

ISSUE 1 2017

# ARGENTUM QUARTERLY

## MEMORY CARE INNOVATIONS

Six Programs Transforming  
Operations and Service Delivery

## STATE OF THE SENIOR LIVING WORKFORCE

2016 Q4



ARGENTUM  
EXPANDING SENIOR LIVING

## **PARTNERSHIP**

The Argentum and MatrixCare partnership began in September 2015 to support the development of cutting-edge education and research programming focused on quality measures and memory care programming in senior living. This report is a result of this relationship.

## **ABOUT MATRIXCARE**

MatrixCare is the largest provider of electronic health records (EHRs) and related technology to the U.S. long term and post acute care sector and winner of the prestigious 2017 Best in KLAS Award for Long-Term Care software. MatrixCare solutions help organizations deliver integrated care for better outcomes. Visit [MatrixCare.com](http://MatrixCare.com).

## **ABOUT ARGENTUM**

Argentum is the leading national association exclusively dedicated to supporting companies operating professionally managed, resident-centered senior living communities and the older adults and families they serve. Argentum member companies operate senior living communities offering assisted living, independent living, continuing care, and memory care services to older adults and their families. Since 1990, Argentum has advocated for choice, independence, dignity, and quality of life for all older adults. Learn more at [argentum.org](http://argentum.org).

## MESSAGE FROM THE EDITOR

Welcome to the inaugural issue of Argentum Quarterly. This publication is dedicated to shining a light on Argentum's mission to help its members gain a better understanding through research of what aging means today and in the future, and how the senior living industry can assist.

Through this research, Argentum addresses the critical imperatives facing senior living: memory care, workforce development, quality improvement, operational excellence, and consumer choice.

**Beginning on page 4 of this issue, we focus on innovations in care for individuals experiencing Alzheimer's disease and other dementias.** By highlighting six novel approaches from the United States and Europe based on their effectiveness, ability to be widely replicated, and how well they address top needs expressed among those leading in senior living, our hope is that a community executive director will be inspired to implement one or more of these programs.

Thanks to Brandywine Living's Maria Nadelstumph, who chairs the Argentum Memory Care Committee, for her help on the innovations article "Memory Care: Idea to Implementation," and to all of the committee members for their dedication to finding new perspectives in this field. I'd also like to express my appreciation to Denise Wassenaar of MatrixCare and to the company for its partnership with Argentum, enabling us to continue this type of work on memory care and senior living.

Our second article in this issue introduces what may be a new concept to many readers, but is flourishing in Europe and several states – the Memory Café. Thanks to Beth Soltzberg, founder of the Percolator Memory Café Network, for her dedication to spreading the word about these welcome social gatherings for individuals living with dementia, their family, friends, and professional caregivers. **On page 26, learn more about these cafes and why there's been an outpouring of interest in this model.**

**We switch gears on page 32 to delve into our quarterly workforce report containing data we crunch thanks to a collaboration with OnShift,** which looks at the senior living industry's performance in the fourth quarter of 2016 based on the latest numbers available from the U.S. Bureau of Labor Statistics.

Thank you for your readership.

Best,



**Sharon Cohen**  
Editor



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# SENIOR LIVING INNOVATION SERIES

## MEMORY CARE: IDEA TO IMPLEMENTATION

### EXECUTIVE SUMMARY

Argentum and contributing memory care experts have selected six innovative approaches to memory care to highlight, based on their effectiveness, ability to be widely replicated, and how well they addressed the top needs expressed among those leading in senior living.

As with the original 39 innovations highlighted in part one of this report, some of the innovations here are evidence-based, while for others, research is still emerging. Our goal is for senior living leadership such as community executive directors to read and research these innovations and through this report better understand best practices in implementing them in their communities.

Part 1 of the report is available to Argentum members at [argentum.org/store](http://argentum.org/store).

### INTRODUCTION

#### A WORLDWIDE SCAN AND A DEEPER DIVE

Initial research for this project began in January 2016 after Argentum returned from a national listening tour of senior living communities to engage in a dialogue with their leadership, staff, residents, families, and other experts in the field of aging. We returned with a mission: Advancing best practices in the care of residents with dementia must be a priority for the senior living industry.

By August, Argentum had created Part I of this report: A look at industry efforts to promote innovative practices that enhance the quality of care for those living with dementia. The inaugural report described 39 transformational, breakthrough, or incremental innovations—bold new ideas as well as programs that were “tried and true” but had been modified to take them to the next level. They provided interventions and solutions in every area of concern to those

leading memory care: nutrition and dining, programming, environmental design, staff training, and technology.

To determine the innovations, Argentum’s Memory Care Roundtable looked worldwide, searching three kinds of sources: scholarly literature; an online survey of Argentum members; and the expertise of Cognitive Solutions Associates.

#### SIX INNOVATIONS: INFORMATION AND INSPIRATION

The second part of this report takes a deeper dive. We chose six innovations to highlight, based on their effectiveness, ability to be widely replicated, and how well they addressed the top needs expressed among those leading in senior living.

As with the original 39 innovations, some of the innovations here are evidence-based, while for others, research is still emerging.

The needs in the memory care field are great, and growing. Many communities across the country have found innovative ways to help those with Alzheimer’s disease and other forms of cognitive impairment enjoy engaging lives full of purpose and meaning.

While successful existing programs can continue to be improved, innovative approaches also must be disseminated in hopes of continually enhancing memory care. Tried and true techniques coupled with cutting-edge strategies can ameliorate dementia symptoms, increase comfort, improve socialization, and better the lives of seniors while improving the wellbeing of all those involved in the care of individuals living with dementia.

It is our hope that the details and descriptions of these six innovations will provide not only basic implementation guidelines but also—and perhaps more importantly—inspiration to launch similar programs tailored to community needs in this dynamic field.



## QUICK GUIDE TO THE SIX FEATURED INNOVATIONS

### **FRESH BITES: Dining program transforming an everyday menu into nutritionally dense, bite-size portions easily consumed without utensils.**

**Good choice if you want to:** Expand menu options while preserving and expanding nutritional value, offer food at locations in addition to dining area

**Top benefits:** Boosts resident autonomy and dignity, creates new ways to overcome communications barriers, cuts back on staff time by reducing hand-feeding

**Top challenges:** Finding the right partner to launch a pilot program, collecting specific data on correlated resident improvement other than anecdotal, effective education and communication for managers to understand the program.

### **MUSIC IN MIND: Music therapy program led by skilled musicians and therapists.**

**Good choice if you want to:** Cultivate relationships with community groups; provide connections and activity for people with spoken language barriers; provide opportunities to spouses/family visitors.

**Top benefits:** Improved relationships among residents; improved communication and enjoyment; community interaction.

**Top challenges:** Requires musical equipment and leaders with specialized skills

### **HUMANITAS DEVENTER: Selected college students live in apartments in senior residences in exchange for formal volunteer commitment and informal neighborliness.**

**Good choice if you want to:** Address isolation, enliven connections within the residential community; grow beneficial connections in the larger municipality.

**Top benefits:** Reduced isolation; increased engagement in present moment; more active community atmosphere; greater sense of contribution for seniors and students.

**Top challenges:** No security issues yet reported, but this could be an issue to residents and families; may not work as well in rural areas; may need programmatic/administrative help.

### **PRESENCE CARE PROJECT: Mindfulness training tailored for professional and family caregivers.**

**Good choice if you want to:** Reduce staff stress; offer a program to family members.

**Top benefits:** Teaches long-term skills and ways of thinking; high demand for classes; minimal infrastructure investment.

**Top challenges:** High skill level needed for facilitators; high demand may outpace capacity; reinforcement and effort required to keep practice effective; requires behavior change to be effective.

### **WELL-BEING PROJECT: Deep examination and exercises to center care around the well-being of the person living with dementia.**

**Good choice if you want to:** Engage family and staff; learn new ways of interacting; offer greater staff input and autonomy.

**Top benefits:** Teaches new ways of dialogue and self-reflection; makes organizational change more possible; brings often unheard voices into the mix.

**Top challenges:** Requires a radical shift in thinking and learning new terms and practices; must be open to hearing the unheard and welcoming change.

### **YOUNGER-ONSET MEMORY CARE RESIDENTIAL PROGRAM: Adapting and personalizing care practices for younger residents in memory care.**

**Good choice if you want to:** Serve an emerging population of younger-onset residents; better serve younger residents already in the community (even if only one resident); step up personalized care practices overall.

**Top benefits:** Addresses needs of and welcomes younger people; highly scalable; improves quality of personalized care practices overall.

**Top challenges:** Requires flexibility and good communication; may require increase in staff to help with new programs and activities; existing personalized care infrastructure or readiness to create such a program necessary.



*Bite-size rolls are hollowed out into cups and filled with chicken salad, cranberries, and walnuts.*

## FRESH BITES™

Unidine Corporation, Boston | [Unidine.com/resources/fresh-bites-memory-care-nutrition-program](http://Unidine.com/resources/fresh-bites-memory-care-nutrition-program)

### GREAT TASTE COMES IN SMALL PACKAGES

*Rethinking the traditional dining experience, bit by bit, leads to greater dignity, autonomy, and nutritional value*

What would you choose for dinner?

- » A bottle of nutrition drink
- » A plate of chicken fingers
- » A tossed salad, lasagna, steamed broccoli and a double-chocolate brownie

The third choice has not only the most appeal, but also the best nutritional profile. But such meals can be difficult for residents in memory care, who may have trouble using utensils when dining. However, many residents retain the ability for hand-to-mouth movement. Unidine's Fresh Bites innovation created an opportunity for an improved dining experience for certain residents.

### How It Works

Solutions such as hand-feeding residents took extra staff time and weren't always effective for residents either. Nutritional supplement drinks can be boring, not cost-effective, and often packed with artificial ingredients. Additionally, Unidine cites in a white paper that "a systemic review of commercial nutritional supplements found that dementia residents who received commercial nutritional supplements did not exhibit any improvement in functional status nor did their risk of morbidity and mortality decrease."

