

## By John B. Thompson

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John B. Thompson. Home and Office Address: John Knox Village, 451 Heritage Drive Apt 701, Pompano Beach, FL 33060-7775 (Phone and Fax: 954-946-6024; Mobile: 215-962-3575). Occupation: Retired Retired Senior Foreign Service Officer & NATO Executive. U.S. Department of State; NATO, Embassies Moscow, Warsaw, Vienna; NATO Civilian HQ. E-mail: consultjbt@sprintmail.com; john\_thompson\_59@post.harvard.edu. Spouse/Partner: Ingrid I. Liebmann Thompson. Children: Two. Grandchildren: Five. Military/National Service: SP-6 (E-6), US Army, Berlin, Germany, 19561962; Minister-Counselor (SFS-5), U.S. Foreign Service, Wash.DC, Zagreb, Moscow, Warsaw, Vienna, Brussels, 19631987, Superior Honor Award; Dep. Ass't Secretary General, NATO, Brussels, Belgium, 19821993, US State Dept. Superior Honor Award.

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Our 50th Reunion in June 2009 lasted four glorious days. On the fifth day, taking advantage of being in the Boston area, I visited the Chelsea Jewish Nursing Home to learn what I could about the 6-story Green House® skilled nursing facility (SNF) complex then under construction there.

The Green House® model was developed by geriatrician Bill Thomas (Harvard M.D. 1986; see his website at <http://changingaging.org>.) Serving as Medical Director of a small SNF, Thomas was struck by the inadequacies of traditional nursing homes, based on the institutional hospital model with central nursing stations, long corridors, semi-private rooms and medication carts, where patients had long suffered from three plagues: boredom, loneliness and helplessness.

In the early 1990s Thomas developed the Eden Alternative, a philosophy replacing institutional nursing home care with what was first called person-centered, and later person-directed, care to improve quality of life both for elders and for the care-partners who support them. By about 2000, Thomas had recognized that culture change alone could not achieve the full desired result. So he developed the Green House® model, which replaces large hospital-style SNFs with much smaller homes of only 10 or 12 private bedrooms each, home-style kitchens, dining and living areas, and permanently assigned teams of self-managing care-partners. Chelsea's facility opened in 2010 as the first multi-story Green House complex, containing ten separate 10-elder homes.

In 2006 Ingrid and I had moved to John Knox Village, a continuing-care retirement community in Pompano Beach, Florida. (Former neighbors chided we were too young to be moving to an old-folks home. But as an economist I knew buyers would not long continue paying inflated prices for seaside condos; we sold and moved just before the bottom fell out of South Florida's market.)

In January 2009 I began a 3-year term as one of three Resident Directors on the JKV Board, and was assigned to the Board's Health Care Committee a field about which I knew very little. By volunteering in the JKV Health Center, I saw that it was a traditional hospital-style SNF, with the related shortcomings. A friend drew my attention to the Green House model and Chelsea, where Executive Director Barry

Berman and his staff generously showed me around and explained the Green House concept. (Berman was given the Award of Honor at the 2013 annual meeting of Leading Age (formerly AAHSA American Association of Homes and Services for the Ageing) for spearheading the Chelsea Green House development and many other visionary innovations.)

Returning to Florida I urged my Board colleagues to consider a building along the Green House model as a replacement for our aging traditional SNF, but was disappointed by the response. Most of the Board assumed anything as good as that must be unaffordable. They had been misinformed by senior management that our residents' continuing-care contracts provided only for semi-private SNF rooms if and when needed, and thought private rooms would be prohibitively expensive.

Fortunately, the Board's attitude underwent a complete about-face over the following four years, leading to a visit to JKV by Bill Thomas in October 2013 to celebrate a Board decision and the beginning of A&E design work on a 7-story Green House complex similar to Chelsea. (Ours will have twelve separate households and 144 private rooms.) I cannot credit that turn-around to my persuasive or negotiating skills, which are minimal, but rather to a happy series of related factors.

Chief among those is the impressive example of some 150 Green House homes already operating in over thirty states. The extensive academic research published in numerous professional journals documents not only substantial improvement in medical outcomes and patient, family and staff satisfaction, but also cost-effectiveness: Green House construction and operating costs are not significantly higher than those in traditional SNFs thanks to a unique staffing pattern that delivers more direct care to Green-House elders and empowers both elders and their direct-care-partners.

In JKV, several other concerned residents joined in an effort to explore alternative models of new SNF construction and to inform management and the Board of our findings and concerns. The Board then agreed to allow some residents to work along with the Board's New Health-Center Building Committee, and Management arranged an open meeting at which all residents could express their preferences including private rooms and baths, a goal endorsed from a professional and marketing point of view by an eminent local neurologist who had recently joined the Board.

But seeing is believing! Several JKV resident couples visited operating Green House communities in different parts of the country and sent glowing reports to their neighbors, management and the Board. JKV began consulting with the helpful Green House Project team. Management and Board Members also began visiting operating Green Houses and they were all sold on the concept!

So, despite a dismal national and international political, economic and security environment, I can look back on the past five years with a sense of achievement in my own little corner of the world. I have nattered on so long in hopes of interesting classmates who may be considering a retirement community as a secure, cost-effective solution for the golden years, or who may be looking for an SNF, to check out the Green House Project website, [www.thegreenhouseproject.org](http://www.thegreenhouseproject.org), and to visit Chelsea, or one of the many other fine operating Green House homes listed on that website.