

## THE HOUSEHOLD MODEL



Delivers Improved Health Outcomes

*A White Paper by Keith Schaeffer and LaVrene Norton*

## The Household Model Delivers Improved Health Outcomes

### Contents

Summary .....	3
The Unfulfilled Promise .....	3
Loneliness .....	4
<i>The Household Remedy</i> .....	4
Helplessness and Depression .....	4
<i>The Household Remedy</i> .....	5
Boredom .....	6
<i>The Household Remedy</i> .....	6
Stress .....	6
<i>The Household Remedy</i> .....	7
Sleep Deprivation .....	7
<i>The Household Remedy</i> .....	7
Malnourishment .....	8
<i>The Household Remedy</i> .....	8
Improved Quality of Care .....	9
References.....	10

## Summary

Choosing the right care home is important not only for your quality of life, but also for your health.

Loneliness, helplessness, depression, stress, sleeplessness, malnutrition, boredom – these institutional ills are common in conventional nursing homes, assisted-living facilities and in memory care. They rob residents of the joys of life as well as their physical and mental wellbeing. They can weaken the immune system and lead to serious diseases, nervous system disorders, and memory loss; even an early death.

The Household Model is a 21<sup>st</sup> Century rethinking of residential care that over the past 2 decades has shown to remedy the plagues of institutional living. Operating in more than 200 organizations across the U.S. as well as in Australia and Ireland, the Household Model is designed functionally and physically to advance a person-centered philosophy of care, keeping residents in the driver's seat to live life as they choose.

Though each organization's households are uniquely designed to fit local needs and culture, all provide friendlier, more relaxed environments, greater autonomy and choice, opportunities for meaningful relationships, vibrant activities of normal, everyday life, and often, improved clinical care. In surroundings infused with the normalcy of home, residents enjoy the utmost in both privacy and community among fellow residents, caregivers, and the outside world.

## The Unfulfilled Promise of Care Environments

Most care environments establish values and principles but they often remain but empty promises. Most nursing homes, conventional assisted living and memory care environments are based on a medical model of care. Decisions come from the top down to frontline staff, who are narrowly trained to perform only certain tasks with little meaningful social interaction with residents. Services are rendered according to pre-determined schedules and procedures rather than by the immediate needs and desires of the elders. Residents are afforded minimal choice, independence and dignity in even the most basic functions of daily life such as eating, sleeping, bathing, and how and with whom they spend their time.

Dining and other common areas are often large and impersonal so that new friendships and sense of community are difficult to foster. Cheerless surroundings and the bustling of staff can exacerbate residents' anxieties and confusion, especially for those who live with some form of dementia (often 40 percent or more of the home's residents).

Consequently, the following health-related problems, already prevalent among elders in the general population, are even more pronounced in conventional assisted living.

### Loneliness

By the time we reach elderhood, most of us will have experienced retirement, death of a spouse or close friends, and the loss of abilities like driving, all of which put us at risk of social isolation and loneliness. Studies suggest that some 43 percent of elders in the general population feel lonely, and

isolated elders are at a 59 percent greater risk of mental and physical decline than more sociable people of the same age (Perissinotto, et. al., 2012). Loneliness and isolation can lead to a range of afflictions including heart attacks, asthma, diabetes, headaches, cancer, and the common cold, according to the American Institute of Stress.

Moving into assisted living can further erode social support, especially if the facility offers little incentive for family and friends to visit, provides few opportunities to venture into the outside community, or fails to create intimate, warm surroundings that encourage socialization among residents. Staff in conventional settings are often too busy performing specialized tasks for a multitude of residents throughout the facility to come to know individual elders well.

### ◆ **The Household Remedy**

The Household Model creates a welcoming environment for family members of all ages, and encourages them to participate in the daily life of the home. Usually limited to 20 or fewer residents, small households are far more conducive than larger settings for meeting and making friends with new housemates. For residents of The Piper, an assisted living community near The Legends in Kansas City, KS, opportunities to connect with the larger world abound through social media, onsite activities and celebrations, as well as transportation to their favorite activities beyond the assisted living grounds.

Staff members are cross-trained to provide for the residents' diverse health, personal, and household needs as they arise. They are encouraged to establish close relationships with residents, and are permanently assigned to a particular household so they come to know each elder's personal history, current health status, and daily pleasures.

“With everything so relationship based, care is enhanced as staff come to know residents really well and to anticipate needs ... It becomes a personal relationship rather than an employee-patient type of interaction,” says Vonda Hollingsworth, Health Services Administrator for Pennybyrn at Maryfield in North Carolina. Pennybyrn provides households in its memory care assisted living as well as in its nursing home.

