2023

2023 Adult Foster Home: Resident and Community Characteristics Report on Adult Foster Homes

Ozcan Tunalilar
Portland State University, tozcan@pdx.edu

Sarah Dys
Portland State University, sdys@pdx.edu

Paula Carder
OHSU-PSU School of Public Health, carderp@pdx.edu

Diana Jacoby
Portland State University, diana.jacoby@pdx.edu

Sheryl Elliott
Portland State University, sheryle@pdx.edu

See next page for additional authors

Authors

Ozcan Tunalilar, Sarah Dys, Paula Carder, Diana Jacoby, Sheryl Elliott, Minju Kim, Nathan Finch Parsons, and Wafi Albalawi

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

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Portland State
Institute on Aging

Oregon Department of Human Services
AGING & PEOPLE WITH DISABILITIES

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About the Institute on Aging at Portland State University

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

About Oregon Department of Human Services

ODHS 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.

IOA/PSU Study Team

Ozcan Tunalilar
Paula Carder
Sarah Dys
Diana Jacoby
Sheryl Elliott
Minju Kim
Nate Parsons
Wafi Albalawi

ODHS Study Team

Julia Brown
Eleni Gialoyrakes
Peter Sprengelmeyer
Lynette Caldwell
Max Brown
Rebecca Mapes

For more information

Ozcan Tunalilar, Ph.D.
tozcan@pdx.edu
503-725-5237
P.O. Box 751, Portland, OR 97207

Additional contributors from Portland State University

Lauren Neely, Eiji Toda, Madeleine Fox, Cassidy Rogoway, Craig Davis, Brooke Huber, Jessi Cook, Sudi Nur, Heather Blackbird, Tensin Tsekyi, Nhu Lee

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REPORT SUMMARY AND BACKGROUND

This report is the ninth installment of the Oregon Community-Based Care Study: Resident and Community Characteristics Report on Adult Foster Homes. Each year, the Institute on Aging at Portland State University (IOA/PSU) collects and reports information that can inform and advise policymakers, state and county agency staff, advocates for older adults and people with physical disabilities, and AFH owners and providers about the AFH landscape in Oregon. The results covered in this report include home and owner characteristics, staff positions, wages, and hiring challenges, consumer payer sources, additional fees and services, resident demographics, health conditions, personal care, health services use, and medication use, and providers' experiences owning and operating an AFH during a pandemic. IOA/PSU collected the information in this report between January-March 2023.

In the past three years, the COVID-19 pandemic has had a significant impact on AFH residents, staff, and providers due to increased risk of morbidity due to COVID-19 infection, social isolation, possible delays in medical care, and financial strain. Early difficulties in access to necessary personal protective equipment (PPE) put providers, staff, and residents at heightened risk of infection. Many AFH residents, and some owners and staff, have underlying health conditions, which increase their risk of severe illness or death from COVID-19. Visitation restrictions and quarantine measures, instituted to mitigate the spread of COVID-19 in this setting, led to increased social isolation among residents and providers, with accompanying negative impacts on their mental and physical health. With considerable strain on healthcare systems during certain periods, some AFH residents experienced delays in accessing routine medical care. Overall, we expect some of these recent adverse effects to continue to reverberate even as pandemic-related measures (such as mask requirement or public health emergency declaration) at the local, state, and federal levels are lifted.

Adult Foster Homes (AFHs) provide services to people with various care needs, including those who primarily benefit from the social environment and those with complex health conditions, dementia, or a terminal illness. Each AFH can be licensed to serve up to five residents, and most homes are single family residences located in residential neighborhoods. These homes provide an alternative option for those who prefer small home environments

to residential care, assisted living or nursing facilities. AFH owners and staff provide personal care, supervision of health-related services, social and recreational activities, three daily meals, and lodging to older adults and adults living with physical disabilities. AFHs are licensed by the Oregon Department of Human Services (ODHS) Office of Aging and People with Disabilities (APD) program primarily serving older adults and adults with disabilities (Oregon Administrative Rules, [OAR] 411-051). Oregon rules use the term "licensee" to describe the person who was issued an AFH license and who is responsible for the home's operation. We use the terms owner and provider to refer to the person who operates the AFH.

This year, due to space limitations, we made the difficult decision to limit the reporting period mainly to data we collected between 2019 and 2023, covering the period before and during the pandemic while we continue to report data received from ODHS, including the number of AFHs and Medicaid data, since 2016. However, data we collected during years before 2019 are included in reports from prior years we previously published and made publicly available on the following websites:

- https://www.pdx.edu/ioa/oregon-community-based-care-project
- http://www.oregon.gov/DHS/SENIORS-DISABILITIES/Pages/publications.aspx
- https://pdxscholar.library.pdx.edu/aging_pub/

Study Method

In December 2022, IOA/PSU sent out paper questionnaires to a geographically stratified random sample of 650 out of the 1,329 licensed homes in the state. AFH owners were asked to complete and return the questionnaire via fax, email, phone, or mail (U.S. postal services with a prepaid business reply envelope provided by IOA/PSU).

Of the 650 sampled AFHs, 16 were ineligible to participate because the ODHS licensing website listed them as closed as of December 2022 or their owner informed us that they closed their AFH. Of the eligible 634 AFHs, 304 returned a questionnaire, for a response rate of 48 percent, and reported information on 1,085 residents. Unless otherwise noted, we describe findings based on data from these 304 responding AFHs.

Where applicable, to provide context or further analyses, we use additional information about AFHs related to their licensed capacity, years in operation, Medicaid contracts, reimbursement rates and state funds paid to owners, and geographic location. These data were provided by ODHS staff or retrieved from the ODHS licensing website.

Details about study methods, data collection, data analysis, and the questionnaire can be found in Appendix A.

Policy Considerations and Notable Findings

- There has been a steady decline in the number of AFHs and beds licensed by ODHS/APD since 2017.
- Over half of AFH residents are Medicaid beneficiaries.
- The original concept of the AFH model, a homelike setting in which the owner lives and personally provides care services to their residents, persists.
- Providers report low turnover among current staff but significant challenges in hiring new employees.
- AFHs are home to a significant number of residents with a diagnosis of Alzheimer's disease and other dementias.
- The percent of AFH residents prescribed an antipsychotic medication has ranged from 34 percent and 39 percent between 2019 and 2023.
- ADA paratransit services are the most commonly used transportation option by AFH residents.
- Owners report a notable decline in their perceived support from various government agencies and in their ability to address concerns related to the COVID-19 pandemic.

IOA/PSU and ODHS recognize that the AFH owners who completed the study questionnaire continue to operate within a pandemic context, in addition to other social and economic challenges. We extend our thanks and appreciation to those who took the time to participate in this study. Finally, we thank all the AFH providers and staff for all they do on behalf of Oregon's older adults and people living with disabilities.

FINDINGS

AFHs and Study Participation

- Of the 1,329 AFHs in Oregon, 650 were included in the sample, of which 634 were eligible to participate.
- 304 AFHs returned a questionnaire, for a response rate of 48%.

AFH Capacity and Occupancy

- The licensed capacity was 1,357 for the 304 homes that provided this information, for an occupancy rate of 80%.
- 44% of responding homes were at full capacity.
- There was a total of 6,105 licensed beds in all AFHs licensed by APD/ODHS.
- There were an estimated number of 4,880 AFH residents living in homes licensed by APD/ODHS based on the total number of licensed beds and occupancy rates.

AFH Owners and Staff

- 94% of owners lived in the AFH at least some of the time.
- 96% of owners provide regular care to residents living in the home.
- 13% of owners reported they plan to open a new AFH.
- 304 AFHs employed a total of 786 staff.
- 40 AFHs reported that they did not have any staff.
- 85% of currently employed staff by AFHs were caregivers.
- The average hourly wage for AFH staff was $17.98.

Medicaid Use and Expenditure

- 82% of responding AFHs had a contract with ODHS to accept Medicaid.
- 57% of residents were Medicaid beneficiaries.
- $1,932 is the base monthly rate paid to owners on behalf of Medicaid beneficiaries, effective in January 2023.

Private Payers, Rates and Fees

- $63,180 is the estimated average annual private pay charge, based on the average monthly rate for the lowest service level.
- Between 2016 and 2023, inflation-adjusted average total monthly charges increased from $4,043 to $5,265 (both in January 2023 dollars), a 30% increase in real dollar terms.
- The average monthly charges vary by region, from $4,578 (Southern Oregon/South Coast) to $5,464 (Portland Metro).

Based on information about residents in the responding AFHs

- 59% were female.
- 87% were White, not Hispanic or Latino.
- 59% were 75 or older.
- 32% were ages 85 and older.

Length of stay in AFH among residents who moved out or died in the prior 90 days

- 76% of AFH move-outs were due to death.
- 20% of residents stayed less than 6 months.
- 15% stayed 6 months to 1 year.
- 18% stayed 1–2 years.
- 47% stayed 2 years or more.

Assistance with Activities of Daily Living

- 79% of residents received assistance with bathing and grooming.
- 64% received assistance with dressing.
- 57% received assistance with using the bathroom.
- 51% received assistance with walking/mobility.
- 29% received assistance with eating.

Staff Assistance

- 27% of residents received assistance from two caregivers at one time for physical and/or cognitive health needs.
- 50% received staff assistance to use a mobility aid (e.g., walker, wheelchair).
- 35% received staff assistance during the night (NOC) shift.
- 62% received staff assistance with incontinence needs.

Family and Friend Involvement in the prior 90 days

- 60% of residents had social visits.
- 55% received phone calls.
- 33% went on outings.

Resident Health Characteristics

- 60% took 9 or more medications.
- 38% took antipsychotic medications.
- 51% were diagnosed with hypertension (high blood pressure).
- 43% were diagnosed with Alzheimer's disease and related dementias (ADRD).

Falls in the prior 90 days

- 11% of residents fell at least one time.
- Of residents who fell, 22% had a fall that resulted in an injury, and 21% required hospitalization.

Recent Health Service Use in the prior 90 days

- 15% of residents were treated in a hospital emergency department.
- 10% had an overnight hospital stay.
- 25% of those discharged from a hospital returned to the hospital within 30 days.
- 18% received in-home health care.
- 12% received hospice services.

ADULT FOSTER HOME SUPPLY & OCCUPANCY

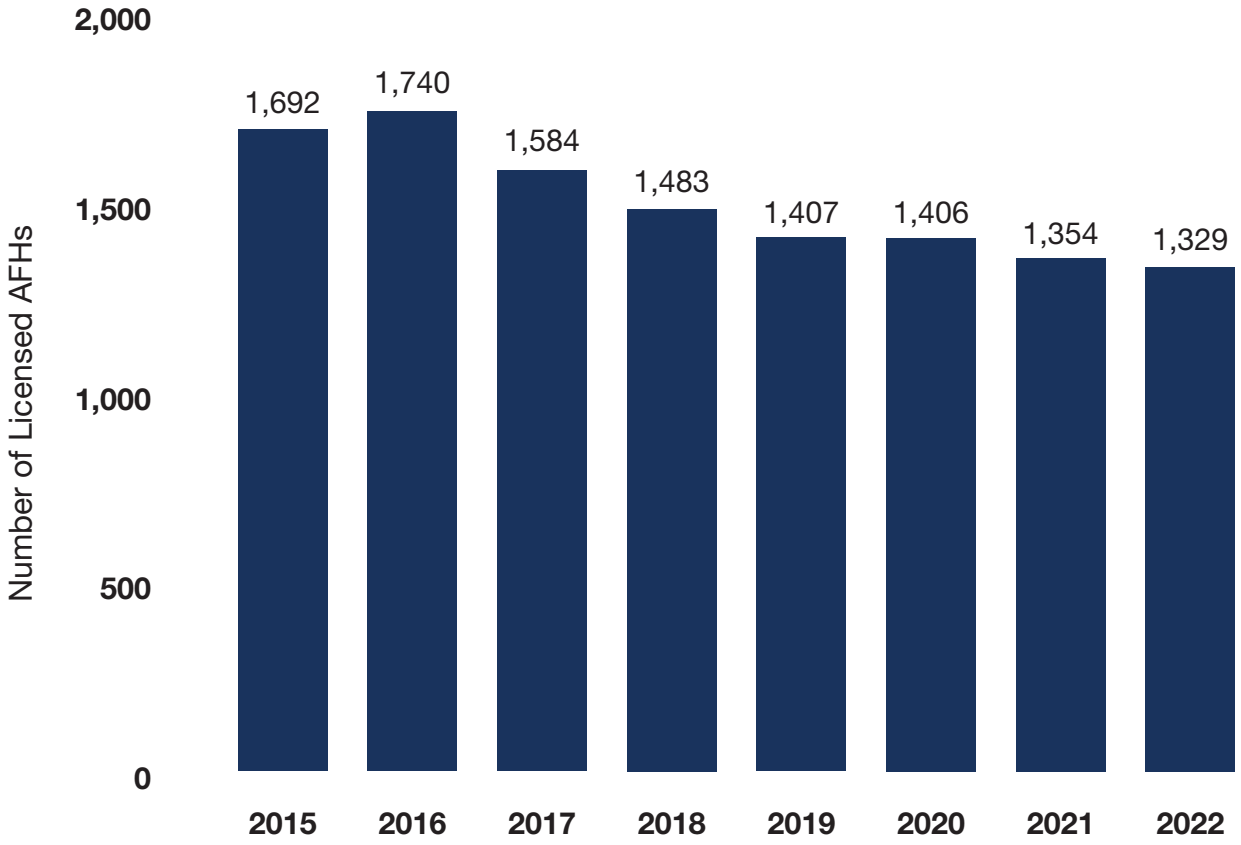
This section describes:

- The number, licensed capacity and years of operation of all AFHs,
- AFH supply by county,
- The occupancy rate among AFHs that participated in the study, and
- The number and percentage of the respondent AFHs at full occupancy

Number of AFH, Licensed Capacity, and Years of Operation

Number of AFHs. Tracking the number and licensed capacity of AFHs is an important way to understand older Oregonians' access to a variety of residential long-term services. Figure 1 shows the number of AFHs licensed each fall between 2015 and 2022. As of Fall 2022, there were 1,329 AFHs, a notable decrease of 24 percent from an all-time high of 1,740 since this report was prepared in 2016, but only a modest decline since 2021. An ODHS policy analysis (ODHS, 2019) suggests that the steady declines in AFH supply are likely driven by AFH owners choosing to serve other types of clients (e.g., intellectual and developmental disabilities), perceived gap between care costs and Medicaid reimbursement rates, and long-serving AFH owners entering retirement. On a positive note, the COVID-19 pandemic seems to not have accelerated the decrease in the number of AFHs.

Figure 1. Number of licensed AFHs in Oregon, 2015-2022



Source: ODHS. The number of licensed AFHs between 2015 and 2021 were retrieved from past reports.

Licensed capacity. Licensed capacity refers to the maximum number of residents permitted to reside in an AFH and is determined by the "ability of the staff to meet the care needs of the residents, the fire and life safety standards for evacuation, and compliance with" the regulations (OAR 411-49).

Among AFHs that completed the questionnaire, most had a licensed capacity of five (78 percent) or four beds (9 percent) with the remaining 13 percent having between one and three beds. Based on licensing data provided by ODHS, we estimated the total number of AFH beds by ODHS/APD between 2015 and 2022 (Table 1 below). During this period, the number of licensed beds declined from 7,475 to 6,105 between Fall of 2015 and 2022—a decline of 1,370 beds or 14 percent.

