



New York Times, April 23, 2005

## The New Nursing Home, Emphasis on Home

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Published: April 23, 2005

TUPELO, Miss. - At the Cedars Health Center, a traditional 140-bed nursing home here, meals are delivered on trays, hospital style. Hallways floored with linoleum extend in every direction. The smell is sterile and sour.

Cynthia Dunn, 82, lived there until she moved into a Green House, two streets away. Ms. Dunn's new home, a carpeted ranch-style house that she shares with nine others, has a communal dining table and an open kitchen. Emergency call lights are disguised by decorative stencils. The two staff members who care for the residents answer beepers, not bells, to reduce the institutional cacophony. On a recent visit, the smell at the door was of corn bread baking.

Ms. Dunn, who has her own bedroom and bath at the Green House, pulled herself up in her wheelchair without invitation and expressed her opinion on where she lived. "This is the most wonderful place I've been to yet," she said. "The people, the food, everything."

The Green House Project, comprising 10 new suburban houses here, is an experiment in reinventing the nursing home. Its creators hope it will herald a new age for old age, although its advantages to residents are yet unproved in health care studies.

Green Houses are part of a broadening movement to humanize care for elderly people with smaller, more domestic settings and a closer sense of community among residents and staff members. And they are an effort to address the fears of being institutionalized, among them anxieties about the loss of independence and the potential for abuse.

"I had been searching for some answers as to why it is that people say a short little prayer before they go into a nursing home," said Stephen L. McAlilly, president and chief executive of Mississippi Methodist Senior Services Inc., a nonprofit organization that runs the Green House program in Tupelo as well as the Cedars center, which it is meant to replace. "People think they go to nursing homes to die."

Nursing care professionals, specialists on aging and advocates for the elderly call such experiments a culture change in the industry. People 85 and older are the fastest-growing segment of the population and will continue to be so over the next 30 years, the Census Bureau predicts.

As the nation ages, nursing homes are aging, too. Some 16,080 nursing homes house 1.6 million people, and many of the homes are outdated, built in the 1960's, when Medicaid was introduced.

Proponents for change say that "deinstitutionalized" models like the Green Houses might help the industry compete with popular alternatives like assisted living, which offers a limited amount of nursing, and home health care. But critics say potentially higher costs of operation could keep them from being widely available and impede their ability to win support from state and federal government.

The industry's occupancy rate has fallen to 85 percent, from nearly 100 percent 15 years ago, said Joseph Angelelli, an assistant professor of health policy and administration at Pennsylvania State University. "The existing population in nursing homes lived through the Depression," Mr. Angelelli said. "Their whole mind-set as consumers is much less demanding. The next generation is used to getting what they want."

The Green House Project has financial commitments for 20 more programs in 15 states, including an apartment-based version on the Upper West Side of Manhattan. At the Tupelo homes, Medicaid pays \$126 per patient per day. Although no government figure is available, the American Health Care Association, a trade group representing 10,600 long-term care centers, estimates that nationally the daily rate is approximately \$160, an average that includes Medicaid, Medicare and private payment. That would be about \$58,000 annually.

The nation's largest operators of commercial nursing homes are recognizing that kinder, gentler models could have a crucial sales advantage with the next big wave of potential customers: baby boomers.

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Beverly Enterprises has 351 institutional-style homes and is renovating 39 of them, breaking large units of 100 beds into "neighborhoods" of 24, with a smaller, retrained staff dedicated to each group.

But environmental changes cannot be equated automatically with improvement in the quality of life. "The degree of success is not uniform," said Leslie Grant, director of the Center for Aging Services Management at the University of Minnesota, who is evaluating the progress in 10 renovated Beverly homes.

Beverly has had legal problems. In 2002, it pleaded no contest to felony charges of abusing residents in California and agreed to pay \$2.6 million. In 2000, it settled federal charges of defrauding Medicare with a \$175 million payment. But those problems have not inspired its new efforts, said Patrice Acosta, senior vice president for quality of life services. "The public is ready for an alternative," Ms. Acosta said of the changes in nursing-home culture.

In Tupelo, the first four Green Houses, completed two years ago, were built with \$3.4 million in private donations. The Robert Wood Johnson Foundation in Princeton, N.J., a health care philanthropy, financed the program and the training of staff members. In each house, two nurses' aides, also trained in household management, are on duty at all times. A nurse is on site, responsible for the four houses, which are on the same street in a retirement area. The organizers would eventually like to see Green Houses incorporated into the development of residential neighborhoods and not segregated in retirement communities.

