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GREEN HOUSE AND THE EDEN ALTERNATIVE: WHAT'S THE PROBLEM?

October 7, 2021

Long term care service providers and some service users are buying into the Green House and Eden Alternative models of care. This research paper takes a closer look at both.

Origin of Green House and Eden Alternative

Green House was developed by Dr. William Thomas, a geriatrician who worked at a New York nursing home. He also developed the Eden Alternative which was intended to create a less institutional feel to traditional long term care facilities by introducing animals, plants, and children (Niesz, 2005).

Green Houses are so named because they are intended to incorporate plants, access to outdoor spaces, and sunlight in a smaller environment with a home-like feel. Even though many are built on real estate owned by nursing home or retirement home companies, they are intended to be indistinguishable on the outside from other dwellings in an area.

What Is The Eden Alternative?

The Eden Alternative is a non-profit organization that aims to create "care partners" in order to improve the quality of life of both care recipients and carers. It claims to change the culture in nursing homes and other care settings to a person-directed approach through education, consultation, and outreach (Eden Alternative, 2016).

The Eden Alternative is based on ten principles attained through the Path To Mastery: that loneliness, helplessness, and boredom account for most of the suffering experienced by older people; that close, continuing contact with plants, animals, and children is maintained; that easy access to loving companionship is available; that care is a two way street involving giving as well as receiving; that daily life should include variety and spontaneity; that finding meaning in doing is essential; that medical treatment should be in the service of genuine human caring; that elders have maximum decision-making authority; and that ensuring that growth, coupled with wise leadership is a function of care (Nursing Times, 2015).

Central to the Eden Alternative is the need for staff to see care through the eyes of those receiving it. Dementia is seen as not just a problem to be managed.

Services can be certified in the Eden Alternative through an Eden Registry after required training is provided. In the U.S. joining this registry requires a payment of $3300.00 (Eden Alternative, 2016). Eden "Person-Directed Care" incorporating LEAN Management Principles was offered at Trinity Village in Kitchener at a cost of $750.00 per participant for two days of training (Eden Alternative Person-Directed Care, 2019).

Critique of the Eden Alternative Model

Isn't it common sense that human beings might need to live in a home where they have access to the outdoors and sunlight, plants, animals, and other people of all ages? Isn't it obvious that loneliness and lack of autonomy and choice would contribute to depression? Shouldn't it be a given that medical care should be provided for a person's benefit by kind providers who have a genuine concern for their patients?

Why then does it cost $750.00 for two days of training to teach people to incorporate principles like this in their day to day work with older people and people with disabilities? How is it that "care providers" have become so out of touch with their own humanity and that of others that they have to be taught the basics of showing care and concern for another? That is a question that the Eden Alternative fails to answer and does not address.

How is it that those working in long-term care are so burned out, compassion fatigued, and stressed that their ability to show care and compassion to another person is impaired? Will training address this? Unlikely. When people, as part of their line of work, are required to, day after day, care for people who have themselves been traumatized through loss of their health, home, and often friends and family, is it any wonder that this would have an impact on the carers? When there is a lack of support for "carers" generally in society, a dearth of supportive supervisors to guide and assist them, little emphasis on their own self-care, low wages but high demands, should we be surprised that some perform less than optimally in their jobs? How does Eden Alternative training address this?

Both those receiving care and those giving it are being forced to live and work in contrived circumstances. Eden Alternative facilities are not peoples' homes. Nor are large, corporate- controlled long-term care facilities generally good places to work – Eden Alternative or no Eden Alternative.

Does the introduction of some amenities required by any human being improve things? Of course it does – marginally. But is marginal what we are aiming for in long term care reform? Is trying to make an institution feel more home-like all that we need to be doing?

Concepts like the Eden Alternative take us a step towards re-introducing humanity into long term care, but they come nowhere near what is really needed, which is, if seen through the eyes of those receiving care, being able to go home - to return to their neighborhoods, their neighbors, their friends, their families, their familiar surroundings.

Why do we buy into concepts like the Eden Alternative instead of buying into what should, by now, be obvious? We need to keep people at home and bring the services to them, not force them to go to the services. There is always much ado from service providers about their services being person-centered, but if they were really person-centered, the person would actually be heard when they say they want to go home.

Even if, for whatever reason, it is not possible to maintain someone in their own home, can there not at least be a fully staffed residence for them in their own neighborhood, where neighbors, friends, and loved ones can still visit comfortably? Would that not be more reassuring than uprooting them from their homes and communities and forcing them to live somewhere else with people they do not know, and have personal care performed by people who are also strangers?

