



THE GREEN HOUSE[®] Project

Consumer Tool Kit

Background materials

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- Advocating to Policymakers
- Building a Successful Coalition/Case Study

For more information, visit www.thegreenhouseproject.org or call 703.647.2311



Frequently Asked *Questions*

The Green House Model is a de-institutionalization effort that lets people who need help with daily living skills live in a home in the community. Green House combines small homes with the full range of personal care and medical services expected in high-quality nursing homes. Green House creates an intentional community to support the most positive elderhood and work life possible.

1. Can anyone become a Green House Project?

With support from the Robert Wood Johnson Foundation, the NCB Capital Impact's Community Solutions Group is helping to develop 50 Green House homes in the United States. NCB provides technical assistance, provides tools and resources to help with development and implementation, offers education and training for staff, and provides some financial support. Green House homes can be developed by individuals, not-for-profit or for-profit organizations that can provide a high-level of services and care to elders under the licensing structure of their state.

2. What do I need to do to get started?

The Green House Project offers a number of tools and resources to help you get started. In addition to reading the *Green House Project Guide Book*, you should watch a free DVD that provides an overview of how to start a home, and you must attend a day-long orientation workshop at a Green House Project training center.

3. Should you be a long term care provider to start a Green House home?

It helps to have that experience but it's not required. Organizations or individuals planning to become early Green House home adopters are evaluated on the basis of their experience, the ability to obtain funding, and the availability of regulatory approvals. Having a strong management team in place is very important. You may want to seek help from developers and/or long term care operators. You may want to partner with a development consultant or organizations with experience operating long term care in residential settings. Or, you may want to partner with someone who already has a Certificate of Need, which is required in most states for a Green House Project to become a licensed nursing home.

4. Do you need to meet certain standards to be considered a Green House home?

Only projects that are accepted through the application process and meet The Green House quality standards are authorized to provide long-term care services under The Green House name.

5. Is there a fee to participate in a Green House Project?

Organizations accepted into The Green House Project pay a fee to receive 30 months of direct technical assistance. The RWJF grant allows The Green House Project to subsidize the fees for the first 50 Green House projects.

6. Do Green House homes all have the same design?

The homes will look different in each community but each home needs to: accommodate 12 people, include a private bath and bedroom for each elder, have a hearth area with an open living room, dining room and kitchen, include a dining table that seats all elders and caregivers, and feature lots of windows and a fenced in yard or outdoor space. In most cases new construction is needed to meet The Green House model design and quality standards. Average construction costs for a typical one-story Green House home ranges from \$1.2 million - \$1.8 million.

7. Are Green House home staff similar to traditional nursing home staff?

The direct care workers in a Green House home are universal workers, called Shahbazim, who are trained as Certified Nursing Assistants. They receive specialized training to take on this new role. The Shahbazim form a self-managed work team that provides round-the-clock care to 7-12 elders. They are responsible for such things personal care, menu planning and daily meal preparation, laundry, light housekeeping, and communicating with the clinical support team, families, and members of the community.

8. What does it cost a resident to live in a Green House home?

A resident's care may be covered by Medicaid, private pay, and under limited circumstances, Medicare. Green House projects are eligible for Medicaid and Medicare reimbursement as long they are licensed as a nursing home. If a project is a licensed assisted living facility, Medicaid reimbursement depends on the state's assisted living laws.



9. Can I apply for a Green House Project grant?

The Green House Project does not award grants. It is funded by the Robert Wood Johnson Foundation, which funds The Green House Project to help develop 50 homes across the country. Many projects also use bond financing to develop their Green House homes and some also access conventional bank financing, tax credits and other financing vehicles such as capital campaigns.

10. How do I start a Green House home?

Green House homes are operating and in development in more than 25 states. Visit our website at www.thegreenhouseproject.org to see if there is a Green House home in your state or community. If there are no projects planned in your state, you can help by meeting with your local nursing homes and talking to community leaders, aging organizations, hospitals, or other long term care providers about starting one in your area.