Table 1. Estimated total number of AFH beds licensed by ODHS/APD, 2015-2022

Year	2015	2016	2017	2018	2019	2020	2021	2022
Est. Beds	7,475	7,400	7,053	6,608	6421	6,413	6,235	6,105

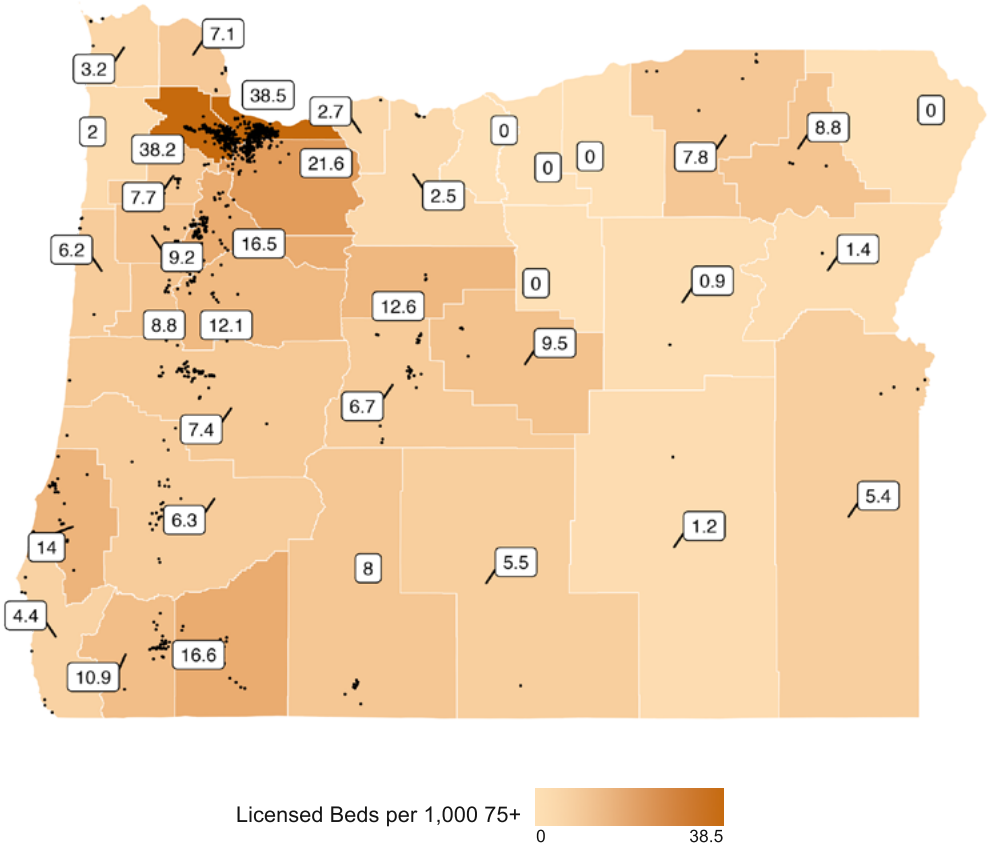
Years of operation. Based on information provided to IOA/PSU by ODHS, 10.5 percent of AFHs have been operating for less than one year, 29 percent between one to five years, 20 percent between five to 10 years, and 41 percent for 10 or more years (data not shown). These numbers indicate that new AFHs are being added to the overall supply, and that a substantial number of owners have been operating for more than five years. However, there is also some evidence that AFH provider tenure (the number of years that an AFH provider has had their license number) has been decreasing since 2017 when 5-year tenure was 69 percent compared to this year (61 percent).

AFH Supply by County

All but five counties (Morrow County, Gilliam County, Sherman County, Wallowa County, and Wheeler County) had at least one licensed AFH. The number of AFHs varied widely across the state. For example, 15 counties had fewer than 10 AFHs (see Appendix B), while three counties (Multnomah, Washington, and Clackamas) had more than one hundred each. Collectively, Multnomah, Washington, and Clackamas counties account for 62 percent (n = 826) of the total number of AFH in Oregon.

Because the number of Oregonians who may need AFH care may differ by county, we calculated a measure of AFH supply that better accounts for differences in population across counties: licensed capacity per 1,000 persons aged 75 and older (Figure 2). According to this measure, AFH supply was highest in Multnomah (38.5), Washington (38.2), and Clackamas (21.6) counties, followed by Jackson (16.6) and Marion (16.5) counties.

Figure 2. AFH supply by county



Source: PSU's Population Research Center, ODHS. Licensing data as of November 2022. Population estimates are provisional data representing the state as of July 1, 2022.

There can be significant disruption to supply stability even as overall AFH supply remains unchanged, mainly through a high number of openings and closures. To examine AFH supply dynamics from another angle, Table 2 shows the number of openings and closures for each year by region as well as the overall experience during the last five years. Between 2018 and 2022, 809 AFHs opened and 1,064 AFHs closed across Oregon, for a net loss of 255 AFHs. However, supply dynamics were not distributed equally across Oregon. The largest net loss in the number of AFHs occurred in the Willamette Valley/North Coast region, followed by Southern Oregon/South Coast and East of the Cascades. In contrast, the Portland Metro region actually kept up with virtually no change in the number of AFHs.

There is little additional information available about the circumstances of these AFH closures and future research is warranted to understand the reasons behind closures. A few possible reasons we identified include lack of demand, profitability issues (e.g., low Medicaid reimbursement), and regulatory action.

Table 2. Net Gain & Loss in the Number of AFHs by Region, 2017-2022.

Year	Region	Gain	Loss	Net
2017 >> 2018	**Overall**	**175**	**-276**	**-101**
	East of the Cascades	12	-29	-17
	Portland Metro	125	-122	3
	Southern Oregon/South Coast	16	-49	-33
	Willamette Valley/North Coast	22	-76	-54
2018 >> 2019	**Overall**	**193**	**-269**	**-76**
	East of the Cascades	14	-22	-8
	Portland Metro	138	-174	-36
	Southern Oregon/South Coast	18	-26	-8
	Willamette Valley/North Coast	23	-47	-24
2019 >> 2020	**Overall**	**122**	**-123**	**-1**
	East of the Cascades	9	-22	-13
	Portland Metro	86	-54	32
	Southern Oregon/South Coast	11	-21	-10
	Willamette Valley/North Coast	16	-26	-10
2020 >> 2021	**Overall**	**137**	**-189**	**-52**
	East of the Cascades	7	-22	-15
	Portland Metro	90	-86	4
	Southern Oregon/South Coast	19	-31	-12
	Willamette Valley/North Coast	21	-50	-29
2021 >> 2022	**Overall**	**182**	**-207**	**-25**
	East of the Cascades	7	-18	-11
	Portland Metro	131	-126	5
	Southern Oregon/South Coast	15	-20	-5
	Willamette Valley/North Coast	29	-43	-14
2018 >> 2022	**Overall**	**809**	**-1,064**	**-255**
	East of the Cascades	49	-113	-64
	Portland Metro	570	-562	8
	Southern Oregon/South Coast	79	-147	-68
	Willamette Valley/North Coast	111	-242	-131

Full Occupancy and Occupancy Rates

AFHs can improve their profitability and increase economic success with higher occupancy rates, which tend to decrease fixed costs per resident, such as mortgage or lease costs, utilities, insurance, and licensing fees. In contrast, AFHs not at full or near-full occupancy may not be able to cover these fixed costs. To better gauge financial well-being of AFHs, we created two indicators using occupancy data: percent of AFHs that were at full occupancy and occupancy rate.

We calculated the occupancy rate by dividing the number of current residents by the licensed capacity for the 299 AFHs that provided occupancy information (Table 3). Full occupancy means the number of current residents matches the AFH's licensed capacity. This year, 44 percent were operating at full occupancy (Table 3), the lowest on record based on prior study years.

The 299 responding AFHs with occupancy data were licensed to care for 1,357 residents and reported a total of 1,079 current residents, resulting in an occupancy rate of 80 percent. The occupancy rate among responding AFHs declined notably from 85 percent in 2022 (Table 3).

Based on the occupancy rate from Table 3 (80 percent) and estimated total licensed beds in the state from Table 1 (6,105), we estimate that there were approximately 4,880 AFH residents living in homes licensed by APD/ODHS as of fall 2022.

Table 3. Licensed capacity, occupancy rates, and full occupancy among responding AFH, 2019-2023.

	2019	2020	2021	2022	2023
Total licensed capacity of responding AFH	1,729	1,724	1,342	1,280	1,357
Occupancy among responding AFH	1,438	1,426	1,114	1,093	1,079
Occupancy rate (%)	83%	83%	83%	85%	80%
At full occupancy	55%	52%	51%	53%	44%

ADULT FOSTER HOME OWNERS AND STAFF

This section describes:

- Owners who live at the AFH,
- Owners who regularly provide care,
- Owners' future plans for their AFH,
- Current AFH staff information, including caregivers,
- The hours staff worked in last week and current hourly wages,
- AFH staff tenure,
- Staff absenteeism reasons, and
- Experiences with workforce shortages and hiring new employees.

Benefits of being a licensed AFH provider include making a difference in others' lives while maintaining a business in one's own home, potential tax benefits, and facilitating a multi-generational household (ODHS, n.d.). Some of the rewards identified by AFH owners are especially associated with living at the homes where residents live and receive care, such as working from home and embracing residents as family members (Elliott et al., 2021). Not surprisingly, most AFH licensees who responded to our survey reported living at the homes where their residents live and receive care (94 percent) and regularly providing care to residents (96 percent).

Table 4. Owners living in AFH, 2019-2023

	2019 %	2020 %	2021 %	2022 %	2023 %
Live at AFH	90	88	89	90	94
Owner regularly provides care	94	96	94	95	96

Note: In 2019-2023, owners were asked whether they lived at the AFH all the time, some of the time, or never. The statistics reported here combine "all the time" and "some of the time" responses.

Adult Foster Home Owner Future Plans

As discussed in the Adult Foster Homes Supply & Occupancy section, there has been a steady decline in the supply of AFHs in Oregon over time. AFH owners might choose to expand their business by acquiring or newly licensing additional homes, or exit the market through closure or sale of their home(s) for many reasons. Some of these reasons are discussed from the perspective of providers in the Supports and Challenges section.

We asked AFH owners about their plans to open a new home, move, sell, or permanently close their home in the next year. Most owners did not report planning to make such a change. Table 5 shows the share of owners who planned to make a change to their business from 2020 through 2023. Though the overall number of AFHs has steadily declined over time, the share of providers who indicated they plan to open a new home, move, sell, or close their home in the next year has remained consistent throughout the COVID-19 pandemic.

Table 5. Owners' future plans for the AFH, 2020-2023

	2020 %	2021 %	2022 %	2023 %
Open another/newly opened adult foster home	13	12	16	13
Move this adult foster home to a different location/house	6	3	5	6
Sell or transfer your adult foster home to another owner	7	7	5	5
Permanently close your adult foster home	5	6	5	5

Note: See Appendix B: Tables and Figures for 95% for confidence intervals for years 2020-2023.

Staff Types

There are various titles and positions to describe the individuals who live and work within AFHs (OAR 411-49). An administrator is the person designated by the licensee to be responsible for daily operations and maintenance. A resident manager is an employee of the home who lives in the home and is directly responsible for the daily care of the residents. Shift caregivers are employees responsible for providing care for regularly scheduled periods of time, such as eight or 12 hours, when the licensee, administrator or resident manager does not live in the home. Any person other than the licensee, administrator, resident manager or shift caregiver who provides care and services in an AFH is known as a substitute caregiver.

We asked about the number and type of staff currently employed by the AFH. The 304 responding AFHs reported 786 currently employed staff. Forty homes (13 percent) reported no current employees. Almost two-thirds of responding homes reported between one and three employees (62 percent). There was no job title/description provided for 40 employees. Table 6 shows the types of 746 staff currently employed by responding AFHs with available information. Most currently employed staff in AFHs were caregivers (85 percent), and the rest were resident managers (8 percent), administrators (5 percent), and others (2 percent).

Table 6. AFH staff job titles for AFH that employ staff, 2023

	N	%
Resident Manager	62	8
Administrator	35	5
Caregiver	634	85
Other	15	2
Total Staff	746	100

Information about hours worked by current staff was available for 705 of the 786 AFH staff reported by owners. Among these 705 AFH staff, 57 percent worked full-time (35 hours or more) and 43 percent worked part-time (less than 35 hours), and the average and median work hours in the last week were 35 and 40, respectively.

This year, we asked for the current hourly wages for each currently employed staff (Table 7). Overall, the average hourly wage was $17.98 and the median was $17.00 across all staff types. Administrators had the highest average hourly wage ($24.80) while caregivers had the lowest average hourly wage ($17.65).

Table 7. Hourly wages by AFH staff type, 2023

	Mean	Median
Caregiver	$17.65	$17.00
Resident Manager	$20.34	$20.00
Administrator	$24.80	$25.00
Other	$19.42	$15.00
Total Staff	$17.98	$17.00

Note: A few cases (n=13) where minimum wages were reported unreasonably low (e.g., zero) were set to the minimum wage in Oregon during the study period (i.e., $12.50).

Staffing Stability: Tenure, Absenteeism, and Shortages

While not all AFHs have staff, staffing stability can be an essential part of providing high quality care when applicable. This year, we asked four questions to cover this topic: staff tenure, unplanned staff absences, reasons for staff absenteeism, and how the owner/operator responded to staff shortages.

Staff tenure. We asked AFH owners whether staff had been employed in their homes for more or less than six months, a standard measure of care staff tenure (Castle, 2006). Based on responses from 304 AFHs concerning 711 staff, the majority (81 percent) have been working at the AFH for longer than six months (578 staff members), suggesting low turnover.

Unplanned staff absenteeism. Unplanned staff absences can negatively affect residents and other staff (Mat et al., 2020). The study team asked AFH owners whether they had any unplanned care-related staff absences in the last 7 days, and 293 responded. This shorter time window is commonly used in studies and is less burdensome than asking about a longer time period (e.g., 30 or 90 days). About two in ten of the 293 respondents reported that they had any unplanned care-related staff absences (19 percent, or 55 respondents).

Reasons for staff absenteeism. We asked AFH owners whether their staff missed work for any of the six reasons we list in Table 8. Percentages in Table 8 include 107 AFHs that reported at least one reason for staff absenteeism. The most common reason for staff absenteeism was personal health issues (62 percent), followed by family illness or emergency (39 percent), and other reasons (e.g., weather issues, school, planned days off, personal reasons) (24 percent). Note that these percentages exclude more than half of 298 AFHs that did not have any staff who missed work in the last 30 days (52 percent) and 37 of 298 AFHs that reported not having any staff in the last 30 days (12 percent).

Staff shortage. Our team asked what AFH owners did in response to staff shortages in the last 30 days (Table 9), and 281 responded. Of the four response categories in the questionnaire, the most commonly reported response was working additional work shifts as owner/provider (61 percent), followed by asking other staff to work overtime or extra shifts (30 percent) and limiting new resident admissions (21 percent). Some AFH providers reported more than one challenge, and 23 did not report any challenges.

Table 8. Reasons for staff absenteeism in the last 30 days, 2023

	2023 %
Personal health issues	62
Family illness/emergency	39
COVID-19-related issues	12
Caregiving for a family member	20
Transportation	13
Other	24

Note: Totals may exceed 100% because each provider was able to select multiple reasons for staff.

Table 9. Response to staff shortages in the prior 30 days, 2023

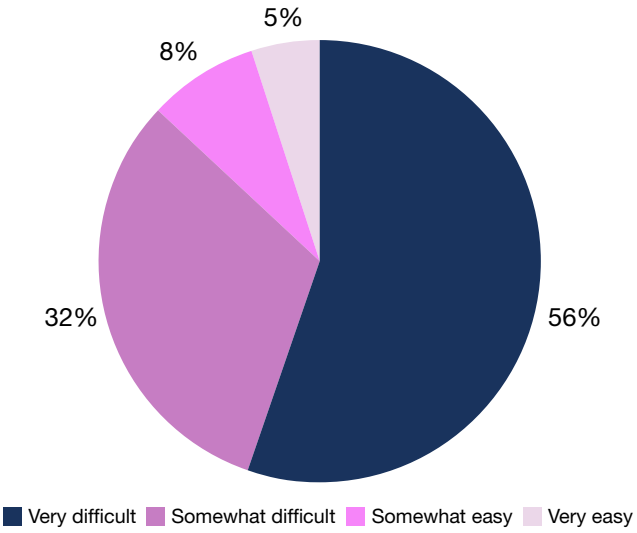
	N	%
Worked additional shifts myself as owner/provider	171	61
Asked my staff to work overtime or extra shifts	84	30
Hired temporary agency staff	6	2
Limited new resident admissions	58	21

Note: Totals may exceed 100% because each provider was able to select multiple responses.

