



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES



**VCU**

Gerontology  
College of Health Professions

# Culturally Competent Care for Diverse Populations in an Adult Day Setting

## Part I:

## Person-Centered Care and Social Connectivity

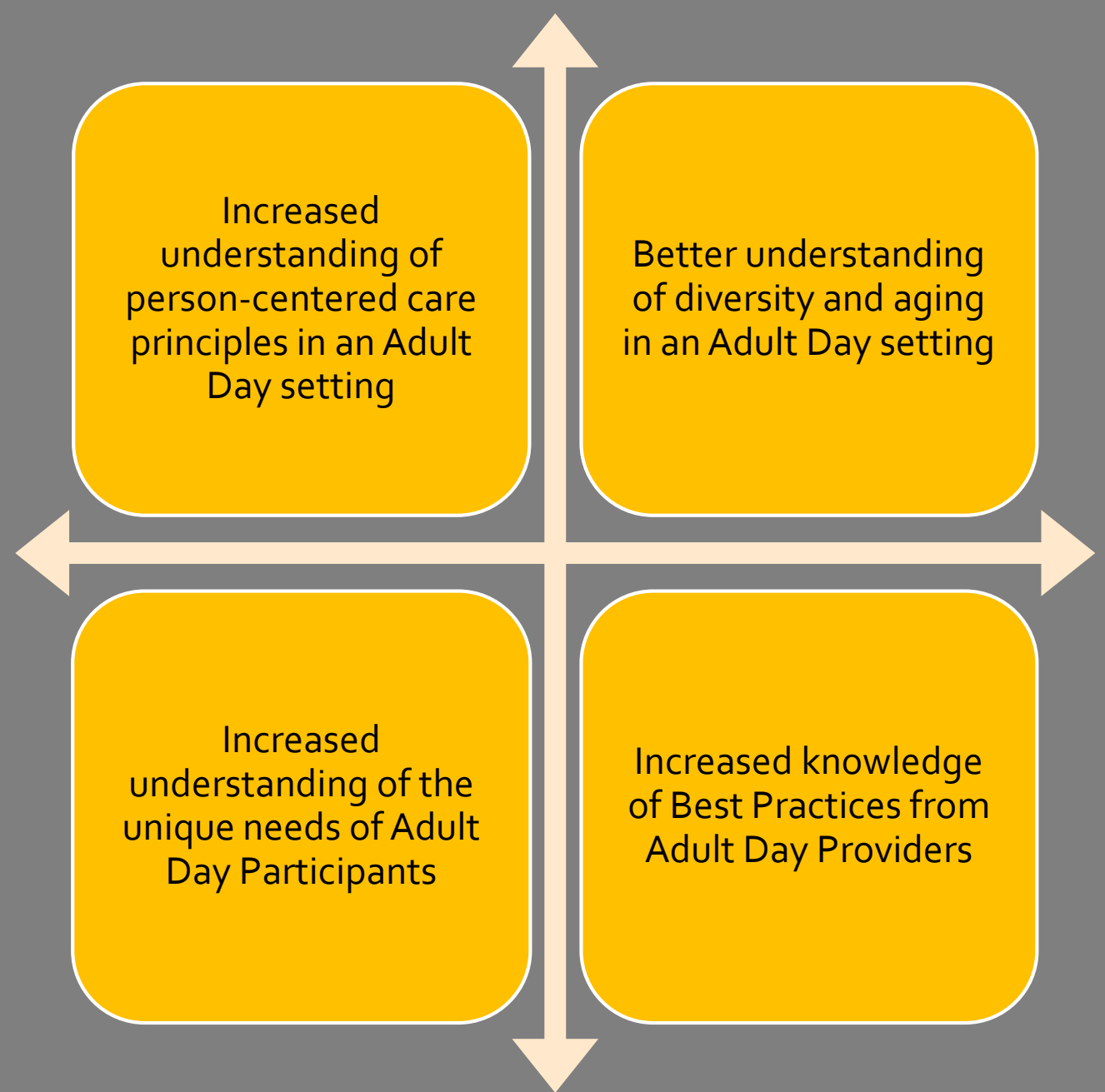
**Developed by Jay White, EdD, CDP, Gerontologist**  
*for the VCU Department of Gerontology &  
Virginia Department of Social Services, Division of Licensing Programs*

**November 2018**

## Series Overview

An overall increase in understanding and application of person-centered care theories and practices with diverse populations

# Part I Objectives



Have you ever participated in a person-centered care training before?

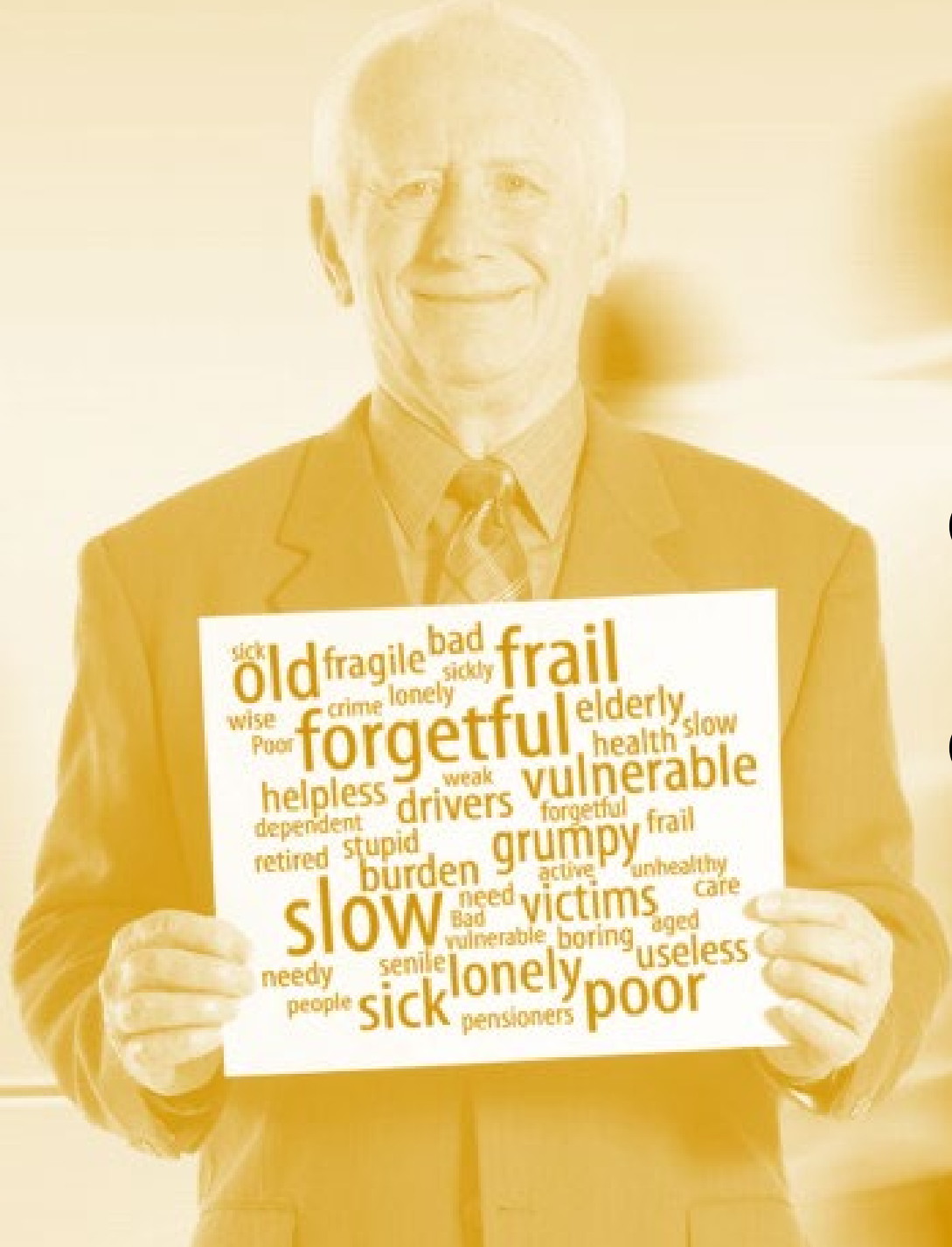
If so, who can offer a brief definition of person-centered care?

*(USE YOUR QUESTIONS TAB IN THE WEBINAR'S CONTROL PANEL TO ANSWER.)*

**Poll**



# Stereotypes about aging



sick old fragile bad frail  
wise crime lonely sickly elderly slow  
poor forgetful health slow  
helpless weak vulnerable  
dependent drivers forgetful frail  
retired stupid burden grumpy frail  
slow need active unhealthy care  
Bad victims aged  
needy senile vulnerable boring aged  
people sick pensioners useless poor



"Hello. My name is Al and it's been 6 weeks since I last left my turn signal on for more than fifteen minutes."

