

College of Behavioral and Community Sciences

#### **Policy Brief**

#### March 2020

# **Rural and Urban Assisted Living Communities in Florida**

#### BACKGROUND

Currently, over 4 million older adults live in Florida, and this population is projected to grow significantly over the next two decades.<sup>1</sup> With this growth comes an increasing demand for assisted living communities (ALCs), particularly for older adults who need care but not at the level of a nursing home.<sup>2</sup> ALCs can be characterized by the number of beds, licensing type, and profit status. In addition to a standard license, ALCs can hold specialty licenses. These licenses are in limited nursing services (LNS), extended congregate care (ECC), and/or limited mental health (LMH).<sup>3</sup>

ALCs with a standard license can provide housing, meals, and routine personal care including help with activities of daily living. If an ALC has one of the three specialty licenses, this allows them to provide more specific services giving their residents more of an opportunity to age in place.

An **LNS license** adds to the basic support allowed with a standard license by providing nurses who administer specific forms of medical care (e.g. applying heating packs or conducting passive range of motion exercises). **ECC licenses** extend this further by providing higher level medical support (e.g. tube feedings), in addition to the same services covered under an LNS license. Lastly, an **LMH license** is required for ALCs who are serving three or more residents who receive Social Security Disability Insurance or Supplemental Security Insurance benefits due to a diagnosis of a mental illness.<sup>3</sup> This policy brief compares rural and urban ALCs on these different license types in addition to the number of beds and profit status.

## **STUDY METHOD**

Data on Florida's ALC characteristics and locations were collected from the Florida Agency for Healthcare Administration (AHCA)\* website.<sup>4</sup> The counties were classified as rural or urban based on the 2010 U.S. Census data. According to the Census, rural is defined as any county with less than 100 people per square mile.<sup>5</sup> The ALCs were subsequently classified based on the county in which they were established.

## **FINDINGS**

There are 3,090 ALCs in Florida, of which 85 are in rural counties and 3,005 are in urban counties. Among the rural ALCs, 25 (29.8%) had an LNS license, 11 (13.1%) had an ECC license, and 29 (34.5%) had an LMH license. By comparison, of the ALCs in urban counties, 450 (13.6%) had an LNS license, 244 (7.4%) had an ECC license, and 716 (21.7%) had an LMH license. LNS licenses were the most prevalent in Miami-Dade (33), Brevard (30), and Broward (30) counties. ECC licenses were the most frequent in Pinellas (19), Broward (16), and Hillsborough (16) counties. LMH licenses were the most prevalent in Miami-Dade (442), Hillsborough (42), and Broward (31) counties.

The average bed count for ALCs located in urban counties was 35 (range: 2-350) and for rural counties was 40 (range: 3-175). The urban counties of Collier, Leon, Martin, and Sumter, and the rural county of Highlands, had the highest average number of beds (range: 77-101), compared to the rest of the counties in Florida. The lowest average numbers of beds were in the rural counties of Baker, Hamilton, and Madison, as well as the urban county of Miami-Dade (range: 5-13).

Out of the ALCs in Florida, 3,183 (94%) were forprofit communities. For-profit communities were more common in Miami-Dade (833), Hillsborough (297), Broward (289), and Palm Beach (205), whereas non-profit communities were more common in Pinellas (14), Hillsborough (14), Miami-Dade (13), and Palm Beach (13).

## POLICY IMPLICATIONS

The findings of this policy brief indicate that rural ALCs were more likely to hold a specialty license. Although there were many fewer ALCs in the rural counties – a problem in and of itself - those that do exist are more likely to provide higher levels of care to their residents. Additionally, this implies that older adults in urban ALCs may be less able to age in place due to the relatively low number of urban-county ALCs with specialty licenses.

Also, while bed count did not vary between rural and urban settings, there were significant differences among individual counties. For-profit ALCs made up the bulk of ALCs throughout the state. These for-profit ALCs were more prevalent in urban counties compared to rural counties. Profit status is important because it may determine the size of the ALC, as well as what services, activities, and other resources are available to resident.<sup>6</sup> This information is useful to individuals who are seeking out an ALC that is of a particular size, with a specific type of licensure, and/or in a specific location (rural or urban).

Overall, the findings of this brief highlight the need to improve the availability of ALCs in the rural parts

of Florida in order to better serve residents of these counties, and to increase the number of ALCs with specialty licenses across the state.

## **REFERENCES**

 Hyer, K., MacDonald, G., Black, K., Badana, A., Murphy, S., Haley, W. (2017). Preparing for Florida's older adult population with user-friendly demographic maps. *Florida Public Health Review*, *14*(4), 33-44.
Dall, T., Gallo, P., Chakrabarti, R., West, T., Semilla, A., Storm, M. (2013). An aging population and growing disease burden will require a large and specialized healthcare workforce by 2025. *Health Affairs*, *32*, 2013-2020.

3. Agency for Health Care Administration (n.d.). *Assisted living facility*. Retrieved from:

https://ahca.myflorida.com/mchq/health\_facility\_reg ulation/assisted\_living/alf.shtml

4. Florida Department of Health (2019). *Community Health Assessment Resource Tool Set*. Retrieved from: <u>http://www.flhealthcharts.com/charts/default.aspx</u>

5. U.S. Census Bureau (2012). 2010 census of population and housing. Population and Housing Unit Counts, CPH-2-11. Washington, DC: U.S. Government Printing Office.

6. Schwarz, B. (2001). *Assisted living: Sobering realities*. Psychology Press.

This policy brief is based on research by J. Brown, J. Ayala, H. Rouse, L. Peterson, and K. Hyer of the University of South Florida, School of Aging Studies and Florida Policy Exchange Center on Aging.

