

# When Culture Change Meets Home and Community-Based Services

by Morgan Gable

Several culture change models are well-established in skilled nursing, but how can they be adapted to home and community-based services?

Here is a look at how providers are putting culture change to work for their clients, with a special emphasis on building engagement and fighting isolation for clients still living in their own homes.

**T**he culture change movement is usually associated with modifying the environment of nursing homes. Various culture change programs have emerged, including the Pioneer Network, the Eden Alternative, Green Houses and the Planetree movement. The Pioneer Network was developed in 1997 to change the way long-term care services and supports are delivered

environment that has the atmosphere of a true home.

As receiving care and services at home and in the community is becoming more popular and desirable, culture change ideas are creeping into home and community-based services (HCBS). Although we have become better at providing care at home or in a community-based setting, there is still a danger that a client may no longer feel like a valuable member of society if his or her days are filled with receiving medical care, taking medicine and arranging doctor's visits, even if it is in his or her own home.

Providers are asking, "How can we provide care and services for older adults in their own homes and communities without creating 'institutions' within the walls they call home or within the programs they attend?"

## The Value of Person-Centered Care in Adult Day Settings

Adult day programs offer a great way to keep older adults in the community while solving problems of isolation. Adult day programs are also one area where the culture change concepts described above are spilling over into home and community-based services.

For Beth Meyer-Arnold, director, adult day services for Luther Manor, Milwaukee, Wis., and chair of the National Adult Day Services Association (NADSA), the decision to make a significant change came in 2002. At the center of her dissatisfaction was a "pacing wall" that was included in the original design of the adult day facility in the late 1980s, when best practices for patients with dementia included an area for pacing, which was thought to reduce the anxiety and restlessness many dementia patients exhibit.



Luther Manor

Luther Manor participants Bernard Waller (left) and Henry McCabe stay sharp with a game of chess. A better understanding of what clients really want has led to some creative new activities that promote greater participation.

throughout the country. The Planetree movement dates back to 1978 and has been mostly associated with creating a person-centered environment within an acute care setting. The Eden Alternative also focuses on the transformation of nursing homes, and Green Houses have been developed to downsize larger facilities to provide a more intimate caring

Luther Manor started working with Lyn Geboy, a student in the University of Wisconsin's School of Architecture at the time. Dr. Geboy, now an architectural and organizational change planner in Milwaukee, helped Luther Manor figure out how to transform the lackluster adult day space into an inviting and engaging area for participants to take part in activities that promoted their autonomy and fostered interaction. With Geboy's advice and the work of Lisa Collins, an interior designer for Living Design LLC, and architect Andrew Alden of Engberg Anderson Design Partnership, Luther Manor's adult day program underwent a transformation.

Although the program was attracting 50 people per day (12 to 15 per day in the dementia program), Meyer-Arnold believed participants were bored and that her staff was in a rut. At the same time the physical environment was receiving a facelift, the adult day services program decided to transition to "person-centered care," one of the main tenets of culture change.

Person-centered care can be achieved in many different ways depending on the strengths and resources of an organization. For Luther Manor, person-centered care is a change in values and philosophy achieved by introducing and utilizing new language (for instance, not talking about feeding tables or dementia areas, or labeling people only as diabetics). Luther Manor developed a whole new set of techniques, including design techniques such as only having small groups and constantly moving furniture around so participants can actually talk to one another. Geboy developed "Person-Centered Care: Ten Design Principles for Adult Day Center Staff," a list of suggestions that includes: outfitting the room with "accessories" that are meant to be picked up, looked at or used during the day; avoiding "activity circle" or "theater-style" furniture arrangements; and adapting the space to meet changing needs.

Luther Manor also began to involve participants in every activity: If you go pick up ice for ice water, take somebody with you; if you are setting the table and sorting silverware, ask for help so people have meaningful things to do. Staff created a new assessment tool called "20

Questions" that veered away from the traditional program-entry questions and included questions like, "I always dreamed I could be ..." and "Something I'd like to learn is ..."

