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# African American Aged Adults' Attitudes and Perceptions About Assisted Living Facilities

Delois Ann Wilson  
*Walden University*

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# Walden University

College of Health Sciences

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Delois A. Wilson

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Walden University  
2019

Abstract

African American Aged Adults' Attitudes and Perceptions About Assisted Living  
Facilities

by

Delois A. Wilson

MSN, University of Phoenix, 2000

BSN, Florida A & M University, 1977

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Services

Walden University

May 2019

## Abstract

In comparison with the national U.S. population, African American aged adults are less likely to reside in assisted living facilities (ALFs). At present, little qualitative data exist concerning how African American aged adults perceive living at home as opposed to living in an ALF. Using a phenomenological approach, this study explored how African American aged adults who live at home feel about residing in ALFs. The research questions focused on aged adults' perceptions, beliefs, and attitudes about ALFs and the conditions that may prevent African American aged adults from living in ALFs. A conceptual framework based on the Purnell Model of Cultural Competence was used to interpret study results regarding the cultural beliefs of African American aged adults. Data was collected through in-depth interviews with a purposive sample of nine African American adults aged 70 years and older who live at home and have not resided in an ALF. The data was managed through the NVivo 12 Plus program software, which assisted in providing inductive content analysis. The findings in the study revealed that the majority of the participants did not have knowledge about ALFs services however, the participant's attitudes to consider residing in ALFs were positive. There were some trust issues with the participants, indicative of a cultural heritage of beliefs and perceptions, as the participants stipulated they would reside in an ALF with support of family to monitor their care. The research study may contribute to a positive social change for African American aged adults by supporting an increased in knowledge and understanding of ALFs and increase the likelihood of African American aged adults residing in an ALF.

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## Dedication

My dad always told his nine children if they wanted to go to college that he would send them. I know it was a sacrifice for my mom and dad to send me to college many years ago, and for this, I am forever grateful. This propelled me to embark on an academic journey that has led me to this plateau in my professional career in health care. Therefore I dedicate this book to my daddy, James I and my mother Wadrine who have both gone on to with the Lord. I include my two brothers and sister James II, and Gary Senior, who has preceded me in death, who touched my life with their assistance toward my academic career, and my sister Pearl who kept me uplifted spiritually.

Delois

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## Chapter 1: Introduction to the Study

### **Introduction**

Aged adults must often make difficult decisions about their living arrangements. African American aged adults who face such decisions tend to look toward the family as a source of strength. Many older African Americans, having struggled through racial oppression, have developed a pronounced sense of pride regarding their lives, families, communities, and race. For most African Americans, living surrounded by family is a source of contentment. Added burdens are placed on aged adults when they live alone.

As members of the baby boomer generation many have maintained their health into old age, resulting in enormous growth in the aging population has occurred. Living arrangements for some of these older adults have become problematic as their children have families of their own. Lacking family support, aged adults who live alone can face significant burdens.

Aged adults should have options other than living alone. Decades ago, nursing homes were a saving grace for many African American aged adults who were not able to live independently. In early 1990's, African American aged adults began to favor smaller assisted living facilities (ALFs) in minority communities that housed approximately eight to 10 adults each. One study of Hernandez (2012) revealed ALFs, known as small boarding and care homes that were owned and operated by minorities were favored by African American aged adults because they were affordable and culturally appealing. Observing the low representation of African American aged adults in ALFs, Fields,

Koenig, and Dabelko-Schoeny (2012) noted there should be strategies to promote a better fit between ALFs potential and the culture of African American residents.

In the study, I explored whether African American aged adults living at home in Pompano Beach, Florida, understood whether their living arrangements can meet their needs as they continue to age. Facing declines in physical and cognitive health, aged adults may fear losing autonomy and independent living status (Carroll & Quall, 2014). I conducted a phenomenological research study to examine the thoughts, feelings, and knowledge of African American aged adults about residing in ALFs.

In chapter 1, I present background information on the phenomenon of African American aged adults living in their homes and the challenges they may face when residing in the home environment as opposed to living in an ALF. In addition, I discuss my purpose in the study; provided a brief synopsis of the conceptual framework involving cultural competency and cultural barriers for African American aged adults; and outline my assumptions, scope, delimitations, limitations, and significance in relation to social change. I concluded Chapter 1 with a summary of the main points in this chapter and a transitional statement leading into Chapter 2.

### **Background**

Hernandez and Newcomer (2007) revealed approximately 2 decades ago, ALFs were occupied by few African American aged adults because the poverty rate for minorities increased. In 2004 almost 1 million aging U.S. adults resided in ALFs, and most ALF residents were predetermined for white residents (Mollica & Johnson-

Lamarche, 2005). By the year 2030, the population of ALF residents is expected to grow to approximately 2 million (Assisted Living Federation of America, 2005).

As the size of the aging population continues to increase, aged adults are becoming fearful of losing their independence and autonomy as a result of declining physical and cognitive abilities (Carroll and Quall, 2014). Carroll and Quall (2014) noted despite the fact that aged adults may have a fear of living in an ALF, friendships between the residents of these facilities can be an important source of emotional support. Aged adults who move to independent living situations sometimes develop backup plans to relocate if their health declines (Carroll & Quall, 2014). However, aged adults who want to make that transition does not always understand the process of moving to an ALF.

Graybill, McMeekin, and Wildman (2014) described how aged adults use assisted living technologies (ALTs) to age in place. ALTs known as home and environment modifications can be used by aged adults who wish to maintain their independence (Graybill et al., 2014). Aged adults who do not need help with activities of daily living may decide what is needed in their home to help them age successfully in place, whether it is a ramp added to the home or hand rails for support.

Park, Dobbs, Carrion, Young, Salmon, and Roff (2013) suggested that cultural values mattered more in aged adults from racial/ethnic groups that were underrepresented in long-term care facilities and than that which differed from the dominant Caucasian culture in the United States. When ethnic, racial, and/or cultural differences exist between the staff and residents of a care facility, problems in communication may develop. Experiences of racism and racially/ethnically charged remarks may negatively influence



resident-staff relationships (Ejaz, Rentsch, Noelker, & Castora-Binkley, 2011). Park et al. suggested that cultural differences between residents and staff may create issues with trust and understanding. Efforts to express more cultural diversity in such facilities with regard to foods and activities may represent a preliminary step toward closing cultural gaps affecting African American aged adults residing in ALFs. Park et al. further asserted that ALFs should incorporate in their daily practices a culturally competent social environment that acknowledges the cultural values and historical experiences of African American aged adults, which could support the development of meaningful relationships between staff and residents and the identification of the needs of African American aged adults.

Many African American aged individuals in local communities remain in their homes with limited income, relying on assistance from family and friends. To meet the needs of these adults more effectively, it is necessary to understand African American aged adults' attitudes and perceptions about ALFs. A gap exists with regard to the increase of African American aged adults residing in their homes in Pompano Beach, Florida, versus residing in ALFs. In my study, I sought to explore reasons for the low presence of African American aged adults in ALFs.

The study will add to the existing body of knowledge on African American aged adults who may consider living in ALFs rather than living at home. The number of African American aged adults residing in ALFs may increase as a result of greater knowledge and improved understanding of ALFs, which may provide for a positive social change in the community.

### **Statement of the Problem**

Considering the nations' population and housing options for aged adults, African Americans aged adults in ALFs is viewed as less than adequate, and the lack of ALFs in minority communities could precipitate the low presence of African American aged adults in transitioning to ALFs (Stevenson & Grabowski, 2010). The overall majority of aged adults residing in ALFs are White and 9% make up the remainder of other ethnic groups, and included in that percentage is African American aged adults (Caffrey et al., 2012). Park et al. (2013) noted that the National Center for Assisted Living of 2011 reported in recent decades in the United States that 36,000 ALFs throughout the country had grown to the point that more than 1 million aged adults resided in the facilities. However, researchers have suggested that with the increase in the size of a diverse population in the United States, it is less likely that racial and ethnic aged adults will be cared for properly in ALFs in years to come.

In comparison with the national populations, Hernandez (2012) asserted that few minorities occupied residency at ALFs and African Americans have the lowest representation of minorities who live in ALFs. The decline of physical and cognitive health in older aged adults, tend to cause some to fear of losing their independence and autonomy (Carroll & Quall, 2014). The low representation of African American aged adults in ALFs had prompted the research study in this area to explore beliefs, values and attitudes about African American aged adults' actions to reframe from living in ALFs.

African American aged adults 70 years and older who continue to reside in their homes in Pompano Beach, Florida, seemed to rely on others for assistance for daily

personal responsibilities, shopping, maintaining their home, and transportation. It was my intent to compare and contrast the perceptions, attitudes, and views of African American aged adults of Pompano Beach, Florida, who live at home verses living in ALFs. I attempted to enhance the body of literature by focusing on African American aged adult views about residing in an ALF. I aspire to educate and provide an understanding of ALFs to increase the awareness of what ALFs have to offer African American aged adults living in Pompano Beach, Florida, providing a social change in the community. In this section, I highlight the rationale for my research study as suggested by Creswell (2013).

### **Purpose of the Study**

My purpose in this qualitative, phenomenological study was to explore and analyze the perceptions and attitudes of African American aged adults 70 years and older living in their own homes in Pompano Beach, Florida, and about their views of residing in an ALF. I explore the aged adult's knowledge and concerns they may have about ALFs. In the United States in 2010, 91% of the residents in the retirement centers (RC/ALF) were non-Hispanic white females, and the remaining 9% was shared by white males and other ethnicities (Caffrey et al., 2012). Although Caffrey et al. (2012) did not differentiate what percentage of the remaining 9% represented African American aged adults in ALFs. These findings suggest a low representation of African American aged adults in ALFs. In my study, I investigate African American aged adults who are not living in ALFs and explored their reasons for choosing not to reside in an ALF.

Many African American aged adults are at that point in life where supportive care may be a better option; however many of the African American aged adults continue to reside at home. In support of the research questions, my purpose in this study provides major objectives as suggested Creswell (2013). According to Miles, Huberman, and Saldana (2014), the researcher must have a particular interest in the research questions in exploring the analysis.

### **Research Questions**

The following are the questions for this study:

RQ1: What are the attitudes and perceptions of the African American aged adults who live independently at home have about residing in ALFs?

RQ2: What are the conditions that would prevent African American aged adults from living in an ALF?

### **Conceptual Framework**

To understand African American aged adults' perceptions and attitudes of living at home as opposed to ALFs involves gathering an in-depth understanding of the aged adults. Therefore I relied on the conceptual framework of cultural competence for my research study. Culture is the total transmitted social behavioral patterns, beliefs, values, customs, and way of life of a particular population that guides their view of the world and making decisions (Purnell, 2013). In addition, culture is determined by the worldview and decision-making characteristics of a community of people, which may be implicit or explicit that is learned and passed on to others in that society.

The Purnell Model of Cultural Competency (2013) was used to provide a complete and clear bases of a theoretical framework which can be used by health care professions in learning and understanding the characteristics of culture (Purnell, & Paulanka, 2009). The Purnell model of cultural competency (PMfCC) is based on differences within, between, and among cultures in understanding the values, beliefs attitudes, life-ways, and worldviews of other aged groups and cultures. The understanding of culture of African American aged adults could minimize preconceptions and opinions in the exploration of the aged adults living options. This model is appropriate to provide a framework to examine the characteristics of the African American aged adult concepts to develop conformity in the patterns as to their living arrangements.

The framework of PMfCC is attached to many constructs in which several was the focus of the research study regarding African American aged adults in the community, on their views, attitudes, beliefs, and ALFs infrastructure that supports cultural competency. I discuss these constructs further in Chapter 2. I used a qualitative phenomenological approach through in-depth interviews to provide insight into the cultural behavior of African American aged adults and their feeling regarding ALFs.

### **Cultural Competency Model**

The theory of the PMfCC is a complex theory classified as a holographic, which includes a framework that can be used in health care and other disciplines and settings. The model is a circle with four rims; the outer rim represents the Global Society followed by Community, Family, and Person. The inner circle has 12 pie-shaped wedges

representing cultural domains with their concepts. The center dark circle represents the unknown phenomena. The rim of the holographic was related to this research study in community and person, which focused on African Americans aged adults in relating to cultural competency.

PMfCC is based on a plethora of assumptions, several of which relate to this research study, including the following:

1. One culture is not better than another; rather, it is only different.
2. Some similarities exist in all cultures.
3. Differentiation exists within, between, and among cultures.
4. Change in culture occurs as time passes.
5. Each person is due the right to be respected in their unique heritage.
6. Culture is a learning process by working with diverse people.
7. Understanding culture can minimize bias and prejudices.
8. Health care workers must understand the values, beliefs, attitudes, life-ways, and worldviews of the diverse population.
9. Every contact with a person is a cultural encounter.

The PMfCC (2013) is used to provide a complete and clear framework to be used in learning and understanding the characteristics of culture (Purnell, & Paulanka, 2009) as with African Americans aged adults in this study. The model is based on differences within, between, and among cultures, in understanding the values, beliefs, attitudes, life-ways, and worldviews, of groups of other ages and cultures. The understanding of culture could minimize bias. This model is appropriate to provide a framework for examining the

characteristics of the African American aged adult concepts to develop conformity in the patterns with regard to their living arrangements.

### **Nature of the Study**

I used a qualitative phenomenology study which allows in-depth interviews of African American aged adults 70 years and older using purposeful sampling. The use of open-ended questions is appropriate for the study because it permits a collection of detailed information about the participants. The approach used in this study on African American adults 70 years and older to provides an understanding and knowledge regarding ALFs and the aged adults' thoughts, feelings, or any concerns about either living or not living in an ALF. Purnell and Paulanka (2009) asserted that people from a given race do not necessarily share common cultures, whereas race can increase or decrease opportunities depending on the environment. The responses from the participants would allow emerging categories to develop as well as framing an understanding of the perception of the aged adults and examined their living experience as an African American aged adult.

The used a qualitative design with a phenomenological approach to conduct the study is most appropriate. A step-by-step approach and avoidance of prejudgment, without assumptions to generate new knowledge is suggested by Moustakas (1994). By using the phenomenological approach, this will enable me to capture, understand, and explore how the African American aged adults' experience of what they know about residing in an ALF as suggested by Patton (2015). Follow-up interviews with the

participants will also grant an enhancement of the richness of the data that would be obtained, and developed explanations of the findings.

The data collected from the African American aged adults through one-on-one interviews using open-ended questions was coded and placed into themes. I planned and used the qualitative data analysis tool (QDA) which is NVivo 12 Plus to assist with the management of the data and tape recording as well as memos in the collection of the data from the participants. As suggested by Creswell (2009), coding is based on the emerging information collected from the participant. The collected interviewed raw data from participants and is placed in NVivo 12 Plus, which allows codes to emerge for themes and the data analysis phase.

### **Definition of Terms**

For the purpose of this research study, I used the following functional terms:

*Aging in place* is defined as the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level (Centers for Disease Control and Prevention, 2013).

*Assisted living facility* is defined as a place where as a congregate residential setting that provides or coordinates personal services, with around-the-clock supervision and assistance (scheduled and unscheduled) activities and health-related services (Stevenson & Grabowski, 2010) as stated by the Assisted-Living Coalition.

*Culture* is defined as the total transmitted social behavioral patterns, beliefs, values, customs, way of life of a particular population that guides their view of the world and making decision (Purnell, 2009).



*Cultural competence* is defined as having the knowledge, ability, and skill to deliver care in accordance to the person's cultural beliefs and practice (Purnell, 2013).

*Worldview* is defined as the way a person or group of people look at the world to form an assumption about their lives and the way they live (Purnell, 2013).

### **Assumptions**

I assumed that the participants in the study would represent a purposeful sample of African Americans 70 years and older who did not reside in an ALF. I used open-ended questions in the interviewing process. The participants' was assured that their rights would be protected during the data collection process by signing an informed consent form, which indicates that the confidentiality of their responses and the identity of the participants would be maintained.

I also assumed that the participants were of a sound mind and were able to assimilate the interview questions presented to them. To do no harm was of utmost importance in the study. The participants were those who are able to provide for their own needs as it related to their independence and physical care.

### **Scope of Delimitations**

The scope of this study was to thoroughly understand the lived experience of the African Americans aged adults 70 years and older living at home in Pompano Beach, Florida, and their beliefs and attitudes of how they would feel about residing in an ALF, and what was preventing them from living in an ALF. Some studies revealed few African Americans residing in ALFs. Those individuals who have lived in ALF were not included in the study, because their views may not reflect those individuals who have never lived

in an ALF. African American adults aged 70 years and older who live with relatives were excluded from the study because the majority may not demonstrate actions as one who is totally independent of responsibilities in the home. One of the cultural behaviors of African Americans is family caring for older adults, which has been passed down from generations (Purnell, 2013). Aging adults who have lived in the community in Pompano Beach, Florida, for 20 years or more demonstrated a solid foundation in the community; therefore, African American aged adults who had not lived in the community for at least 20 years or more were not included the study.