To learn more about the Green House Project or starting a Green House home, visit www.thegreenhouseproject.org.



Understanding *The Green House Model*

What is a Green House home?

A Green House home is a small house for elders who need help with daily activities. Unlike a traditional nursing home, The Green House home is much like a private home with an open kitchen, a hearth, a single dining room table and lots of natural light.

The Green House model enhances the quality of life of an elder by emphasizing privacy, dignity, meaningful activity, relationships, and independence as well as improved quality of care.

Who lives and works in a Green House home?



Elders. We call residents “elders”. Elders are the same people who would otherwise be in nursing homes or other traditional long-term care settings.

Shahbazim. Green House homes have the same clinical support teams that traditional nursing homes do – with physicians, nurses, dietitians and aides – but the approach and staffing structure is

drastically different. The Shahbazim (the Green House version of aides) are at the core of every Green House home.

The Shahbazim run the household. They provide a wide range of assistance from personal care to meal preparation. Though a full clinical and administrative team supports each home, the Shahbazim and elders are the primary decision-makers for each home.

How do Green House homes differ from traditional nursing homes?

The Green House model replaces large, impersonal, nursing facilities with inviting, comfortable, social living spaces that research shows help elders to live happier, more satisfying lives.

Holistic approach. Traditional nursing homes focus largely on the clinical aspect of caring for a resident. The Green House model recognizes that a person is more than their medication and clinical needs. The Green House model emphasizes the whole person and all of the dynamic elements of who they are, such as their interests, daily habits, food preferences and family. Green House homes honor elders' dignity, privacy and autonomy.

A Green House is a home. A Green House isn't home-like, it *is* a home. Though every home is unique, some key features remain the same:

- At the center of each home is a spacious, comfortable hearth for reading, socializing and living.
- The kitchen is open and accessible to all of the elders. The kitchen is a place for conversation and community, just like in any home. Instead of a sectioned off dining area, elders eat at one large dining room table.
- Sunlight and the outdoors are central to Green House homes. Most homes have inviting, easily accessible patios and porches with plants, gardens and front lawns.
- Because only 7-12 elders live in each home, every bedroom is in close proximity to the main hearth.
- Each elder has a private bathroom and private bedroom, furnished as they wish.

Small, expert staff. Because of their size, traditional nursing homes have a large staff. With different care assistants for eating, bathing, housekeeping, meal preparation, and dressing, it's difficult for bonds to form and for aides to understand each resident's needs, routines and habits. In Green House homes, services aren't compartmentalized.

The Shahbazim are certified nursing assistants and are rigorously trained in the Green House philosophy. They provide a variety of personalized services to elders. The Shahbazim truly know the elders in the home, a bond which creates both elder and staff satisfaction. The close relationship also allows the Shahbazim to recognize warning signs that could affect health.

The Green House Model *Works!*

Key Evaluation Findings

Green House homes don't just look nice, they *work*. Independent evaluations* comparing Green House homes to nursing homes consistently find that Green House homes produce equal or better results.

Health and Safety

Higher quality of care. Green House elders maintain self-care routines longer than they would in traditional nursing homes, and fewer elders experience depression, become bedfast and have little or no activity.

Improved health outcomes. Fewer pressure ulcers – or bed sores – develop in Green House homes.

Timely intervention. Higher levels of direct care leads to early identification of changes in condition, facilitating timely intervention.

Quality of Life and Satisfaction

Higher quality of life. Elders who used to be in nursing homes report improvements in privacy, dignity, meaningful activity, relationships, autonomy, food enjoyment, individuality and emotional well-being.

Higher family satisfaction. From meals to physical environment to health care, Green House families consistently report higher satisfaction with Green Houses homes than nursing homes.

Increased staff engagement with elders. In comparison to nursing homes, there is more than a four-fold increase in staff time spent engaging with elders (outside of direct care activities).