Another activity built into the daily schedule was the creation of "participant partners." This pairing of staff and participants began right at enrollment, and each pair sat down with the 20 Questions and started to develop a meaningful relationship. The knowledge that came about from these discussions led to the creation of new activities based on participants' interests. For example, based on mutual interests, there are now a naval history group, Polish lessons, a math club and a cooking crew. The latter involves picking out recipes, going to the grocery store, preparing the items and serving the food to other participants.

Luther Manor's culture change efforts also include using research to evaluate and assess the changes. Geboy says, "Preliminary findings of the person-centered changes since 2002 indicate increased levels of engagement and interaction, the ability to maintain small group size (average size of 3.5 people per group), and a decrease in disengagement and nonsocial engagement." Another evaluation is currently underway to assess the level of staff satisfaction and staff attitude toward culture change. Geboy notes that, "Anecdotal evidence from staff indicates that they are happier with their jobs now than they were before the changes."

Luther Manor has been able to break away from nonflexible routines to promote another principle of culture change, that a lack of diverse activities—a failure to permit spontaneity and variety in daily life—can allow even a person's home or a day center to become institution-like. Staff used to stop an activity abruptly for snack time, even if a participant was still engaged in the activity or did not want to stop, in order to adhere to the regimented schedule. The organization now has piloted a café-style dining program that allows participants to pick when they would like to have a snack or eat lunch by providing a two-hour window of time. The café has been opened in the morning to give participants the freedom to participate in normal morning activities.

Both Meyer-Arnold and Geboy stress that there were three main aspects to their culture change efforts: changes to the program (policies, procedures, activities), changes to the people (staff roles, training, job descriptions) and changes to the physical environment. They agree that the most important principle of culture change is to involve all staff. Change cannot be a "top-down thing," and if all staff are involved, it is easier to make changes that empower participants.

### **Incorporating Low-Cost Culture Change and Tapping Participants' Strengths**

Most people agree that bettering the way we provide care is a good thing, but how do we do it in tough economic times? Fairport Baptist Homes, Fairport, N.Y., has adopted four major components of culture change:

- Know each person
- Relationships are the fundamental building block of a transformed culture
- Defeat the three plagues: loneliness, helplessness and boredom
- Even a home can be an institution if the care receivers are not empowered

With shrinking budgets and programs facing cuts across the country, Fairport Baptist Homes' home and community-based services program, Senior Options for Independence (SOFI), which serves residents of Fairport and Perinton, N.Y., carries a caseload of more than 400 people and serves over 1,000 people a year. SOFI assists all of these people with a modest budget by encouraging the use of existing relationships and fostering new ones between participants. SOFI's main goal is to help older adults (60 and over) and younger adults with disabilities to remain independent as long as they can safely do so. SOFI provides in-home assessments and serves as an information and referral source.

Another main component of culture change is the idea that older adults are not only care recipients—they have potential to contribute greatly to a program or organization. According to Ellen O'Connor, NNORC (Neighborhood Naturally Occurring Retirement Community) coordinator and resource

specialist at Fairport Baptist Homes, you have to “create the opportunity for people to help one another, especially when they are receiving help. ... You have to create a balancing position.” O’Connor cites the example of an individual who was receiving temporary transportation services, then shifted roles and started picking up and delivering lunch to a person who was temporarily homebound. The new arrangement was possible because a social worker got to know the individual in the transportation program and when the need arose, that person was able to help someone else. According to Jeanne Read, care management services coordinator for SOFI, about 90 percent of their clients also assist others by providing volunteer services.

### Relationship Building: Fundamental to a Transformed Culture

O’Connor and Read have witnessed many benefits of building relationships not only between staff and participants, but also between volunteers and participants. In one instance, a volunteer was able to build a lifelong relationship with a man who initially only needed transportation to the dentist. After some small talk, the volunteer discovered the man had done some woodworking for the volunteer’s church. This discovery sparked a long and mutually beneficial relationship. In another instance, an older volunteer visited a younger man who “watched too much television.” After building a rapport with the young man, she was able to introduce him to her love of painting and inspired him to engage in stimulating activities. In turn, after the staff learned about the volunteer’s artistic abilities, they were able to use her skills to make invitations for a Fairport Baptist Homes event.

