

# Kin Care *Newsline*

Developmental Disabilities  
Edition

NEWS FOR KIN CARE CUSTOMERS

IN THE NEWSLINE: *Ethics for Living, Trans Fatty Acid, Kin Care's Results of Satisfaction Survey .*

*Newsline* is published quarterly by **Kin Care, Inc.** Please let us hear from you.  
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## Ethics for Living

Janie was sixty-eight years old and very frail. So one could have said it “was her time” when she was rushed to the emergency room for breathing irregularities. One couldn’t just watch her struggle. Honoring their responsibility to save lives, the emergency room physicians placed her on a ventilator. Then she was admitted to the hospital.

The cardiologist said she needed a pace-maker but she could not tolerate the procedure. The speech therapist said she couldn’t be fed by mouth so they started tube-feeding her. There she laid — not terribly responsive but clearly uncomfortable — with her worker by her side holding her hand, cleansing her, wiping her brow, massaging her skin with lotion.

Two weeks later. Sitting by Janie, slowing feeding her pureed chicken and vegetables, the woman bent over and gave her a hug. Janie ate every bite of food. She got up, with assistance, and took hold of her walker to take a stroll, but not before her worker brushed her hair, soaked her feet and dried each and every toe, put on her shoes and socks, and tucked a warm comforter around Janie’s 5’4” frame and 90 lb. body. Janie was at home.

“Yes, let’s go ahead with the pace-maker operation, Janie shouldn’t have to live like this. Please - let’s remove the feeding tube. She had some feeding difficulties before and we know what to do. Janie had quality of life.” Her good primary care doctor stood fast with Janie’s decision-maker and told the hospital specialists of their decisions.

Janie went home and went to work. Janie lived five more years.

Ester stood up and then labored to walk the 15 feet from her favorite chair to the kitchen. At thirty-five, she wanted to walk more quickly but her bulk made quickness elusive. Humming her favorite tune, she got up again, grabbed her lunch bag and made her way to the van to get to work.

“I need your help with something” Ester said in a clear voice. “Could you help me get a job?” Training work, it turns out, was not acceptable. “Let’s see how you are doing in a few weeks. You need to be able to stand longer than you are cur-

rently. If you can do that, we’ll see what we can do.”

“How has she been doing?” the young man asked as he stood beside Ester. Holding her work sample, he talked about her work production. It was quite good. They discussed their plans for the annual holiday party. Ester decided to wear her red suit.

Ester put on her smock. She ate her eggs. She was off. “Hello” she said to the customer. My name is Ester. How can I help you?

Thomas was quite a guy — charming, out-going — a people person. He also loved the outdoors and animals and he especially enjoyed the way the dogs in the neighborhood jumped onto his legs and tried to lick his hands and face. Indeed, on his daily excursions, he loved going places that enabled him to indulge his fondness for people watching and animals. The zoo, the park, even his own backyard, all provided opportunities for him to enjoy simple pleasures: a sleeping bear, a scampering squirrel or a skipping child.

Thomas took the woman’s hand, held it up to the left and placed his right arm on her back, just like he had been taught. Stepping around the room, he did a quick turn before taking on another lady for some “In the Mood.” Saturday night was always a treat.

Thomas sat on the steps of the concert hall filled with admiring parents, unable to locate a open seat. Two-and-a-half hours of classical music engaged his interest, as did the children dressed in their black concert attire. No need to go home early today.

Words fail him. Work eludes him. But still dancing at 58.

**Kin Care, Inc.** provides CILA housing and support services to persons with developmental disabilities in the homes of Kin Care host families and group homes. **Kin Care, Inc.** is accredited by CARF, The Rehabilitation Accreditation Commission. We maintain an open door policy. The results of inspections and reviews are available by written request.

**FROM THE  
EXPERT**

**Nutrition Bites**

By **Deborah Arneson, BS, MS, CCN**  
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**Trans Fatty Acids**

People often ask “What is the new scare about trans fatty acids? What should I do to avoid them?” The truth is, the “new scare” is actually an old one! Trans fatty acids were actually created in the laboratory in the late forties. At the time, soybean oil was used in transmission fluid. When shipped across country, excess heat and time caused it to become thick, viscous, and highly rancid. Our government hired a couple of boy-wonder scientists to solve the problems. Voila! Trans fatty acids were created, and soybean oil became the first food victim of the glory of science.

Unfortunately, the government spent too much money in creating this process and decided to find other “areas” in which to utilize trans fatty acids. These are also known as hydrogenated or partially hydrogenated fats on a food label. Foods with trans fatty acids have longer shelf lives, anywhere from three weeks to years. Bugs and mold don’t care much for foods with trans fatty acids. All of this equals a longer shelf life, which means more dollars and less waste for food manufacturers’ pockets.

In the Sixties, margarine became tainted with trans fatty acids or hydrogenated oils. When the saturated bond is replaced by a the hydrogen bond, nickel is utilized to keep the hydrogen bond stable. Nickel is a heavy metal, which readily deposits in soft glandular tissues often disturbing metabolism and immune function.

To avoid trans fatty acids, look at the labels. Avoid ANY food that lists hydrogenated or partially hydrogenated fats, particularly breads, most candies, chocolate, cookies, cakes, muffins and many dressings. Choose oils or butter over hydrogenated margarines whenever you can.

**Kin Care’s Results of Satisfaction Survey**  
**(July 1, 2003 –June 30, 2004)**

Four groups of stakeholders were surveyed to determine their satisfaction with services, as well as to identify areas of strength as well as areas for improvement. Clients, family member/guardians, staff, and contacts in referral and outside agencies were sent questionnaires with parallel questions, including a set of questions on the living arrangements at the residence, the overall satisfaction of outside work arrangements, respect and support of clients by residential staff, respect and support of clients by office staff, and the services of health care providers.

Client and staff response rates were 100% and 75% respectively, the guardian/family and agency response rate was 67% but third party/agency response rate was just 33%. Client and staff responses are considered highly reliable while guardian/family responses may not accurately reflect overall strengths and weakness because of the smaller response rate.

On a range of 1 - 3, (1 = not at all and 3 = equals a lot), overall satisfaction from clients ranged from 2.0 to 3.0, with the average score of 2.5. Overall satisfaction with living arrangements was 2.2; with work, 2.3; with respect and help from program staff, 2.6; with respect and help from office staff, 2.8; and with health care, 2.9.

Guardian/family member overall satisfaction was 2.6 with individual responses ranging from a 2.0 to a 3.0. Overall satisfaction with living arrangements was 2.6; with work 2.5; with respect and help from program staff, 2.8; with respect and help from office staff, 2.8; and with health care, 2.7.

Responses from third party agency personnel ranged from a 3 overall (average) to 6 (excellent). Average responses to individual questions were: overall impression of DSP’s, 4; overall impression of office staff 4.7; respect for clients, problem-solving and goal achievement, 3.9; and overall impression of services, 4.3.

Though sample sizes were small overall, which may affect their validity, these responses give an indication of relative strengths and weaknesses. This is especially true with clients and to a lesser degree with guardian/family members. It is noted the client and guardian/family member responses followed similar patterns and that one or two client responders who would like to have another roommate brought the overall level of satisfaction down. Particularly positive relevant comments included: “I have a family,” “Keep on caring,” “Sometimes we laugh a lot” and “They don’t leave you stranded.”