Staffing

Higher staff satisfaction. Green House staff report higher job satisfaction and increased likelihood of remaining in their jobs.

Less staff stress. Direct care staff report less job-related stress.



The Hard Numbers

Less turnover. Less than **10%** direct care staff turnover compared to **70%** in nursing homes.

Fewer injuries. No transfer-related back injuries.

Improved occupancy rates. **100%** occupancy rates.

More direct care time.

For more information on the Green House model, visit www.thegreenhouseproject.org

Kane R., Cutler, et al. "Resident Outcomes in Small-House Nursing Homes: A Longitudinal Evaluation of the Initial Green House Program," *Journal of the American Geriatric Society*, 55(6):832-839, June 2007.
Kane R., Cutler, et al. "Effects of Green House® Nursing Homes on Residents' Families," *Health Care Financing Review*, 30(2):35-51, Winter 2008-2009.
Sharkey S., Hudak., Horn S., "Analysis of Staff Workflow in Traditional Nursing Homes & THE GREEN HOUSE® Project Sites" 2009
Bowers B., Notlet K., "Exploring the Role of the Nurse in Implementing THE GREEN HOUSE® Model" University of Wisconsin 2009.

The Green House *Experience*

An overview of videos on thegreenhouseproject.org

Getting To Know The Model



The elder is the center of the home – that’s the backbone of the Green House philosophy. The traditional nursing home environment makes elder-centered care difficult, while The Green House model is based on it.

The staffing structure in a Green House home also makes it unique. “...By letting the shahbazim self-schedule and have some decision in care plans...there has just been a tremendous amount of buy-in and excitement about working every day,” says Charles Vander Broek, President & CEO of Resthaven Care Community.

Green House homes also have the same clinical teams nursing homes do. “In The Green House model the organizational chart is really circular,” Ruta Kadonoff, former Deputy Director of the Green House Project at NCB Capital Impact explains. The elder is at the center, surrounded by the shahbazim who provide direct care daily. Then, she explains, the clinical support team and organizational leaders work to embrace the work being done by the shahbazim.



Meet An Elder



Green House elder Doris Delanus loves her home. Her Green House home provides a real sense of independence she didn’t have before moving in.

“I wanted my freedom,” she says.

“This is my home. I love it here, I love my own room...even when I go out to chapel, I say ‘it’s nice to get out,’...but [then I say] ‘gosh, it’s so nice to get back home.’”

Part of the comfort of home comes from the Shahbazim who care for Doris and help her *live* her life. “I love them all. They’re so kind here and they’re so sweet.”

What It's Like To Be A Shahbaz

“How would I like to be treated if this was me?” Shahbaz Emma Williams asks. “That makes my job a lot easier because I already know the answer.”

The Green House model's holistic, person-centered approach allows shahbazim Emma Williams and Linda Johnson to build meaningful relationships with elders and it lets the elders move at their own pace. “We can sit at the table with an elder and read the paper or do beading - anything - it's very intimate,” Linda explains.

The Green House model also emphasizes teamwork and partnership. “It's not yours or mine, it's always ours,” Emma says.

“You have to have teamwork,” Linda says. “If you don't have teamwork, you have nothing.”



Watch these videos and several others on the model, the staff and elders at www.thegreenhouseproject.org.



THE GREEN HOUSE® Project

In The News

Provider

Culture Change Goes Mainstream

“Bill Thomas, MD, would like to clear up a misconception about his position on nursing facilities: He doesn’t want to eradicate them; he wants to eliminate the traditional, institutional model of care that was adopted by nursing facilities nearly 50 years ago.

‘I want to abolish the practice of institutionalizing frail, older people,’ he says. ‘The old model of the nursing homes needs to go away and be replaced with new models.’”

May 1, 2010

THE WALL STREET JOURNAL

Rising Challenger Takes On Elder-Care System

“In the spring of 2001, Bill Thomas, dressed in his usual sweat shirt and Birkenstock sandals, entered the buttoned-down halls of the Robert Wood Johnson Foundation. His message: Nursing homes need to be taken out of business. ‘It’s time to turn out the lights,’ he declared.

