

THE CENTER FOR STATE HEALTH POLICY

**The Eden Alternative™ Grant
Program Evaluation Report**

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THE NEW JERSEY EDEN ALTERNATIVE™ GRANT PROGRAM EVALUATION REPORT EXECUTIVE SUMMARY

BACKGROUND

To encourage quality improvement in nursing homes, New Jersey, at the initiative of Governor Whitman made \$200,000 available to nursing homes (NHs) that would adopt the Eden Alternative™ model of care. These grants would be awarded through a Department of Health and Senior Services (DHSS) competitive grant program to ten nursing homes over a two-year period.

PURPOSE

Since Eden Alternative™ is a trademarked model of care, DHSS was interested in the nursing home industry's response to the State's role in endorsing one particular care model. To fully understand the impact of this new grant program, the Center for State Health Policy at Rutgers University was asked to survey nursing homes focusing on several issues:

- Nursing homes' views on the State's role in offering this grant program
- Nursing homes' interests in the grant
- Barriers in applying for this grant
- The grant process
- Other nursing home initiatives to improve quality of life for their residents

V

METHODS

To survey nursing homes (NHs), the Center for State Health Policy developed a self-administered mail questionnaire. A stratified random sample of nursing homes was selected based on their interest in the grants. Four groups were surveyed: NHs that received information about the grant program, but did not send a letter of interest to the DHSS (n=79); NHs that submitted a letter of interest, but did not attend the mandatory information workshop (n=26); NHs that attended the mandatory information workshop, but did not apply for the grant (n=24); and NHs that applied for DHSS grant funds (n=22).

RESULTS

General Characteristics

The overall survey response rate was 42 percent, with varying response rates by level of interest in the program. For instance, of those having had applied for a grant, 76 percent responded, while 35 percent of those having sent a letter of interest only responded. The only significant difference between respondents and non-respondents was in the level of interest; those facilities who were more interested in the Eden Alternative™ grant program were more likely to respond.

Most responding nursing homes had an average length of stay (ALOS) of over one year. Slightly more than half of the facilities (57%) had a sub-acute unit with ALOS ranging from 10 to 90 days with an average of 28 days. One-third (33%) of the facilities had specialized services, predominantly for residents with Alzheimer (50%) and Dementia (40%). Neither average length of

stay (total beds or sub-acute beds) nor specialized service units were related to level of interest in the grant program. Nursing homes described their own location as urban (14%), rural (14%), suburban (68%) and other (2%).

Since the Eden Alternative™ program requires a strong staff commitment and several years to develop, nursing homes were also surveyed about annual staff and administrator turnover. Administrators had the least turnover with an average of 17 percent, while nurse aides had the highest turnover with 40 percent. Turnover among registered nurses (RNs) and nurses aides were significantly related to level of interest in the grant program.

Previous Interest in Eden Alternative™ and Other Quality Improvement Programs

Two facilities were currently registered as Eden facilities, and ten indicated that they were interested in becoming an Eden facility. Additionally, 15 facilities (24%) indicated that they had adopted or were in the process of adopting an ecological model other than Eden Alternative™.

Interest in the Eden Alternative™ Grant Program

For the most part, the grant requirements and instructions were seen as clear. Requirements and deadlines were also seen as reasonable. A few facilities, however, indicated that they needed more time to complete the application process.

With an almost 70 percent attrition rate in interest in the grant program, the nursing homes were asked to identify the reasons why they did not respond or continue along the grant application process. The average number of concerns was 1.7 with a range of none to six concerns. Three factors were especially critical: not having enough time to complete the grant application; not having the financial resources to adopt the model; and not having the flexibility of funding to adopt the model. About one-third of the facilities indicated “other” concerns that affected their interest. These concerns included conflict with corporate decision-making process; competing needs at the time of the grant (i.e., HCFA/JACHO survey and facility renovations), and high staff/management turnover.

When asked if there was something that DHSS could have done to make this grant program more attractive, eleven facilities responded that more education and information about the grant program, more time to respond, and larger grant awards would have increased their interest.

