

Executive Summary

Kendal at Oberlin's Strategic Plan, 2017-2021

This plan represents about one year of research, discussion, and consultation among literally hundreds of residents, staff, community representatives, and board members, led by the members of the Kendal at Oberlin Board of Directors' Strategic Planning Committee. Throughout the effort, participants were informed by Kendal's previous history, by trends and developments in the larger society, and by our shared commitment to making this a remarkable place to live and to work.

While there were differences in the ways that each of these constituencies addressed the various topics we considered, they have much in common:

- Focus on long-term, strategic opportunities, issues, and initiatives.
- Effort to separate implementation language from strategic language.
- Coordination of KatO plans with Kendal System priorities.

The plan was submitted to the Board of Directors at its meeting on November 15, 2016, and was approved for implementation. This executive summary is made available for wide circulation; the full text can be found in the Kendal Library.

Our thanks to all those who have contributed – and will contribute – to this effort.

November 15, 2016

EXECUTIVE SUMMARY

In the context of an updated mission and vision, and with renewed commitment to a set of guiding principles, Kendal at Oberlin has developed a set of goals, strategies, and initiatives for 2017-2021. Most of these goals, listed immediately below with their associated strategies, appear achievable through vigorous activity within the five-year period. Other key priorities, described following this section, will require additional study and may not be achieved until later. The reader may wish to review Appendix B, “Economic and Demographic Trends,” before reading the presentation of goals, strategies, and initiatives.

Goal 1: ***Ensure the continuing strength of Kendal at Oberlin’s core CCRC community.*** This is the *sine qua non* of this planning document and underlies all the other goals presented here.

- *Support and protect Kendal’s mission and nonprofit status.*
- *Build financial strength through the expansion of Kendal’s market, effective cost management, and increased capacity for philanthropy.*

Goal 2: ***Improve and extend Kendal-associated health care to benefit current and expanded markets and adapt to a changing environment.*** Reaching a larger population with Kendal-associated health services through partnerships is important to our future.

- *Strengthen elder health, addressing end-of-life and dementia care among other issues through staffing, training, facilities features, and IT modifications.*
- *Improve ties with hospital systems and other providers while holding down costs and building referrals.*

Goal 3: ***Introduce new features that build on current strengths and reach priority audiences.*** Kendal at Oberlin has a history of innovation and outreach, and its future needs to continue this tradition in a strategic fashion.

- *Fine-tune amenities to meet the needs of emerging markets – facilities, services, activities, communications, and partnerships. Choice is key!*
- *Strengthen and extend conservation and sustainability initiatives, including cost-saving measures, consistent with Oberlin’s climate action plan.*
- *Take steps to develop a “Kendal Academy” to serve current staff and help build the workforce of the future.*

Goal 4: ***Increase the role of technology in all facets of operation and the residential experience.*** For quality, effectiveness, and economy, Kendal needs to introduce greater use of information technology throughout.

- *Increase access to and use of technology in health care, marketing, communications, security, operations, planning, and other areas.*
- *Address health records and telemedicine options.*

Goal 5: ***Strengthen governance and partnerships to achieve goals, experiment in new ventures, and improve market position.*** As Kendal grows and changes, so must its relationships, plans, and structures.

- *Increase impact and breadth of intergenerational programs, both on-campus and in the community.*
- *Strengthen ties with Oberlin College, Oberlin City Schools, Lorain County Community College, the City of Oberlin, the Lorain County Joint Vocational School, and other area organizations.*
- *Refine governance and administrative capacities for partnerships with The Kendal Corp., Kendal at Home, Kendal Northern Ohio, and Senior Independence¹.*
- *Consider how recent property acquisitions adjacent to campus can help implement the goals and initiatives of this strategic plan.*

In addition, there are strategies and initiatives associated with Goals 2 through 5 that will require additional study and evaluation. Among these are some of the most exciting opportunities in this plan, though many of them will require new structures and partnerships, not to mention funding sources. This is not to advise against them, but rather to be realistic in focusing energy and other resources in the coming years.

While this plan was developed through the board of directors' Strategic Planning Committee, it is not simply the board's plan. It is Kendal at Oberlin's plan, reflecting significant input and participation from current and prospective residents, staff, administration, and community members in addition to board members. Achieving the bold vision we have set will require the concerted effort of this same community of dedicated participants.

¹ Senior Independence is the legacy name of the home and community-based care service that Kendal at Oberlin has operated for several years. SI's name is changing to Ohio Living Home Health & Hospice because Kendal's partner in this venture, Ohio Presbyterian Retirement Services, has changed its name to Ohio Living. The new name for SI will be introduced in the coming months, but the outgoing name is used in this document.