Cautious but intrigued, foundation executives handed Dr. Thomas a modest \$300,000 grant several months later. Now the country’s fourth-largest philanthropy is throwing its considerable weight behind the 48-year-old physician’s vision of ‘Green Houses’.”

June 24, 2008

The New York Times

Rethinking Old Age

“Dr. Thomas is now building Green Houses in every state in the country with funds from the Robert Wood Johnson Foundation. Such experiments, however, represent only a tiny fraction of the 18,000 nursing homes nationwide.

‘The No. 1 problem I see,’ Dr. Thomas told me, ‘is that people believe what we have in old age is as good as we can expect.’ As a result, families don’t press nursing homes with hard questions like, ‘How do you plan to change in the next year?’ But we should, if we want to hope for something more than safety in our old age.”

May 24, 2007



Reformers Seek to Reinvent Nursing Homes

“Many people think of nursing homes as grim places where residents often seem bored, lonely and sad. But now some reformers are experimenting with a new kind of nursing home.

Instead of an institutional setting, they want to provide a homelike atmosphere for residents.”

June 22, 2005



PARADE



Where to Live as We Age

“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.”

May 31, 2009

‘Green House’ Homes: A Model for Aging That Promotes Growth

“Wood toured the Leonard Florence Center for Living, a new six-story high-rise in the industrial city of Chelsea outside Boston. Jack now lives there with nine other residents in what is called a ‘Green House,’ an innovative and growing alternative to long-term skilled care that looks, feels and operates more like a person's own house than a traditional nursing home.

Say goodbye to long corridors, central nursing stations and multiple roommates. In the Green House model, each of the 10 to 12 residents has a private bedroom and bathroom connected to a common dining room, an open country kitchen where all the meals are prepared, a living room, and an indoor porch or backyard.”

January 10, 2011

The Boston Globe

The Philadelphia Inquirer

Model homes

“The aroma of spaghetti and garlic bread wafts from the kitchen as Marie Burke aims her walker toward the dining room table, where several of her housemates, a couple of them in wheelchairs, already have taken positions.

Lunch is being dished up family style, and the conversation bounces from favorite meals — meatloaf and brisket — to friendly ribbing about who in the house is the real card shark.”

August 30, 2010

A healthier take on the nursing home

“Linda Johnson is never going back. After 14 years as a certified nursing assistant - the bottom of the food chain in the nursing home culture - she has tasted the future. She is now a ‘Shahbaz’ in a ‘Green House’ - a respected worker in a new model of caring for the frailest elderly.

‘I love it,’ Johnson said. ‘It's not a rush anymore. We get to spend quality time with (residents). They think we're family. And we are.’ Imagine a world in which the nursing home idea is turned upside down: Just 10 residents live in a house, rather than the standard 120-180.”

October 16, 2006

THE GREEN HOUSE® Project

Glossary

Culture Change – "Culture change" is the common name given to the national movement for the transformation of older adult services, based on person-directed values and practices where the voices of elders and those working with them are considered and respected. Core person-directed values are choice, dignity, respect, self-determination and purposeful living (www.pioneernetwork.net)

Eden Alternative –The Eden Alternative is an international not-for-profit organization dedicated to eliminate the plagues of loneliness, helplessness and boredom by transforming care environments into habitats for human beings that promote quality of life for all involved. This philosophy was created by Dr. Bill Thomas, and became the foundation of The Green House Project (www.edenalt.org).

NCB Capital Impact – NCB Capital Impact is a national, non-profit community development organization that helps people and communities reach their highest potential at every stage of life through cooperation and innovation. The Green House Project is a part of this organization working to meet the goals of the Robert Wood Johnson Foundation grants to replicate this model and spread culture change in long term care.

The Green House—An intentional community for elders built to a residential scale and devoted to the pursuit of the most positive elderhood possible. The value of clinical services is recognized and is then part of a habilitative social framework that gives primacy to human development in late life.