Nursing Home Support of DHSS Grant Programs

Although only 22 facilities applied for the Eden Alternative™ grant, most facilities were supportive of the DHSS offering grants to adopt this particular model of care. Regardless of the facility’s interest in this particular program, the concept of offering grants to encourage change was seen as positive. Almost three-fourths of the responding facilities said that DHSS should offer grants to encourage model of care changes. And almost all of the facilities indicated that they would be interested in future DHSS grant programs designed to improve resident quality of life. Specifically, they mentioned an interest in continuing the Eden Alternative™ grants, as well as opportunities to train staff and families, build staff, and develop music, art, and computer programs.

RECOMMENDATIONS

Taking these results into consideration, several recommendations can be made.

- Continue to offer grants aimed at quality improvement initiatives
- Offer wider and/or larger funding opportunities for more varied purposes
- Consider grants or initiatives that address staff retention and education
- Provide more information and time to respond to the grant program

Although only 22 nursing homes applied for the Eden Alternative™ grant program, most facilities were supportive of the DHSS offering this funding opportunity. Even though some facilities raised concerns over the limited scope of the funding and the specific purpose of these grants, continued and expanded funding opportunities would be welcomed by the nursing home industry.

THE NEW JERSEY EDEN ALTERNATIVE™ GRANT PROGRAM EVALUATION REPORT

BACKGROUND

In March 1999, Governor Whitman launched an initiative to improve the quality of life of New Jersey's seniors by creating a new grant program for Nursing Homes (NHs) interested in the Eden Alternative™. Developed by Dr. William Thomas, the Eden Alternative™ model is outlined in his book *Life Worth Living*¹, and incorporates an ecological approach to care. To encourage nursing homes to adopt the Eden Alternative™, Governor Whitman announced that \$200,000 would be made available to nursing homes committed to this innovative approach and willing to become Eden Alternative™ facilities. To assist with the costs, the Department of Health and Senior Services (DHSS) developed a competitive grant program that offers \$20,000 to ten nursing homes over a two-year period.

To inform nursing homes about this funding opportunity, information about the Eden Alternative™ as well as the grant requirements was sent to all facilities.² The grant program consisted of a multi-step approach. The first requirement asked facilities to return a letter of interest to the department. Only those facilities that submitted a letter of interest were sent grant applications containing a registration form for the mandatory workshop. This workshop was designed to introduce the facilities to the Eden Alternative™ and was not intended to provide detailed information about the grant program. Only those facilities that attended the workshop were eligible to apply for the grant. Grant applications were mailed during the first week of August 1999 with an October 15th deadline.

Since Eden Alternative™ is a trademarked model of care, DHSS was interested in the nursing home industry's response to their new grant program. To fully understand the impact of the State's role in endorsing one particular care model, the Center for State Health Policy at Rutgers University was asked to conduct a survey of nursing homes. This survey focused on several issues including:

- Nursing homes' views on the State's role in offering this grant program
- Nursing homes' interests in the grant
- Barriers into applying for this grant
- The grant process
- Other nursing home initiatives to improve quality of life for their residents

METHODS

Survey Participants

To assess the NH industry's response to DHSS offering the Eden Alternative™ grant program, and endorsing one particular care model, a stratified random sample of NHs was selected based on their interest in the grant program. Four groups were surveyed: NHs who received information about the grant program, but did not send a letter of interest to the DHSS (n=79); NHs who submitted a letter of interest, but did not attend the mandatory information session (n=26); NHs who attended the mandatory information session, but did not apply for the grant (n=24); and NHs who applied for DHSS grant funds (n=22). Ideally, the nursing homes would have also been stratified by size of facility (number of beds); location (north, central, and southern area of the state), and ownership type (for-profit, non-profit, and government), but the overall number of facilities did not allow for such stratifications.

Survey Administration

In conjunction with the DHSS staff, the Center for State Health Policy developed a self-administered survey instrument that focused on the nursing homes decision to apply for the grant, other quality improvement activities, and interest in future grant opportunities (see Appendix A). To administer the survey, the questionnaire, a cover letter (see Appendix B), an endorsement letter from DHSS (see Appendix C), and a self-addressed stamped envelope were mailed to each selected nursing home.³

The survey packet was addressed to the contact (typically the administrator) listed in the DHSS Long-Term Care Facility Directory; however, the contact was asked to forward the survey to another appropriate respondent if need be. Nursing homes were told the purpose of the survey; participation in the survey is voluntary and unrelated to services, compliance monitoring, or grant awards; and that survey information would be kept confidential. Follow-up phone calls were made to the non-respondents, with a second survey mailed or faxed.

