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## THE GREEN HOUSE REVOLUTION IN NURSING HOMES: PUTTING HOME AND HEART INTO LONG-TERM CARE

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*Celebrating Green House #100*

*The Green House Homes Project at Green Hill  
West Orange, NJ*

Good afternoon, everyone. This is a big day – and I am so pleased we are part of it. The day’s got to be big, because we have so many esteemed guests – my own Board chair is here. You all know him; New Jersey’s most esteemed former governor, Tom Kean.

And from the State Assembly, please help me welcome our local representatives – Mila Jasey, John McKeon, and Sheila Oliver. I also want to recognize Toni Lynn Davis, Green Hill’s director. From NCB Capital Impact, Terry Simonette and Robert Jenkins. And of course, the man who invented the “Green House” approach to long term care – Doctor Bill Thomas.

Bill’s been called a disrupter, a revolutionary, a prophet – even a Johnny Appleseed – planting Green House homes all across the country! We know him to be an innovator, a pioneer and a determined advocate for the oldest and most vulnerable members of our family.

Way back before there was Green House Number One, Bill convinced us that his model for nursing home care was the kind of “disruptive innovation” that can transform an entire field for the better. His timing was perfect. We were in the market for a better way for nursing home care.

Let me give you some history. We came into being in the early 1970s during a wave of scandals about nursing homes. One member of Congress famously called them “halfway houses between society and the cemetery.” Our public surveys back then showed that most people agreed. They were afraid that when they got sick the right kind of help wouldn’t be there for them.

That was 40 years ago – and – amazingly enough – people still feel pretty much the same way. There’s no question that conditions have improved. But the old tarnish is

hard to rub off. As most people age they still say that they don't ever want to live in a nursing home.”

Now I'm a geriatrician, just like Bill. In Philadelphia, many of my oldest patients were fiercely independent – hanging on in their tidy row houses and walk-up apartments. I made the house calls, brought in the social workers, the nurses, the home aides. We did whatever we could to help these determined folks live – and die – exactly as they wished, on their own terms, at home.

So when Bill came to Princeton you better believe I paid close attention. He put his vision in plain words. He said, “People of all ages will live better lives when we bring elders back to the heart of our society.” Then and there I knew in my gut that this was the real deal.

And here we are today – with Green House Number 100. Today we cross the line separating where we started from where we're going. Let me explain.

It's said that a healthy community is like a tree. When you plant a tree, you plant hope. You water it. You care for it. And if you've done it right, both tree and hope will grow.

The health of our communities is the same way. From cradle to grave, our health is shaped by where we live, learn, work and play. That's the nurture and nature – that's what makes us the way we are.

We saw from the very start that the Green House model was a seedling whose time had come. As before, the data confirmed it. Right about then the Kaiser Family Foundation reported that only four percent of Americans said they would be okay with going into a nursing home when their time came. Four percent! And get this – more than 40 percent believed people in nursing homes were “worse off than before.”

The public's concerns reflect real-life experiences of their own family and friends. You may have felt it yourself – that sense that your loved ones' good spirits, engagement in life, and hope for the future were checked at the door. That this anxiety continues to haunt the American psyche tells us that change is way overdue.

In fact – this is exactly what they were talking about on NPR just this morning. Today we released the results of a brand new survey on what worries people who are in – or nearing – retirement. We timed the release to coincide with the Green House Number 100 celebration here at Green Hill. This is one of a series of polls we'll release over the next year. Harvard's School of Public Health is doing the work on the ground. We are counting on our standing as a trusted and independent source of reliable and relevant information to serve a needed role.

Our public leaders and policy makers are engaged in a big debate about health care. Much of the sound and fury is over the cost of caring for the older members of our

families. In the process there is the risk that our elders' actual needs and fears get overlooked – or shoved to the sidelines. We realized that their needs and worries are what top our list. After all, they're the ones most affected by what others intend to do about their health and health care.

We figured the best thing we can do is to make sure our leaders have solid, up-to-date information to help them guide the debate. Our poll is a snapshot of those of us over 50. It's a mixed picture. Overall, we're pretty optimistic about our personal health and health care. We think our diets are healthy. We exercise. We think our doctors and hospitals are okay. If we're still working, we seem to hold our own on paying our medical bills.

The story changes when we take a look at what's coming down the road. The majority of us worry that we won't be able to choose our own doctors, the quality of care won't be so good, preventive care will be too expensive, and we're going to have trouble paying all the bills.

Our greatest fear, however, is what will come of us if we move into a nursing home. The huge majority – nearly 80 percent – fear they won't be able to pay for long-term care, whether it's for themselves – or their spouse. They also fear that the quality of care and the quality of their lives will get a lot worse. They worry about being around sick people, losing their privacy, not getting necessary care because of too few nurses.

And get this: the Number One Fear is that nursing homes will be so hugely worse than living at home that their scariest nightmares about growing old will come true.

The Green House model calms those fears and turns those old stereotypes upside down. They replace large, depersonalized institutional facilities with what look and feel like real homes because they are real homes. Family room and hearth. Open kitchen and dining area. Private bedrooms and baths. Medical equipment and clinical apparatus that clutter hallways and rooms in the old kinds of nursing homes is tucked away or built into the beds.

More important than anything else – Green House residents enjoy all the social and personal benefits of a small home environment... without sacrificing the same full range of personal care and quality clinical services offered by large, traditional hospital-style facilities.

The difference – literally – is life-giving.

Mary Valentine was a soft-spoken, self-reliant nurse – the wife of a Nebraska country doctor. Mary liked rooms filled with flowers, Monet, music – lots of friends – and oh how she loved parties!