Some dining programs opt for finger foods, but to Unidine, the result resembled a "toddler menu"—chicken fingers or little sandwiches—without offering a broad spectrum of necessary nutrients.

The Fresh Bites breakthrough takes finger food to the next level, using elegant but simple culinary techniques and fresh, natural ingredients to "transform an everyday menu into nutritionally dense, bite-size portions that are easily consumed without utensils."

The resulting menu—such as diced beef and gravy in a mini-cup made of potato slices—is much like hors d'oeuvres offered at a restaurant or reception, but with more substance.

The program goes beyond the Bites, centering residents' autonomy and dignity in other ways as well. For instance, it's testing a "display plate" approach, similar to that of a dessert tray or dim sum cart brought to a restaurant patron. Staff displays the Fresh Bites on bright-color plates instead of plain white, for maximum contrast, and residents choose. This circumvents language difficulties and has the added advantage of putting tempting and tasty foods directly in front of the people who need to eat them.

Another innovation: Breaking the dining hall boundary and offering Fresh Bites at locations such as nurse stations. This makes it easier for residents who find it hard to sit down or tend to pace—they can literally grab a Bite.

### Investments in Innovation

Individuals with cognitive impairments often experience weight loss. It's a serious health hazard, associated with increased mortality risk even when there are not accompanying health problems. Exercising choice, enjoying variety, and making the physical experience of dining easier and more dignified can improve residents' health and quality of life.

"It wasn't a matter of getting extra ingredients or equipment," says Jenny Overly, MS, RD, director of nutrition, health, and wellness at Unidine. "It's all about technique."

A small initial investment was needed for a few pieces of specialized equipment such as mandolines to make the ultra-thin vegetable slices used for the vessels, or different-size muffin tins to shape the "cups."

Recipe development was easy and engaging. Residents, family, and staff were happy to help test. Unidine chefs developed an extensive tested recipe collection under some practical guidelines: Bites should be sizes that are not too small to pick up or too big to handle in one bite; temperature controls should be used to keep foods warm but not too hot to pick up; dry fillings fall apart, and boiled vegetables are too slippery (try steamed).

The recipes use ingredients that mesh with the evidence-based Mediterranean diet of primarily plant-based foods, whole grains, legumes and nuts, and the DASH (Dietary

## "They enjoy each meal with a renewed sense of independence and dining satisfaction."

—Staff member at Integrate-Copper Ridge

Approaches to Stop Hypertension) diet, along with foods shown to have antioxidant and anti-inflammatory properties.

### Tips for Your Community

The Fresh Bites program faced few challenges and in fact was met with great enthusiasm. Why? Largely because it solved problems. Families, residents, and staff could see that it meant better nutrition, better care, and, after the initial training, a net gain in staff time and energy due to less need for hand-feeding.

Unidine provides food and dining services in more than 200 settings throughout the United States, and one of its key tenets is a commitment to scratch cooking and fresh, seasonal, responsibly sourced ingredients. Having that infrastructure in place helped the program work.

But a few other replicable success factors were baked-in to the program.

- » **Use mini-pilots:** "We always start really small with our program development," Overly says. "Initially, we were a team of five people." The small teams at different locations were highly self-motivated, and Overly coordinated the communication hub, with feedback through multiple conference calls over several months.
- » **Have fun:** Most people like food; they like to talk about it, get creative with it, and try new tastes. Unidine encouraged this, offering tastings for staff, residents, and families. A program meant to solve challenges in nutrition and quality of life for residents ended up also improving engagement.
- » **Make the benefits clear:** "First we educated the managers on the program, not just how to execute it, but the reasons for the program," Overly says. "When you express beliefs in the benefits first, it gets buy-in." Overly coordinated creation of an intranet guide and recipe archive to communicate benefits and how-tos. The company is considering a formal hands-on training program for chefs.



*Unidine chefs were instrumental in developing the Fresh Bites concept and recipes.*

- » **Get good partners:** Unidine partnered with memory care community Integrace-Copper Ridge in Maryland for the initial pilot, teaming Unidine chefs and dietitians with Integrace staff. Through that partnership, the initial “vessel” approach was developed. But partnership goes beyond the one program. Companies look to Unidine, Overly says, “when they know they need a culture change.” Change can be easier to achieve with a partner who’s been there—or is just willing to try something new.
- » **Engage families:** Getting families involved through the tastings helped a lot with buy-in. Try to anticipate families’ questions and have answers ready through methods such as the intranet guide, because families may not visit during business hours.

The top success tip from Overly is to focus on the customer. Decisions made on that basis will end up being good for staff and for business.

### Measuring Success

Overly says pilot centers started to notice anecdotal results—residents were sitting longer at meals, enjoying the experience more, and more able to feed themselves. Expert nurses, Overly says, are invaluable in picking up nonverbal cues from residents about what they like—or don’t.

But other measures have been difficult to get, such as weight data for assisted-living residents, who are more independent and may be weighed only once a month. Overly says

getting additional measurable data is one future goal of the extended program.

The program received media attention in *Boston* magazine, NPR Morning Edition, and in industry publications.

Unidine is now looking into ways to make the dining experience more serene and enjoyable in different types of residences. Other areas of exploration: adding more objective data-gathering processes; building menus that could have a preventive effect against the progress of dementia and similar disorders; and working with groups in adult day care and outpatient settings.

### Exploring Modifications

- » Offer a family and visitor event with new recipe rollouts.
- » Springboard an innovation solely to help people who have difficulty staying in one place during mealtimes.
- » Offer a dining innovation brainstorming or training session for staff.
- » Send out a call to chefs for their creative ideas.

### TOP 10 VESSELS

Shaping foods into “vessels” to hold or carry other foods is the basis of the Fresh Bites concept. Chefs, staff, and residents contributed ideas and feedback resulting in the program’s top 10:

- » Leafy greens
- » Cucumber slices
- » Tomato cups
- » Potato—in slices and as cups
- » Cabbage leaves
- » Phyllo dough
- » Pita, flatbread, and tortilla-type pockets and wraps
- » Polenta
- » Rice paper
- » Baguette slices





*Student Anneloes Olthof, 24, (in black sweatshirt) on a trip to the zoo with a group of her neighbors at Humanitas Deventer.*

## INTERGENERATIONAL LIVING

Humanitas Deventer, The Netherlands | [Humanitasdeventer.nl](http://Humanitasdeventer.nl)

### CROSSING GENERATION GAPS

*Students live for free in Dutch senior residence—and it's a net gain for all*

The number one rule: do not be a nuisance to seniors.

That's the guidance given to the six students living free of charge at Humanitas Deventer in the Netherlands, a community with 160 senior residents, including many with memory loss.

The country was facing a serious shortage of student housing at the same time that it cut services and funding to seniors. The solution was obvious to Humanitas CEO Gea Sijpkens and her team—innovate or face the consequences.

"In times of change you'd better be very recognizable," she says, in her Q&A for students considering housing. "We were looking for a sharp profile. From the core values we formulated our ambition: to be the warmest living environment for the elderly.

"It only works if there is mutual interest and interaction," she says. "I don't think of it as a project. It is a way of sharing lives."

### How It Works

"Warmth" comes up over and over in descriptions of Humanitas Deventer—with its wood floors and green-and-white color scheme. Its apartments and restaurant/dining hall are usually called "cozy."

Students are required to spend at least 30 hours a month being a "good neighbor" to senior residents. This can include having dinner together or helping with an art therapy class.

But all time together is on the honor system; it was important to Sijpkens to have no hard rules and not to micromanage relationships. Anyone interested can apply for the six available slots. Self-selection has tended to mean older, more mature students apply.

The environment is definitely more casual than that of most U.S. residences. Students hang out and chat in the TV room, join residents for coffee, or help out with events like concerts or parties. It's safe to say everyone's favorite activity, however, is gossip. Conversations about both memories and



**“People become passive, until they lose their humanity. But you can break that circle.”**

—Jurrien Mentink, student



*The atmosphere at Humanitas Deventer is casual, bohemian, and warm: Sores Duman, 23, shares some time with resident Marty Weulink, 92.*



*Senior resident Henk Norder takes his scooter through the halls past urban design student Jurrien Mentink, who has given a TED Talk on his Humanitas experience.*

life stories and current events abound, but the favorite topic may be romance and relationships.

Students get some basic training, including first aid and how to handle fire or crisis situations. Sijpkens says, for example, when a nurse might be having difficulties with a resident, a student might step in to help minimize the distress. Or if a person living with dementia is wandering at night, a student getting in late may stop for a chat or a glass of beer, and walk the resident back to their room.

Students are not specially trained in interacting with residents with memory loss; they offer simply warmth and compassion. As one student, interviewed in an international students magazine, related: “It’s always a surprise, every time you see that pain come again. It’s hard to see people intensely sad. Sometimes residents keep waiting for something that’s not there ... I try to explain as honestly as I can, and just comfort them.”

### **Tips for Your Community**

From reports, what one might think is challenging about an intergenerational program have turned out to be advantages.

- » **Handling noise:** Senior residents haven’t complained about noisy music from students; many can’t hear it. Students are sometimes bothered by loud television shows from the seniors’ rooms—but don’t complain, because younger people are usually more adaptable.
- » **People getting in late or having people over:** Students may wander in at 4 a.m. after a night of drinking, or bring home a girlfriend or boyfriend, and if someone is up and noticing, they’re usually greeted with a smile.

- » **Think of what happens next:** The students at Humanitas don't want to leave and have returned as volunteers. It's hard for students to see seniors they have gotten to know pass away—but both students and Sijpkens say this is a part of life and in the long term a beneficial experience.
- » **Analyze your environment:** Sijpkens says this comes first: Are you in an urban or rural area? What social problems need to be solved? From this, you can create the right program to match the setting.
- » **How much formality?** The Dutch program may look freewheeling to U.S. eyes. The key is matching the degree of vetting, security, and rules to suit your community's culture.