RESULTS

General Characteristics

While the overall response rate was 42 percent, the response rates did vary by level of interest in the program with 76 percent of the respondents having had applied for a grant, 54 percent having attended the mandatory workshop, 35 percent having sent a letter of interest only, and 32 percent having shown no interest in the program. Given these differing response rates, a comparison of respondents to non-respondents was determined along four critical lines (see Table 1). Although the response rate was less than ideal, the only significant differences between respondents and non-respondents was in level of interest with those facilities who were more interested in the Eden Alternative™ grant program more likely to respond.

Table 1. Nursing Home Characteristics: Respondents and Non-Respondents

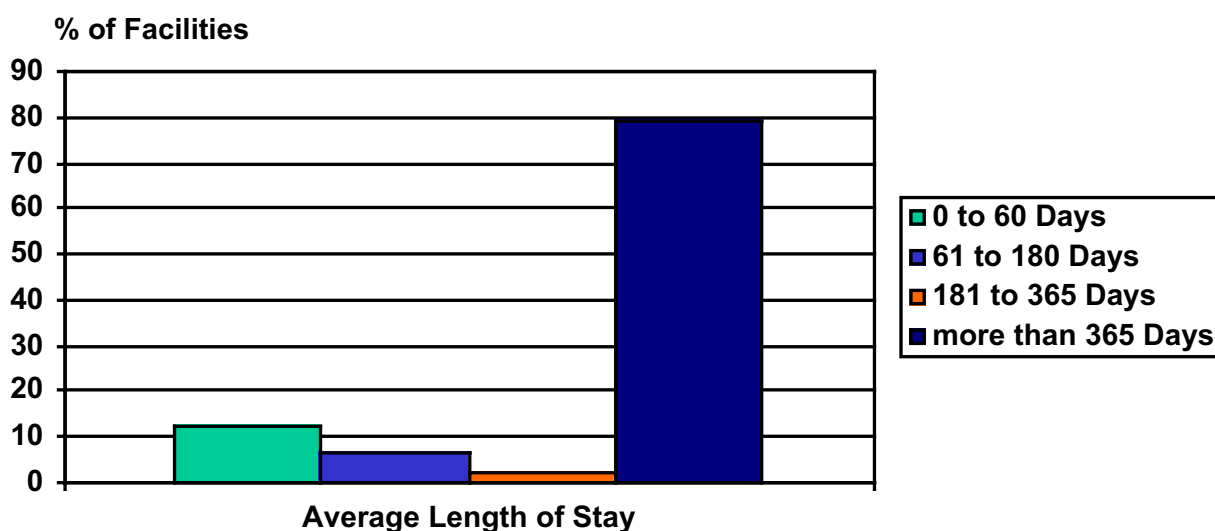
Level of Interest in Grant Program	Respondents (n=63)	Non-Respondents (n=87)
No Interest	40%	61%
Letter of Interest Only	14%	19%
Attended Meeting	21%	14%
Applied for Grant	25%	6%
Ownership		
Non-Profit	32%	26%
For-Profit	57%	68%
County Government	10%	5%
State Government	2%*	1%
Location⁴		
Northern	27%	31%
Southern	38%	38%
Central/North Western	35%	31%
Bed Size		
Less than 50 beds	10%	6%
51 to 100 beds	12%	15%
101 to 150 beds	37%	28%
151 to 200 beds	23%	29%
Over 201 beds	18%	22%

* Total equals 101% due to rounding.

While only limited information was available for both respondents and non-respondents, more detailed facility information was obtained from the survey respondents. For instance, most responding nursing homes had an average length of stay (ALOS) of over one year (see Figure 1). Slightly more than half of the facilities (57%) had a sub-acute unit with ALOS ranging from 10 to 90 days with an average of 28 days. One-third (33%) of the facilities had specialized services, predominantly for residents with Alzheimer (50%) and Dementia (40%). Neither average length of stay (total beds or sub-acute beds) nor specialized service units were related to level of interest in the grant program.

Given the regional diversity of New Jersey, nursing homes were asked to identify their location type as urban (14%), rural (14%), suburban (68%) and other (2%). Type of location has been seen as a factor in adopting an ecological model, especially as facilities located in cities may have different space challenges for gardens and pet runs than non-urban facilities.

