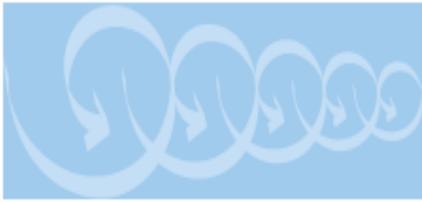# MELDRENA CHAPIN, MA
ARCHITECTURAL GERONTOLOGIST

Advancing Excellence: Creating Contemporary Environments for Long-Term Care
A presentation for the North Carolina Health Care Facilities Association, January 30, 2007

Here we have a common scene – a loving adult visiting her aging parent. Notice the stark, institutional atmosphere, cinderblock walls, there is no color, and without any personal items, the resident becomes anonymous. There are no provisions for her to interact in a meaningful manner with her grandchild, so the child turns away and quietly plays by herself. Although we are pleased when family members come to visit, this does not exemplify the best we can offer them or our residents.

Many elder consumers are dissatisfied with the current offerings of long-term care.

Nursing Homes are thought of as "Warehouses for the Dying"
(Johnson & Grant, 1985)

Many elder consumers are dissatisfied with the current offerings of long-term care. As a new era of consumers arises, demands for changes in long-term care will arise also – many of these changes we are just beginning to notice. Unfortunately many elder's still view nursing homes as "warehouses for the dying", but we know that our facilities have the potential to be so much more.

There is a consumer demand to change from the traditional Medical Model to Person-Centered Care in order to achieve a both a *High Quality of Care* and a *High Quality of Life* for residents and staff members alike.

While a high-quality of care is still expected it is no longer the only standard – There is a consumer demand to change from the traditional institutional medical model to social-medical hybrid model of Person-Centered Care in order to achieve a both a High Quality of Care *and* a High Quality of Life –for residents and staff members alike. There is a growing consumer demand for community.


We recognize the need to create a *meaningful place* where elders can *live* comfortably and receive needed care, rather than simply creating a building where medical and/or limited social services are provided.

NCHCFA has pledged to help the facilities in North Carolina be the best in the nation. In order to be the best we will need to create *meaningful places* where elders can *live* comfortably and receive needed care, rather than simply creating buildings where medical and/or limited social services are provided. We will need to provide community.

Most of the facilities in NC are now 30, 40, 50 years old. The pertinent question is how can we transform ourselves from institutional settings to meaningful places – and most importantly how do we do this with limited financial resources.
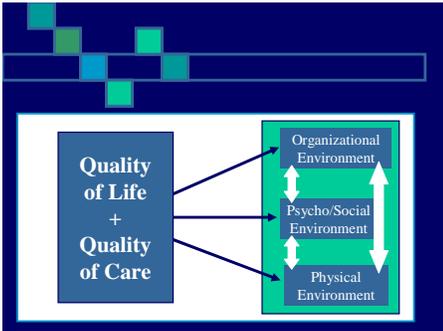

It is important to note that in order to improve quality of life and quality of care, we must alter not only the organizational environment, and the psychosocial environment, but also the physical environment. Long-term care facilities are systemic entities, changes in one element of the system will affect the others. Often the physical environment is seen as a low priority - less emphasis is given to the physical environment in the current long-term care literature, in our training, we often take the physical setting for granted. However, the process of placemaking can have a significant impact upon a facility.

Placemaking is "the way in which all human beings transform the places they find themselves into the places where they live". It is the process of creating meaningful and purposeful settings.

Shibley and Schneekloth (1995:1)

What is placemaking? - **Placemaking is "the way in which all human beings transform the places they find themselves into the places where they *live*". It is the process of creating meaningful and purposeful settings.** (Shibley and Schneekloth 1995:1)

Model of Place
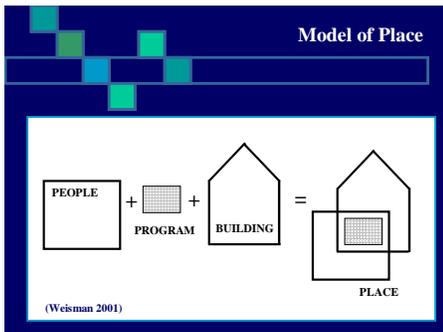
Often when we think of a place, we only focus on the bricks and mortar, in actuality, places are the combination of the people (the groups, individuals, and organizations inhabiting the building), the program (the events, happenings, behaviors and actions that occur in the building) and the physical setting itself. This model of place created by Lawton, Weisman, and others defines the systemic nature of places.