For further information contact author H. Rouse via email at <u>hrouse@usf.edu</u>

Florida Policy Exchange Center on Aging, School of Aging Studies, University of South Florida, 13301 Bruce B. Downs Blvd, MHC 1341, Tampa, FL 33612.

Та	<b>ble 1.</b> Be	d Size, Sp	ecialty l	icensing, and	Profit Status	in Florida As	sisted Living	Communiti	es.	
County	Rural (Y/N)?	ALC (Y/N)?	# of ALCs	Average Bed Count	Range Bed Count	# of LNS Licenses	# of LMH Licenses	# of ECC Licenses	Non- profit	Prof
Alachua	N	Y	13	62	129	6	0	2	2	13
Baker	Y	Y	1	5	0	0	0	0	0	1
Bay	N	Y	12	54	104	5	3	3	2	12
Bradford	Y	Y	4	15	18	1	1	0	0	4
Brevard	N	Y	139	30	247	30	8	14	8	139
Broward	N	Y	289	32	242	30	31	16	11	289
Calhoun	Y	Y	2	22	4	1	2	0	0	2
Charlotte	N	Y	36	66	132	7	2	2	1	36
Citrus	N	Y	25	54	195	5	1	4	5	25
Clay	N	Y	18	46	106	5	1	4	1	18
Collier	N	Y	36	77	194	8	3	15	6	36
Columbia	Y	Y	9	59	144	1	4	2	2	9
De Soto	Y	Y	4	28	55	1	1	0	0	4
Dixie	Y	Ν	0	0	0	0	0	0	0	0
Duval	N	Y	88	49	284	21	25	14	12	10
Escambia	N	Y	25	65	174	12	6	1	6	28
Flagler	N	Y	21	21	170	3	0	0	0	35
Franklin	Y	Ν	0	0	0	0	0	0	0	0
Gadsden	Y	Y	4	15	39	2	1	0	1	4
Gilchrist	Y	Ν	0	0	0	0	0	0	0	0
Glades	Y	Ν	0	0	0	0	0	0	0	0
Gulf	Y	Y	1	32	0	0	0	0	0	1
Hamilton	Y	Y	3	13	4	0	3	0	0	3
Hardee	Y	Y	4	17	32	1	0	0	1	3
Hendry	Y	Y	1	30	0	1	0	0	0	1
Hernando	N	Y	26	49	250	5	3	2	1	39
Highlands	Y	Y	9	91	160	4	0	1	2	9
Hillsborough	N	Y	261	29	281	20	42	16	14	29
Holmes	Y	Y	2	31	50	1	2	0	0	3
ndian River	N	Y	20	57	130	9	1	4	5	21
Jackson	Y	Y	2	44	64	0	1	1	0	3
Jefferson	Y	Ν	0	0	0	0	0	0	0	0
Lafayette	Y	Y	2	40	8	0	0	0	0	2
Lake	N	Y	50	50	160	12	5	11	3	54
Lee	N	Y	68	65	185	27	4	7	7	84
Leon	N	Y	18	77	154	8	2	8	1	18
Levy	Y	Ν	0	0	0	0	0	0	0	0
Liberty	Y	Y	2	24	42	1	2	0	0	2
Madison	Y	Y	7	13	27	4	8	1	0	8
Manatee	N	Y	41	62	154	14	2	3	5	51
Marion	N	Y	34	60	174	9	6	7	5	42
Martin	N	Y	18	82	160	10	0	3	1	18

Γ

Miami-Dade	Ν	Y	831	12	348	33	442	10	13	835
Monroe	Y	Y	3	30	42	0	1	0	3	0
Nassau	Ν	Y	6	66	94	1	2	2	1	6
Okaloosa	Ν	Y	13	58	142	7	0	3	4	13
Okeechobee	Y	Y	1	37	0	0	0	0	0	1
Orange	Ν	Y	110	33	200	22	21	12	6	144
Osceola	Ν	Y	36	29	194	3	7	3	2	38
Palm Beach	Ν	Y	193	42	304	24	13	14	13	205
Pasco	Ν	Y	47	62	237	6	10	7	2	55
Pinellas	Ν	Y	176	48	237	21	29	19	14	192
Polk	Ν	Y	40	67	141	9	10	5	5	57
Putnam	Ν	Y	10	25	76	3	1	2	4	10
Santa Rosa	Ν	Y	12	70	100	6	1	3	0	11
Sarasota	Ν	Y	87	57	225	22	1	11	9	93
Seminole	Ν	Y	62	44	215	12	4	1	9	62
St. Johns	Ν	Y	20	65	130	4	0	4	3	19
St. Lucie	Ν	Y	77	18	136	17	19	5	1	89
Sumter	Ν	Y	12	101	162	4	0	1	1	13
Suwanee	Y	Y	2	52	15	0	0	1	1	2
Taylor	Y	N	0	0	0	0	0	0	0	0
Union	Y	N	0	0	0	0	0	0	0	0
Volusia	Ν	Y	110	39	215	14	10	3	11	110
Wakulla	Y	N	0	0	0	0	0	0	0	0
Walton	Y	Y	4	72	114	3	0	1	0	4
Washington	Y	Y	7	19	33	0	6	0	0	7

Source: Licensing and Surveying Agency for Healthcare Administration.

*Note.* ALC= Assisted living community; 'Range Bed Count' is the difference between the ALC with the least amount of beds to the ALC with the most beds.

Florida Policy Exchange Center on Aging, School of Aging Studies, University of South Florida, 13301 Bruce B. Downs Blvd, MHC 1341, Tampa, FL 33612.