Figure 1. Average Length of Stay



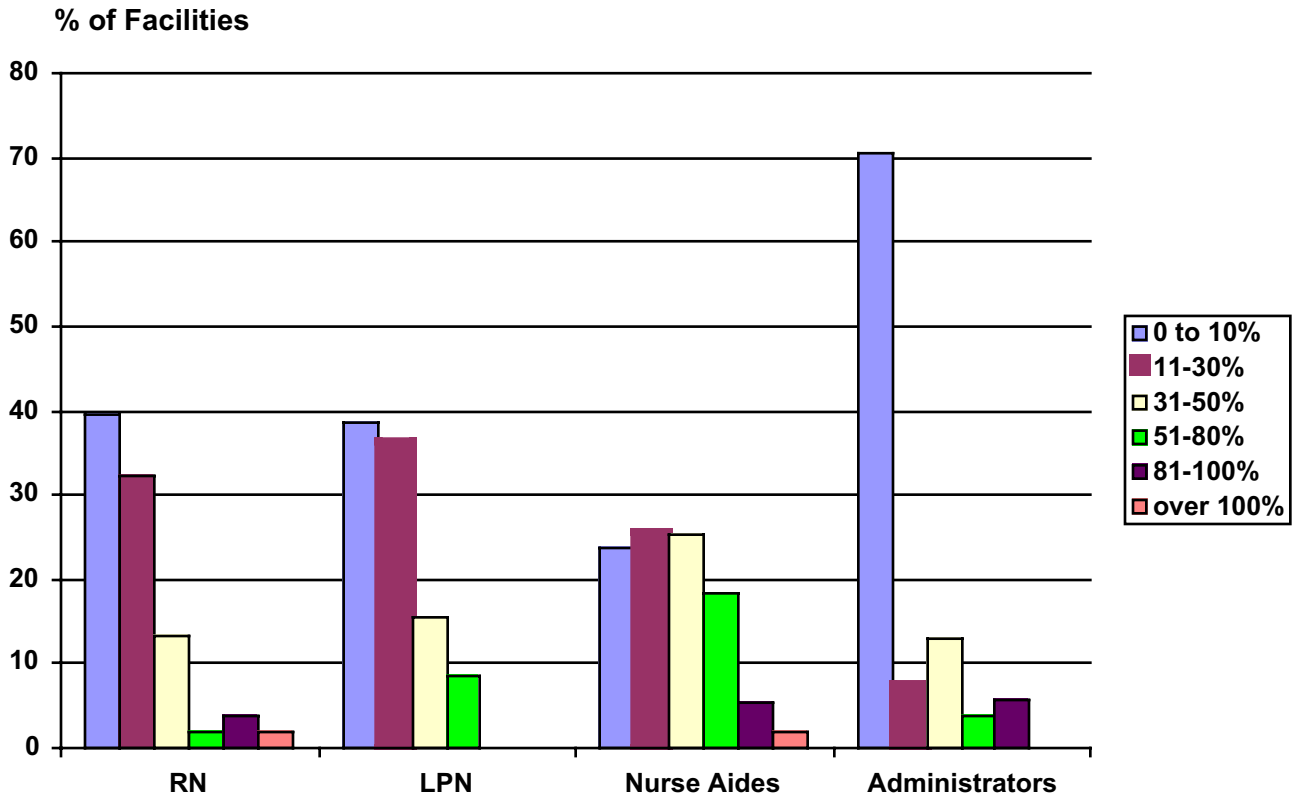
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Since the Eden Alternative™ program requires a strong staff commitment and several years to develop, nursing homes were also surveyed about annual staff and administrator turnover (see Figure 2). Administrators had the least turnover with an average of 17 percent, while nurse aides had the highest turnover with 40 percent. Turnover among RNs and nurses aides were significantly related to level of interest in the grant program. Most noteworthy was that facilities that applied for the grant had the highest average of nurse aide turnover (51%), while facilities that attended the mandatory workshop but did not apply for the grant had the lowest RN turnover (15%).

Previous Interest in Eden Alternative™ and Other Quality Improvement Programs

Two facilities were currently registered as Eden facilities, and ten indicated that they were interested in becoming an Eden facility. Additionally, 15 facilities (24%) indicated that they had adopted or were in the process of adopting an ecological model other than Eden Alternative™. These models included visiting pets, therapeutic gardens, and intergenerational programs. Four other facilities were utilizing other types of quality improvement models such as “Spiritual Enhancement,” “Comfort Care,” room personalization, continuous quality improvement programs, and the “Delta Society.” Two of these facilities had obtained grant funding for their programs.

