

CHARLES HOUSE ASSOCIATION

HELPING PEOPLE AGE THE WAY THEY HAVE LIVED

NEWSLETTER

SPRING 2009

ELDERCARE HOME PROJECT MOVES FORWARD



303 Yorktown Drive Heritage Hills Neighborhood

In 2007, the neighborhood association of Heritage Hills in southern Orange County approached Charles House with an interest in the idea of Eldercare Homes. An Eldercare Home Exploration Committee was formed. The neighborhood residents participated in question and answer sessions, held discussion on the email list serve, and frequent updates were distributed to every household.

In October, 2007, the Heritage Hills Community Association sent an enthusiastic letter of support to Charles House Association for the establishment of an Eldercare Home in Heritage Hills, expressing the residents' belief that an Eldercare Home would enrich the fabric of their neighborhood.

This past December, a Heritage Hills homeowner who had participated in the neighborhood discussions offered Charles House Association the opportunity to consider her house for a potential Eldercare Home. The Board of Directors inspected the house and investigated remodeling the four-bedroom ranch into a home for six residents. With support from the neighborhood, initial indications of city and state approvals, and an appraisal, Charles House Association has determined that this is an excellent opportunity to create its first Eldercare Home. The homeowner has agreed to hold the house for Charles House Association until November, while the Board continues to refine the project, design the renovations, and explore fundraising and financing options.

A Charles House Eldercare Home at 303 Yorktown can become a model of residential care for seniors needing assistance in a supervised, caring environment; a home in a neighborhood that's "a place like Charles House."

Please contact Paul Klever at Charles House if you would like to help make this project happen. Together—Charles House Association, our community, and our friends—we can make this innovative project a reality.

Charles House Families Speak to the Need for Eldercare Homes

Charles House families possess a wealth of experience as caregivers, consumers of in-home care services, and families with loved ones in assisted living facilities and nursing homes. Over the years, many of them have asked, when looking for care in a residential facility, "Why isn't there a place like Charles House?"

Meet three Charles House families as they speak about their caregiving experiences and their desires for a Charles House model Eldercare Home in our community.

When **Barbara Richardson** was no longer able to live on her own, her daughter **Vicki**, working on her PhD in Toxicology at UNC, brought her to share a small townhouse with her and her roommate. Though the roommate helped out with care, it soon became clear that Barbara was not safe in this environment.



Vicki reluctantly moved her mother into the special care unit of an assisted living facility that had a ward for people with cognitive impairment. Vicki wonders if staff receive sufficient training or preparation to care for residents, considering the high turnover. More importantly, she observed that the care staff don't really get to know her mother and don't spend much time engaging her in activities or making sure her needs are being met. "Even people with mental decline and memory loss should be respected and treated like human beings," says Vicki.

At Charles House, Barbara is fully engaged with the community and range of activities. She especially enjoys craft projects, and has made cards and pendants, and participated in crafting quilts for the patients at NC Children's Hospital.

For Vicki, the ideal home for her mother would be a place where residents don't feel like they are guests, but are really living there. The staff would engage residents in activities and chores – helping to set the table, or whatever small tasks they are able to do, as opposed to being shuffled around and having all their activities dictated to them.

(continued on p. 3)

FROM THE PRESIDENT

MELVIN HURSTON

This is an exciting time in the life of Charles House Association. As this newsletter reports, we are moving ahead with the potential development of neighborhood Eldercare Homes. Working with Heritage Hills homeowner Darcy Craven, we have identified a house that could serve as our first Eldercare Home.

The founders of Charles House were encouraged and supported by the community twenty years ago to establish what has become a vital and unique program. Again, we are turning to you, our community, for your feedback and support for the development of a unique and innovative approach to residential care in Eldercare Homes. Please let us know if you would like to be a part of this project to bring a new kind of care residence — a place like Charles House.



It is with mixed emotions that we note that long-time Board member Georgia Nelson completed her term in April. Georgia served a six-year term in the 1990's, several of those years as president. Georgia returned to the Board in 2003 to assist with the rebuilding of our core program and mission. During this time, Georgia also served as the liaison with our Advisory Board - friends and supporters of Charles House who lend their advice and leadership as needed. While we will miss Georgia's participation in our regular Board meetings, we are pleased that she has agreed to continue to help us coordinate the efforts and involvement of our Advisory Board. We extend our deep appreciation to Georgia for the wonderful presence, calm leadership, and valuable history she has brought to Charles House.

We are pleased to welcome three new members to the Board of Directors:

Lynn Fromme joined the Board in December. Lynn and her husband Steve were the owners of Chapel Hill Printing. Lynn also was responsible for the care of her mother through many years of progressive dementia.

Jerry Salak is Director of Donor Relations for the Gillings School of Global Public Health at UNC. He has had a long relationship with Charles House including having been the primary caregiver for his mother Fran, a participant at Charles House for two and a half years. Jerry lives in the Heritage Hills neighborhood and has helped spearhead the communication and negotiations with the neighborhood association.

Luke Riggsbee joins the Board this month and knows Charles House from both a business and family perspective. He is a partner with the local insurance agency High & Rubish, which has assisted Charles House over the years. Luke's wife was also the granddaughter of a Charles House participant, so Luke understands the importance of Charles House in supporting caregiving families in our community.

We welcome Lynn, Jerry and Luke to our Charles House family and look forward to their leadership and guidance as we continue to fulfill our mission as an innovative nonprofit provider of high-quality eldercare in our community.

