

## Susan C. Eaton: Honoring Her Memory by Carrying on Her Work

In the bitter chill of a winter morning in Boston, hundreds of people gathered to pay tribute to and celebrate the life of Susan Eaton. A leader in the fields of long-term care, human resources management, and research on frontline caregivers, she died at the end of December 2003 from complications of acute leukemia at the age of 46.

Her death is a terrible loss to Better Jobs Better Care (BJBC). Eaton served on the Better Jobs Better Care National Advisory Committee for applied research and evaluation grants. She was also co-principal investigator on a Better Jobs Better Care research grant project with Christine Bishop of Brandeis University.

At the First Parish Church at Harvard Square on January 10, her family gathered to remember Susan, along with friends, colleagues, students and others from every walk of life. Indeed, one of her gifts was her ability to reach across lines of class, culture and academic discipline in her pursuit of knowledge and economic justice. Her interests ran the gamut from labor-management partnerships and long-term care quality, to women's role in union leadership, work-family life issues and gender equity.

After graduation from Radcliffe College in 1980, Eaton spent 11 years as a union negotiator, educator and manager with the Service Employees International Union. It gave her hands-on experience with paraprofessionals and licensed vocational nurses in dozens of nursing facilities and hospitals across the South and in California. Negotiating for items



Susan C. Eaton

such as "better food for the residents" and "access to information about the patients" when representing newly organized minimum-wage nursing assistants in Georgia, Tennessee, California and Texas, helped her see the intimate connection

between better jobs and better care. She also had personal experience with nursing homes, where two family members lived for 15 years.

After many years with SEIU, Eaton went back to school, earning a master's in public administration from Harvard University's Kennedy School of Government. She went on to earn a Ph.D. from the Massachusetts Institute of Technology, Sloan School of Management. During these years, she studied leadership, innovation and care practices in long-term care and not-for-profit settings. In 2000, she was appointed assistant professor at Harvard's Kennedy School of Government.

Her contributions to long-term care reform were large. She found many avenues and forums to push the issues surrounding the paraprofessional workforce to the forefront of debates on long-term care quality. She was a principal evaluator for an innovative career-ladder program in Massachusetts. She contributed to a landmark federal study on minimum staffing ratios by studying reasons for varying turnover rates within the same labor markets. Eaton also developed a theory that

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**Better Jobs Better Care** is a four-year, \$15.5 million program funded by The Robert Wood Johnson Foundation and The Atlantic Philanthropies. Its goal is to improve the recruitment, retention, and quality of direct care workers – nursing assistants, home health aides and personal care attendants—who provide necessary support and care to elderly people with chronic diseases or disabilities. Through two sets of grants—state demonstrations, and applied research and evaluations—BJBC will test new approaches and strengthen the evidence base for building a stable and more qualified long-term care workforce. The Institute for the Future of Aging Services serves as the national program office, providing program direction and technical assistance in partnership with the Paraprofessional Healthcare Institute.

A national program supported by The Robert Wood Johnson Foundation and The Atlantic Philanthropies with direction and technical assistance provided by the Institute for the Future of Aging Services, American Association of Homes and Services for the Aging, in partnership with the Paraprofessional Healthcare Institute.

**Better Jobs Better Care**  
Building a Strong Long-Term Care Workforce

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classifies nursing facilities as predominantly custodial, medical model or “regenerative,” and helps to explain differences among these types. The insights she gained from this line of research led in part to the study funded by Better Jobs Better Care.

Barbara Frank, a staff member of the Massachusetts Direct Care Workers’ Initiative, and a close friend and collaborator of Susan’s, said, “For Susan, the value of the research was in being able to change the world, even if just one nursing home at a time. And indeed she has changed our world. Her work is the reference point for anyone who wants to understand the link between quality care and quality jobs.”

The BJBC applied research project was designed as a close collaboration between Eaton and Bishop, professor at Brandeis University’s Heller School for Social Policy and Management and a labor economist. Bishop is joined by two other senior investigators, management expert Jody Hoffer Gittel and sociologist Dana Weinberg. The project embodies and explores ideas that Eaton had been germinating over many years about the role of certified nursing assistants in nursing homes and the role of facility leadership and management philosophy in shaping the experience of caregiving for workers and residents. Bishop’s work on the economics of nursing home costs, payment and labor markets provides a context for examining these human resource and care management practices.