Figure 2. Annual Staff Turnover

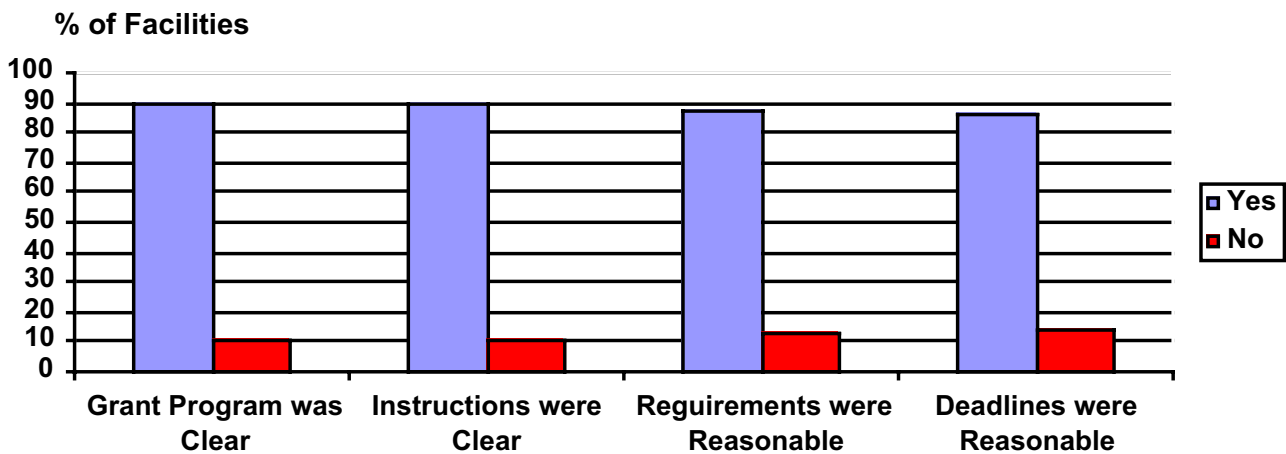


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Interest in the Eden Alternative™ Grant Program

Although all nursing homes were sent information about the Eden Alternative™ grant program, only those facilities that submitted a letter of interest to the department were sent applications and a registration for the mandatory workshop (n=71), and only those facilities that attended the workshop were eligible to apply for the grant (n=45). To understand why only 22 facilities continued in this multi-step process and actually applied for a grant, facilities were asked about the grant process and why they did not continue to pursue this funding opportunity.