MISSION

Founded as a nonprofit organization based on Quaker values, we are a vibrant, diverse, inclusive, caring community focused on healthy aging. We support individual lifestyles by promoting independence, continuous learning, engagement in and service to the wider community, social and intergenerational relationships, and excellent health care.

VISION FOR 2025

Leadership. Kendal at Oberlin will continue to be the model for innovation and quality in health care, services, and housing options for older adults in Northern Ohio. We provide supportive environments for living, gathering, and work, where love is made visible through a broad interaction among those we serve, staff, and boards, and where trust and understanding grow from open communication and listening.

Principles and services. Believing every individual should be treated with respect and dignity, we will continue to innovate and provide options to maximize independence, community engagement, and personal satisfaction for both resident and non-resident members and for staff.

Commitment. In accordance with Kendal values and consistent with our charitable purposes, we are committed to inclusivity, outreach, social responsibility, and accountability. Through inclusive policies and programs, we will serve an increasingly diverse group of older adults with a range of financial capabilities. Increased reserves will offer financial assistance to members so they can remain in our community, and we will study potential ways to assist applicants who otherwise could not afford to enter.

Partnerships. In keeping with our charitable mission, we will maintain and extend our impact through Kendal affiliations and other partnerships to offer services to people in the wider community, focusing initially on health care and wellness services.

Operations. We will remain focused on being efficient, effective, flexible, and known for exceeding benchmarks in the field of aging, including minimizing fee increases for those we serve. Our standards of practice will ensure we are an excellent option across the continuum of services and for career development and employment. These objectives will be accomplished using fiscally responsible practices and at competitive prices.

GUIDING PRINCIPLES

In carrying out our mission, our primary objective is to establish and maintain integrity and excellence in all aspects of our work. In this effort, we value:

- Quality of life, vitality, and a sense of community among those we serve.
- An environment of continuing learning.
- Inclusiveness and a warm welcome for all people.
- High quality wellness programs and health care services.
- Physical settings that are sensitive to the aging process.
- Practices that sustain and improve our environments.
- Financial designs that contribute to security and serve our social objectives.
- High quality work experience for staff.
- Excellence in management and governance.
- Priority attention to participation, transparency, and consensus building.
- Responsible relationships with the larger community.
- Growth and strategies that support an active role in aging issues.
- A culture of generosity.
- Integrity and high ethical standards.

APPENDICES

A. People

Kendal at Oberlin Strategic Planning Committee

Dick Baznik, *chair*, resident, member of the Board of Directors
 Liz Burgess, chair of the Board of Directors
 Ann Fuller, Priority List member, board committee member
 Ardith Hayes, resident, president of the Kendal at Oberlin Residents Association
 John Hightower, member of the Board of Directors
 Sean Kelly, chief executive officer of The Kendal Corporation
 Ed Miller, member of the Board of Directors
 John Picken (died November 16, 2015), member of the Board of Directors
 Jack Southworth, secretary of the Board of Directors
 Ira Steinberg, resident, treasurer of the Kendal at Oberlin Residents Association
 Barbara Thomas, chief executive officer of Kendal at Oberlin
 Greg Zehe, director of hospitality services, associate administrator, Kendal at Oberlin
 David Jones, *consultant*, project director, The Kendal Corporation

Drafting Teams

Goal 1: Ardith Hayes (*leader*), Ann O'Malley, Maggie Stark, Barbara Thomas
 Goal 2: John Hightower (*leader*), Ed Miller, Isobel Rutherford, Jack Southworth, Stacy Terrell, Greg Zehe
 Goal 3: Liz Burgess, Rey Carrion, Ardith Hayes, Toni Merleno, Jack Southworth (*leader*), Greg Zehe
 Goal 4: Ann Fuller (*leader*), Judy Miller, Don Mulica, Ira Steinberg
 Goal 5: Liz Burgess (*leader*), Jim Helm, Jeni Hoover, Ed Miller, Michelle Tarsitsano-Amato, Barbara Thomas
 Financial modeling team: Dick Baznik, Ann Fuller, Vance DeBouter, Ann O'Malley, Ira Steinberg (*leader*), Greg Zehe

World Café Discussion Table Moderators

Barbara Bruer	Jim Helm	Ann O'Malley
Rey Carrion	Bill Hole	Teresa Maynard-Pais
Al Carroll	Ed Long	Sue Palmieri
Laurie Dupee	Bob Longworth	Maggie Stark
Margaret Ann Ellis	Toni Merleno	Stacy Terrell
Lynn Ensinger	Judy Miller	Barbara Thomas
Virginia Erdy	Sally Nelson-Olin	
Ardith Hayes	Gary Olin	

SWOT Session Moderators

David Jones (facilitator), with Dick Baznik, Ardith Hayes, Barbara Thomas, Greg Zehe

B. Economic and Demographic Trends

This summary of issues and trends that Kendal at Oberlin will face in the coming years was prepared for the Strategic Planning Committee early in the process and has informed deliberations about goals and initiatives. It has been updated periodically.