But in her 90s, age, accidents and illness forced Mary to move to an old-fashioned skilled nursing facility. Her new “home” was a single bed behind a partition curtain in

a shared room down a long and noisy hallway. The door was open most of the time. The room was dark and so cramped there was space for only one visitor at a time.

Zoe Holland is Mary's daughter. She was caregiver and companion in her mother's later years. Listen to what Zoe later told the U.S. Senate Committee on Aging:

She said... Mother spent as much time sleeping as possible because there was nowhere to go. Flowers brought to her room withered and wilted overnight – and we were watching her do the same thing. Then, Zoe said, her mother transferred to Green House Number Two – right nearby in Lincoln, Nebraska. Suddenly, life mattered again to Mary. The music, the art, even the parties – they all returned.

Zoe told the senators that “Green House rekindled our Mother's light.”

Mary's been gone a while now. Zoe says she misses her a lot. On the really bad days, she drives to her mother's Green House home to reconnect with staff and residents – because they've become dear friends. Sometimes she brings a flower to the woman who's in Mary's old room. Zoe says, the woman “understands that sometimes I just need to be there.”

Gosh – it sounds just like home, doesn't it?

Now, our first Green House grant was for a business and development plan. Next came a model Green House home in Tupelo, Mississippi. The results were so encouraging that we took the model national.

That was six years, more than 20 million dollars, and 99 Green Houses ago. Along the way, we added NCB Capital Impact as the principal grantee – for their organizational and financial savvy. They're the nation's only bank that's solely dedicated to helping strategic partnerships like ours bring programs like Green House to fruition.

It's too early to fully measure this level of social change. Preliminary research, however, indicates the care is better and safer. For example, Green House residents experience far fewer bed sores. They get more direct and personalized care – about 30 minutes more a day. Residents require far less hospitalization. And by all measures they quantifiably are happier and healthier than those living in traditional facilities.

On the business side, Green House homes deliver more direct care. Yet, overall staffing needs and costs are no higher. Average operating costs are squarely in the mid-range of nursing homes nationally.

And here's a significant financial difference - overall occupancy is 7 percent higher than average. Private-pay occupancy is 24 percent higher.

Here's the bottom line... Green House residents get better care for the same or less money.

Let me repeat this. Green House residents get better care for the same or less money.

We expect the quality and cost curve to keep trending the same way well into the foreseeable future. We believe so strongly in the Green House approach that we are phasing it into the mainstream of long-term care. This year we launched an accelerated expansion that's timed to meet the needs – and wants – of all those Baby Boomers who're starting to cross the great 65-year divide.

It's a bold and ambitious three-pronged strategy. First, we aspire to place Green House homes in every community in the country. That's right. We aim to establish this Green House model as the benchmark of quality and patient satisfaction for affordable community-based skilled-nursing care nationwide. We are positioning the Green House option as the most attractive and feasible option when it's time to renovate or replace worn-out and dysfunctional old-time facilities.

It helps, of course, that Green House homes are eligible for Medicare and Medicaid reimbursement, just like traditional facilities. I am especially pleased to tell you that our development of new Green House projects is jumping from 25 new homes to 125 new homes a year. This will give Green House developers 15 percent of all skilled-nursing construction starts in the nation. This is a big market share – and it will grow.

Second – the financing must be doable. Earlier this month we put in place a \$10 million low-interest loan fund to help finance new Green House projects. Here's how it works: we fund NCB to provide technical assistance and loans to local Green House developers. With our backing and our brand, NCB can then leverage funding from other foundations, government and non-traditional private investors – even individuals and institutions.

Some experts expect we will attract as much as four-five times more in additional investor funds for Green House projects. That's a lot more bang for each of our philanthropic dollars. We call this a “program-related investment – or PRI. It's a smart new way to broaden our philanthropy's reach and impact.

A PRI lowers the cost of capital. It makes investment in services for low-income seniors a whole lot more attractive for cautious investors. And it gets Green House homes up and running, helping more people in more communities a whole lot sooner.

Research and evaluation is the third prong of our Green House strategy. We need solid evidence to nail down exactly what works – and what doesn't. We are investing \$2.5 million in an intensive, three-year research collaboration to examine the quality, cost and outcomes of Green House care. This will give us a blueprint for Green House development through the rest of this decade.

And after that? I can hardly wait to see what comes next.

Governor Kean – you know better than most of us that the past decade’s led to us to these difficult and challenging times. Some days it feels like the narrative of our American experience is being rewritten in real time.

That’s why a day like this is so encouraging. It’s one of those days when we get our say in what goes down on that page.

I remembered something a crusty old Harvard professor used to teach. He said that the essence of leadership is the willingness to confront the major anxieties of the people in their time. The Green House movement that Bill Thomas started meets this high standard. It assures us that our final home in this world can, indeed, be right where our heart is – in a home where life truly is worth living.

Back in Nebraska, at Green House Number Two, they still talk about Mary Valentine’s 101<sup>st</sup> birthday party. She presided with a silk scarf around her neck and a pet Chihuahua on her lap. Someone snapped a picture when she lit up a celebratory cigarette and hoisted a frosted margarita. That picture became a Green House icon.

Mary had her own icon, too, back in her room, mounted above her bed. It was a framed inscription. Zoe and her mom liked it a lot. I think you will too. This is what is said...

These many beautiful days cannot be lived again, but they are compounded in my own flesh and spirit – and I take them in full measure toward whatever lies ahead.

My friends, it is in this spirit that we are proud to take the next step with you toward the many beautiful days that lie ahead.

Thank you.

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