

TRAUMA-INFORMED CARE REGULATORY REQUIREMENTS

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Blending Innovation & Regulation

EDU-CATERING: Catering Education for
Compliance and Culture Change in LTC
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F699 Trauma-informed care

- The facility must ensure that residents who are trauma survivors **receive culturally competent, trauma-informed care** in accordance with **professional standards of practice** and **accounting for residents' experiences and preferences** in order to **eliminate or mitigate triggers that may cause re-traumatization** of the resident.



1

Trauma-informed care resources

- Reflects principles set forth in SAMSHA's Concept of Trauma and Guidance for a Trauma-Informed Approach (HHS Publication No. (SMA) 14-4884):
<https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884.html>
- The Council on Social Work Education standards and indicators for cultural competence:
<http://www.socialworkers.org/practice/standards/index.asp>
- The National Standards for Culturally and Linguistically appropriate Services in Health and Health Care developed by the Office of Minority Health in HHS:
<https://www.thinkculturalhealth.hhs.gov/index.asp>

2

Definitions

Trauma

- Results from an event, series of events, or set of circumstances that is experienced by an individual as **physically or emotionally harmful or life threatening** and that **has lasting adverse effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Trauma-informed care

- An approach to delivering care that involves **understanding, recognizing and responding to the effects of all types of trauma**. Recognizes impact and signs and symptoms of trauma in residents, and incorporates knowledge about trauma into **care plans, policies, procedures and practices** to avoid re-traumatization.

3

High Prevalence

- What is prevalence?
- Anyone here experienced trauma?
- According to SAMHSA, **70% of adults in the US have experienced some type of traumatic event**, at least once in their lives. Also, a **direct correlation between trauma and physical health**.

4

WHO ARE TRAUMA
SURVIVORS?

5

Trauma Survivors

- Military veterans
- Survivors of natural or human-caused disasters
- Survivors of abuse (physical, sexual, mental)
- History of imprisonment
- History of homelessness
- Traumatic loss of a loved one
- Others?

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Behavioral health services

- F741 The facility **must have sufficient staff** who provide direct services to residents **with the appropriate competencies and skills sets** to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e). ...



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F741

These competencies and skills sets include, but are not limited to, **knowledge of and appropriate training and supervision for:**

- §483.40(a)(1) **Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder**, that have been identified in the facility assessment conducted pursuant to §483.70(e), and as linked to **history of trauma and/or post-traumatic stress disorder**,
- §483.40(a)(2) Implementing **non-pharmacological** interventions.

Approaches

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- INTENT §483.40(a), (a)(1) & (a)(2) The intent of this requirement is to ensure that the facility has sufficient staff members who possess the basic competencies and skills sets to **meet the behavioral health needs** of residents for whom the facility has assessed and developed care plans. The facility must consider the acuity of the population and its assessment in accordance with §483.70(e). This includes residents with mental disorders, psychosocial disorders, or substance use disorders. **Facility staff members must implement person-centered, care approaches designed to meet the individual needs of each resident**. Additionally, for residents with behavioral health needs, **non-pharmacological** interventions must be developed and implemented.



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Non-pharmacological interventions APPROACHES

General/Applies to all of us List

- Hungry?
- Thirsty?
- Tired?
- Pain?
- Need bathroom?

- Bored?
- Need to go outside?

Very Individualized List

My list:

- Bible
- Christian music
- Scrapbooking
- Book
- Call daughter

*What is YOUR list:

-
-

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- F742 §483.40(b) Based on the comprehensive assessment of a resident, the facility must ensure that—

- §483.40(b)(1) A resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being;

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Guidance

- Expressions or indications of distress, **lack of improvement or decline in resident functioning should be documented** in the resident's record and **steps taken to determine the underlying cause of the negative outcome.**



- Assessment/Discovery Process?

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LEC-5 Standard

Instructions: Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you're not sure if it fits; or (f) it doesn't apply to you.