More than a humane experiment, the Green Houses claim to be economically viable. The office staff is smaller, so costs are no greater than at Cedars, said Alan Brown, the chief operating officer for Mississippi Methodist Senior Services.

To help them feel that the Green House is their home, residents are encouraged to help with cooking or housekeeping.

The project's conceivers, Dr. William H. Thomas and his wife, Jude Meyers Thomas, both 45, are children of the 1960's. They live in upstate New York on a working farm powered by solar and wind energy and draft horses. Before developing the Green House concept, Dr. Thomas, a Harvard-trained gerontologist, created the Eden Alternative to help large nursing homes address what he considered the core of despair for residents and staff members: loneliness, helplessness and boredom.

Solutions included the provision of companion animals and plants to tend; the democratization of decision-making among staff members, with residents' representation; and the removal of

standard clinical features like nurses' stations. Dr. Thomas, who has called himself a nursing home "abolitionist," now maintains that the future is in a completely new model.

Jude Rabig, the national director of the Green House Project, said that among the 40 patients living in the Green Houses in Tupelo, 25 percent had gained weight, an indication of general good health. Ms. Rabig also said the staff turnover was less than 10 percent a year, "in an industry that has a national average of 80 or 90 percent."

Deinstitutionalizing a traditional nursing home can cost more than building a new center. Beverly Enterprises said it could average \$500,000 to \$1 million to add a living room and retrain the staff.

Beverly, working with Action Pact, a training program in Milwaukee created by a social worker, is also looking into replacing tray-based meal delivery with dining rooms, an innovation that the Jewish Home and Hospital Lifecare System completed a year ago in 21 nursing units at its center in the Bronx, at a cost of \$1 million.

Kenneth Sherman, senior vice president and administrator for the Bronx home, said that 70 percent of his residents gained weight after the introduction of dining rooms with cafeteria-style service, and that fewer residents were depressed.

The Jewish Home and Hospital is planning an urban Green House project in a building on West 105th Street, where residents would live together in large apartments.

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The obstacles to "eldertopia," as Dr. Thomas characterizes his goal, include the expenses of rebuilding, the difficulties of clearing regulatory hurdles, the cost of liability insurance and the reluctance of administrators to disband their bureaucracies. And no one knows with any certainty what, if anything, works.

"Is it the physical environment?" asked Dr. Robyn Stone, executive director of the Institute for the Future of Aging Services, a research arm of a long-term care trade organization in Washington. "Is it the people doing the work? All of this needs to be tested."

Rosalie A. Kane, a professor in the school of public health at the University of Minnesota, who is comparing the quality of life for residents and staff members in the Green House pilot with those in the Cedars center, said the Green House appeared "superior." She has looked at a wide variety of measures, including infection rates, prevalence of bedsores and the frequency of family visits.

But the undisputed cheer that a homelike setting seems to provide still leaves the fact that old age is old age, and the question of whether, for residents who suffer varying degrees of disability and dementia, anything more than dignity can be restored to life. Residents of the Green Houses were not marooned in hallways in wheelchairs, as they were at Cedars, as if on an amusement ride that had lost power. But they were not the happy family, finding rich reward at the end of life, that the Green House Project hopes to create.

There were instead small moments of humanity. At lunch at one of the residences, Martin House, Gwendolen Hall, 93 and nearly blind, folded a paper napkin for Kathleen Berthay, 79, who is blind. And next door at Franks House, Viva Whitenton, 93, sat over coffee as if she were in her own kitchen and let her memories play.

Ms. Whitenton talked about her childhood in rural Alabama and her father, a fiddler, who taught her and her four younger brothers to play. He owned the first radio there, she said, and her mother put it in the window by the porch on Saturday nights so neighbors from near and far could set up chairs on the lawn and listen to the Grand Ole Opry broadcast.

The present seemed something she maintained a graceful distance from.

"Oh, I don't pay attention to where I'm at," Ms. Whitenton said later, sitting on her bed, looking forward. "I have a good day if I'm here."



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Rollin Riggs for The New York Times  
Cynthia Dunn in a Green House  
in Mississippi. The project rejects  
the hospital-like setting of most  
nursing homes