# STEREOTYPES

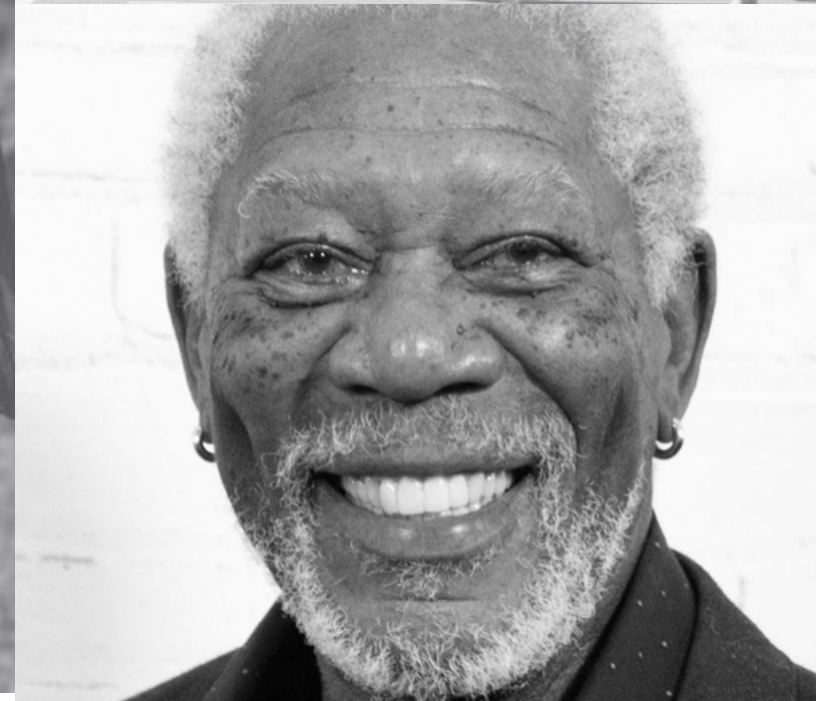


## STEREOTYPES



**STEREOTYPES**

**THE TRUTH IS...**



# Why Adult Day Support?

Nearly 5,000 adult day support centers nationwide

Supervised care, plus physical and social activities

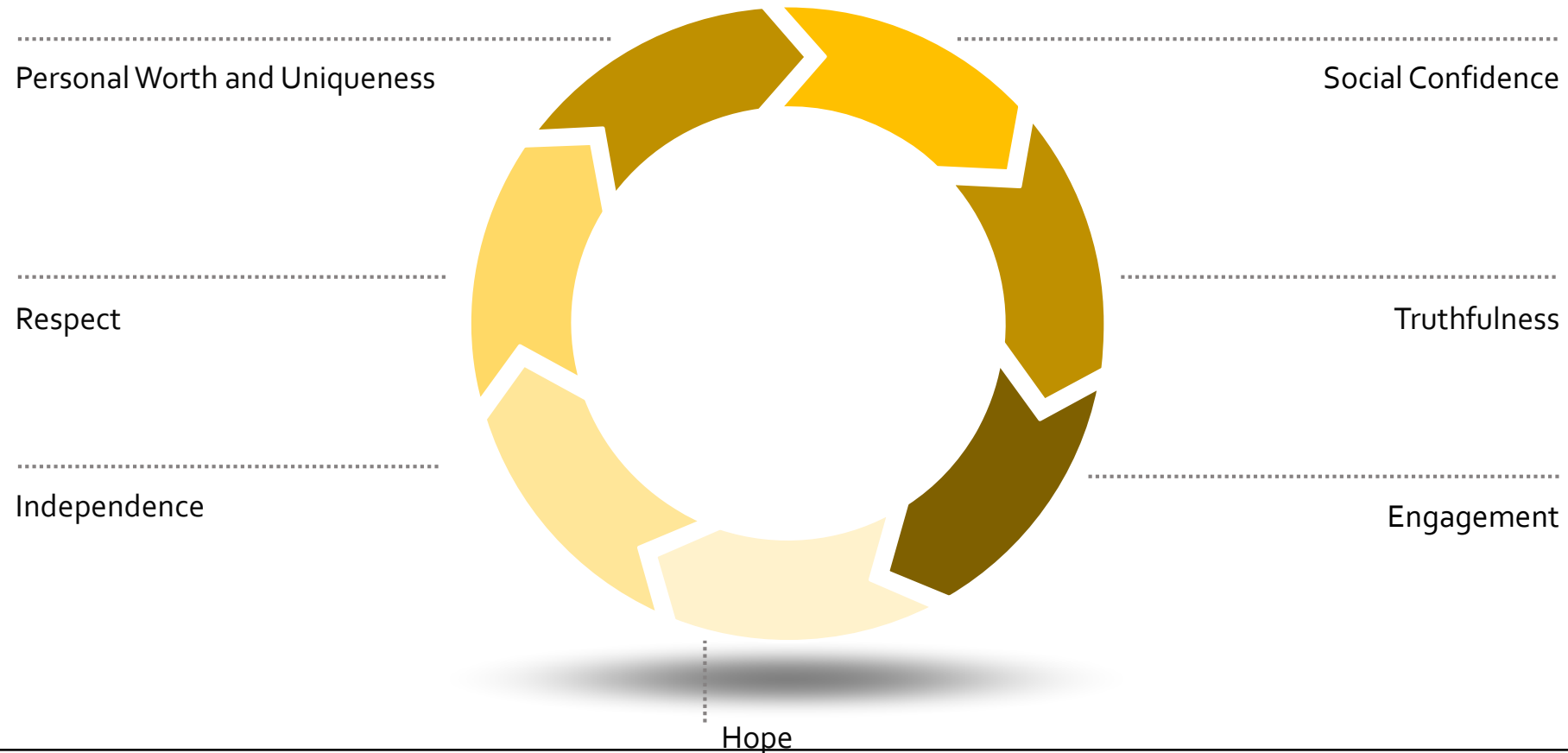
Ability to return home

Respite for caregivers

Lower cost than other long-term care options

**PERSON-CENTERED CARE** is an approach to care that respects and values the uniqueness of the individual, and seeks to maintain, even restore, the personhood of individuals.

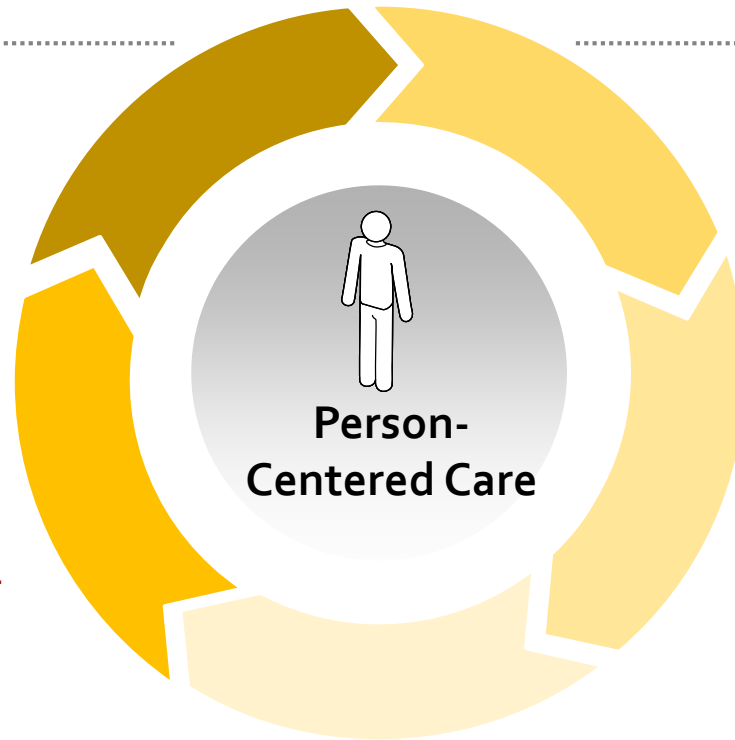
We do this by creating an environment that promotes:



# What is Person-Centered Care?

Core Values of  
Choice,  
Dignity,  
Respect,  
Self-Determination and  
Purposeful Living

Rooted in the work of Tom  
Kitwood\*, a British gerontologist.



Fosters optimal aging  
and living for the individual

Empowering

Care is driven by the individual

**Tom Kitwood** (1937-1998) was a British social psychologist and psychogerontologist, author of the theory of person-centered care approach; together with Kathleen Bredin, he developed the method of Dementia Care Mapping.



The staff have relationships with individuals so that they know their lifelong habits and honor them.

Staff organize their schedules and assignments to meet the needs of those to whom they are providing care.