Model of Place

It is only through changing our understanding of the long term care experience that we can create meaningful places.

All of the components of place work together to create our experience. **It is only through changing our understanding of the long-term care experience that we can create meaningful places.** Only by altering our thoughts about long-term care, our behaviors within long-term care and the physical setting of long-term care can we begin to create truly innovative facilities. However, there is a key component of place that we need to be aware of in this quest towards creating the best – the hidden program.

The hidden program is composed of the implicit expectations of a building or a place. It is created through shared cultural meanings and common understandings that define specific place types. (Silverstein and Jacobson, 1978)

Hidden Program

Erie County Almshouse
Langall Almshouse
Lombard Farm Poorhouse

Hidden Program

Attributes of Positive Place Experience

• Maximize Safety and Security
• Maximize Awareness and Orientation
• Support Functional Abilities
• Facilitate Social Contact
• Provision of Privacy
• Opportunities for Personal Control
• Regulation and Quality of Stimulation
• Continuity of the Self
(Cohen and Weisman 1991; Weisman 2003)

The hidden program is composed of the implicit expectations of a building or a place. It is created through shared cultural meanings and common understandings that define specific place types. (Silverstein and Jacobson, 1978) When we think of a church, we immediately associate the word not only, with a physical place - typically a large white or brick building with a tall steeple, but also a set of behaviors and possibly common sights or smells. There is an expectation of who we will find within a church and what they will be doing. We all know the social rules of how to "act" in church. These behaviors are much different from our understanding of other places, such as football stadiums, which bring to mind bright green grass Astroturf, bleachers of yelling fans, and cheering on our favorite team. *The hidden program of long-term care poses a challenge for us to overcome.*
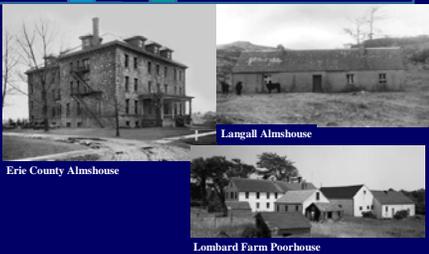
The hidden program of long-term care is embedded in negativity. The roots of long-term care can be found in almshouses and poorhouses. Our historic idea of long-term care is often closely linked to early insane asylums and institutions where restraints were common. Our initial regulations of nursing homes were drawn directly from hospitals and we are still trying to break free from this grip of institutionalization. In order to do so we must change not only the way we think about long-term care, but they way we operate in long-term care, and the setting in which operate. It is hard to prove environmental determinism, but the environment is a powerful force. If we are surrounded by an institutional atmosphere, we will act in an institutional manner. If we are surrounded by home and community, we will encourage home and community in all that we do.

There are several attributes of positive place experience to keep in mind when re-creating the physical environment of long-term care facilities.

- Maximize Safety and Security
- Maximize Awareness and Orientation
- Support Functional Abilities
- Facilitate Social Contact
- Provision of Privacy
- Opportunities for Personal Control
- Regulation and Quality of Stimulation
- Continuity of the Self
    (Cohen and Weisman 1991; Weisman 2003)

Maximize Safety and Security

- Ease of Monitoring Residents
- Unobtrusive Control of Unauthorized Exiting
- Mitigation of Potential Hazards
- Provision of Specialized Equipment
(Weisman 2003)

Maximizing Safety and Security deals with providing for

- Ease of Monitoring Residents
- Unobtrusive Control of Unauthorized Exiting
- Mitigation of Potential Hazards
- Provision of Specialized Equipment
(Weisman 2003)

Maximize Safety and Security

We are all very familiar with the resident who spends most of the day at the exit door wanting someone to take them home, over and over again trying to leave. Facilities with open-plan community households report fewer residents trying to leave, less agitation among residents and higher interaction between staff and residents (Green, 2003; George, 2003).

