

Is that a green house? You' d better look again. That' s their house!

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Writer's Special Note:

Researching and writing this article was much more overwhelming than many of my former articles written. While the Internet is a treasure of information, especially on this article's topic, delving into the intricate similarities and differences between the two "small house" models demanded a new level of deeper research, so that this "Hot Topic" could be presented in as much detail as possible.

"While the culture change movement has provided the nursing home industry with many innovative, humanistic, life-enhancing approaches, it is a piecemeal tinkering with a delivery system that is fundamentally flawed. Culture change leaves largely in place the root cause of nursing home failure: the institution."

Rabiq, Judith & Donald, April 2008



Today's elders are quite different than yesterday's seniors. Even though many older adults are looking or sometimes being *prodded* into a move at a long-term care community, they all share one common thing; they simply refuse and even demand giving one thing up after the other. As these strong-willed travelers walk through this life-changing experience, each senior along with their family members are scrutinizing the following Quality of Life principle; living in a safe, thriving and blissful place that supports them with Activities of Daily Living and challenges them to remain vibrant, active, and alive! Therefore, our goal as Recreation/Activity Professionals is clear-cut; providing the most exceptional level of personal service with every single program that we offer ~ no matter what!

The Green House Project

The Green House Project was first developed by Steve McAlilly, CEO of Mississippi Methodist Senior Services, and by geriatrician Dr. William Thomas, in 2003, with the goal of personalizing elder care by redesigning nursing homes “from scratch” to provide residents more privacy and control over their lives. McAlilly was preparing to demolish the old 'big box' nursing home and build another when he had a creative idea: call up Bill Thomas and ask what he'd do to reinvent care for the frail elderly. In the early 1990s, Dr. Thomas and his wife, Jude Thomas, founded the **Eden Alternative**, now a global nonprofit organization that aims to deinstitutionalize long-term care facilities by changing the culture of the typical nursing home. Recognizing that nursing homes were *aging faster than the people living inside them*, Thomas later created **The Green House Project** with the goal of replacing the institutional nursing home model with small intentional communities where elders and staff focus on living full and vibrant lives.

With support from the Robert Wood Johnson Foundation, Dr. Thomas has transformed the *institutional* feeling of a nursing home into “small homes” that return dignity, control and a true sense of well-being to its elders. A **Green House** home differs from a traditional nursing home in terms of facility size, interior design, organizational structure, staffing patterns, and methods of delivering skilled professional services. Most **Green House** homes include a spacious living room with a hearth, together with a dining room and open kitchen. Of utmost importance is the kitchen; it is the *center of life*. Since its inception in 2003, there are 260+ **Green House** homes in 32 states and more continue to be under development (8).

Current data indicates that when implemented correctly, **The Green House** model of living:

- Captures the true essence of an elder’s philosophical view
- Restores both the metaphysical and physical home
- Provides good chronic disease management
- Supplies staff and equipment to support personal care
- Improves Quality of Life/Care with higher satisfaction
- Caregivers, activity professionals, and social workers work together as a team to provide personalized/person-centered care
- Team members provide 4x more personal and social contact with residents than a traditional skilled nursing home
- Team members are happier with their work than traditional nursing home staff
- Costs to Medicare and Medicaid are as much as \$2300 less than a traditional nursing home
- Fewer hospitalizations for residents relative to people in nursing homes (1 & 6)

Another significant and cost-effective feature of the **Green House model** is that it can be established as part of an existing traditional nursing home or operated as a separate and independent entity. Collins states, “If we are going to treat the facility as a home, we must consider how we use physical space in our own homes and think about what those spaces mean to us. A complete change in attitude about private spaces (bedrooms and bathrooms) must take place so that residents feel at ease.” (3)

Collins also cites, “Feelings of loneliness, helplessness, and hopelessness may decrease by living in a family-oriented neighborhood. Families may feel more comfortable participating in the life of the neighborhood and join in for meals and activities or simply enjoy visiting more often.” This quote by Dr. Collins upholds the first of *Eden Alternative’s Ten Principles*: The three plaques of loneliness, helplessness, and boredom account for the bulk of suffering in a human community.

~ Eden Alternative; www.edenalt.org

“The lonelier a person gets, the less adept they become at navigating social currents. Loneliness grows around them, like mold or fur; no matter how badly contact is desired. Loneliness is accretive, extending and perpetuating itself. Once it becomes impacted, it is by no means easy to dislodge.”