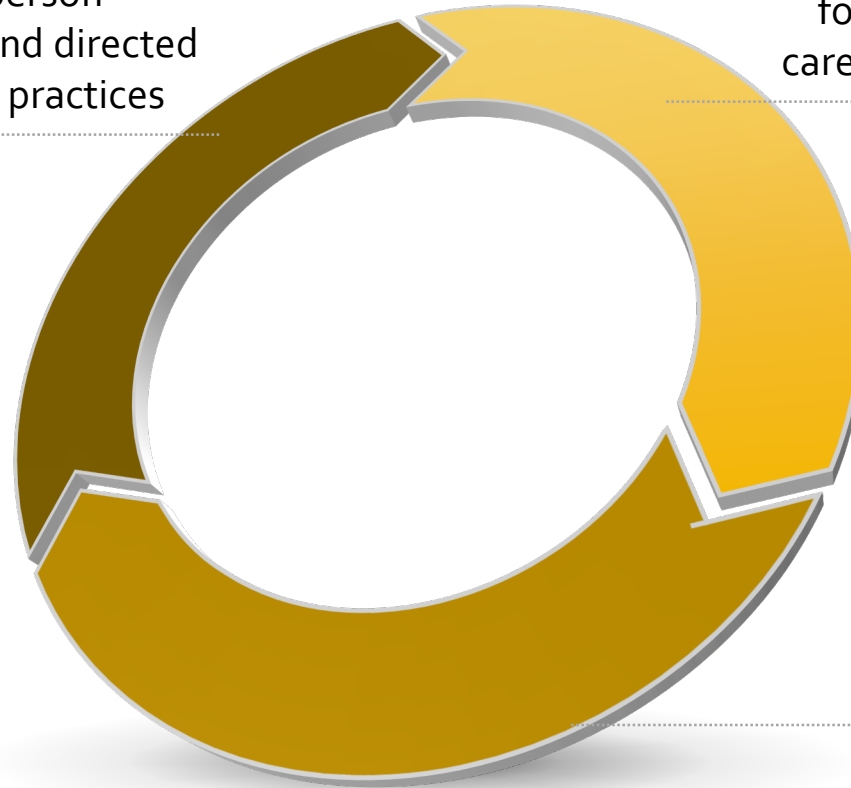
Participants make decisions every day about their individual routines.

# CULTURE CHANGE:

National movement for transformation of adult services across the healthcare continuum

Based on person-centered and directed values and practices

Consideration: for the individual, caregivers and staff



Deep system transformation that may require changes in organizational practices, physical environments, relationships at ALL levels and workforce models.

**Institution-Directed vs. Person-Directed Care:**

**What is the difference?**

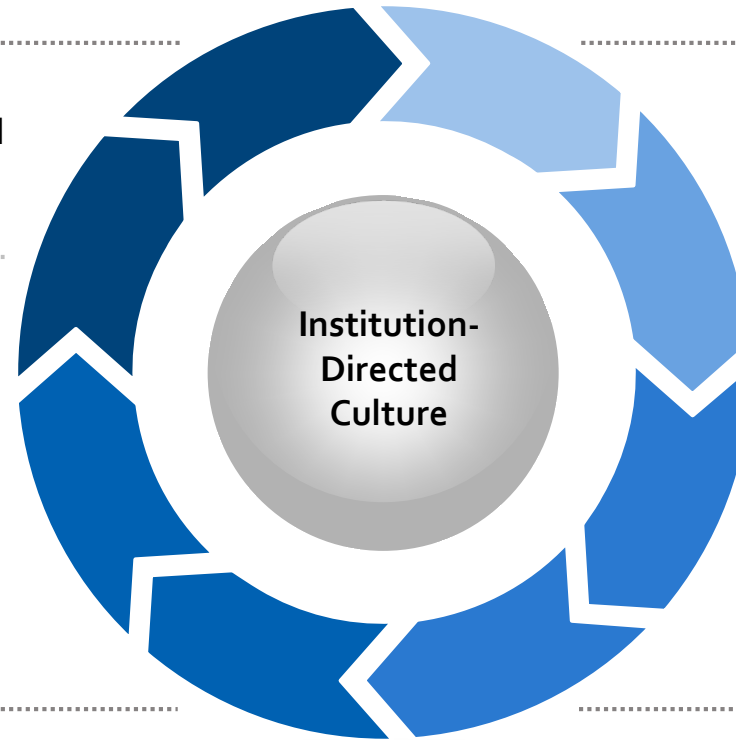
# Institution-Directed Culture

Staff provides standardized "treatments" based upon medical diagnosis.

Work is task-oriented and staff rotates assignments.

Decision-making is centralized.

Structured activities are available when the activity director or other activity staff are on duty.



Staff is disengaged

Schedules and routines are designed by the facility and staff, and individuals must comply.

As long as staff know how to perform a task, they can perform it "on any patient" in the facility.

There is a hospital environment.

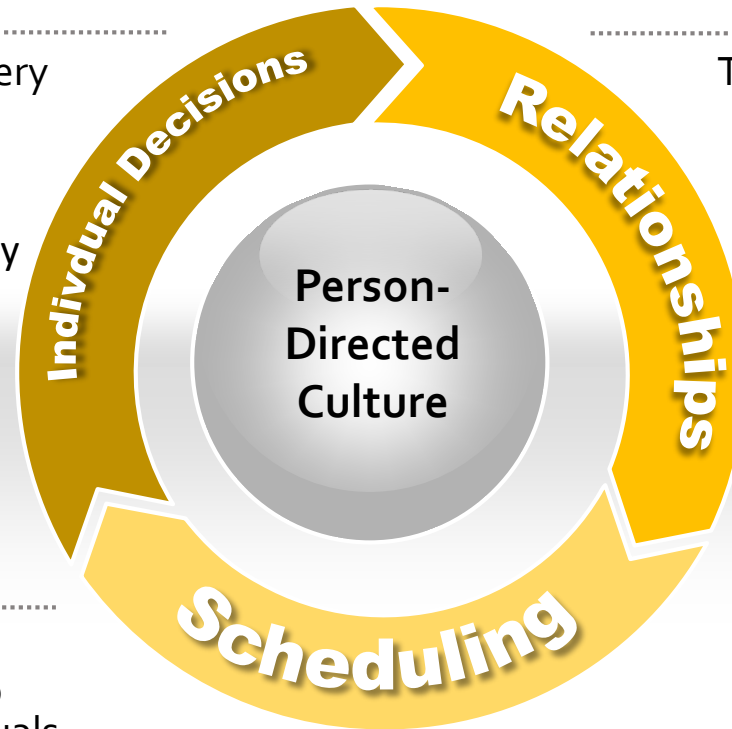
There is a sense of isolation and loneliness.

# Person-Directed Culture

.....  
Individuals make decisions every day about their individual routines.

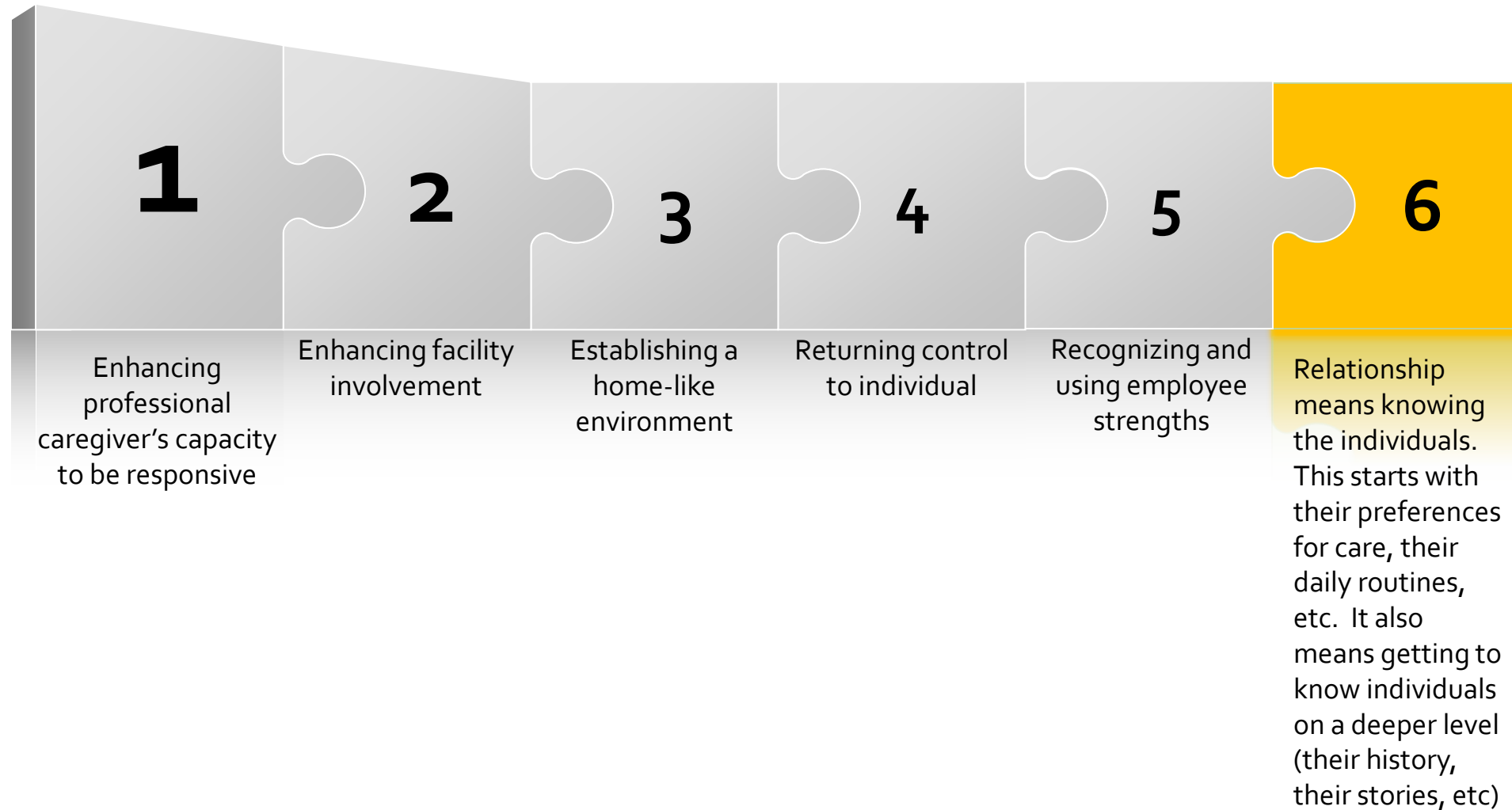
The staff makes decisions every day and is empowered.