### Measuring Success

While Sijpkens is not a big data person, the beneficial effects on both generations are obvious, she says. A preponderance of research shows isolation is hazardous to physical health, and having young people and a little chaos around makes being isolated less likely. There's always something happening, something to talk about, and something to see in the lively community.

Students get a rich experience too, Sijpkens says: "They learn social skills, caring skills. They experience how to handle death. They sometimes learn how to handle difficult life situations by looking at their older neighbors."

### Exploring Modifications

- » Start with one or two students, as with Judson Manor (see sidebar on the right).
- » Tie the program to credit in health care or research—students could help collect data to evaluate the program.
- » Restrict the program to graduate students to aid in self-selection.
- » Start a young artist-in-residence program, not only in music, but in visual arts or writing.
- » Sijpkens suggests a residence program for young single mothers could work—and fulfill an urgent social need.

### AN ARTISTIC APPROACH TO INTERGENERATIONAL LIVING

Judson Manor residence in Cleveland, Ohio, has two pianos on its main floor—and always two skilled musicians living in the community.

Since 2010, piano, violin, oboe and flute players from the Cleveland Institute of Music have brought their art to Judson Manor and Judson Park residences ([www.judsonsmartliving.org](http://www.judsonsmartliving.org)) as part of its Artist-in-Residence program. Two students each year (always one pianist) receive free accommodations in return for providing cultural programming.

Interested students must apply and write an essay; the school then vets the applications and sends eight to 10 applicants to Judson. A committee of residents and staff further narrows the field to three or four candidates, and then holds interviews. Musicians at the graduate level tend to have the maturity and temperament that suit the community. There are rules that wouldn't apply in an ordinary apartment, such as needing written permission to have overnight guests.

Students are required to do at least one recital per semester in each community. They also may play at memorial services, play along with senior resident musicians, hold impromptu sing-alongs, and help with programming. But they're not only artists, they're neighbors. Students join in at morning coffee and afternoon social hours. They chat, cook with residents, help with pet care (Judson is very pet-friendly), and bring in new ideas and perspectives.

"They're the glue," says Kristina Kuprevicius, director of marketing and community partnerships at Judson. "You can really feel the energy change when the students come here in the fall—it feels like the family is back together again."

The students point to the recitals and performance opportunities as invaluable experience for their careers—and they have made lasting friendships among the seniors as well.

Judson has expanded the program to include art students from Cleveland Institute of Art and has an expansion to Case Western Reserve University in the works.





*The Music in Mind program has been involved in several studies, including one that pointed to increased well-being.*

## MUSIC IN MIND

Manchester Camerata Orchestra, Manchester, England | [Manchestercamerata.co.uk](http://Manchestercamerata.co.uk)

### A SOUND APPROACH TO GREATER WELL-BEING

*This music program model can bring rich benefits to residents' lives—just be willing to improvise.*

Music is the universal language—and while it can't take the place of lost communication skills, it can help restore the enjoyment, expression, and engagement that can fade for people with dementia.

England's Manchester Camerata has been called "one of Europe's best orchestras." Known for its innovative approaches and collaborations, it began in 2012 as the Music in Mind program, where its musicians work with trained music therapists, "using improvisation to enable self-expression and strip away the dementia, to reveal the person behind the [dementia.]"

The program connects with universities, the United Kingdom's National Health Service, the Alzheimer's Society, and other groups and experts to conduct research and collect data. A study conducted by Manchester's New Economy policy research group showed that the program "improved the overall physical and mental wellbeing of people with

dementia" ([http://www.neweconomymanchester.com/media/1388/mim\\_phase\\_2\\_evaluation\\_report.pdf](http://www.neweconomymanchester.com/media/1388/mim_phase_2_evaluation_report.pdf)).

From a pilot drop-in model for people with dementia and their caregivers, the program has grown to reach more than 7,000 people.

"We bring in loads of instruments, sit in a circle, and it's all about everyone being free to have a go," says Lucy Geddes, Camerata in the Community manager, and a clarinetist and music therapist.

The musicians will get things started with a basic background of rhythm, melody, and/or chord structure.

"Don't expect the first time everyone will engage straight away. Even 10 minutes of music making is better than nothing. We find around three to four weeks, it starts to gel," she says. "People might copy each other, develop each other's rhythms or musical ideas, and that might last for an hour or so. It's really magical when people start to engage, when they start looking people in the eye and smiling."



**“What remains as a powerful memory is the smiles on peoples’ faces, the laughter and the realization that this sort of experience can bring forth creativity and energy from people with dementia that they didn’t know they had – and actually, it was exactly the same for the [caregivers] taking part. We’re already looking forward to the next one!”**

—Caregiver and spouse, Manchester

### How It Works

While it helps to have a team of world-class musicians and therapists, the Music in Mind model can be scaled up or down, or adapted for different settings and needs. The Camerata is in the process of creating training videos and materials, and therapists and musicians have traveled worldwide giving presentations and workshops. They’re passionate about bringing the program to more people and welcome contact from Argentum members who want to learn more.

- » **It takes two:** Typically, two leaders—at least one a music therapist and both musicians—will visit a memory care residence about once a week for 15 weeks, bringing a selection of instruments along. Group size of about 10 residents has proven to be most effective. With two or more musicians leading, one can help participants who need special attention.
- » **Decent instruments:** The Camerata sources affordable and durable instruments from Knock on Wood ([www.knockonwood.co.uk](http://www.knockonwood.co.uk)). Good wood, a good tone, and avoiding childlike colors and materials make for the best experience. Musicians might bring an electronic keyboard, a violin, brass or woodwinds, or a marimba or xylophone, and always a selection of percussion.
- » **Background tracks:** While Camerata musicians supply this live, a residence can also use a recorded music source such as an Mp3 and speaker setup. What’s key is avoiding tapping into familiar melodies or lyrics—keeping it abstract allows participants to stay in the moment, reacting to one another in their improvisations. Tracks should be mid-tempo in a variety of styles such as a minuet or march. Soundscapes available online can be used. Also, the Camerata is in the process of producing a series of background tracks.

- » **A separate space:** The resident lounge can be too large and full of distractions. Instead, a smaller, more private room lets the musicians relax and respond to each other.

### Tips for Your Community

- » **Stay flexible:** Musicians, residents, and staff alike cultivate flexibility as they improvise. While some residences have chosen to give what they call a “sharing performance” at the end of the session, Music in Mind is not primarily about performance—it’s about experience. The musicians themselves also have to reframe their thinking from their years of practicing toward perfection; it’s a shared journey.



*A resident chimes in as the musicians from the renowned Manchester Camerata play a simple musical pattern in the background.*



**“When we first started we were such a discordant group, but over time we have all come to enjoy the sessions and get to know each other. We really are a cohesive unit now.”**

—Sue Cowin, resident Beatrix House,  
New Charter's Extra Care, Dunkinfield

*The musicians take care not to play recognizable music, so participants can be more creative in the moment and not be distracted by trying to play along.*

- » **Don't force it:** Leaders and caretakers are gentle, showing by doing, and offering chances to participate, not pushing. “When people contribute to the musical soundscape, they feel ownership over what they created,” Geddes says. “Even moving their foot is a contribution—it's a way of taking control of their situation.”
- » **Find the right partner:** Look for a music partner that is local—to keep logistics from getting in the way—and willing to experiment. You can point to the benefits that come back to the arts organization, such as new community relationships and donor and grant opportunities.

### Measuring Success

Determining results and evaluation was important from the jump for Music in Mind. The group cultivated partnerships with Manchester and Lancaster universities and the Manchester New Economy policy group, among others.

This resulted in the appointment of a PhD student assigned to the Camerata for a three-year study funded by the United Kingdom's Economic and Social Research Council. The study is intended to develop the first “in the moment” multi-sensory assessment tool.

The research created a slight uptick in demands on residences' staff, however. To counter this, Geddes says the program offers options for individual staff members to provide information in whatever way is most convenient for them—via a short form, for instance, or by email, or a phone interview.

### Exploring Modifications

- » Welcome family or staff who enjoy playing music into the sessions.
- » Ask families of residents to donate or loan instruments.
- » Partner with a local high school or community college.
- » Consider naming the residence's program in honor of a prominent music group patron or musician.
- » Cross promote: Add upcoming performances by the music group to the residence's newsletter, and ask for a spot in the music group's printed programs to publicize the residence.





Presence Care CEO Laura Rice-Oeschger chimes in.

## THE PRESENCE CARE PROJECT

San Francisco, California | [Presencecareproject.com](http://Presencecareproject.com)

### LEARNING TO EXHALE

*Mindfulness practice integrates with dementia care in this stress-reduction program for family and professional care partners*

Mindfulness practices, such as sitting in meditation, attention to breath, or gently refocusing attention on the present moment, have been used widely to reduce stress and improve well-being, and even to improve health—and ongoing research is backing up their effectiveness.

The Presence Care Project integrates mindfulness practices specifically to dementia caregiving, to make the experience less stressful and more fulfilling. Classes are held both for family caregivers and for professionals; the program refers to all as “care partners.”

The classes look specifically at care partners’ activities, from helping people eat, to helping them experience more calm, to sitting in companionship.

Founded in San Francisco by Marguerite Manteau-Rao, MS, MBA, LCSW, who is now on the board of directors, Presence Care is active in a wide range of programs and areas, including the University of Michigan Alzheimer’s Disease Center and the Ray Dolby Brain Health Center in the Sutter Health Network in San Francisco.

The techniques are based on Mindfulness Based Stress Reduction practices developed in the 1970s, but refined to address the “hypervigilance and stress reactivity” care partners routinely experience simply getting through an ordinary day, says Laura Rice-Oeschger, LMSW and CEO and lead teacher for Presence Care.

### How It Works

Presence Care’s mindfulness based dementia care (MBDC) has been used in diverse settings and groups: university, outpatient, long-term care residences, and adult day programs.