Challenges to Hiring New Staff

The COVID-19 pandemic exacerbated an existing staffing crisis in healthcare and long-term care industries. We asked AFH owners how they rated their ability to hire new staff. Of the 288 respondents, 56 percent said it was very difficult to hire new staff and only a small share (13 percent) reported that it was somewhat or very easy to hire new staff (Figure 3). The biggest challenge in hiring new staff reported by AFH owners was the lack of applicants (76 percent) followed by the lack of qualified candidates (62 percent) and competition with jobs in other sectors or industries (Table 10). Challenges specifically related to the COVID-19 pandemic were not rated as highly, such as fear of contracting COVID-19 or other infectious diseases (23 percent) and vaccination requirements by employer or state (26 percent).

Figure 3. Difficulty hiring new staff, 2023



Note: Totals may not add up to 100 percent due to rounding.

Table 10. Challenges to hiring new staff, 2023

	N	%
Lack of candidates interested in working in this setting	208	76
Lack of qualified candidates	169	62
Competition with jobs in other sectors or industries	144	53
Unable to offer competitive wages	131	48
Delays in background checks	109	40
Vaccination requirements (by employer or state)	72	26
Fear of contracting COVID-19 or other infectious diseases	62	23

Note: Totals may exceed 100 percent because each provider was able to select multiple responses.

MEDICAID USE, PRIVATE PAY RATES, AND ADDITIONAL FEES

This section describes the role of Medicaid in funding care provided in AFH, AFH costs to residents, and services provided by owners.

The section covers the following topics:

- Medicaid acceptance, use, and reimbursement rates over time,
- Private pay rates by region and over time, and
- Additional private pay fees for services

Medicaid Acceptance and Use

The majority of AFHs are licensed by ODHS to provide services to residents who are Medicaid beneficiaries. ODHS records indicate that 1,199 of 1,324 licensed AFHs with information about whether they take Medicaid (five had missing values) accept Medicaid reimbursement (91 percent). Most of the responding AFHs have a Medicaid contract (82 percent), a slight decrease from the 2022 sample (85 percent).

Table 11 describes the share of AFH residents who primarily used Medicaid to pay for services in the prior month. Over half of AFH residents primarily used Medicaid to pay for services (57 percent) while 41 percent used private sources. About two percent of residents were reported as having other payment sources listed, such as Elderplace.

Table 11. Changes in percent of payers using Medicaid, 2019-2023

	2019 %	2020 %	2021 %	2022 %	2023 %
Medicaid users	54	58	59	60	57

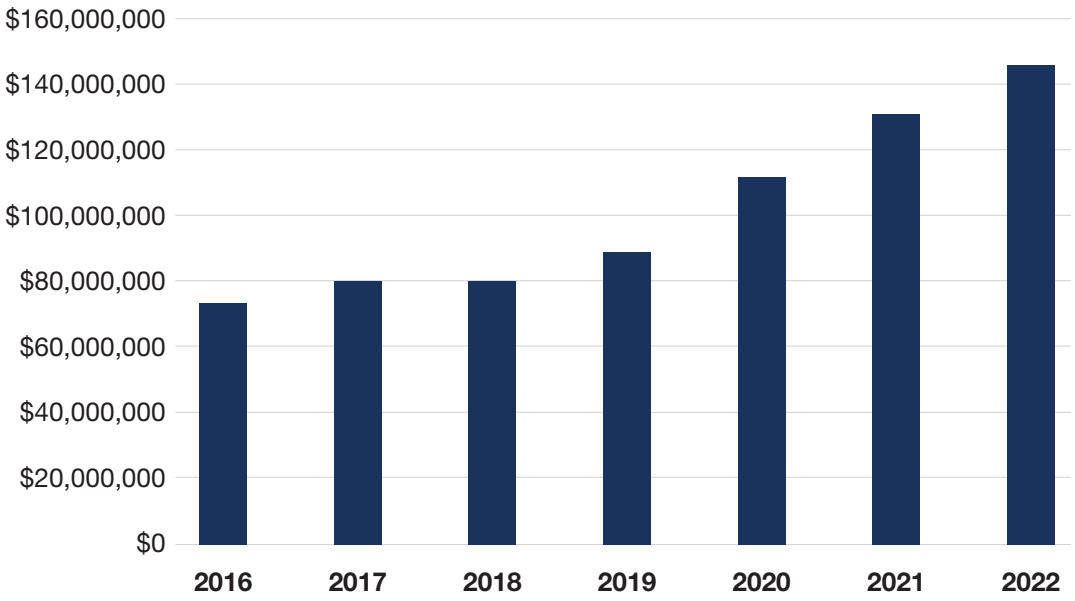
Medicaid Reimbursement Rates

Every year, ODHS publishes a rate schedule that details reimbursement rates for long-term care services financed by Medicaid. As of January 1, 2023, the base monthly reimbursement rate for AFHs was $1,932 (no add-ons, does not include room and board) and room and board was $711. For every eligible add-on service, $351 is added to the monthly rate (e.g. if the client requires full assistance in eating or mobility). This monthly rate can increase to $2,985 per month with a maximum of three add-on services.

The Client Assessment and Planning System (CA/PS) documents assessments of these add on services on an individual basis (OAR 411-49). Some AFH providers offer care and services for specific, complex client populations and negotiate contracts with ODHS for higher reimbursement rates. These specific needs populations include complex care, advanced ventilator, bariatric care, hospice, and traumatic brain injury (ODHS, 2023).

The large share of AFH residents being Medicaid recipients (57 percent this year) translates into a significant amount of public spending for care in this setting. Based on data for all AFHs licensed by APD in Oregon provided to the study team by ODHS, in 2022, the state paid AFH owners a total of $144,208,171 on behalf of residents who were Medicaid beneficiaries (Figure 4). The amount paid by the state almost doubled in nominal terms (ignoring inflation) from $73,737,191 in 2016.

Figure 4. Medicaid Expenditures Paid for Adult Foster Care, 2016-2022



Private Pay Rates by Region

AFH residents who do not qualify for Medicaid funding use private sources to finance their care, such as their own or their family's personal savings, long-term care insurance, or pension and other retirement funds. If AFH providers have residents who use private sources to pay for their care, we ask for the average total monthly charge for a single resident living alone, in a private room, receiving the "lowest level of care." This report compares average total monthly private pay costs by region (Table 12) and over time (Figure 5). Note that the lowest level of care may differ among similar residents across homes and AFH licensees have different ways of assessing resident needs and private fees, all of which may lead to a large variation in this measure.

Across Oregon, the average total monthly private pay charge among responding AFHs was $5,265 and a median total monthly charge of $5,000. Based on this average, we estimate the average total annual charge would be about $63,180 for a private pay AFH resident, receiving the lowest level of care.

Table 12. Total monthly charge for private room by region, 2023

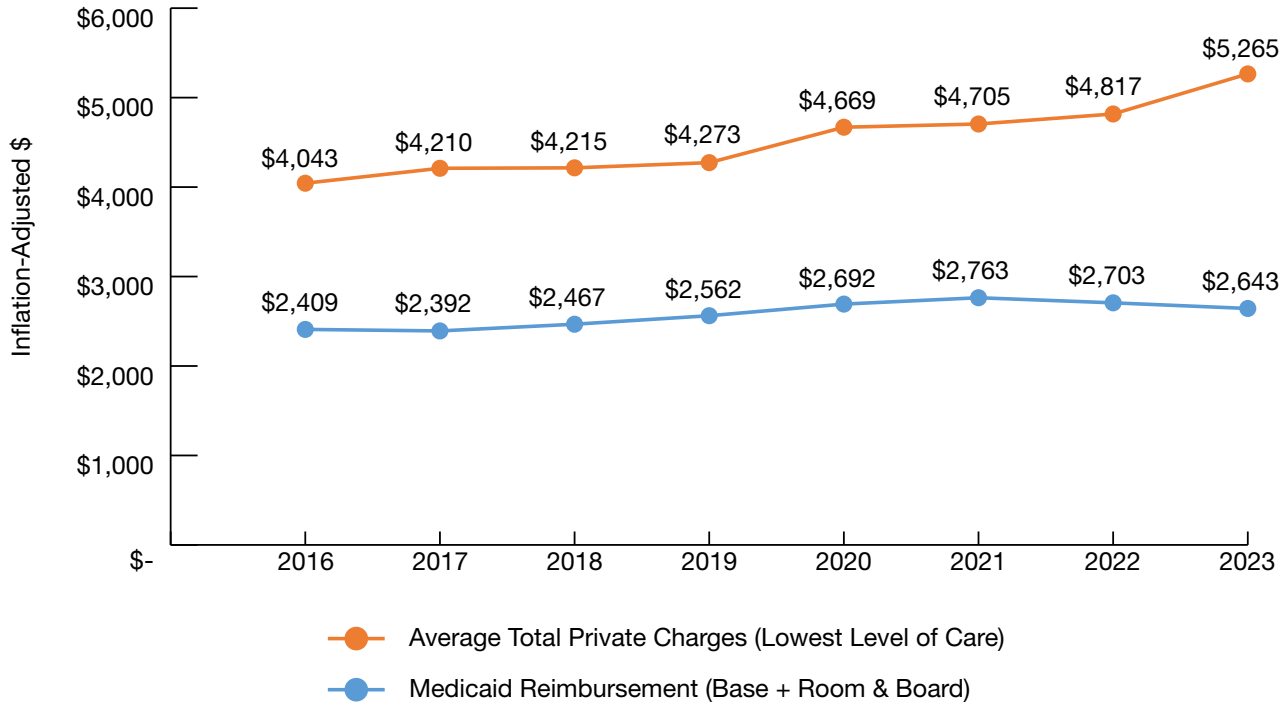
	Minimum	Average	Median	Maximum
Portland Metro	$2,300	$5,464	$5,500	$10,000
Southern Oregon/South Coast	$2,800	$4,578	$4,500	$6,700
East of the Cascades	$3,500	$5,458	$5,375	$8,000
Willamette Valley/North Coast	$2,500	$5,002	$4,450	$10,000
Total	$2,300	$5,265	$5,000	$10,000

Note: This table excludes AFHs where only residents who primarily pay via Medicaid reside.

Average total monthly private pay charges ranged from $4,578 to $5,464. The average charges were highest in the Portland Metro region and lowest in Southern Oregon/South Coast (a difference of $886 per month between the two regions). Inflation-adjusted average total monthly charges for lowest level of care in a private room increased from $4,043 in 2016 to $5,265 in 2023 (in January 2023 dollars), a 30 percent increase in real dollar terms (Figure 5 below).

During the same period, Medicaid reimbursement rates for base level of services, including room and board, increased by about 10 percent (Figure 5 below). Overall, these changes resulted in a growing gap between Medicaid reimbursement rates and private pay charges, especially since 2020.

Figure 5. Inflation-Adjusted Medicaid Reimbursement Rates and Average Total Monthly Charges in Private Pay Rates, 2016-2023

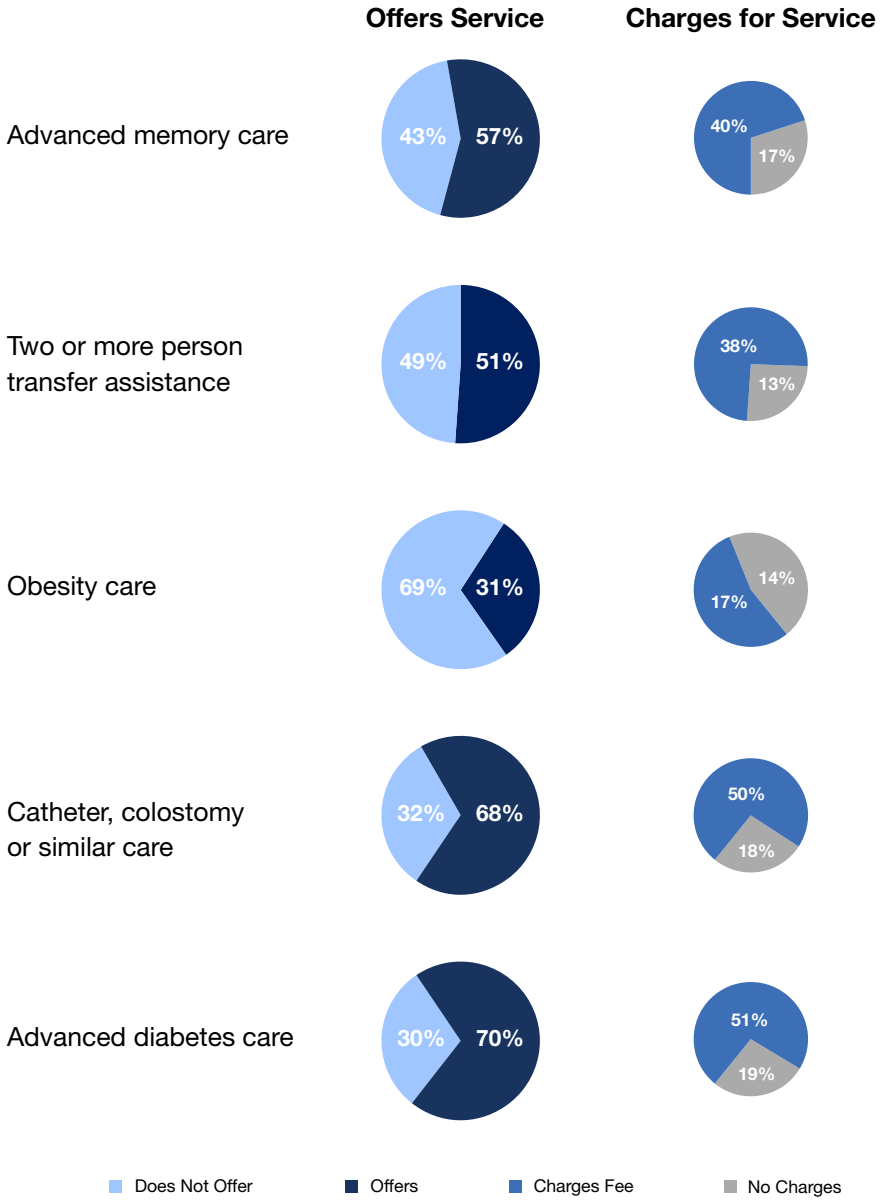


Note: Values are inflation-adjusted to January 2023 dollars using the Bureau of Labor Statistics inflation calculator. Medicaid reimbursement rates were calculated based on January 1 of each year and include base monthly rate plus room and board.

Additional Private-Pay Services and Charges

Figure 6 details five additional services for which AFHs offer or charge additional fees to provide (we excluded a sixth service called “night time care” due to measurement issues). We asked providers whether they offered each of these services, and if provided, whether they charged an additional fee. The top three services offered by responding AFH providers were advanced diabetes care (70 percent), catheter, colostomy, or similar care (68 percent), and advanced memory care (57 percent). The three most common services for which there was an additional fee were two or more person transfer assistance, catheter, colostomy or similar, and advanced diabetes care.

Figure 6. Percentage of AFHs offering and charging for certain services, 2023



RESIDENTS

This section describes who lives in adult foster homes and what kinds of services they receive. The following resident information is summarized:

- Demographics,
- Move-in and move-out locations,
- Length of stay,
- Personal care needs,
- Types of assistance received, and
- Health conditions and health service use.

Resident Demographics

The 304 responding AFHs reported a total number of 1,085 residents. Consistent with previous years since 2019, most residents were female (59 percent), and 85 years of age or older (32 percent). Overall, the majority of residents were 65 or older (82 percent) and 18 percent were under 65 years of age, with a few residents (4 percent) aged 49 years or younger (Table 13).

As in previous years, most residents were identified as non-Hispanic White (87 percent). Four percent were Hispanic/Latino and three percent or fewer were identified as any other race or ethnicity (Table 14).