Elder – a person who, by virtue of age or life experience has transcended or has the potential to transcend the limitations and shortcomings of adulthood; a mature person who gives precedence to BEING-doing in daily life.

Shahbaz – (plural form: Shahbazim) a person who begins with an education of a certified nursing assistant, and participates in 128 hours of training, to become "the midwife of elderhood". This person protects, sustains and nurtures the elder while managing the household and working in a self managed team.

Guide – The Guide serves as a coach and supervisor to the Shahbazim, and is responsible for the overall operations and quality of services in the home. The Guide may be responsible for one or more Green House homes, depending on the size of the community.

Sage – The Sage is a local elder who acts as a coach or mentor in a Green House home, facilitates the development and continued growth of the self-managed work team of Shahbazim and serves as their trusted advisor. This is a volunteer position.

Convivium—Convivium is the term to describe mealtime in The Green House home. It describes the pleasure of good food in good company.



Show Your Support For *The Green House Model*

5 Simple Ways To Show Your Support For THE GREEN HOUSE Project Today

1. Download the consumer toolkit.
2. “Like” THE GREEN HOUSE PROJECT on Facebook and add the “I support Green House Homes” button to your Facebook page.
3. Sign up for the Green House newsletter at www.thegreenhouseproject.org
4. Watch the YouTube video about The Green House model.

WAYS YOU OR YOUR ORGANIZATION HELP BRING GREEN HOUSE HOMES TO YOUR AREA

Meet with nursing home administrators in your area to introduce them to The Green House Project.

Send a letter to your legislators and/or request a meeting to educate them about the model and ask for their support.

Organize or join a coalition of people who would like to bring Green House homes to your community.

Submit a letter to the editor or an op-ed to your local newspaper expressing your support for the model.



Top 5 Myths about

The Green House Model

- 1. The Green House homes are too expensive.** The Green House homes are no more expensive than traditional nursing homes. Because they are considered licensed nursing homes, Green House homes are covered by Medicaid. More than half of the people living in Green House homes are on Medicaid.
- 2. The care in Green House homes isn't as good as in nursing homes.** Green House homes are staffed to provide complex skilled nursing care, including care for elders (the Green House term for resident) with advanced dementia, who have feeding tubes, or need rehabilitation therapy. The Green House model is not just for the healthiest seniors. In fact, the range of limitations found in Green House homes is comparable to what you would see in nursing homes.
- 3. The Green House homes are not for people with dementia.** The Green House homes provide state of the art dementia care. Like traditional nursing homes, about 75 percent of GH elders have some form of dementia. In fact, Green House homes are most appropriate for people with dementia because they are more like a home and less institutionalized than a nursing home. Because they are small, care is more tailored to the rhythm of elders. In addition, Green House elders have consistent caregivers. Having the same caregiver everyday is very important for people with dementia or Alzheimer's disease.
- 4. The Green House homes aren't safe.** The Green House homes are just as safe, if not more so, than nursing homes. Like any house, the doors are locked and you have to knock or ring the bell to enter. Because The Green House homes are smaller than nursing homes, it's easier for staff to be in constant contact with elders and know who is coming and going. All Green House homes focus on ensuring the safety of elders, and build safety protection into daily living activities.
- 5. The Green House homes aren't fully staffed.** The Green House homes have the same clinical professionals as nursing homes. Nurses are in the home all day long. Like nursing homes, doctors visit The Green House homes on a regular basis to see elders. Elders also have access to nutrition specialists, social workers, and rehabilitation or physical therapists



Writing Sample

Letter to Policymaker

May 13, 2011

The Honorable Jane Doe
State Capitol, Room XXX
Sacramento, CA 95814

Dear Assemblymember Doe:

I am writing to you as a consumer and as a family caregiver, to ask for your support in helping to *bring a new, national model for skilled long-term care to California (OR, expand the number of homes in X state)*.