*Left: Participants may do simple walking meditations, sit in chairs, or lie down on the floor—activities are adjusted to their comfort.*

*Below: The class itself is an opportunity for care partners to model self-care; they may bring small comforts and thoughtful touches such as cookies and tea to class.*

For family caregivers, eight weekly classes combine formal mindfulness practices, lectures, dementia care practices, and group sharing. Classes for professionals can be the several-week series or one-day or partial-day workshops and presentations.

Implementation is as simple as breathing—and as complicated as life. But the basic requirements can be scaled to fit an organization's resources:

- » **Space:** Private, quiet and, preferably without other potential distractions, and preferably not a boardroom-type setting. Over the course of the class, participants may do simple walking meditations around the room, sit in chairs, or lie down on the floor. Activities are adjusted to participants' comfort with mobility.
- » **Comforts:** These are important—not frills. The class “is an opportunity to model self-care,” says Rice-Oeschger, so participants are encouraged to explore what will make the experience better for them. The group may have a tea station, for instance, or bring pillows and blankets to increase the comfort level.



Ymkje Dioquino, MS, LMFT, chief operating officer at Presence Care, has obtained small grants or takes donations to provide blankets or stools to participants. “It brings back the awareness to how you take care of yourself,” says Dioquino. Other supplies given to participants can include a binder of materials and a workbook.

- » **Teachers:** While everyone has everything they need to be part of MBDC practice, that doesn't mean anyone can teach it. “This is not a train-the-trainer model,” Rice-Oeschger says. “Facilitators of MBDC need clinical and professional experience in mindfulness first.” Understanding in dementia and care partner issues is also vital.



However, the group is piloting facilitator training to address this issue, as well as creating programs that will make it easier for people worldwide to access teaching. Presence Care uses a workbook for classes, but it's not available to the public. The group says it's "right at the cusp" of creating a self-guided instruction program, using an online cohort model.

- » **Funding:** Grants make it possible for family care partners to take the Presence Care course for a small donation, usually of about \$25; professionals pay a fee. The group has received grants from community foundations and associations.

### Tips for Your Community

- » **Clear your mind:** Before considering a program, make sure you're clear on what mindfulness is and is not, Rice-Oeschger says. It's not a set of relaxation techniques or an idea or concept. It's a practice that involves changing behavior and environment—and that takes understanding and, most important, effort from all participants. The facilitator can't do it for anyone else.
- » **Get ready:** Prepare for strong demand for the classes, Presence Care cautions; meeting demand has been one of its challenges. While it doesn't have a training module, the Presence Care website offers years of good-quality and accessible content: articles, videos, podcasts, and resource links that can be shared with those interested in learning more about MBDC.

**By 2050, the number of older adults in the United States with Alzheimer's disease will nearly triple from**

**5.2  
Million**

**Projected  
13.8  
Million**

*Source: Alzheimer's Association, 2016*

**“I am grateful to now be able to construct for myself and my spouse a way of approaching our daily challenges, trials and time together as time well spent and shared with the least amount of trauma for all involved.”**

—Presence Care participant

- » **Bring care partners together:** While the Presence Care team has not done so, Rice-Oeschger says it could be “very enriching” to hold a combined family and staff class in a memory care residence. The curriculum is the same for both types of groups, but the teaching is modulated to fit what each class needs.

### Measuring Success

Presence Care has participated in several research studies, including one for the Ray Dolby Brain Health Center, for which preliminary data “show trends toward improved quality of life ... reduced burden, depression, and perceived stress, following MBDC training.”

Another sign of success: Participants express satisfaction with the eight-week training, but often re-take the class when the person they care for enters a new residence or has a change in their condition.

Rice-Oeschger calls returning students a “gift,” not least because they help show new participants the benefits.

“They’ve discovered...how it can transmute the suffering and fear into something manageable and meaningful.”

### Exploring Modifications

- » Staff members can learn mindfulness-based practices that are not connected with dementia care to lay a foundation for practice.
- » Articles, blog posts, and resources from the Presence Care website can be shared with staff and families as part of newsletters and other communications.
- » A residence can hold meditation classes to begin the process of cultivating mindfulness.



*Retreat-style learning opportunities and “neighborhood” gatherings as well as huddle-style quick meetings all give the chance to break away from “the way it’s always been done.”*

## THE WELL-BEING PROJECT

Alzheimer’s Resource Center, Connecticut | [Act-ct.org](http://Act-ct.org)

### THE PERSON-CENTERED FRAMEWORK

*A transformative, collaborative process turns traditional thinking around—and results in improved well-being for residents, families, and staff*

Who decides how a person with dementia will live?

Many experts in the field know that a care plan with the best intentions to involve all stakeholders can simmer down to a pro forma exercise. The Well-BEING Project has a simple and revolutionary answer: Center the person living with dementia, as the expert on their own well-being.

### A 180-Degree Turn from Tradition

The not-for-profit Alzheimer’s Resource Center (ARC) of Connecticut, created by a governor’s taskforce, has for more than 20 years served as a pioneering and specialized source of education and applied research as well as providing programs and residential services.

ARC was hitting all the traditional success markers, including a better than 90 percent retention rate for certified nursing assistants, says Michael Smith, ARC president and CEO. Yet it felt it could bring its community to a higher level of well-being.

The Well-BEING Project launched with the name “The Dialogue Project” because it focused so strongly on opening lines of communication. It starts by identifying and examining seven “domains” affecting well-being: identity, connectedness, autonomy, security, growth, meaning, and joy. If a resident is in distress, for instance, it is likely because one of these human domains is being compromised. How can it be honored, instead?

## How It Works

ARC formed an advisory group of residents, staff, and family members, which over 18 months led more than 300 individuals in the ARC community in cycles of meetings:

- » Five learning retreats of four to five hours, with 20 to 25 people, held both at the center and at space in a local house of worship;
- » Daily stand-up, check-in small group conversations to deal with daily issues; and
- » Neighborhood gatherings, designed to encourage action and observation.

Each retreat would examine two or three domains. What was learned would cycle through other meetings, which would lead to new action for the next retreat. The project's "responsive framework" scales both to types of organizations and to the numerous and often subtle variations with which cognitive change manifests.

And it focuses on improving everyone's well-being, not just that of the person living with dementia. Employees who went through the project reported an increase in reflecting upon and improving their own well-being. Participants also become community advocates, helping shape policies that affect them. This ties into a social justice element that mirrors global trends in memory care.



*Gardening increases a resident's well-being at ARC in Connecticut.*

## U.S. Population Affected by Alzheimer's



**5.3 Million  
OF THESE ARE 65 AND OLDER**

*Source: Alzheimer's Association, 2017*

While it doesn't subscribe to the briskly efficient, train-transfer-implement methodology of many innovations, the Well-BEING Project can save resources over the long term, because it focuses on issues upstream, points out Jenna Weiss, director of learning at ARC, and champion of the project.

## Tips for Your Community

- » Learning new terms: The culture change requires a new way of communicating. "Strengths-based dialogue," for instance, means starting from where you are, and also that using words and speech aren't automatically given the top consideration in communication. ARC uses the resonant and welcoming "neighborhoods" instead of "units," and "care partners" instead of "staff." The program also uses relatable concepts, such as "cups": one's cup of growth may be overflowing at a given time, but that usually means one's cup of security is at a lower level.
- » And two vital techniques: Critical reflection, which involves examining and challenging assumptions, and appreciative inquiry, in which questions are less about interrogation to solve problems and instead centers curiosity and openness. When the ARC board practiced some appreciative inquiry of its own, it ended up speculating on what it would be like to have a person living with dementia serving on the board. While this wasn't pursued for legal and other reasons, the idea itself opened up thinking.





*The project is a process of discovery—both of connection and of one's own personal wisdom.*

» Organizational change ahead: Accepted practices will come up for debate, Smith says, leading to innovative ideas: “When they feel that level of support, people go into completely uncharted territory.”

For instance, ARC is piloting a “dedicated neighborhood partner” concept, where rather than nursing assistants being assigned traditional shift work hours of 7 am to 3 pm, 3 pm to 11 pm, 11 pm to 7 am, they co-create responsive staffing schedules based on what the residents need and require throughout the day.

### Measuring Success

The Well-BEING Project gathered data, but its importance to the group was more about “the conversations it was able to generate” on perceptions and gaps revealed.

Information gathered before and after the pilot, discussed by the group, and analyzed by a colleague pointed out improvements in several areas: Collaborative decision-making; seniors’ ease of access to the outdoors; making decisions with seniors (versus for seniors); and supporting seniors in doing what they want, when they want. It also saw more team communication among employee team partners.

### Exploring Modifications

Typically, organizational improvement is launched top-down: Someone in a decision-making position sees a need and brings home a program, shares the training, and rolls it out. Without culture change, the method either fades, or can morph into an added burden.

But culture change can be scary or meet resistance. What’s a modification for this?

Start with yourself, Weiss says. She suggests the following steps to lay the groundwork:

- » Consider how you can explore the mindset of being the expert, and begin to practice unlearning what you think you know by listening and valuing the wisdom of the person experiencing cognitive changes.
- » Be patient: Collaborative decision-making takes much more time than top-down leadership.
- » Reflect on your own listening and communication skills. Look at the level of trust and relationship in the organization, and identify and commit to what you need to improve upon.





## YOUNGER-ONSET MEMORY CARE RESIDENTIAL PROGRAM

Sunrise Senior Living, McLean, Virginia | [Sunriseseniorliving.com](http://Sunriseseniorliving.com)

### THE NEXT GENERATION

*Ramping up existing person-centered care practices provides beneficial environments for people with younger-onset dementia.*

The gulf between age 65 and 85 is a deep one—everything from physical condition to musical tastes can differ. But memory loss and cognitive change can occur—and have similar effects—at both ages, and even younger.