.....  
The staff organizes their schedules and assignments to meet the needs of the individuals they care for.



.....  
The staff has relationships with the individuals so that they know their lifelong habits and honor them.

# Person-Centered Care: A Review



# Key Terms

## STEREOTYPING

Having negative image of adults with a disability.

*Example: "Over the Hill" birthday cards and in terms of people with Intellectual or Developmental Disabilities, "retarded" jokes or the assumption that they are incapable of doing anything at all.*

## PATERNALISM

Behavior by one person that limits another's freedom or autonomy.

*Example: Waking someone up from sleep and making them have breakfast before they are ready.*

## AUTONOMY

Independence or freedom to do as one wishes.

*Example: Care Professional and Individual together selecting a time for one's meals or activities rather than having it imposed.*

## MEDICAL MODEL

Suggesting a traditional approach (contrasted with a holistic approach) to the diagnosis and treatment of illness. The physician focuses on the defect, or dysfunction, within the patient, using a problem-solving approach.



## Barriers to person-centered care and positive aging

Ageist Attitudes

Paternalism

Lack of  
Autonomy

Institutional  
Climate

Social Isolation/  
Loneliness



Myths and stereotypes

Bias or prejudice towards individuals because of their older age

Rooted in fears of vulnerability and mortality

**Fear of dependency**

*Us vs. them* perception of aging and the aged

Lack of understanding about aging  
*(physical, psychological, social)*

**Denial of aging**

How is ageism related to how we care for elders in our culture?

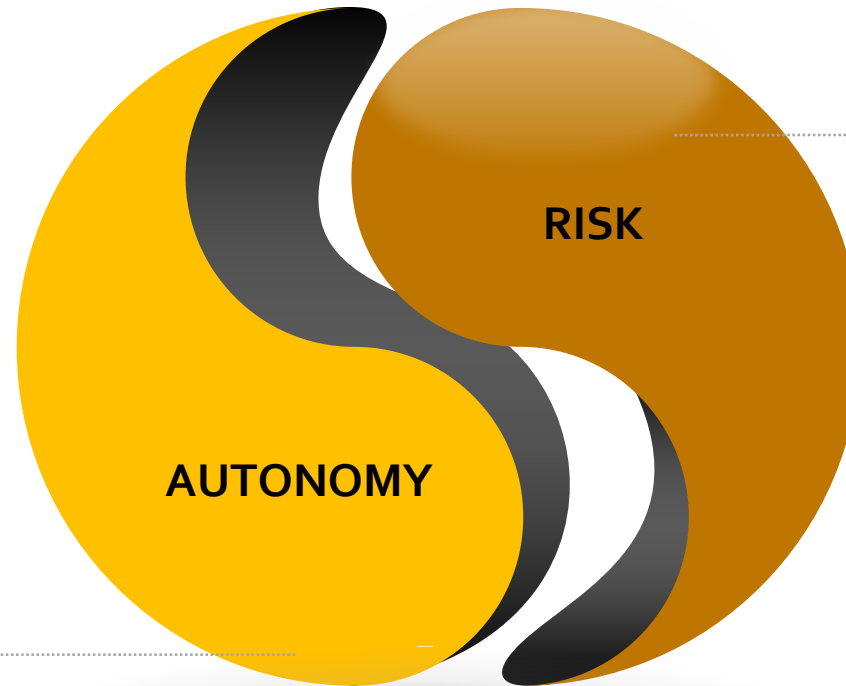
# AGEISM

# What is Paternalism?

- A lack of respect for one's autonomy
- Valuing our way rather than their way
- Interfering with one's own decision making



# Autonomy vs. Risk



RISK = Individual Safety and Liability

AUTONOMY = INDEPENDENCE

Surplus Safety\* = Safety trumps ALL

**What happens when we create  
an environment that is  
“too” safe, where individuals  
have no autonomy?**

**What happens when we create  
an environment where staff has  
NO voice?**



on my  
cell phone

Eat  
breakfast  
in my  
jammies

I will not  
drink MILK

EAT WHEN  
I WANT

Books  
To  
Read

My boston  
terrier, Tammy  
could sleep  
with me.

I want to  
smell  
good!

SHOWER  
2 times  
a day.  
NO BATH!

MY music

listen  
to  
Tape

my coke

with a  
read

# Help Individuals Continue to Have both a CHOICE and a VOICE



# Institutional Climate



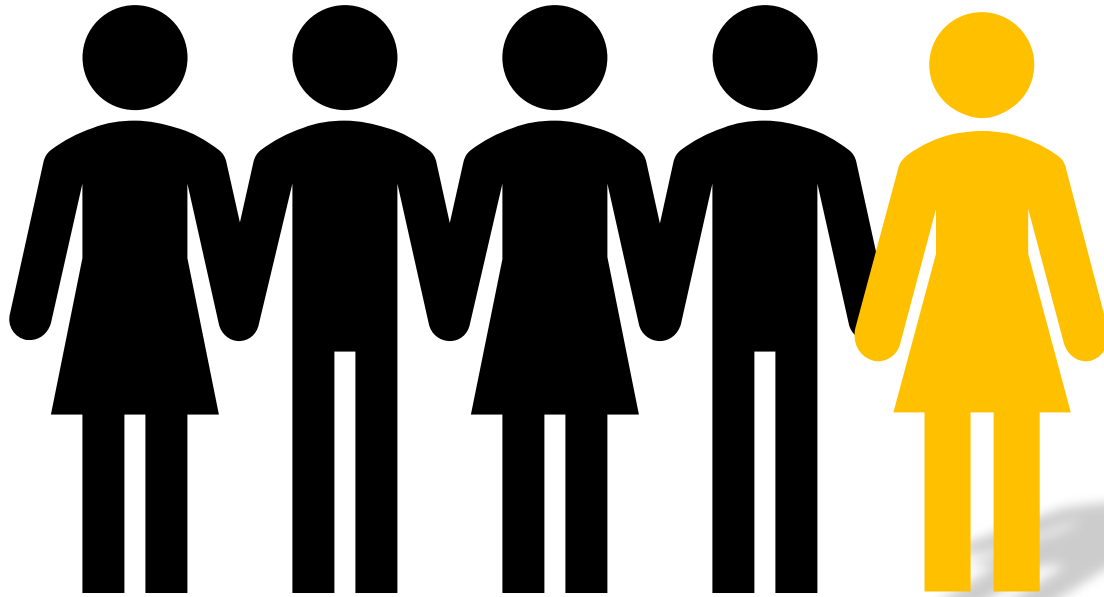
- Medical Model
- BINGO Climate
- Repetitive Activities Calendar
- Others?



# **SOCIAL ISOLATION/LONELINESS**

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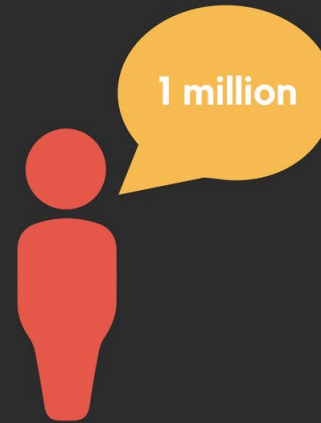




Social Isolation  
affects nearly 1 in 5  
older adults

# LONELINESS

## Social Isolation/ Loneliness



Over 1 million older people say they are always or often feel lonely

People with a high degree of loneliness are twice as likely to develop Alzheimer's as people with a low degree of loneliness



Loneliness can be as harmful for our health as smoking 15 cigarettes a day



Nearly half (49%) of all people aged 75 and over live alone



9% of older people feel trapped in their own home



**“DO THE BEST YOU CAN  
UNTIL YOU KNOW BETTER.  
THEN WHEN YOU KNOW  
BETTER, DO BETTER.”**

**- MAYA ANGELOU.**

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provide **SOCIALIZATION, PLANNED ACTIVITIES, AND SUPPORTIVE HEALTH SERVICES** in a safe and well supervised environment.

programs are designed to provide **ESSENTIAL SOCIAL AND HEALTH SERVICES NEEDED TO ALLOW ADULTS TO REMAIN LIVING AT HOME** while providing support and respite to caregivers.

## **ADULT DAY COMMUNITIES (ADC)**

provide a **COORDINATED PROGRAM** of professional and compassionate services for adults in a community-based group setting.

goals are to build or maintain the **HIGHEST LEVEL OF HEALTH AND OR INDEPENDENCE** for the individual while providing respite and support to caregivers allowing them to work, rest, and rejuvenate.

**EMERGING PROVIDER OF TRANSITIONAL CARE** and short term rehabilitation following hospital discharge.

as **PREFERRED PLATFORM FOR CHRONIC DISEASE MANAGEMENT**, adult day centers are an interactive, safe, and secure environment for individuals requiring supervised daily care.