THE GREEN HOUSE® Project, an initiative of NCB Capital Impact, with funding from the Robert Wood Johnson Foundation, provides technical assistance, pre-development loans and ongoing support to providers to spur the development of homes designed to give consumers an alternative to institutionalized nursing home care. The Green House model focuses on delivering care in small, self-contained homes that meet all required state and federal regulatory and reimbursement criteria for licensure as skilled nursing facilities.

To date, there are over 230 Green House homes open or in development in the United States with 50 organizations across 26 states, *including one home in development in Pomona, CA*. Recent studies show that Green House homes significantly improve the quality of life of elders (The Green House term for residents) and increase satisfaction among families and direct care staff.

I urge you and your staff to do several things. First, learn more about this model by visiting the Green House website at www.thegreenhouseproject.org and contacting the program at 703 647-2311. Second, hold or request a hearing on new models of care, such as Green House. Consumers can share their experiences and voice their support for skilled nursing care options beyond traditional nursing homes. Third, create a task force in your community to explore the viability of building Green House homes to meet the increasing demand for long-term care.

Thank you in advance for your efforts to provide our citizens with exciting, new models of care in home-like settings. I look forward to hearing from you.

Sincerely,

Jim Smith



Writing Sample

Letter to the Editor

Re: “Nursing Homes That Belie the Bad Image,” by Jane E. Brody (New York Times, Personal Health, Oct. 6):

Like Jane Brody, I too never want to end up in a nursing home. That’s why it’s so important to push for an alternative approach to long term care. The Green House model offers such an alternative. A Green House home is a place where I would feel comfortable having my 95-year old mother who is living with dementia spend her last years. Like many consumers, we want something different for long term care options. We know from studies that people who live in Green House homes have more privacy, dignity, engagement and emotional well-being than those living in nursing homes; fewer experience depression from inactivity; and families and staff are more satisfied. We know the Green House model is a financially viable model that provides high quality care. We need to make sure it’s available in this community when our own family, friends or neighbors are faced with the very difficult decision to enter skilled care.

[Put all contact information here]

Janet Jones

305 North Place

Hartford, CT 06117

Day Phone: ###-###-####

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Showing Support by *Engaging with Media*

Letter to the editor

Submit a letter to your local newspaper about Green House homes. Letters to the editor must be timely, so connect your letter to a current long-term care news trend or a specific article.

Op-ed

If you are an expert on long-term care or a leader in your community, submit an op-ed to your local newspaper explaining the Green House model and why you support its expansion.

Blog post

If your organization supports the Green House model, write a blog post about it for your website. Or, consider submitting a post you've written to a local blog or website.

Comment

Post a brief comment online that references the Green House model in response to articles on aging and long-term care. Comments are excellent ways to easily promote your cause and generate discussion.

Meet with reporters

Arrange a meeting with a reporter in your community who has an interest in long-term care, aging or consumer issues and discuss the Green House model with them. Bring the information sheets in the consumer toolkit with you. Download The Green House Project Guide Book from the website as a leave behind resource.

Steps to Getting your Submission Published

- Research the letter to the editor and op-ed policies for your target outlets. Most publications post requirements, including word limits, on their websites.
- Reference a recent article or news trend and respond as quickly as you can. In your letter or op-ed, build on what was presented in the news and explain why the Green House model and philosophy connects to a specific story or news trend.



- Include your contact information. Include home, cell phone numbers, e-mail addresses and in some cases your address so they know whether you're a local reader.
- Don't write too often. Once every three months is as often as you should write. If you do get published, wait a few months to submit a letter or column.
- Follow up. Make a follow-up phone call to the editor in question to make sure your letter has been received. It's best to keep calling until you get through, rather than leaving a voicemail message.