Maximize Awareness and Orientation

- Effective, Useful, and Understandable Signage
- Visual Differentiation
- Visual Access
- Environmental Features as Cues
- Temporal and Spatial Predictability
(Weisman 2003)

Maximizing Awareness and Orientation focuses upon

- Effective, Useful, and Understandable Signage
- Providing Visual Differentiation
- Offering Visual Access
- Using Environmental Features as Cues
- Temporal and Spatial Predictability
(Weisman 2003)

Maximize Awareness and Orientation

Providing Visual Differentiation means that movement between one space to another is evident in the physical setting, here the floor pattern changes as one enters the dining room, you can see in the background that there is a distinctive threshold into the kitchen. Visual access means allowing for visual site lines from one area to another while also denoting those spaces as different areas through the use of physical features. Using environmental features as cues is important – many of us are familiar by now with Meadowlark Hills' front doors. These front doors serve as a constant reminder to residents, staff members, families and visitors that *this is* a resident household. The act of going through the front door serves to remind staff that they are operating in a whole new way with a completely new attitude and new actions to support their philosophy.

Support Functional Abilities

- Support Independence in Self-Care
- Support Independence in Meals and Dining
- Support for Independent Functional Activities
- Support for Independent Recreational Activities
  (Cohen and Weisman 1991)

Support Functional Abilities

Facilitate Social Contact

- Provide a Range of Social Spaces
- Importance of Presence and Placement of Furnishings
- Offering Appropriate and Assistive Props
- Social Indicators
  (Weisman 2003)

Facilitate Social Contact

Provision of Privacy

- Policy Regarding Privacy
- Effective Staff Training and Operational Change to Encourage Resident Privacy
- Offering Multiple Levels of Privacy
- Space Alternatives for Privacy
  (Weisman 2003)

Supporting Functional Abilities means using the elements of the physical environment to provide support for

- **Independence in Self-Care**
- **Independence in Meals and Dining**
- **Independent Functional Activities**
- **Independent Recreational Activities**
  (Cohen and Weisman 1991)

- Providing dining rooms where residents want to go and be a part of the family, join in the conversation, and be included in important in creating community.
- Providing resting alcoves so that residents can stop and take a breather on their way from one space to another in crucial.
- Providing wardrobes that allow elders to conduct their own dressing or assist in their dressing is helpful. One of the most innovative environmental design projects, I have seen recently is a participatory design process between Dr. Maggie Calkins and elder residents to create a better wardrobe.

It is important to **Facilitate Social Contact** within the physical setting, loneliness, boredom, and helplessness occurs without social and emotional contact with others.

- **We should Provide a Range of Social Spaces**
- **The Presence and Placement of Furnishings is important.**
- **Offering Appropriate and Assistive Props as well as**
- **Social Indicators is crucial in generating social exchange (Weisman 2003)**
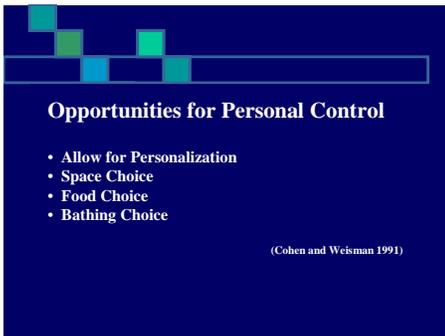
Rows of seating, no matter how comfortable or how residential do not provide for conversation. For meaningful interaction and engagement to occur, we need to be face-to-face. Furnishings that face each other allow us to interact. Comfortable furnishings should be places where people can see and hear each other easily as they talk. This semi-circular seating allows everyone to be involved in activities, for the group to come together as a whole during meals. When we sit in a circle, we are more apt to feel included. Appropriate furnishings are important as well, sturdy chairs with longer long arms allow residents extra support while transferring from a seated to a standing position.

Provision of Privacy –

- **We should have Policy Regarding Privacy**
- **We should have Effective Staff Training and Operational Change to Encourage Resident Privacy**
- **We should Offer Multiple Levels of Privacy, and**
- **Space Alternatives for Privacy**
  (Weisman 2003)

Provision of Privacy
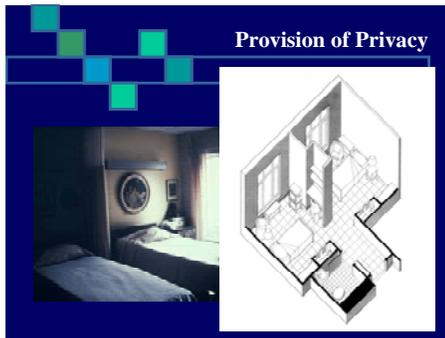
Privacy is one of the top concerns of today's long-term care consumer. We need to have operational policies that express our respect for privacy – knocking on doors, gently announcing our arrival, turning on a soft bedside lamp, rather than an overhead light or a florescent above the bed. We need to recognize that thin curtains in tight spaces do not offer privacy. There are innovative ways to provide privacy within double rooms, such as adding wardrobes and desk units between the beds.