The use of cultural competency has its place in health care, where health care organizations use a distinguished culture that parallels all other cultures (Purnell, Davidhizar, Giger, Strickland, & Allison, 2011). Cultural Competency supports organizational branding and increases the market share among cultural groups, which leads to continuous service and process improvements (Health Resources and Services Administration [HRSA], 2002). The use of the PMfCC in the study maybe transferrable and can be used across the health care disciplines and used in community interventions (Purnell, 2013).

### **Limitations**

Some limitations exist in using a phenomenological approach for this qualitative study. As the researcher in this study, I am responsible for gathering data, organizing data for themes, and making sense of the data, which may be an exhaustive amount of information that could be overwhelming. My interpretation or understanding of the qualitative study could present bias in the interview process or taken out of context as to

what the participant meant, care is used to avoid inference. I am an African American adult with a disability who ambulates with a cane and I sometimes visit a few of the African American aged adults in the community because of family ties who have thoughts about ALFs. However, susceptible to biases, I remain neutral throughout the interview process. As the researcher, I must be cognizant of my own cultural assumptions. Participants in the study are in no way related to me.

### **Significance of the Study**

The significance of the study is to offer an explanation of the African American aged adult's ideas of the way they think or feel about ALFs, as well as the reason that few African American aged adults reside in ALFs. The study may provide African American aged adults with knowledge and understanding about ALFs and the way the aged adults in Pompano Beach, Florida, may perceive ALFs. Their perceptions and attitudes about residing in ALFs may increase the residency with African American aged adults in ALFs.

Based on the initial research literature on African American aged adult in the U.S., few studies have discussed African American aged adult's living in ALFs. According to Hernandez and Newcomer (2007), Feng, Fennell, Tyler, Clark, and Mor (2011), and other researcher studies have emphasized a small percentage of African American aged adults residing in ALFs. Therefore, information is lacking in regards to African American aged adults and understanding the right fit for them to reside in ALFs which may avert a positive move of the cohorts to these facilities (Walker & McNamara, 2013). In addition, Hernandez and Newcomer (2007) recommended exploring the

relationship between race/ethnicity attitude formation, decision-making process, and ALFs, such as assumptions and experiences.

While waiting on the conclusion of my actual study, the significance of the study will describe cultural competence concepts of the characteristics in determining how the African American aged adults adhered to their beliefs and values regarding culture and ALFs. In my results, I offer findings about African American aged adults' ideas as to the way they thought or felt about ALFs. The study maybe important to families of African American aged adults, knowing that their loved ones may have an alternative to supportive care and as well as being safe, if ALFs were used as a place of residence. African American aged adults may decide to live in a place that may possibly decrease their fears, allay anxiety of independence, supports autonomy, and provide a place where living in an ALF could provide cultural supportive care.

The study could provide an understanding through education as to what is offered to the African American aged adult in an ALF, which could assist them in making decision as to whether they would opt to reside in an ALF. The results of the study would add to the body of knowledge by bringing attention to the current gap in the literature that has given pause to the African American aged adults to reside in an ALF as well as provide an understanding of this age group. By providing the findings in this study, cultural competence may suggest a connection with African American aged adults' beliefs and perceptions that may give rise to an understanding among African American aged adults living at home as oppose to residing in ALFs. This may allow room for educating African American aged adults about ALFs and what is offered by the various

facilities. The findings of the study could contribute to a social change in the way African American aged adults feel about living in ALFs, therefore increasing the presence of African American aged adults in ALFs.

### **Summary**

In Chapter 1 of the study, I presented the background, assumptions, limitations, terms, and conceptual framework to understand the driving force that has led African American aged adults to reside in their homes as opposed to ALFs. The mature, silent generation, which includes African American older adults from ages 71 through 89 years, has gone through many struggles. The literature comparing African American aged adults living at home verses living in an ALF has been scarce. Few studies have explored the African American older adult's perceptions, beliefs, and attitudes about how they may or may not feel about residing in ALFs. Hernandez (2012) conducted a study that revealed little evidence that African Americans lived in ALFs. My research study will provide a deeper understanding of African American aged adults' thoughts and feelings about living in their homes instead of residing in ALFs.

In Chapter 2, I will provide a reasonable understanding of current literature that indicates the use of ALFs by African American aged adults and the conceptual framework of cultural competency to reveal the beliefs of African American aged adults' culture. The research study may provide a deeper understanding of the culture of African American aged adults and a rational for their perceptions of ALF. Chapter 2 provides current literature on alternative living arrangement and the affects presented to aged

adults to possibly obtain a better understanding of some characteristics of African American aged adult living options.

## Chapter 2: Literature Review

### **Introduction**

A significant population of African American aged adults 70 years and older continue to reside in their homes in Pompano Beach, Florida, and require assistance with daily personal responsibilities such as shopping, home maintenance, and transportation. The African American aged adults' attitudes and perceptions of living in ALFs, as opposed to living at home, need to be explored. A gap exists in the number of African American aged adults living in ALFs in relationship to those residing in their homes in Pompano Beach, Florida. In this study, my intent is to explore the attitudes and perception of the African American aged adults in the study to shed light on the phenomena.

There has been limited data pertaining to African American aged adults who reside in ALFs. Hence, Hernandez and Newcomer (2007) asserted that a pattern exist among national and multistate ALFs suggesting a low proportion in the use of ALFs by people of color compared with national and state populations. Stevenson and Grabowski (2010) argued in accordance with the nation's population, it is less likely that African American aged adults will reside in ALFs. In addition suggested that in counties where minorities are increasing in population, fewer ALFs can be found.

I have explored the conditions and offered insight into reasons that might prevent African American aged adults from residing in ALFs. Carroll and Quall (2014) indicated that when the aged adult begins to experience physical or cognitive health decline, they tend to become fearful of losing their autonomy and living independently. In addition,

Caffrey, Sengupta, Park-Lee, Moss, Rosenoff, & Harris-Kojetin (2012) asserted that 91% of the residents in residential care/ALFs in the United States in 2010 were non-Hispanic white females, leaving 9% to be shared among white males and other ethnicities.

The current literature suggested the presence of African American aged adults residing in ALFs is a very small portion. Furthermore, a small number of ALFs are located in the minority community, hence indicated Caffrey et al. (2012) that the conclusion reached, less than 9% of men and other minority groups were mixed in the representation of African American residing in ALFs. My purpose in this qualitative study was to explore the perceptions and attitudes of African American aged adult feelings about residing in ALF and to understand the concerns if any that may prevent African American aged adults from living in ALF. The research study will contribute to the existing body of knowledge as well as possibly lead to an increase in the residence of African American aged adults in ALF that could promote positive social change in the community and society.

In Chapter 2 of the study, I present the strategies that I used for my literature search; the conceptual framework relating to the beliefs, life-ways, and world view of African American aged adults. The research study will contribute to the understanding, perceptions, and conditions of African American aged adults' attitudes about residing in an ALF. I reviewed the current literature on aging in place, which may allow for a better understanding of African American aged adults attitudes of living in their homes.

### **Literature Search Strategies**



To help in the search for current literature for my research, I used several strategies of key combination terms access applicable literature, including *African American older adults, cultural competency, ALFs, aging in home, African American age adult aging in place, Blacks aging in place, and Elderly Blacks living at home*. The database sources used to access key words included Walden Library, EBSCO, Medline, CINAHL, Google Scholar, GENERATIONS, and ProQuest. Peer reviewed literature and studies that were pertinent and explored which have revealed a minimum amount of literature related to African American aged adults living in ALFs and the factors leading to their cultural competent behavior. Although there have been minimal amounts of current research discovered relating to ALFs and African American aged adults, the intent of the research study is to explore cultural aspect of what may or may not keep African American aged adults away from ALFs as a place to reside.

Current research regarding African American aged adult's perceptions and attitudes about residing in an ALF has been limited during my search for current literature. I have examined many alternatives for community living in which many are designed for middle to upper class aged adults which could be a barrier for African American aged adults. These communities for aged adults are discussed later in this chapter. I examined current literature for aging in place as an alternative for African American aged adults. Although research suggested many aged adults preferred to age in place, I have not uncovered research that represents African Americans aged adults aging in place. My focus on current research literature has been focused from 2012 to 2017

however my search has included literature as late as 2010 which relates to residential living of minorities in ALFs.

In PMfCC (2013) can be used parallel to describe African American aged adult's beliefs, attitude, life-ways of one of distrust and close family ties. Purnell (2013) suggested cultural behavior in African Americans is one that following a path of their ancestral heritage of watching out for one another and living in a set community. Through exploration of aging in place in regards to African American aged adults, may lead to an insight as to the attitudes and perception about how the aged adults may feel about residing in ALFs or what has hinder them form residing in ALFs.

### **Conceptual Framework**

The conceptual framework used in this study is presented to give a better understanding of the cultural behavior of the participants of the research study. PMfCC (2013) is used to discuss African American aged adult's beliefs, attitude, life-ways of one of distrust and close family ties. Cultural behavior of African Americans is when they follow in the path of their ancestral heritage in watching out for one another and living in a set community (Purnell, 2013). Through the exploration of aging in place in regards to African American aged adults, this may lead to the insight as to the attitudes and perception about how African American aged adults feel about residing in ALFs or what may hinder the use of ALFs as a place to reside.

### **Cultural Competency Model**

The PMfCC (2013) is the conceptual framework used in this research study. Cultural competency supports the study of the African American aged adult beliefs and

attitudes of their perception about residing in ALFs as oppose to living in their homes.

The research assumptions for the study are based on PMfCC theories to provide a methodical framework purposely in understanding cultural beliefs; in which the model was used by adapting certain elements to explain the cultural behavior of African Americans aged adults. This was accomplished by:

- Providing a link to African American aged adults' relationship to culture
- Providing a link that reflects African American aged adult characteristics as motivational, intentional, and meaningful, regarding residing in ALFs
- Viewing African American aged adult within their unique ethnic-cultural environment.

In the United States, the need for cultural competency is a very important initiative that reaches through most of the world. Purnell (2013) expressed diversity has increased through-out most countries. He further submitted; it is important to understand a culture of a people as well as understanding a person's physical needs. It is also important to be aware of one's cultural background which may lead to a better out-come of the healing process of the physical body. With this in mind Purnell (2013) emphasized the importance of some world-wide cultural competence initiatives presented by the United States Office of Minority Health, the Institute of Medicine, Healthy People 2020, The National Quality Association, The American Association of Colleges of Nursing, and many other professional organizations. Cultural competency is such an enormous topic that it reaches educational institutions to elementary schools, covering an array of

factors from disparities to health and wellness, preventions, and health promotions (Purnell, 2013).

In view of the Healthy People 2000, the goal is to reduce disparities and Americans. However, in Health People 2010 initiative, the goal was to increase the quality and length of a healthy life and to do away with health disparities. On the other hand, Healthy People 2020 ([www.healthypeople2020.gov](http://www.healthypeople2020.gov)) goal is to identify measure, track and reduce health disparities by means of deterring health through social and economic environment taking in account a person's physical surroundings, their characteristics, and behavior. Health disparity is defined as a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantages (Healthy People 2020). As in cultural competency there are many factors that affect groups of people, inclusive are African American aged adults. The determinants noted as factors are religion, socioeconomic status, age cognitive, geographical location, links to discrimination or exclusion, individual behavior, health services, racism, literary levels and legislative policies (Health People 2020).

The influence of culture plays a major role in a person's well being and illness. As Purnell (2013) contended that Koffman (2006) suggested, culture as a social construct and culture is described on three levels:

- The Third level that can be seen by people outside of a particular group
- Secondary level are for group members who are only able to set rules
- Primary level which is the most serious level when everyone follows the rules no matter how minute.

Diversity in culture had led to cultural competency training which was recommended in 2004; a report revealed Aetna Insurance sponsored a seminar to help the health care employees and providers understand the importance of cultural competency and how to provide care to minorities (Kennedy, Mathis, & Woods, 2007). Furthermore to gain the trust of African Americans, redirections of health care groups to communities through promotions and prevention of illness were recommended. Thomaselli (2003) study revealed Health care systems rendered less appropriate therapies to minorities in comparison to whites although minorities had the ability to pay for their health care services.

Cultural competence plays a huge role in the factors relating to trust or mistrust in the health care system by African Americans in the lack of cultural competency and cultural sensitivity. Physicians and health care workers that lack cultural competency and cultural sensitivity in the healthcare system evoke a feeling of mistrust among African Americans. Nonverbal communication by minority groups can be misunderstood when cultural behavior is not known. Randall (1996) estimated at the turn of the century over 50% of the population in the United States would consist of African Americans, Hispanics, Asian Americans and Native Americans.

The literature revealed that ALFs house the least population of African American aged adults (Feng et al., 2011; Hernandez & Newcomer, 2007; and Kozar-Westman, 2013); understanding of cultural competences in African Americans may demonstrate their views about ALFs which is a focus of the research study. Those aged adult that may have difficulty adjusting to an ALF may lack information that may prevent a positive

move; therefore gathering important information of ALFs will help to establish a right fit for the person's needs (Walker & McNamara 2013). For African American aged adults to be able to be placed in an ALF, the right fit must be considered, and an understanding of anything that may hinder ALF placement and the importance of understanding the culture of the community as well as educating the aged adults as needed

### **Theories of Culture Competence**

There are various theories of cultural competencies that may very well lend a hand in presenting some understanding to the attitudes and perceptions of the African-American aged adults who lives independently at home have about moving in ALFs. Theory is based on assumptions of how the participant's experience the world and what other participants have in common in experiencing the phenomenon (Creswell, 2013). Theory is identified as shared experiences from various participants in the same phenomenon. Davis and Donald (1997) posited cultural competency was incorporating knowledge about individuals and a group into a defined standard, policy, practice and attitude to be used in an appropriate cultural setting to increase the quality of services to produce an outcome. They further suggested cross-cultural functioning of competency was to incorporate a pattern of behavior that would fit into an appropriate setting for the environment. Gallegos (1982) provided one of the first theories related to ethical competency as a set of procedures and activities to be used in acquiring cultural relevant in the problems of minority groups and the mode of applying an understanding to the development of a process of strategies that were culturally appropriate for the group.

These strategies were five elements that reflect attitudes, structure, policies and services of the individual group.

The diversity in population and the growth of globalization increases ethical issues as it relates to health care and cultural diversity. Throughout the universe the vastness of many different cultures has suggested that principle of morality is not shared in all cultures; however Purnell (2013) asserts there is a concern with cultures that have a strong base, could wipe out cultures that have a traditional base. On the other hand Macklin (1999) asserted all humans have some things in common, and fundamentally shares certain problems that make them equal in their worth. He further asserted that the universe has a moral obligation however it is not accepted by everyone, similar sentiments are shared by Beaucamp (1998). Through research of anthropology historical views and culture, many beliefs and practices has determined what is right or wrong for a culture.

The way culture is perceived in the health care arena often reflects the educational level of the person that is communicating. Therefore it is imperative that health care providers and workers to be aware of their own cultural behavior and communications skills and how they view or interact with others who may have a different cultural background (Purnell & Salmond, 2013). To gain the importance of cultural diversity, theorists recommend one should examine him/her self to avoid prejudices and biases in establishing cultural competency (Boyle & Andrews, 2011; Calvillo et al., Clark, Ballantyne, Pacquiao, Purnell, & Villarruel, 2009; Giger, Davidhizar, Purnell, Taylor Harden, Phillips, & Strickland, 2007). When an individual acknowledges their values and

beliefs as to cultural differences, could help to allay fears of others who may have different cultural beliefs (Calvillo et al., 2009).

Taking a glance at Leininger (2006a) theory of culture, referred to learned, shared and transmitted values, beliefs, norms, and life ways of a specific individual or group that guide their thinking, decisions, actions, and patterned ways of living. Leininger (2006a) asserted that cultural care diversity refers to the differences in meanings, values, or acceptable modes of care within or between different groups of people. Worldview refers to the way a person sees the world and create their own version as to know what the word is all about (Leininger, 2006a). Furthermore she suggested cultural and social structure dimensions include factors related to religion, social structure, political/legal concerns, economics, educational patterns, and the use of technologies, cultural values, and ethno-history that influence cultural responses of human beings that is culturally defined and valued by a designated culture.

Purnell and Paulanka (2009) asserted people from a given race do not necessarily share common cultures where as race can increase or decrease opportunities depending on the environment. The responses from participants will be used to emerge categories as well as framing an understanding of the perception of the African American aged adults and examine their lived experience as well as conditions that may prevent them from residing in ALFs.