### **Helplessness and Depression**

Losing control over your life can lead to loneliness and a sense of helplessness. Both are precursors to depression, which can negatively impact the cardiovascular and immune systems and provoke malnutrition. Research suggest that over one-third of assisted living residents have symptoms of depression (Watson, LC, et.al., 2003); that depressive symptoms are more than twice as common among residents with mild or moderate dementia (Baldini-Gruber, et. al. 2005); and that depression rates are higher in more restrictive long-term care settings (Susic, 2015).

In contrast, promoting autonomy and independence combats helplessness and depression and improves residents' overall sense of well-being (Kane, et. al., 1998; Polivka, 2004). Interventions suggested for fostering elders' feelings of control include allowing as many decisions as possible to be made by residents, offering flexible meal and bedtime schedules that cater to unique personal habits, and teaching new skills and thought patterns to increase self-efficacy. (Source)

Again, most conventional assisted living models promote just the opposite, keeping control of decision-making and scheduling in the hands of leadership and staff rather than with the residents.

## ◆ **The Household Remedy**

The foundation of the Household Model is built on promoting autonomy and independence. Among the 10 essential elements of the Household Model (Shields/Norton, 2006) are: (#2) “The people who live here direct their own lives, individually and collectively;” and (#7) “All systems, including treatments, exist to support and serve the person, within the context of his or her life pursuits.”

Schedules and activities of daily living are based on residents’ individual needs and wishes rather than the dictates of staff and management. Residents’ favorite food items are available upon request 24 hours a day, so elders may stay up late and sleep in the next morning if they wish. Residents are urged to live full, vibrant lives by continuing favorite pastimes and learning new skills – all made available either within or outside the household.

At Perham Memorial Home (now Perham Living) in Perham, MN, this approach led to a lower level of need for psychotropic and anti-anxiety medications. Residents were “no longer anxious and depressed as they participated in household life: baking cakes for residents’ birthdays, helping prepare special meals for the household, holding memorial services for lost housemates and friends ...” according to Marilyn Oelfke, former DON and Director of Long-Term Care Services at Perham.

Moving from one’s home into an assisted living household actually facilitates independence, adds Hollingsworth. “So many people are afraid to take that step of moving into care because they want to fiercely defend their independence ... that can put them at risk as their abilities decline and they become more isolated and dependent on someone stopping in intermittently and offering assistance. By coming into a household community that prioritizes quality of life, they can be independent much longer than if they were in their previous home.”

Households also put residents in the role of giving rather than just receiving assistance. “As residents get to know staff and inquire about their families and personal lives, the relationship becomes more of a partnership, with residents supporting staff,” says Hollingsworth.

Small households encourage greater activity and self-reliance over larger, conventional assisted living facilities. Perham residents became more active after moving into households because they no longer had to traverse the long hallways to the dining room, says Oelfke. Now exercise happens naturally because residents can walk to the dining room and other common areas. “Residents are energized by the household environment,” adds Hollingsworth. “They’re encouraged, embraced, and supported, and that prepares you to do more for yourself.” In contrast, she says, people who are beginning to need a walker may come into a traditional assisted living facility, be placed in a wheelchair and never get up again because there is no encouragement for them to do so.

## Boredom

Boredom increases the risk of heart disease, depression, anxiety, addiction to harmful substances, anger and aggressive behavior. Researchers at University College London found that bored people are 40 percent more likely to die younger than people who are not bored (Britton, et. al, 2010).

Elders are particularly at risk of boredom in assisted living homes that fail to engage residents in stimulating and new pursuits beyond predictable activities like bingo and television. And while a full calendar of activities is important in countering boredom, this alone cannot always meet the physical and emotional needs of residents. Also, those who are shy or new to the assisted living home may need special encouragement to participate.

### ◆ The Household Remedy

As household team members learn residents' favorite pursuits, they arrange for those activities to be available either within the home, or accessible to the resident in the outside community.

The Piper, an assisted living and memory care community, for example, promises that if residents' cherished pastimes like golf or visiting art galleries require going off campus, staff will find a way to get them there. Residents also are encouraged to take part in the normal activities of everyday living ... helping out in the kitchen, folding clothes in the laundry, mentoring children in the home's intergenerational program. Or, residents can simply hang out with a cup of coffee and converse with the cook while he washes dishes.

Household residents at Pennybyrn find ways to do things they previously had only dreamed of: A former school teacher had always wanted to be a missionary – staff invited her to give a devotional during a special event with the entire community, and now she does so regularly. Another resident had always wanted to ring the Salvation Army bell for donations during the Christmas season – staff arranged with the Salvation Army for her to do just that.