We need to think about privacy outside the resident room as well. How do we provide for privacy while bathing? How do we provide for privacy on our way to have a bath? What kinds of areas do we provide for residents and family members to visit – is there a place outside the resident room where two people can visit, have a cup of coffee, and be alone without everyone else overhearing their conversation?

Opportunities for Personal Control

- Allow for Personalization
- Space Choice
- Food Choice
- Bathing Choice

(Cohen and Weisman 1991)

We need to provide **Opportunities for Personal Control**
- **Residents should be able to personalize their space**
- **They should have Space Choice**
- **Food Choice**
- **Bathing Choice**

(Cohen and Weisman 1991)

Opportunities for Personal Control

Do residents have the opportunity to personalize their rooms? Do they also have the opportunity to add personal items to the common living areas? When eating breakfast do residents have more then one place to choose from? Do they have their choice of food? Not from one or two items, but real significant choice. Do residents have a say in when, where, and how they receive a bath? Innovative design can aid in giving residents alternatives.


Regulation and Quality of Stimulation

- Acoustic Stimulation
- Visual Stimulation
- Olfactory Stimulation
- Tactile Stimulation

(Weisman 2003)

Regulation and Quality of Stimulation plays and important role in positive place experience

- **Acoustic Stimulation**
- **Visual Stimulation**
- **Olfactory Stimulation**
- **Tactile Stimulation**

(Weisman 2003)

Commonly our facilities are filled with loud noises, blaring call bells, chirping alarms that sound like electronic birds and metallic frogs, harsh lighting, buzzing fluorescent lamps, glare from shiny floor surfaces – all of which are stressful on our bodies. Innovative design and thoughtful placemaking processes can remedy these pains of institutionalization. The benefits of natural sunlight on dementia individuals (as well as other residents) are numerous. We need to be thinking creatively about ways to bring natural light into our facilities as well as ways to encourage our residents to go outdoors.
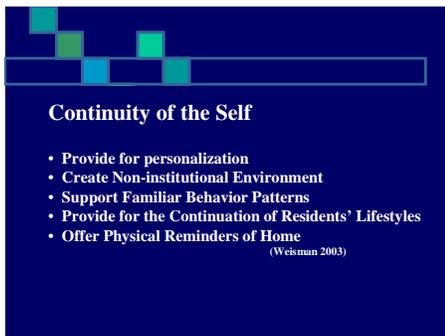

Most importantly, **Continuity of the Self** adds to positive place experience.

- We need to **Facilitate personalization**
- We need to **Create Non-institutional Environments**
- We need to **Continue Familiar Behavior Patterns**
- We need to **Encourage the Continuation of   Resident's Lifestyles, and**
- We need to **Offer Physical Reminders of Home**
  (Weisman 2003)

We need to provide both the programming and the physical setting where women who have made biscuits their whole lives can continue to do so. We need to provide for those who grew up farming to be able to still grow their own food and enjoy their own flowers. We need to allow for that early cup of morning coffee or that late night cup of tea. Life is about habits; our residents should not be forced to leave all of their habits once they join our home.
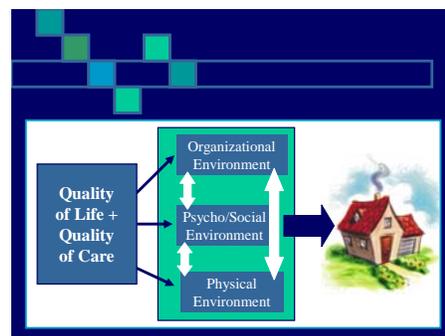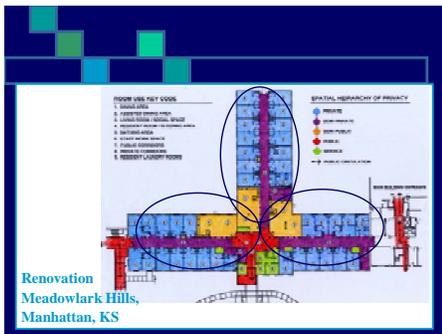

So how do we do all of this? Many believe that the answer lies in creating households, in creating communities, in creating home.

