

Interpreting, Defining and Implementing a Successful Structure for Supporting Religious to “Age in Place”

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Speaker: plante moran CRESA



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Course Description

“Aging in Place” is a popular term used to describe a system and structure for elders to maintain their independence and self-determination when they need support to preserve a desired level of engagement in their lifestyle that is different from traditional institutional models focused long-term care. The term has had a variety of meanings and applications. The questions and implications for the development of an appropriate system and structure to support “Aging in Place” for those who have committed to a vowed religious life are often different from what needs to be considered for the general public. We will discuss and expand on the philosophy of “Aging in Place” by describing opportunities for religious institutes and dioceses to effectively serve the needs of members within the context of their vowed life and commitment to mission. The opportunities we will describe reflect a recognition that there are a variety of settings, values, and cultures among religious and that these elements should be a primary consideration when developing an appropriate model for supporting members to age in place. Additionally, we will discuss the elements required to implement an effective structure for supporting members to “Age in Place”, including: identification of values based criteria by which to make decisions; assessing the appropriateness of residential settings; how residential settings might be established and operated; and how to evaluate the supports and services in place or needed to effectively assist individuals or local communities to “age in place”

Learning Objectives

1. “At the end of the program, participants will be able to develop a set of criteria to identify and evaluate appropriate living environments for senior religious members, using resources and tools available for defining such criteria”.
2. “At the end of the program, participants will be able to identify environments that are appropriate for supporting senior religious members, using a set of principles and criteria developed, demographic and financial projections”.
3. “At the end of the program, participants will be able to develop a process for identifying whether adapting current environments for aging in place is an appropriate option, using ADA principles and other best practices for adapting senior religious living environments”.
4. “At the end of the program, participants will be able to develop a process for identifying options for continuing to live a religious life when a transition is required for optimizing well-being and life safety; using ADA principles and other best practices for adapting senior religious living environments, as well as demographic and financial projections”.



Approach to Supporting Elder Religious

Developing the Vision

Role of Facilities Staff

- Major resource to the Organization due to understanding of:
 - Physical plant condition
 - Fixed costs of systems
 - Functional use of space
- Opportunity to identify potential enhancements to environment to enhance use of the space to support living well
- Opportunity to identify individuals who might need additional attention/support