O’Connor says, “We look for ways to be the catalyst—where we can get things going, and then step out and move to another location. Resources are shrinking, so we must learn to do more with less and do it better. We promote people taking care of each other and we create the opportunities for this to occur.”

### Changing the “Sick” Culture

It’s said that if you treat a person like a patient, he or she becomes a patient, but

how can you change the “sick” culture in a hospice program? Too often, those receiving home and community-based care get lost amid the never-ending emphasis on their medical needs. To shift this way of thinking, Presbyterian Communities and Services’ Faith Presbyterian Hospice in Irving, Texas, has developed innovative programs that focus on an individual’s life, not on his or her stage in the dying process. President and CEO Godwin Dixon, along with a dedicated staff, focuses on helping people “finish well” and stresses that each moment matters.



Luther Manor

Luther Manor participant Vera Hansen, right, shares a moment with volunteer Laura Popp. Luther Manor has brought person-centered care to adult day programs by eliminating inflexible routines and encouraging spontaneity and variety in daily activities.

Through its Faithful Wishes and Faithful Presence programs, Faith Presbyterian Hospice focuses on a person’s abilities rather than disabilities, diagnoses and prognoses. The Faithful Wishes program is similar to the Make-A-Wish program for children. For one man who had worked 40 years as a pilot, a wish to fly one more time came true. One couple wanted to renew their wedding vows on the beach; though a trip to the beach was not possible, staff brought in sand and fake palm trees to help them achieve their wish. Participants can also videotape messages for family members, to be played as they reach certain milestones. Dixon says these milestones encompass a variety of occasions, ranging from major life events such as a marriage or bar mitzvah to lesser achievements such as obtaining a driver’s license.

Dixon explains that the Faithful Presence program “gives family members the

opportunity to come into a recording studio to record great memories of your dad, or spouse, and share great stories, tell your family member why you respect them, or to just simply say ‘I love you.’” These memories are then compiled onto a CD and given to the client. Otherwise-reluctant family members and friends can say things in a studio that they would have had trouble saying in person. Not only is this a great gift for the elder, it is also a way to share a legacy with younger family members. Dixon states, “For some it’s a wish, for some it’s closure, for some it’s a legacy.” No matter what it is, this redirecting of efforts from an emphasis on sickness to an emphasis on life aligns perfectly with culture change efforts across the continuum.

Not every component of culture change will fit every organization. However, the benefits of focusing on individuals and escaping the doldrums of ordinary routines far outweigh any difficulties. In home and community-based services, culture change efforts are aimed at helping older adults remain active and engaged members of the community, which can only reinforce the goal of helping people stay in their own homes. **W**

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## Resources

### Luther Manor, Wauwatosa, Wis.

Contact: Beth Meyer-Arnold, R.N., M.S., director, adult day services, [bmeyerarnold@luthermanor.org](mailto:bmeyerarnold@luthermanor.org) or (414) 464-3888.

### Fairport Baptist Homes Caring Ministries, Fairport, N.Y.

Contacts: Ellen O’Connor, NNORC coordinator and resource specialist, [eoconnor@fbhcm.org](mailto:eoconnor@fbhcm.org) or (585) 388-2304; Jeanne Read, care management services coordinator, Senior Options for Independence, [jread@fbhcm.org](mailto:jread@fbhcm.org) or (585) 377-7830.

### Presbyterian Communities and Services, Dallas, Texas

Contact: Godwin Dixon, president and CEO, [gdixon@prescs.org](mailto:gdixon@prescs.org) or (214) 413-4100.

### Lyn Geboy, Ph.D., architectural and organizational change planner, Milwaukee, Wis.

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