Charles House Eldercare Homes Build upon Household Model

Across the country, a cultural revolution is taking place in long-term care. The traditional model of institutional caregiving is being transformed in many facilities. Baby Boomers, who are often caring for frail and aging elders as they start to face their own retirement years, are looking at the existing options for eldercare and are wanting new alternatives.

The Household Model

Rather than care settings organized by wings, wards and units, the Household is an emerging model for transforming large institutions and creating smaller homes. Bev Cowdrick, a friend of Charles House and a leader in the national culture change movement, describes the household model this way:

"A true household in long-term care is a distinct place where people who need round-the-clock personal care and/or nursing care live in community in a setting that has all of the elements and pleasures of a normal home. The physical elements include a front door that locks and only admits people that the members of the household want in their home. It includes a living room, a dining room, and

a full kitchen that is accessible to all members of the household. It includes bedrooms that are private and not visually accessible to the casual visitor. The people who live in the home make their own decisions in whatever ways they are able to communicate their desires and preferences. The people who work in the home are familiar and known to the residents and have affection for them. They work in a versatile way to assist residents in creating safety, wellness, pleasure, meaning, and community."

Essential elements of the Household Model include resident and family participation in decision-making, a team approach to caregiving, high levels of social and physical engagement for residents, and a true home – with privacy, dignity, and community as core values. Residents can set their own schedules and levels of participation and are encouraged to be active and contributing members of the household to the best of their abilities.

The Charles House Method is very similar in philosophy and practice to the goals of the Household Model. Learning about the success of Household Model transformations has given Charles House encouragement in its vision for Eldercare Homes using the Charles House approach and method.

"The staff at Charles House really understand people with disabilities—that they're still people who can still do things, hold conversations, and enjoy life."

Vicki laments the lack of affordable, respectful, and person-centered care in our community, and is eager to participate in the development of the new Charles House eldercare home.



Ralph Evans has been a Charles House participant since 2007. His stepdaughter and caregiver, Mary Wynne, could see an immediate difference in his mental functioning and ability to interact with others after he began attending Charles House.

"His mind is better when I pick him up than when I drop him off," she explains. "He thinks more clearly, and is less likely to get stuck in repeating the same story over and over."

Mary has been a devoted caregiver for over 15 years—for her mother who died several years ago, her stepfather, whom she had worked with and helped run his consulting business until he was no longer able to work, and for the aging and infirm family dogs.

After a bout with pneumonia a year ago, Ralph forgot the last 50 years of his life. He had been on a waiting list for an independent living apartment, but now he needed full-time care and attention. Mary was able to move him into a retirement community with skilled nursing care for those with memory loss.

Mary continues to bring her stepfather to Charles House daily. As a result of proper medication and his time at Charles House, Ralph is functioning better. Charles House staff focuses on Ralph's capabilities and supports his efforts with positive reinforcement.

Mary's ideal living situation for Ralph would be like Charles House, secure but homelike, with private rooms, comfortable and non-sterile common rooms, and a place to go outside. She's a firm believer in the Charles House model and, with her experience, has much to offer in the effort to create a neighborhood eldercare home.

Anne Hastings' mother, **Billie Owensby**, passed away from a stroke, just about a month after moving into a locked Alzheimer's and Dementia unit of a mid-range assisted living facility. She spent eight months living with Anne and her family, and despite progress she made during her days at Charles House, Billie had started wandering. She was declining mentally, was no longer safe in their home, and Anne and her family felt overwhelmed. Anne found the care facility to be "adequate." Even though the staff was kind and caring, this was not a home, but just a place where her mother was kept.



Billie enjoyed her time at Charles House, especially the singing, and commented to her daughter, "Wouldn't Sam (her late husband) be jealous if he knew how much fun I was having here!"

Anne's vision for eldercare homes includes having a sense of family, like there is at Charles House. The ratio of staff to residents should not be 20:1 as it is in the assisted living facilities, so that staff and residents really get to know each other. It should like a home, not an institution.

One of Anne's last good memories of her mother was while they were checking in to the assisted living facility. While Anne filled out paperwork, Billie wandered out to the lounge. While a record of "In the Mood" played, Billie started dancing with a partner.

Anne is hoping that music, dance, and laughter fill the new Charles House eldercare homes.

Household Model, from p. 2

The Charles House vision for the Eldercare Home includes:

- A neighborhood home for six residents—people needing a supervised environment and assistance with tasks of daily living (dressing, bathing, meal prep, medications)
- Staff functioning as a household care team, trained in positive approaches of care and group facilitation from the experience of Charles House.
- Accessible outdoor living space and gardens
- Interaction and involvement in the life of the neighborhood

Participation in Charles House has often resulted in better mental and physical functioning and improved quality of life for participants and families. It is likely that Eldercare Homes will create similar results, as well as greater satisfaction for caregiving staff and peace of mind for caregiving families.

Resources and Information on Household Models:

The Green House Project:
www.ncbcapitalimpact.org/default.aspx?id=146

Action PACT: www.culturechangenow.com

Eden Alternative: www.edenalt.org

In Pursuit of the Sunbeam: A Practical Guide to Transformation from Institution to Household
by Steve Shields and LaVrene Norton

Paul S. Klever, Executive Director
Charles House Association
www.CharlesHouse.org
919-967-7570



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