Figure 3. Views About the Grant Process

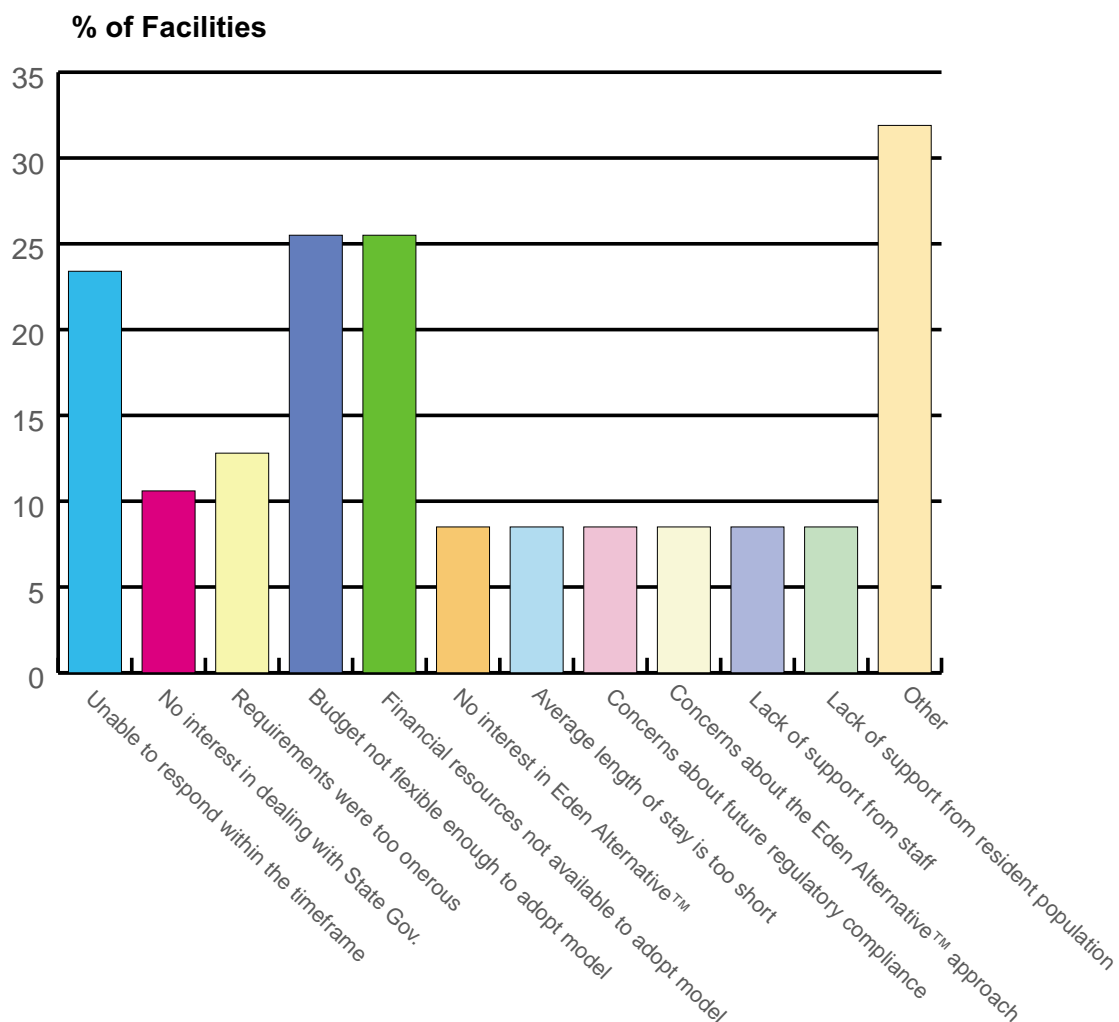


For the most part, the grant requirements and instructions were seen as clear. Requirements and deadlines were also seen as reasonable (see Figure 3). A few facilities, however, indicated that they needed more time to complete the application, instructions were unclear, and the requirements were unreasonable.

Facilities that attended the mandatory workshop (n=45) were also surveyed about the usefulness of that event.⁵ Attendees to the workshop included nursing home personnel from administration/management (n=14), social/recreation (n=17), and nursing (n=5). There were no attendees from the physician service area. Over ninety percent of the respondents felt the information about the Eden Alternative™ model of care was clear, understandable and thorough. Over ninety percent also reported that the Eden Alternative™ grant information was clear and understandable, however, about twenty percent felt the information was not sufficient.

Since only about half of those who came to the workshop actually applied for a grant, the survey also asked if there was something in particular that made them decide not to apply for a grant. Three facilities mentioned facility concerns such as changes in staff, lack of preparation time, and competing quality of life issues. Only three facilities mentioned specific concerns about Eden Alternative™ such as its effectiveness on a short-term unit and having to pay an initial fee. As one respondent wrote, “The ‘trademark’ of Eden, the yearly licensing fee. Dr. Thomas’ charges and his trumped up survey yearly. Give me a break.”

Figure 4. Reasons for Lack of Interest in an Eden Alternative™ Grant (out of 47 respondents)



With an almost 70 percent attrition rate in interest in the grant program, the nursing homes were asked to identify the reasons why they did not respond or continue to along the grant application process (see Figure 4). The average number of concerns was 1.7 with a range of none to six concerns. Three factors were especially critical: not having enough time to complete the grant application⁶; not having the financial resources to adopt the model; and not having the flexibility of funding to adopt the model. Although the grant program offers a total of \$20,000 over a two-year period, the Eden Alternative™ approach requires more resources to adapt and maintain one’s facility for the plants, pets, and children. Depending on the facility’s goal this could include such changes as pet cages/kennels, childcare center/equipment, and hiring or designating staff time to help care for these “new additions.” About one-third of the facilities indicted “other” concerns that affected their interest. These concerns included conflict with corporate decision-making process; competing needs at the time of the grant (i.e., HCFA/JACHO survey and facility renovations), and high staff/management turnover. Two responses in particular were interesting. One being the grant was too small, and the other mentioning that Medicaid reimbursement is too low, and this change could attract clients who couldn’t pay.