Table 13. AFH resident gender and age, 2019-2023

	2019 %	2020 %	2021 %	2022 %	2023 %
Gender					
Male	38	36	40	40	40
Female	62	63	60	59	59
Transgender	<1	<1	<1	<1	<1
Age					
18-49	5	5	5	5	4
50-64	17	18	16	16	14
65-74	20	21	20	23	23
75-84	21	20	23	24	27
85 and over	37	36	37	32	32

Note: Totals may not add up to 100 percent due to rounding. X indicates that there were no residents in that category in a particular year. See Appendix B: Tables and Figures for 95% for confidence intervals for years 2019-2023.

Table 14. AFH resident race/ethnicity, 2019-2023

	2019 %	2020 %	2021 %	2022 %	2023 %
Hispanic/Latino of any race	2	2	3	2	4
Non-Hispanic/Latino					
American Indian/Native American or Alaska Native	3	3	3	3	3
Asian	3	2	2	3	2
Black/African American	2	2	3	3	2
Native Hawaiian or Other Pacific Islander	1	<1	<1	1	1
White	87	88	86	86	87
Two or more races	1	2	2	1	<1
Other/Unknown	1	1	1	1	2

Note: Totals may not add up to 100 percent due to rounding. See Appendix B: Tables and Figures for 95% for confidence intervals for years 2019-2023.

Move-In and Move-Out Locations

Adult foster home residents move into the AFH from a variety of places, including their own home and other residential or health care settings. The move can be planned or unplanned and can be stressful to older adults and their families. Likewise, residents may leave the AFH to move into another AFH or long-term care setting or because they died. Owners were asked where their current residents lived immediately before moving into their AFH (Table 15a) and how many residents moved out or died within the past 90 days (Table 15b).

Table 15a. Move-in locations among sampled residents, 2023

	Sampled Resident Move-in %
Home	20
Home of Child or Other Relative	8
Independent Living	5
Assisted Living/ Residential Care	13
Memory Care Community	3
Another Adult Foster Care/Home	21
(Skilled) Nursing Facility	10
Hospital	14
Psychiatric Hospital	2
Houseless/Homeless	2
Criminal Justice System	<1
Other	2
Don't Know	1

Note: Totals may not add up 100 percent due to rounding. See Appendix B: Tables and Figures for 95% for confidence intervals for years 2019-2023.

Most residents moved into the AFH from another AFH (21 percent), their own home where they lived alone or with a spouse (20 percent), or from a hospital (14 percent) or assisted living or residential care community (13 percent). Few residents moved in from a skilled nursing facility (10 percent) or the home of a child or other relative (8 percent), and five percent or less relocated from other living situations (Table 15a). The largest share of residents (76 percent) who moved out of the AFH in the prior 90 days did so because they died (Table 15b). Ten percent moved into another licensed care setting, and eight percent moved to their own home or the home of a child or relative.

Table 15b. Move-out locations among residents who moved out in prior 90 days, 2023

	Move-out in Prior 90 Days %
Died	76
Home	3
Home of Child or Other Relative	5
Independent Living	1
Assisted Living/Residential Care	4
Memory Care Community	2
Another Adult Foster Care/Home	4
(Skilled) Nursing Facility	3
Hospital	2
Psychiatric Hospital	0
Criminal Justice System	0
Other	1
Don't Know	0

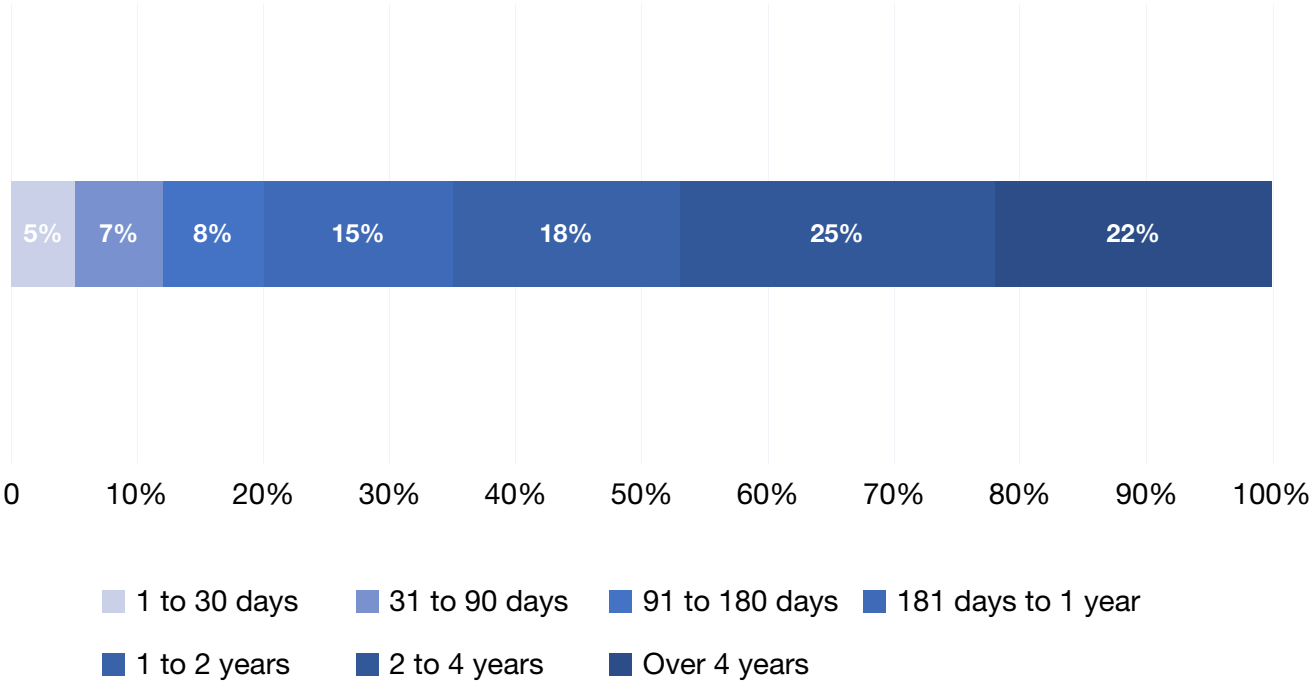
Note: Totals may not add up 100 percent due to rounding. These percentages are based on residents who moved out in the past 90 days according to facility-level data. See Appendix B: Tables and Figures for 95% for confidence intervals for years 2019-2023.

In October 2022, the Oregon Legislature approved the ODHS and Oregon Health Authority (OHA) request to provide a $5,000 discharge incentive to AFH providers who admit a new resident into their home directly from a hospital, skilled nursing facility (SNF) or nursing facility (NF) between November 1, 2022 and April 30, 2023, as long as certain criteria are met (ODHS/OHA, 2022). The discharge incentive payment program was established to assist with alleviating capacity concerns of bed shortages in hospital, SNF and SN settings. This year's data did not show a significant increase of resident move-ins from hospitals and SNFs/NFs compared to previous years; however, the majority of the program's effective dates apply to next year's study. Future research could collect information about these incentive payments to better understand the impact of this policy on AFH move-in rates.

Length of Stay over Time

Owners reported the length of time that their residents had been living at the AFH (Figure 7). Most residents (35 percent) stayed for one year or less. One quarter of residents lived at the AFH for two to four years. Less than a quarter (22 percent) stayed over four years, and 18 percent lived at the AFH for one to two years.

Figure 7. Resident length of stay over time, 2023

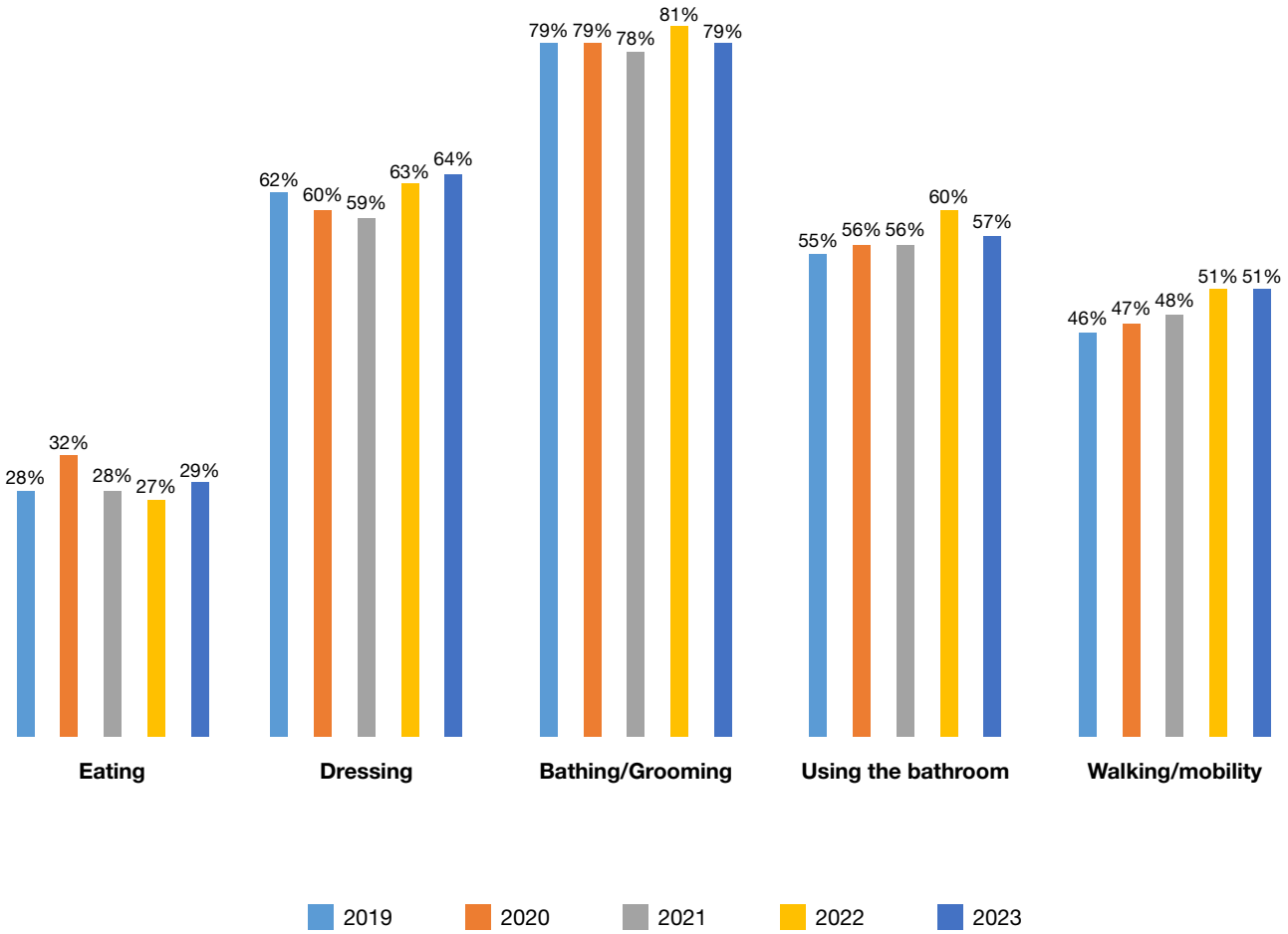


Personal Care Services

AFH residents may need regular and ongoing assistance with activities of daily living (ADLs) due to health-related conditions and disabilities. ADLs include eating, dressing, bathing and grooming, using the bathroom, and walking or mobility. This study found that the majority of residents received staff assistance with bathing and grooming (79 percent), dressing (64 percent), using the bathroom (57 percent), and walking or mobility (51 percent).

Fewer residents needed assistance with eating (29 percent) (Figure 8). Nearly three-quarters (71 percent) of residents regularly use a mobility aid such as a cane, walker, or wheelchair to get around. Half of the residents (50 percent) who use a mobility aid received staff assistance with its use (data not shown). Owners reported that more than half (62 percent) of their residents received regular staff assistance with incontinence care. This includes bowel and/or bladder incontinence.

Figure 8. Percentages of AFH residents receiving staff assistance with ADLs, 2019-2023



Assistance from Two Staff and Nighttime Care

State regulations require resident care plans that describe individuals' capabilities including physical, cognitive, and nighttime needs (OAR 411-051-0115), and adequate staffing to meet the 24-hour needs of residents (OAR 411-050-0735).

Over one-third (35 percent) of residents regularly received assistance during the nighttime (e.g., 11 p.m. to 6 a.m.), and 27 percent regularly received assistance from two staff for physical and/or cognitive health needs, consistent with previous years (Table 16).

Table 16. Assistance from two staff and nighttime care, 2019-2023

	2019 %	2020 %	2021 %	2022 %	2023 %
Two-person assistance with physical and/or cognitive health needs	21	26	28	30	27
Residents received staff assistance during the night	27	33	33	36	35

Visits and Assistance from Family Members and Friends

Family members and friends can provide a wide range of support to residents including social and emotional support, and assistance with personal and medical care needs. Lao et al. (2019) have shown that residents of long-term care settings benefit from visits from family and friends. In support of this benefit, Oregon Administrative Rules require the residency agreement to specify that residents may have visitors of their choosing at any time of the day or night (OAR 411-050-0705).

More than half of residents receive social visits (60 percent) and phone calls (55 percent) from family members and friends. While the number of residents who receive regular phone calls from family and friends has been consistent since 2019, the number of residents receiving social visits have rebounded to pre-pandemic rates. Fewer residents went on outings such as walks, shopping or for meals (33 percent) and to medical appointments with family or friends (24 percent) in the 90 days prior to the study. A small share received assistance with medications (8 percent) and personal care (6 percent).

Resident Diagnosed Health Conditions

According to Table 17 below, the five most diagnosed resident health conditions were, respectively, high blood pressure/hypertension, depression, Alzheimer's disease and related dementias, heart disease, and anxiety disorder. The first four have remained relatively consistent since data collection began in 2016. Our team added general anxiety disorder to the list of health conditions in 2022, which could influence how these data are interpreted. Anxiety disorder is slightly more prevalent than arthritis. Below, we briefly describe each of the five most commonly diagnosed conditions.

Hypertension. Nationally, 75 percent of adults over the age of 60 experience high blood pressure/hypertension (Ostchega et al., 2020). This number will continue to rise as our population ages as 15 percent of the US population was over 65 years old in 2014 and this is expected to increase to approximately 22 percent by 2040 (U.S. Department of Health and Human Services, 2022). The prevalence of high blood pressure/hypertension among AFH residents has ranged between 45 percent and 50 percent since 2016. Currently, 51 percent of AFH residents experience high blood pressure or hypertension.

Depression. Almost half of AFH residents have a depression diagnosis (46 percent). Depression is the most commonly diagnosed mental disorder. Older adults are at increased risk of depression, and about 80 percent have at least one chronic health condition and 50 percent have two or more. It is more common among those with other illnesses or functional limitations (Centers for Disease Control and Prevention [CDC], 2023). Depression among community-living older adults ranges from 1 to nearly 5 percent, which is likely underestimated due to barriers to diagnosis and treatment (National Council on Aging, 2022). Relocation to a long-term care community has been found to be a significant life event associated with negative mental health outcomes, including feelings of depression (Costlow & Parmelee, 2020). In a national study, Sengupta & Caffrey (2022) reported that 29 percent of residential care community residents had a depression diagnosis.

Alzheimer's disease and/or related dementias (ADRD). About 43 percent of AFH residents are diagnosed with ADRD, which includes Lewy body dementia, Huntington's disease, or vascular dementia. Alzheimer's disease (AD) is the most common irreversible dementia, accounting for 60 to 80 percent of all dementias (Alzheimer's Association, 2023).

ADRD impacts memory, thinking, judgment, and ability to make decisions. While these conditions are commonly grouped together, they vary widely in their symptoms and signs. However, the most common initial symptom is a gradual decline in short-term memory (Alzheimer's Association, 2022). Some individuals express emotions and behaviors such as verbal outbursts, repetition, aggression and hallucinations. People living with ADRD typically need long-term services and supports, from family and other care partners.