Sunrise Senior Living, with about 300 communities with more than 27,000 residents in the United States, Canada, and the United Kingdom, saw a need for age-appropriate environments for people with younger-onset dementia—and that these could help improve daily life and well-being.

At first, Sunrise planned a purpose-built neighborhood for people living with younger-onset dementia. As often occurs with innovation, testing against reality didn't bear out that plan—the numbers and demographics weren't sufficient for an entire community.

So Sunrise pushed its innovation through to the next step. It adapted early-onset techniques and aligned these with the existing successful person-centered care program at Sunrise, Living with Purpose.

"This reinforces their own identity," says Rita Altman, senior vice president of memory care and program services at Sunrise. "They don't want to be known by their disease as much as they do by what they can give."

### How It Works

At the heart of the program is the individualized service plan, based on in-depth information gathered from the resident and from family and caregivers, packed with information on everything from major life events to the kinds of clothes the resident prefers.

Custom-created programming, ranging from book clubs and cultural events to physical activities, will vary from community to community, as will the spaces and resources needed.

## ARGENTUM INNOVATION SERIES

In one community, there's a younger-onset activity daily on each floor, with an assistant to help with each activity.

The key is to "level the playing field," making sure that these residents, who can be in a minority, aren't seen as an afterthought.

"A couple of times a day, they're getting together with people from their own age group," Altman says, "having their feelings validated and finding ways to cope."

### Resources Needed: Training and Personnel

One advantage to the program: In essence, it's an extension of what Sunrise was doing for everyone: centering the resident, ensuring that people are defined not by decline but by their strengths and remaining abilities. No significant new processes or techniques are needed.

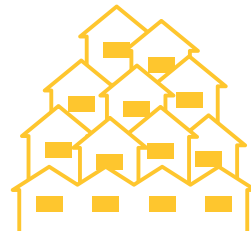
Staff training is a matter of pulling together resources and making employees aware that there are significant differences in younger-onset memory care. Behavior such as loss of inhibition can be misunderstood when it comes from a younger, physically healthy person. Staff need to understand the additional difficulties caused by how unexpected memory loss can be at that age—families and residents alike also may need extra help processing the experience.

**And it may require some additional dedicated staff:** Some communities have had to add on what Sunrise calls a "life enrichment manager" to help execute the age-specific activities plans; the community's activity director can oversee the programs, but may need an assistant or other help.

### Tips for Your Community

» **Start with support groups:** For instance, a Sunrise community in Ohio has large numbers of residents younger than 70 living with different forms of memory loss—some living independently and some in assisted living. The community brought them together at a certain time of day, for an activity such as listening to music. Residents were able to support each other more easily and explore what they had in common.

### Senior Living Communities are a Primary Provider of Residential Care for Older Adults Living with Dementia.



**334,000**  
RESIDENTS



**7 out of 10**  
LIVE WITH  
ALZHEIMER'S  
OR SOME FORM  
OF DEMENTIA

*Source: Center for Disease Control's National Center for Health Statistics*

- » **But one person is enough:** Sunrise develops "personalized life enrichment activities" for the individual, as well. The point is that you don't have to wait to have a group to begin person-centered care. A resident can even launch and lead an activity they'd like to try.
- » **Plan in more physical involvement:** "Many people living with younger-onset don't have other co-existing health care conditions, and they might have a lot of energy," Altman says. The additional physical activity can help even out emotional factors and give people another way to express themselves.
- » **Family members add up:** Younger-onset dementia residents often have larger families with more young people than do older residents, and it's important to develop ways to support these families, whose dynamics have been so disturbed by cognitive disorders. Events that tap into those family ties give families healthy, positive ways to meaningfully engage, Altman says. Events have included music performances or wine and cheese receptions.

- » **Provide meaning:** Younger-onset residents were not long ago breadwinners or caring for a family; it may be hard for them to feel as if they're not being productive. The Sunrise "Living with Generosity" program allows younger people with memory loss to help in volunteer work that can fulfill this need.
- » **Start early in the day:** "When we start engaging people immediately after breakfast in a nurturing activity, it's been very successful," Altman says.

"The key part of this is we want to be very cognizant of the generation they've come from and what they experience—versus what we have historically developed for older seniors," Altman says.

### Exploring Modifications

- » Consider mixing in music or other programming from different eras, including the present.
- » Offer a stepped-up version of a physical activity program for those with more energy to burn.
- » Consult with staff to create a list of meaningful tasks they believe a resident could help with and from which they would derive a sense of achievement. Keep the list in mind when making personalized care plans.
- » Be aware of special needs younger residents may have for different clothing or hair care—ask about these when creating a plan.

### A YOUNGER RESIDENT'S STORY

At 65, BA spent her first week at the community feeling embarrassed to be around seniors with memory care needs. She called her brothers at least 10 times a day to discuss her worries and ask questions. She didn't want to engage much at first.

Little by little, she started to trust Judy, the activities and volunteer coordinator, who BA now refers to as her "best friend."

Through a personalized care approach, including getting BA involved in meaningful programming, she is now in charge of the community's Flower Club, helps to serve food at the Men's Luncheon, decorates for all of the formal parties, and goes out on the bus for the resident outings.

BA has become Judy's "assistant." The minute Judy walks in the door each day, BA stops her and asks, "What's my job assignment for today?"

This sense of purpose can be very important for younger residents, who before their memory loss may have expected to continue working and assisting others.



BA has not only stopped calling her brothers constantly, but her brothers now call the community to see when BA can fit them into her schedule.

When the community got a rescue dog that might have experienced some neglect in his past, BA was immediately tuned into taking care of him. She once remarked that it must be hard for him to be new.

## LAUNCH LEARNINGS FROM THESE SIX PROGRAMS

The highlighted innovations in this report have in common several aspects of launch, rollout, implementation, and evaluation that can be useful as you plan and launch your own innovations.

### Program-in data collection and evaluation

From the start, have a model in place or develop capacity to collect and evaluate results—it strengthens your case for change when you can show improvement. How will you gather responses—and how will you make it easy for staff and residents to share reactions? The Manchester Camerata group, for instance, partnered with local universities and policy groups and ended up having a PhD student researcher dedicated to the project.

### Team up with your neighboring residences

Some innovators didn't follow the traditional process of starting with a small pilot, then rolling out on a mass scale. Piloting and rollout can happen more organically, with communities close in location or similar in mission working in small teams. Unidine, for instance, with the Fresh Bites program, handles dining services in about 20 states, so it was able to have a chef launching the program invite a chef from a neighboring community to sit in, learn, and advance the program. Or, when appropriate, you can take a leaf from the tech industry and “beta-test” an innovation among several residences, openly and transparently gathering feedback.

### Change the perspective

What does the experience of launch and implementation look like to staff, to residents, to families, to the larger community? Can you gather data or feedback from these groups? What do you learn when you see it from their points of view? This shift in perspective opened up a capacity to change for the Well-BEING Project, for instance.

### Incremental and iterative changes can still be innovative

Sunrise uses personalized care plans for all residents—it simply tweaked the model somewhat and paid attention to different elements when it came to younger-onset memory loss residents. A small change can make a big difference. Testing one of the suggested innovation modifications on a small scale can lead to a productive new series of actions.

### Get communications and media involved early

Families, staff, residents—when there's a change, everyone wants to know about it. The more you can communicate, the more ideas you can generate. Several of the innovations garnered a great deal of positive media attention for their work, which in turn brought more attention, benefits, and sometimes resources to their communities. From the outset, work with communication and media professionals to find good ways to tell the world what your community is accomplishing.

## CONCLUSION AND NEXT STEPS

This project builds upon phase one of the Senior Living Innovation Series: Memory Care by diving deeper into six of the highlighted programs, with a goal of encouraging replication or finding inspiration for similar programs among senior living providers. Argentum's Memory Care Roundtable helps to guide all Argentum efforts related to serving memory impaired residents of senior living. Comprising the most senior people responsible for memory care programs and services in Argentum gold member companies, the Roundtable has been instrumental in providing leadership to educate and inform Argentum members on memory care related issues.



# THE CONTINUING EVOLUTION OF MEMORY CARE

By Denise Wassenaar, RN, MS, LNHA,  
MatrixCare

*More senior living communities will look to incorporate alternative therapies that stimulate memory and cognitive function.*



The need for exceptional memory care options is expected to dramatically increase as the nation's baby boomers demand more progressive care for themselves and their loved ones. Recent estimates state that the number of Americans living with Alzheimer's disease could potentially triple from 5 million in 2013 to around 14 million by the year 2050.

## MEMORY CARE: THE PAST

In 1980 when the Alzheimer's Association was founded, people living with the disease would stay in a typical nursing home or assisted living community, receiving the same basic care as other residents. However, as research has helped us understand this disease better, our thinking about caregiving is evolving.

## MEMORY CARE: THE PRESENT AND FUTURE

Today, most senior living communities offer a specialized memory care environment. Research shows that one third of the residents in an assisted living community have Alzheimer's disease or another form of dementia, and these residents are now given more personalized memory support and care. In addition to staffing highly trained specialists in dementia, senior living communities are creating innovations in therapy, housing and technology designed to enhance the quality of life for these residents. Some of these include:

» **Alternative therapies.** Music, art, and even pet therapy are often provided to residents with dementia as a way to stimulate memory, cognitive skills and communication. In addition to improving residents' physical and social skills, these therapies reduce stress and aggressive behaviors. If you haven't done so already, explore opportunities to incorporate therapies like these or other non-traditional forms of mental stimulation therapy.