“In conventional models, you'll hear about residents who've given up or just want to die,” says Hollingsworth. “We very rarely run into anybody who has that outlook in the Pennybyrn households – people want to live and enjoy life to the fullest, whatever that life may be.”



## Stress

Stress, intertwined with all the previous stated institutional ills, is linked to numerous emotional and physical disorders. “In fact,” reports the American Institute of Stress, “it’s hard to think of any disease in which stress cannot play an aggravating role...”

Certainly, moving from our longtime home into a new community can be stressful for any of us. But for elders, especially those living with dementia, being uprooted from intimate surroundings, cherished possessions and familiar faces to live among dozens of strangers in a conventional memory-care assisted living home can be even more traumatic.

“You feel more vulnerable, less able to remember, and unable to control your emotions and behavior, perhaps lashing out in anger,” says Megan Hannan, creator of the PersonFirst® dementia care philosophy, and Action Pact’s expert on the subject. “The trauma may appear to cause a real degeneration of your disease, though abilities usually recover somewhat as you become more comfortable in your new environment.” Naturally, how quickly you can do this will depend on how much the new environment is like home.

### ◆ The Household Remedy

Normalcy in the physical and social environments is key to making it a home. At Pennybyrn, says Hollingsworth, visitors to the assisted living household often remark, “*This does not feel like memory support because the environment makes people feel at home.*” Even though residents have memory loss and cognition issues, “they are able to function, recognize faces, interact appropriately and feed themselves without the decline because the environment is normal, she adds. Household Model staff help ensure normalcy in residents’ individual routines by consulting with them and their families to learn as much as possible about the elders before they arrive. They work to have the new resident’s favorite food items on hand and the means available to pursue his or her favorite activities. Staff members also become familiar with the people most important in the elder’s life, and endeavor to keep him or her in touch with them. Those persons along with staff can gently persuade the elder to join in the activities of the home, perhaps even participating along with the elder. By learning about the elder’s personality prior to move-in, staff can plan which caregivers are most appropriate to assist the new resident. They also can determine which other residents might be good to introduce to her as potential “buddies.”

Elders at The Piper Assisted Living are encouraged to bring treasured personal items with them when they move, be it an easy chair, wall hangings, house plants, or whatever. All of these strategies reinforce the elder’s self-identity and sense of home and reduce stress.

## Sleep Deprivation

All of the aforementioned ills of the institutional care model perpetuate sleep deprivation, already common among elders in the general population. A study of 121 elders in an assisted living home in Los Angeles found 65 percent had significant sleep disturbance that contributed to depression and a greater need for assistance (Martin, et. al., 2010). Sleep deprivation can lead to serious health consequences including heart disease, stroke, high blood pressure, and diabetes.

### ◆ The Household Remedy

Elders in the Household Model can sleep whenever and as late as they wish without missing out on meals or other necessities. At Perham, allowing household residents to wake up naturally in the morning set off a “chain reaction of positive changes,” reports Oelfke. “Staff no longer was stressed by the manic pace of getting everyone up by 8 a.m. for breakfast. Well-rested residents came to the dining room wide awake and ready to eat.”

Perham and other organizations that provide personalized care exemplified by the Household Model report substantial reductions in resistive-to-care behaviors and less need for psychotropic, anti-anxiety, sleep-inducing and other medications, some of which inhibit sleep.

## Malnourishment

People in the United States who are most likely to be malnourished include elders who are depressed, reside in assisted living, and have difficulty eating or swallowing, according to a study by Dr. Timothy Platts-Mills, of the University of North Carolina (Pereira, et. al. 2014). The National Resource Center on Nutrition, Physical Activity and Aging reports that between 35 and 50 percent of the older residents of long-term care facilities is malnourished. And a study in Los Angeles County found 11 percent of elders in assisted living have swallowing difficulties associated with poor nutrition and risk of death (Logemann, et. al., 2008).

Loss of appetite and malnourishment are aggravated in conventional assisted living facilities where food is mass-produced, choices are limited, and meals are served only at certain times of the day on plastic trays in large, impersonal dining halls.

### ◆ The Household Remedy

The online journal, *Contemporary Long Term Care* (April 2001) suggests preventing malnutrition and dehydration by creating an environment conducive to eating, including the provision of homelike surroundings, smaller social neighborhoods, attractive food, choice in food, attention to ethnically sensitive/appropriate food choices, and making foods available 24 hours a day ... all of which the Household Model provides.

At The Piper, an assisted living and memory care facility in Kansas City, for example, meals and snacks are available any time and served in the warm, comfortable environment of an average size, family dining room. Freshly baked bread is featured every day; soup made



from scratch at every meal, and hot coffee is always available. Residents' favorite food items are always on hand: they can prepare it in their own private apartment or in the shared household kitchen, or they can have staff prepare it for them.