Quick Tips for Media Writing

- Be concise, short and to-the-point.
- Avoid jargon and use words everyone can understand.
- Be creative. Instead of simply stating that you support the Green House philosophy, tell a story that shows its importance.
- State your point early and clearly. Build the case leading with your most important point.
- Provide vivid examples to make your point.
- Answer the question, "Why should the reader care about this topic?"
- For opinion letters, hone your writing style before you're on deadline to submit it. Read letters in your target venues on a regular basis to learn how to write in a style that tends to get published.

Communicating with *Long-Term Care Providers*

Institutional Long-Term Care is Old News

Consumers are looking at traditional nursing homes for their family members and friends – and ultimately for themselves one day – and saying “we want something different.”

To date, there are over 230 Green House homes open or in development with 50 organizations across 26 states.

High Quality, *Not* High Cost

Building Green House homes is a good financial decision because it enhances long-term financial viability. Green House providers often have waiting lists due to consumer demand for smaller, home-like settings with high quality care.

Once The Green House homes are built, the cost of elder (The Green House term for resident) care is comparable to traditional nursing homes. Because they are licensed nursing homes, Green House homes are able to accept Medicaid and Medicare eligible as well as private pay elders.

The Green House model has been identified by CMS (the Centers for Medicare and Medicaid Services) as being in full compliance with Federal law and regulation for skilled nursing facilities.

Elders, Caregivers, and Staff Prefer the Green House Model

The Green House model is unique because elders get all the care they would get in a nursing home in a setting that is more like a home. Green House homes meet the same state and federal licensure standards as skilled nursing facilities.

Studies comparing the satisfaction of elders living in traditional nursing homes to those in Green House homes show:

- **Improved quality of life** – Elders have more privacy, dignity, engagement and emotional well-being.
- **Improved quality of care** – Fewer elders experience depression, being bed bound and having little or no activity.
- **Improved family satisfaction** – Families of elders are more satisfied with the home-like setting, meals, housekeeping, privacy, autonomy and health care.
- **Improved staff satisfaction** – Green House staff report higher job satisfaction and staff turnover rates are lower in Green Houses than in traditional nursing homes.

Provide Additional Resources

Visit the Green House Project website: www.thegreenhouseproject.org

Learn more about The Green House Project by signing up to attend a workshop with other interested providers.

Advocating to *Policymakers*

Tell Your Story

Example of a story: We are family caregivers who love and support our family members. We have helped them remain as independent as possible for as long as possible either in our home or in their home. Now my family member/friend needs 24-7 skilled nursing care and I want it to be in a place that is as close to a home-like setting as we can find.

Express Your Belief in the Green House Model

When it comes to long term care, there are not many choices in this community or in this state. Most skilled nursing facilities are very large and impersonal institutions. They don't feel like home.

That's why the Green House model for care that is much more preferred because seniors and others needing long term care assistance can live in a small house that can provides the skilled care they would get in a nursing home.

Share Positive Research Outcomes

Studies comparing the satisfaction of elders (The Green House term for residents) living in traditional nursing homes to those in The Green House homes show:

- **Improved quality of life** – Elders have more privacy, dignity, food enjoyment and emotional well-being.
- **Improved quality of care** – Fewer elders experience depression, being confined to bed and having little or no activity.
- **Improved family satisfaction** – Families of elders are more satisfied with the home-like setting, meals, housekeeping, privacy, autonomy and health care.
- **Improved staff satisfaction** – Green House staff report higher job satisfaction and are more likely to stay at their jobs. Staff turnover rates are lower in Green House homes than in traditional nursing homes.

Emphasize the Community Impact

Because they are licensed nursing homes, The Green House homes accept Medicaid eligible elders as well as those able to pay privately.

Suggest Next Steps for Support

- Visit The Green House Project website and attend a Workshop at an existing Green House home (www.thegreenhouseproject.org).
- Hold or request hearings on consumer preferences in long-term care and how Green House better meets changing consumer demands.
- Create a task force in your state or community to explore the viability of building Green House homes to meet the increasing demand for long-term care.