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)						
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						

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9. Other unwanted or uncomfortable sexual experience						
10. Combat or exposure to a war-zone (in the military or as a civilian)						
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)						
12. Life-threatening illness or injury						
13. Severe human suffering						
14. Sudden violent death (for example, homicide, suicide)						
15. Sudden accidental death						
16. Serious injury, harm, or death you caused to someone else						
17. Any other very stressful event or experience						

https://www.ptsd.va.gov/professional/assessment/documents/LEC5_Standard_Self-report.PDF

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PTSD Checklist (PCL)

Patient Name: _____ Date: _____

If an event listed on the Life Events Checklist **happened to you** or you **witnessed it**, please complete the items below. If more than one event happened, please choose the one that is **most troublesome to you now**.

The event you experienced was _____ on _____ .
(EVENT) (DATE)

Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then **circle** one of the numbers to the right to indicate how much you have been **bothered** by the problem **in the past month**.

BOTHERED BY	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Repeated disturbing memories, thoughts, or images of the stressful experience?	1	2	3	4	5
2. Repeated, disturbing dreams of the stressful experience?	1	2	3	4	5
3. Suddenly acting or feeling as if the stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5
4. Feeling very upset when something reminded you of the stressful experience?	1	2	3	4	5
5. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of the stressful experience?	1	2	3	4	5
6. Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it?	1	2	3	4	5

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7. Avoiding activities or situations because they remind you of the stressful experience?	1	2	3	4	5
8. Trouble remembering important parts of the stressful experience?	1	2	3	4	5
9. Loss of interest in activities that you used to enjoy?	1	2	3	4	5
10. Feeling distant or cut off from other people?	1	2	3	4	5
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feeling as if your future will somehow be cut short?	1	2	3	4	5
13. Trouble falling or staying asleep?	1	2	3	4	5
14. Feeling irritable or having angry outbursts?	1	2	3	4	5
15. Having difficulty concentrating?	1	2	3	4	5
16. Being "super alert" or watchful or on guard?	1	2	3	4	5
17. Feeling jumpy or easily startled?	1	2	3	4	5

OO-OCCURRING DISORDERS PROGRAM: SCREENING AND ASSESSMENT

Document is in the public domain. Duplicating this material for personal or group use is permissible.

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http://www.bhevolution.org/public/screening_tools.page
PTSD Checklist

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- ***What is appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being?***

The facility must provide the “appropriate treatment and services” to correct the assessed problem or to attain the highest practicable mental and psychosocial wellbeing.

The determination of what is “appropriate” is person-centered and would be based on the **individualized** assessment and comprehensive care plan. To the extent that the **care plan identifies particular treatment and services**, the facility must make reasonable attempts to provide these services **directly or assist residents with accessing** such services.



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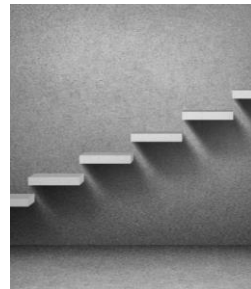
Tag F659 Comprehensive care plans

- Services outlined by comprehensive care plan, must—
- Meet professional standards of quality.
- Be provided by qualified persons.
- **Be culturally-competent and trauma-informed. Culturally-competent and trauma-informed care are approaches that help to minimize triggers and re-traumatization. Care that addresses the unique needs of Holocaust survivors and survivors of war, disasters, and other profound trauma are an important aspect of person-centered care for these individuals.**

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F656 Comprehensive Care Plans

The facility must develop and implement a comprehensive **person-centered** care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes **measurable objectives and timeframes** to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.