The study will address two key research questions. The first focuses on how organizational factors, such as human resource practices, supervisory approaches, CNA work design and participation in decision-making, affect care practices and workplace relationships in nursing homes. The second goes right to the heart of the issue: how do these organizational factors and mediating practices ultimately shape outcomes for workers, facilities and residents in nursing homes?

Eaton and Bishop acknowledged at the start that it would be difficult to measure factors affecting the ability of frontline workers to relate to residents in a caring, mutual relationship, more difficult than finding numbers of nursing staff or the amount of time spent with residents. The project’s significance, they believed, would be to clarify for administrators and payers how strong management and attention to worker rela-



**Christine Bishop**

tionships contribute to better jobs and improved quality of care. In addition, the project should be able to identify “best practices” in the redesign of frontline caregivers’ roles that allow them to provide the care that residents want and need.

The case for adopting such practices would be strengthened if they are found to be strongly associated with improved staff retention, higher resident satisfaction and better quality outcome indicators.

The study focuses on 18 diverse nursing facilities in Massachusetts. Some are actively pursuing “culture change” while others are not. Ownership, unionization of employees, location in urban/rural area and size also vary considerably. “We signed onto the project because we hoped to learn from Susan’s unique insights into what we do well and how we can improve. We remain committed to the learning process that she began,” says Paul Hollings, executive director of Neville Center in Cambridge, one of the nursing facilities participating in the study.

The project began last fall with an initial round of visits to participating facilities. Interviews from the first round will inform the development of a CNA survey and feed into subsequent data analysis. During the initial phase of the project, Bishop found that fiscal and market constraints that drive personnel management and staffing ratios were not captured by interview questions. The study will therefore also gather information from fiscal managers and from the

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## On Site With BJBC Demonstration Projects

# Building a Field of Dreams for Direct Care Workers in Iowa

Last fall, Lin Salasberry, a certified nurse aide in Iowa, attended one of the dozens of candidate forums in the run-up to the presidential primary caucuses in February. One of the people attending asked the candidates what they would do to address the health care worker shortage.

“Their entire comments were all about nurses,” she says as she recalled the answers. “Yes, nurses are very important in the delivery of health care. But the candidates did not seem to realize that there are many thousands of front-line direct care workers like me that work every shift, in hospitals, nursing homes, assisted living facilities and hospices. We meet the basic needs of those needing care. We are the ones who answer the call light when it’s turned on. How can they expect me or the millions of other direct care workers to vote for them when they don’t even know we exist?” she asks.

Getting others to recognize and value direct care workers has been a central theme of Salasberry’s life for the last dozen years. She has worked as a certified nurse aide (CNA) for 38 years and has been a member of the Iowa CareGivers Association (ICA) since it began in 1992. ICA is one of the country’s first independent statewide professional associations for CNAs, home care aides and other direct care/support workers in the long-term care field. Salasberry served for two years as president of the board of directors, and is now on leave from her board duties, working in the ICA office in addition to working as a CNA.

ICA was a dream brought to life by Di Findley, who founded it not in an Iowa cornfield, but in her basement. Findley, who has been ICA’s executive director since it began, created the organization to advocate for direct care workers and professionalize the field. ICA offers its members opportunities for personal and professional growth. It has 1,500 members and represents a model for other states now creating direct care worker organizations. “We do everything we can to elevate direct care workers’ sense of professionalism so they can provide high quality care to those they serve,” says Findley.

In recognition of its leadership role in advocating for direct care workers, a coalition of Iowa



Linda Simonton

organizations chose ICA to serve as the lead agency to apply for a Better Jobs Better Care demonstration grant. Findley says, “the BJBC grant allows us to expand our efforts to create partnerships in communities and workplaces around Iowa.”

Those participating in the BJBC coalition include groups representing older consumers, such as AARP-Iowa, the Iowa Commission on the Status of Women, the Office of the Long Term Care Ombudsman and Older Iowans Legislature. Provider organizations in the coalition include the Iowa Association of Homes and Services for the Aging, and the Iowa Association of Area Agencies on Aging. There are also many state and other agencies lending their support to the project, including the Iowa Department of Elder Affairs, the Department of Inspections and Appeals, the Department of Human Services, the Department of Public Health, Center for Health Workforce Planning, and community colleges.