Anxiety. An estimated 10 percent to 20 percent of adults ages 65 and older have an anxiety disorder (Geriatric Mental Health Foundation, 2022). Generalized anxiety disorder is believed to be the most common type of anxiety disorder among older adults. Anxiety symptoms often affect an individual's day-to-day activities and can include mental, behavioral, and physical signs such as sleep disorders, memory and focus issues, isolation, headaches, nausea, and shortness of breath (National Council on Aging, 2023). Currently, 32 percent of AFH residents are diagnosed with an anxiety disorder.

Heart disease. Nationally, 17 percent of adults ages 65 and older have heart disease (CDC, 2022). In Oregon, the prevalence of heart diseases among older adults is 20 percent (OHA, 2022), which is lower than the prevalence of diagnosed heart disease among AFH residents, at 37 percent. Since 2019, the prevalence of heart diseases among AFH residents has remained consistent and ranged between 37 and 39 percent. Heart diseases which include coronary heart disease (CHD) and stroke (cerebrovascular accident, CVA), are the leading causes of death among older adults, with 75 percent of CVD deaths occurring in people ages 60 to 79 and approximately 86 percent in those ages 80 and older (American Heart Association, 2021). High blood pressure, diabetes, smoking, diet, and excessive alcohol use are risk factors that increase the risk of developing heart disease (National Institute on Aging [NIA], 2022).

Serious mental illness (SMI). SMI refers to an emotional, mental, or behavioral disorder that results in a severe impact that affects one or more major life activities (National Institute on Mental Illness [NIMH], 2022). Nationally, about 6 percent of the U.S. population has an SMI, and the rate for adults ages 50 and older is 3.4 percent (NIMH, 2022). Since 2022, we ask AFH providers to report residents with an SMI diagnosis which is explicitly distinct from anxiety disorder or depression. Among AFH residents, 17 percent live with an SMI.

Table 17. Prevalence of AFH residents' diagnosed health conditions over time, 2019-2023

	2019 %	2020 %	2021 %	2022 %	2023 %
High blood pressure/hypertension	52	50	49	50	51
Alzheimer's disease and related dementias	48	49	48	45	43
Heart disease	39	37	39	39	37
Arthritis	37	33	32	32	28
Diabetes	23	22	23	20	23
Depression	46	45	41	47	46
Serious mental illness (excluding Anxiety disorder and depression)	X	X	X	20	17
Anxiety disorder	X	X	X	33	32
Osteoperosis	17	17	12	14	13
COPD and allied conditions	16	16	17	14	14
Intellectual or developmental disabilities	10	9	10	6	6
Cancer	9	7	8	6	8
Traumatic brain injury	8	9	9	11	9
Current drug and/or alcohol abuse	5	4	4	4	4
Stroke	X	X	X	X	22

Note: X indicates that the response category was not available in that year. See Appendix B: Tables and Figures for 95% for confidence intervals for years 2019-2023.

Falls

In Oregon, falls are the leading cause of fatal and nonfatal injuries for adults 65 and older. One in three older adults falls each year, and 20 to 30 percent of people who fall suffer moderate to severe injuries, such as bruises, hip fractures, and head traumas (OHA, 2022). Oregon aims to reduce older adults' falls risk by linking clinical practice to evidence-based fall prevention programs and offering resources to healthcare providers and community-dwelling older adults (OHA, 2022). AFH owners and caregivers receive training to learn why residents are at greater risk of falling, and ways to decrease the likelihood that a resident will fall (ODHS, 2020).

AFH owners reported that most residents (89 percent) did not fall in the prior 90 days and 11 percent did fall at least once (7 percent fell once and 4 percent fell more than once). Among residents who fell at least one time in the past 90 days, 22 percent experienced a fall-related injury and 21 percent went to the hospital because of their fall. The variation in the estimates of fall-related adverse outcomes, such as injuries and hospitalizations, from year to another can be explained by the facts that these estimates are based on a small number of residents.

Health Service Use

Owners were asked about residents' health service use in the 90 days prior to completing the questionnaire. The questionnaire asked about hospital emergency room (ER) use, overnight hospitalization, 30-day rehospitalization, hospice service use, and services received from a licensed or certified home health care agency.

Overall, 15 percent of AFH residents had been treated in the hospital ER and 10 percent had been hospitalized overnight (Table 18 below). Among residents who had been hospitalized overnight, 25 percent had been re-hospitalized within 30 days. About one in ten residents received hospice care and 18 percent received services from a licensed or certified home health care agency. The overall use of health services among AFH residents did not change notably between 2019 and 2023.

Table 18. Health service use among AFH residents, 2019-2023

	2019 %	2020 %	2021 %	2022 %	2023 %
Treated in the hospital ER in the last 90 days	13	13	11	11	15
Hospitalized overnight in the last 90 days	8	7	6	7	10
Went back to the hospital within 30 days	27	27	24	28	25
Received hospice care in the last 90 days	10	10	10	9	12
Received certified services from a licensed/certified home health care agency	X	19	17	18	18

Note: See Appendix B: Tables and Figures for 95% for confidence intervals for years 2019-2023.

Assistance with Behavioral Expressions

As outlined in OAR 411-051, the responsibilities of AFH owners can encompass assisting residents with cognitive and behavior management. This entails having the ability to comprehend and address the needs of residents in areas such as health and safety, including providing care and protective oversight for individuals with cognitive and behavioral health requirements.

These may include conditions such as ADRD, certain mental health conditions, brain injuries, and chronic illnesses. Behavioral symptoms that may commonly arise from these conditions could include lack of awareness of safety concerns, impaired judgment or decision-making, difficulty in orienting to surroundings, wandering, and posing risks to oneself or others. Out of the 304 owners who completed a questionnaire, 45 percent reported that they had at least one resident who regularly received assistance due to lack of awareness to safety, judgment, and decision-making or the ability to orient to surroundings. Additionally, 12 percent of owners reported having at least one resident who regularly received staff assistance due to wandering, and 9 percent of owners reported having residents who regularly received staff assistance because a resident presented a danger to self or others, such as being disruptive, aggressive, abusive, or sexually inappropriate.

Medication Use

Medications Use and Assistance with Medications.

Effectively managing medication regimens is one of the reasons older adults may receive home and community-based services. Despite being the largest users of prescription medications, older adults are more susceptible to adverse reactions from these medications, due to higher overall number of prescriptions and age-related changes in the body's ability to process medications (Charlesworth et al., 2015; Christopher et al., 2022). Medication management, the process of monitoring and evaluating prescribed medications on behalf of another person, is an important health policy topic as it reduces the preventable adverse drug events in ambulatory care among older adults, including those who live in long-term care residences (Koncilja et al., 2018).

Polypharmacy, defined as the use of multiple medications by an individual, may be a reasonable approach to treating multiple health conditions in older adults (Wise, 2013). However, the use of numerous medications can result in harm to older adults, including increased risk of adverse drug effects such as falls and cognitive impairment, and harmful drug interactions (NIA, 2022). Combinations of some drugs can alter the intended benefits of individual medications, potentially resulting in harm when used in a multifaceted drug regimen.

Over half (60 percent) of AFH residents take nine or more medications. Staff may administer medications through a variety of routes (e.g., oral, topical, injection) in addition to storing and ordering medications, and documenting medication use. In addition, caregivers may assist with medication reminders. This is particularly helpful for residents who have difficulty remembering to take their medications or who have complex medication regimens.

Finally, medication monitoring in which caregivers monitor residents for any potential side effects or adverse reactions to medications and report any concerns to the appropriate healthcare provider. Three-quarters of AFH residents receive staff assistance to take oral medications. AFH residents who are capable of doing so may take their own medications (e.g., self-administer) (OAR 411-051-0130, 2022). The share of residents who self-administers their own medications is very small as it has been ranging between four to six percent since 2016, indicating that the majority receive assistance from AFH staff to do so.

Table 19. Medication use and assistance with medications, 2019-2023

	2019 %	2020 %	2021 %	2022 %	2023 %
Take nine or more medications	52	53	54	60	60
Take opioid medications	X	X	X	22	20
Take antipsychotic medications	36	39	39	36	38
Take antidepressant medications	X	X	X	48	46
Take anxiolytic/sedative-hypnotic medications	X	X	X	24	21
Take dementia-specific medications	X	X	X	X	24
Self-administer medications	6	6	4	5	6
Received assistance to take oral medications	75	76	76	77	74

Note: X indicates that the question was not asked in that year. See Appendix B: Tables and Figures for 95% for confidence intervals for years 2019-2023.

Psychotropic medication use. Psychotropics describe a class of medications that include antidepressant, antianxiety, antipsychotic, and sedative types. Psychotropic medications are indicated for diagnosed mental health conditions, but can also be used on an as-needed basis when an individual is in significant distress (Reus et al., 2016). These and other high-risk medications have the potential for inappropriate use, especially among those with an ADRD diagnosis (Vickers et al., 2021). In 2017, Oregon's legislature enacted HB 3262 to specify how and when providers may prescribe certain psychotropic medications, including antipsychotics, to residents of long-term residential settings (Oregon State Legislature, 2017). The share of residents taking antipsychotics has remained relatively stable since 2019, ranging between 36 percent in 2019 and 2022 up to 39 percent in 2020 and 2021 (Table 19).

Dementia-specific medications. One quarter of AFH residents take dementia-specific medications. Also known as cognition enhancers, these medications treat symptoms associated with early/moderate and more advanced dementia. These medications include donepezil, rivastigmine, galantamine, memantine and memantine combined with donepezil (Alzheimer's Association, 2023). We did not ask about the new FDA-approved medications—aducanemab and lecanemab—designed to slow the progression of ADRD.

Transportation Use

AFH residents who do not drive may need to use a variety of transportation types to access health, social, and cultural activities. The ability to access these activities and other goods or services can affect their well-being. For these reasons, the study asked whether at least one resident in AFH used one of the five transportation options listed in Table 20 for any reason.

As shown in Table 20, the most commonly reported transportation type used by AFH residents was ADA paratransit (51 percent), followed by a ride provided by the AFH owner (41 percent). Fewer AFHs reported that residents used ride-hailing services (e.g., taxi, Uber, Lyft) and public transportation (14 percent). Only a very few AFHs reported that their residents drove a car (5 percent), which is not particularly surprising, since older people may cease driving when their physical and cognitive abilities decrease (Saxon et al., 2014).

Little is known about whether residents have adequate access to transportation services. Based on this study, among the responding AFHs, 13 percent responded that one or more of their residents needed or wanted to go somewhere but no transportation service was available.

Table 20. AFH providers reporting at least one of their residents who used various transportation options for any reason in the last 30 days, 2023

	N	%
Used ADA paratransit services (such as RideAssist, LIFT, Call-A-Ride)	151	51
Got a ride from the owner/provider or staff	122	41
Used ride-hailing services (e.g., taxi, Uber, Lyft)	45	15
Used public transportation (e.g., bus, streetcar, metro)	42	14
Needed or wanted to go somewhere but no transportation was available	39	13
Drove a car to leave the adult foster home	14	5

Impact of COVID-19 Pandemic

Supports and Challenges

To protect resident wellbeing, the COVID-19 pandemic necessitated new resources, increased and ongoing communication between regulatory agencies and providers, and multiple changes to policies and procedures in the AFH setting. To better track and understand the impact of the COVID-19 pandemic and supports and challenges associated with managing an AFH, we have been asking the same set of 9 statements since 2021 (two items that were previously included were dropped this year). Table 21 below shows the share of AFH owners who agreed or strongly agreed with each of these 9 statements in 2021, 2022, and 2023.

Most AFH owners reported that they had been able to address concerns of their residents' families (73 percent) and their staff (72 percent) related to the pandemic, although there has been a notable decrease in both ratings from 2022 (Table 21 on the next page). Similarly, most AFH owners reported their residents having used virtual social visits (72 percent) and telemedicine or telehealth (71 percent), with some declines from last year. Some of these changes in telemedicine or telehealth use in this setting may be related to the upcoming or ongoing changes to Medicare rules related to telehealth (U.S. Department of Health and Human Services, 2023).

AFH owners generally agreed that they received enough support from various government agencies (62 percent), were satisfied with communications from agency staff (67 percent), and had access to personal protective equipment (64 percent). However, comparing each of these statements with last year's responses, we find that there were notable declines in agreement, implying potentially worsening communications and access to resources. Finally, staffing challenges continue to impact AFH owners, with 56 percent agreeing that they had a harder time with staffing (such as hiring, retaining, and scheduling).

Table 21. Impacts of the COVID-19 pandemic on AFH owners, 2021-2023

In the past 12 months...	2021 %	2022 %	2023 %
We have been given enough support from county/state agencies to deal with issues/problems due to the pandemic	68	66	62
We have been satisfied with the communication about rules and regulations from the county/state agencies	76	78	67
We have been able to access personal protective equipment (PPE) (such as eye protection, gloves, N95 respirator masks)	62	66	64
We have been able to address concerns of my residents' families related to the pandemic	77	82	73
We have been able to address concerns of my staff related to the pandemic	76	80	72
We have had a harder time finding new residents	35	34	39
We have had a harder time with staffing (such as hiring, retaining, and scheduling)	37	54	56
Our residents have used virtual visits (e.g., iPad, computer, smart phone) with their family members and friends	79	81	72
Our residents have used telemedicine or telehealth for purposes of assessments, monitoring, diagnosis, or treatment.	76	76	71

Note: Percentages refer to the share of AFH provider responses that agreed or strongly agreed with each statement, out of the six possible options ranging from strongly disagree to strongly agree, plus not applicable. In 2021, the look-back period was defined as "As of March 2020, since the COVID-19 pandemic started…" instead of "In the past 12 months…"

What Owners Want Others to Know about Operating an AFH During the Pandemic

Below we summarize the key themes associated with AFH owners' written responses to a question asking about operating an AFH during the COVID-19 pandemic (out of 304 AFHs, 109 responded to the question). These themes were constructed based on an in-depth thematic analysis with the primary purpose of describing AFH owner experiences rather than providing specific prevalence for each topic (see Appendix A for a description of how these open-ended responses were analyzed and reported). We identified two overarching themes from owners' written responses:

1. Desire for support, understanding, and guidance from state and county agencies for training, managing regulations, addressing owner self-care needs, and help with locating and hiring staff, and,

2. Greater need for financial support to manage resident care, increasing costs due to inflation, and competitive wages for caregivers.

Some responses referred to more than one theme. Quotes are presented as written by owners to maintain the intent of the respondent; thus, there are a few grammatical and word choice errors.

Desire for support, understanding, and guidance from state and county agencies.

Owners described stress related to workload, fear of illness and "burning ourselves out keeping operations going," and that "it's scary and difficult times for all of us." One owner reported that it has been "hard to maintain what you have" and "nobody is asking how we are doing. If we ask questions, we fear the unknown," and one described managing their AFH as an "extremely mentally exhausting situation." Resident health was considered to be at-risk because of "missed physical contact with loved ones," that caused "some residents to give up on life." Others reported that it was "extra stressful worrying about residents and staff getting sick." Yet another owner described "a lot of pressure to protect the home, the residents, the staff, and all family members to stay safe and healthy."

Some owners expressed frustration with the lack of state and county support and reported that, "no one ever called back. I feel that foster homes should matter even though we are small businesses," and " We were totally abandoned. One was "very disappointed in leadership at the state level." Several owners described a licensing authority" as "overbearing." A few planned to "exit being an AFH."

> "Before, during, after the pandemic, I feel the county hasn't provided sufficient resources & support. For example, there has been many changes in staff within the county & has led to renewals of licenses & exceptions to take longer than expected."

Owners expressed their desire for regular outreach and more timely responses to their questions and concerns. One described the need "to be heard more. We want to receive a faster response and know who we should contact with questions." Another described being "literally on our own." Yet another reported "a lot of changes in case managers, lack of communication with case managers about updates." Support needs included "support when the resident and provider need assistance." One owner reported that agencies need to "work with AFHs to help providers and staff succeed." Yet another described "agency staff" who "are not trained well" and another "didn't receive enough technical support." The following comment describes the need for additional agency support.