The comprehensive care plan must describe the following —

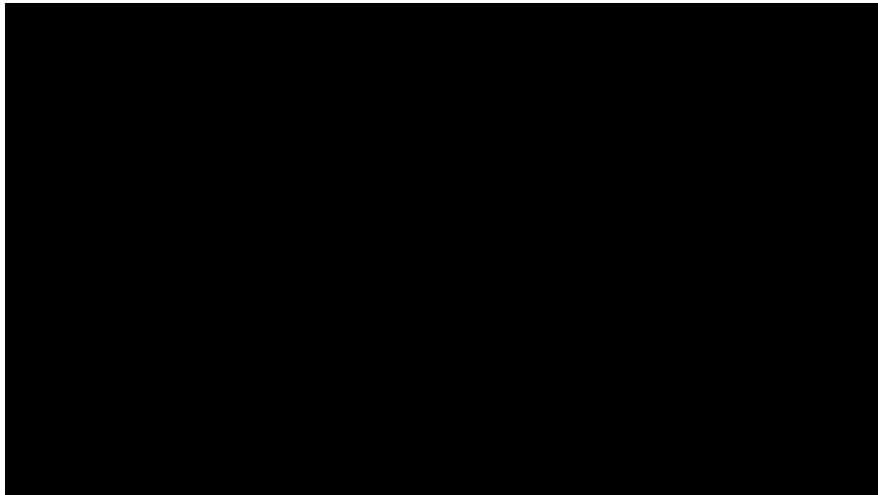
- (i) The services that are to be furnished to attain or maintain the resident's **highest practicable physical, mental, and psychosocial well-being**
- Notice highest practicable is supposed to be described and services to meet

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- **PRACTICABLE:** Innate capability – based solely on the individual’s abilities, limitations, and potential – independent of external limitations.
- **PRACTICAL:** Capability based on resources available to support a person’s abilities and potential, and address their limitations.

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- **Physical** well-being
- **Mental** well-being
- **Psychosocial** well-being

Text following this interview from 1:1 caregiver: "You just made this fine man feel so proud and needed. Thank you! Everyone needs to feel like they can still contribute."

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Highest Practicable Level of Well-Being



Householder wiping tables in an Action Pact Household Model Nursing Home

- “I consult with the maintenance team on electrical issues.”
- “I clean with the housekeeper every day at 10:30.”
- “I read to fellow residents every day, to the preschoolers every week.”
- “I teach a fellow resident to paint as I cannot do it any longer but enjoy teaching.”
- “I am learning how to paint from a fellow resident, something I’ve always wanted to do.”

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Failure = Actual Harm

- *Actual harm that is not Immediate Jeopardy:*

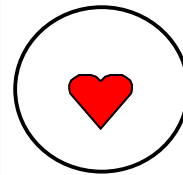
Severity level 3 indicates noncompliance that results in actual harm, and can include but may not be limited to clinical compromise, decline, or the resident’s inability to maintain and/or reach his/her highest practicable well-being.

23

-
- A facility must determine through its facility assessment what types of **behavioral health services** it may be able to provide. **Some examples** of treatment and services for psychosocial adjustment difficulties may include:
 - *providing* residents with **opportunities for autonomy**;

CMS Definitions § 483.5

Person-centered care. For purposes of this subpart, person-centered care means **to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.**



Choice given in every interaction

24

“The resident’s goals”

- Incorporate resident’s **personal and cultural preferences in developing goals** of care.

“The resident’s goals”- 53 times now in regs

25

Whose goals are they anyway?



- Ask residents what their goals are. It's their life.
- **Quote them: "I want to stay in my room."**
- **Takes the onus off your team.** No one can argue with it.
- Anyone tired of making up goals for another person?
- Ask families what **the person's goals** would be, **not theirs.**
- Don't dismiss your own observations, you know the person now.

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Tag 561 Self-determination

- **Right to choose activities, schedules (including sleeping and waking times),** health care and providers of health care services consistent with his or her interests, assessments, plan of care and other applicable provisions of this part.
- **Right to make choices about aspects of his or her life in the facility that are significant to the resident.**

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❖ *How many of us
would rather be
sleeping?*

Uninterrupted Sleep = Autonomy
True choice = my body decides

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DO YOU STILL WAKE
RESIDENTS UP?

Why?

Courtesy of the Eden Alternative

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“SLEEP IS LIKE MEDICINE”

“Sleep is better than medicine”

What is it like to wake people up?

What is a *blissful morning* to you?



