

REINVENTING AMERICA

Where To Live As We Age

by Susan Fine

published: 05/31/2009



Christine Cleary, 91, puts down her crochet work as she happily describes her new residence in Cohoes, a suburb of Albany, N.Y. "It doesn't smell like a nursing home," she says appreciatively. "There's no disinfectant odor." Cleary also enjoys how much quieter it is than most nursing homes--no beeping machines and clattering carts.

Cleary lives with 11 other elderly people in a Green House home, a comfortable residence that offers meals, support, and nursing care at a cost comparable to that of a private room at a large, impersonal home. Each person has his or her own room and bath around a sunny living area with a big dining table that can accommodate all of the residents. An open kitchen allows seniors to put in their two cents about meal preparation, and they have easy access to a garden and patio.

Residential eldercare is a big business today. Nearly 1.4 million seniors live in nursing homes in the United States. But in 18 towns and cities from Birmingham, Ala., to Winthrop, Wash., a new model of care is being tested. While these Green House homes may not soon replace the 16,000 nursing homes in the U.S., they're changing the way our nation cares for its oldest citizens.

Geriatrician Dr. Bill Thomas, a professor at the University of Maryland Baltimore County, created [The Green House Project](#) with the hope of revolutionizing eldercare. In 2001, he wandered into the Robert Wood Johnson Foundation wearing a sweatshirt and Birkenstocks and shared his vision. The foundation was so impressed by his ideas it agreed to support a pilot program. With the foundation's help, Dr. Thomas eventually partnered with NCB Capital Impact, a national nonprofit organization that offers assistance to underserved communities, to roll out a plan. Two years later, the first Green House homes were constructed in Tupelo, Miss.

The success of the Green House model lies in trading a typical nursing home's top-down organizational structure for a self-managed team of workers who share the tasks involved in caring for their residents, including housekeeping and cooking. Most important, Dr. Thomas says he wanted to create residences that avoided the loneliness and expense of at-home care and the coldness of an institution. "We only have two populations who live in institutions in our society: criminals and the residents of nursing homes," he says.

"When my mother was at home alone, I worried about her nourishment and loneliness," Leslie Kellam says, explaining why she moved her parent from Florida to the Cohoes Green House.

Kellam's mother, Natalie Siegel, 83, says, "Here, I feel safe. At home, my aide might move my wheelchair, and I'd forget that it wasn't next to me. I worried about falling."

Green House residences go to great lengths to be not just homelike but to be home. Diana Lloyd, director of nursing at Cohoes, doesn't permit the use of traditional hospital carts to deliver pills. "If we introduce one cart," she says, "there will soon be carts for laundry and for drinks, and we'll become an institution." But it wasn't practical to ask the nurses to go to the medicine chest for each patient's dosage. "First we tried a rolling knapsack," Lloyd says, "before we settled on a tea cart one might find in a family home."

Residents are called "elders," not "patients." Unlike in most nursing homes, residents can have pets, and instead of mandated mealtimes, they can choose when to eat. Simple changes like these appear to improve seniors' behavior and health. "Because it is quieter," one administrator explained, "the elders are less agitated." According to a recent University of Minnesota study, Green House residents were less depressed and were able to perform daily functions longer than people in regular nursing homes.

Doctors say they receive fewer urgent calls at night. Because the staff interact so closely with the same residents every day, they can tell when there's been a significant change in a person's condition and can explain symptoms in greater detail.

Darlene Shaughnessy's uncle has lived in a Green House home outside Detroit for the past six months. Before moving there, Daniel Shaughnessy, 81, lived alone, and neighbors checked in on him. Once they called Darlene after he hadn't answered the phone for a few days. She found her uncle curled in a ball in a corner of a room, having suffered a serious stroke. He weighed about 80 pounds.

Today, Shaughnessy has recovered from the stroke and weighs a healthy 180 pounds. "I like it here," he says of his Michigan Green House, where residents dance hip-hop in their wheelchairs and play Nintendo Wii games.

About 30% of traditional nursing homes are beginning to incorporate some aspects of the Green House model, like breaking themselves down into smaller "households." Preliminary research on Green House homes indicates that their approach may result in lower staff turnover and in residents' spending less time bedridden, with fewer complications.

"The No. 1 reason nursing home reform has lagged is that people don't believe the system can really be changed," Dr. Thomas says, "even though it costs a lot of money and doesn't generate a lot of well-being." But the good news is that if these models offer similar costs and happier residents, they could become the new way to live as we age.

Photo by Lynn Johnson, used with permission of The Robert Wood Johnson Foundation