# Leaders must lead\*

- Create an atmosphere that celebrates the vision and mission
- Solicit input from all stakeholders, caregivers, staff, volunteers, individuals, donors, regulators
- Build a high energy work force
- Model expectations
- Provide support to Professional Caregivers
- Serve as the Cheerleader for all
- Be a visionary

*\*David Pitonyak, Issue Action Planning: Promoting Responsive Human Services*

# Practical Strategies

- Ask work force, in small groups, to develop a set of values that describe the work culture, ask each person to bring in an object that best represents their belief system and then ask them to explain it. Use this to formulate the values for their agency.
- Maintain an “open door policy”
- Roll up your sleeves, help staff do their work, work with individuals
- Build ownership
- Keep staff informed, have lots of meetings and talk about “*Our Business*”
- Know everyone’s name
- Develop wellness teams for staff and let them decide what strategies they want to work on for their health
- Make coming to work fun, something to look forward to

# Leaders must empower staff

- Create a culture that values every voice, every opinion
- Listen, Listen, Listen! *especially when it is hard to hear!*
- Encourage “dreams” and wishes
- Build trust, build teamwork
- Drive out fear
- Focus on the sincere belief that all employees are capable, honest, trustworthy and very capable.
- Manage by consensus and build decision making from the “bottom up”. The people closest to the individuals know the situation best and can with support and confidence from the manager, make best decisions
- Reinforce identification with mission

# Practical Strategies

- Frequently ask for suggestions and be sure to act on some
- Form self-directed work teams to carry out important work i.e. Wellness program, customer satisfaction team
- Compliment staff on good work
- Empower staff to explain program services to guests
- Encourage staff to decide furnishings, colors, equipment they need
- Ask for input and involvement on policies/procedures before you issue a “regulation”

# Leaders must create celebrations

- Reinforce accomplishments
- Highlight acts of kindness
- Create reflections
- Create fun

# Practical Strategies

- Develop contests such as mission moments where staff are divided into teams to create a visual depiction of the Mission Statement/Values (Quilt, sculpture, DVD)
- Give kudos at staff meetings
- Write personal handwritten notes from CEO
- Celebrate everyone's birthday
- Know your employee's family, who is graduating, who has grandchildren
- Have "All Hands on Deck" meetings quarterly and celebrate staff's family's milestones, "shout out" on graduations, births, etc.



# Servant Leadership

Servant-leaders support the growth and well-being of people and the communities to which they belong. While traditional leadership commonly involves the accumulation and exercise of power by the person at the “top of the pyramid,” servant leadership is different.

The servant-leader shares power, places the needs of others first, and helps people develop and perform as highly as possible.

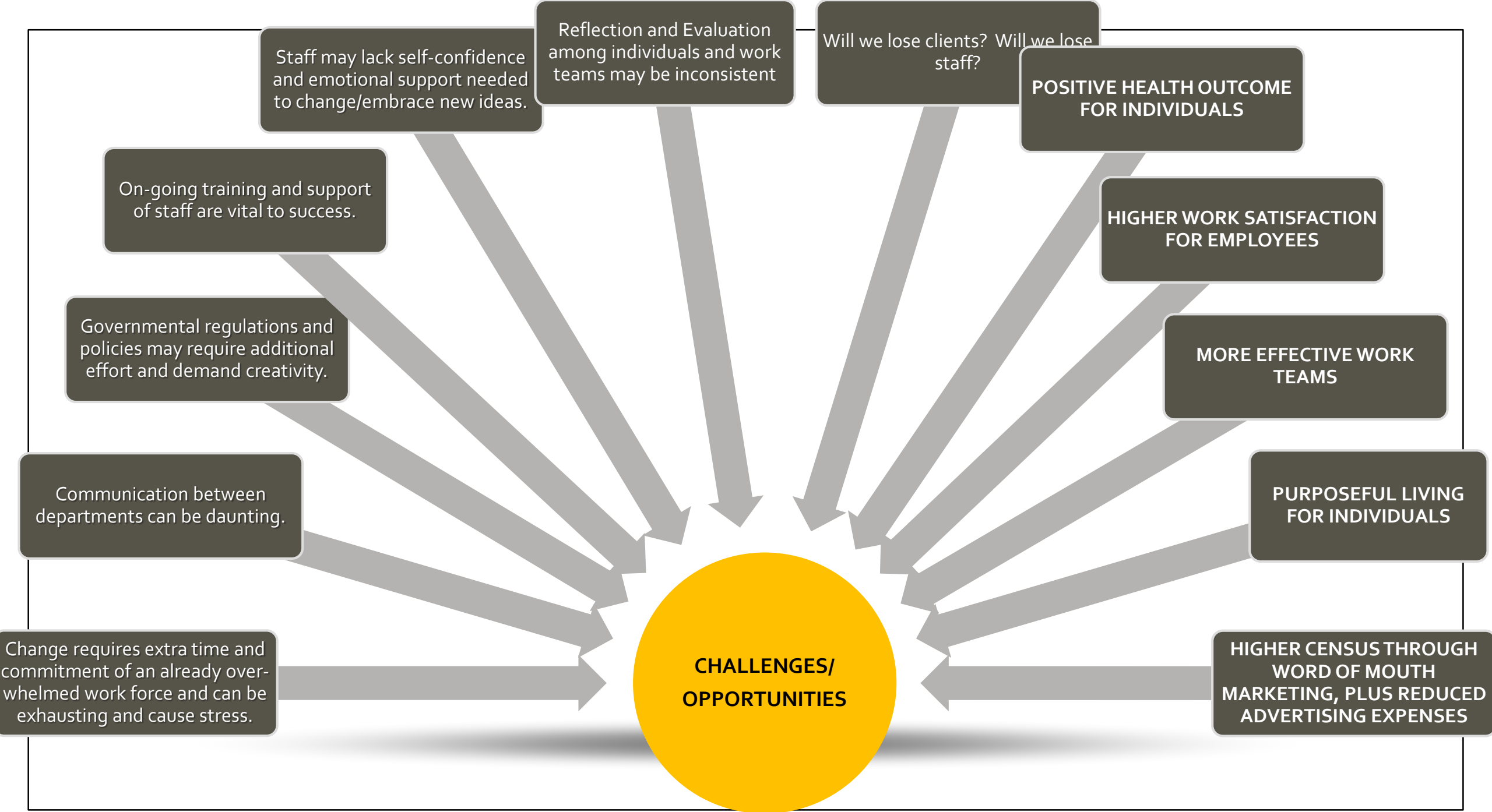
-Check your ego at the door

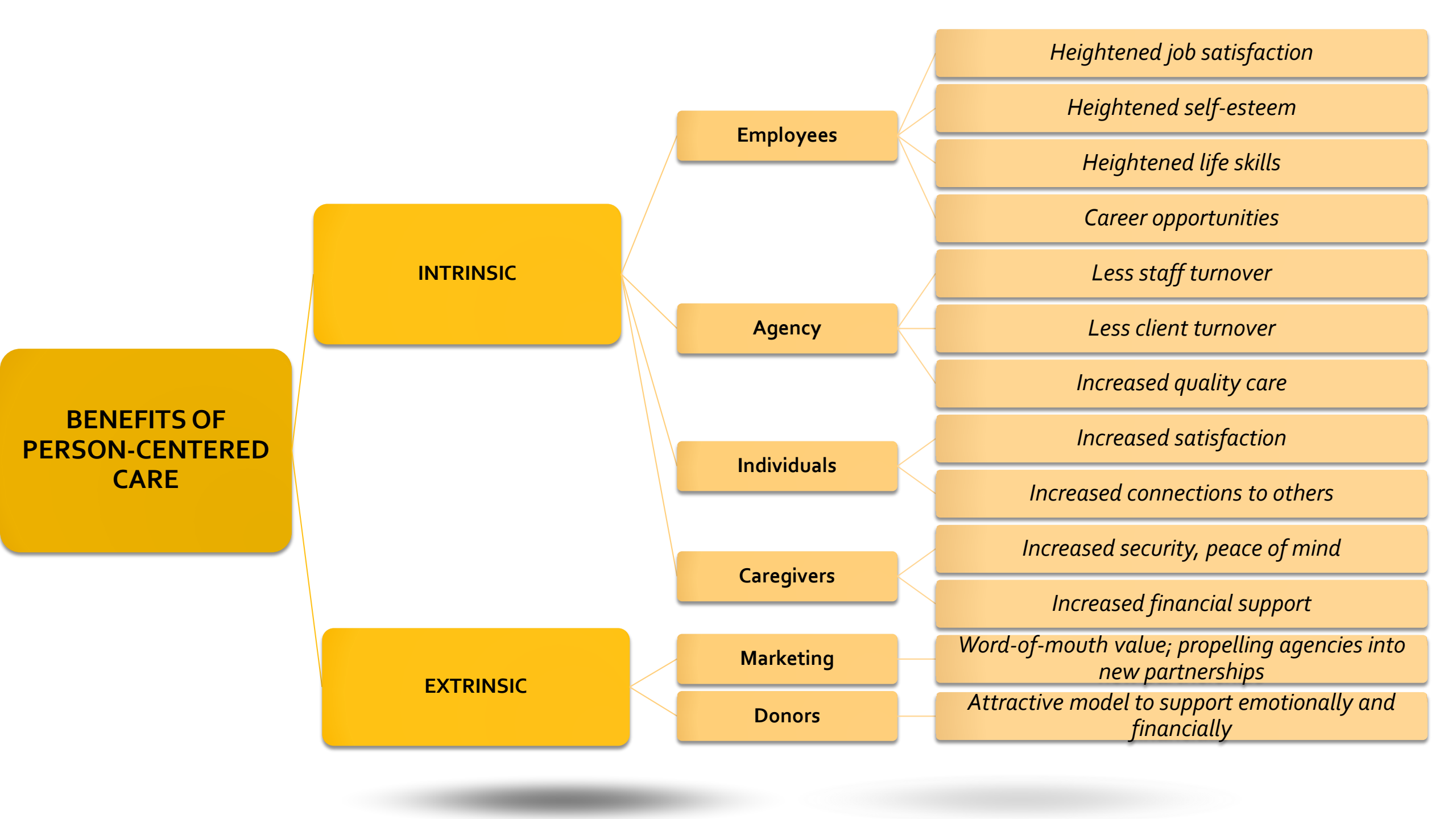
*(Rooted in Robert K Greenleaf's work in the Center for Servant Leadership)*



# #1 Requirement of Servant Leaders

HANDS-ON  
*Leadership*





# Lessons Learned

A successful work culture starts with the interview, hiring process.