Building a Successful Coalition

Case Study

The road to creating Green House homes may seem daunting, but others have traveled it and can provide some helpful tips. It's important to identify the necessary steps, develop a clear work plan and stick to it. Most campaigns to open Green House homes span several years and some phases of the process can take months or even years.

Tips for Building a Successful Coalition

Seek broad areas of expertise. A coalition to build a Green House Project should include a variety of members who bring an array of expertise and knowledge to the campaign. When building your coalition, seek out expert fundraisers and people who have a broad range of skills, including grant writers, political leaders, financial planners, construction managers, long-term care administrators, consumer advocates, local legislators and other partners who can add value to your coalition.

Be patient and flexible. You're bound to hit road blocks along the way. As you are building your coalition, make sure everyone understands that this takes time and effort. Stay focused on your plan and your goals.

Secure financing. This is one of the most challenging aspects of establishing a Green House Project. Successful coalitions must seek out strategic funding opportunities (such as applying for grants through the

Finding an alternative to nursing home care in Sheridan, Wyoming

In 2005, a group of family caregivers in Sheridan, WY convened at the local senior center to look for a better option for long term nursing care. A small town with two conventional nursing homes, the group, led by the director of the senior center, had heard about Green House homes and its culture of caring and wanted to make that alternative available to seniors.

After touring Green House homes in a neighboring community, the group became convinced they were on the right path. They immediately went to the city council and asked city leaders to support a needs assessment. The city agreed. And the senior center director eventually convinced local lawmakers to approve a pilot modeled after The Green House concept so they could test a more home-centered approach to long term care.

She enlisted the support of Douglas Osborn, then a state legislator, who became a champion. He worked with her to create a task force and board to initiate a plan of action. The task force was comprised of residents with a range of experience and skills including an architect, a professional fundraiser, a lawyer, a director of hospital nursing, a retired contractor, and a caregiver. The coalition also sought guidance from another Green House homes administrator in a nearby community.

The group eventually formed a nonprofit corporation and was granted tax-exempt status. The organization, *Green House Living for Sheridan*, became the first – and only – Green House homes project in the country started by grassroots efforts.

Engaging stakeholders and community leaders has been critical to the project's success. The group has sought the backing of the governor, state legislature and federal government. And raising funds has not always been easy. Still, project leaders say that they have been successful generating business development grants and raising funds through local fundraisers and capital campaigns. They also have been able to benefit from land donated by a local developer and from low-interest loans.

Although developing a solid financial plan that will keep things sustainable is a critical element of the process, Osborn says as important is to make sure that the Green House philosophy remains intact. Assuming everything stays on track, the homes should open this year. By December 2011, residents of the city of Sheridan will have four new Green House homes to choose from.

state, local foundations, long-term care organizations and consumer organizations.) At the outset, recruit fundraising and financial experts to help make a plan for sustainability. Also, work with THE GREEN HOUSE Project at NCB Capital Impact to strategize ways to secure long-term funding.

Engage influential allies. Recruiting connected champions raises the stature of your effort and gives you greater leverage in obtaining additional funding and support. Use existing connections to elected officials, business leaders and community philanthropists to secure project support and funding. Make new connections by reaching out to legislators and other community leaders that have interests in long-term care and aging issues. Allies can help arrange meetings with community leaders, serve as honorary or active members of your coalition, make requests for funding and support, host events and recruit more members.

Be willing to delegate tasks to get the job done. Organization and division of labor are essential. An effort to bring Green House homes to your community is bound to have many moving parts. As your coalition grows, your committees and subgroups should also expand. Different coalition members can lead different tasks – for example, create a committee to research funding, delegate one person as the political liaison; and assign a group of people to look into codes, zoning and different ordinances you need to follow. Assign a board chair or an executive board to monitor activities and make sure things are on track.

Always remember your mission. Most importantly, passionate members drive any successful effort to create change. Passion for The Green House philosophy will sustain and propel your efforts. And when the road gets bumpy and the coalition becomes discouraged, keep your focus on the goal: to make people's lives better.