### **African American Struggles**

To obtain a better understanding of the worldview of African Americans, one must review the past history of cultural behavior. A large majority of African Americans



are the descendents of Africa, many who entered the United States as slaves between the years of 1619-1860 (Campinha-Bacote, 2013). The historical background and legacy of African American were passed from one generation to another of their lived experiences and how they viewed the world. African Americans are the second largest minority population in the United States (Campinha-Bacote, 2013). It is estimated by the year 2050, there will be about 65.7 million (15%) African Americans from a total of 40.7 million (13.5 %) reported July, 2007 according to the Census Bureau U.S. Department of Commerce Census Bureau, (2010). Despite the growth in population of African Americans, they have experienced racism, discrimination, and prejudices and have been identified by the use of several names including: Blacks, Black Americans, Negro, Colored, Afro Americans, people of color, now by the majority, most are being acknowledged as African Americans. For the African American aged adults who have experienced many hardships, has caused a development of different behavior patterns, values, and beliefs as they struggled through slavery and segregation (Randall, 1996). Campinha-Bacote (2013) suggested those values and beliefs have been share through generations.

Injustices as humans has caused a distrust to develop as African American men during the years of 1932-1972 were used as guinea pigs as they were exploited during research of the Tuskegee Syphilis Study even after penicillin had become the standard treatment (Kennedy, Mathis, Woods, 2007). The compiling hardship has played a major role as to the reason African American aged adults have a mistrust in the health care community; which also caused them to feel that their health care was less than adequate

when compared to Whites, whether intentional or unintentional care was not the same, (Lake, Snell, Perry, Associates Inc, 2004).

Campinha-Bacote (2013) asserted many African American aged adults were transported from Africa as slaves and were dispersed in various regions of the country mainly in the southern states. They were not given the same opportunity as their White counterparts in visiting healthcare providers; therefore they relied on folk remedies they used in Africa for treatment of illnesses (Leininger & McFarland, 2002). However some African American aged adults' who were free, moved northward for a better way of life as they were introduced to medical care, however they continued to rely and their folk remedies. Over recent decades, changes have been made to close the gap in healthcare, still barriers continue to haunt the African American aged adult as they continued to use their folk remedies.

During the health care struggle for African American aged adults, the American Medical Association established a policy requiring healthcare be the same for African Americans and Whites. Through the struggle, African American medical needs required more health care in which the services were limited causing them to continue to rely on folk remedies. The contribution of distrust in health care among African Americans for health care providers increased as providers made them feel demeaning, humiliated, used gestures, the tone of voice used in communication, and the quality of care provided was less than adequate (Smedley, Stith & Nelson, 2002).

In 1964, the Civil Rights Act banned discrimination on the basis of color, race, and national origin by a program which obtained federal financial assistance. African

Americans placed their faith and trust in physicians of their own race emulating a feeling of comfort. Studies revealed communications were more effective with patient and provider being of the same race and ethnic group with shared culture belief and values in society.

African American families maintain their traditions of integrity, reciprocity and role-modeling (Apesoa-Varano, Tang-Feldman, Reinhart, Choula, & Young, 2016). Furthermore, African Americans caring for relatives and friends demonstrate a sign of respect, love and commitment. African Americans tend to depend on each other for help and care because of the lack of trust in use of formal services. Apesoa-Varano et al. (2016) suggested a broader impact could be made if barriers are addressed at the community and policy level to increase support for individuals and families.

With this in mind, many of the African American aged adults place a great deal of emphasis on their past and the struggles they have encountered in regards to poor education, racism, poverty and covert segregation (Campinha-Bacote, 2013). In the culture of African Americans older aged adults, they tend to hold on to the life-ways, beliefs and attitudes as described by Campinha-Bacote (2013) which was passed down through generations as older aged adults told their stories of their plight. The literature is important because it can possibly help to explain what may be in the way of African American aged adults refraining from living in ALFs.

### **Review of Literature**

The literature review is provided to help expand in the understanding of my research study topic, the area of concern, and to support my research topic.

### **Attitudes About Aging in Place**

Many Americans continually desire to live in their current homes to age in place (AARP, 2003). When older adults turn 80 and older, 8% move to ALFs and 4% move to skilled nursing care because of cognitive and physical impairment (Lievre, Alley, & Crimmins, 2008; Older American, 2012). Lee & Vouchilas (2016) reported half of the older adults living in their home had been there for 40 years, and a small percentage 4-11% made modifications to their homes to age in place, and at least 55% of the aged adults 65 years and older rely on their Social Security income to live. Therefore a single older adult could find themselves in a financial bind while aging in place. Lee and Vouchilas (2016) further described the burdens older aged adults acquire in maintaining the home with such difficulties as changing bulbs, batteries in alarms, and cleaning; also noted were changes in health, mental and physical well being as well as a loss of a spouse.

The researchers used a cross-section study using both quantitative and qualitative data from a purposeful sample of 2 groups of participant of baby boomers and older adults who either made modifications to their home or moved to a place to accommodate aging adults. Lee & Vouchilas (2016) used convenience methods of purposive and snowball sampling via social media, blogs, emails, and others, spreading the word using social networking with a total sample of 225 participants.

Frequency distributions and descriptive statistics were used to analyze the data. Thirty percent of the participant made home modifications to age in place. The difference

between the boomers and older adults were very few and 80 to 90% of Americans preferred to age in place (Lee & Vouchilas, 2016). One hundred twenty-nine participants; a little over a half decided their homes did not need modifications and 50% of the total participants felt that moving and up-grading to a better home was important. The least motivator was declining health and ability. Remaining in the community was a stronger force even relocating in the same community was an option which combined well with aging in place with options to downsize (Aging in Place Guide, 2016). Researchers suggested an opportunity for professionals to educate consumers about the need to plan for aging in place.

The research article is beneficial for this study because it demonstrated that over 80 to 90% of aging adults preferred to age in place regardless of modification of their home or decline in health, which may indicate inclusion of African American older adults. Therefore examining their motives for remaining in their homes may be understood.

### **Baby Boomers Age in Place**

Kwon, Ahn, Lee, & Kim (2015) described how aging in place could be related as a strategy for older adults to maintain autonomy, give older adults a sense of identity, and enhance their quality of life as well as maximize their financial resources. The researcher conducted a study of the desire and satisfaction of the U.S. baby boomers to age in place. Kwon et al, (2015) used in the theory of housing adjustment by Morris & Winter (1975, 1978) which examined the intentions and efforts of boomers to adjust their home environments to meet their needs in a residential area. The study contributed to the

literature about housing of the elderly population and its focus on baby boomers aging in place.

Baby boomers prefer to stay in their homes, and those that have retired most likely will age in place than those that continue to work. The United States Census Bureau (2012) reported 71% of boomers live in single detached housing and 72% own their homes. Difficulties in affordable housing had an impact on 35% of baby boomers and this would increase in the future (Lee & Ahn, 2013). Some studies had shown that older adults who had aged in their home were satisfied with their surroundings, neighbors, community, and the fact that most own their home. Other studies revealed social activities, housing tenure, and demographic factors, had been neighborhood satisfactions for older adults to age in place. Kwon et al. (2015) posited factors in their research for older aged adult satisfaction for aging in place as socio-demographic variables which included age, gender, marital status, educational level, size of household, employment status, health status and income. The housing variables for satisfaction for aging in place consisted of housing type, tenure type, length of residence, number of bedrooms, and geographical locations (Kwon et al., 2015).

The collected data by Kwon, et al (2015) was a random sample of 439 U.S. baby boomers purchased from a reputable US Market Research Company measured both the satisfaction of baby boomers remaining in community and the desire to age in place. The research study revealed that baby boomers were consistent with aging in place as was older adults in other studies (Brown, 1995; Hwang & Ziebarth, 2006; Kwon & Beamish,

2013; Lee & Parrot, 2010; Rioux & Werner, 2011). Almost 70% of the baby boomers expressed a desire to age in place (Kwon, et al., 2015).

The study was conducted through an online survey with a convenience sample therefore the results could not be generalized to all U.S. baby boomers. Kwon, et al. (2015) purposely did not include race and ethnicity in their study as indicated was not included in previous research studies of residential satisfaction or aging in place. For future research Kwon et al. (2015) recommended race and ethnic related research studies should be take in account considering an increase in growth of minority population in the United States.

The article proved to be favorable for this study because it suggested further studies should be considered in regards to minorities aging in place and being satisfied with aging in their community. Many of the baby boomers were satisfied with aging in place, who are the future for individuals who are turning 70 years and older.

### **Assisted Living Facilities**

In the article related to disparities in Assisted living and meeting the HCBS test, the author began by sharing his thoughts on how Assistant Living (AL) of the past, resembled institutions and limited access because of income, race, ethnicity and geographical area. Licensed AL providers accounted for 31,000 facilities in the United States that could service about one million residences (Park-Lee, Caffrey, Sengupta, Moss, Rosenoff, & Harris-Kojetin, 2011). An AL was defined as a community that provided room and board, assisted in ADLs and twenty four hour monitoring in a non-

nursing home setting. AL committees varied in their services offered to the residence and the level of care some states allowed the provider to cover (Park-Lee, et al., 2011).

In distinguishing AL's from nursing homes; AL's used terms like tenants and moving out to avoid the nursing home stereotype. Park-Lee et al. suggested the atmosphere of housing appeal, provided service to those aged that were not restricted in their freedom of movement and lifestyle choices which could be considered a Home Community Base Service (HCBS). As long as the AL used the criteria that met HCBS residential guidelines, the AL was covered under HCBS; Medicare and Medicaid considered redefining the criteria for residing in AL to maintain funding to AL's for services rendered, but was met with opposition from provider groups and policy makers (Park-Lee et al., 2011).

Assistant Livings were being publicized as to provide a more home like environment to combine surrounding communities, minimizing space, such as common areas, by using residential furnishing, provide personal living space for privacy, and bathrooms that were not shared (Park-Lee, et al., 2011). The uses of medicine carts, nursing stations, and large dining area, in AL's, categorized the environment of one that was more of an instructional climate. This offered less autonomy and control to the older adults, giving a view of an institutional like atmosphere. Assisted Livings were evolving into long term service and support facilities, which was a key element options for HCBS. Stakeholders had begun to adopt policies to expand support supply of access to affordable Assistant Living in the future (Park-Lee, et al., 2011).



ALFs differ in each state depending on rules that govern the facilities. According to Wexler (2016) over the years ALFs have been described by many names, although care services are offered for 24 hours to meet the needs of the residents as they help to promote independent living. Wexler (2016) contended ALFs responsibilities should be to maintain privacy, dignity, autonomy, and a home like atmosphere for its residents.

According to the Assisted Living Federation of America (2015) several goals were described in the characteristics of ALFs which includes:

- To provide personalized, residential- centered care to allow the resident to receive the care that is made exact to their needs
- Assisted living treats all residents ethically and morally right, honoring the decisions to make choices
- Resident family members and friends are asked to participate or get involved with the surrounding at the facilities.

Many ALFs require their employees to having some type of training and certifications and to observe and comply with safety rules and regulations (Wexler, 2016). As in the State of Florida, the Agency for Health Care Administration (AHCA) is the governing body that assures an ALF is within the guide lines set forth in maintaining all safety codes and regulations. Florida has three levels of licensure for ALFs which are regulated by the state.

This article is suited for this study because it describes the characteristics of ALFs that would be useful in the understanding of what is offered by ALFs and policy and regulations are maintained in the state of Florida that can be useful.

### **Alternatives to Assisted Living Facilities**

As defined by the National Center for Assisted Living (2011) assisted living is a residential environment providing housing, meals, one or more personal services and 24 hour on-site supervision in the least restrictive and most home-like environment. Various states have different criteria for operational licensure ALFs; as described Park, Dobbs, Carrion, Young, Salmon, and Roff, (2013). Florida has four licensed categories and standard with basic services to meet the needs of those individuals that have specialty healthcare need. However for this research, ALFs will be used to explore the phenomenon in the study. The size of ALFs in Florida are based on three categories for residential living, 6 beds or less, 7-15 beds and 16 or more beds (Parks et al. 2013).

### **Communities for Aged Adults**

Stone (2017) asserted it is inevitable that older adults want to age in their home or communities. Age friendly communities have slowly been given attention in the United States as policy makers and other services are aware of the impending need to help the older adults aging in place. Stone contend multiple factors are needed to deal with the situation of older adults aging in their communities although many live below poverty level. To ensure aging in place be successful, Stone (2017) recommended refurbishing homes that exist, continue to allow older adults to remain in their communities because eventually their health will begin to fail needing health care agencies assistance, and to maintain a fixed financial strategy to support housing options. Stone asserts that the new Administration should use public subsidized housing to establish retirement communities that will address multiple healthcare concerns of the older age adults having various

agencies on site. Stone (2017) revealed a conglomerate of agency connected together and directed by the World Health Organization established age-friendly communities that incorporates safety, healthcare accessibility to stores and affordable for all ages.

Stone (2014) described some options that could be beneficial for those older adults who are determined to age in place. Several such options include:

- Continuing Care Retirement Communities (CCRC) which is private and provide housing, various services, and nursing care on many levels through long-term contracts. During the aging process, if older adults need progressive care, a place is secured for a higher level of care from independent living moving up to skilled nursing care. CCRC is a fee for service facility that can range in price from \$20,000 to \$248,000 and over. (American Seniors Housing Association 2010) This type of facility houses older adults who are middle to upper class with their own personal homes that were sold for \$300,000 or more (Stone, 2014).
- Shared Housing is where two or more people who are unrelated and linked together through an agency with the client having common interest in regards to their lifestyle while living in a home or apartment sharing all of the bills. This option could help older adults remain in their homes through social connection, social independence, and improving the older adult financial stability (Stone, 2014).
- Unintentional Community Strategy described the Naturally Occurring Retirement Community (NORC) as a residential area of apartments, housing complexes, and single family homes that were not originally designated for older adults to reside

however older adults live in the area for many years. (Stone, 2014). The author added that aging in place tends to socially isolate the older aged adult. This type of community through local agencies establishes supportive services that will assist the older aged adult in an active lifestyle by assuring roles in shaping communities and maximizing the well-being of older adults. (Stone, 2014).

- The Village Model is a community program for the older adults where the neighborhood infrastructure helps in successful aging. It is a non-profit community based organization supported by older adults through social engagement of older adults networking and paying membership fees as well as volunteer provided assistance. The villages are mainly supported through member fees, fundraisers, and individual gifts, catering to urban and suburban clientele. A low percentage of 16 percent are located in low income or modest neighborhoods. The majority of village members are white and female (Stone, 2014).

The population for older adults will increase over the next thirty years and the majority of the older adults prefer aging successfully in their own communities. Stone (2014) described two future options for community strategies, CCRC and The Village Model which are used by the wealthy as they are private facilities. For the older adults who had low income must rely on public subsidized housing such as the Housing Urban Development (HUD) which has a lengthy waiting list for placements. Because of the long waiting period for subsidized housing, many older adults with low in-come, prefer to age in place or aging in an aged-segregated environment that may be affordable to them (Stone, 2014).

Purnell (2013) used PMfCC as a pattern revealed that many older adults regardless of race or ethnicity suggested they would rather age in place in their own environment; although behavior, belief, attitude of the older adults may be diverse, many age adults had commonalities while aging in place. As noted by Kwon et al. (2015) revealed in their study almost 70% of baby boomers were interested in aging in place.

The article discussed options for aging in place in communities for older adults and for those who may need assistance and a safer environment of the elderly as well as information supplied about the financial strain due to the increased cost of the community developments.

### **Relocate to Retirement Living: Successfully**

According Walker & McNamara (2013) examined ways older age adults living at home could become a residence of retirement villages regarding their point of view on occupational therapy. To maintain a home like atmosphere, key factors were used in the research to establish a process for older age adults to relocate successfully (Walker & McNamara, 2013). Walker & McNamara (2013) asserted during the years of 2004-2009, occupational therapy was not high on the list in health care for retirement villages, although meeting medical and nursing needs were priority in relocation to retirement villages for older age adults. According to Senior Housing Centre (2011) the right environment and needs for older age adults must be considered and cost should be factored into relocation and modifications.

Walker & McNamara (2013) study consisted of 16 participants 65 years and older that was considered healthy. Walker & McNamara (2013) conducted in-depth and semi-

structured interviews over a 30 to 60 minute time frame in the homes of the participants with the exception of one who was interviewed in a café as per participant's request. Two strategies in the relocation process were suggested to be helpful for the older adults were: (a). to research and gather information prior to moving and (b), to maintain the ability to exercise agency across the relocation process (Walker & McNamara, 2013, p.450). Their findings suggested older adults with a decrease in physical activities, an increase of being alone, and a decrease in the up-keep of the home were signs of limited income (Walker & McNamara, 2013; Stimson & McCrea, 2004).