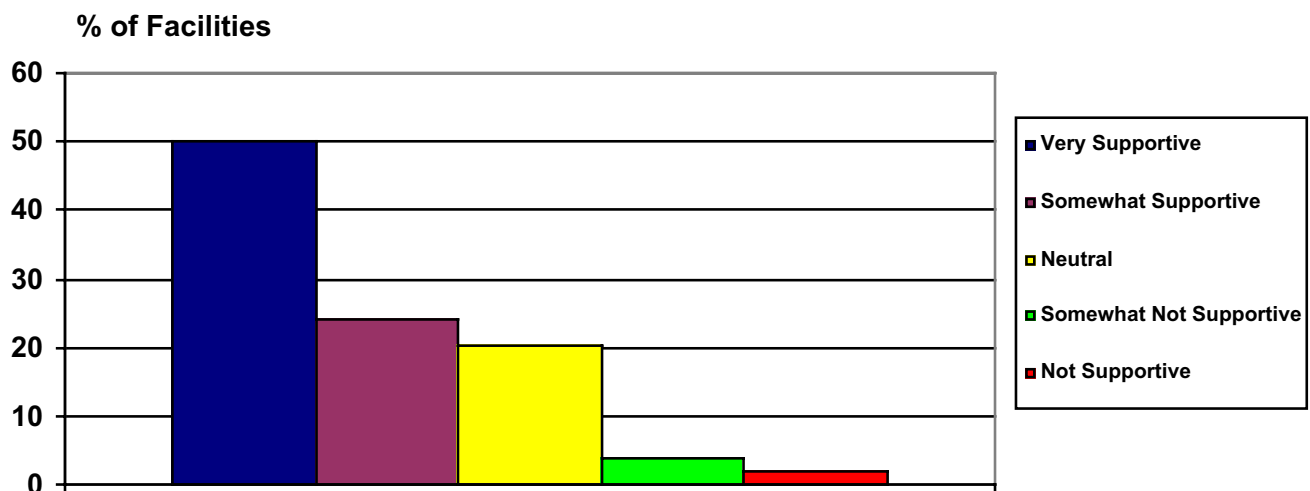
To potentially increase future interest in grant program, these facilities were asked if there was something that DHSS could have done to make this grant program more attractive. Eleven facilities responded that more education and information about the grant program, more time to respond, and larger grant awards would have increased their interest. For instance one facility said, “[The] amount was so minimal that the grant paperwork/compliance tracking was not worth the extra man hours.”

Nursing Home Support of DHSS Grant Programs

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Although only 22 facilities applied for the Eden Alternative™ grant, most facilities were supportive of the DHSS offering grants to adopt this particular model of care (see Figure 5). One facility commented, “I know from personal experience that this initiative has the potential to very positively impact quality of life. I also know that it takes additional commitment to implement on the part of owners and administrator. These types of efforts should be rewarded continuously.” Another added, “The program sets the focus and direction for caregiving that addresses resident loneliness and hopelessness and helps with a design model as a guiding light for action.” Both of

Figure 5. Level of Support of DHSS Offering Grants to Adopt the Edent Alternative™ Model



% of Facilities

these facilities had applied for the grant; however, only one received a grant.

Even though most facilities supported offering these grants, several comments underscored why some facilities were not interested in applying for the grants. One facility that attended the workshop said, “ Many providers to whom I spoke regarding this felt as I did—the DHSS is a pressure in our facilities enough normally. Accepting this grant money, if selected, would bring their presence even more....” Echoing this concern over DHSS oversight, another facility mentioned, “If facilities do not ‘Edenize’...will the DOH begin to give deficiencies?” Another facility expressed concern over the purpose of the grant, “I find it upsetting that our Medicaid daily rate keeps being cut to save the program money; there is a crisis in staffing in the nation and on the other hand thousands of dollars are being floated on grants to do what facilities should be doing on their own....” These comments were given by those who expressed no interest in the grant program (via the letter of interest).