### Reaching Out to Providers

In the film, *Field of Dreams*, Iowa farmer Ray Kinsella kept hearing a voice that told him, “If you build it, he will come.” Those in the Iowa coalition believe that by building a more welcoming work environment, and raising the societal value placed on caregiving, more direct care workers will enter and stay in the long-term field.

ICA plans to work with a select group of long-term care organizations to demonstrate ways to create more supportive workplaces for direct care workers. Forty provider organizations submitted applications to join the BJBC project and 15 of them – 11 nursing facilities and four home care agencies – were chosen to participate. They had to demonstrate their commitment to workplace culture change, willingness to commit time and resources, and turnover rates among direct care workers that were not excessive. The group includes a mix of rural and urban, large and small, and for-profit and not-for-profit providers. They are located in each of the five main regions of the state.

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The BJBC involvement with these providers will focus in two areas. First, the project will expand and strengthen a peer mentoring training program that ICA has operated since 2000. CNAs nominated by their employers went to two days of training on how to mentor and train new CNAs coming to work at their facilities. Most of the CNAs who were trained as mentors appreciated the chance to improve their skills and advance in their chosen careers. But the program did not ensure that all of the nursing homes made changes in management or human resource policies so that mentors could put their skills into practice.

The BJBC project intends to strengthen the peer mentor program in several ways. First, it will update and revise the training curriculum based on best practices from other programs and suggestions from aides. Second, ICA plans to work closely with providers to devise workplace standards for program implementation. This involves defining the roles of mentors and “mentees,” adjusting workloads for peer mentors to enable them to perform their new roles, and promising pay increases to those who complete the training and obtain certification. Lastly, since the program was designed for aides working in nursing homes, the BJBC project will adapt it to the home care setting.

“We intend to work closely with management staff from the BJBC participating providers,” says Heidee Barrett, program manager at ICA and lead training staff for the BJBC program. “We’ll help them lay the groundwork for changes that need to be made once the CNAs come back from peer mentor training, and we’ll help them solve any problems that arise.”

The other major thrust of the BJBC project’s workplace change strategy is a person-centered care training program. Often, facility managers see the issues of workforce development and person-centered practices as competing priorities – one focused on staff and the other on residents or consumers. Instead, the Iowa BJBC coalition sees these efforts as complementary. “We think direct care workers will be more satisfied with their jobs if they are more involved in the care planning process and their jobs are redesigned so that they can establish close relationships with clients and families,” says Barrett.

Person-centered care skills, however, can only be used if the organization’s philosophy of care supports them. More nursing homes in Iowa are

moving in this direction, says Dana Petrowsky, executive director of the Iowa Association of Homes and Services for the Aging (IAHSA), and vice-chair of the BJBC Coalition. IAHSA encourages its members to embrace culture change and create more home-like environments within their facilities. The person-centered care curriculum will reinforce and support this message, Petrowsky says. “Instead of older adults entering our institutions, we should treat this as their home, with us coming into it to assist them. That will help us improve the quality of care to consumers and should raise job satisfaction at the same time,” she says.

Betty Grandquist, chair of the BJBC Coalition, agrees that the focus on the consumer is a strength of the BJBC project. Grandquist served for many years as director of the state’s department of elder affairs and works part-time for the state association of area agencies on aging. She cites the growing emphasis on home and community-based services as one reason to enhance relationships between direct care workers and older consumers as well as their families. “When they get older, baby boomers will refuse to go into nursing homes and we have to be sure that there are enough funds to support a trained workforce that can serve people in their own homes,” she says.

### Policy Initiatives

The Iowa BJBC project will reinforce its efforts to develop supportive workplaces with a number of policy initiatives. One of the coalition’s workgroups, for example, is expanding the state Department of Inspection and Appeal’s nurse aide registry so that it reflects continuing education and other training and skills of direct care workers, such as peer mentor training, and certification to deliver person-centered care or work as a medication aide. The enhanced registry will also allow other direct care workers to be registered, such as home health aides and personal assistants, rather than just CNAs. “Recognition for additional skills, both in and outside of their workplaces, should enhance their value in the eyes of their employers and consumers,” says Linda Simonton, project director of BJBC.

