollars or an increase of 20 percent.
- Since 2009, the reimbursement rate kept up with the inflation.

Section 6: Residents

Table 6.1. AFH Resident Gender and Age, 2015-2018

	2015 % (n)	2016 % (n)	2017 % (n)	2018 % (n)
Gender				
Male	37 (305)	34 (409)	38 (340)	38% (557)
Female	63 (515)	66 (808)	62 (775)	62% (926)
Transgender	<1 (1)	<1 (1)	-	<1% (2)
Age				
18-49	X	6 (72)	5 (64)	6 (82)
50-64	X	16 (194)	16 (201)	17 (246)
65-74	17 (143)	17 (212)	17 (214)	19 (284)
75-84	22 (181)	18 (222)	19 (238)	21 (304)
85 and over	38 (314)	42 (512)	42 (528)	38 (565)

Notes: X indicates that the question was not asked in that year. Dash (-) indicates that there were no responses to this question in this year.

- The majority of AFH residents were female.
- The percent of residents ages 65 and older increased slightly since 2015.

Table 6.2: AFH Resident Gender and Age by Rural Status, 2018

	Urban %	Rural %
Gender		
Male	37	38
Female	62	62
Transgender	<1	-
Age		
18-49	6	5
50-64	16	17
65-74	20	17
75-84	20	23
85 and over	39	37

• Residents living in rural/frontier AFHs and urban AFHs were similar in terms of gender and age.

Oregon Community-Based Care Chartbook, 2018: Adult Foster Homes Residents

Table 6.3: AFH Resident Race/Ethnicity, 2015-2018

	2015 % (n)	2016 % (n)	2017 % (n)	2018 % (n)
Hispanic/Latino	2 (16)	2 (20)	2 (21)	3 (42)
American Indian/Native American/Alaska Native	1 (8)	1 (14)	1 (16)	2 (24)
Asian	2 (15)	2 (24)	2 (24)	3 (40)
Black/African American	2 (15)	2 (28)	2 (28)	2 (30)
Native Hawaiian/Pacific Islander	1 (4)	<1 (5)	1 (9)	1 (8)
White	89 (727)	90 (1,097)	88 (1,114)	86 (1,270)
Two or more races	1 (8)	1 (15)	1 (16)	1 (19)
Other/unknown	3 (22)	1 (15)	2 (31)	3 (48)

- The majority of residents were White, non-Hispanic.
- Three percent of residents were Asian and Hispanic/Latino, and two percent were Black and American Indian/Native American/Alaska Native.
- These rates are consistent over time.

Table 6.4: AFH Resident Race-Ethnicity by Rural Status, 2018

	Urban %	Rural %
Hispanic/Latino (any race)	3	3
American Indian/Native American or Alaska Native, not Hispanic or Latino	1	2
Asian, not Hispanic or Latino	3	1
Black, not Hispanic or Latino	3	<1
Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	<1	1
White, not Hispanic or Latino	86	86
Two or more races	1	1
Other/unknown/or resident would most likely choose not to answer	2	5

• Residents living at AFHs in rural/frontier and urban communities were somewhat similar in terms of race/ethnicity.

Table 6.5: Resident Move-in Locations, 2015-2017

	2015 % (n)	2016 % (n)	2017 % (n)	2018 % (n)
Home	23 (86)	20 (50)	24 (56)	20 (50)
Home of Relative	10 (38)	13 (33)	6 (14)	10 (26)
Independent Living	Х	8 (21)	6 (15)	5 (13)
Assisted Living/Residential Care	24 (89)	13 (33)	18 (41)	13 (33)
Memory Care	X	2 (5)	4 (9)	4 (9)
Hospital	7 (27)	7 (18)	6 (13)	12 (29)
Adult Foster Home	17 (63)	16 (40)	12 (27)	14 (36)
Nursing Facility	16 (61)	18 (44)	22 (52)	17 (43)
Other	3 (13)	2 (5)	2 (4)	4 (11)
Don't Know	-	<1 (1)	1 (2)	-

Notes: X indicates that the question was not asked in that year. Dash (-) indicates that there were no responses to this question in this year.

- A total of 250 residents moved to an AFH in the prior 90 days.
- Residents were most likely to move to an AFH from home or a nursing facility.