Regardless of the facility’s interest in this particular program, the concept of offering grants to encourage change was seen as positive. Almost three-fourths of the responding facilities said that DHSS should offer grants to encourage model of care changes. Only three facilities elaborated as to why DHSS should not be engaging in this activity. Two felt that only facilities in need of change or capable of implementing such changes should be encouraged, while one facility responded that “The person selling the idea for alternative models of care have ulterior motives of making money and using state agencies to endorse them...Beware.”

Almost all of the facilities indicated that they would be interested in future DHSS grant programs designed to improve quality of life. Specifically, they mentioned an interest in programs such as continuing the Eden Alternative™ grants, as well as funding opportunities for training staff and family, building staff, and developing music, art, and computer programs. Grants to assist with staff issues were mentioned by a number of facilities. Specifically, team building, education, retention, and childcare for staff were mentioned as potential program ideas. For instance, one facility commented that they would like to see, “Additional grants specific to intergenerational programs more specifically grants to assist in start up, development and maintenance of on-site child care centers that are *affordable* for our employees this would provide assistance. Also in the area of recruitment and retention which is so *very* critical now!”

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DISCUSSION

Since the study’s focus was narrowly defined, the study does have several limitations. First, this was a one-time study of nursing homes managers’ opinions about a particular grant program. Although there were additional questions about the measures that nursing homes are currently undertaking to ensure residents’ quality of life, this survey does not serve to gather complete information about quality of life in New Jersey’s nursing homes. Additionally, the survey-sampling scheme was not a random sample of nursing homes, rather it was stratified and concentrated on those facilities that initially expressed an interest in the Eden Alternative™ grant program. There is also a potential bias that nursing homes that were more supportive of the Eden Alternative program were more likely to respond. Although the respondents were compared to non-respondents along a few characteristics, there is still a potential that more supportive facilities responded.

Although these limitations exist, the survey does address the basic question of the State’s role in endorsing one particular care model. In general, facilities supported the DHSS in offering grants to adopt a model of care, and were supportive of the Eden Alternative™ grant program in particular. Only a few facilities were uncomfortable with Eden Alternative being a trademarked model (i.e., required initial fees, etc.). Several other concerns, however, were mentioned regarding the level of funding of this grant program, the need for more response time, and the purpose of the grant. While nursing homes did assess the grant process as reasonable and with clear require-

ments, lack of response time and limited funds were noted as barriers to applying for the grant program. Specifically, some facilities cited a lack of facility financial flexibility and a lack of additional internal financial resources to carry out a model of care such as Eden Alternative™. Lack of response time, which included the facility staff addressing competing needs as well as DHSS not providing enough notification or responding to inquiries in a timely fashion, was also mentioned by several facilities. The limited purpose of the grant was also noted, while most facilities supported these specific grants, a number felt that a wider array of quality improvement initiatives should also be encouraged and supported. Specifically, nursing homes wanted more time to complete grant applications and expanded funding opportunities to assist in training, team-building, and retaining employees. Given the reported staff turnover rates, these types of opportunities might appeal to a larger group of facilities.

RECOMMENDATIONS

Taking these results into consideration, several recommendations are made:

- Continue to offer grants aimed at quality improvement initiatives
- Offer larger grant awards and funding opportunities for more varied purposes
- Consider grants or initiatives that address staff retention and education
- Provide more information and time to respond to the grant program

Although only 22 nursing homes applied for the Eden Alternate™ grant program, most facilities were supportive of the DHSS offering this funding opportunity. Even though some facilities raised concerns over the limited scope of the funding and the specific purpose of these grants, continued and expanded funding opportunities would be welcomed by the nursing home industry.

ENDNOTES

- ¹ “Life Worth Living:How Someone You Love can Still Enjoy Live in a Nurisng Home: The Eden Alternative in Action” VanderWyk & Burnham, 1996
- ² Except facilities that are exempt from applying for state funds.
- ³ The Center secured InstitutionalReview Board approvals from Rutgers and the Department of Health and Senior Services.
- ⁴ These breakdowns were adapted from the Regional Health Planning program. North counties included Bergen, Essex, Hudson, Passaic, and Union. Central/North Western included Hunterdon, Mercer, Middlesex, Morris, Somerset, Sussex, and Warren. The Southern counties included the remaining New Jersey counties.
- ⁵ One facility applied for the grant even through they did not attend the mandatory workshop.
- ⁶ Grant applications were mailed during the first week of August with an Oct. 15th deadline.

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