Physical and social environments for care and services: research recommendations for the design of care settings

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Background
+ There is a growing body of evidence about the impact of the physical and social environments on myriad outcomes of individuals who are living with dementia and their care partners¹,²,³.
- For many years, the focus has been primarily on minimizing what are seen as negative outcomes—negative either because they reflect distress or disability in the individual who is living with dementia, or they bother the care partner.
- The majority of research is conducted in shared residential settings of assisted living and nursing homes, which significantly less focus on homes and communities, where the majority of people living with dementia live¹,²,³.

1) Further examine the role and impact of various technologies—monitoring, locational, safety systems—that enable individuals living with dementia to continue to live at home longer.

- How comfortable are people living with dementia with having sensor technology in their homes, monitoring their activities? Is there a trade-off between privacy and being able to continue to live at home longer?

- What types of wearable technologies can assist in wayfinding both outside and inside buildings? Are people living with dementia comfortable wearing these devices/technologies?

- What are the top three-five safety technologies needed to support continued living at home?

2) Explore other supportive housing options besides AL and nursing homes, such as cohousing or group homes, which enable persons living with dementia and care partners to continue to live together and also receive supportive services from other residents.

- Identify extant co-housing projects where individuals living with dementia reside, and examine informal and formal support systems, acceptance and support provided by other members of the community, and environmental/design support elements.
3) In shared residential settings (AL & NH), appraise both preference for and relative merits of segregated vs integrated settings.

- Members of an early-stage advisory panel were queried about this topic- and most responded that they hoped to die before they needed to move into a nursing home. Of those who responded to the question about segregated vs. integrated living areas, all but 1 said they would prefer integrated.

- What factors influence preferences for segregated vs integrated living arrangements for both individuals living with dementia and those who currently do not show the symptoms of dementia?

4) Identify various pros and cons of different group sizes (small 6-12) (medium 13-18) (large 19-30).

- Resident related outcomes include: extent to which preferences are identified and met; having options for all routine daily activities; engagement in activities of all types; quality of relationships with others—residents and staff; reduction of signs of anxiety or distress; frequency of legal actions against the care community.

- Staff related outcomes include: tenure/longevity vs turnover; job satisfaction; knowledge of residents.

- Family related outcomes include: satisfaction, visiting frequency, participation in organizational activities.
5) Across settings, focus on indicators of well-being as core outcomes of interest.

- **Identity**: having personhood, individuality, wholeness, having a history
- **Development**: growth, enrichment, unfolding, expanding, and evolving
- **Autonomy**: liberty, self-governance, self-determination, immunity from the arbitrary exercise of authority, choice, and freedom
- **Security**: freedom from doubt, anxiety or fear, safe, certain, assured, having privacy, dignity and respect
- **Connectedness**: state of being connected, alive, belonging, engaged, connected to the past, present and future, connected to personal possessions, connected to place,
- **Meaning**: significance, heart, hope, import, value, purpose, reflection, sacred
- **Joy**: happiness, pleasure, delight, contentment, enjoyment

Adapted from Eden Alternative domains of well-being