Oregon Community-Based Care Chartbook, 2018: Adult Foster Homes Residents

Table 6.6: Resident Move-out Locations, 2015-2017

	2015	2016	2017	2018
	% (n)	% (n)	% (n)	% (n)
Home	5 (16)	8 (8)	4 (7)	3 (6)
Home of Relative	5 (17)	4 (4)	2 (3)	4 (9)
Independent Living	X	2 (2)	2 (3)	1 (3)
Assisted Living/Residential Care	9 (28)	5 (5)	5 (9)	2 (4)
Memory Care	X	4 (4)	6 (10)	5 (11)
Hospital	4 (13)	3 (3)	4 (7)	4 (9)
Adult Foster Home	10 (30)	10 (10)	7 (12)	7 (15)
Nursing Facility	5 (17)	5 (5)	7 (11)	6 (12)
Other	2 (5)	2 (2)	1 (2)	2 (5)
Died	59 (187)	49 (48)	62 (105)	64 (134)
Don't Know	-	7 (7)	-	-

Notes: X indicates that the question was not asked in that year. - indicates that there were no responses to this question in this year.

- A total of 208 residents left their AFH in the prior 90 days.
- The primary reason residents left their AFH was death.
- Overall, among residents who moved out, most moved to either another AFH or nursing facility.

Figure 6.1: Resident Length of Stay over Time

100%



- A variety of factors can affect a resident's length of stay in an AFH including changes in health care needs, informal caregiver availability, and personal preferences.
- Since 2016, AFH residents staying longer than 12 months has increased, and residents staying less than 12 months has decreased.

Oregon Community-Based Care Chartbook, 2018: Adult Foster Homes Residents

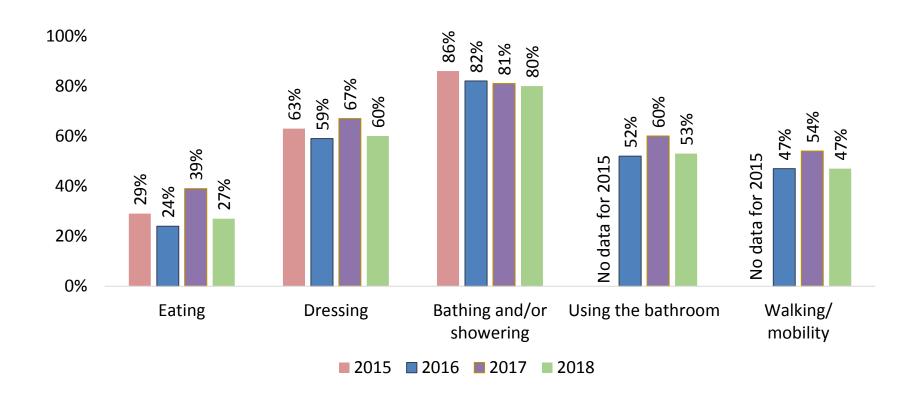
Table 6.7: Length of Stay Among Residents Moving Out in the Prior 90 days, 2016-2018

	_	=	
	2016	2017	2018
	% (n)	% (n)	% (n)
1 - 7 days	5 (5)	6 (10)	3 (7)
8 - 13 days	2 (2)	2 (3)	2 (5)
14 - 30 days	5 (5)	11 (18)	8 (16)
31 - 90 days	18 (17)	13 (22)	14 (29)
3 - 6 months	18 (17)	12 (19)	9 (19)
6 - 12 months	14 (13)	12 (20)	16 (33)
1 - 2 years	15 (14)	16 (26)	9 (20)
2 - 4 years	9 (9)	17 (28)	18 (39)
4 or more years	15 (14)	12 (19)	21 (44)

Note: This question was not asked in 2015

- There is some variation in length of stay over time.
- The greatest decline occurred among residents staying three to six months followed by residents staying one to two years, and 4 or more.
- Of the 52 percent of residents with a stay of one year or less, 13 percent had a stay of 30 days or less, and 27 percent stayed for 90 days or less.

Figure 6.2. Percentages of AFH Residents Requiring Staff Assistance with ADLs



• The most frequently reported need for assistance was with bathing/showering, followed by the need for assistance with dressing.