30

The Benefits of Being Well Rested

- ◇ Less depression
- ◇ Less anxious
- ◇ More alert
- ◇ More energy
- ◇ Builds up immune system
- ◇ Protein synthesis, tissue repair, muscle growth
- ◇ Better cognition, thinking
- ◇ No “behaviors”
- ◇ Better mood
- ◇ Fewer falls
- ◇ Everything is better
- ◇ **Increased wellbeing**
- ◇ **PREVENT problems**
- ◇ So, why would we wake people?
- ◇ Outcomes are better

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Set Mealtimes = No Choice

MEALTIMES
BREAKFAST 7:00 AM
LUNCH 12:00 NOON
DINNER 5:00 PM



Open Dining = Choice



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- arrangements to keep residents in touch with their
 - communities,
 - cultural heritage,
 - former lifestyle, and
 - religious practices;
 - and maintaining contact with friends and family.



33

WELLBEING

34

- The coping skills of a person with a history of trauma or PTSD will vary, so assessment of symptoms and implementation of care strategies should be highly individualized.



Individualized

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History of trauma



- Involves **psychological distress**, following a **traumatic or stressful event**, that is often variable;
 - May be connected to feelings of **anxiety and/or fear**;
 - Often involves expressions of **anger or aggressiveness**;
 - **Some individuals** who experience trauma **will develop PTSD**.
-
- Dr. Soo Borson, WY ECHO in Geriatrics: Anyone who is nasty has most likely been treated badly/has had something bad happen to them.
 - Experiment/explore to find what works.

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Adjustment difficulties:

- **Occur within 3 months** of the onset of a stressor and last **no longer than 6 months** after the stressor or its consequences have ended;
- Are characterized by **distress that is out of proportion** to the severity or intensity of the stressor, taking into account external context and cultural factors, **and/or a significant impairment** in social, occupational, or other important areas of functioning;
- May be related to **a single event or involve multiple stressors** and **may be recurrent or continuous**;
- **May cause** a depressed mood, anxiety, and/or aggression;
- May be diagnosed **following the death of a loved one** when the intensity, quality, or persistence of grief **exceeds what normally might be expected**; and
- Can occur for individuals **with or without PTSD** or a history of trauma.



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- **Moving from the community into a long-term care facility, for an individual with a history of trauma or PTSD, can be a very difficult transition and cause worsening or reemergence of symptoms. Additionally, the structured environment of the nursing home can trigger memories of traumatic events and coping with these memories may be more difficult for older adults.**
- *Moving into a nursing home is one of the hardest things anyone will ever do.* Dr. Judah Ronch, CMS broadcast on Psychosocial Well-being 2006
- ***How could you provide more assistance at this time?**

38

Meet at the door, expected
1st meal planned
Resident Mentor
Team Member Buddy

Welcome Gathering





Welcome Wagon

A simple pleasure

*What could you do in your community?

39

- 
- 
- Symptoms may include, but are not limited to,
 - the **re-experiencing or re-living** of the stressful event (e.g., flashbacks or disturbing dreams),
 - **emotional and behavioral expressions** of distress (e.g., outbursts of anger, irritability, or hostility),
 - **extreme discontentment or inability to experience pleasure**, as well as **dissociation** (e.g., detachment from reality, avoidance, or social withdrawal),
 - **hyperarousal** (e.g., increased startle response or difficulty sleeping); and
 - **may be severe or long-lasting** when the stressor is interpersonal and intentional (e.g., torture or sexual violence).

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The 4 R's of Trauma-informed Care

Realize the prevalence: 70%, if repeated, chronic, multiple traumas are more likely to exhibit pronounced symptoms/ negative consequences, i.e., substance use disorders, mental illness, and physical health problems. “Clean your plate?”

Recognize trauma disrupts central nervous system, overwhelms ability to cope, results in feeling **vulnerable, helpless, afraid, interferes** with relationships and fundamental beliefs about oneself, others, and one's place in the world.

Respond with understanding: “**What has happened to you?**” Not, “What is wrong with you?” Acknowledges it may not be their fault they are acting badly. It shows the person that there is an understanding that their past experiences may be affecting their present behavior, promoting healing.