“We can prevent so much weight loss from occurring by just honoring people’s food choices instead of instantly going to supplements,” says Heather Generali, dietitian and Community

Leader for The Piper in Kansas City. “Why can’t it be exactly what they had at home? Make that available to them. And why do we feel we have to make the decision on what’s best for someone else to eat?”

After households were established at Perham and elders once again enjoyed the foods they liked, they experienced improved appetites, weight gain, and reduced reliance on nutritional supplements. The number of residents at risk for choking was significantly reduced, and some who previously required assistance with eating began feeding themselves. As the risk for choking decreased, so did the need for pureed and blended foods.

### ◆ Improved Quality of Care

While choosing an assisted living and memory care home based on the Household Model can alleviate the institutional ills that impair mental and physical health, it can also mean residents receive better clinical care. When Perham’s nursing home began its deep culture change journey to households in 2001, they expected improvements in quality of life for their residents, but “never in our wildest dreams did we anticipate the beneficial impact on quality of care,” reports Oelfke. For example, simple changes like placing medicine cabinets in residents’ rooms allowed more time for nurses to speak privately with elders and to personally monitor their care rather than waiting for a report from a nursing assistant. Cross-training most or all of staff as Certified Nursing Assistants enabled everyone in the household to contribute to residents’ quality of care. And as nurses became more involved in all of the work of the household, they could better oversee and coach other household staff to ensure that residents’ medical needs were met. The organization’s Quality Indicator reports improved in nearly every area. Residents stay healthier longer in memory care assisted living households, adds Hollingsworth. “There is not a soul out there who is receiving services in an institution that would not do better in a household environment,” she concludes.

## ◆ Referenced Sources:

*Loneliness in Older Persons: A predictor of functional decline and death*, [Carla M Perissinotto](#), MD MHS, [Irena Stijacic Cencer](#), MA, and [Kenneth E. Covinsky](#), MD, MPH

*Depression in assisted living: results from a four-state study*, Watson LC, Garrett JM, Sloane PD, et al., *Am J Geriatr Psychiatry*, 2003

*Characteristics Associated With Depression in Long-Term Care Residents With Dementia*, Ann L. Gruber-Baldini, PhD, Sheryl Zimmerman, PhD, Malaz Boustani, MD, MPH, Lea C. Watson, MD, MPH, Christianna S. Williams, PhD, and Peter S. Reed, PhD, MPH, 2005

*Learned Helplessness and Depression: Comparison of Skilled Nursing and Assisted Living Facilities*, Paul Lynn Susic, MA, BS, Walden University, 2015

*Consumer perspectives on private versus shared accommodations in assisted living settings*, Kane, R. A., Baker, M. O., Salmon, J., Veazie, W. (1998). (AARP Public Policy Institute Report No. 9807). Washington, DC: American Association of Retired Persons.

*Research and Regulation in Assisted Living: Achieving the Vision*, Chapter 2, Larry Polivka, Ph.D.

*International Journal of Epidemiology*, Annie Britton, PhD, and Martin J. Shipley, PhD, at University College London, 2010, reported on [www.dailymail.com](http://www.dailymail.com), “You really can be bored to death, scientists discover,” by Johnathan Petre, Feb 6, 2010.

*Sleep Quality in Residents of Assisted Living Facilities: Effect on Quality of Life, Functional Status, and Depression*, Jennifer L. Martin, Lavinia Fiorentino, Stella Jouldjian, Karen R. Josephson, Cathy A. Alessi. *Journal of the American Geriatrics Society*, 2010

*Malnutrition Among Cognitively Intact, Noncritically Ill Older Adults in the Emergency Department*, Pereira GF, Bulik CM, Weaver MA, Holland WC, Platts-Mills TF, *Ann Emerg Med*. 2014, reported online by *HealthDay*, Aug. 13, 2014

*Diagnosis and Management of Dysphagia in Seniors*, Logemann JA, Stewart C, Hurd J, Aschman D, Matthews N., 2008, reported in online journal, *Today's Caregiver*

## ◆ Background Sources:

*In Pursuit of the Sunbeam: A Practical Guide to Transformation from Institution to Household*, Steve Shields, LaVrene Norton, Action Pact, 2006

“Household Model’s Impact on Quality of Care Impresses,” Marilyn Oelfke, *Culture Change Now! Special Household Model Edition*, Action Pact, 2008

*Old Age in a New Age: The Promise of Transformative Nursing Homes*, Beth Baker, Vanderbilt University Press, Nashville, TN, 2007