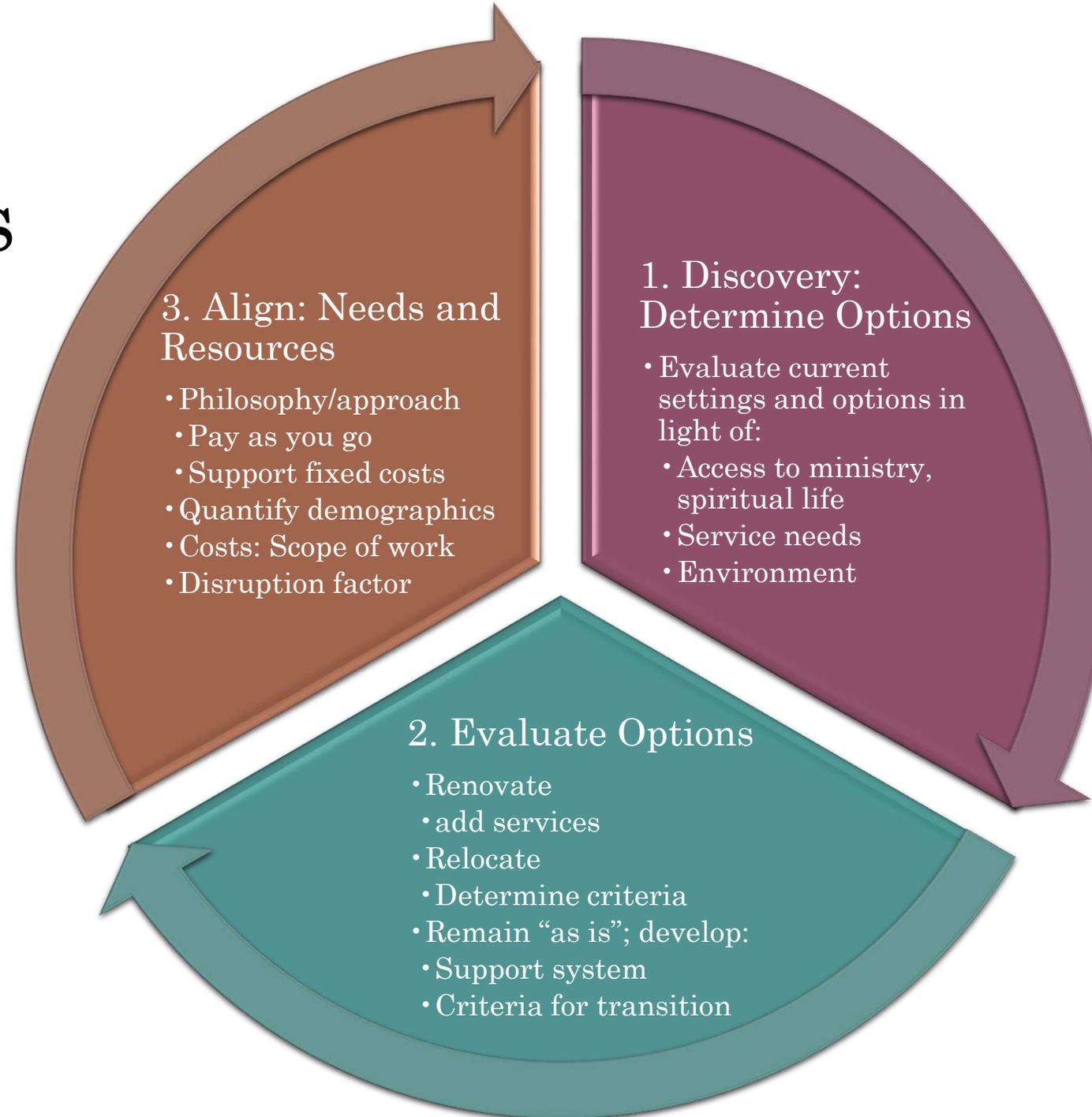
Purpose

- Enable the individual religious, at any age or stage, to remain engaged in:
 - Mission
 - Community
- And, promote a holistic approach to living the life