Resist re-traumatization: minimize situations (Provider 5/19)

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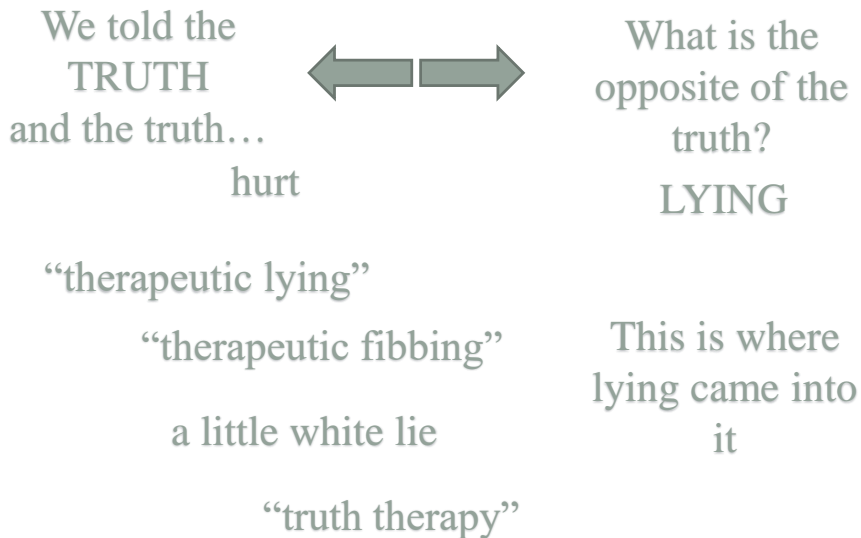
- Accepting the disoriented old-old/80+ adult who lives in his/her past, acknowledging feelings, validating.
- “He hurt me.” Maybe someone did when she was ... 7.
- Tempted to say, “No, no, no one hurt you,” meaning well.
- Denying a person’s feelings *invalidates.
- Originates after unsuccessful attempts of *reality orientation.
- “Where’s my mom?”



Validation Method® - know what to do with old trauma

Naomi Feil, Developer

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43

Humans have many levels of ...

awareness – from super consciousness to subliminal layers (Abraham Maslow, Carl Rogers).

Because of this, we would never ...

lie.

When we lie, we risk...

the person not trusting us, losing rapport.

When we lie, we treat the other person...

without respect.

All people deserve to be ...

listened to and not...

lied to.

“We need more therapeutic crying and less ‘therapeutic lying’.”

Why we wouldn't lie

44

What is perhaps the main technique taught to caregivers?

- Redirection/diversion

“Would you like a cookie?”



- What is the message to the person?
What is the experience of the person?

45

-
- Example: “Where’s my mom?”
 - (Notice the emotion: they MISS their mom, their home, what they know, who they know, people who love them, feeling at home.)
 - **Rephrase:** “Where’s your mom?” (with empathy, not mimicking)
 - **Who** is your mom again?
 - **What** is your mom’s name?
 - **Where** do you think she would be?
 - **When** did you see her last?
 - **How** did your mom treat you?
 - **Tell me more** about your mom...

Center/empty yourself to empathize

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Validation provides truly successful techniques to consider using instead of outdated techniques that do not help people.

- For example: “Where’s my mom?”
- Reality orientation/the truth = Your mom is dead. (Causing grief over and over.)
- Lying = Your mom is at the store. (Causes distrust/people know the truth.)
- Redirection/diversion = Would you like a cookie? (Feels ignored, frustrated.)

12 month online curriculum for teams

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iGen 6th grade in a nursing home

- https://www.youtube.com/watch?v=-GH_LjHbEgA (7 min.)
- The opportunity to overcome trauma



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IGEN 6TH GRADE IN A NURSING HOME

https://www.youtube.com/watch?v=-GH_LjHbEgA (7 min.)

Does purpose have power? More than pills?

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AHEARTOSERVE

Rockport Healthcare Services
Healing Lives,
Healing Community

<http://ahearttoserve.org/#>

Wellbeing includes having
meaning and purpose.

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INCREASE OPPORTUNITY FOR COMPANIONSHIP

Caring for animals, plants and others can help one heal.

<https://www.youtube.com/watch?v=ZKRMd-r2dN8> 6 min.