~ Olivia Laing in *The Lonely City: Adventures in the Art of Being Alone*

Furthermore, by de-institutionalizing care, **The Green House** concept of skilled nursing creates a healthcare future that many baby-boomers and seniors are excited about. Specifically, elders and their family members cite the following health advantages:

- Higher and more satisfying Quality of Life
- Better emotional well-being
- Increased mobility
- Greater social interaction with peers and team members
- Increased appetite
- Better management of chronic diseases

Five Distinct Features that the **Green House Project** differs from Traditional Long-Term Care

A). Autonomy: Seniors have their own private bathroom and room, and they are free from scheduling. They are able to access shared and social areas of the house at any time, making it truly feel like home.

B). Green Living: In this case, “green” means living with the natural world. **Green House Project** homes let in plenty of sunlight and include garden areas, plants and outdoor access.

C). Intimacy: Instead of a traditional group home, a **Green House Project** community consists of clusters of smaller houses with 6-10 senior residents.

D). Smart Technology: **Green House** communities use smart technology such as adaptive devices, computers and ceiling lifts.

E). Warmth: This is one of the core values of the **Green House Project**. A warm living situation consists of a layout that encourages social activity, as well as décor and furnishings that provide comfort. (5)

The following chart details specific characteristics of a Green House Project Model of Living:

<i>Architecture:</i>	<i>Polices:</i>
Conscious elimination of the signposts of the medical model	Participate in their own care planning meetings
Small, self-contained homes or communal apartments for 10-14 people	Participation in household activities of choice
Private room for each person	Resident selection of all bathing choices
Private bathrooms for each person with showers and sinks with grooming space tilt-mirror and storage	Decisions honored regarding all aspects of care
Home configuration: front hall, living room, dining room, kitchen and den	Opportunity to “make home” by personalizing their space
Short walking distances from bedrooms to living areas	Opportunity to access outdoors easily without barriers to navigate
The people who live in the houses have access to all areas of the house	Food at will
Residential finishes and hardware	Visitors at will
Access to outdoor space/connections with nature	Greater community access at will

<p>Accessible details ~ windows, faucets, light switches, doors, floor transitions, power outlets, switches, thermostats</p>	
<p>Driveways, sidewalks, and exterior lighting that are residential in size and configuration</p>	<p>Bring their own furniture and belongings</p>
<p>Interiors that echo the neighborhood</p>	<p>No need to secure permission to enjoy the outdoors</p>
<p>Lighting that meets the guidelines for the aging eye</p>	
<p><i>Staff structure:</i></p>	<p><i>Staff training:</i></p>
<p>The house as the operating unit</p>	<p>Change and its effect on people and organizations</p>
<p>Minimized bureaucracy</p>	<p>Safe restoration of choice</p>
<p>Shared leadership and decision making</p>	<p>The holistic view of all people who live in the house</p>
<p>Collaborative working process</p>	<p>Maslow's Hierarchy of Needs</p>

Self-scheduling	Habilitation in ADLs
Interdisciplinary participation in Quality Assurance	Communication and collaboration
Self-directed learning	Caregiving effectively for persons with cognitive impairment
	
	Alternate bathing practices
	Safe food handling
<i>Dining:</i>	<i>Clinical Care:</i>
A pleasant social dining experience	Advanced training in geriatric nursing for all nursing staff
Access to food and drink at will	Evidence-based clinical protocols
Choice of mealtime, food, and quantity of food	Management of polypharmacy
Opportunities to participate in food prep or cleanup activities	Early identification of problems related to chronic disease
<i>Technology:</i>	A robust program of advanced directives discussion

Electronic medical records	Therapies that are integrated into the household
Wireless call system	

And, still, there remains much to do with our knowledge-base and ability for caring effectively for our elderly. According to Nancy Fox, “Conventional, gradualist approaches to the crises before us today are inadequate to the task. We must brace ourselves for a complete transformation of the worlds we create for our frail elders and those who care for them. Recognizing this need, stakeholders around the country are joining together in an unprecedented effort to transform long-term care. This effort is known as a *culture change movement* and is gaining recognition for its successes in creating a better world for the elders, staff, and leadership of many nursing homes.” (4)

This article has shared operating principles and philosophies from two *powerhouse* healthcare organizations. *Eden Alternative* and **The Green House Project** are separate organizations; however, they share a common bond: providing seniors the opportunity to be cared for in a non-institutionalized environment. The main difference is the building and planning creation phases. *Eden Alternative* focuses on partnering with nursing homes to help them change their culture, environment and approach to care, thus creating a habitat for human beings rather than facilities for the frail and elderly. The Green House Project focuses on helping companies and individuals build or convert residential homes that can provide high levels of care for individuals who do not wish to be in a nursing home environment.