If actually seen through the eyes of those receiving care it becomes clear that older people are not fools. They know they are not living at home or even in their own communities. Having plants and animals around is nice, but being home would still be better, wouldn't it?

What Is Green House?

The Green House model is being touted as an alternative to the old style long term care institution with long corridors and a medical feel. It is suggested that using "smaller homes" of up to 12 people can create a more home-like environment and allow staff to provide more individualized attention to residents. It is acknowledged that there may be limited amenities and that social inclusion through involvement with a broad group of people is not addressed in this model (Investopedia, 2021).

Essentially Green House models are an attempt to reinvent nursing homes to make them more palatable to a Boomer generation that is resisting being institutionalized. "Homes" provide each resident with a private room and bath, and rooms tend to be arranged around a central common area that includes a kitchen, dining, and living room. Clusters of Green Homes are located on a piece of real estate and together form the nursing home.

Generally each "home" has two nurse's aides who handle care and management of the household and who work three shifts in the "home". Medical staff visit and are on call in emergencies, but there are no nursing stations. Most "homes" employ high tech devices to help residents be more independent and facilitate staff tasks. One administrator is usually responsible for several green houses.

Small studies have shown that residents report improved quality of life and less decline in activities of daily living, less incontinence, depression, and less use of anti-psychotic medications in Green Houses as opposed to traditional long term care facilities. Staff say their job satisfaction is better Niesz, 2005).

Critique of the Green House Model

Some nursing home corporations have embraced the Green House model because it has been "proven to increase occupancy rates and revenues, while maintaining operating costs equivalent to a traditional nursing home" (The Green House Project, n.d.). This is important for long term care corporations' bottom lines as a Green House report points out.

"During the pandemic, occupancy at nursing homes – which had already been at cycle lows prior to COVID-19 – fell precipitously as elders, their families, and their physicians increasingly opted for the relative safety of home health. As of June 2021, the most recent month for which data is available, the nation's nursing homes were 74.2% full; in contrast, Green House communities reported occupancy of 93% in May 2021." (The Green House Project, n.d.)

Not only that but decreases in staff turnover and recruitment costs also help long term care corporations' bottom lines. "Between 2017 and 2018, the overall nursing home workforce had a mean turnover rate of 94%, with 140.7% mean turnover for registered nurses (RNs), 129.1% for certified nursing assistants (CNAs), and 114.1% for licensed practical nurses. Even after the pandemic, Green House homes reported substantially lower turnover rates: 29% for shahbazim (the model's term for CNAs), 37.5% for LPNs, and 67.2% for RNs. Those results build on existing research indicating that the Green House's unique staffing structure results in greater workplace satisfaction and lower levels of stress for frontline caregivers." (The Green House Project, n.d.)

Green House "homes" also helped contribute to lower costs in other ways. "In 2019, nursing homes logged an average cost per resident day of $276.18; on a regional basis - that figure ranged from $225.10 in the Southwest to $336.69 on the West Coast. Green House homes, meanwhile, reported operating costs per resident day of $261.03, even accounting for elevated pandemic-related expenses such as COVID-19 testing, personal protective equipment (PPE), and hazard pay. The difference even extends to dietary costs, which came in at $10.22 per day in 2019 nationally – while Green House homes, which empower caregivers to plan and prepare meals directly for residents, saw average food costs of $8.66 per day." (The Green House Project, n.d.).

So it would seem long term care corporation buy-in in the U.S. has been based, at least to some degree, on positive impacts of this model on their bottom line. Which company wouldn't want to feed residents for less than $9.00 per day?

But is a Green House model equally positive for residents?

There is some confusion in the literature that suggests that this is a "deinstitutionalized" model of care when it is not. Green Houses still segregate older adults by age, removing and excluding them from their homes and communities. They are still uprooted from familiar environments and people and moved into Green Houses, all of which are located on real estate that may be owned by a long term care corporation, some operating as real estate investment trusts. This is generally referred to euphemistically as a "campus of care".

Not all of the limited evidence on Green House has been positive either. Evidence related to the size of Green Houses, consistent staff assignment, and normalized engagement practices was mixed or negative (Zimmerman & Cohen, 2010). This should not be

surprising considering the segregated settings and corporate environment within which most Green Houses are located.