<https://www.youtube.com/watch?v=qK3vTbckZMw> 10 min.
with the seven domains of well-being

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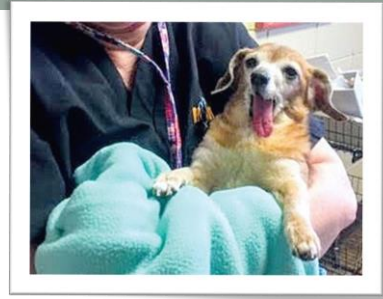


Courtesy Christopher House, Wheat Ridge, CO

Greyhounds: plentiful, playful, gentle, short hair and thin body fat suits them for the warm, dry environment of a nursing home

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Animal house club
- rescues dogs
- dog Park in courtyard



- Many Healthcare and Rehab, Many, LA



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"Michael must have his dog with him wherever he lives."
A PHYSICIAN ORDER



Courtesy Uptown Care Center Denver, CO

55



Courtesy North Star Community Resident's therapy-trained cat



Courtesy Colorado Lutheran Home

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Christopher House, Denver, CO

- Birds on each end of a hall.
- Ann tended to the parakeets, feeding and watering them daily.
- Ann talked to them, brought others into her room to show them the birds.
- Her roommate was non-verbal due to dementia prior to the birds. After the birds moved into the room she began to say "birds, birds" when they would sing.
- Others asked to have parakeets in their rooms.
- Set up multiple birds in resident rooms and birds were singing everywhere.

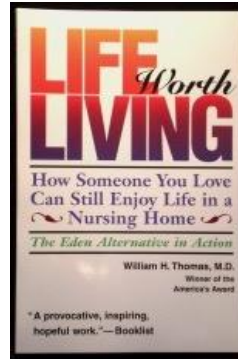
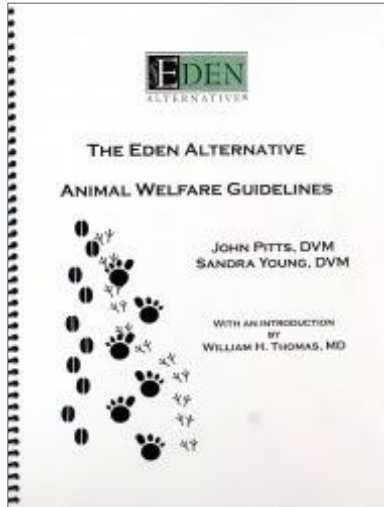


Big Results

Brenda Hancock, LNHA on *Conversations with Carmen* June 21, 2019

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Animal resources



From failure to thrive to assisted living all because of a bird!
www.edenalt.com

WARM THE SOIL

58

Animal Committee

- Eden suggests an Animal Committee
- Include a veterinarian/animal professional/trainer
- Identify “animal lovers”
 - Residents
 - Team members
 - Family members

“Calling
All
Animal
Lovers”

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Catalina
Springs
Memory Care
Oro Valley,
Arizona

Twitter
@CatalinaSprings



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QUESTIONS, COMMENTS, IDEAS TO SHARE

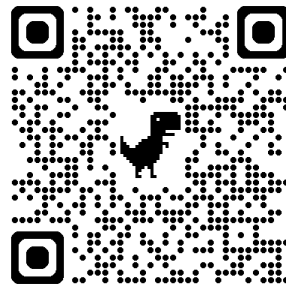
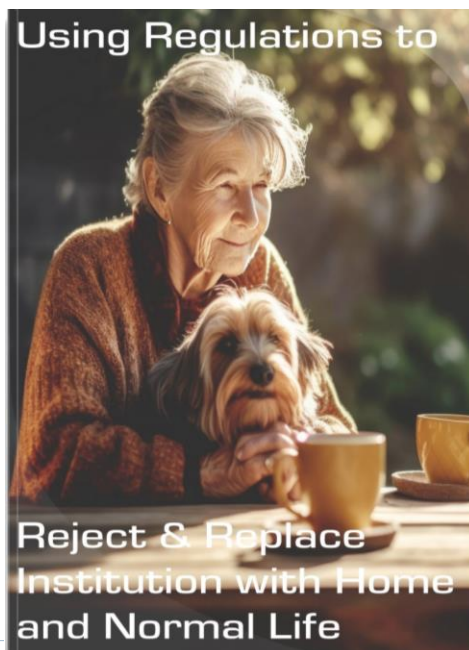
*WHAT NEEDS TO HAPPEN IN YOUR COMMUNITY
NEXT?