> "Due to pandemic & many [agency] workers working from home does not allow providers to get answers regarding residents in a timely manner. Many cm [case managers] have a recording saying they have up to 5 days to return a phone call. Many do not answer

> emails either. Since the pandemic started turnover for cm to govern residents is very high. At this time, I have no idea who to call as far as a cm for my Medicaid clients. In the past 12 months there has been three cm for my home & when called, I am told they're not the cm any longer."

Most owners had difficulty enforcing COVID-19 regulations with residents and residents' families "because of the patient focused home environment of the AFH setting." Resident care was at-risk because of "too many restrictions and paperwork." One owner described "rules on caregiver requirements that make it difficult to maintain or hire staff" and "waiting 6+ months on approval for a resident manager." Comments about regulations not related to the COVID-19 pandemic included the long wait time for background checks and restrictions on staff work hours that "burn providers out." One owner described needing "an easy procedure to hire a caregiver. [Licensing agency] make it impossible [for] us to hire." Another owner offered the following:

> "Leaders, who made rules, make it a lot harder for providers. Too much paperwork and sometimes we lack time to spend for residents. We are worrying so much cause we do not know when the licensor will visit and check us for mistakes. I wish we could have a way or different ways of handling these types of rules and paperworks."

Greater need for financial support to manage resident care, increasing costs due to inflation, and competitive wages for caregivers.

Owners described the need for "increased [Medicaid] funding due to inflation." One owner reported that "the cost of inflation makes it nearly impossible to accept Medicaid residents" and "the Medicaid rates are so minimal compared to the work that the AFH handles and should be equal to other facilities" and another described "rates too low to hire caregivers" and difficulty affording paid caregivers "demanding more money." Some comments about operating costs addressed COVID-19-related issues.

Owners described "greater financial disadvantage managing budgets with expenses for PPE and operating costs that continued to soar" and asked for "increased funds due to inflation on food and supplies."

> "It's been hard to maintain what you have, the business, it's been overwhelming and very tense at times with the cost of living increasing at its rapid rate. The choice has been do we hire staff or keep operations going and burning ourselves out."

Many owners reported difficulty hiring, retaining, and having enough staff to care for residents and minimize their round-the-clock workload. They reported that day-to-day tasks were difficult for some to accomplish when, “no staff is available. Grocery shopping is difficult and delivery fees are very expensive.” Some owners addressed the need for more staff training, “in my opinion, DHS should provide more training (at least quarterly) on rules to licensees/caregivers/staff as well as to their county licensors.” Others described difficulty paying staff competitive wages, “We can’t compete with bigger companies. They offer better wages, bonuses, and benefits.” The following comment exemplifies this challenge.

> “It is very hard to keep caregivers and find new staff due to hourly demanding a high rate of $20/hr. Me as a provider cannot afford because I have only Medicaid residents. I don’t make enough money to pay caregivers and not having time off because it costs too much. I am making the decision of maybe closing down because food is very expensive and we get no help from the state or any federal help to operate. They need to raise our payments.”

Given the challenge of hiring and retaining quality caregiving staff, an AFH respondent suggested a more centralized approach to support licensees, “It would be helpful if the DHS would start a caregiver database where caregivers could apply from a ‘qualified caregivers pool’ and be ready for hiring”.

POLICY CONSIDERATIONS AND CONCLUSIONS

The COVID-19 pandemic continues to shape daily practices in health and long-term care settings, as well as AFHs, even as many pandemic restrictions were lifted in public places. The Oregon Health Authority rescinded the mask mandate in adult foster homes and other health-related settings on April 3, 2023 (ODHS, 2023), more than a year after mandates in public schools were dropped (OHA, 2023). While we cannot know whether the ongoing pandemic explains any of the findings and trends we observed, based on AFH owners' responses, we know that the pandemic, as well as social and economic changes, continue to affect daily life in these homes. In this section, we describe and highlight some of the changes and trends we noted throughout the report and might be noteworthy to policymakers, aging advocates, and owners to better understand and improve services provided to AFH residents.

The number of AFHs and total number of beds licensed by ODHS/APD have declined since 2016.

The availability of AFHs is based on the number of homes as well as the overall capacity. The current number of AFHs (1,354) represents a 31 percent decline since the 1,740 reported in 2016 (Carder et al., 2016). There is evidence that new AFHs are being opened even as other homes close. Based on information provided by ODHS, one in 10 AFHs have been operating for less than one year. In addition, just over one in 10 of this year's respondents reported they plan to open a new AFH in the next year. In terms of capacity (e.g., number of residents the AFHs are licensed to admit), we estimate that the number of licensed beds declined by 18 percent between 2015 and 2022, and two percent (130 beds) between Fall of 2021 and 2022. This year, five percent of AFH owners indicated they were considering closing their home permanently, suggesting that an estimated 60-70 AFHs may close in 2023, resulting in reduced access and choice for Oregonians seeking LTSS in this setting.

Over half of Oregon's AFH residents are Medicaid beneficiaries.

Consistent with prior years, most AFHs have contracts with ODHS to provide services to residents who qualify for Medicaid. Based on ODHS records, we estimate that 91 percent of all currently licensed AFHs have a Medicaid contract. A large share of the AFH resident population continue to be Medicaid beneficiaries (57 percent). Between 2016 and 2023, increases in rates paid by private pay residents, coupled with stagnating Medicaid

reimbursement rates, resulted in a growing gap between the two. In recognition of this trend, a bill was introduced to the Oregon Legislature in 2023 (HB 2495) that would increase payments to adult foster home providers by 50 percent.

The original concept of the AFH model persists.

AFHs were developed in the late 1970s and early 1980s to expand residential care options in Oregon for older adults and people with disabilities who wish to remain in the community (Caldwell & Warner, 2019; Mollica et al., 2008). Over time, we have observed a majority of AFH owners and operators who both live (94 percent) and provide care to residents (96 percent) where they are licensed to operate.

Providers report low turnover among current staff, but significant challenges in hiring new employees.

Staffing is an important topic in all healthcare and long-term services and supports, including AFHs. Almost two-thirds of responding homes reported between one and three employees (62 percent), and 13 percent reported no current employees. Most staff had been working in the AFH for over six months (81 percent), suggesting low turnover. However, 88 percent of responding AFHs stated difficulty in hiring new staff members. In response to staff shortages in the prior 30 days, almost one-third of AFH providers asked their staff to work overtime or extra shifts and one in five reported limiting new resident admissions. The biggest challenge in hiring new staff reported by AFH owners was the lack of applicants followed by the lack of qualified candidates and competition with jobs in other sectors or industries, suggesting that staffing shortages might be a part of a broader labor market issue.

A large share of AFHs residents are living with Alzheimer's disease and related dementias.

Caring for individuals with ADRD requires a comprehensive approach to care that can address unique needs of individuals, with accompanying sufficient support and resources for caregivers, such as frequent dementia-specific training opportunities and appropriate compensation. Of the 14 diagnosed health conditions, ADRD was the second most common diagnosis reported for current AFH residents. The share of residents with this diagnosis has remained fairly stable over time (43 percent), indicating that this setting type provides an important resource for people with dementia.

ADA paratransit services are the most commonly used transportation option used by AFH residents.

Americans with Disabilities Act (ADA) paratransit services provide transportation assistance to individuals with disabilities who may be unable to utilize other public transportation options. This is especially relevant in long term care settings, where ADA paratransit services can ensure that residents have access to reliable transportation for medical appointments, social activities, and other essential services given their features (e.g., wheelchair ramps and lifts, drivers trained to provide appropriate assistance). While our findings show that half of all AFH providers had at least one resident who used ADA paratransit, little is known about the nature, frequency, or purpose of use of these services. Future research can also examine why about one in ten AFHs had at least one resident who might have unmet transportation needs.

There have been declines in perceived support and ability to address concerns related to the COVID-19 pandemic.

We observed a notable decline in AFH providers' perceived support from government agencies as well as reported ability to address concerns related to the COVID-19 pandemic. As we have noted, AFH residents have a higher risk profile for mortality related to COVID-19 and we expect AFH providers might have an even harder time accessing pandemic-related supports and resources as public health emergency declarations expire and pandemic-related measures are lifted.

Conclusion

This report presents the findings from an annual study of Oregon AFHs licensed by APD/ODHS. As always, our team hopes that the results will inform and advise all interested parties (e.g., policymakers, state and county agency staff, aging advocates, residents and their families, and AFH owners) about the status of AFHs in Oregon. We thank all the AFH providers and staff for all they do on behalf of Oregon's older adults and people living with disabilities.

APPENDIX A: Methods

The Institute on Aging at Portland State University (IOA/PSU) has been collecting annual data from adult foster homes licensed by the ODHS since 2015. The study design remains similar to those of past years to improve comparability over time and is aimed at ensuring generalizability of findings to AFHs licensed by ODHS/APD and sufficient representation across Oregon. In this section, we describe the process of questionnaire development, study population and sample selection, study implementation, and other details regarding the study design.

Questionnaire Development

Each fall, IOA/PSU meets multiple times with ODHS/APD and its partners to develop the study questionnaire. These meetings allow participants to share topics of interest, provide feedback on specific questions, and bring up considerations important to residents, staff, and owners of adult foster homes. As in previous years, the study questionnaire this year included two sets of questions. First are questions that we include every year or every other year to track changes over time. These questions relate to resident demographics (such as gender and age) and health needs, AFH characteristics (such as licensed capacity), and payer types.

Second are questions that are designed based on emerging topics or contemporary interests and concerns in long-term care. For instance, this year, we included a question about dementia-specific medication use among residents. Given increasing interest in staffing and compensation, we also included a question about currently hourly wages to the staff roster. Relatedly, multiple questions around staffing challenges were added to gauge the ongoing impact of the COVID-19 pandemic on the staffing availability in this setting. Finally, considering the policy importance of transportation, we developed and included a question about transportation use among AFH residents. This year's questionnaire can be found in Appendix D.

Study Population and Sample Selection

IOA/PSU received a list of 1,329 AFHs licensed by ODHS/APD as of November 2022, which constitute the study population and about whose residents, staff, and providers this study set out to provide information. As in previous years, we note two caveats related to which population these study findings can be generalized. First, it is possible that not all residents of these 1,329 AFHs are APD consumers because I/DD consumers may reside in APD homes. This year, 18 percent of residents living in responding AFHs were under age 65, but only 4 percent were under age 50. Some of the residents who have a diagnosed I/DD (6 percent in 2023) are also likely over the age of 65. Second, some older adults may reside in AFHs licensed for persons with I/DD. Considering these complications and potential mismatch between settings and client populations, the results presented in this report might not be fully generalized to all APD consumers because not all APD older adult residents were included in the sample and because the sample may have included some individuals who are not traditional APD consumers.

Using the sampling frame of AFH (N = 1,329) provided by ODHS as of November, 2022, the minimum number of completed surveys required to achieve 95% confidence and +/- 5% margin of error for a response distribution of 50 percent accounting for the finite population size is calculated as 299. We account for the potential effect of non-response on final sample size using the average response rates across the last five years by region as presented in Table A1 below. The sample is proportionately derived from the four major regions of Oregon. Overall, the minimum sample size recommended after accounting for non-response and past years' response rates was 650.

Study Implementation

IOA/PSU mailed a questionnaire to each sampled AFH in December 2022. AFH owners were asked to complete and return the questionnaire via fax, email, phone, or mail (U.S. postal services with a prepaid business reply envelope provided by IOA/PSU). Of the 304 questionnaires we received, 193 were returned via mail, 77 by fax, 25 by email, and 9 were completed over the phone.The data collection period took place from January 2023 to March 2023. IOA/PSU made three rounds of phone calls to encourage responses. The first call notified them that the questionnaire packet had been mailed, the second call was to confirm that the packet was received in the mail and coordinate any resends of a new packet, and the third call was to inform providers who had not yet returned the questionnaire of an extension deadline.

Table A1. Historical response rates by region over time, 2019-2023

	2019 %	2020 %	2021 %	2022 %	2023 %	5-Year Average
Portland Metro	54	56	45	41	43	48
Willamette Valley/North Coast	71	56	44	49	47	53
Southern Oregon/South Coast	67	64	51	45	49	55
East of the Cascades	63	73	49	45	45	55
Total	60	58	46	43	47	51

Portland Metro: Counties of Clackamas, Columbia, Multnomah, Washington, Willamette Valley: Counties of Benton, Clatsop, Lane, Lincoln, Linn, Marion, Polk, Tillamook, Yamhill, Southern Oregon: Counties of Coos, Curry, Douglas, Jackson, Josephine, Eastern Oregon: Counties of Baker, Crook, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Klamath, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler.

Final Disposition of Cases, and Unit and Item Non-Response

Of all the initially sampled 650 AFHs, 16 had closed during the study period resulting in a final eligible sample of 634 homes. Overall, 304 homes responded to the questionnaire for a response rate of 47 percent among all sampled AFHs and 48 percent among the eligible 634 AFHs (Table A6). The sample was sufficiently representative across regions (Table A2), number of licensed beds (Table A3), Medicaid contract (Table A4), and urban/rural status (Table A5).

Unlike prior years, we did not perform follow up phone calls to address missing information. We analyzed results from 2022 to compare estimates that had corrected missing information and if the information was left missing. Results indicated no statistically significant difference between estimates (results not shown).

Table A2. Distribution of sample and response rates by region, 2023

	Population % (n)	Sampled AFHs % (n)	Final respondents % (n)	Response rate %
Portland Metro	63 (833)	65 (423)	66 (200)	47
Willamette Valley/North Coast	19 (249)	18 (115)	17 (52)	45
Southern Oregon/South Coast	13 (170)	12 (77)	13 (38)	49
East of the Cascades	6 (77)	5 (35)	5 (14)	40
Total	100 (1,329)	100 (650)	100 (304)	47

Portland Metro: Counties of Clackamas, Columbia, Multnomah, Washington, Willamette Valley: Counties of Benton, Clatsop, Lane, Lincoln, Linn, Marion, Polk, Tillamook, Yamhill, Southern Oregon: Counties of Coos, Curry, Douglas, Jackson, Josephine, Eastern Oregon: Counties of Baker, Crook, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Klamath, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler.

Table A3. Distribution of sample and response rates by licensed beds, 2023

Licensed beds	Population % (n)	Sampled AFHs % (n)	Final respondents % (n)	Response rate %
0	3 (43)	4 (23)	4 (12)	52
1	4 (53)	4 (27)	4 (12)	44
2	2 (22)	2 (13)	2 (5)	39
3	4 (59)	4 (24)	4 (12)	50
4	9 (120)	9 (60)	12 (36)	60
5	78 (1,032)	77 (503)	75 (227)	45
Total	100 (1,329)	100 (650)	100 (304)	47

Table A4. Distribution of sample and response rates by Medicaid contract, 2023

	Population % (n)	Sampled AFHs % (n)	Final respondents % (n)	Response rate %
Missing	<1 (5)	<1 (2)	0 (0)	0
No Medicaid contract	9 (125)	10 (62)	10 (30)	48
Yes Medicaid contract	90 (1,199)	90 (586)	90 (274)	47
Total	100 (1,329)	100 (650)	100 (304)	47

Table A5. Distribution of sample and response rates by urban/rural status, 2023

	Population % (n)	Sampled AFHs % (n)	Final respondents % (n)	Response rate %
Urban	80 (1,065)	83 (538)	83 (253)	47
Rural/Frontier	20 (264)	17 (112)	17 (51)	46
Total	90 (1,329)	90 (650)	90 (304)	47

Note: Based on the zip code level definitions published by the Oregon Office of Rural Health.

Table A6. Final disposition of all sampled AFHs, 2023

	N
All sampled AFHs	650
Ineligibles due to:	
Closed	16
Total ineligible	16
Total eligible	634
Total response	304
Email	25
Fax	77
Male	193
Phone	9
Response rate (304/650)	47%
Response rate among eligible AFHs	48%

Note: An AFH is considered closed if the provider/owner informed our callers/interviewers about the closure or if the ODHS website lists it as closed as of December 2022; this earlier date was chosen to avoid misclassifying open AFHs as closed due to potential delays in relicensing.

