Moving from person-centered to relationship-centered care in the community
Testing innovative interventions

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Overview
Background

- Until the Americans with Disability Act (ADA) in 1990, the United States only supported people with disability through admitting them in Hospital/rehab model institutions.
- Although the goal was to assist them medically, physical and verbal abuse were hallmark of the care provided in these institutions.
- ADA recognized people with disability as equal citizens with the right of full access to their community.
- States were forced to end institutionalization and provide community-integrated residential alternatives.
Our study aimed to test work environment in community-integrated residential facilities and identify the different attributes affecting the provision of care.

Two community-integrated home models, serving victims of brain injury were selected as sites for our pilot study; group home model and waiver home model.

Mapping the different parties involved in residents’ care, RC identified weak ties and provided a roadmap for staff to design focused interventions.

Parallel to the baseline and post intervention surveys, qualitative data were collected through documenting focus group meetings and conducting stakeholder in-depth interviews.
Interventions

- Baseline survey identified the weakest ties to be:
  - Ties with community for the group home model
  - Ties with family with the waiver home model
- Focus group explained these findings to be due racial differences and disability stigma.

*Being black is often associated with crime. People feel afraid to come say hi, when we are pushing/assisting the residents in the neighborhood.*

*There is always the anxiety of drop in houses’ prices with a disability residence facility in the neighborhood. They won’t encourage our presence by bonding with us or the residents.*

*People often stigmatize disability as mental illness.*

*I used to say hello, start a conversation with some family members and they never respond back. It used to hurt, but now I know it’s common since this was the situation for so long.*
Interventions (2)

- Group Home intervention: a themed open house
  “come know our work on Brain Injury”

The event invited residents’ families, local business owners, selectmen, neighborhood society, and had two main goals:
- Introduce staff’s work on brain injury.
- Close the cultural gap by finding common ground between staff, families and local community.

- Waiver home intervention: a cookout event

The event aimed to provide warm safe environment for staff and families to build personal relationships
Results
RC Index

Total RC Index with Community

Total RC Index with Family

Baseline | Intervention
-----|-----
3 | 4.2
3.2 | 4
3.4 | 3.6
3.6 | 3.8
3.8 | 4
4 | 4.2

Baseline | Intervention
-----|-----
3 | 3.2
3.4 | 3.6
3.6 | 3.8
3.8 | 4
4 | 4.2

Waiver H. | Group H.
# RC Index and Seven Dimensions

<table>
<thead>
<tr>
<th>Index / Group</th>
<th>Group Home Model</th>
<th>Waiver Home Model</th>
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<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>Post-Intervention</td>
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<tr>
<td>RC w/Family</td>
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<td><strong>RC Dimensions</strong></td>
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<tr>
<td>Problem Solving</td>
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<td>4*</td>
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<td>3.76*</td>
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<tr>
<td>Frequency</td>
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<tr>
<td>Accuracy</td>
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<td>Problem Solving</td>
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## RC and Job Satisfaction

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<th>Overall Job Satisfaction</th>
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<td>-0.6*</td>
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(*) = p≤ 0.05; (**) = p≤ 0.01; (*** = p≤ 0.001
Discussion
Strengths

- Mixed method approach
- Let process unfold- Real staff experiences
- Participatory Intervention- bottom-up, not top-down process
- Support without controlling
- Empower
- Build on direct care staff affection and caring for residents
Limitations

- Two House Models - small samples
- Study design-no control
- Staff perspectives only
- Sustainability

Next Steps

- Scale this pilot more broadly - across a multi-site residential care organization
- Incorporate family and community members perspectives on relational coordination with direct care staff
Thank You