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Take Aways

- Be aware most of us have experienced some level of trauma...
- Each team member is to be educated in trauma informed care, standard of practice now in all settings
- Seek to learn
- Share with your team anything you learn/discover
- Care plan the details; must be very individualized
- Help move the pendulum to HOME, LIVING, LIFE
- LIFE is more than care
- Don't let Quality of Life get missed
- GROWTH and GIVING TO OTHERS helps combat trauma/PTSD

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New BE ENCOURAGED blog

New eResource series

www.theelderstep.com

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- Every month
- Culture change training directly into your home and to your team
- **It is the team that makes change**
- All shows are archived actionpact.com



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Free at:
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Archived shows:
 Jan. 18, 2013
People First Language
 Kathie Snow, author, advocate
 Friday, Feb. 15, 2012
The Power of Language to Change Culture
 Judah Ronch, PhD, Dean Erickson School of Aging
 Co-author of paper with same title funded by Rothschild



The Power of Language to Create Culture

Carmen Bowman, MHS
 Judah Ronch, PhD
 Galina Madjaroff, MA

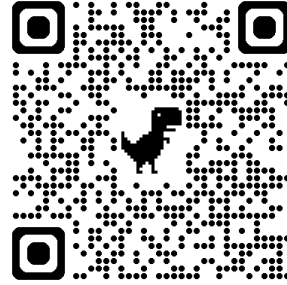
July 2012

The Hulda B. & Maurice L. Rothschild FOUNDATION

Supported by a grant from the Hulda B. & Maurice L. Rothschild Foundation

WY Nursing Homes that Changed Culture

- ▶ Star Valley - culture change 1 yr project
- ▶ Life Care Center of Casper – 1.5 years
- ▶ Westward Heights – 1 yr cc project
- ▶ Mission at Castle Rock, an Eden Home since 2014
- ▶ Morningstar at Ft. Washakie, an Eden Home since 2015
- ▶ YouTube: WY Culture Change Nursing Home Videos 2023 at Edu-Catering YouTube channel
- ▶ **AMAZING OUTCOMES!**



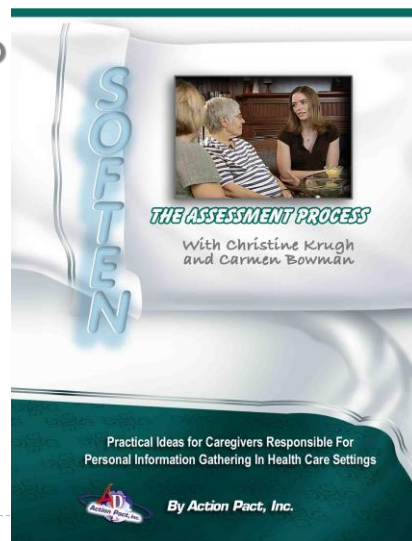
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SOFTEN the Assessment Process

- ▶ Workbook and training DVD
- ▶ actionpact.com



S – Support Simple Pleasures
O – Offer Options
F – Foster Friendships
T – Tie-in to Tasks
E – Equalize Everyone
N – Normalize Now



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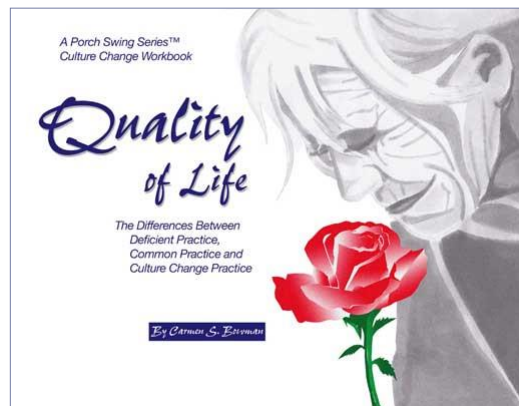
Regulatory Support for Culture Change