Staff needs to be constantly and repeatedly grounded in the agency's mission and vision.

Performance Appraisals and evaluations reflect each employee's ability to support the mission, values of organization.

Managers must "walk the walk" – not just "talk the talk".

**RESPECT:**

Valuing difference and allowing for compromise

**TRUST:**

Assured reliance on character, strength, and truth

**TEAMWORK:**

Sharing individual skills and talents to reach a common goal

**PROFESSIONALISM:**

Be the best you can be in conduct, appearance, and attitude

**FLEXIBILITY:**

Ability to adapt to changing needs of the members and the organization

**EMPATHY:**

Care with understanding hope

**DEDICATION:**

A steadfast commitment to an optimal quality of life for our members, their families, & each other

**EMPOWERMENT:**

Practicing the belief that each individual can make their own decisions and act on them

**INCLUSIVE:**

Embracing each individual as part of the whole

**HUMOR:**

Loving and playful approach to challenges

**IMAGINATION:**

Creating new and spirited approaches that further independence

**PERSEVERANCE:**

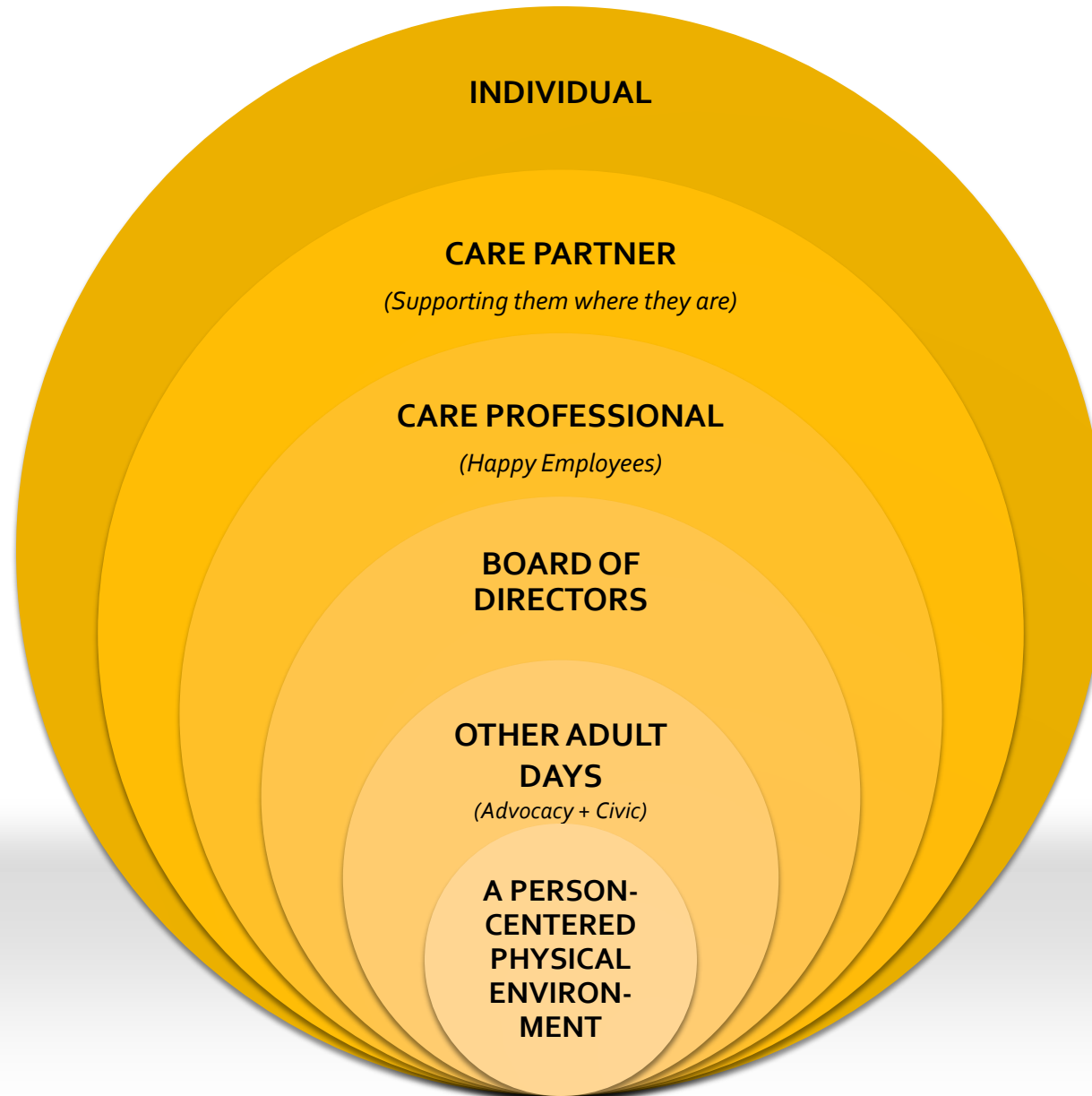
Doing what it takes to realize dreams

**PRIDE IN PLACE:**

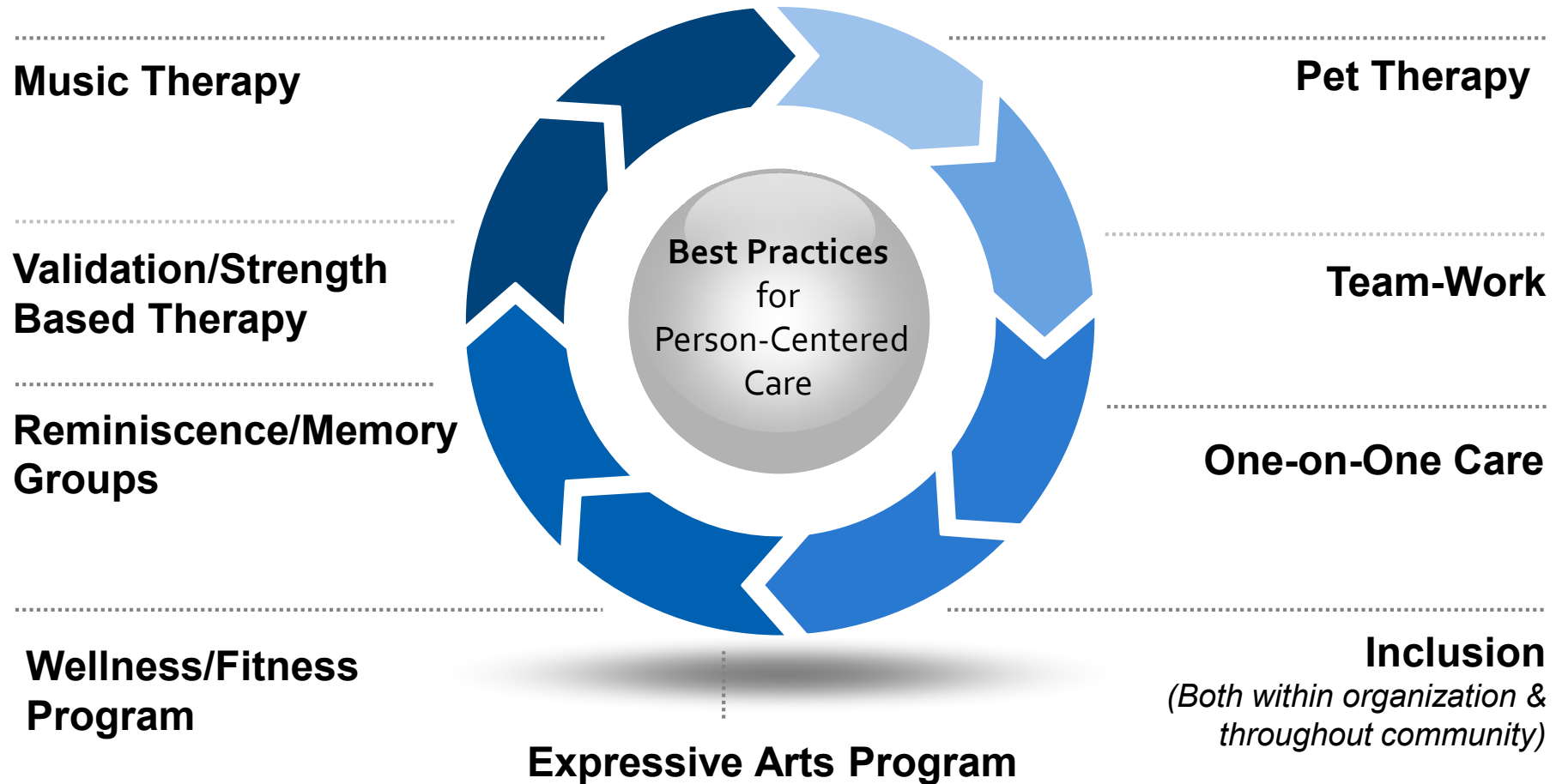
Demonstration of respect we show to our members, peers, and community

**Does your agency's mission statement and its values reflect what you feel your agency provides?**

# The Person-Centered Team



# Best Practices Based on Person-Centered Care





**What does Community Inclusion mean?  
How can we promote it?**

**How do we build a world where no one's left out?**

Inclusion means...