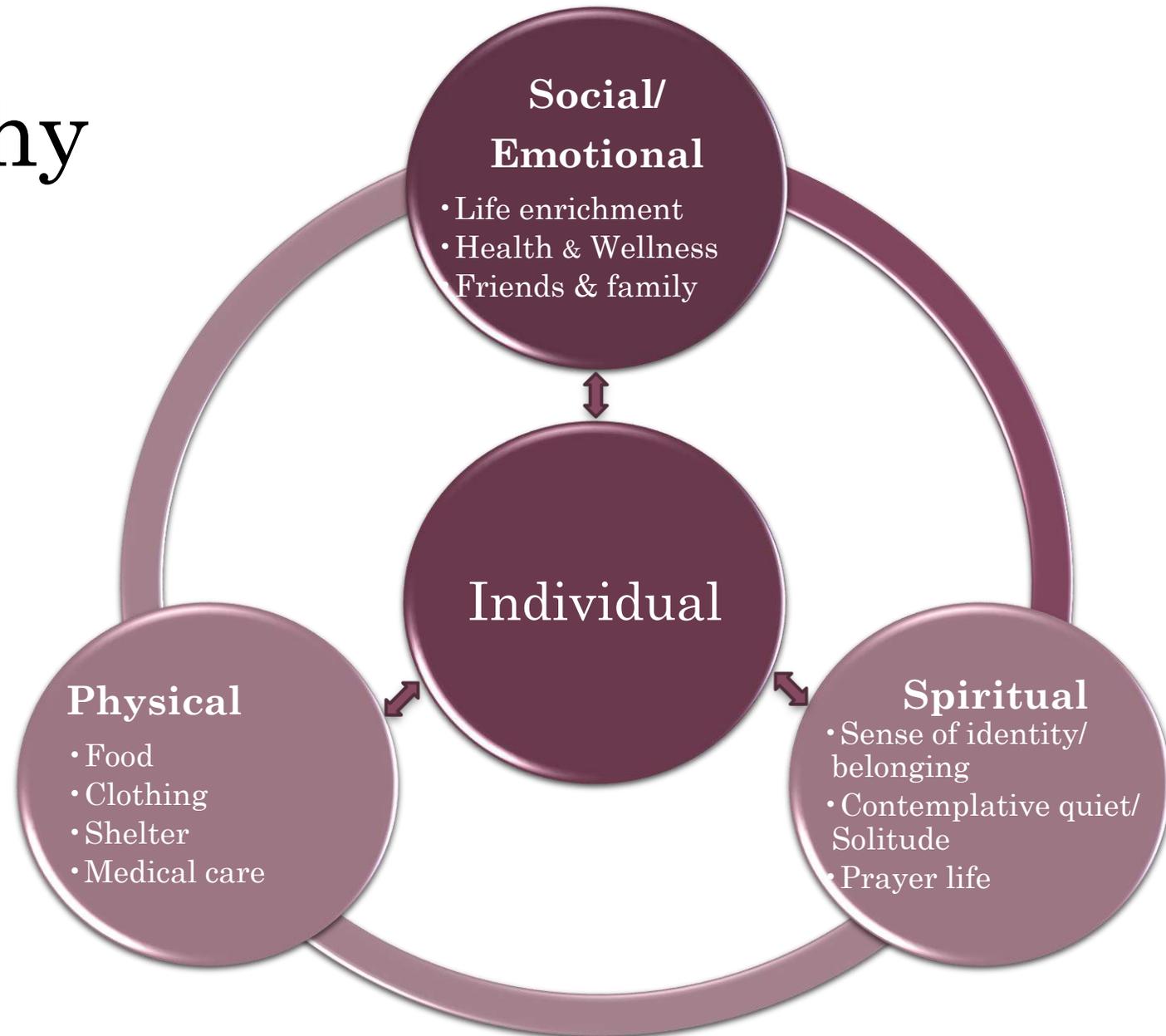
Need

- An environment that is conducive to supporting the purpose

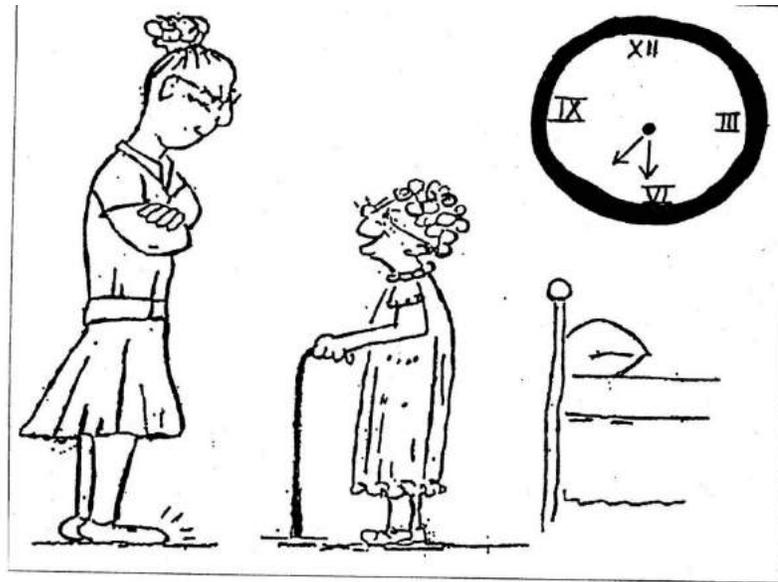
Process



Philosophy



Challenge: Status Quo



Honey, I've been through 2 world wars, the Great Depression, taught 3,297 children, administered 4 elementary schools and outlived every one of the pastors I worked with. I'm 89 years old and you're telling me it's bedtime?"