- » **Dementia staging.** Dementia staging refers to understanding exactly what stage of the disease a person is in to help provide the appropriate level of care. This person-centered approach focuses on the unique individual and what they can do, rather than what their limitations may be. The Functional Assessment Tool designed and developed by Dr. Barry Reisberg is the most widely used.
- » **Specialized technology.** As smartphone and computer technology advances, so does technology to benefit those suffering from dementia. From GPS tracking devices for those at risk of wandering and emergency response devices to detect signs of illness or a fall, to using tablets to play brain games or keep in touch with distant relatives, technology makes memory care today more efficient and streamlined.
- » **Unique housing designs.** While many senior living communities have a special area designated for those living with Alzheimer's or dementia, some go beyond providing just a floor or unit for these residents by providing an environment that houses a more intimate group of residents with a staff that specializes in memory care. The Green House Project, for example, strives to create a home that nurtures a familial experience, building deep relationships between the residents and the caregiving team. Residents are allowed to maintain their own personal routines and are encouraged to continue to pursue their interests.

As providing quality memory care becomes increasingly critical in the coming years, more senior living communities are adding these services and innovations to their overall strategy—a move that is sensitive to the needs of this growing population, as well as one that makes good business sense.

**MatrixCare**  
Integrated Care. Better Outcomes.

# CULTIVATING COMMUNITY THROUGH A MEMORY CAFÉ

*With support from the Massachusetts Association of Councils on Aging, Jewish Family & Children's Service developed a Memory Café Toolkit to help populate other communities with this innovative gathering place.*

A Memory Café is a welcoming social gathering for individuals living with dementia, their family, friends and professional caregivers. This year marks the 20th anniversary of the first Alzheimer's Café, started by Dr. Bere Meisen in Holland. Memory (or Alzheimer's) Cafés began spreading throughout the United States in 2008, although there are still many regions with few or none. Cafés stand out as a cost-effective, joyful model for reducing social isolation. Cafés engage participants with dementia due to any underlying condition and at any stage, including individuals who have not been diagnosed, and they also offer enjoyment, support and social connection to their care partners. Cafés bring in students and community members as volunteers

and hosts, and thus support the broader dementia friendly community movement, which emphasizes public awareness about dementia and reduction in stigma.

Jewish Family & Children's Service (JF&CS) of Boston started the second memory café in Massachusetts in March 2014. In response to an outpouring of interest in this model, six months later it launched the Percolator Memory Café Network to encourage the efficient and coordinated development of high-quality memory cafés throughout Massachusetts. By helping providers to collaborate rather than compete, the Percolator has dramatically increased access to this social and creative engagement model.



*Create a Better Day Café, Marlborough; the first memory café in Massachusetts*



Massachusetts is now home to almost 60 memory cafés, including a Spanish-speaking café and 13 cafés designed to include people who have both dementia and a developmental disability. Many more cafés are under development. The proliferation of cafés has enabled many individuals and families to become - in the words of one café guest - “café groupies,” frequenting various cafés throughout the month. Because most cafés invite guest artists to facilitate creative engagement experiences at the cafés, an additional benefit has been the development of a statewide cadre of teaching artists with expertise in working with adults who live with dementia.

The toolkit is available to download free of charge in English and Spanish. The toolkit includes a step-by-step guide to starting a café, a sample budget, and templates that can be adapted for use by new cafés. Visit [www.jfcsboston.org/MemoryCafeToolkit](http://www.jfcsboston.org/MemoryCafeToolkit) to access the Toolkit in English, and [www.jfcsboston.org/GuiaCafeDeMemoria](http://www.jfcsboston.org/GuiaCafeDeMemoria) to access the Toolkit in Spanish. The Introduction along with information on café norms and standards have been reprinted below. For more information, please contact Beth Soltzberg, MSW, MBA, founder and coordinator of the Percolator Memory Café Network, at [bsoltzberg@jfcsboston.org](mailto:bsoltzberg@jfcsboston.org).

## INTRODUCTION

### WHAT IS A MEMORY CAFÉ?

A memory café, sometimes called an Alzheimer’s café, is a social gathering for individuals living with dementia and their care partners. Guests are welcome whose dementia is due to any underlying condition, and at any stage of disease progression. Care partners can include spouses, children, friends, and professional caregivers. Cafés meet in accessible community locations. They strive for an atmosphere that’s more like a coffee house or a neighborhood party than a clinical program. Typically, guests are not asked their diagnosis. This way, individuals who have not been diagnosed or are not comfortable with their diagnosis feel



*Create a Better Day Café, Marlborough*

welcome. While information about resources and services is available for those who seek it, cafés provide a break from focusing on disease and disability.

### WHY ARE CAFÉS NEEDED?

People living with dementia, and their care partners, often become socially isolated. This is due to the increasing difficulty of engaging in everyday activities, compounded by the stigma that makes people feel unwelcome or embarrassed when symptoms occur in public situations. For example, someone who was a devoted member of a faith community may stop participating for fear of not being able to remember the names of people they’ve known for decades, or because friends at the congregation talk to their spouse rather than to them.

It’s not that people don’t care. In most cases, they lack information about Alzheimer’s and related disorders, and feel ill-equipped to interact with people living with these conditions. Service providers may also contribute to stigma without intending to, by calling anyone living with dementia a “patient” when they are not in a medical setting, and by treating them as more of a diagnosis than a full person.



*Aroma de Café,  
Lawrence*



*JF&CS Memory Café, Waltham*

The unfortunate result is isolation, which then brings many health risks, including the rapid worsening of dementia. Fear and stigma go hand in hand, and create a social environment in which many are afraid to acknowledge their symptoms and seek medical evaluation.

In a survey of 2,500 people living with dementia in 54 countries, the 2012 World Alzheimer's Report found that:

- » 60% of respondents have “been avoided or treated differently because of their diagnosis.”
- » 40% have been excluded from everyday activities.
- » Almost 25% concealed their diagnosis from family or friends, due to fear of being stigmatized.

## WHAT ARE THE BENEFITS OF MEMORY CAFÉS?

- » Cafés are a cost-effective way to support both the person living with dementia and their care partners, such as a spouse, children, grandchildren, friends, or professional caregivers.
- » Because they are open to people at any stage of disease progression, many café guests are able to continue attending for months or years.
- » For those who have not been diagnosed, they can be a way to “dip a toe in the water.” Sometimes when people see that life goes on with dementia, they start to open up to more services.
- » They help guests form new friendships. Many people meet at cafés, enjoy seeing each other at each café session, and then exchange contact information and get together outside of the café.



- » For care partners, cafés provide respite “with” the person who has dementia. They provide an opportunity to have fun together, not just to focus on problems and losses.
- » Café staff and trained volunteers can model effective ways to communicate with those who live with dementia, and therefore offer a natural, low-key teaching opportunity to care partners.
- » Many cafés involve creative arts, because these draw upon aspects of cognitive functioning that are affected last and least by most conditions causing dementia. Cafés can help care partners learn creative activities and techniques that they can do at home.
- » Cafés offer a great volunteer opportunity. Volunteers help keep the cost of running a café manageable, and volunteers in turn have the opportunity to interact with people

living with dementia in a positive, fun, strength-based environment. As one volunteer said, “I’ve learned that when you’ve seen one person with dementia, you’ve seen one person with dementia.”

Cafés can bring in participation from many sectors of a community. For example, businesses can contribute food or sponsor a café. Local artists or musicians can facilitate activities. Students can volunteer. Cafés can help communities become more “dementia friendly.”

Visit [www.jfcsboston.org/MemoryCafeToolkit](http://www.jfcsboston.org/MemoryCafeToolkit) to access the complete toolkit in English, and [www.jfcsboston.org/GuiaCafeDeMemoria](http://www.jfcsboston.org/GuiaCafeDeMemoria) to access it in Spanish.



*JF&CS Memory Café, Waltham*



### WHAT A MEMORY CAFÉ IS:

- » A meeting place for individuals living with changes in their thinking or memory, mild cognitive impairment (MCI) or dementia due to Alzheimer's disease or a related disorder. It's a place to relax, have fun, and meet others. A diagnosis of dementia is not required to attend.
- » A meeting place for care partners, who can enjoy a change of scene and routine, meet other care partners to exchange ideas and learn about resources, and experience respite and renewal in their relationship with the person in their life who has dementia.

- » Structured to support and engage individuals with a range of cognitive needs, including those with cognitive changes, and family, friends, and other care partners.
- » Managed by community advocates and/or volunteers with experience or training in working with individuals with cognitive impairment. Guests who require personal care or assistance participating in the café must have a care partner stay with them.
- » A time to focus on socializing, exploration and respite from disease and disability.
- » An opportunity to learn where to find support and services for those who are looking for this type of information.
- » Free of charge or open to those who cannot afford a fee.
- » A program that strives for inclusion. This includes physical accessibility, respect for and inclusiveness of different cultures, and freedom from stigma.
- » Unique in character, based on the interests and style of the community where it is located and/or the individuals whom it serves.

### WHAT A MEMORY CAFÉ IS NOT:

- » A workshop, seminar or lecture about dementia.
- » A facilitated support group.
- » A drop-off respite program.
- » Primarily a marketing opportunity for a commercial enterprise.

# STATE OF THE SENIOR LIVING WORKFORCE

Trends in Employment, Hours and Wages  
from October 1 to December 31, 2016

*This report is sponsored by:*

**On)Shift**



# A QUARTERLY LOOK AT THE STATE OF THE SENIOR LIVING WORKFORCE

*Trends in Employment, Hours and Wages from October 1 to December 31, 2016*

Argentum's analysis of the latest Bureau of Labor Statistics data on senior living job and wage growth shows a robust industry, proud to be a creator of jobs in today's economy. Below are highlights of industry performance during the fourth quarter of 2016. To review third quarter data, see Issue 1 of *Senior Living Executive* 2017 or visit Argentum's online store for more complete data reports, [argentum.org/store](http://argentum.org/store).

