

LEE LIMING
PROGRAMME IN
AGEING URBANISM

Housing for Older Population¹

Green Homes

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The 'Green Home' concept was created in 2002 in the United States of America to model a new way of elderly care. The physical design of these facilities encourages an individual approach to ageing by changing the way care is delivered. Green homes are normally licensed as nursing homes, so they have state and federal requirements to meet – but that does not prevent residents and staff from having a flexible daily schedule that is patient created and centred.

A traditional nursing home resembles a hospital. They are normally a very sterile feeling space with hundreds of beds, nurse's stations, little mental stimulation and oftentimes resulting in a poor quality of life for residents.

¹ This is an evolving database. We will be adding more

examples and cases over time.

“Although family members typically remain engaged with their members who are nursing home residents, nursing home visits can be difficult and stilted experiences. The setting is a forced, unnatural, and often uncomfortable one, engendering uncertainties about what relatives are permitted to do” (Lum, 2008).

The green home model looks to break away from this previous method of elderly care.

“The model calls for transformed physical environments, radically revised staff configurations, and a philosophy that emphasizes habilitation and a good quality of life for residents under normal rather than therapeutic circumstances” (Rabig, 2006).

The first green home was built in Tupelo, Mississippi. Opened in June 2003, the first four homes were on the campus of a sponsoring retirement complex. Two green homes were for dementia patients and two were open to residents at the nursing home level.

The exact number of green homes is unknown. Currently, in the United States, there are over 150 green home facilities, in 30 states – with more spreading across the world. It seems the general consensus is an overwhelming positive response to the culture change that is created within the green homes, according to a study

on the effects of green homes on patients and families.

Design of Green Homes

Green homes are designed as a self-contained unit for a small group of elderly. Such homes are designed to blend in architecturally with others in the neighbourhood.

The green house is complete with a residential style family room, dining room, patio and kitchen area - similar to a normal home. Each resident has a private bedroom with a full bathroom, which are all centred round a community area. The spaces are designed to be cosy and homelike – devoid of long hallways and institutional furnishings like nursing home. Emergency call systems are wireless and connected to silent pagers to avoid loud sounds. The bedrooms are provided with tracks for ceiling lift if an elderly has to be moved from bed to wheelchair and into the bathroom.

There is also an attempt to use smart technology within the green house, especially for interactive communication between the older person and their family, staff and health professionals.

Challenges in Implementation

Implementation of green house is not without challenges. During the construction, there has

been an issue in acquiring non-institutional looking elder friendly materials such as doorknobs, grab bars, etc. Preoccupancy evaluation of the first green home also showed safety hazards in the kitchen design, especially around the gas stove. Despite challenges, there are benefits to older residents.

Benefits of Green Home

Green homes are individual small sized residences. The idea behind it is to create a warm environment, more similar to an individual's home life that can help the ageing process. This design brings several benefits including,

- Life within the green house is self-contained and revolves around each older person as an individual – letting each set their own daily schedule rather than the autonomous timetable set by large institutional nursing home facilities. It gives residents a more flexible schedule, one that is modified or tailored to the resident's medical condition, skills, abilities, interests and preferences. This ensures an active ageing process.
- Some elderly have been found to stop using wheelchairs as they are able to negotiate the short distances within a green house.

- The small housing size has proved beneficial in reducing anxiety, depression, etc. and increasing social interaction, mobility and self-care skills among residents.
- Informal dining spaces have proved to improvise eating habits among those with dementia.

It is a living space liked by residents and family.

“...the most common praise was the setting and program is like home, or it is home, and/or it is not institutional and like a nursing home. Many liked the individualized approach and kind, living attitudes of the care takers, and many appreciated that a small core of permanent staff served the GH® so that they got to know the residents, and family members could also get to know the staff. Other things liked best included the private rooms, and the greater empowerment or freedom of the residents. Some family members mentioned that they personally liked to visit, and that they themselves could help their resident or help in the kitchen if they wanted to do so” (Lum 2008).

“There's more opportunity to be social here. We can get outdoors easily, and people like to visit more. Sometimes, I give the girls advice when they're cooking, like I'm their teacher. There was no opportunity to do that in the other place, because we were isolated in our rooms” said an inmate. (Tarkan, 2011)

Source: T. Y. Lum (2008) Effects of green house nursing homes on residents' families, The Green House Project, *Health Care Financing Review* 30.2 35-51; Rabig, J., W. Thomas, R. A. Kane, L. J. Cutler, and S. Mcalilly (2006) Radical redesign of nursing homes: Applying the Green House Concept in Tupelo, Mississippi, *The Gerontologist* 46(4):533-39; L, Tarkan (2011) A nursing home shrinks until it feels like a home, *The New York Times*; A. S. Weiner and J. L. Ronch (2003) *Culture Change in Long-term Care*. New York: Haworth.