Another policy initiative is focused on ways to improve health insurance coverage for direct care workers. A survey of CNAs’ wages and benefits,

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# Tracking Progress, Measuring Results

## *An Overview of the National Study of Better Jobs Better Care*

**A**s awareness grows about the need to improve the recruitment and retention of quality direct care workers, states and provider organizations across the country are launching or expanding efforts to make these jobs more appealing. Even as more states and providers join the bandwagon, the Better Jobs Better Care (BJBC) demonstration program stands out. It is one of the few programs to be systematically studied to determine the effect of policy and workplace practice changes on direct care workers in different long-term care settings and areas of the country.

The foundation sponsors of Better Jobs Better Care – The Atlantic Philanthropies and The Robert Wood Johnson Foundation – have set aside about \$900,000 for a four-year study of the demonstration programs. Researchers at The Pennsylvania State University’s department of health policy and administration were selected to undertake a comprehensive study that will yield insights into which practices and policies work best to improve the retention and recruitment of direct care workers.

“A national study of this scope provides relevant, systematic information about the successes and challenges of efforts to find and keep qualified direct care workers,” says Nancy Fishman, evaluation officer at The Robert Wood Johnson Foundation.

### **Key Study Questions and Approach**

The study of BJBC will address three key questions. First, did the coalitions implement their state-level policy and management practice plans as intended? Second, did provider management practices change over the course of the demonstration? Third, what effects did management practice changes have on direct care worker job quality and turnover?

To answer these questions, the research will analyze data from several sources: 1) a management information system (MIS); 2) a clinical manager survey; 3) a direct care worker survey; and 4) extreme case interviews. In addition, to understand the factors that facilitate or impede success, researchers will conduct a series of site visits.

The visits will provide information about each coalition’s structure and function, as well as the implementation of state policy and provider practice changes.

### **Unique Management Information System**

An innovative feature of the project is the use of a Web-based MIS to collect data from as many as 200 provider organizations participating in BJBC activities in the five demonstration states. “We



Peter Kemper

need to collect information on employee hiring and terminations to calculate retention, turnover and other key outcomes in a consistent way across states and different types of providers,” says Peter Kemper, a professor at The Pennsylvania State University

and principal investigator for the national study of BJBC. “The system will allow us to make meaningful comparisons across providers.”

The MIS will be managed by the Survey Research Center (SRC) at Penn State, which is completely separate from the department of health policy and administration. SRC’s involvement in data collection ensures that the confidentiality of the data and privacy of the research participants are protected. BJBC-participating provider organizations will be asked to enter data on employee hiring and terminations into the MIS, which is on a secure server. “Only SRC staff associated with the project will have access to the raw data and SRC will delete all identifying information before sending the data to us,” explains Teta Barry, a co-investigator and project manager of the study.

During the initial stages of the project, each participating provider will appoint a data liaison who will be responsible for submitting a list of currently employed direct care workers. Each pay period, the data will be updated to reflect changes in employment status, resignations, terminations and new hires. Every quarter the MIS will also collect information on wages, health insurance coverage, and the number of hours worked by employment status, i.e., part-time,

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full-time, or on-call vs. agency worker. SRC will merge the information submitted on the Internet with data from mail-in forms for those without Internet access, and send the combined data without identifying information to the research team.

Another unique aspect of the MIS is the plan to issue semiannual reports to participating provider organizations with data comparing their organization to averages for the state and for similar provider types. The information can be used by providers to monitor their progress and modify strategies if appropriate. “This helps to introduce to providers the value of data for continuous quality improvement,” says Diane Brannon, co-principal investigator of the study. “We also hope the MIS will be a resource to others who want to collect standardized measures of turnover and retention,” she adds. In March 2004, the MIS was pilot tested with a small group of providers. A final version will be created and available for data entry in the spring of 2004.

### Direct Care Worker and Clinical Manager Surveys

At the start and end of project activities in each state, direct care workers in participating organizations will be asked to take part in a survey to gather their assessments of various aspects of their jobs. The organizations will distribute the mail-in survey to all direct care workers who work there. Approximately 5,000 direct care workers are expected to be surveyed, with numbers ranging between 400 and 2,600 across the five states, depending on the number and size of participating providers. The direct care worker survey will be piloted in April and finalized based on the results of the pilot test.