## HIGHLIGHTS

- » The senior living industry continues to fuel the nation's economy, serving as one of its strongest job creators. Between January 2000 and December 2016, employment in the senior living industry nearly doubled: the 428,000 jobs added during this period represent an increase of 91 percent.
- » Senior living communities added a net 1,400 jobs in the fourth quarter of 2016. However, the modest gain of 1.5 percent from the fourth quarter of 2015 to the fourth quarter of 2016 marks the continuation of an overall slowing pattern in senior living job growth. This was the first time since the third quarter of 2014 that senior living employment growth fell below that of the overall private sector's growth of 1.7 percent.
- » Similar to the senior living industry, job growth in related industries slowed in recent quarters. The home health care industry registered 3.2 percent growth from fourth quarter 2015 to the same quarter in 2016 - the strongest gains among the five related industries cited in this report (home health, hospitals, skilled nursing, retail, and restaurants and accommodations.) However, even home health experienced its slowest employment gain in more than two years.
- » The number of hours worked by employees in the senior living industry continues to trend higher, with much of the growth coming from the assisted living sector. Assisted living employees worked nearly three hours per week longer than they did a year earlier.
- » Overall wage growth of senior living industry employees was similar to the overall private sector in recent quarters, at an increase of 2.6 percent between the fourth quarters of 2015 and 2016, and 2.7 percent respectively. Among related industries, wage growth was mixed. For example, the average hourly wages of workers in restaurants and accommodations increased by 4.2 percent between the fourth quarters of 2015 and 2016, the retail sector bumped up 1.5 percent, and hospital employees saw a 1 percent increase.

### ARGENTUM AND ONSHIFT PARTNERSHIP

The Argentum and OnShift partnership began in 2016 to support the development of data-driven research, innovative resources, and best practices to give senior living providers new tools and insights to improve workforce strategies. These quarterly workforce reports are a product of that relationship. Argentum is the leading national association exclusively dedicated to supporting companies operating professionally managed, resident-centered senior living communities and the older adults and families they serve. Learn more at [argentum.org](http://argentum.org). OnShift delivers cloud-based human capital management software and proactive services to solve everyday workforce challenges in healthcare. OnShift's suite of products for hiring, scheduling and workforce analysis drives quality care, lower costs and higher performance by empowering providers to staff consistently and efficiently. Visit [onshift.com](http://onshift.com).

## PART 1: EMPLOYMENT

### SENIOR LIVING INDUSTRY IS AN ENGINE OF ECONOMIC GROWTH

The senior living industry continues to be one of the strongest job creators in the economy. Between January 2000 and December 2016, employment in the senior living industry nearly doubled: the 428,000 jobs added during this period represented an increase of 91 percent. In comparison, total employment in the nation's private sector rose by just 11 percent during this 17-year period.

Even during the challenging economic decade of 2000 to 2010 that included two recessions, senior living employment continued to rise. The senior living industry added 259,000

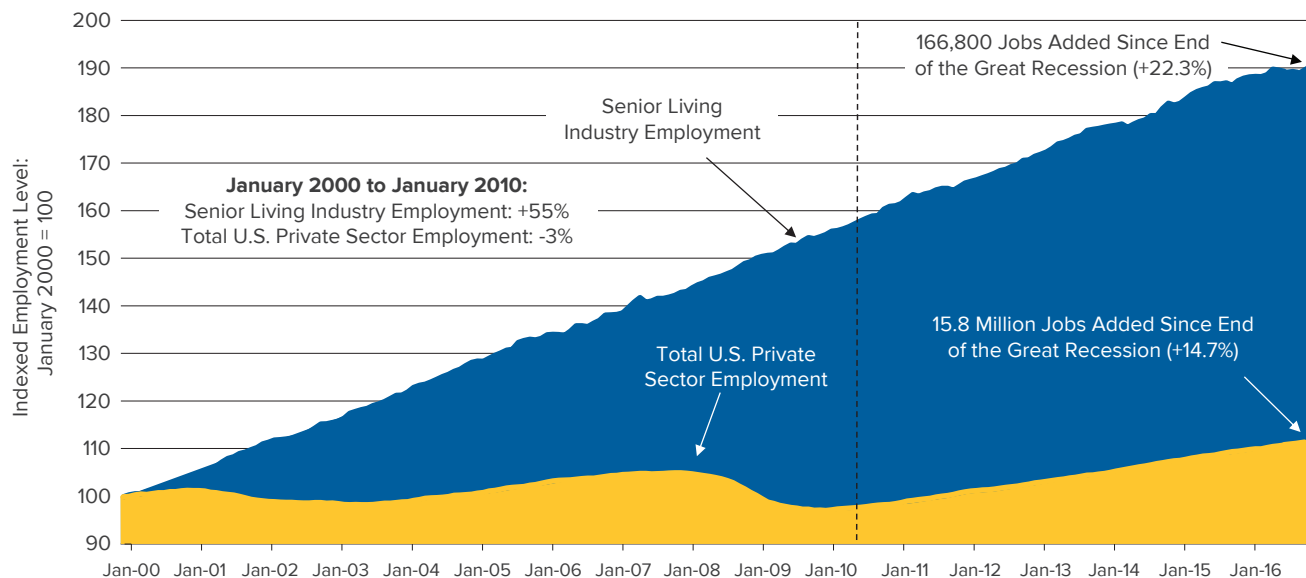
jobs between January 2000 and January 2010, which represented an increase of 55 percent. In contrast, the nation's private sector shed 3.1 million jobs during the same 10-year period – a decline of 3 percent.

Coming out of the Great Recession, senior living continued to drive growth in the U.S. economy. Senior living communities added a net 166,800 jobs since the employment recovery started in March 2010, an increase of nearly 23 percent.

In comparison, the nation's private sector has added 15.8 million jobs during the economic recovery, which represents an increase of about 15 percent.

### Senior Living Continues to Show Steady Job Growth

Employment Trends from January 2000 to December 2016



Source: Argentum analysis of data from the Bureau of Labor Statistics; figures are seasonally adjusted

## STATE OF THE SENIOR LIVING WORKFORCE

### SENIOR LIVING INDUSTRY JOB GROWTH SLUGGISH

Job growth in the senior living industry slowed in the fourth quarter. Senior living communities added a net 1,400 jobs in the fourth quarter on a seasonally adjusted basis, down substantially from an increase of 5,800 jobs in the third quarter. The fourth quarter increase of 1,400 jobs represented the smallest quarterly gain in the history of the data series, which began in 1990.

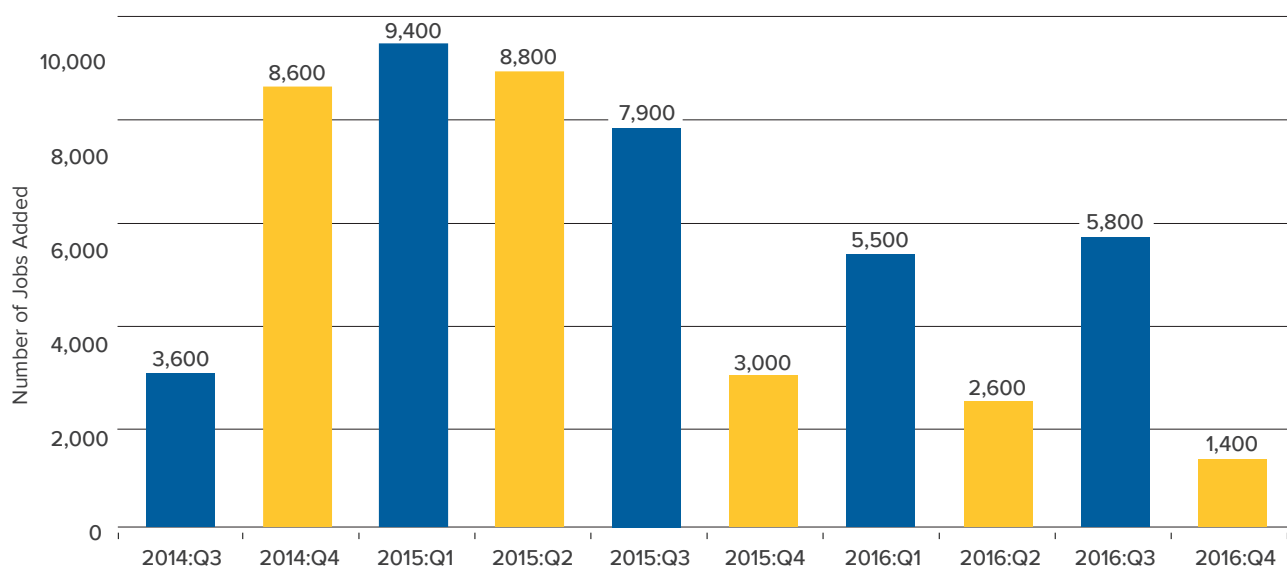
The modest fourth quarter gain marked the continuation of an overall slowing pattern in senior living job growth. The senior living industry added jobs at a 1.5 percent rate between the fourth quarters of 2015 and 2016, which also represented the

slowest four-quarter gain on record. This was the first time since the third quarter of 2014 that senior living employment growth fell below that of the overall private sector.

Within the senior living industry, assisted living communities added jobs at a 1.7 percent rate between the fourth quarters of 2015 and 2016. This represented the first time since 2012 that job growth at assisted living communities fell below 2 percent on a four-quarter basis.

Job growth at continuing care retirement communities slowed for the fifth consecutive quarter, and the 1.3 percent increase was the smallest four-quarter gain since payrolls expanded by just 1.1 percent in the third quarter of 1999.

**Total Senior Living Industry Employment Growth**



Source: Argentum analysis of data from the Bureau of Labor Statistics



## JOB GROWTH SLOWS IN RELATED INDUSTRIES; HOME HEALTH SEES STRONGEST GAINS

Similar to the senior living industry, job growth in related industries slowed in recent quarters. The home health care industry continued to register the strongest gains among the related industries, with employment rising 3.2 percent between the fourth quarters of 2015 and 2016. Although the gain was nearly twice as strong as the 1.7 percent gain in total private sector jobs, it represented the home health care industry's slowest employment gain in more than two years.