Walker & McNamara (2013) recommended to allow older adults to make their own decisions in the transition of relocating however occupational therapy should aid in a smooth transition in the relocation to retirement living. This could support the maintenance of the older aged adult's dignity and pride. They further recommended occupational therapy gather important information on the retirement facility so that the older adults may have less difficulty adjusting to retirement living and to assure the right fit for the persons in need (Walker & McNamara, 2013).

Walker and McNamara (2013) concluded the decision for older adults to relocate is difficult and occupational therapy could provide advice about the pros and cons about living at home and/or living in retirement living. Additionally, occupational therapy should be placed in retirement livings to educate about prevention programs, decision making, and the process regarding relocation (Walker & McNamara, (2013). Future research should include community-based occupational therapy interventions to help

facilitate health and well-being in home relocation for the older adult (Walker & McNamara (2013).

The article would be helpful in that it discussed education of older adults as they may decide to move into retirement living as well as attempting to aid in the perfect fit for the individual in retirement living.

### **Assisted Living Transition**

Fields, Koenig, and Dabelko-Schoeny (2012) explored several aspects of social worker assisting older age adult's transition to assisted living. Fields et al. (2012) used a mixed method approach for the study exploring the successfulness of the residents transition to assisted living (AL) using the perspectives of AL administrators. The investigators used purposive sample in the study to send surveys to the Midwestern state to Medicaid AL waiver providers with the greatest populations. Fields et al. (2012) posited twenty-eight providers participated in the survey that measured the importance of a successful transition, the importance of the level of transition, and the frequency of consumer's education prior to admissions.

Fields et al. (2012) revealed the expectations of importance for a successful transition to AL by residents includes:

1. The expectation level of social support.
2. The functional limitations.
3. The mental health status.
4. The feeling that the choice to transition was the older age adult.
5. The level of adapting to new surroundings.

6. The communications the older age adults need.

Fields et al. (2012) revealed the needs of the residents were of greater importance in AL than having a licensed social worker on staff. It was also revealed that the admission process needed improvements to increase the communication between the staff, residence, and family of the residence, in understanding their needs, and the improvement in care for AL. Fields et al. (2012) recommended AL residents needed to be informed about their health care needs and for AL to provide specific services that will fit the needs of the older age adults. Other researcher supported these recommendations (Fields et al., 2012).

Fields et al. (2012) study was limited because data was collected from a small group of 28 ALs Medicaid providers in the Midwestern states limiting generalizability. The views of the older age adults and their family members were not inclusive in the findings of the transition to ALs. (Fields et al., 2012) recommended further research to investigate the perception of older adults and families to compare the views of the transition to ALs. According to Fields et al. (2012) recommended more research should be conducted on the views of AL providers who were not an AL Medicaid waiver provider and explore the role of social workers in ALs in the transition of older age adults.

The investigation into the research study revealed useful data in providing additional assistance to the transition of residents. Transitions of residents could benefit more from AL providers and social workers in understanding the cultural background of



those being transferred to make sure the facility is a good fit for the residents. This may allow the resident to feel a part of the experience in transitioning.

### **Successful Aging in Assisted Living Community**

Kozar-Westman, Troutman-Jordan, and Niles (2013) used a cross sectional quantitative study to promote successful aging by establishing strategies to improve the assisted living community. The researchers used a mini cognitive screening tool along with the successful aging inventory that revealed the older adults age, physical health, relationships, and income level. According to Kozar-Westman et al. (2013) the participants were from an assisted living community of Black and White residents, 76% White and 23.2% Black. A total of two hundred participants from an assisted living community were in the study. The population in the community was 85% White and 14% Black in a southern urban Kentucky area. What was known about the study was that the successful aging about the assisted living community population was unclear.

Kozar-Westman et al. (2013) emphasized that the study was comparable to many other studies that had been conducted. The hypothesis indicated, although successful aging took center stage, 50% of the participants exercised regularly and 20% of the participants aged successfully. The study's limitation was that the population sample was confined by geographic location and ethnicity (Kozar-Westman et al., 2013).

The research study was meaningful in that the researchers revealed a small percentage of African American aged adults do reside in assisted living communities and the percentage that participated in the study was successfully aging. However this study

is comparable with other researchers in suggesting that a low representation of African American aged adults reside in ALFs.

### **Factors Encouraging and Discouraging Retirement Living**

In the study by Crisp, Windsor, Anstey, and Butterworth (2012) was directed at the encouraging and discouraging prospects regarding older aged adults relocating to a retirement village. The study consisted of random selections from a community residence through the Australian Electoral Roll within the Australian Capital Territory (ACT) with a total of 517 participants of aging adults. The participant ranged from age 55-94, and categorized using three age groups, (a) 55-64 a total of 289 participants, (b) 65- 74 a total of 164 Participants , and (c) 75-94 a total of 64 participants. A logistical regression analysis was performed to detect the likelihood of possible influences in relocation decisions of each group.

Crisp et al. (2012) posited factors that encouraged decisions for the largest proportion of the participant to relocate was declining health, family does not have to look after them, locations to facilities, and assistance with chores in the home. However the participant's ages 64 through 94 were less likely to agree with reporting family does not have to look after them and assistance in declining health.

When investigating the factors discouraging relocation Crisp et al. (2012) asserted that the loss of independence and lack of privacy was reported by all participants which was the greatest discouragement in relocating. Added to the discouragement of relocating was not wanting to lose current neighbors which was reported by the participants ages

55-74, in comparison with the participant 75-94 reported the discouragement to change doctors, and not wanting to move away from family and friends.

Crisp et al. (2012) concluded the primary intent for the participants to relocate would be a decline in health, features of the retirement village that would reflect the needs of the participant in maintaining independence, access to medical facilities, and 85% of the participant supported the use of ALFs. Crisp et al. (2012) posited having space to get out and walk around was a factor for 93% of the participants and was consistent with Boldy, Grenade, Lewin, Karol, and Burton (2010) that adequate space was sought by possible movers. Crisp et al. revealed limitations in the study that the sample was restricted to ACT residents who were all socioeconomically the same and more research was needed to provide a better picture of older adults in relocating.

### **Continuing Education for Staff in ALF and ADCC**

In order to maintain a level of cultural competency in ALFs and adult day care centers (ADCC) to facilitate a meaningful transition for the older adults of diverse cultures should be through educational training of staff and employees. Gendron, Pryor, & Welleford (2017) presented a study that described the learning ability of all staff members of ALF and ADCC located in Virginia. The study revealed that staff in leadership positions and those with professional backgrounds were able to gain knowledge from continuing education regarding the older adults residing in ALFs (Gendron et al., 2017).

Gendron et al. (2017) examined the experience of the trainers, in which the majority of the trainers were hired based on previous experience and skills with no

former evaluation of their training skills, therefore the finding in the study assisted in implementing steps to reconstruct the training programs to be evaluated by trainees and policies were established for ongoing updates annually. Gendron et al. suggested learning material would be readily available for employees as used in the principles of adult learning theorist, Woodard (2007).

Gendron et.al.(2017) revealed participants with high school, associate, masters, doctoral degrees, and those that were certified nursing assistance (CNA) gained a great degree of knowledge than those employees with other credentials, hence the majority of the training and education related to direct care of the older adults. It was noted that administrators took part in the educationally training with much higher scores of non-medical credentialed personnel. Gendron et al. asserted that many states have requirements for continuing educations for ALF and ADCC staff and or administrators.

Gendron et al. (2017) concluded that the continuing education successfully reached its intended audience by providing the direct staff with knowledge and skills regarding ALFs residence and ADCC. The study revealed how employees in ALF could have an impact on diverse cultures if given the opportunity to be trained in cultural competency. Gendron et al. concern was whether future research could impact training directed for ALF and ADCC staff to improve their commitment to caring for the older adults and improve job satisfaction. The study findings revealed evidence that explained the need for continuing education and training for those in direct care and administrators in ALF and ADCC (Gendron, et al., 2017).

There are measures that are used by health care organizations to assess the level of care for a cultural competent environment. Several organizational values are incorporated to develop cultural competency in the quality of care to meet state and local compliance, however some health care facilities are not governed by the same agencies (Marrone, 2013). Measures were described to initiate cultural competencies in organizations (Joint Commission, 2011; Marrone, 2008) included:

- The organizational Values and Governance the facility values, mission and vision for the company and accomplishments,
- The quality to monitor and evaluate – enhance to quality of care, increase safety and wellness to patients,
- Communication skills – documentation ,cultural sensitivity to patients,
- Education – learning about cultural competencies and evaluation of its use,
- Service – allow service for diverse cultures.

This article is useful because it discussed education of staff and cultural diversity where as there by understanding diversity in culture the staff could make it easy for older adults to transition well to ALFs by understanding various cultures.

### **U.S. ALFs: Residents' Needs**

The increase in population of aging adults has a demand on long term care services including ALFs. Han, Trinkiff, Storr, Lerner, & Yang (2016) conducted a study of the factors characterizing ALFs sizes and what is offered by these facilities. Han, et al.

asserted in the study many aging adults that once resided in nursing homes have now migrated to ALFs as many provide similar long term care as nursing homes. Based on the three sizes of residential space of ALFs Han et al. (2016) described a small facility as having 4-10 beds, a medium facility as having 11-25 beds, and a large facility as having 26 or more beds

The design of the study was a cross-sectional study with participants from 2,302 ALFs as directors and administrators were surveyed using the 2010 National Center for Health Statistics to complete a computer assisted personal interview. Han et al. (2016) surveys assessed the needs of the people by asking for specific information based on the needs of the population at the ALFs which included those 85 years and older, with memory problems, confined to beds/chairs, assistance eating, assistance with managing and storing medications, and assistance with bathing.

Han et al. (2016) reported very few or limited staffing of registered nurses and licensed practical nurses in small facilities and the greatest proportion that were used as nursing professionals were used in large facilities, however patient care aide were widely used through all size ALFs. Han et al. posited a large majority, 82% of ALFs were for profit, and 50% of those were small ALFs, and 68% of ALFs used pharmacist and physicians to review medication appropriateness for the residents. The small ALFs show the highest proportion of care needs among their residents by monitoring daily needs, monitoring residents with memory impairment, and residents with transferring and incontinent issues (Han et al., 2016).

Han et al. (2016) posited less than half of the ALFs that participated in the study hired professional nursing staff and over 60% of the facilities did not require any initial training and the staff who provided personal care, needed only 75 hours of training to care for the residents in facilities. Based on Han et al. study, older adults were choosing ALFs due to the homelike atmosphere and more attractive surroundings. Han et al. (2016) stated other studies revealed that care of ALFs residents has become increasingly complex, where as 40% of residential care had increased in activities of daily living (Caffrey et al., 2014) and 86% of the residents require medication assistance (National Care Planning Council, 2012).

Some studies revealed small ALFs were more likely to house African American males that are younger than those in larger ALFs (Caffrey et al., 2014; Howard et al., 2002), hence disparities in ALFs care may exist (Hernandez, 2012). Gaining access to large ALFs could be a financial restraint because most large facilities are private pay and payment varies by state, eligibility, and provider participation (Hernandez, 2012). Han et al. (2016) concluded in their findings a need for policy and regulations to monitor staff and the quality of care in ALFs. Furthermore, ALFs houses more long-term care residents in the United States therefore intense monitoring and evaluations of employees are needed to assess the quality of care (Han et al., 2016).

### **Summary and Conclusion**

There is a gap in the number of African American aged adults who are housed in ALFs and those who remain at home to live out there life as noted in previous studies. Caffrey et al. (2012) concluded in their study in 2010, residential care/ALFs RC/ALF

residence consisted of 91 percent non-Hispanic white women 85 and older and the other 9 percent were white men and other minorities. Revealed by other researchers (Feng et al., 2011; Hernandez & Newcomer, 2007; and Kozar-Westman, 2013) were similar in their findings of the low presence of African American aged adult in ALFs. The researchers demonstrated in their studies that a small percentage of African American aged adults are residents of ALFs. Maxwell (2013) asserted the researchers proposed research study is to be ground in previous work and to give the readers a clear sense of the theoretical approach to the phenomenon of the study.

The review of current literature of ALFs was intentional, while the review of current literature had little data on African American living arrangement at home or in ALFs. Many studies show a small to limited number of African American aged adult residing in those facilities. Reviewing the literature on ALFs has allowed this researcher the opportunity to take note as to what strategies are being used to give the African American aged adults options of wanting to reside in an ALFs. Gendron et al., (2017) suggested future research could impact training directed for ALFs and ADCC staff to improve their commitment to caring for the older adults and improve job satisfaction. The literature reviewed revealed ALFs has a ways to go in revamping their admissions system to include education to the family and aged adult.

For African Americans to gain access to ALFs as residence, education is most important for those employed by healthcare facilities in regards to cultural competency because cultural diversity expands to everyone. It is imperative that facilities such as ALFs, educate their staff to assure that facilities are the right fit for their residents as



older adults values, beliefs and worldviews differ. Gendron et al. (2017) revealed in the study that continuing education successfully reached its intended audience by providing the direct staff with knowledge and skills regarding ALFs residence. The study revealed how employees in ALFs could have an impact on diverse cultures if given the opportunity to be trained in cultural competency. Purnell (2013) noted people are due the right to be respected as they are unique even though there are some similarities in cultures.

The focus of the literature review was on ALFs in the search for data that would reveal how African American aged adults felt about residing in an ALFs. Based on the review of literature, it is evident there is a need for research in this area. Some research studies revealed low representation of African American aged adults who live in ALF. Purnell (2013) describes how cultural competency reaches educational institutions such as ALFs covering an array of factors from disparities to health wellness, preventions and health promotions. As mentioned some studies revealed small ALFs were more likely to house African American men (Caffrey et al., 2014; Howard et al., 2002), followed by the possibility of disparities in ALFs (Hernandez, 2012). While access to large ALFs could be a financial burden hence most large facilities are for profit and private pay therefore payment varies by state, eligibility, and provider participation (Hernandez, 2012). Han et al. (2016) suggested in their findings a need for policy and regulations to monitor staff and the quality of care in ALFs. As some ALFs are more geared to long-term care for residents, the United States monitoring and evaluations of employees of ALFs are needed to assess the quality of care. One step in the right direction is according to Purnell (2013)

that the goals of Healthy Peoples 2020 is to identify measure, track and reduce health disparities by means of deterring health through social and economic environment taking in account a person's physical surroundings, their characteristics, and behavior. Many older adults tend to migrate to southern states like Florida, a state that provides ALFs residents with a diverse culture. With this in mind cultural competency training and education would provide quality of care for African American aged adults who may consider residing in ALFs which could impact the growth of many facilities of African American aged adults initiating a positive social change.

To get a better understanding of the African American aged adult perceptions and conditions that may prevent them from residing in ALFs, I have describe in Chapter 3 the phenomenological study approach that will be used as well as the research design. As the role of the researcher, I have discussed the research methodology which covers the instrument, data collection, analysis, and the participants. In addition issues of trustworthiness and ethical issues have been addressed.

## Chapter 3: Research Method

### **Introduction**

My purpose of Chapter 3 was to present and discuss the methodology I used in this study. In view of the particular research methodology for this study, I focused on the way one acts or response to a phenomenon. The center of interest for my qualitative phenomenological research study allowed me to examine the attitudes and feeling of African American aged adults as to their perceptions about ALFs. My intent was to understand what knowledge African American aged adults have about ALFs, how their cultural beliefs played a role in the way they may or may not have felt about ALFs, and what may have influenced or hindered them to move to reside ALFs. Literature illustrated a need for additional research because in my search, I was not able to uncover literature regarding African American aged adults' perceptions about ALFs. I designed my study to provide an in-depth examination of the perceptions and attitudes of African American aged adults and their feelings with regard to ALFs.

The cultural competency framework provided many factors relating the African Americans concepts about their beliefs, values, attitudes, life-ways, worldviews and culture (Purnell, 2013). African Americans continue to face challenges as an ethnic group as their values, life-ways, and worldviews may differ. Therefore, I performed an in-depth examination of cultural competency using PMfCC in exploring themes that could have a positive influence on African American aged adults and their perceptions about ALFs.

As stated in Chapter 1, my purpose in this study was to explore and analyze the perceptions and attitudes of African American aged adults 70 years of age and older who

continue to live in their homes in Pompano Beach, Florida, and their views of residing in an ALF. I also explored the African American aged adult's' knowledge base, and concerns they may have about living in an ALF. Studies indicated that few African American aged adults live in ALFs.