Survey results will be used to assess whether direct care workers’ assessments of their jobs changed over the demonstration period and which organizational changes were most effective in increasing satisfaction and commitment to stay on the job. Results from the BJBC survey will also be compared to those from a national survey of nursing home aides to be conducted in 2004, sponsored by the U.S. departments of Health and Human Services and Labor.

In addition, at least one manager from each participating provider will be asked to complete an Internet-based or mail-in survey. The survey

will focus on provider management practices and human resource policies at baseline and how they change over the course of the demonstration. It will also ask about the factors that help or hinder implementation of provider practice changes.

Prior to the start of the project, Penn State received approval from their institutional review board (IRB) to conduct the study. IRB approval is required for any research project that involves the use of human subjects. An IRB panel of experts reviews proposed projects to ensure precautions are taken to safeguard the confidentiality of information and protect the rights and welfare of the survey participants.

At the end of the demonstration project, the researchers will conduct semi-structured interviews with managers from a small number of providers from each state at the top and bottom with respect to changes in job quality and turnover. Managers will be asked to assess what facilitated or impeded success of the demonstration project. The interviews will offer additional insight into best practices and factors that affect success.

### Debate on the Research Design

One issue Penn State researchers addressed during the design phase of the study was whether to use a randomized control group design. This would involve randomly assigning providers to a control group or to a group participating in BJBC program activities. The researchers, lead agency directors, foundation representatives and national program office staff seriously considered this option because it is the only sure way to distinguish the effects of the program from external factors, such as changes in the labor market, on management practices, job quality and turnover of direct care workers.

In the end, it was decided that the national study will not use a randomized control group design, for several reasons. First, the provider management practice interventions are not well-defined and standardized across the states and providers within the states. Indeed, developing the practice change interventions is an important goal of some of the projects. Second, at least one project’s practice intervention is intended to be a system-wide intervention, which would affect control group providers as well as treatment

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state about local labor markets.

It's been hard for Dr. Bishop and her colleagues to deal with the loss of such a remarkable person. Eaton was first diagnosed with her illness just one month into the BJBC project. "Most of all," says Bishop, "we have missed and continue to miss Susan's knowledge, experience, practicality and wisdom." However, Bishop was fortunate to find a capable researcher to supplement the research team during 2004. Dr. Lisa Dodson, a research professor in the department of sociology at Boston College, will join the project for a year to lead the site visits that Dr. Eaton would have carried out. Dr. Dodson was a colleague of Eaton's at Radcliffe Institute and was recommended by Eaton. Dodson's research has focused on work-family issues for low-skilled workers, and she will bring another important

perspective to the project.

Eaton requested that contributions in her memory support the work of women's and labor organizations. A fund has been established by The Women's Union in Boston to expand opportunities for women working in health care. The fund received over \$25,000 by the end of February. Decisions about the use of funds will be made by a group of Susan's colleagues and family members. Those wishing to make a donation should make checks payable to The Women's Union, c/o 356 Boylston St., Boston, MA 02116, earmarked for the Susan C. Eaton Memorial Fund.

Eaton's friends and colleagues at the Massachusetts Institute of Technology are also planning a day-long tribute to her work, tentatively scheduled for May 14. For further information, contact the BJBC national program office.

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conducted in 2001 by the Iowa Commission on the Status of Women, showed that 77 percent of CNAs responding to the survey were offered health insurance through their employer. But the "take-up rate," those participating in their employer's health plan, was only 42 percent. Of those that did not participate in an employer health plan, 41 percent cited cost or affordability as the major reason. With BJBC support, the commission will repeat the survey this year. Another BJBC coalition workgroup plans to use the results to assess different options for expanding health coverage for direct care workers.

### They Still Have a Dream

Now that the presidential candidates have long left Iowa, and the national media attention has shifted elsewhere, how are Iowa's advocates for direct care workers keeping the issue in the spotlight? "The most important thing now is to establish good working relationships with the providers that have signed on to the BJBC project, and continue to look for additional partners for the policy initiatives," says Findley. She concludes with a comment that indicates her dream is very much alive: "We won't win everyone's support, but we'll never lose sight of our goal: more satisfied workers mean better care for Iowans," she says.