Statistical Data Analysis

Quantitative data analysis involved a series of steps that were followed in the previous years. Data were entered into a statistical software program (Stata 17) and checked for errors using multiple strategies, including:

- Random spot checks for potential data entry errors,
- Frequencies to eliminate errors due to coding mistakes, and
- Logic checks for skip patterns and outliers.

Data cleaning was followed by data analysis, which involved descriptive statistics (frequencies, percentages, and means) and cross-tabulations when applicable.

Appendix B provides 95 percent confidence intervals (CIs) for the point estimates reported throughout the text of this report. We include CIs to ensure that the reader is aware of the magnitude of uncertainty around point estimates. To calculate these CIs, we used bootstrap sampling, a statistical method that draws subsamples of observations from the sample data repeatedly to construct an empirical (bootstrap) distribution for point estimates. An advantage of this method is its ability to handle population distributions that may not be normal. To account for potential bias and skewness in the distribution of repeated samples, we used the bias-corrected and accelerated CIs and set the number of replications to 500 for each run.

Qualitative Data Analysis

The questionnaire included an open-ended question to provide room for AFH owners to voice their experiences as care providers: whether there was anything else they would like PSU or ODHS to know about operating an AFH during the pandemic (see Appendix D for the questionnaire).

The study team read AFH owners' responses and then developed codes for each question that summarize the meaning, or theme, of each response. Codes were analyzed quantitatively. The findings represent the most frequently applied codes and themes that emerged. Many owners gave more than one response. Those responses were assigned more than one code, and some referred to more than one theme. Frequencies are not presented, as this approach was used primarily to reliably report the most common themes.

APPENDIX B: Tables and Figures

Table B1. Number and Capacity of AFH by County and Population, 2022

County	Population, ages 75+	Number of AFH	Number of Beds	Beds per 1,000 residents, ages 75+
Baker	2,106	1	3	1.4
Benton	8,277	16	73	8.8
Clackamas	34,901	169	754	21.6
Clatsop	4,040	4	13	3.2
Columbia	4,225	7	30	7.1
Coos	7,639	31	107	14.0
Crook	2,633	5	25	9.5
Curry	3,608	7	16	4.4
Deschutes	17,095	28	114	6.7
Douglas	13,317	24	84	6.3
Gilliam	267	0	0	0.0
Grant	1,123	1	1	0.9
Harney	831	1	1	1.2
Hood River	1,858	1	5	2.7
Jackson	22,099	83	367	16.6
Jefferson	1,671	5	21	12.6
Josephine	10,084	25	110	10.9
Klamath	6,380	11	51	8.0
Lake	910	1	5	5.5
Lane	33,167	68	245	7.4
Lincoln	6,090	11	38	6.2
Linn	9,664	27	117	12.1
Malheur	2,234	4	12	5.4
Marion	23,770	90	393	16.5
Morrow	827	0	0	0.0
Multnomah	45,708	368	1,760	38.5
Polk	7,509	16	69	9.2
Sherman	246	0	0	0.0
Tillamook	2,996	2	6	2.0
Umatilla	5,608	9	44	7.8
Union	2,623	5	23	8.8
Wallowa	947	0	0	0.0
Wasco	2,404	5	6	2.5
Washington	35,453	289	1.354	38.2
Wheeler	254	0	0	0.0
Yamhill	8,697	15	67	7.7

Table B2. AFH owners' future plans for the next year, 2020-2023

	2020 % [CI]	2021 % [CI]	2022 % [CI]	2023 % [CI]
Open another/newly licensed adult foster home	13 [10,17]	12 [9,15]	16 [11,20]	13 [9,16]
Move this adult foster home to a different location/house	6 [4,9]	3 [2,6]	5 [3,8]	6 [3,9]
Sell or transfer your adult foster home to another owner	7 [5,11]	7 [4,11]	5 [3,8]	5 [2,7]
Permanently close your adult foster home	5 [3,7]	6 [4,10]	5 [2,7]	5 [3,8]

Note: Numbers in brackets show lower and upper limits of 95% confidence intervals (see Appendix A: Methods for details).

Table B3. AFH resident gender and age, 2019-2023

	2019 % [CI]	2020 % [CI]	2021 % [CI]	2022 % [CI]	2023 % [CI]
Gender					
Male	38 [35,42]	36 [33,40]	40 [36,44]	40 [37,44]	40 [37,45]
Female	62 [58,65]	63 [60,67]	60 [56,64]	59 [56,63]	59 [55,63]
Transgender	<1 [0.0,0.5]	<1 [0.0,0.5]	<1 [0.0,0.4]	<1 [0.0,0.5]	<1 [0.0,1]
Age					
18-49	5 [4,7]	5 [4,6]	5 [3,6]	5 [4,7]	4 [3,7]
50-64	17 [15,19]	18 [15,20]	16 [13,18]	16 [14,19]	14 [12,17]
65-74	20 [18,22]	21 [18,23]	20 [18,23]	23 [20,25]	23 [21,26]
75-84	21 [18,23]	20 [18,23]	23 [20,26]	24 [21,27]	27 [24,29]
85 and over	37 [34,41]	36 [33,40]	37 [33,41]	32 [28,36]	32 [28,36]

Note: Numbers in brackets show lower and upper limits of 95% confidence intervals (see Appendix A: Methods for details).

Table B4. AFH resident race/ethnicity, 2019-2023

	2019 % [CI]	2020 % [CI]	2021 % [CI]	2022 % [CI]	2023 % [CI]
Hispanic/Latino of any race	2 [1.6,3.2]	2 [1.3,2.9]	3 [1.6,3.8]	2 [1.3,3.5]	4 [3,5]
Non-Hispanic/Latino					
American Indian/ Native American or Alaska Native	3 [2,4]	3 [2,4]	3 [2,5]	3 [2,5]	3 [2,4]
Asian	3 [2,4]	2 [2,4]	2 [2,3]	3 [2,5]	2 [1,3]
Black/African American	2 [1,3]	2 [1,3]	3 [2,5]	3 [2,4]	2 [2,3]
Native Hawiian or Other Pacific Islander	1 [0,1]	<1 [0,1]	<1 [0,1]	1 [0,2]	1 [0,1]
White	87 [84,89]	88 [86,90]	86 [83,89]	86 [83,89]	87 [84,89]
Two or more races	1 [1,3]	2 [1,4]	2 [1,4]	1 [1,2]	<1 [0,1]
Other/unknown	1 [1,2]	1 [0,2]	1 [0,3]	1 [1,3]	2 [1,4]

Note: Numbers in brackets show lower and upper limits of 95% confidence intervals (see Appendix A: Methods for details).

Table B5. Resident move-out locations in prior 90 days, 2019-2023

	2019 % [CI]	2020 % [CI]	2021 % [CI]	2022 % [CI]	2023 % [CI]
Died	60 [50,69]	73 [66,80]	78 [69,84]	72 [64,79]	76 [65,83]
Home	4 [2,9]	2 [1,5]	3 [1,8]	3 [1,8]	3 [1,6]
Home of Relative	1 [0,4]	3 [1,6]	2 [0,5]	3 [1,8]	5 [3,10]
Independent Living	1 [0,3]	1 [0,4]	0 [0,0]	1 [0,3]	1 [0,3]
Assisted Living/Residential Care	6 [3,10]	3 [1,7]	2 [0,5]	1 [0,4]	4 [2,9]
Memory Care Community	3 [1,6]	3 [1,7]	2 [0,7]	3 [1,6]	2 [0,6]
Another Adult Foster Home	9 [4,14]	4 [2,9]	7 [3,11]	8 [4,13]	4 [1,8]
Nursing Facility	7 [5,12]	5 [3,11]	3 [1,11]	3 [1,7]	3 [1,7]
Hospital	4 [2,11]	3 [1,7]	2 [1,7]	3 [1,8]	2 [1,6]
Psychiatric Hospital	X	X	X	1 [0,5]	0 [0,0]
Criminal Justice System	X	X	X	0 [0,0]	0 [0,0]
Other	3 [1,7]	1 [0,3]	1 [0,5]	2 [1,5]	1 [0,3]
Don't Know	2 [0,4]	1 [0,3]	1 [0,4]	0 [0,0]	0 [0,0]

Note: X indicates that the question was not asked in that year. Numbers in brackets show lower and upper limits of 95% confidence intervals (see Appendix A: Methods for details).

Table B6. Changes in percent of payers using Medicaid over time, 2019-2023

	2019 %	2020 %	2021 %	2022 %	2023 %
Medicaid	54	58	59	60	57

Table B7. Length of stay among residents who moved out in the prior 90 days, 2019-2023

	2019 % [CI]	2020 % [CI]	2021 % [CI]	2022 % [CI]	2023 % [CI]
1-7 days	2 [0,4]	7 [3,13]	3 [1,7]	2 [1,6]	2 [1,4]
8-13 days	6 [2,17]	4 [1,7]	5 [2,10]	4 [1,9]	1 [0,1]
14-30 days	7 [4,13]	7 [4,12]	5 [2,10]	4 [2,9]	2 [1,3]
31-90 days	17 [11,25]	13 [9,19]	12 [7,21]	13 [8,20]	7 [6,9]
3-6 months	11 [7,16]	11 [7,17]	6 [22,12]	13 [8,19]	8 [6,10]
6-12 months	15 [11,22]	13 [9,19]	16 [10,25]	19 [13,27]	15 [13,17]
1-2 years	13 [8,18]	16 [11,23]	16 [10,23]	12 [7,18]	18 [17,19]
2-4 years	15 [10,21]	16 [11,22]	20 [13,28]	18 [12,24]	25 [20,27]
4 or more years	14 [9,20]	13 [9,20]	18 [11,24]	15 [9,24]	22 [19,24]

Note: Numbers in brackets show lower and upper limits of 95% confidence intervals (see Appendix A: Methods for details).

Table B8. Prevalence of AFH residents' diagnosed health conditions over time, 2019-2023

	2019 % [CI]	2020 % [CI]	2021 % [CI]	2022 % [CI]	2023 % [CI]
High blood pressure/hypertension	52 [49,54]	50 [47,53]	49 [45,53]	50 [47,54]	51 [48,55]
Alzheimer's disease and related dementias	48 [45,51]	49 [45,52]	48 [44,52]	45 [42,49]	43 [38,46]
Depression	46 [42,49]	45 [41,48]	41 [38,45]	47 [43,50]	46 [42,50]
Heart disease	39 [37,43]	37 [34,40]	39 [36,43]	39 [35,43]	37 [33,41]
Arthritis	37 [33,41]	33 [30,37]	32 [28,36]	32 [28,35]	28 [24,32]
Diabetes	23 [21,25]	22 [20,25]	23 [21,25]	20 [18,23]	23 [20,25]
Serious mental illness	20 [17,23]	18 [15,20]	19 [16,22]	X	X
Serious mental illness (excluding Anxiety disorder and depression)	X	X	X	20 [17,23]	17 [14,21]
Anxiety disorder	X	X	X	33 [30,37]	32 [27,35]
Osteoperosis	17 [14,19]	17 [15,20]	12 [10,15]	14 [12,17]	13 [10,16]
COPD and allied conditions	16 [14,19]	16 [14,18]	17 [15,19]	14 [12,16]	14 [12,17]
Intellectual or developmental disabilities	10 [8,12]	9 [7,11]	10 [8,13]	6 [5,8]	6 [4,8]
Cancer	9 [8,11]	7 [6,8]	8 [6,9]	6 [5,8]	8 [6,10]
Traumatic brain injury	8 [7,10]	9 [7,11]	9 [8,12]	11 [9,14]	9 [6,12]
Current drug and/or alcohol abuse	5 [3,6]	4 [3,6]	4 [3,6]	4 [3,6]	4 [3,6]

Note: From 2022 on, the questionnaire specifically excludes anxiety disorder and depression from serious mental illness. X indicates that the question was not asked in that year. Numbers in brackets show lower and upper limits of 95% confidence intervals (see Appendix A: Methods for details).

Table B9. Falls in the prior 90 days resulting in injury or hospitalization among residents who experienced a fall, 2019-2023

	2019 %	2020 %	2021 % [CI]	2022 % [CI]	2023 % [CI]
Fall resulting in injury	19	25	37 [27,49]	15 [9,24]	22 [15,31]
Fall resulting in hospitalization	18	19	5 [25,46]	4 [12,27]	21 [14,31]

Note: Numbers in brackets show lower and upper limits of 95% confidence intervals (see Appendix A: Methods for details).

Table B10. Health service use among AFH residents, 2019-2023

	2019 % [CI]	2020 % [CI]	2021 % [CI]	2022 % [CI]	2023 % [CI]
Treated in hospital ER in the last 90 days	13 [12,16]	13 [12,15]	11 [9,13]	11 [9,13]	15 [13,18]
Hospitalized overnight in the last 90 days	8 [7,9]	7 [6,9]	6 [5.8]	7 [5,8]	10 [8,12]
Went back to the hospital within 30 days	27 [19,36]	27 [19,37]	24 [15,37]	28 [17,40]	25 [17,35]
Received hospice care in the last 90 days	10 [8,12]	10 [8,12]	10 [9,13]	9 [7,11]	12 [10,14]
Received services from a licensed/certified home health care agency	X	19 [14,20]	17 [15,20]	18 [16,21]	18 [15,21]

Note: X indicates that the question was not asked in that year. Numbers in brackets show lower and upper limits of 95% confidence intervals (see Appendix A: Methods for details).

Table B11. Medication use and assistance with medications, 2019-2023

	2019 % [CI]	2020 % [CI]	2021 % [CI]	2022 % [CI]	2023 % [CI]
Take nine or more medications	52 [48,56]	53 [50,47]	54 [50,58]	60 [56,64]	60 [56,65]
Take opioid medications	X	X	X	22 [19,25]	20 [18,23]
Take antipsychotic medications	36 [33,39]	39 [35,42]	39 [35,42]	36 [32,39]	38 [34,41]
Take antidepressant medications	X	X	X	48 [45,52]	46 [43,50]
Take anxiolytic/sedative-hypnotic medications	X	X	X	24 [21,27]	21 [18,24]
Take dementia-specific medications	X	X	X	X	24 [21,27]
Self-administer medications	6 [4,8]	6 [4,8]	4 [3,6]	5 [4,8]	6 [4,8]
Received assistance to take oral medications	75 [71,79]	76 [72,79]	76 [71,80]	77 [72,81]	74 [70,79]

Note: X indicates that the question was not asked in that year. Numbers in brackets show lower and upper limits of 95% confidence intervals (see Appendix A: Methods for details).

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APPENDIX D: Adult Foster Home Questionnaire

License Number: [CCMU]

Portland State UNIVERSITY Institute on Aging

DHS | Oregon Department of Human Services AGING & PEOPLE WITH DISABILITIES

Adult Foster Homes (AFH)
Oregon Community-Based Care Study
AFH & Resident Characteristics Questionnaire (2023)

COMPLETE THE QUESTIONNAIRE ONLY FOR THE ADULT FOSTER HOME AT THIS ADDRESS.

License #:

Owner/Licensee Name:

Address of Adult Foster Home:

Adult Foster Home's Phone #: _____

Fax #: _____

Email: _____

Please return your completed questionnaire to PSU by January 27, 2023.

Once complete, please choose one of the following to return the questionnaire:	
Mail:	Please use the postage paid envelope **Be sure to include all 12 pages**
Scan and email to:	cbcor@pdx.edu **Be sure to include all 12 pages**
Fax to:	503-725-2052 **Be sure to include all 12 pages**

If you would prefer to complete the questionnaire over the phone, or
if you have questions concerning this questionnaire, please contact:
Diana Jacoby at cbcor@pdx.edu or 503-725-6635

All answers are kept private and confidential. None of your individual information is reported to ODHS. 1

License Number: [CCMU]

Oregon Department of Human Services (ODHS) requests adult foster homes to complete the questionnaire because it is an important way for ODHS to learn about residents.