While some may consider Green Houses an improvement over a traditional long term care institution, seen from the perspective of a potential resident, Green Houses may still feel like they are being "put away". It still means that they are not at home or even still living in their own neighborhoods or communities close to neighbors, friends, and family, in an environment that is familiar to them. Instead, they have been moved to a "campus of care" comprised of Green Houses consisting of only older people who are strangers to them, often owned by a long-term care corporation on land being held as a real estate investment trust. Economy of scale principles are still in effect to assist the corporation in maintaining costs, thereby improving its bottom line.

While there is no doubt that living with only 10 – 12 other people rather than 200 in smaller units where food is cooked onsite is an improvement over a big institution. But there is little doubt that Green Houses are still far from being "home" for residents.

Ideally no one should be uprooted from their familiar homes, communities, neighbors, friends, and family and "placed" in a Green House where they have only a private room and bath. This is especially true of people with dementia who can become agitated and easily confused in new environments and when exposed to unfamiliar people.

Residents of Green Houses, like residents of traditional long term care facilities, do not choose with whom they are going to live. Green Houses tend to be centrally administered, and staff are still generally considered to be personal support workers, health care aides, or nursing assistants. Full privacy, autonomy, and self-determination are not the norm.

In many ways it makes no sense to remove someone from their own home in order to place them in another "home" just so that they can receive care and support. It seems a far better option to identify individuals in existing neighborhoods who require care and support in order to provide care in their own homes and neighborhoods.

Where that is not possible, having municipalities deliver services in rented or owned houses in individuals' own neighborhoods, allowing them to remain in a familiar community would make more sense. If each neighborhood in a town or region had small, staffed residences available for people where they might be able to move in with individuals they already know, and still have access to familiar neighbors, friends, and family, a move to a community residence might be less traumatic.

Institutions Are Not Homes

There is a problem with trying to make institutions and institutional models of care seem more "home-like". People know they are not homes, and that they are being institutionalized, albeit in seemingly more palatable institutions. But is that the goal? To simply make institutions more palatable by introducing an Eden Alternative or building

smaller facilities on real estate owned by a nursing home corporation or other service provider? How does this reduce the feeling of being uprooted or institutionalized for a person needing care? How does it maintain them in familiar surroundings with access to people they know well? How does it promote their rights to self-determination, personal autonomy, privacy, and maintain the choices they have exercised all of their lives if they are forced to enter a Green House program in order to receive personal support?

Rather than trying to make institutions more "home-like", why not simply provide care in the places people live, or at least in their own neighborhoods and familiar communities?

By looking at things from the perspective of the person receiving care, Green Houses look less like a good alternative, and more like a symbolic gesture intended to make people think they are homes when they are not. Most people do not live with up to 12 other people, with little privacy. Most have personal belongings throughout their homes and more space than just a room and a bathroom.

If we are committed to helping older people to age in place, then the best way to do that is to help them remain where they are by bringing care to them rather than making them go to where there is care. Besides that, is that not what older people and people with disabilities have been saying for decades that they want? Why is it so hard to hear that? And why would we spend so much on not doing that instead of just doing it?

REFERENCES

Eden Alternative. (2016). About. https://www.edenalt.org/about-the-eden-alternative/

Eden Alternative. (2016). The Eden Registry. https://www.edenalt.org/about-the-eden-alternative/the-eden-registry-2/

Eden Alternative Person-Directed Care. (2019). Brochure. http://www.trinityvillage.com/userContent/documents/CEA%20Trinity%202019.pdf?ww_newsFlashID=07A5DEE1-AAB4-8A66-0292-EE504F07DC7D

Investopedia. (2021). Pros and cons of small scale long term care facilities. https://www.investopedia.com/articles/personal-finance/122315/pros-cons-smaller-longterm-care-facilities.asp

Niesz, H. (September 26, 2005). Nursing home "Green Houses". https://cga.ct.gov/2005/rpt/2005-R-0618.htm

Nursing Times. (March 16, 2015). Improving dementia care with the Eden Alternative. https://www.nursingtimes.net/roles/older-people-nurses-roles/improving-dementia-care-with-the-eden-alternative-16-03-2015/

The Green House Project. (n.d.) Backed by evidence. https://thegreenhouseproject.org/resources/research/ and https://thegreenhouseproject.org/wp-content/uploads/The-Green-House-Difference.pdf

Zimmerman, S., and Cohen L. W.. 2010. "Evidence Behind the Green House and Similar Models of Nursing Home Care." Aging Health 6 (6): 717–37. https://www.researchgate.net/publication/273082073_Evidence_Behind_The_Green_House_and_Similar_Models_of_Nursing_Home_Care