In addition, in Chapter 3, I describe the design of my research study, my purpose, and my role as the researcher in this qualitative phenomenological study. I describe the research methodology, the procedures taken, the participants, the way data were collected, the analysis of the data collected, issues with trustworthiness, and ethical issues related to the study

### **Research Design**

Phenomenology is noted by Moustakas (1994) as rooted in questions that are directed and focuses on meaning, in themes that strengthens inquiry, and enlightens interest and concern. It also opens up passion in whatever is being experienced. Furthermore, phenomenology concerns wholeness as many sides, angles and perceptions are examined until a single vision of the phenomenon is achieved. Phenomenology focuses on the way things appear, presenting things the way they are given dismissing everyday routine and bias of what has been told to be true in nature and the circumstances surrounding everyday living Moustakas (1994).

Phenomenology as described by Husserl (1965) is Transcendental Phenomenology stresses subjectivity and discovery of the nature of experience and produces a systematic and disciplined methodology for derivation and knowledge. It is transcendental because of the adherence to what can be discovered through reflections on

subjective acts and the connection of the objectives; it is phenomenology because the data used is that which is in the awareness, the way an object is seen.

The phenomenology approach is to understand the essence of experiences about a phenomenon (Creswell, (2013). I was the sole investigator who obtained the description of the phenomena as the participant had experienced. Bracketing is one of the approaches I used in the awareness of my own ideas and prejudices regarding the interest of the phenomenon through intuition, analysis and description. Phenomenology captivates the interpretation of the participant's experiences known as lived experiences (Creswell, 2013).

I employed the conceptual framework PMfCC in the phenomenological research study. Cultural competency is characterized by culture and sensitivity relating to behavior patterns, beliefs, attitudes and life-ways Purnell (2013). Through the application of PMfCC, the design of the study was used to determine the outcome of the lived experience of African American aged adults living at home. Some of the constructs of the conceptual framework of PMfCC was employed in the study with the participant's social attitudes and beliefs about living in ALFs.

### **Research Questions**

The research questions guided the exploration of the study in directing the researcher in the phenomenological process of seeing, reflecting and knowing, which in turns related to the question in providing rich data that was meaningful, as in the phenomenological study. The questions were rooted to give directions and focus to meaning which unfolds interest and concerns that involves what is being experienced in

the attitudes and perceptions of the African-American aged adults who lives independently at home have about residing in ALFs. Inclusive is the conditions that would prevent the African-American aged adults from living in an ALF.

The purpose of this study was to gather the life-ways and world views of African American aged adult's perception who reside at home as oppose to living in an ALF. The qualitative phenomenological design used, was most fitting to answer the research questions of the study and focused on participants with lived experiences of a phenomenon with the researchers focus on what the participants had in common (Creswell, 2013).

### **Role of the Researcher**

In this research study, I had a personal interest in this research study, and was the predominant instrument in the study, interacting with the participants of African American aged adults 70 years and older as to their attitudes and perceptions about residing in an ALF. I was intimately connected to the phenomenon (see Moustakes, 1994). The questions asked were open-ended and an audio recorder was used to assist me in documenting data obtained from the African American aged adult participants. The interactions for the interviews with the participants were individualized and all audio recorded.

Using the interview technique in the study allowed me to focus on the participant of inquiry and to ask follow up questions as needed which was most appropriate. More information would be obtained from the participant individually as opposed to group interviews where participants may be less willing to share their experiences. During the

interview process, I was able to observe any non-verbal behavior from the participant that may express a positive or negative demeanor in which I could inquire at a later date or during the interview, whichever was feasible and sensitive to the participant feelings.

As the researcher, I maintained composure of my own feelings, biases, and attitude before starting the initial research as well as addressed personal assumptions by acknowledging my feelings. My interest as a researcher was somewhat personal. I am an African American aging adult who reflects on remaining in my own home at the age of 70 years and older. I remained neutral in exploring the phenomenon of the aged adults 70 years and older who presently live in their homes. I gave the assurance that all ethical concerns of the participants would be maintained and concealed. There were no immediate relatives who participated in the research study. I examined the perceptions, attitudes and beliefs as to African American aged adult's feelings about residing in an ALF and what prompted them to remain at home in their advanced age. Prior to beginning the study, I obtained Walden's IRB approval, I obtained letters for permission to speak with individuals at one of the Senior Centers in Pompano Beach, Florida as well as obtaining a letter of consent from African American aged adults 70 years and older who were potentially willing to participate in my research study.

### **Methodology**

The population of the study consisted of African American aged adults 70 years and older who lives in Pompano Beach, Florida, who live at home and who has never lived in an ALF. The criterion for inclusion in the study was that the participants lived in Pompano Beach, Florida, for the past 20 years or more. The participants were from a

small suburban community in Pompano Beach, Florida. However, the African American aged adults at the Senior Center chosen were not willing to participate as none of the individuals at the Senior Center gave any indication of them wanting to be a part of my research study after a month of waiting on responses. The participants were to be selected through purposeful sampling, and only those who only live in their homes were potential candidates for recruitment. The sampling size would be governed by the saturation of data obtained.

The recruitment of the participants would have been obtained on an individual basis as I planned and spoke with those persons who were overseeing the senior citizen program for permission as well as obtained the necessary agreement to speak with the individuals at the very end of their hours of operation when approved by Walden's IRB. After the handouts were distributed, I informed the African American aged adults that after 2 weeks of thinking about the possibility of participating to give me a called to verify interest in the research study. I would then set a time to meet with each participant as they called to confirm their interest in the research study. To alleviate possible pressure on the African American aged adults I would not return to inquire about the hesitancy of the African American aged adult's non-responsiveness to the hand out.

I then inquired with Walden's IRB to request permission to change my recruitment method and the permission was approved using the same recruitment strategy, I only changed my recruitment of potential participants to the African American aged adults in the community. I distributed the hand-outs of invitations by going to the



homes of the African American aged adults in the community of Pompano Beach, Florida and then awaited return calls from potential participants.

In the qualitative inquiry, the sample size could vary where as there is no set amount (Creswell, 2013). However sample size was predicated on what I wanted to know in the research study, the usefulness and credibility of the data and the use of available time and resources (see Patton, 2015). The more in-depth enriched data obtained from participants, the smaller number of participants are needed (Morse, 2000). The researcher must make an intelligent decision in the sample size in comparing, developing, and testing the data Mason (2010 p.139). The enriched collection of data must establish validity, meaningful, and generate an understanding from inquiry (Patton, 2015).

The proposed targeted sample size for my qualitative research plan was 15 participants or until saturation of data, nine African American aged adults participated in the research study in which rich data was collected. My plan for this study was to recruit individuals that would produce meaningful data that would bring understanding to the questions in the study. A purposeful sampling strategy was used in the recruitment of participants for my study. Patton (2015), asserted the purpose of a purposeful sample is to focus case selection strategically in alignment with the inquiry's purpose, primary questions, and data being collected (p.264).

### **Data Collection Procedure**

The study's population was African American aged adults 70 years and older living in their homes in Pompano Beach, Florida. The participants were recruited from a portion of the Pompano Beach, Florida, community occupied by a majority of minorities.

I aimed to capture the African American aged adult's feelings about residing in their homes and to understand a culture of a people, as well as to understand their physical needs (see Purnell, 2013). Only those individuals who met criteria of the research study would participate. The approval from Walden's IRB was obtained before the new recruitment for my research study of potential participants on the Pompano Beach, Florida community was started. The information collected in the study was made linear through the use of developing themes, patterns and coding from the collected data to be analyzed. I used the research study questions to establish strategies for in-depth interviews questions for the participants.

Coding of the data is done through the assistance of computer programming software by inputting the information into the program that synthesized the data into themes and codes (Creswell, 2013). The computer program helps build connections of the acquired information to enhance the speed in the process of codes, themes, comparing, grouping and analyzing (Patton, 2015). The computer programs provides graphs through mapping so that the programs shows a visual screen of codes and themes and how the connection of converting memo in to codes and stores them (Creswell, 2013).

I was the primary instrument in the gathering of the information from the participants. An audio recorder was used in the study to capture in-depth information and face to face interviews were conducted on each participant by asking open-ended questions. The computer programming software used to analyze the data was NVivo 12 Plus which is the qualitative data analysis tool that kept the data manageable during collection. NVivo 12 Plus was easily managed, as I took a brief refresher course using

you-tube to enhance my skills. I was able to import the raw data into NVivo 12 Plus using auto coding that was easily maneuvered, in which the single file storage provided a secured database of files (see Creswell, 2013). NVivo 12 Plus is computer program software that analyzes, manages, and shapes qualitative data. NVivo 12 Plus continues to update its system to software for improvements as needed. There are several reasons I chose this particular computer software program. NVivo 12 Plus was the correct software for the phenomenological approach for my research study. The program can be used with the unstructured approach of data collection; it is streamlined and easy to use. I also had more experience with the use of NVivo software, therefore the more recent software version was NVivo 12 Plus which was used in my study.

### **Data Analysis**

Qualitative research was engaged to help the me acquire a better understanding of the phenomenon of the study. Through the researcher field work coding patterns can predict what might happen, also verifies whether the predictions of outcomes are accurate or not (Miles, Huberman, Saldana, 2014). Data analysis provided insight into how participants experience the issues that the researcher addressed. The qualitative researcher learns by doing the data analysis (Dey, 1993, p 6). During the data analysis process, writing memos captures analytic thinking about the data and stimulates analytical insight (Maxwell, 2013). In order to decrease an abundance of collected data, I began to analyze data as it was made available through the use of NVivo 12 Plus computer software, by doing so, it gave me a better understanding of the data. To obtain a saturation of data, the use of open-end questions were presented to the participants.

The qualitative design used with a phenomenological approach to conduct the study is performed using a step by step approach and avoidance of prejudgment, without assumptions to generate new knowledge (Moustakas, 1994). The phenomenological approach did allow the researcher to uncover any preventative conditions, or capture, understand and explored how the African-American aged adults perceived, felt about, described, made sense of, and talked with others (see Patton, 2015) about residing in an assisted living facility. Follow-up interviews with the participants allowed the enhancement of the richness of the data obtained and develop explanations of the findings.

### **Issues of Trustworthiness**

Credibility is dependent upon the relationship of the conclusion of the study to reality, the method, and procedures increase credibility of the conclusion (Maxwell, 2013). Reflecting on data collection, the steps used ensure quality and credibility by using my research questions to construct interview questions that produce rich data, which made it possible to interpret the finding. Miles, Huberman, & Saldana (2014) asserted write ups of the findings must be persuasive and that is what matter in the end. Trustworthiness of the data is gained through the relationship that is developed with the participant. Using interviews to collect data helps to form trustworthiness in qualitative research studies by means of demonstrating transferability, dependability, conformability and credibility (Lincoln and Guba, 1985). The findings will be generalizable as the study can be able to relate to others environments therefore transferability is apparent.

Dependability of the study is supported through reliability in that the evidence gathered in the research study must support same claims in similar studies.

To control bias, the researcher must be cognizant of how he/she is influencing what the participant says, and the effects it will have on the validity of the inference the researcher can draw from the interview (Maxwell, 2013). Trustworthiness was established between the researcher and the participants through increased contact during the collection of information. The richness of the collected data from the participants establishes validity and revisiting the participants for member check of transcription to verify accuracy of responses.

### **Ethical Procedures**

When using the interview technique, I took into consideration the legal and ethical ramifications of the research study. I maintained the guidelines of the IRB. The core principles of the Belmont Report; respect for person, maintaining dignity and autonomy of the participant; beneficence, minimizing the risk in this research, at the same time maximizing the benefits to the participant, and justice. There must be a fair distribution of risk and benefits from the research; which must be adhered to at all times. Most importantly I obtained an informed consent from each of the participants as well as included an understanding for the purpose of the research and allow the participant to make a conscious, deliberate decision of whether they would like to participate. I stated how confidentiality would be maintained.

The highest code of ethics was maintained during the research process. There was no risk or responsibilities placed on the participants in the research. All participants were

informed of the nature of the study prior to obtaining consent. I applied for permission from the Dissertation Committee and Walden's IRB and I took appropriate measures to protect the confidentiality of the participants. The participants name and identity were kept confidentially through the use of numerical disclosures. There was no adverse event for the individual who refused to participant in the study. The participant's who may have wanted to withdraw early from the study, would have been able to do so without any repercussions. Confidentiality of the research, data collection, electronic information, audio recording are secured, locked away, and protected in accordance to Walden's standards and will be destroyed after the appropriate time period of 5 years.

### **Summary**

The qualitative study is used to collect in-depth data from the participants that allowed for flexibility in the sample size depending on the saturation of the data. Bracketing was used to focus on the investigation of the study. The intent of the phenomenological study was to capture the attitudes, and perceptions as to how African American aged adults felt about residing in ALFs. Finally, the collected data from the participants lead to Chapter 4 in describing the results and findings of the study.

## Chapter 4: Results

### **Introduction**

The purpose of this qualitative phenomenological study was to explore and analyze the perceptions and attitudes of African American aged adults 70 years and older living in their own homes in Pompano Beach, Florida, and about their views of residing in an ALF. Two specific research questions were proposed in an attempt to understand the culture of beliefs, values, customs, and way of life of a particular population that guided their view as to their attitudes about ALFs. Therefore the research questions were formulated as open-ended questions to determine perceptions about ALFs and to examine the world view of the participant. In Chapter 3, I explained the research methodology, the appropriateness of the research design, and the diverse strategies and approaches that could be used in qualitative inquiry. I described the population sampling procedures, the rationale for the sampling strategy, the sample size, and the recruitment procedures and criteria for participation in this study. In addition, I also described the demographics, data collections process, evidence of trustworthiness, and data analysis plan that included use of the NVivo software as the qualitative data analysis tool. In chapter 4, I restated the research questions and the methodology to provide the results of the study of the presentation of themes, leading to the summary which covered answers to the research questions and the findings of the study.

The contact from one Senior Center, my community partner and the invitation letters presented to the African American aged adults to consider being potential participants in my research study was not met with responses in the allotted time and the

time frame had reached over four weeks without response from the potential participants. Therefore I requested a change of venue for my recruitment process from the IRB to recruit potential participants from the community in Pompano Beach, Florida, and the IRB approval was granted. The recruitment process was the only change in research study.

Upon receipt of permission granted from the IRB, participants in the study were recruited from the community in Pompano Beach, Florida. Walden University's Institutional Review Board granted approval for my research study # 08-02-18-0247490. There was no conflict of interest in the recruitment of the study and participation in the study was completely voluntary. There was no identifiable influence from the participants that may have affected the results of this study. No recruitment was conducted prior to IRB approval.

### **Sampling Strategy**

There were a total of 9 participants in my qualitative study. Participants were recruited using a purposeful sampling strategy and they met the inclusion criteria for the research study. Criteria for inclusion was African American aged adults 70 years and older who have lived in Pompano Beach, Florida, for 20 years or more and had never resided in an ALF. The participants for inclusion were also required to be living in their own home alone or with a spouse.

I recruited the potential participants by distributing Invitation Letters to the aged adults in the community of Pompano Beach, Florida, in the vicinity where African Americans resided by knocking on doors or ringing doorbells. After the African



American aged adults were asked to participate, I informed each of the aged adults to phone me if they were interested in the study, it was at that phone session the a time and a place was chosen for the interview. Each participant's identity was maintained through the use of numerical codes from 1 through 9. A demographic and informed consent form was completed by each participant and a signed copy of the informed consent was presented to each of them. All interviews were conducted following the guidelines of the methodology in Chapter 3.

### **Demographic Profiles**

The participants in this study were nine African American aged adults 70 years and older from the Pompano Beach, Florida, community. There were a total of six (66%) female participants and three male participants in the study. All of the participants lived in the community for fifty years or longer. As noted in Table 1, the majority of the participants in the study were 78 (55%) years of age and older. Table 1 also indicated that only one participant representing nine percent of the participant's plan to live in an ALF; whereas eight participants, represented 88% of participants does not plan to reside in an ALF in the near future. The majority of the participants noted in Table 1 had no plans to move in an ALF which reflected in the literature of Stevenson & Grabowski (2010) who asserted that African American aged adults were less likely to reside in ALFs in comparison to the national population. The Demographic in Table 1 reflects the beliefs, attitude, life-ways, and cultural behavior characteristics of African American aged adults in the study. The Demographic Figures are noted at the end of Chapter 4.

Table 1

*Demographic Profiles of Participants*

Participants	Age	Live alone	Marital status	Educational level	Learned about ALFs	Services known about ALFs	Wanted to move in ALF
1	78	Yes	S	12	Frnd	Yes	No
2	78	No	M	12	frnd/Fam	Yes	No
3	84	No	M	6	N/A	No	No
4	78	No	M	11	N/A	No	No
5	70	No	M	12	other	Yes	No
6	77	Yes	S	12	N/A	No	No
7	78	Yes	D	Master	other	Yes	No
8	70	Yes	W	Doctor	N/A	No	Yes
9	70	Yes	W	12	N/A	No	No

The participants lived in their own homes; five (55%) participants lived alone, two (22%) were single, one (11%) percent participant was divorced and two (22%) were widows all who are women. The other four (44%) participants lived with their spouses, three men and one woman. The educational level ranged from one (11%) participant who completed elementary, seven (77%) participants in high school level, one (11%) participant with a Masters Degree, and one (11%) participant with a Doctorial Degree.