Your privacy matters!

PSU does not publish or share responses from individual adult foster homes.

The reports from prior years are available on these websites:
http://www.oregon.gov/DHS/SENIORS-DISABILITIES/Pages/publications.aspx
https://www.pdx.edu/ioa/oregon-AFH-based-care-project

Questionnaire Instructions:

- First, please check that the information on page 1 is up-to-date and correct.
- Next, answer all the questions.
- Then, please return your completed questionnaire to PSU using one of the methods listed on **page 1.**

We greatly appreciate your time and the work that you do on behalf of older adults and persons with disabilities! The study results will be most accurate if everyone participates.

Please keep a copy of your completed questionnaire for your records.

License Number: [CCMU]

1. Who is filling out this survey?
Please mark Yes or No in each row.

	Yes	No
Owner/Operator	○	○
Administrator	○	○
Resident Manager	○	○
Other, specify: _____	○	○

Section A. Resident Information

2. How many of **your current residents** are:
Please count each resident only once and write 0 for any categories with no residents.

☐ Female

☐ Male

☐ Transgender

☐ **TOTAL # OF CURRENT RESIDENTS**

3. What is the age of each of **your current residents**?

☐ Resident 1

☐ Resident 2

☐ Resident 3

☐ Resident 4

☐ Resident 5

4. How many of **your current residents** are:
Please count each resident only once and write 0 for any categories with no residents.

☐ Hispanic/Latino (any race)

☐ American Indian/Native American or Alaska Native, not Hispanic or Latino

☐ Asian, not Hispanic or Latino

☐ Black/African American, not Hispanic or Latino

☐ Native Hawaiian or Other Pacific Islander, not Hispanic or Latino

☐ White, not Hispanic or Latino

☐ Two or more races

☐ Other/unknown/or resident would most likely choose not to answer

☐ **TOTAL # OF CURRENT RESIDENTS** (should match total in question #2 above)

Please go to the next page.

All answers are kept private and confidential. None of your individual information is reported to ODHS. 3

5. How many of **your current residents** moved in from the following places? *Please write 0 for any categories with no residents.*

# of residents	**Moved in from:**
	Home (alone or with spouse or partner)
	Home of child or other relative
	Independent living apartment in senior housing
	Assisted living/residential care
	Memory care community
	Adult foster care/home
	(Skilled) nursing facility
	Hospital
	Psychiatric hospital
	Houseless/homeless
	Criminal justice system (e.g., prison)
	Other, specify: _____
	Don't know
	TOTAL # of CURRENT RESIDENTS (should match total in question #2 above)

6. How many of **your current residents** have been living at this adult foster home for… *Please count each resident only once and write 0 for any categories with no residents.*

# of residents	**Length of Stay**
	1 - 7 days
	8 - 13 days
	14 - 30 days
	31 - 90 days
	91 - 180 days (3-6 months)
	181 days - 1 year (6-12 months)
	More than 1 but less than 2 years
	More than 2 but less than 4 years
	More than 4 years
	TOTAL # of CURRENT RESIDENTS (should match total in question #2 above)

7. **In the last 90 days**, how many residents moved out (permanently) to the following places, or died? *Please write 0 for any categories with no residents.*

# of residents	**Moved out to:**
	Home (alone or with spouse/partner)
	Home of child or other relative
	Independent living apartment in senior housing
	Assisted living/residential care
	Memory care community
	Adult foster care
	(Skilled) nursing facility
	Hospital
	Psychiatric hospital
	Criminal justice system (e.g., prison)
	Other, specify: _____
	Resident died
	Don't know
	TOTAL – Residents who moved out or died, last 90 days

License Number: [CCMU]

Section B. Resident Health, Acuity & Service Use

8. **In the last 90 days**, did any of **your current residents** fall? *Please **CIRCLE ONLY ONE.***

1. Yes 2. No

→ If none of your current residents fell in the last 90 days, SKIP to **question #10**.

9. **In the last 90 days**:

a. How many of **your current residents** fell **only one time**? *Please write 0 if none.*

☐ Number of residents

b. How many of **your current residents** fell **more than one time**? *Please write 0 if none.*

☐ Number of residents

c. How many of **your current residents** had a fall resulting in some kind of injury? *Please write 0 if none.*

☐ Number of residents

d. How many of **your current residents** went to the hospital (emergency room or admitted) **because of the fall**? *Please write 0 if none.*

☐ Number of residents

10. How many of **your current residents** regularly use a mobility aid (e.g., cane, walker, wheelchair) to get around? *Please write 0 if none.*

☐ Number of residents

11. How many of **your current residents** need staff assistance to use a mobility aid? *Please write 0 if none.*

☐ Number of residents

12. How many of **your current residents** regularly receive assistance from NOC (night shift) staff during the night? *Please write 0 if none.*

☐ Number of residents

13. How many of **your current residents** regularly receive assistance for physical and/or cognitive health needs from two staff? *Please write 0 if none.*

☐ Number of residents

14. How many of **your current residents** need regular and ongoing staff assistance with each of the following? *Please write 0 for any categories with no residents*.

☐ Eating

☐ Dressing

☐ Bathing and grooming

☐ Using the bathroom

☐ Mobility/Walking

Please go to the next page.

15. How many of **your current residents** regularly receive staff assistance for incontinence? *Please write 0 if none.*

☐ Number of residents

16. **In the last 90 days**, how many of **your current residents** regularly received any of the following from **their family member(s) or friend(s)**? *Please write 0 for any category with no residents.*

☐ Help with personal care such as eating, dressing, bathing & grooming, using the bathroom, or mobility & walking

☐ Help taking medications

☐ Help getting to medical appointments

☐ Social visits

☐ Phone calls

☐ Going on outings (i.e., meals, walks, shopping, activities)

17. How many of **your current residents**:
Please write 0 for any categories with no residents.

☐ Take 9 or more medications?

☐ Self-administer most of their medications?

☐ Receive staff assistance to take oral medications?

18. How many of your **current residents**:
Note: The medications listed below are examples and do not include all types of psychotropic (i.e., antipsychotic, anti-depressant, and anxiolytic/sedative-hypnotic), opioid, and dementia-specific medications. Please write 0 for any category with no residents.

☐ Take **antipsychotic** medication [e.g., aripiprazole (Abilify), haloperidol (Haldol), olanzapine (Zyprexa), quetiapine (Seroquel), risperidone (Risperdal)]?

☐ Take **anti-depressant** medication [e.g., sertraline (Zoloft), duloxetine (Cymbalta), venlafaxine (Effexor), bupropion (Wellbutrin), trazodone, citalopram (Celexa), escitalopram (Lexapro), mirtazapine (Remeron), fluvoxamine (Luvox), paroxetine (Paxil, Pexeva)]?

☐ Take **anxiolytic/sedative-hypnotic** medication [e.g., lorazepam (Ativan), alprazolam (Xanax), clonazepam (Klonopin), diazepam (Valium), zolpidem (Ambien), eszopiclone (Lunesta)]?

☐ Take **opioid** medication [e.g., hydrocodone (Vicodin/Norco/Lortab), oxycodone (Percocet/Endocet), fentanyl, codeine, morphine, hydromorphone, methadone, tramadol)]?

☐ Take **dementia-specific** medication [e.g., donepezil (Aricept), rivastigmine (Exelon), galantamine (Razadyne), memantine (Namenda or Namzaric)]?

Please go to the next page.

License Number: [CCMU]

19. How many of **your current residents** have been ***DIAGNOSED*** with each of the following conditions? *Include all diagnoses for each resident. Please write 0 for any categories with no residents.*

- ☐ Heart disease (e.g., congestive heart failure, coronary or ischemic heart disease, heart attack, stroke)
- ☐ Stroke
- ☐ Alzheimer's disease and other dementias (including Lewy body, Huntington's disease, and vascular dementia)
- ☐ High blood pressure/hypertension
- ☐ Depression
- ☐ Anxiety disorder
- ☐ Serious mental illness (such as bipolar disorder, schizophrenia). **Excludes anxiety disorder and depression.**
- ☐ Diabetes
- ☐ Cancer
- ☐ Osteoporosis
- ☐ COPD and allied conditions (such as emphysema)
- ☐ Current drug and/or alcohol abuse
- ☐ Intellectual/developmental disability
- ☐ Arthritis
- ☐ Traumatic brain injury

20. How many of **your current residents** were:
Please write 0 for any categories with no residents.

- ☐ Treated in the hospital emergency room (ER) **in the last 90 days**?
- ☐ Hospitalized overnight **in the last 90 days**? (Exclude trips to the ER that did not result in an overnight hospital stay.)
  - → ☐ How many residents who were hospitalized overnight went back to the hospital within 30 days?
- ☐ Receiving hospice care **in the last 90 days**?
- ☐ Receiving services from a licensed/ certified home health care agency **in the last 90 days**?

21. How many of **your current residents** regularly receive staff assistance because they…
Please write 0 for any categories with no residents.

- ☐ Lack awareness to safety, judgement, and decision making, or ability to orient to surroundings
- ☐ Wander
- ☐ Are a danger to themselves or others

Please go to the next page.

License Number: [CCMU]

Section C. Current Staff

This section asks you for information about each of the staff you currently employ in your home.
Please **do not include owner/licensee** in this roster. Please complete one row for each of your current staff.

- An Administrator is the person who is designated by the owner/licensee that is responsible for the daily operation and maintenance of the adult foster home.
- A Resident Manager is an employee who lives in the adult foster home and is directly responsible for the care of the residents. Please include floating resident managers in this category.
- A Caregiver is any employee, other than resident managers, providing care and services to residents. Please include shift caregivers in this category.
- For hours worked last week, please provide your best estimate.

The first two rows are examples for an adult foster home with two employees:

- Example #1: A resident manager who worked at this home for 40 hours last week and has been working at this home for 6 months or longer.
- Example #2: A caregiver who worked at this home for 10 hours last week and has been working at this home for less than 6 months.

22. How many staff do you currently employ in this adult foster home? *Please write 0 if none.*

☐ Number of current staff

23. Staff Currently Employed

	Job Title/Description				Hours Worked Last Week	Current Hourly Wage	Worked at this home for…	
	Resident Manager	Administrator	Caregiver	Other			Less than 6 months	6 months or more
Example #1	*X*				*40*	*$*		*X*
Example #2			*X*		*10*	*$*	*X*	
Your Staff #1								
Your Staff #2								
Your Staff #3								
Your Staff #4								
Your Staff #5								
Your Staff #6								
Your Staff #7								
Your Staff #8								
Your Staff #9								
Your Staff #10								

All answers are kept private and confidential. None of your individual information is reported to ODHS. 8

These following questions are intended ask about your recent experience in hiring, retaining, and scheduling staff at this adult foster home.

24. In the last 7 days, did you have any unplanned, care-related staff absences? *Please **CIRCLE ONLY ONE.***

1. Yes 2. No

25. How would you rate your ability to hire new staff right now? *Please **CIRCLE ONLY ONE**.*

1. Very difficult
2. Somewhat difficult
3. Somewhat easy
4. Very easy

26. In the last 30 days, did you do any of the following due to staffing shortages? *Please mark Yes or No for each category.*

	Yes	No
Worked additional shifts myself as owner/provider	○	○
Asked my staff to work overtime or extra shifts	○	○
Hired temporary agency staff	○	○
Limited new resident admissions	○	○

27. In your experience, which of the following are the biggest challenges to hiring new staff? *Please mark Yes or No for each category.*

	Yes	No
Unable to offer competitive wages	○	○
Lack of candidates interested in working in this setting	○	○
Lack of qualified candidates	○	○
Fear of contracting Covid or other infectious diseases	○	○
Vaccination requirements (by employer or state)	○	○
Competition with jobs in other sectors or industries	○	○
Delays in background checks	○	○

28. In the last 30 days, have any of your staff missed work for any of the following reasons? *Please select all that apply.*

- ☐ I did not have any staff in the last 30 days.
- ☐ My staff did not miss work in the last 30 days.
- ☐ Transportation
- ☐ Caregiving for a family member
- ☐ Personal health issues
- ☐ Family illness/emergency
- ☐ COVID-19 related
- ☐ Other: _____

Section D. Owner/Licensee Characteristics

29. How many residents are you licensed to care for?

☐ Number of residents

30. Do you (owner/licensee) live at this adult foster home? *Please **CIRCLE ONLY ONE.***

1. Yes, all the time
2. Yes, some of the time
3. No

31. Do you (owner/licensee) regularly provide care to residents living at this home? *Please **CIRCLE ONLY ONE.***

1. Yes 2. No

Please go to the next page.

32. Please select the answer that best fits your plans for your adult foster home. *Please mark yes or no for each category.*

In the next year, are you planning to:

	Yes	No
Open another/newly licensed home	○	○
Move this home to a different location/house	○	○
Sell or transfer your home to another owner	○	○
Permanently close your home	○	○

Section E. Monthly Rates, Fees & Policies

33. Do you currently have a Medicaid contract or accept Medicaid payment for any of your residents? *Please **CIRCLE ONLY ONE**.*

1. Yes 2. No

34. **Last month**, how many of **your current residents** primarily paid using the following payment types? *Please count each resident only once and write 0 for any categories with no residents.*

☐ **Medicaid**

☐ **Private sources** - May include resident and/or family personal accounts, Veteran's Aid & Attendance, long-term care insurance, pension, Social Security

☐ **Other:** _____

☐ **TOTAL # OF CURRENT RESIDENTS** (should match total in **question #2)**

35. **Private Pay Only:** For the last month, what was the average **total monthly charge** for a single resident living alone in a **private room** and receiving the lowest level of care?

$ _____ / month

36. Does your adult foster home offer the following services? If yes, is there an additional fee? *Please write Y for yes or N for no for each service.*

Service	Offer Service? (Y/N)	Charge Fee? (Y/N)
Night-time care		
Advanced memory care		
Two or more person transfer assistance		
Obesity care		
Catheter, colostomy, or similar care		
Advanced diabetes care		

37. In the last 30 days, for any reason (such as medical or social), at least one of **my current residents**… *Please mark Yes or No in each row.*

	Yes	No
Drove a car to leave the adult foster home.	○	○
Got a ride from me (owner/provider) or my staff.	○	○
Used ADA paratransit services (such as RideAssist, LIFT, Call-A-Ride).	○	○
Used public transportation (e.g., bus, streetcar, metro).	○	○
Used ride-hailing services (e.g., taxi, Uber, Lyft).	○	○
Needed or wanted to go somewhere but no transportation was available.	○	○

License Number:

38. How much do you agree or disagree with the following statements regarding the coronavirus (COVID-19) pandemic? ***Please put an "X" in the column that best describes your experiences.***

In the past 12 months…	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5	Not Applicable
a. We have been given enough support from county/state agencies to deal with issues/problems due to the pandemic.	①	②	③	④	⑤	
b. We have been satisfied with the communication about rules and regulations from the county/state agencies.	①	②	③	④	⑤	
c. We have been able to access personal protective equipment (PPE) (such as eye protection, gloves, N95 respirator masks).	①	②	③	④	⑤	
d. We have been able to address concerns of my residents' families related to the pandemic.	①	②	③	④	⑤	
e. We have been able to address concerns of my staff related to the pandemic.	①	②	③	④	⑤	
f. We have had a harder time finding new residents.	①	②	③	④	⑤	
g. We have had a harder time with staffing (such as hiring, retaining, and scheduling).	①	②	③	④	⑤	
h. Our residents have used virtual visits (e.g., iPad, computer, smart phone) with their family members and friends.	①	②	③	④	⑤	
i. Our residents have used telemedicine or telehealth for purposes of assessments, monitoring, diagnosis, or treatment.	①	②	③	④	⑤	

License Number:

39. Is there anything else you would like us or ODHS to know about operating an adult foster home during the pandemic?

_____

_____

_____

_____

_____

_____

_____

_____

Thank you for taking the time to complete this questionnaire!

Please return your completed questionnaire to PSU by January 27th, 2023.

If you are returning the questionnaire by mail, please use the addressed, postage paid envelope.