Challenge: Institutional Bias

Our Home



The Infirmary/Care Center



Challenge: Institutional Bias

Our Home

- Convent
- Community
- Apartment/House

- Intimate
- Comfortable
- “Home”

The Infirmary/Care Center

- Nursing Home
- Retirement Convent
- Infirmary

- Aging
- Institutional
- Large and cold

Challenge: Institutional Bias

- Aging often means supportive services are required to meet:
 - Social needs
 - Spiritual needs
 - Physical needs
- Aging does not equal:
 - Dependency

Challenge: Institutional Bias

In our home we live as community and individuals access services to enable continuing:

- Engagement in mission
- Self-determination
- Choice - when and how to:
 - Eat
 - Sleep
 - Pray
 - Decorate
 - Budget and spend

In the infirmary/care center, where the old and sick live, individuals are provided care and services:

- To address their physical needs
- By relinquishing self-determination
- Have choices made for them on how to:
 - Eat
 - Sleep
 - Pray
 - Decorate
 - Budget and spend

Challenge: Population of Elder Religious

Reality

- Many require some level of support or care to remain engaged in mission
- Most resist transition to supportive settings

Historical Response

- Traditional structures are not challenged
- Clinical care and medical needs are over addressed; creates dependency

Challenge: Cost

Reality

- Large buildings, built for another purpose, retro-fitted
- Elders living alone or with other elders in environments without appropriate supports

Historical Response

- Change is finance driven
- Support of buildings rather than mission effective setting

Challenge: Philosophy of support

Reality

- Focused on physical needs
- Institutional bias

Historical Response

- Clinical care and medical needs are over-addressed
- Care before life
- Safety before mission

Challenge/Historical Response

- Population of Elder Religious
 - Many require some level of support or care to remain engaged in mission
 - Most resist transition to supportive settings
 - Cost
 - Large buildings, built for another purpose, retro-fitted
 - Elders living alone or with other elders in environments without appropriate supports
 - Philosophy of support focused on physical needs
 - Care before life
 - Safety before mission
- Population of Elder Religious
 - Traditional structures are not challenged
 - Clinical care and medical needs are over addressed; creates dependency
 - Cost
 - Philosophy of support focused on physical needs

Guiding Principles:

- Individuals are included in determining their unique needs
- The purpose of any congregate setting is to support the individual's engagement in mission
- When an individual is unable to participate in decisions, past preferences should be honored and assistance should be provided as individually as possible
- Limit structures that promote “us v them” practices

It is not a matter of if,
but when

Discern Options

- As is:
 - Develop criteria for when and where to transition individual to another level of care
 - Exit strategy
- Relocate:
 - Criteria – when and where to relocate individuals
- Renovate:
 - Add services?
 - Environment adjustments
 - Exit strategy

Factors for Consideration

- These are the considerations for whether you Remain; Relocate; Renovate
- Cost
 - Quantify scope of work
- Disruption factors
 - Short-term
 - Long-term
- Identification of Alternative Options; i.e.
 - Support fixed costs – ownership
 - Pay as you go - leasing

Case Study and Discussion

Resources

- <https://www.pioneernetwork.net/wp-content/uploads/2016/11/Just-In-Time-Toolkit-Environmental.pdf>
- <https://www.fgiguilines.org/resource/design-guide-long-term-care-homes/#>
- Artifacts of Culture Change: Environment Artifacts 15. – 49., CMS and Educating

This concludes The American Institute of
Architects Continuing Education Systems Course.
At this time the course participants are free to ask
questions.

Conference of Catholic
Facilities Management (CCFM)

Andy Guljas
317.525.7176

Plante Moran Cresa

Erin George

erin.george@plantemoran.com

Jerry Gumbleton

jerry.gumbleton@plantemoran.com

Doug Smith

doug.smith@plantemoran.com

Tom Zimmer

tom.zimmer@plantemoran.com