Available from Action Pact at actionpact.com

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Quality of Life: The Differences between Deficient, Common and Culture Change Practice



Section at F241 Dignity on Using Dignified Language
actionpact.com

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Living Life to the Fullest: A Match Made in OBRA '87

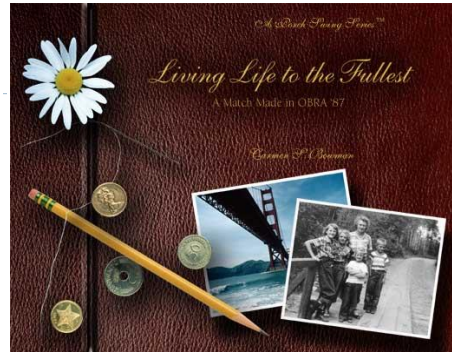
Getting to Know You assessment

Psychosocial Needs

Ethnic culture

Highest practicable level of well-being

Activity programming according to **interests, not "problems"**



MEANINGFUL ACTIVITY ASSESSMENT incorporates:

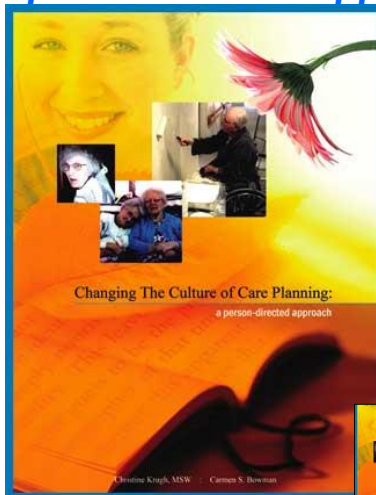
- ▶ Tag 248 Interpretive Guidance,
- ▶ MDS 3.0 and
- ▶ culture change practices.

Sold as a **kit** at actionpact.com



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Changing the Culture of Care Planning: a person-directed approach



Covers:

- ▶ Regulatory Support
- ▶ Individual Care Planning
- ▶ I Care Plans
- ▶ Narrative Care Plans

Includes:

- ▶ Sample IN2L "Visual Care Plan"

Available from Action Pact actionpact.com

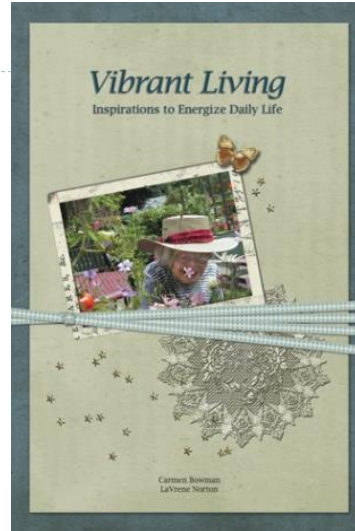


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Vibrant Living

Special Features:

- ▶ Written **to** Residents/ Householders
- ▶ Scrapbook style
- ▶ Coffee table book
- ▶ Learning Circle questions
- ▶ Audits for residents and families



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Alarms: The New Deficient Practice?

Eliminating Alarms and Preventing Falls by Engaging with...

The illustration features the word "Life" in large, bold, purple 3D letters. Each letter is hollowed out, and inside each letter, a different elderly person is shown engaged in a daily activity. The 'L' shows a woman reading a newspaper. The first 'i' shows a man vacuuming. The 'f' shows a woman sitting at a table with a man, possibly having a meal or conversation. The second 'i' shows a man in a wheelchair. The 'e' shows a woman cooking at a stove. The final 'e' shows a man holding a baby. The background is white, and the overall theme is about active living and engagement in later life.

www.actionpact.com

Theresa Laufmann, RN and Carmen Bowman, MHS

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Culture Change Resources

- ▶ www.pioneernetwork.net
- ▶ www.edenalt.org
- ▶ www.actionpact.com
- ▶ www.planetree.org
- ▶ <http://ndltca.org/resources/nd-culture-coalition/>