

### Charles House Elder Care Homes: An Idea Whose Time has Come?

After eighteen years of serving the community as a freestanding, nonprofit adult day care center, Charles House has watched many of our participants "graduate" to settings that provided overnight care. Not uncommonly, a family member who was in the process of deciding what to do would say something like, "I wish that there were a place like Charles House that provided 24-hour care, but I can't find it."

After hearing these comments enough times, the Charles House Board began to explore the possibility of expanding services to provide 24-hour care. The type of care model in assisted living the Board finds most attractive uses neighborhood homes, which in North Carolina are licensed as Family Care Homes and can house up to 6 persons. The board has studied these homes for over a year now.

There is no such option available in our area, and indeed, other than continuing care retirement communities, there are no nonprofit long-term care providers. The Board has visited Elsie's Place, a small elder care home in Raleigh that is quite successful and provides a model for what we could do, and perhaps improve upon. So the board is very seriously considering the potential of moving in this direction.

Just as the establishment of Charles House depended upon the support of the community, our venture to establish elder care homes will also depend upon the involvement and support of the community.

To help you, our readers and supporters, be better informed, I have asked Dr. Philip Sloane, a geriatrician and Board member who is an expert on long-term care, to write a short piece for our readers about small elder care homes. He has kindly provided the article below, which he has co-written with Dr. Sheryl Zimmerman, a professor of social work and one of the nation's experts on assisted living.

Please address any comments or ideas you have to me at [paul@charleshouse.org](mailto:paul@charleshouse.org).

—Paul Klever, Executive Director



Elsie's Place is a neighborhood elder care home for five residents in Raleigh. In the photo on the right, family, staff and residents gather in the home's kitchen in preparation for a party. Charles House Board members have visited Elsie's Place as part of their exploration of elder care homes.

#### Small Elder Care Homes: A Brief Introduction

Philip Sloane, MD, MPH, and Sheryl Zimmerman, PhD

Cecil G. Sheps Center for Health Services Research, UNC-CH

As co-directors of the Collaborative Studies of Long-Term Care, we have spent more than 20 years conducting research in and about long-term care residential settings. During that time, our research staff has visited hundreds of small elder care homes, hundreds of larger assisted living residences, and well more than a hundred nursing homes. We have found that the small elder care home is indeed a very intriguing model of care.

We have investigated ways in which small homes are similar to and different from larger assisted living settings and nursing homes. Several facts about small homes:

They are usually for profit.

They provide care for very impaired older persons, including people with advanced dementia; indeed our research has shown that smaller homes tend to serve higher proportions of highly impaired persons than the larger, more traditional types of assisted living known more commonly as "board and

care".

Smaller homes have some features of care that are superior to those in larger homes; for example, they rarely have long hallways that can be disorienting for confused residents.

There is no evidence that health care outcomes differ for residents who reside in smaller homes compared to larger homes.

They tend to feel like home. Families like to visit, especially if the staff know how to make them feel welcome and to engage in activities.

They are not traditionally rich in activities. Having a residence linked to and run by Charles House could, therefore, lead to a superior product.

There are challenges to operating small homes. They tend to run on a thin economic margin, often depending on volunteer time to be in the black. Quality of care falls on the shoulders of a few people and is highly dependent on the administrator/director. Each staff

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## FROM THE PRESIDENT:

Dear Friends of Charles House;

It has been another great year of service for all of us at Charles House. We on the Board of Directors continue to work together to assure the viability and quality of the unique program we have at Charles House.

In our role of providing evaluation and direction, we conduct an annual survey of our enrolled families to elicit their input, suggestions, and review of our services. We are pleased that our families continue to give us high marks, reinforcing the important role that Charles House plays in their lives and in our community.

Nearly 80% of our survey families report that they observe some level of improvement in their family member participating at Charles House. Even in cases where families note that they credit Charles House with helping to maintain functioning levels, we count that as success with participants challenged with progressive conditions.

These families are generous with their comments, as well, which heartens our commitment to the mission of Charles House. Some of these comments include:

"My family member has full, enjoyable days. She has entertainment, friends, good exercise and nutrition. She has a quality of life that she can no longer provide herself (and wouldn't have, if not for Charles House.)"

"I am grateful for the improvement I have seen in my Mom. She is happier, more independent and her cognitive powers have greatly improved. Even her memory has improved. We are all much happier."

"Charles House provides each person with the opportunity to make choices, help with daily activities,

and participate in community services based projects, as well as the chance to interact with other participants and staff."

A new slate of officers will begin their leadership of the Board beginning next month. Join me in welcoming Melvin Hurston, VP, UNC Hospitals, as our new President of the Board. Nina Hackney will serve another year as our Vice President. Beth Tillman will assume the duties of Secretary and DuVal Byrd will continue being our Treasurer. I will serve as Past-President during my last year on the Board.

Thank you for allowing me to serve as President this past year. It has been a pleasure to work with the staff and other members of the Board. Charles House is a very special place.

I am also very pleased to welcome to the Board a new member, Dickie Andrews, a long time Carrboro resident and real estate businessman. Dickie's expertise and local knowledge are a valuable addition to our Board.

As the population continues to age and the numbers of families in our area continues to grow, so will the need for Charles House Association to provide services for those wanting non-institutional care alternatives. The Board, as stewards of the community mission of Charles House Association, is committed to being our community's nonprofit provider of quality eldercare services.

Our expanding role in making this an even better community for seniors and care-giving families depends upon the continuing support of the community and donors. Whether from individuals, religious or civic organizations, memorials, or business and foundation grants, your generous support is so important to Charles House.



**ROBB ENGLISH**  
Outgoing President  
Board of Directors

*(Continued from page 1)*

member is a critical member of the team; therefore, hiring and retention of excellent staff are essential, and staff have to be cross-trained to administer medications, prepare meals, give baths, and make beds. However, some small homes are quite successful financially, are stable, and provide a quality product that is sought after in their community. In many cases, staff prefer working in such homes to larger assisted living residences and nursing homes, which in contrast may feel more sterile.

One approach that helps address some of the challenges to operating a small home is to have two or more homes located near each other and under the

same management. This strategy reduces overhead, provides economy of scale, and makes it easier to have higher levels of expertise, such as nurses and activity professionals, working within the

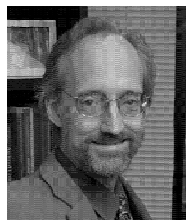
organization. Indeed, the model of several small homes linked together is even being tried for nursing homes, because the feel it creates can be superior to older models of nursing home care.

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Our authors: Dr. Philip Sloane, Charles House Board member, and Dr. Sheryl Zimmerman, are faculty members at UNC-Chapel Hill and experts in aging. Charles House Association is extremely fortunate to have their counsel and advice.

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