It's possible to identify several large waves of change that will affect organizations serving seniors in the coming years. There are connections among some of these, but each can be considered independently as well.

Kendal at Oberlin faces these changes with enormous strengths and an impressive history of innovation, collaboration, engagement with residents and with the larger community, solid financial performance, high quality services, and outstanding staff. All these and other resources will be needed to continue to thrive in the environment we are entering.

Wealth Trends

The Great Recession of 2007-09 destabilized the housing equity assumptions of the Baby Boom generation (born between 1946 and 1964), and thus their overall wealth assumptions. This group also lacks some retirement funding sources – e.g., pensions – that their predecessors enjoyed. While housing values have begun to rebound in many regions, people in Kendal's market niche in the coming decade will likely approach retirement age with a perception of less accumulated wealth than their predecessors. A small minority of older Americans can afford a CCRC like Kendal at this time. If these trends reduce this share, the impact could be significant, yielding a smaller share of a larger total population of older Americans.

Implications: Admissions and marketing; financial planning; partnerships; need for diversification; philanthropy.

Employment Trends

Boomers have faced career and economic factors quite different from those their predecessors faced: more job and career shifts and relocation, and less employment stability. The scale of the Boomer generation has also increased competition for premium jobs among its members. Consistent with the other career characteristics of this group, a growing number of Boomers do not plan to stop working upon reaching normal retirement age, itself a moving target. For some this is out of necessity, but for others it is related to self-image and identity. In any case, the percentage of seniors entering Kendal's market niche in the coming decade who will seek to continue professional engagement – either at home or after moving to Kendal – is likely to rise.

Implications: Facilities design; social services; outreach to the community; need for very high speed broadband service; partnerships; possible new program options either as part of the Kendal campus or via services at home.

Dementia

It is estimated that about 10 percent of people will develop dementia at some point in their lives. This includes about 3 percent of people between 65 and 74, rising to almost 50 percent of people over 85: living longer increases the chances. Some characteristics (e.g., being multilingual) seem to reduce the likelihood of developing dementia, but there is little reason to think that Kendal's market will not experience these or similar morbidity rates. While the incidence of dementia has declined as a result of new treatments and generally improving health trends, a larger portion of Kendal's market will be in age ranges with a higher likelihood of dementia as life expectancy increases and the average age of a residential or community member of Kendal rises.

Implications: Facilities design; staffing; respite services; research partnerships; health and social service programming (build on current expertise, resources, and creativity).

Public Policy

Despite the quarrelsome atmosphere in U.S. politics, there seems to be unanimity around the goal of reducing spending on health care, particularly end-of-life care. A principal element of this public policy approach is shifting reimbursement formulas for Medicare and Medicaid to promote "aging in place," i.e., remaining in private homes rather than relocating to communities like Kendal. In addition, governments and private insurers are continuing to move toward requiring health care providers to take responsibility for capping costs for care, increasing risks for providers.

Implications: Financial planning; admissions and marketing; advocacy for innovative funding solutions that recognize the role of nonprofits; opportunity for leadership in end-of-life planning; need for diversified services; relationships with health care systems.

Consolidation Among Health Care Providers

A key strategy of large health care systems in response to the policy trends noted above has been to consolidate operations in the interest of greater control over costs and outcomes. As a result, the Cleveland Clinic (CCF) and University Hospitals (UHHS) have developed extensive, highly competitive networks in which their captive providers operate within closely supervised frameworks. Mercy is less geographically concentrated, but similarly inclined. Kendal at Oberlin has struggled to establish its presence within this landscape of large, highly competitive providers. The future will be even more competitive and outcomes-driven.

Implications: Partnerships; staffing for health and wellness functions; medical information management; governance; financial planning; outcomes assessment.

Staffing

As Boomers age and seek services, whether in-home or in communities like Kendal, demand for experienced and well-trained staff members will explode – although compensation levels will experience downward pressure to control costs. This mix of trends is unstable, but it will certainly make it more difficult for Kendal to retain and attract the high caliber staffing for which it is known. KatO will need to do more to live up to the adage that “a great place to live must be a great place to work,” and to maintain staff and partnerships to provide home- and community-based services.

Implications: Benefit packages and policies; financial planning; staff supervision, training, development, recruitment and retention.