For those participants who had knowledge about ALF were received either from friend/family or from other, reading brochures. The other five (55%) participants had no knowledge of the services offered at ALFs.

### **Data Collection**

Thirteen African American aged adult's volunteers were identified as potential candidates to possible participant in the research study. Four African American aged adults did not qualify, one potential participant was not from Pompano Beach, Florida, and the other three were younger than 70 years. In obtaining potential participants for the study, I distributed Invitations letters to each participant. A few of the African American aged adults in the community asked for a second invitation letter, as they knew friends that might have been interested in the research study. Over the course of recruiting participants, a total of nine African American aged adults were participants in the research study. The collection of the data was gathered in a face to face interview with a series of open-ended questions in which I constructed and used in a pretest. The questions are presented in a way to provide autonomy to perceive and see things as they appear and recognize the perception (Moustakas, 1994). A sample of interview questions was included in the Informed Consent and was approved by the IRB. The interview questions used in the research were straightforward. Each interview from the participants was recorded on a tape recorder which ranged from 12 minutes to 17.20 minutes in length. Probing questions were initiated to clarify information provided by the participants.

Interviews were conducted over a 20 week period. Each participant determined the time and place as to where the interview convened. Many of the interviews were conducted in the participant's home. Two interviews were conducted where the participants attended church. One of the churches was open on a daily basis, therefore I met the participant at the church and the face to face interview was conducted in the

sanctuary with the two of us only. The second face to face interview at the church was conducted at the end of the church service in the rear of the sanctuary without interruptions as privacy was maintained. One participant scheduled to meet at her home, however after completing the informed consent and demographic form, participant 9 requested if she could post pone the interview until a later date due to feeling ill, the face to face interview was rescheduled. Prior to the interviews, I read the informed consent to the participants with them following along with their copy in hand and I inquired if they had any concerns prior to the signing of the informed consent. A demographic data profile form was completed by each of the participants which took from 5 to 10 minutes to complete. All interview questions were read to participants during recording of responses from each participant. Follow-up questions were prepared to explore and clarify or expound on the research questions. Additional interviews are sometimes obtained to assure saturation of data, in this study there were no other persons willing to participate in the study.

The data collected from each participant was transcribed verbatim in a word document for review by the participants prior to use. All recorded interviews are maintained on a locked hard drive that is password protected. Each consent form, recorder, memos, and demographic information is stored in a secured locked file and will be maintained for a 5 year period according to Walden University standards. There was a variation from the original proposal as to my recruitment process from one of the Senior Center in Pompano Beach, Florida, to recruiting potential participants from the community in Pompano Beach, Florida, which was approved by the IRB.

### **Data Analysis**

The data analysis process of my research study began with me reviewing the audio recordings as I reread the transcripts of each participant that was transcribed by the researcher verbatim. Each transcript was imported into NVivo 12 Plus software to begin the process with the development of nodes. These nodes assisted in themes being formulated from participant's interview responds to identify patterns of themes. Multiple themes emerged from NVivo 12 Plus software. All participants, transcribed interviews were revisited and reviewed by each participant. I hand delivered each transcribed report to the participants as their meeting places remained the same for the member check. There were no revisions requested from the participants prior to the start of the analysis process. During that final visit, the participants were asked if there were any questions or had anything more to add to their responses to the interview questions. There were no other additions to their original answers provided. I thanked each of the participants for participating in the research study and informed them that the sharing of their lived experiences would add to present research literature about how African American aged adults perceive ALF. My closing remark to each of the participants was to be blessed, and the findings of the study would be shared at a later date at the completion of my study.

NVivo 12 Plus was the data analysis tool used to assist in the organization and management of the transcription. After each interview was concluded, I listened to the responses at least three times before having the interview transcribed. After transcribing the data, I reread the information while listening to the recording to ensure accuracy. A

copy of each of the participant's transcript was hand delivered to them as promised and was asked to read for accuracy of their words verbatim and to enhance credibility.

A vast amount of time was absorbed assessing the transcripts during the process of analyzing the data in generating themes. In obtaining the themes for the study, I entered the data of each participant along with the interview questions into auto coding that presented a group of codes. Themes generated were (living, assisted living, living facility, family, live caring, knowledge, beliefs, and thought). Considering the research questions and the phenomenon to be examined, the themes were organized accordingly. The software NVivo 12 Plus was also used to import the participant transcripts to further develop themes, which was established from the participant patterns of responses, created by nodes. During the course of analyzing data, a total of 7 themes were established with the assistance from NVivo 12 Plus using generated similar words. In order to formulate the most frequently used words by the participants I used the frequency word query to create the word cloud which demonstrated the top 50 most used words by the participants that had five or more letters noted. However there are additional words that were noted incorporated within the cloud with less than 5 letters noted.



*Figure 1* Word Cloud from transcribed data.

### **Evidence of Trustworthiness**

The method and procedure increases credibility through the relationship of reality and the conclusion of the study (Maxwell, 2013). Reflecting on data collection, the steps used ensured quality and credibility by using the research questions. I constructed interview questions that produced an abundance of rich data, which made it possible to interpret my findings. Miles, Huberman, & Saldana (2014) contend write ups of the findings must be persuasive and that is what matter in the end. Trustworthiness of the rich data was gained through the relationship that was developed between the participants and me as the researcher. To maintain credibility throughout the interview process, I remained neutral as the participants shared their responses to the interview questions, and I was cognizant of my feelings, thoughts or attitudes to defray any influence of what was

or was not expressed by the participant to maintain validity. The research study is both transferable and conformable to other communities and populations. Trustworthiness in qualitative research is maintained through the use of collecting data which demonstrates credibility, conformability, dependability, and transferability (Lincoln and Guba, 1985). Validity was established from the richness of the collected data from the participants. Dependability of the study was supported through reliability in that the evidence that was gathered in the research study should support other claims in similar studies, however very little research studies have been noted during my literature search on how African American aged adults feel about ALF.

### **Results**

The Research Questions have been addressed in this section. Patterns and themes derived from the transcribed data obtained from participants during face to face interviews were noted in this research study section along with research literature from Chapter 2 to supports the findings. Any discrepancies noted in the research study were discussed at the end of this section. A Table and Figures were included with in Chapter 4.

### **Research Questions**

The following interview questions were used:

RQ1: What are the attitudes and perceptions of the African American aged adults who lives independently at home have about residing in ALFs?

RQ2: What are the conditions that would prevent the African American aged adults from living in an assisted living facility?



## **Presentation of Themes**

In arriving at themes, the open ended questions focused on the way things appeared to the individuals, introducing things the way they are given, releasing everyday routine and bias of what has been told to be true in nature and the circumstances surrounding everyday living Moustakas (1994). The phenomenological approach allowed me to uncover any preventative conditions, capture, understand and explore how the African American perceive, feel about, describe, make sense of, and talk with others (see Patton, 2015).

The transcribed data was imported into NVivo 12 Plus as I proceeded to code and identify themes. The organization of the data was predicated on the responses of the transcribed data in relationship to the research questions. The organization of the data allowed me to examine different categories of the responses for the intended analysis. Themes developed from the participant's transcribed interviews and were scrutinized to identify similarities and patterns to minimize repetitive themes.

### **Themes Associated with Research Question 1**

The first research question was to examine: "What are the attitudes and perceptions of the African American aged adults who lives independently at home have about residing in ALFs?" The open-ended question presented was for the participant to describe their attitude about living in an assisted living facility. In using this approach to begin my opening question helped me to explore each participant's thoughts and feelings about residing in an ALF. There were four themes that originated from Question 1.

**Theme 1: Thoughts about ALF.** The participants had varying responses to the question proposed to them. Five of the nine participants gave their perceptions as to how they felt about ALFs:

Participant 1 described what she thought would enhance ALF with the response of: “Oh God! Uh it’s being professional, and having well care, and treating people human, and a place of cleanliness.”

Participant 4 responded: Well, I think it's nice. Well, some of the facilities I've seen, they are nice. I expect for it to be like home, a good home.”

Participant 6 asserted: “Uh! It's a beautiful place. Well I think it should stay as it is, it should stay as it is.”

Participant 7 response was: I really think that they’re gonna take care of me, the nurses and the doctors and everything, but if you get somebody that’s really not doing what they suppose to do, you still in your right mind, you can report it you know, and let them you know take care of it.

Participant 9 thoughts were: Uh, I think it should be more supportive of people and uh more caring about the people. I think that they should be treated like a family member that’s somebody love, you know. Uh, and working toward the betterment, not just put a person in there, or gonna just be there to die, you know what I’m saying.

Three of the participants focused on themselves as an example as to what their thoughts were about living in an ALF. Participant 2 responded: “I would not want to live there. I hope I never have too.”

Participant 3 shared: “I never lived in one. Uh I don’t know what attitude to have towards it. It’s not like living at home.”

Participant 5 claimed: I don’t think I would want to live in one. I think it would be like a place for where it’s just like a retirement home or something, like that’s where you get cared for, you not a hundred percent capable of doing for yourself, where you have people there to care for you and help you along the way and give you the necessary things to keep you going.

Although there was no literature found to describe how African American aged adult felt about living in an ALF. Some participants thoughts about ALFs could possibly relate to the peer reviewed literature, being attributed to the lack of professional working in ALF and the other staff members who work with the residents have limited training. In a peer reviewed article by Han et al. (2016) posited less than half of the ALFs hired professional nursing staff and over 60% of the facilities did not require any initial training and the staff who provided personal care, needed only 75 hours of training to care for the residents in facilities. Based on Han et al. study, older adults were choosing ALFs due to the homelike atmosphere and more attractive surroundings. Other studies revealed that care of ALF residents has become increasingly complex, where as 40% of residential care had increased in activities of daily living (Caffrey et al., 2014) and 86% of the residents require medication assistance (National Care Planning Council, 2012).

In one peer reviewed article most African American aged adults reminisce on past struggles, some with poor education and thought about poverty and their past and segregation (Campinha-Bacote, 2013). The African Americans culture described how

they hold on to the life-ways, beliefs and attitudes (Campinha-Bacote (2013) that lives in each generation. This could bring about an issue of trust or mistrust which is a cultural characteristics within the African American aged adults' thoughts about ALF actions.

However noted in other peer reviewed literature, with the increase of the demand in problematic care given in ALFs (Caffrey et al., 2014) could raise a flag for the aged adults who have strong feeling about what goes on in an ALF. Training of ALF Staff could enhance the thoughts of the participants in a positive light. In another peer review study Gendron et al. (2017) examined the experience of trainers, in which the majority of the trainers were hired based on previous experience and skills with no former evaluation of their training skills. Studies that reveal an increase in care in ALFs, and a decline in professional staff, and minimal training by other staff members in ALFs, could possibly contribute to the thoughts and feelings the participants described in the research study.

**Theme 2: I know and understand.** To understand the life-ways of the participants, I attempted to uncover what was known about ALFs. This theme is related to the participants knowledge and understanding about living in an ALF. On a positive note of clarity regarding what was known and understood, Participant 1 response was: "Being able to understand the workers and they understand me."

Participant 2 response was: "Well from what I've heard uh, uh, from friends uh and relatives that live there, if you don't have close relatives, someone close to watch out for you, then you pretty much on your own."

Participant 6 asserted: “Well, its uh, I don’t know very much, but according to what other people say, it’s a nice place to live and uh you have freedom and uh it’s not uh a place where you uh just gotta do everything that they say for you to do.”

Participant 7 expressed her knowledge: Well, the only knowledge I got, I got this through a brochure that with the assisted living program, they have 24 hour service for the patient. The patient is taken care of very, very good because uh, they have nurses, they have the doctors there if they need them, and uh basically that’s about all I know about the assisted living program you know, that they have 24 hour service and there’s always someone there to check on them, the person, you know, and I do know for one thang that uh if I’m not mistaken, that all of the income of the individual goes to the assisted living program you know, their income. So that means that the person will be taken care of very, very good. I have no biff about the program at all.

Participant 8 stated: “The understanding is some are good and take good care of you and some are not.”

Participant 9 responded: “My knowledge about it is, (hesitation) I don’t know, I don’t have any real knowledge of it, you know. Some people say bad things, and some say, you know.”

Two of the participant’s does not have any level of knowledge regarding ALF. Participant 3 an 84 year of male without a doubt said He did not have knowledge or understanding about ALFs, his response was: No!

Participant 8 responded with:” I have no knowledge."

As to what the participants had known or understood about ALFs, was noted in the research literature related to African American aged adults. However in peer reviewed literature described ALFs a service of care that offered 24 hours to meet the need of the residents as the help to promote independent living (Wexler, 2016). The Assisted Living Federation of America (2015) described the characteristics of ALFs which each resident must have privacy, be motivated to take care of their own needs, be able to freely make their own choices, and above all treated with respect; and also solicits family and friends to be engaged in the assisted living community. Most of the participants received their knowledge about ALFs from some other person which could or could not have been accurate information which could have an impact of what African American aged adults know about ALFs.

**Theme 3: The Care you get.** This theme is relates to how the participants consider the kind care administered at ALFs. Within the interview questions this theme of care or treatment had become a pattern with some of the African American older adults in their responses about the care that is offered at ALFs. Participant 1 stated: “Very poorly treated, unprofessional.”

Participant 2 stressed: “You don’t get the care that they say you gonna get. So the recommended care is one thing, but the actual care you get is not good.”

Participant 4 admitted: “Well, I’ve seen uh some, and uh people are treated good, treated well and duh I’ve gone to visit before I became of age, and I think it’s a good thing.”

Participant 5 responded: I think that an assisted living facility can be helpful for

those who are really in need of, but then there's a down side to it too, where you have less compassionate people in there that doesn't care for people that they should care for. I've seen this for myself.

Participant 9 responded: "The little care they do for them, like no concern, uh you know, more caring, and more heart you know; like it's uh individual, like it's a family thing, that you would take care of, you know, one of your family members. Not just it's a job, and all that kinda stuff."

The majority of the participant described the care and treatment in ALFs somewhat similar, as being inadequate either through hearsay or witnessing for themselves. I was unable to identify peer reviewed articles regarding the care given to African American aged adults. This could play a huge part in the lack of care for aged adults in ALFs. However one of the peer reviewed literature study demonstrated assistance in implementing steps to reconstruct the training programs to be evaluated by trainees and policies were established for ongoing updates annually (Gendron et al., 2017).

**Theme 4: Beliefs to be true.** The African American aged adults who participated in the research study shared their lived experiences and world views as to what their beliefs are about service at ALFs to be true. Although some participants did not have knowledge as to the services offered at ALFs, they were able to describe what they envisioned about ALFs to be true.

Participant 1 responded: "I've seen poor judgment in nursing homes, patients

treated with no respect, waiting, begging for assistance. My belief is to treat me with respect and I will treat you with respect.”

Participant 2 responded: Well my beliefs are that you’re subject to the rules of uh wherever you’re living and duh it depends on your ability uh to help some yourself. Then you’re totally at the mercy of the people that work there and sometimes that can be not up to par. So, I hope I never have to go to an assisted living facility. My recommendation is uh, I would rather not.

Participant 3 responded: “If you had to go and had no place else to go, it’s better than living on the streets.”

Participant 4 said: That’s one of my dreams, so I would expect uh the people would be treated nice, I would expect them to be able to yet go out and enjoy life and come back to a place that is peaceful and uh that’s about one of my dreams. I expect for it to be like home, a good home.

Participant 5 responded: well, hum, first of all I think they should be compassionate and the fact that I’m an elderly gentleman or would be an elderly gentleman going into them, they should respect the elderly, look at me as if I was a parent. Show me love and uh, you know, that’s the main thing you know, show me love and take care for my needs you know, that’s pretty much it.

Participant 6 responded: “Well I think assisted living is nice if you’re alone, you have friends, neighbors you can visit and you still can communicate.”

Participant 7 responded: about the facility for me, I really think if I have to go to that particular facility, they will continue to uh monitor me in a way that I



would keep my ability to live and to think, you know. They would keep me, in some kind-da program to keep me occupied you know; so I can just really go on and be focused you know, and don't lose my sense of living. Now, that's my values about it. My belief is that I hope that uh in that facility they have a Christian base uh program for me you know, uh to attend too. Now that's the belief that I have about it. And I feel that there should be 100% somebody there that's gonna take me through those steps day by day. I don't know whether I'm saying the right thang, but that's what's coming off the top of my head right now, you know.