Inferences for the Recreation/Activity Professional

Recreation/Activity Professionals must be at all times cognizant and diligent when developing programs to meet each elder’s needs in a **Green House** model setting. Detailed strategies and techniques geared toward the varied functional and cognitive levels of the individual is one of the more noteworthy challenges in providing Quality of Life programs; embracing true person-

centered approaches that highlight every elder's wisdom and legacy, so he/she *shines* throughout the healthcare community! In fact, the **Green House** model's approach to residents' leisure time is centered and focused on a very different perception of *activities*. The Recreation/Activity Professional takes on the belief that elderhood does indeed exist and late-life development is treated as an essential component of the human life cycle. Within this life cycle we become familiar with the term, *rhythm of life*. Recreation is not based on a pre-designed, specific schedule of events; there is no monthly calendar displayed in the front foyer. Elders can, if they so choose, socialize and participate in concert with their team members that live and work in their **Green House**. (4)

As we already know, activity programming can quickly change negative behaviors and foster feelings of purpose, accomplishment, and dignity. Therapeutic programs along with social interaction can benefit an elder's sense of purpose and meaning.

A research study conducted by Providence Mount St. Vincent, Seattle, Oregon showed a 50 percent increase in resident activity levels and a more than 100 percent increase in social interaction (2). Activities can and should be the starting point for change. Giving our elders a genuine home experience with all its spontaneity and opportunity for choice is what Recreation/Activity Professionals should be doing each and every minute of the day!

Lastly, as Quality of Life Champions, think about this; the glorious Mojave Desert includes vast canyons and gorgeous deserts. American biologist Edmund Jaeger studied this desert environment and found that every few years an abundance of rain results in "such a wealth of blossoms that almost every foot of sand and gravel is hidden beneath a blanket of flowers." Now let's draw a parallel to the elders that we serve with the following words from Dr. Thomas:

"A Green House that is licensed as a skilled nursing home is not a nursing home – it is a Green House.

A Green House that is licensed as an assisted living facility should not be confused with such a facility – it is a sanctuary for elderhood.

A Green House that is licensed as an adult home cannot be defined in only those terms – it is first and always a Green House.

An elder-initiated Green House that closely resembles a family dwelling is no such thing – it is an intentional community, dedicated to fostering the most positive elderhood possible." (7)

True transformation of today's senior living demands that we all, not just Recreation/Activity Professionals, continue searching within and creating healthcare communities that foster each resident's full potential.

“Green Houses will foster a new longevity. Elders who would otherwise be placed in an institution can make a home there. Senescents can choose to enter its intentional community and, once there, seek the meaning, beauty, and worth that are the proper gifts of old age.”

~ William H. Thomas



References

1. Archer, Diane; Counterspin – Medicare for All; Yes, Medicare for All is Expensive; Medicare for All Does Not Mean Medicare for Some, 2018
2. Brawley, Elizabeth C.; Design Innovations for Aging and Alzheimer's ~ Creating Caring Environments; 2006
3. Collins, James H., Ph.D.; Revolutionizing Quality of Life in Long-Term Care: The Person-Centered Way; www.collinslearning.com; 2009
4. Fox, Nancy; The Journey of a Lifetime: Leadership Pathways to Culture Change in Long-Term Care, 2007
5. Larsen, Dana; The Green House Project: The Next Big Thing in Long-Term Care, 2015

6. Marsden, John P., Briller, Sherylyn H., Calkins, Margaret P., Proffitt Mark A.; Creating Successful Dementia Care Settings, Volume Four – Enhancing Identity and Sense of Home, Health Professionals Press, Inc., 2001
7. Rabiq, Judith and Donald; From Nursing Home to Home: The Small House Movement; April 2009
8. Thomas, William, H., M.D.; What Are Old People For? How Elders Will Save the World, 2007
9. Wikipedia, The Free Encyclopedia, April 2019