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group providers, invalidating treatment-control comparisons. Finally, a randomized design would place a substantial burden on the state projects and providers participating in the control group. For these reasons, Penn State researchers, together with the sponsoring foundations, decided to conduct a formative evaluation, which tracks events as they unfold and feeds information back to providers to help them succeed.

"While a before-after study design cannot determine whether the results are solely due to the program interventions, it can help us to identify which ones appear promising," says Kemper. A rigorous evaluation can then be undertaken to test the impact of the most promising management practice changes.

### Project Team

In addition to Kemper, Brannon and Barry, the research team includes Kathryn Dansky, a professor at Penn State and an expert on management in health care organizations. Together, the researchers bring a wealth of experience in conducting evaluation studies and expertise in direct care worker workforce issues, quality of care, nursing homes and home care. For more information, contact Teta Barry at [txb13@psu.edu](mailto:txb13@psu.edu) or (814) 863-8129.



# NEW RESOURCES & EVENTS

## Health Insurance Coverage for Direct Care Workers

Better Jobs Better Care published a new issue brief, *Health Insurance Coverage for Direct Care Workers: Riding Out the Storm*. It presents the case for improving health insurance coverage for direct care workers and offers realistic strategies for making health coverage more available and affordable to them and their families. Written by Debra Lipson and Carol Regan with assistance from Natasha Bryant, it will be available on the Better Jobs Better Care Web site: [www.bjbc.org](http://www.bjbc.org).

## New National Survey of State Initiatives on the Long-Term Care Direct Care Workforce

The fourth in a series, this new report on state initiatives to strengthen the direct care workforce highlights findings from 44 state agencies that responded to the 2003 national survey. It finds that most of the states continue to have high vacancy rates among direct care workers, both in strong and weak state economies, and the majority regard workforce problems as serious. In response to budget constraints, several states reduced, terminated or delayed direct care workforce initiatives in 2003. But despite tight budgets, a number of states initiated or considered new public policy initiatives to address direct care workforce problems. These included wage and benefit pass-through provisions, and efforts to tie workforce outcomes to provider reimbursement. This year's report also examines how 10 states collect and analyze turnover data on direct care workers using a uniform methodology. The Paraprofessional Healthcare Institute and the North Carolina Department of Health and Human Services' Office of Long-Term Care published the report. It is available from PHI's direct care clearinghouse at: [www.directcareclearinghouse.org/download/2003\\_Nat\\_Survey\\_State\\_Initiatives.pdf](http://www.directcareclearinghouse.org/download/2003_Nat_Survey_State_Initiatives.pdf).

## Two New Issue Briefs from PHI

The Paraprofessional Healthcare Institute (PHI) and MEDSTAT have published two new issue briefs under a contract with the federal Centers for Medicare and Medicaid Services (CMS). *The Right Start: Preparing Direct Care Workers to Provide Home- and Community-Based Care* describes key elements in quality training programs for direct care workers in home and community-based care and lists a number of resources. *Direct Care Worker Associations: Empowering Workers to Improve the Quality of Home- and Community-Based Care* describes the growing number of professional associations for direct care workers, reviews their benefits and different organizational models, and offers tips on how to start and sustain such associations. Both are part of PHI's Workforce Tools series and can be downloaded from PHI's Web site at [www.paraprofessional.org/Sections/resources.htm](http://www.paraprofessional.org/Sections/resources.htm). Click on "Special Series" and look for report numbers 2 and 3.

## Selecting a Model or Choosing Your Own Culture

Culture change in long-term care organizations has varying definitions and comes in many forms. But lessons are beginning to emerge from the panoply of culture change initiatives about barriers to its successful implementation, and what is needed to initiate and sustain it. The lessons are summarized in an article by Robyn Stone, executive director of the Institute for the Future of Aging Services, in the *Journal of Social Work in Long-Term Care*, Volume 2, Numbers 3/4 2003. It is one of 16 articles in this volume, all of which focus on culture change in long-term care, and follows a previous issue, Volume 2, Numbers 1/2, that began the series. All articles are available for purchase through The Haworth Press Web site: [www.haworthpress.com](http://www.haworthpress.com) by searching for the journal and issue cited above.