Participant 8 responded: I would wanna be in the best of care, uh when it comes to my needs, whether it' medicine or food, uh actually uh, if I was there, that would then become what I want, probably, and I would wanna be treated in a way that at that point it's uh family orientation environment.

Participant 9 responded: well, family oriented, you know. That's how I would imagine it would be. But do I believe that? I don't know, you know. Because people don't do their jobs you know, out in these places. How they suppose to help take care people and, and be, you know helpin them out, because they know they don't, cause we see people getting these jobs, they do whatever they wanna. They ain't concern about these people, so! I don't know.

Each participant's confidence about ALFs differed greatly in their facts as to what they hold to be true about ALFs. Through-out the participant's beliefs, I referenced peer reviewed articles that could parallel most of the responses about beliefs that the

participants shared. Health care organizations have measures to assess the level of care for a cultural competent environment to meet state and local compliance, although some facilities are not governed by the same agencies (Marrow, 2013). These measures were described to initiate cultural competencies in organizations which includes values and governance the facilities values, mission, and vision for the company and accomplishments; quality to monitor and evaluate enhance to quality of care, increase safety and wellness to patients; communication skills documentation, and cultural sensitivity to patients. Educational learning about cultural competencies and evaluation of its use; and services allow services for diverse cultures (Joint Commission, 2011; Marrone, 2008).

### **Themes Associated With Research Question 2**

The theme related to Research Question 2 examined: “What are the conditions that would prevent the African American aged adults from living in an assisted living facility?” The interview questions that related to question 2 were about the participant’s values and their consideration about living in an ALF. Many of the participants had mixed feelings about living in an ALF. During the interviews, when participant were asked directly about living in an ALF, the participant’s responses varied from their original response in the demographic section.

**Theme 1: Thinking about the future.** Participant 1 stated “Yes, I would consider it.”

Participant 2 responded: “No, because uh without close family members and

friends uh the care that you gonna get doesn't come up to par and uh I hope that I never have to go, go there."

Participant 3 answered: "If I had too, yeah, yes I would. Any reason, because I had too."

Participant 4 asserted: "If, it's what, if it's what I dreamed it should be, I would uh, consider living, if it's what I dreamed it to be. Straight-out!"

Participant 5: No, because uh, I'm gonna be able to do for myself until the Good Lord come and take me away from here. I won't have to go in one of those homes by the grace of God and I'll be able to care for myself uh without any assistance from them at all but I'm thankful for those places, we have them.

Participant 6: I say yes, because it's ah nice place cording to what I view, a nice place. They have nice apartment places, and people friendly around the neighborhood and you can get a chance to socialize, you be with different relatives. Because I never been in one, but my cousin live in Atlanta, GA, and she's there and she enjoy it. She lived there for many, many years. But the only thing you have to pay according to your check, because she was paying over \$2000.00.

Participant 7 responded: Well, right now if I have to go, it'll be a yes. That's yes, is because I feel when you get a certain age, (pause) I'm 78 years old right now, and uh right now I have the capacity of doing some things but not everything you know, and if I have to go, I feel that to have somebody there whose gonna really monitor me and take care of me if I have to go.

Participant 8: If I had to go there, that's the only reason I would wanna be there. Otherwise I wanna be around family, but if I had to go there I don't have a problem. I have that type of, is it insurance, that I bought in case; called long life or insurance, so if I had to go in there, a facility, then it would suffice, should suffice.

Participant 9: Yes, if I know I'm gonna get proper attention and caring you know. If I know that somebody is gonna be caring for me you know; like I'm uh human and not just leaving me all alone too you know, just to waste away, and like it's just only a job you know.

**Theme 2: Family as Support.** One of the themes that were shared by the participants was insisting that family share in the monitoring of their care if they chose to reside in an ALF. As African American aged adults who have never lived in an ALF, many share the same thoughts of having a relative or friend close by to take an interest in their care. Participant 1 responded: "I would have to have my family visit at all times."

The next participant felt very strongly about the need for someone to watch over the care given and ALF. Participant 2 responded: "Without close family members and friends uh the care that you gonna get doesn't come up to par and uh I hope that I never have to go there."

A 78 year old participant interjected about her children and how she strongly depends on them to be there for her in her time of need. Participant 7 responded: "If something happens to me I have six kids and out of the six kids, I know one of

them gonna take care of their momma, I know that. But I think it's a good thang for people that don't have any family you know, I really thank so."

Participant 8 was a 70-year-old who knew her daughter would take control of what her care would entail. She insisted: It would be in the hands of my daughter to make that would happen because she would be like you, she would make sure it happened if I had to go in there, top notch or nothing.

Participant 9 responded: I think that they should be treated like a family member that's somebody love you know, more caring, and more heart you know; like it's uh individual, like it's a family thing that you would take care of you know, one of your members family.

Many of the responses given in this theme were supplied by female participants regarding the support of the family in ALF. Family means a great deal to African Americans. Their culture yet remains a close nit family who supports one another. Some of the participants attest to having family members around if they were to reside in an ALF. One of the participants interjected to get proper care a family member is needed.

In a peer reviewed article Apesoa-Varano, Tang-Feldman, Reinhart, Choula, & Young, (2016) maintained that African Americans continues in their same traditions of integrity, reciprocity and role modeling through respect, love and commitment when caring for each other. Some African Americans aged adults depend on each other for help because of decades of memory and trust issues in health services (Apesoa-Varano et al., 2016) suggested a broader impact could be made if barriers are addressed at the community and policy level to increase support for individuals and families. Campinha-

Bacote (2013) posited African American aged adults place importance on the past and cling to life-ways, beliefs, and attitudes.

**Theme 3: Reason to live or not to live.** This theme allowed the participants to express and share their concerns as to what may prevent them from living in an ALF. Through lived experiences of some of the African American aged adults, they voiced their point of view, observation of others and what had been heard from others regarding their friends or relatives stay in ALF's which has allowed the participants to share their reasons for living or not living in an ALF. Treatment and care of African American were reasons noted by the participants that would most likely prevent them from residing in an ALF. Having a friend, relative or family member close by to watch out for them, to assure they receive the appropriate attention were mentioned by the participants. Several participants shared their reason to whether reside or not to reside at an ALF. Participant

1 responded: I would have to have my family visit at all times. They lock you down. People beat your behind in a nursing home. I seen on TV where a white man beat this 91 year old lady, they investigated him. I've been around the one on Sample Road, them places stink.

Participant 2 asserted her reason for not residing at an ALF was: "You don't get the care that they say you gonna get. So the recommended care is one thing but the, the actual care you get is not good."

Participant 3 exclaimed his most likely reason for residing in an ALF: "It's better than living on the streets."

Participant 5 had some contact with residents of an ALF and offer is lived experience for his reason as to not wanting to reside at an AFL: “There’s a down side to it to where you have less compassionate people in there that doesn’t care for people that they should care for. I’ve seen this for myself.”

Participant 8 makes it known that if she had no choice and that was her only alternative, she asserted: “If I had to go there, that’s the only reason I would wanna be there.”

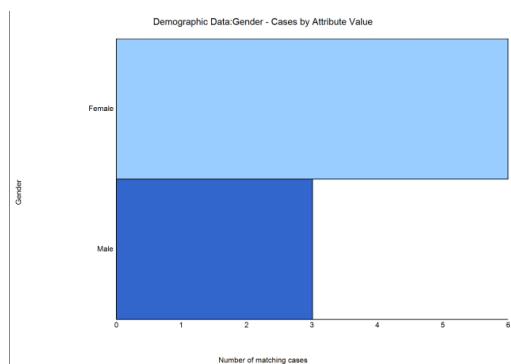
Participant 9 again talks about the care received in ALFs, she voiced her view point by saying: If I know I’m gonna get proper attention and caring you know. If I know that somebody is gonna be caring for me you know; like I’m uh human and not just leaving me all alone too, you know, just to waste away, and like it’s just only a job you know.

The majority of the participant did not have any knowledge or understanding about living in an ALF. Some of the participants had heard about the services rendered in ALFs from others. Some participant obtained their knowledge about services in ALFs through informative reading and visiting friends or relatives.

The participants had strong objections for not wanting to consider residing in an ALF at any time because of what some have witnessed and some participants have heard. Nevertheless, in the peer reviewed article, Wexler (2016) described some goals that were developed by the Assisted Living Federation of America (2015) that characterize the services of ALFs which are to provide care with a personal touch that would meet the African American aged adults needs; promote independence and privacy, maintaining

respect and dignity; also to allow friends and family to participate in the care of the aged adults. These efforts must be a part of training and certifying ALFs employees to maintain safety and regulations.

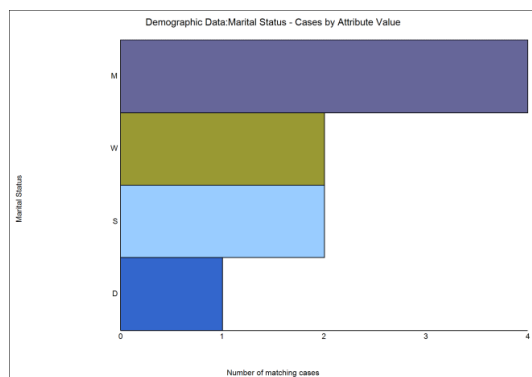
The literature revealed a decrease in the number of African American aged adults living in ALFs (Feng et al., 2011; Hernandez & Newcomer, 2007; and Kozar-Westman, 2013). Understanding of cultural competences in African Americans demonstrates their views about ALFs which is the focus of the research study. Those aged adult that may have had difficulty adjusting to an ALF may lack information that could prevent a positive move to ALFs. In gathering important information of ALFs would help to establish a right fit for the person's needs as suggested Walker & McNamara (2013). For African American aged adults to obtain placement in an ALF, the right fit must be considered, as well as an understanding of anything that may hinder ALF placement. The importance of understanding the culture of the African American community as well as educating the aged adults is needed to impact a positive move toward ALFs.



*Figure 2.* Gender data.

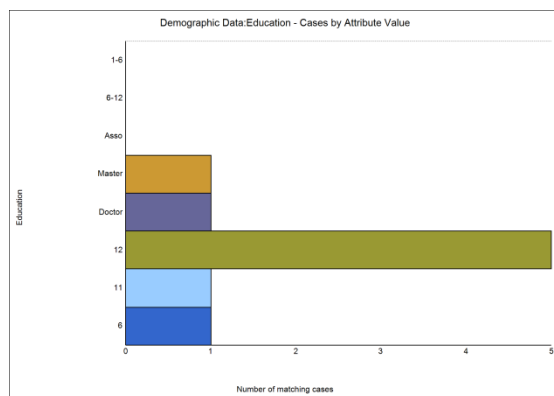
Shown in Figure 2, were six females, and three males who participated in the study.





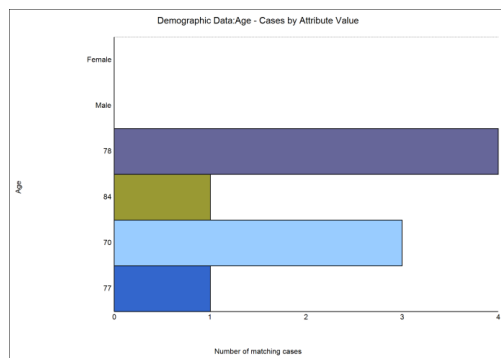
*Figure 3.* Marital status data.

Shown in Figure 3, the graph above is the marital status of the participants, four participants were married, two participants were widowed, two participants were single, and one participant divorced.



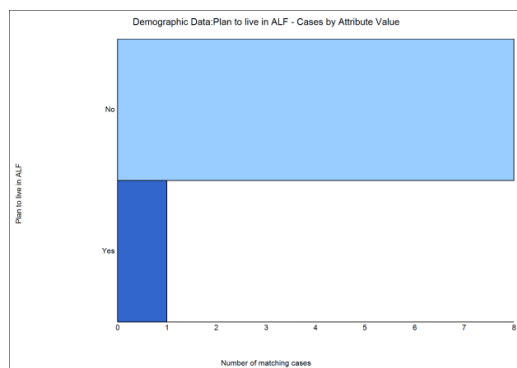
*Figure 4.* Educational data.

Shown in Figure 4 was the educational levels of each participant, participant three had a sixth grade level, participant four had an eleventh grade level, five participants graduated high school, participant seven has a Masters Degree, and participant eight has a Doctoral Degree.



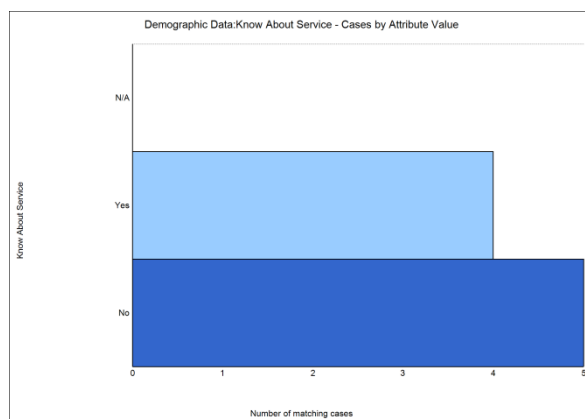
*Figure 5.* Age data.

Shown in Figure 5, one participant is age 84 years, four participants are age 78 years, one participant is age 77 years, and three participants are age 70 years.



*Figure 6.* Plans to live in ALF data.

Shown in Figure 6, one participant said yes, and would consider living in an ALF, and eight participants said no, and would not consider living in as ALF.



*Figure 7.* Know about services in ALF data.

Shown in Figure 6, four participants knew about services offered at ALF, while the other five participants did not know what services were offered at ALF.

### Summary

In an attempt to answer the research questions in this paper, I prepared interview questions and presented them to the participants in a face to face interaction in conducting the study. The research questions and the interview questions were presented and summarized in Chapter 4 as well as the findings related to those questions. I assessed the responses of the African American aged adults from the interview question which provided empirical evidence as I reviewed the sampling strategy, the data collection, the participants demographic, the research questions, the data analysis, and the findings.

From the development of the themes generated, four themes focused on Research Question 1 which were *Thoughts about ALFs, I know and understand, The care you get, and Beliefs to be true*. In addressing Research Question 2, three themes emerged which were *Thinking about the future, Family support, and Reason to live or not living*.

### **Answers to Research Question 1**

A total of four themes were noted to address Research Question 1, “What are the attitudes and perceptions of the African American aged adults who lives independently at home have about residing in ALFs?” The participant’s did not have much knowledge about ALF, however they could describe their attitudes and perceptions about ALFs. Some of the responses shared by the participants were by word of mouth and from relatives or friends. Many of the participants relied on hearsay from others and what they had observed in ALFs to share their life ways and world-views as to the attitude they had toward ALFs.

Thoughts about ALFs described by the participants were that the facilities were either a bad or a good place to live. The African American aged adults distinguished the differences about their thoughts, understanding and knowledge about ALFs. There were both positive and negative attitudes as to the participant s attitudes about living in an ALF. The negative attitudes toward living in an ALF seemed to be consistent with Hernandez, (2012). A few of the participant’s adamantly claim they would not want to live in an ALF.

The majority of the participant’s 55% shared that they did not have a high level of knowledge about ALFs. Two participants admitted to having some knowledge of services offered at ALFs and the other five participants, 55% had no knowledge of the services offered at ALFs. All participants who participated in the research study had never lived in an ALF. The information about the services offered at ALFs were obtained by many of the participant’s from relatives or friends who either is presently living in an ALF or has

lived in ALFs in the past. One of the participants was well educated in the knowledge of services offered in ALFs due to reading brochures, as well as two participants mentioned financial responsibilities for residing in ALFs fall on the resident. Each participant shared their view about treatment and care.

The participants shared likes and dislikes about the care received in ALFs. The majority of the participants met with opposition as to how African American aged adults were cared for in ALFs. Many objected to the way African American aged adults were treated, with a lack of respect. Purnell & Paulanka (2009) insisted people from the same race may not always share a common culture where as race can increase or decrease opportunities depending on the environment.

One participant 78 years of age, described that African American aged adults were treated poorly by unprofessional staff and the aged adults should be treated like they are human. One 70-year-old male participant asserted there was a down side to it, where the staff was less compassionate to the residents and they were not performing their jobs to take care of the residents appropriately. He goes on further to say he has seen that happen. Again, another female participant 78 years of age insisted that the actual care the aged adults received was not adequate care. One female participant 70 years of age had much to share regarding African American aged adults in ALF. She was adamant in speaking her mind as to the lack of care the staff demonstrated, having no concern about the African American aged adults. The participant felt that African American aged adults' should be treated as a family member would be treated, with dignity and respect. In a peer reviewed article, Walker & McNamara (2013) suggested for aged adults to be

placed in an ALF, there must be a right fit for the persons needs along with the understanding of the culture of the community and educating older adults as needed. One participant had doubts about rendered services.