The hospital sector also posted job growth above the private sector in recent quarters. Hospitals added jobs at a 2.4 percent rate between the fourth quarters of 2015 and 2016, which ranked second out of the five related industries (home health, hospitals, skilled nursing, retail, and restaurants and accommodations.) Overall in 2016, hospitals added jobs at a 2.6 percent rate, which represented the sector's strongest annual employment gain since 2002.

In contrast to the gains in the home health care and hospital sectors, employment in skilled nursing declined in recent quarters. Employment in skilled nursing declined 0.3 percent between the fourth quarters of 2015 and 2016, which ranked last out of the five related industries. In total for 2016, the number of jobs in the skilled nursing industry declined 0.3 percent. This represented the fifth consecutive year of job losses in the sector.

The restaurants and accommodations industry added jobs at a 2.3 percent rate between the fourth quarters of 2015 and 2016. Although this sector's job growth remained above the overall private sector, it slowed for the third consecutive quarter. Despite the recent slowdown, the restaurants and accommodations industry added jobs at a 3 percent rate in 2016 – the fifth consecutive year with job growth of at least 3 percent.

Retailers added jobs at a 1.1 percent rate between the fourth quarters of 2015 and 2016, which marked the sector's slowest gain since the first quarter of 2013. Overall in 2016, retail employment rose 1.4 percent, which represented the sixth consecutive year of growth below the private sector.

### Trends in Employment Across Related Industries

	Number of Jobs: Q4 2016	Q4 2015 to Q4 2016	2015 to 2016	2014 to 2015
Senior Living Industry	896,700	1.5%	2.1%	3.5%
Continuing Care Retirement Communities	478,000	1.3%	2.1%	3.8%
Assisted Living Communities	418,700	1.7%	2.2%	3.1%
Skilled Nursing	1,648,300	-0.3%	-0.3%	-0.1%
Hospitals	5,076,200	2.4%	2.6%	2.3%
Home Health Care	1,384,300	3.2%	3.6%	4.1%
Retail Trade	16,170,000	1.1%	1.4%	1.6%
Restaurants and Accommodations	13,384,500	2.3%	3.0%	3.2%
Total U.S. Private Sector	123.5 million	1.7%	1.9%	2.3%

Source: Argentum analysis of data from the Bureau of Labor Statistics; figures are seasonally adjusted

## PART 2: HOURS

### WEEKLY HOURS OF ASSISTED LIVING EMPLOYEES RISE STEADILY

The number of hours worked by employees in the senior living industry continues to trend steadily higher. Senior living employees worked an average of 33.2 hours per week during the fourth quarter of 2016, which was up 5.5 percent from an average workweek of 31.4 hours during the fourth quarter of 2015.

In contrast, the average workweek of all private sector employees was 34.5 hours during the fourth quarter, down 0.3 percent from the average workweek of 34.6 hours during the fourth quarter of 2015.

Much of the growth in the average workweek of senior living industry employees was driven by assisted living communities in recent quarters. Assisted living employees worked an average of 33.5 hours a week during the fourth quarter of 2016, which represented a robust 8.6 percent increase from the average workweek of 30.8 hours during the fourth quarter of 2015. In other words, assisted living employees worked nearly three hours per week longer than they did a year earlier.

Hours worked by employees at continuing care retirement communities (CCRCs, sometimes referred to as life plan communities) also rose in recent quarters, but at a slower rate. Their average workweek was 32.9 hours during the fourth quarter of 2016, up 2.8 percent from an average workweek of 32 hours during the fourth quarter of 2015.

### Trends in Average Weekly Hours of Senior Living Employees

	Average Weekly Hours: Q4 2016	Q4 2015 to Q4 2016	2015 to 2016	2014 to 2015
Senior Living Industry	33.2	5.5%	2.8%	0.6%
Continuing Care Retirement Communities	32.9	2.8%	1.6%	0.9%
Assisted Living Communities	33.5	8.6%	4.5%	0.3%
Total U.S. Private Sector	34.5	-0.3%	-0.3%	0.0%

Source: Argentum analysis of data from the Bureau of Labor Statistics; figures are seasonally adjusted



## PART 3: WAGES

### ASSISTED LIVING COMMUNITIES SHOW STRONGEST WAGE GROWTH

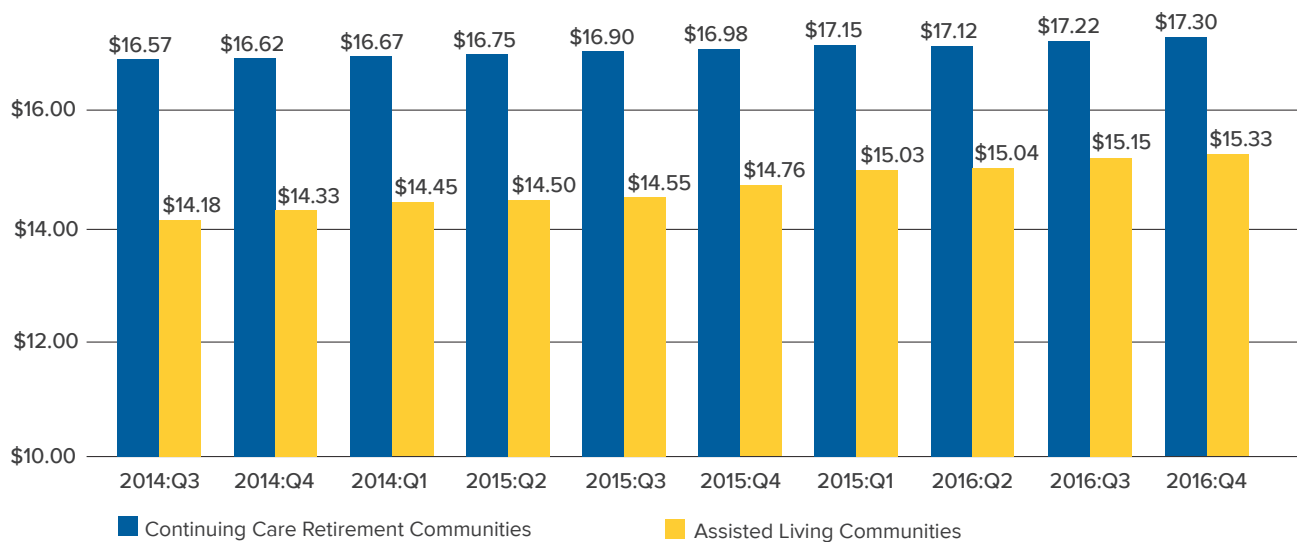
Overall wage growth of senior living industry employees was similar to that of the private sector in recent quarters. Average hourly earnings of senior living employees increased at a 2.6 percent rate between the fourth quarters of 2015 and 2016, which was only slightly below the 2.7 percent gain in the average hourly earnings of all private sector employees.

In total for 2016, average hourly earnings of senior living employees were up 2.8 percent, which represented the second consecutive year in which annual wage growth outpaced the overall private sector.

Within the senior living industry, employees at assisted living communities enjoyed the strongest wage gains in recent quarters. Average hourly earnings of employees at assisted living communities increased 3.9 percent between the fourth quarters of 2015 and 2016, which marked the fifth consecutive quarter with wage growth of at least 3 percent.

In comparison, average hourly earnings of employees at CCRCs increased at a 1.9 percent rate between the fourth quarters of 2015 and 2016.

**Average Hourly Earnings of Senior Living Employees**



Source: Argentum analysis of data from the Bureau of Labor Statistics; figures are not seasonally adjusted

## STATE OF THE SENIOR LIVING WORKFORCE

### SKILLED NURSING, RESTAURANTS/ ACCOMMODATIONS SEE STRONGEST WAGE GAINS

Wage growth was mixed in recent quarters for the related industries. Average hourly earnings of employees in the skilled nursing segment increased at a solid 3.9 percent rate between the fourth quarters of 2015 and 2016, which was well above the 2.7 percent wage gain for all private sector workers. Overall for 2016, average hourly earnings in the skilled nursing segment rose 3.4 percent – the strongest gain since 2008.

The home health care segment also registered strong wage gains in recent quarters. Average hourly earnings of home health care employees rose 3.1 percent between the fourth quarters of 2015 and 2016. In total for 2016, the 4.3 percent wage gain for home health care employees represented the first notable increase since 2012 (3.3 percent), and the strongest since 2008 (6 percent).

In contrast, wage growth of hospital employees fell below the overall private sector in recent quarters. Average hourly earnings of hospital employees increased at a modest 1 percent rate between the fourth quarters of 2015 and 2016, or nearly two full percentage points below the wage gains of all private sector employees.

Average hourly wages of workers in the restaurants and accommodations sector increased at a strong 4.2 percent rate between the fourth quarters of 2015 and 2016. Overall for 2016, the 3.9 percent annual wage increase for employees in the restaurants and accommodations sector represented the third consecutive year with growth of at least 3 percent.

Average hourly earnings of employees in the retail sector increased 1.5 percent between the fourth quarters of 2015 and 2016, which was less than half of the solid gains that were registered during 2015.

### Trends in Average Hourly Earnings Across Related Industries\*

	Number of Jobs: Q4 2016	Q4 2015 to Q4 2016	2015 to 2016	2014 to 2015
Senior Living Industry	\$16.37	2.6%	2.8%	2.6%
Continuing Care Retirement Communities	\$17.30	1.9%	2.2%	2.1%
Assisted Living Communities	\$15.33	3.9%	3.9%	3.3%
Skilled Nursing	\$18.33	3.9%	3.4%	1.8%
Hospitals	\$31.39	1.0%	1.6%	2.3%
Home Health Care	\$19.51	3.1%	4.3%	0.1%
Retail Trade	\$17.86	1.5%	2.0%	3.1%
Restaurants and Accommodations	\$14.21	4.2%	3.9%	3.1%
Total U.S. Private Sector	\$25.93	2.7%	2.5%	2.2%

Source: Argentum analysis of data from the Bureau of Labor Statistics; figures are not seasonally adjusted

\*BLS data includes both salaried and hourly workers in its average hourly earnings data.