Oregon Community-Based Care Chartbook, 2018: Adult Foster Homes Residents

Table 6.8: Residents Requiring Staff Assistance with ADLs by Rural Status, 2018

	Urban %	Rural %
Eating	26	28
Dressing	61	57
Bathing and grooming	80	81
Using the bathroom	53	54
Mobility/walking	46	49

• Residents living at AFHs in rural/frontier and urban communities had similar rates of staff assistance with ADLs.

Table 6.9: Assistance from Family Members and Friends by Rural Status, 2018

	Urban %	Rural %
Help with personal care	6	7
Help taking medications	5	6
Help getting to medical appointments	30	27
Social visits	68	55
Phone calls	58	44
Going on outings	46	39

• Residents living at AFHs in rural/frontier communities had access to somewhat less support from family and friends in terms of social visits, phone calls, and going on outings compared to residents living at AFHs in urban communities.

Table 6.10: Chronic Conditions over Time

	2015	2016	2017	2018
	% (n)	% (n)	% (n)	% (n)
High blood pressure/hypertension	X	45 (553)	50 (577)	48 (710)
Alzheimer's disease and other dementias	54 (448)	49 (596)	47 (543)	46 (673)
Depression	Х	40 (492)	42 (484)	40 (582)
Heart disease	Х	39 (470)	37 (433)	38 (561)
Arthritis	Х	38 (458)	37 (423)	36 (528)
Diabetes	19 (161)	22 (272)	19 (215)	21 (315)
Serious mental illness	28 (232)	15 (180)	15 (179)	19 (277)
Osteoporosis	Х	16 (197)	17 (202)	18 (259)
Cardio-obstructive pulmonary disorder (COPD)	Х	15 (180)	16 (184)	15 (220)
Intellectual/Development Disability	Х	9 (114)	9 (100)	10 (146)
Cancer	Х	7 (84)	8 (91)	8 (111)
Skin issues	15 (126)	Х	Х	8 (113)
Traumatic brain injury	Х	Х	7 (83)	7 (107)
Current drug and/or alcohol abuse	5 (39)	4 (48)	3 (38)	3 (50)

Notes: X indicates that the question was not asked in that year. Dash (-) indicates that there were no responses to this question in this year.

• Similar to the findings from previous years of this study, the five most common chronic conditions in AFHs were high blood pressure/hypertension, Alzheimer's disease or other dementias, depression, heart disease, and arthritis.

Oregon Community-Based Care Chartbook, 2018: Adult Foster Homes Residents

Table 6.11: Chronic conditions by Rural Status, 2018

	Rural	Urban
	%	%
High blood pressure/hypertension	51	48
Alzheimer's disease and other dementias	49	45
Arthritis	46	33
Depression	45	38
Heart disease	43	36
Diabetes	27	20
Serious mental illness	23	18
Osteoporosis	17	18
COPD	16	15
I/DD	16	8
Traumatic brain injury	10	6
Skin issues	8	8
Cancer	7	8
Weight change	6	5
Current drug and/or alcohol abuse	5	3

• Residents living at AFHs in rural/frontier communities had a higher prevalence of many chronic diseases compared to residents living at AFHs in urban communities.

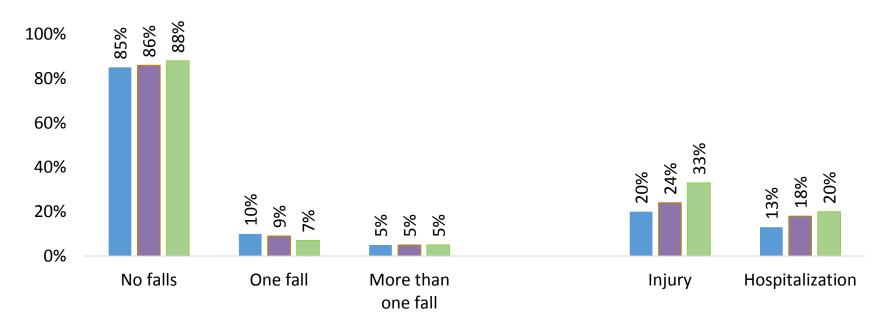


Figure 6.3: Falls in Prior 90 days and Falls Resulting in Injury or Hospitalization

- Most AFH residents did not fall in the prior 90 days.
- Of AFH residents who fell, 33 percent experienced a fall that resulted in an injury and 20 percent went to the hospital (ED or admitted overnight) because of the fall.