Facilities that have altered their operations and environments in order to create home and offer person-centered care report lower staff turnover, higher staff satisfaction, higher resident satisfaction, increase in consumer demand. These facilities talk of residents living longer, using less medication, increasing food intake, experiencing higher activities levels, less depression, less wandering, and fewer disruptive behaviors.

New Construction Creekview North, Evergreen, Oshkosh, WI

Nelson Tremain Architects

There are numerous examples of newly built cluster-design household facilities - Evergreen's Creekview Neighborhoods (Nelson Tremain Partnership) and the households at Woodside Place (Perkins and Eastman).

New Construction Woodside Place, Oakmont, PA

Perkins Eastman Architects

Renovation Meadowlark Hills, Manhattan, KS

There are also excellent examples of renovation projects, such as Meadowlark Hills (TKEDG – The Ken Ebert Design Group)

**Addition Courtland Terrace, Gastonia, NC**

There are even examples of households being created through new additions, such as the addition of staff support spaces, living, dining, and activity spaces at Courtland Terrace (Freeman-White)

How NCHCFA intends to assist facilities in meeting these challenges -

Grant seeking effort to develop a website, cd-rom, and text of environmental design resources

Association-wide effort to discover where the difficulties lie in creating innovative environmental change and creative problem solving to propose resolutions.

The North Carolina Health Care Facilities Association understands that making physical and operational changes can be challenging for any facility. The Association has asked for my assistance with a **grant seeking effort to develop a website, text, and cd-rom resources on environmental design for long-term care. Part of this effort will focus upon discovering where the difficulties lie in creating innovative environmental change in long-term care and creative problem solving to propose resolutions.**
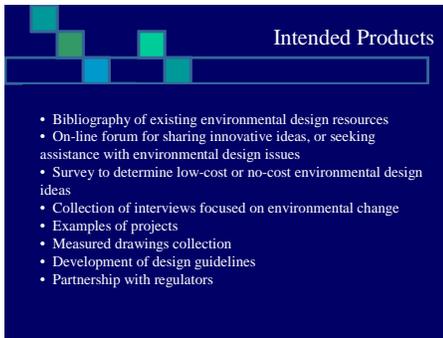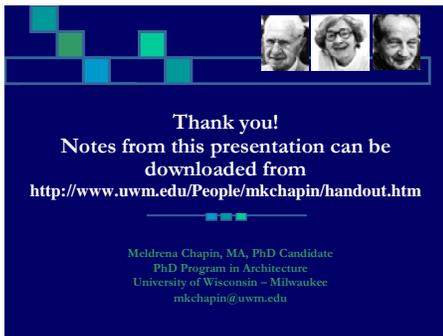
Intended Products
- Bibliography of existing environmental design resources
- On-line forum for sharing innovative ideas, or seeking assistance with environmental design issues
- Survey to determine low-cost or no-cost environmental design ideas
- Collection of interviews focused on environmental change
- Examples of projects
- Measured drawings collection
- Development of design guidelines
- Partnership with regulators

Thank you!
Notes from this presentation can be downloaded from
http://www.uwm.edu/People/mkchapin/handout.htm

Meldrena Chapin, MA, PhD Candidate
PhD Program in Architecture
University of Wisconsin – Milwaukee
mkchapin@uwm.edu

If grant funding is received, we intend to produce:
- **A bibliography of existing environmental design resources;**
- **An on-line forum for sharing innovative ideas, or seeking assistance with environmental design issues;**
- **A survey to determine effective low-cost or no-cost environmental design ideas;**
- **A collection of articles based upon interviews with experts focused on creating environmental change;**
- **An on-line library of examples of projects;**
- **A collection of measured drawings;**
- **A set of design guidelines; and**
- **Develop an on-going partnership with regulators, associations, and other organizations in order to further pursue excellence in environmental design for long-term care.**

This presentation was created by Meldrena Chapin, MA, PhD Candidate from the PhD Program in Architecture at the University of Wisconsin – Milwaukee. More information on this presentation and Ms. Chapin can be found at
http://www.uwm.edu/People/mkchapin
Ms. Chapin may be reached via email at mkchapin@uwm.edu

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