Information Technology

Kendal has worked to stay on top of changing technology, with campus-wide Wi-Fi, electronic recordkeeping, energy monitoring, etc. Consumers expect online capabilities and instant access to technologies and services. Mobile devices have already overtaken desktop and even laptop computers as primary means of communicating. We use trackers, sensors, and smart phones to monitor activity, sleep, medication schedules, blood pressure and blood glucose levels, and to access on-line health care providers and much other information. These changes can be expected to continue and accelerate. Kendal will need to adapt its online presence, carefully assess and acquire new hardware and software, and anticipate moves toward integrating information among providers, members, payers, and devices.

Implications: Medical partnerships, models of service delivery; information management; financial planning; marketing; energy conservation, facilities management; professional development for staff.

Environmental Concerns

Kendal is a signatory to a community-wide commitment to reduce Oberlin’s greenhouse gas emissions below zero, including increased reliance on renewable energy sources, increasing energy efficiency, and zero waste, while strengthening Oberlin’s economic vitality. At the same time, we rely to a large extent on remote resources (CCF and UH) for tertiary health care, and on other distant venues for shopping, recreation, and other non-medical purposes. There have been important initiatives, such as more use of locally-sourced foods, installation of geothermal systems, early planning for a solar array, and increased insulation, but the ultimate goal of a significantly reduced carbon footprint remains far off.

Implications: Energy conservation; capital planning and budgeting; facilities planning and management; information technology; medical and other partnerships; improved transportation options.

C. The Strategic Planning Process

Kendal's board of directors launched the planning process in summer 2015 with the appointment of a 12-member strategic planning committee that began meeting in fall 2015. In the months that followed, hundreds of people – current and prospective residents, staff, board, volunteers, affiliates, and community members – participated in two series of discussions to identify and characterize the challenges and opportunities before us. The committee led these efforts and was responsible for gleaning and synthesizing key points from them.

The major phases of the planning process included:

Research (fall 2015). The committee gathered and examined perspectives from both internal and external sources to understand Kendal's past and current situations, preparing for more focused discussions with others. A summary of key findings (“Economic and Demographic Trends”) was shared with residents, staff, and the board.

Information-gathering (winter 2015-16). Two formats were used to solicit comments from various constituencies:

- *“World café” sessions* (three for residents, two for staff): Participants in small groups commented on a variety of topics related to Kendal's future, with notes taken by recorders. Topics included health care, facilities and technology, programs and services, community impact, intergenerational activities, diversity and inclusion, management and governance, and the environment. Almost 200 people took part.
- *SWOT sessions* (five for residents, one for board members, and two each for staff, priority list members, and community representatives): Participants suggested strengths, weaknesses, opportunities, and threats, with notes taken by recorders. Each session's participants then ranked the various topics raised in that session. Our consultant David Jones facilitated the vast majority of these sessions. About 120 people participated.

Key findings from both sets of sessions were shared with participants and with residents, staff, and board members.

Compilation and drafting (spring-summer 2016). Throughout and following the information-gathering phase, the committee digested both its previous research and the output of the “world café” and SWOT sessions, drafting overall goals, strategies, and potential initiatives for Kendal. Key participants in this phase were five teams of committee members as well as other residents and staff and board members who focused on fleshing out specific goals. In addition, a sixth team designed and conducted a financial modeling process to evaluate each major element of the draft plan. The resulting committee deliberations led to modifications in the draft plan, including

identifying a number of initiatives that, while remaining highly desirable, need to be subjected to considerably more study and evaluation before including them in a realistic plan for Kendal for the period 2017-21.

Draft review (fall 2016). Once a draft of the planning document was available, executive summaries were made available widely within Kendal and also sent to others who had participated in the information-gathering phase. Copies of the complete draft were placed in the Kendal library for review by all. In meetings, in writing, and via the Kendal residents' website, the committee invited comments and suggestions for changes in the draft. Using this input, the committee continued to edit the draft.

Submission to the board (fall 2016). The committee submitted its final draft plan to Kendal's board of directors for consideration and approval at the November 15 meeting of the board.

Implementation and monitoring (through 2021). Elements of the five-year priorities began to be reflected in Kendal's financial planning in fall 2016, even before the entire plan was submitted for final approval. After approval was granted, staff and board members identified groups and individuals assigned to take responsibility for each of the strategies and initiatives. The Strategic Planning Committee itself then entered its monitoring phase, in which it will periodically evaluate progress toward achieving the plan's priorities, report on this progress annually to the board, and recommend adjustments as appropriate.

The committee will also monitor the status of those elements of this plan identified as requiring further study and evaluation, and will recommend steps to implement those priorities that are determined to be feasible.