2016 2017 2018

Table 6.12: Resident Falls in the Last 90 days by Rural Status, 2018

	Urban %	Rural %
Did not fall	89	87
One fall only	7	7
More than one fall	4	6

• Residents living at AFHs in rural/frontier and urban communities were equally likely to experience falls.

Section 7: Health Service Use

Table 7.1: Health Service Use among Residents, 2016-2018

	2016 % (n)	2017 % (n)	2018 % (n)
Treated in hospital ER	14 (170)	14 (172)	15 (224)
Discharged from an overnight hospital stay	6 (76)	8 (103)	8 (123)
Re-hospitalized within 30 days	Х	24 (22)	30 (37)
Received hospice care	10 (120)	10 (116)	11 (156)

Note: X indicates that the question was not asked in that year

- Just eight percent of AFH residents were hospitalized overnight in the past 90 days and 30 percent of those residents went back to the hospital within 30 days.
- The percent of AFH residents who received hospice care has stayed nearly constant over the past three years.

Section 8: Medication Use

Table 8.1: Assistance with Medications and Treatments, 2016-2018

	2016 % (n)	2017 % (n)	2018 % (n)
No medications/injections	2 (35)	2 (20)	2 (31)
Nine or more medications	54 (659)	53 (658)	51 (743)
Antipsychotic medications	34 (419)	35 (435)	35 (519)
Self-administer medications	5 (65)	5 (68)	6 (87)
Receive assistance for oral medications	80 (970)	75 (929)	74 (1,078)
Receive assistance with injection medications	11 (137)	9 (108)	9 (135)
Receive injections from a licensed nurse	2 (24)	2 (26)	3 (42)
Receive nurse treatment from a licensed nurse	8 (95)	11 (131)	9 (128)

- Only two percent of AFH residents took no medications or injections.
- Most received staff assistance to take oral medications.
- Few residents received staff assistance with injection medications, other types of nurse treatments from a licensed nurse, or injections from a licensed nurse.

Table 8.2: Assistance with Medications and Treatments by Rural Status, 2018

	Urban %	Rural %
Take 9 or more medications	51	49
Take antipsychotic medication	34	38
Self-administer most of their medications	6	6
Receive staff assistance to take oral medications	73	77
Receive staff assistance with subcutaneous injection medications	10	8
Receive injections from a licensed nurse	3	3
Receive nurse treatments from a licensed nurse	9	7

 Overall, residents living at AFHs in rural/frontier and urban communities had similar medication and treatment use. However, residents living at AFHs located in rural/frontier communities had slightly higher antipsychotic medication use and were more likely to be receiving assistance to take oral medications compared to urban communities.

Section 9: Staff, Owner, and Resident Language

Table 9.1: Languages Spoken other than English

Language	Staff	Owner	Resident	Language	Staff	Owner	Resident
Romanian	74	105	9	Samoan	2		
Spanish	51	36	24	Micronesia	2	2	-
Tagalog	27	28	-	Israeli/Hebrew	2	-	-
Russian	16	25	3	Hindi	2	-	-
Filipino	16	23	-	Japanese	-	-	3
French	5	28	-	Danish/Swedish	-	-	3
Amharic	9	-	-	Hindu/Punjabi	-	-	2
German	-	16	6	Turkish	1	-	-
Greek	-	14	1	Portuguese	1	-	-
Hungarian	8	14	-	Polynesian	1	-	-
Oromo	6	-	-	Italian	1	-	-
Ukrainian	4	6	1	Fijian	1	-	-
Arabic	4	-	1	Farsi	1	-	-
Chinese	ı	4	6	Ethiopian	1	-	-
German	3	-	-	Italian	1	-	-
Bosnian							
Albanian	3	2	_	Hmong	_	_	1
Serbian	3		_	Tilliong			_
Croatian							
Vietnamese	2	-	7	Liao	-	-	1
Tigrigna	2	4	-	Mexican	-	-	1
African/Swahili	2	6	4	Pacific Islander	-	-	7

Notes: Staff, owner, and resident data include 248, 313, and 89 responses, respectively.

- The most commonly reported language spoken by owners and staff was Romanian.
- Few residents spoke a language other than English.