How do we create an  
Inclusive, Person-Centered  
Response to  
Each Individual?



# KNOWING THE INDIVIDUAL

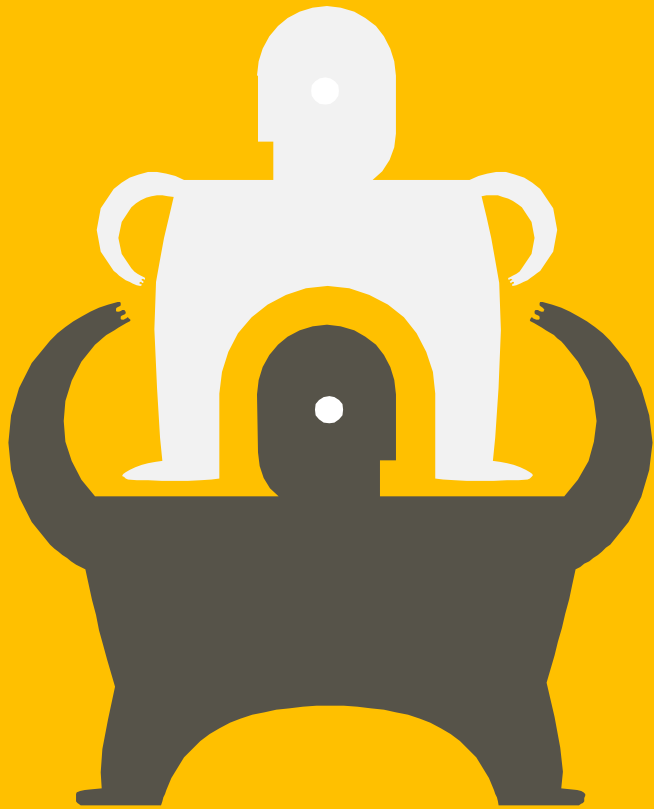


*Caregiver:  
"You would like to be called  
Betty and not 'honey' and  
'sweetheart'. Ok, I can do  
that, Betty!"*

*Client:  
"Thank you. This makes me  
feel like you see ME!"*

Get to know their back-  
stories. Who they were, who  
they are, and who they would  
like to be. They are more than  
diagnoses.

# EMPOWER



A hallmark of PCC is empowering the individual. It may take more effort initially, but will reap rewards in the long run.

Honor their individual experiences. Listen to who they are. Understand who they were, who they are and who they want to be. Learn to listen.

# SUPPORT PERSONHOOD

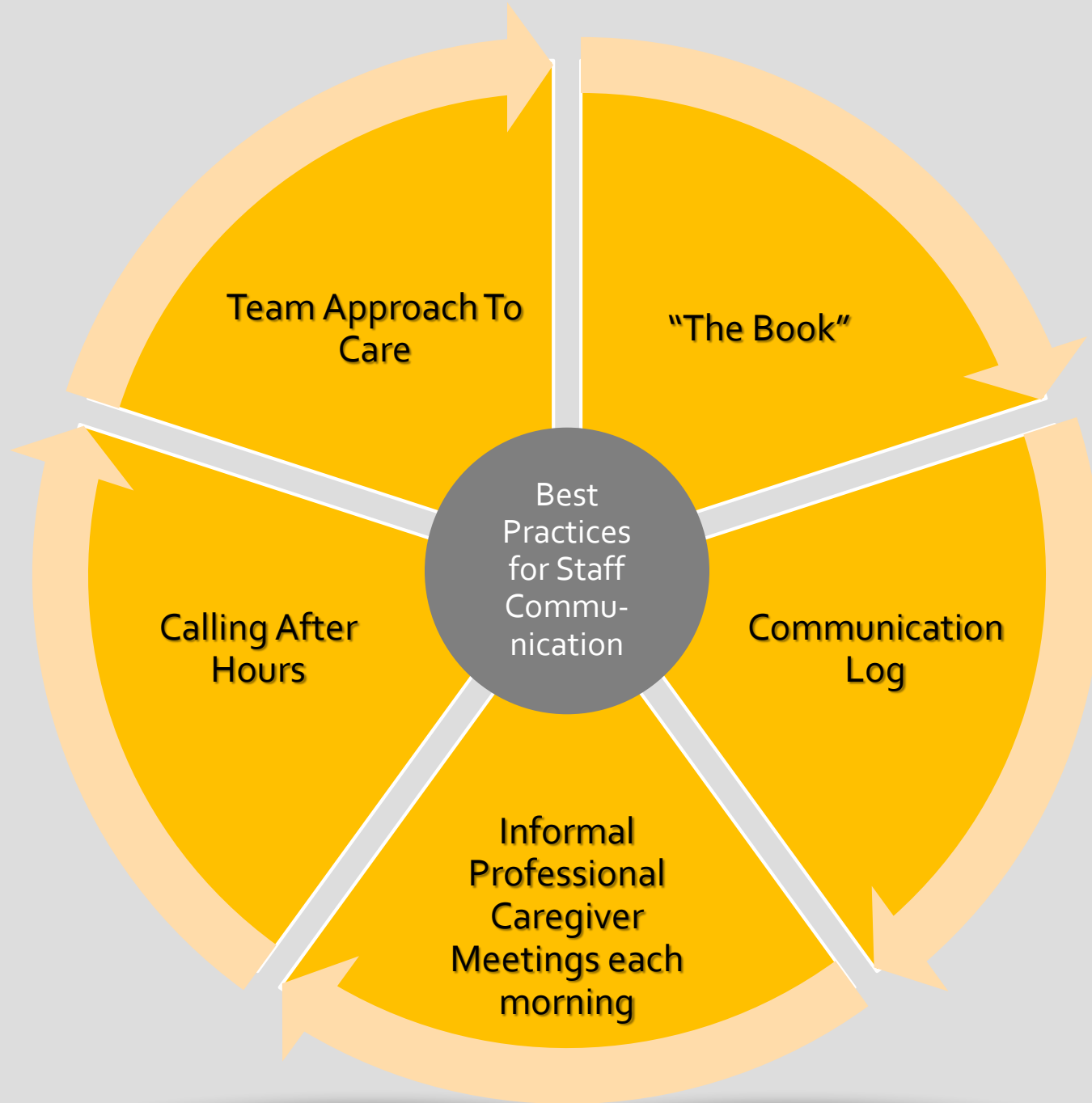


Honor who they were, their rituals, their occupations, their roles. Role transition is one of the most difficult parts of aging or change in cognitive status. Our roles are engrained into our essence. Into our being. Supporting the maintenance of these roles supports PCC and positive health outcomes.

# ONE ON ONE CARE



A little more time and effort on the front end can have greater positive health outcomes in the long run.



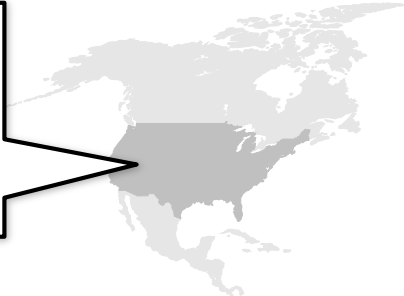


# Diversity & Inclusion LGBT Elders

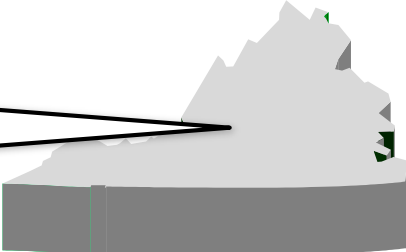


# AN EXAMPLE OF INCLUSION:

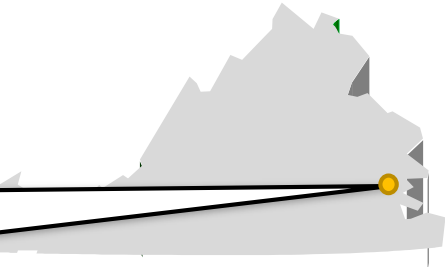
By 2030, between 3.6 and 7.2 million LGBT Americans