There was some doubt in some of the participant's responses as to whether or not services offered in ALFs were the actual services render by employee. One participant expressed how rules are not kept up to par which was noted in the theme about beliefs as two participants responded regarding a family oriented setting, "But do I believe that? I don't know" responded one of the participants. Many of the struggles of the African American aged adults' life ways are of doubt and mistrust which has been embedded in their heritage for their ancestors (Purnell, 2013). In a peered reviewed article, Cumpinaha-Bacote (2013) asserted that the values and beliefs of African American aged adults have been shared through generations.

It was believed that being subjected to the rules and regulations of ALF were sometimes not up the standards, leaving aged adults to be totally dependent while at times the aged adult was not able to maneuver on their own. There were concerns about services being offered in ALFs to maintain the intellect of the African American aged adults as well as services on a daily basis to maintain independence and quality of life. One participant suggested she would hope the facilities would provide support in regards to religious activities.

### **Answers to Research Question 2**

There was an overlapping of multiple themes which includes Research Questions 1 and 2. As the themes were *Thinking about the future, Family support, and The care you*

*get*, were discussed by participants with patterns of similar responses. Gellejos (1982) contended a theory related to ethical competency as a set of procedures and activities to be used to acquire cultural relevance in the problems of minority groups and applying an understanding to the development of strategies that were culturally appropriate for the group. A tradition of integrity, reciprocity, and role modeling is maintained in African American families (Apesoa-Varana, Narg-Feldman, Reinhart, Choula & Young (2016). They further contended that African Americans tend to depend on each other for help and care because of the lack of trust in use of formal services.

The majority of the participants who expressed their feeling about residing in an ALF were those that were single and living alone. Although living alone was not a part of the interview questions, this could possibly be the motivation to for the participant to consider living in an ALF in the future. Living single also may have some bearing on the income status of the age adult which was not discussed in the study.

Two of the participants had positive reactions as to whether they would reside in an ALF. Both participants insisted that ALFs were a nice or wonderful place to stay, and ALFs were filled with many amenities. Having the freedom to mingle with others, be able to go out on your own and having staff to be attentive to their needs. However one of the participants added that the cost is high and the resident must pay out of their pockets. Neither of the two participant that had a positive out-look on ALFs, were not concerned about whether family support was available.

Family is most important to African Americans. Their culture is to remain a close nit family who supports on another. Some of the participants attest that they must have

family or relative near if they were to reside in an ALF. The participants insisted that if they decided to reside in an ALF, there must be family there for support.

Many ALFs require their employees to having some type of training and certifications and to observe and comply with safety rules and regulations (Wexler, 2016). As in the State of Florida, the Agency for Health Care Administration (AHCA) is the governing body that assures an ALF is within the guide lines set forth in maintaining all safety codes and regulations. Florida has three levels of licensure for ALFs which are regulated by the state. As Pompano Beach, Florida, is under the umbrella of the governing body of AHCA, ALF must maintain codes and regulations.

In order to maintain a level of cultural competency in ALFs an adult day care centers (ADCC) to facilitate a meaningful transition for the aged adults of diverse cultures should be through educational training of staff and employees. Gendron, Pryor, & Welleford (2017) presented a study that described the learning ability of all staff members of ALF and ADCC located in Virginia.

One of the participants referred to ALFs as nursing homes. I inquired about which was she referring too, ALFs or Nursing Homes; the participants responded they were both the same. Reflecting on peered reviews, Han, Trinkiff, Storr, Lerner & Yang (2016) asserted many aging adults who had once lived nursing homes have now migrated to ALFs, and many provide similar long-term care as nursing homes. Many ALFs now offer care for those individuals who requires skilled care.

Furthermore, Park-Lee et al. (2011) posited ALFs and nursing homes are similar, however they are distinguished by the use of the term *tenant* for ALFs as oppose to



patients. They further suggested ALFs have a home appeal and allows freedom of movement and life style choices. The use of medicine charts, nurses stations, and large dining rooms presence an environment of an instructional climate. ALFs were changing into long term care and support service facilities.

The purpose of this qualitative research study was to gather an in-depth understanding of how African American aged adult's attitudes about ALFs, their perceptions about ALFs as a place to reside, and the conditions that would prevent them from living in an ALF. The participants who were recruited were 9 African American aged adults who reside in Pompano Beach, Florida. Each person who participated in the interview gave their consent and actively engaged in sharing their in-depth details of their feelings toward living in an ALF.

The participant's interviews provided pertinent information regarding their thoughts on how they viewed living in an ALF. Outlined in Chapter 4 are the sampling strategies, data collection process, data analysis process, demographics of the participants, the research questions, and themes that were generated with each participant's in depth response to the interviews. The responses from the participants were their stated opinions as to their thoughts about residing in an ALF.

In Chapter 5, I will present, discuss, and evaluate the research findings presented in Chapter 4. I will also discuss limitations and implications for social change within the African American aged adults and their views about ALFs with recommendations for further research.

## Chapter 5: Discussion, Recommendations, Conclusions

### **Introduction**

The purpose of this qualitative research study was to examine and understand the lived experiences of African American aged adult's attitudes and perceptions about residing in an assisted living facility. The objective of the phenomenological approach allowed the aged adults to voice opinion as to how they perceived ALFs. The attitudes and perceptions of African American aged adults about ALFs provided very little research literature as indicated by Hernandez & Newcome (2007). The focus of the study provided a voice for the African American aged adults to express their thoughts and beliefs of how they felt it would be to live in an ALF. The life ways and world-view of how they perceived ALFs can reflect the values and beliefs that have been shared through generations (Campinha-Bacote, 2013). African American aged adults are poorly represented in ALFs. Walker & McNamara, 2013 suggested to have a positive move of cohorts to ALFs, there must be an understanding for a right fit for aged adults. The research study was vital to examine the gap between African American aged adults and ALFs and adding to future research literature regarding its finding.

### **Interpretation of the Findings**

In analyzing the findings of this study, seven themes were identified to address the two research questions. The research study findings were in alignment with the cultural competence model. The model is based on differences within, between, and among cultures in understanding the values, beliefs, attitudes, life ways and worldviews of other aged groups and culture. The frame work was used to examine the characteristics

of African American aged adult's concepts to develop conformity in the patterns as it related to ALFs.

The rationale of responses given by the participants revealed that many of them would consider living in an ALF, however with the stipulation that would involve a friend, relative or family member coming in to monitor their care.

The participants in the demographic profile indicated that the majority of them would not consider residing in an ALF in the future, which reflects in the peer reviewed literature, as Stevenson & Grabowski (2010) contended aged African Americans are less likely to reside in ALFs in comparison to the national population. Purnell (2013) also asserted that the cultural behavior of African American was to follow the path of their ancestral heritage in living in a set community and watching out for one another. Studies show there is a decrease in the number of African American aged adults who live in ALFs. Only one participant out of nine in the demographic profile section considered residing in an ALF.

Many of the participants in the study had mixed feeling about ALFs. Two participants felt that ALFs were wonderful and a good place to consider residing when it is time to do so however they chose to live in their homes for now. Two other participants, a 70-year-old female and an 84-year-old male, would only reside in an ALF if there was no other alternative for them. Seven of the nine participants considered living in an ALF. There were stipulations on behalf of most of the participants as to residing in an ALF. The participants insisted that a friend, relative or close family member be around to monitor their care. This is indicative of one of the characteristics of African American

aged adults of distrust. It was documented in the peer reviewed literature that African Americans caring for relatives and friends demonstrated a sign of respect, love and commitment. African Americans tend to depend on each other for help and care because of the lack of trust in some services (Apesoa-Varan, Tang-Feldman, Reinhart, Choula & Young, 2016). The distrust could possibly be a reflection as to past lived experiences as well as some participants stated being a witness to the treatment and care of African American aged adults in ALFs.

The finding suggested that many of the participants should be more knowledgeable about ALFs and the services offered. Seven of the participants (77%) would either consider residing in ALFs or would reside at ALFs in the future, with two (22%) indicating that they would not reside in an ALF. Participants clearly had some concerns about the treatment and care of African American aged adults. The findings also suggested there was an issue of trust in obtaining adequate treatment and care, leaving participants to place a stipulation on residing at an ALFs that close friends or relatives be present to monitor the care received. This could spark an interest for ALFs to become more visible in minority communities to enhance growth and become proactive in dispersing information about services rendered by ALFs to the minority communities.

### **Conceptual Framework Implications**

The conceptual framework in the study was directly related to the outcome of the research of study of cultural competency. Purnell (2013) described cultural competence as having the knowledge, ability, and skill to deliver care in accordance to the person's cultural beliefs and practice. The African American aged adult's attitude and perception

about ALFs conveyed concerns about the way services are rendered to the older adults. The sample population of the study met the criteria of one set of cultural individual African American aged adults relating as a community.

The research study findings were in alignment with the cultural competence model. The model is based on differences within, between and among cultures in understanding the values, beliefs, attitude, life-ways, and world views of other aged groups and culture. The framework used examined the characteristics of African American aged adults concepts to develop and conform in the patterns as to the participants living as it related to ALFs. PMfCC (2013) suggested African American aged adult's cultural behavior continued the path of their ancestral heritage in the belief, attitudes, life-ways of distrust and close family ties. To know one's cultural background, allow for a better understanding and outcome of a person's physical body. The African American aged adults in the research study painted a different picture of a negative and positive trend of their feelings about living in an ALF.

The conceptual framework chosen for this research study was appropriate as the themes incorporated a pattern of behavior by the participants that formed a correlation that worked well with the findings in the study. The participants spoke vividly about their life-ways and world views as the results of the study were consistent with the framework.

### **Limitations of the Study**

There were several limitations in the phenomenological approach for this qualitative study. The researcher was responsible for the gathering of data, organizing data for themes and aimed to making sense of the collected data. The researcher was

cognizant of possible bias in the interpretation and understanding of the interview process with the participants therefore I made it a conscience effort not to influence the participants in any way.

Although I had ties in the African American aged adults in Pompano Beach, Florida, and thoughts about ALFs, I set aside any preconceived ideas throughout the interviewing process for each participant. One important limitation of this research was that the study was limited to African American adults 70 years and older and limited to a particular community located in Pompano Beach, Florida. Another limitation was the sample size, which could have caused concern with credibility, regarding the findings. However, to increase credibility with each participant came through the participation of members check by each participant as they read their transcripts in which I delivered personally to each participant with no major changes only a few grammatical changes.

### **Recommendations**

The answers to the themes from the interview questions that were asked in the research study revealed a low level of knowledge and understanding among the African American aged adults about ALFs. The findings in the demographic section supplied evidence that there is a need for increased the knowledge and understanding that is needed among the African American aged adult population to have a voice as to their perceptions and attitudes about ALFs. The participant's for the study was recruited from the African American community in Pompano Beach, Florida. Reaching the African American aged adults in the community to participate in the research studies could be challenging. To capture the appropriate audience in the African American community,

small meetings, or group gatherings could be effective in disseminating information about ALFs and its services. This can be accomplished through discussion, or distributing pamphlets. The information can be shared in churches, community center, and senior centers. To increase the perception and attitudes about ALFs in African American aged adults, a recommendation would be that ALFs to get information to the African American communities and become visible to the community.

There were many feeling of distrust among the participants about ALFs. The majority of the participants who conveyed they would consider residing in an ALF, emphatically asserted they would not make a move into an ALF without a friend, relative, or close family member to monitor their treatment and care. Based on the findings from the research study, I contend that African American aged adults are willing to reside in an ALF with the understanding that a close friend or relative would be able to assist in monitoring their care. Another recommendation is that training of ALFs staff become a driving force in the awareness of cultural competency.

The analytical review on African American aged adults and ALFs posited by Stevenson and Grabowski (2010) aged African Americans were less likely to reside in ALFs in comparison to the national population. Also ALFs were less likely to be located in counties where there was an increased number of minorities. For African American aged adults to reside in ALFs, Walker & McNamara (2013) asserted information gathered about ALFs would help establish a right fit for the person in need.

Based on such small amount of research literature on African American aged adults and ALFs and unobtainable research literature on African American aged adult's

perception and attitudes about ALFs, I contend that more research is needed. There is a need for additional research to examine the attitudes of African Americans toward ALFs. Research should be broadened to larger population of African American aged adults as well as those reaching retirement age younger than 70 years and to other minorities as there are some commonalities in all individuals.

### **Implications for Social Change**

Many African American adults 70 years and older have longed kept silent as they reflect on history of slavery. With this in mind the interviews gave the aged adults a voice to share their lived experiences as to their attitudes and perceptions about living in an ALF; which is a huge step toward social change. By sharing their lived stories, a major impact in social change can erupt for many African American aged adults of various communities, cultures, and organizations and in adding to the body of research literature and possible future planning for African American aged adults to consider residing in ALFs.

The combination of PMfCC helped to explain the phenomenon through theory that described African American aged adult's beliefs, attitudes, and life ways of one of distrust, of close family ties. Cultural behavior of African Americans is one where they followed in the path of their ancestral heritage in watching out for one another and living in a set community (Purnell, 2013). The majority of the participants in the research study believed that African American aged adults were taken care of inadequately in ALF. A few of the participants were satisfied or okay with ALF and considered residing in an ALF in the future.



There is a need for monitoring and evaluating employees of ALF to assess quality of care. Purnell (2013) elaborated on the goals of Healthy People 2020 to identify, measure, track and reduce health disparities by taking in account people physical surroundings, their character, and behavior. He further added cultural competence training, and education would provide quality of care for African American aged adults. With this in mind African American aged adults who consider residing in ALFs would impact the growth for many ALFs and initiate a positive social change. Education from ALFs to African American aged adults through community efforts would spark a positive social change for the Pompano Beach community and society.

This research study sought to assist in filling the gap along with a small body of qualitative literature that represents the perspective of African American aged adults and them residing in ALFs. The findings in this research study supported previous research literature that there is low representation of African American aged adults residing in ALF. Other findings that were lowly represented regarding African American aged adults were their attitudes, knowledge, values and care about ALFs.

The study provided similar finding about African American aged adults and their low presents residing in ALF. The results of the study would add to the body of knowledge by bringing attention to the current gap in the literature that have contradicted the findings as the majority of participants in the research study would consider residing in an ALF. By providing the findings in this study, cultural competence played a role in African American aged adult's belief and perception where new issues were discovered such as distrust in the treatment and care by the participants with emphasis on family

support to monitor care when considering residing in ALFs. The findings of the study contributed to a social change in the way African American aged adults felt about living in ALFs, therefore possibly making a positive impact of an increase in the presence of African American aged adults residing in ALFs. The process of understanding the culture of African American aged adults through the application of cultural competency through training in ALFs can generate a positive social impact among potential aged adults, and other minorities, and society as a whole.

### **Conclusion**

In Chapter 5, the interpretation and responses from the African American aged adults reflected the findings noted in Chapter 4. The qualitative research study with a phenomenological approach provided the world views of the lived experiences African American aged adults regarding their attitudes and perceptions about ALFs. The responses from the African American aged adult's interviews allowed expression from each participant as a representative to affirm the pattern of a community that struggled with their attitudes about ALFs. This study has provided knowledge that can spark a positive social change in the way African American aged adults perceive ALFs as a place to reside in the future.

For the African American aged adults who have experienced many hardships several decades ago, have a development of different behavior patterns, values, and beliefs as they struggled through slavery and segregation (Randall, 1996). Campinha-Bacote (2013) suggested those values and beliefs have been share through generations.

There is an increase in the number of African American aged adults who are living longer and there is a need for other options for living arrangements. Many aged adults in the Pompano Beach community remain in their homes. The research study presented an array of feeling, thoughts, attitudes, beliefs and values as to the reaction from the participants of the research study. Some of the participants thoughts were described as upsetting as some shared their lived experiences as ALFs being unprofessional, showing lack of respect and inadequate treatment and care, not being attentive to the needs of African American aged adults, lack of compassion, and presenting an atmosphere that was not so positive. On the other hand two of the participants revealed ALFs were good and would hope to have a pleasant experience with a home style feeling and good communication when the time comes to reside there.

In the culture of African Americans older aged adults tend to hold on to the life-ways, beliefs and attitudes as described by Campinha-Bacote (2013) which was passed down through generations as older aged adults tell their stories of their plight. However, Purnell & Paulanka (2009) asserted people from a given race do not necessarily share common cultures where as race can increase or decrease opportunities depending on the environment. In the findings, 77% of the participant's would consider residing in an ALF, which could demonstrate evidence that African American aged adults attitudes and perceptions could change over time depending on the environment of a shared culture to generate a positive outlook about residing in ALFs.

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