45,000 Lesbian and Gay Households in Virginia by 2030



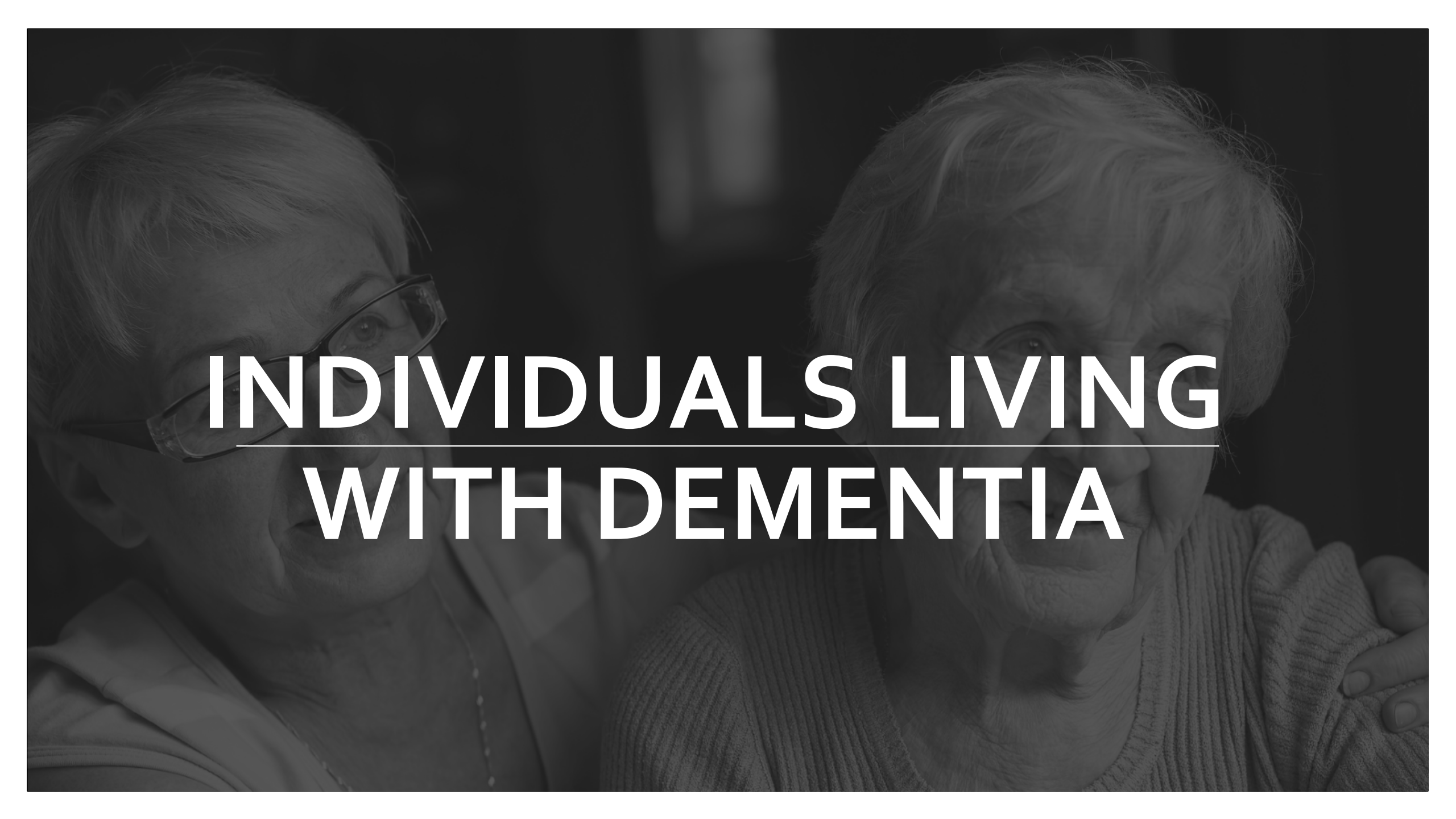
Richmond ranks #16 nationwide in the number of Lesbian and Gay identified households





## **KryssAnne**

**A transgender female who battles a terminal illness, isolation and fear of healthcare professionals who *"don't want to touch my body."***



**INDIVIDUALS LIVING  
WITH DEMENTIA**



The background of the entire image is a repeating pattern of small, stylized orange human silhouettes. The silhouettes are simple, with a rounded head and a rectangular body, and they are scattered across the entire orange background.

# 46.8 MILLION

**LIVING WITH ALZHEIMER'S**

— OR OTHER FORMS OF DEMENTIA —





communication  
nursing  
respect  
health  
competence  
responsive  
assessment  
focused  
rehabilitation  
preferences  
residential  
lifestyle  
commitment  
autonomy  
goals  
courage  
individual  
compliance  
policy  
informed  
care  
compassion  
development  
procedure  
independence

# HOW CAN WE SUPPORT CHOICE & VOICE?

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# Your Person-Centered Care Journal

JOURNAL





## EDEN ALTERNATIVE PRINCIPLES

The three plagues of **Boredom, Loneliness, and Helplessness** account for the bulk of suffering among our clients. \*The words create an acronym **B L and H → BLaH**

A Person-centered community commits to creating a Human Habitat where life revolves around close and continuous contact with plants, animals, and children. It is these relationships that provide the young and old alike with a pathway towards a life worth living.

A Person-centered community imbues daily life with variety and spontaneity by creating an environment in which unexpected and unpredictable interactions and happenings can take place. This is the antidote to **boredom**.

Clients deserve easy access to human and animal companionship. Loving companionship is the antidote to **loneliness**.

A Person-centered community creates opportunity to give as well as receive care. This is the antidote to **helplessness**.

Meaningless activity corrodes the human spirit. The opportunity to do things we find meaningful is essential to human health.

Medical treatment should be the servant of genuine care, never its master.

A Person-centered community honors its individuals by de-emphasizing top down bureaucratic authority, seeking instead to place the maximum decision making authority into the hands of the Clients to care professionals.

Creating a Person-Centered community is a never ending process.

## The Values and Principles of the Pioneer Network

Know each person and employee

Each person can and does make a difference

Relationship is the fundamental building block of a transformed culture

Respond to spirit, as well as mind and body

Risk taking is a normal part of life

Put person before task

All adults are entitled to self-determination wherever they live

Community is the antidote to institutionalization

Do unto others as you would have them do unto you

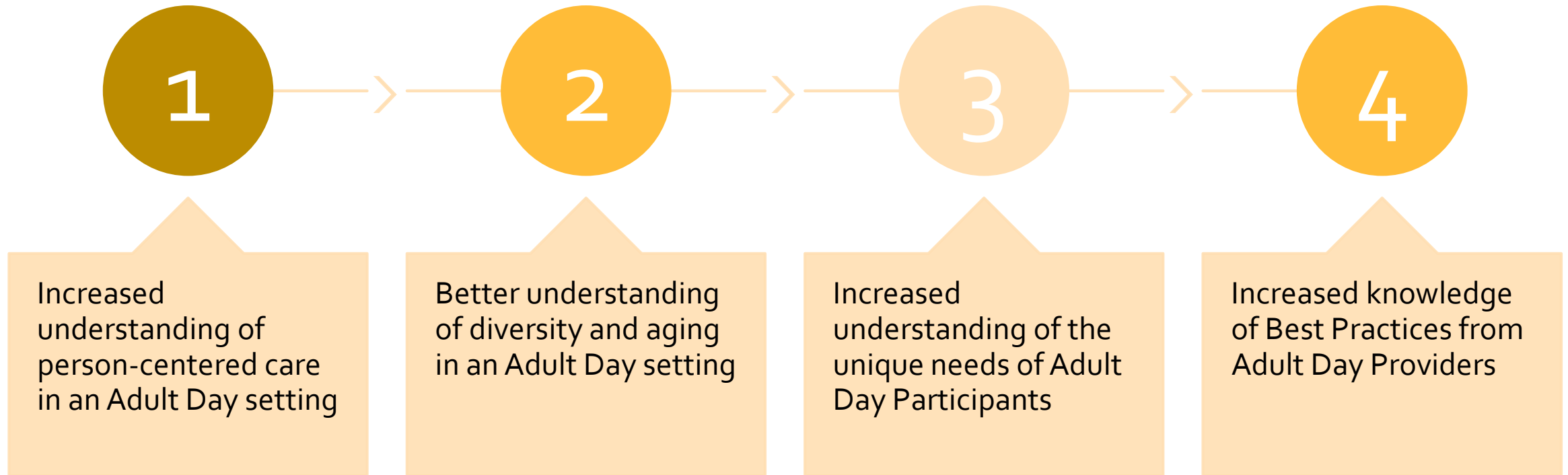
Promote the growth and development of all

Shape and use the potential of the environment in all its aspects: physical, organizational, psycho/social/spiritual

Practice self-examination, searching for new creativity and opportunities for doing better

Recognize that culture change and transformation are not destinations but a journey, always a work in progress

# Summary



A black and white photograph of a person in a suit holding a white rectangular sign. The sign has the word "QUESTIONS?" written on it in large, bold, black capital letters. Below the word, the email address "whitejt2@vcu.edu" is written in red. The person's hands are visible at the bottom of the sign, and their suit jacket and white shirt are also visible.

# QUESTIONS?

[whitejt2@vcu.edu](mailto:whitejt2@vcu.edu)



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# THANK YOU!

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