

Luxury Lifestyle at Home:

An Eldercare Alternative

By Susan M. Osborn, Ph.D.

Happiness grows at our own firesides and is not to be picked in strangers' gardens.

~Douglas Jerrold

If you have ever moved a friend or relative to any type of senior facility, chances are she or he has asked this heart-rending question, "When can I go home?"

Home is where the heart is. When loved ones leave home, parts of their hearts and souls are left behind. As a result, their health often deteriorates. Polls show over 80 percent of the elders in the U.S. express a strong preference for aging at home where they are most comfortable.

Tom Lee, executive director of Senior Resources of America, reports, "We see a lot of baby boomers who are dealing with their aging parents. It's been a real wake-up call for them. Many have told us they want to do everything they can to make sure that, when the time comes, they can remain in their own homes."

Recently, I had an opportunity to meet with three visionaries from Living Well, an elite club based in Sausalito that provides comprehensive care to elders in their own homes. I spoke with Doris Bersing, president and co-founder, Tessa ten Tusscher, CEO and co-founder and Laura Page, director of training. They described how Living Well came into being and how it will serve residents of southern Marin County and San Francisco as its first two clubs.

While holding senior-level positions with major providers of services for elders, Bersing and ten Tusscher both came to the realization that, regardless of what they did, elders were not happy. It was common to hear dissatisfied residents of senior facilities say things like, "I don't belong here," or "I never thought I'd end up here."

Bersing says, "No matter how beautiful the facility, how fantastic the program, how extensive the services or how nice the people are, the residents never feel at home. She continues, "I feel the same way. I never want to go to one of those places, even the best. In my home I have what I want. I can eat what I want, whenever I want it."

Bersing and ten Tusscher, who respectively live in Sausalito and Mill Valley, began meeting to explore what they could do about eldercare. They discussed their shared conviction that confinement in facilities fails to deliver what elders want and fragmented home care requires endless hours of coordination by family members. Bersing and ten Tusscher identified six assumptions about elders and eldercare they hold in common.

Key Assumptions Are Identified

1. Aging is not an illness. Although some physical and mental functions decline with age, these changes are not necessarily incapacitating. Treating all elders as though they are sick depletes medical resources and risks being a self-fulfilling prophecy.
2. Bersing says, "It's important to have a medical component but basing eldercare on a medical model is inappropriate. People need help so they can live engaging lives. The wellness piece is missing in the medical model."
3. Confinement and containment do not guarantee safety. "Caregivers believe their loved ones will be safe in a facility," Bersing observes. "However, the record is not good. There are many falls."

4. Studies report fall rates in continuing care communities and residential retirement homes range from 56 to 57 percent. A recent national survey of 233 long term care communities found a higher average injury rate due to falls in assisted living communities compared to skilled nursing care (353 injuries/1000 falls in assisted living compared to 337 injuries/1000 falls in skilled care.) The rates of fall-related injuries requiring medical care were equivalent (112 injuries requiring medical care/1000 falls in both.)
5. Lumping elders into three or four levels of care and treating everyone in each group the same way demeans and depersonalizes them. Ten Tusscher points out, "Each of us becomes more individualized every day. The longer we live, the more differentiated we are from each other. People who are 50 have very different needs and interests from those who are 90 or 100."
6. Elders can learn and they can be productive. An important research finding is, with age, the brain's emotional circuitry matures and becomes more balanced. Around the age of 65 older adults acquire the capacity to use the right and left hemispheres more equally. Research also shows new brain cells continue to form throughout life.
7. Older people have knowledge, skills and experiences to share. "Very few multi-generational families exist today," says ten Tusscher. "Elders are shuffled off to facilities or isolated at home so no one sees them. Studies show 50 to 70 percent of the young people in the U.S. has never conversed with an elder. They are no longer recipients of the gifts elders are equipped to give."
8. Elders have a right to find meaning in their lives. Bersing says, "Give aging a chance. Let elders remain at home if they want to. Encourage them to be productive and independent for as long as possible."

Conclusion Leads to Action

"We came to the conclusion, 'There's another way,'" ten Tusscher recalls. "We decided to take action. We agreed to emphasize wellness and the importance of living a vibrant life. We wanted to communicate, 'You *can* have it all. You really can stay at home and thrive. You don't need to be confined or contained. You belong to your community and your house, so you can stay at home as long as you want.'"

Bersing says, "We also agreed it's time to provide elders and their family members, especially primary caregivers, with a choice. They don't have to take on a second job as a case manager."

They asked themselves, "If we had a blank sheet, what would be the right way to do this?" "How could we create a culture that's about meeting the complicated needs and wishes of elders?" "How could we make sure everyone feels special?" "How could we make it affordable?" "Who would be involved?"

Their responses to these questions along with their set of shared assumptions led them to designing an overarching, one-stop service delivery system. Their model of an eldercare alternative emphasizes wellness, avoids confinement, individualizes the services, and provides opportunities for elders to learn, socialize, and find continued meaning in their lives.

After recruiting a management team, identifying initial investment partners, creating a panel of medical, business and political experts to serve as consultants, putting operating procedures in place, and developing joint ventures with leading providers of specialized eldercare, Bersing and ten Tusscher and the entire management team are positioned to introduce Living well to the larger community. The first five planned Living Well communities will be located in the greater Bay Area and membership is currently available in Belvedere Corte Madera, Larkspur, Mill Valley, Ross, San Francisco, Sausalito and Tiburon.

Ideal Eldercare Becomes a Reality

How does Living Well provide ideal caregiving to elders? An individualized assessment program, combined with a personalized blend of hospitality, gerontology and technology, make Living Well unique.

Members receive five-star care based on the principles and best practices of the hospitality industry. Differentiation is determined by each person's abilities, needs, and wants.

To ensure each member feels special, Living Well draws on Page's 20 years of experience providing luxury-level service at world-renowned, five-star hotels and resorts. Page says, "It makes perfect sense that the recognition you get in a five-star hotel makes you feel important. Why should it be any different if care is being provided to you in your own home?"

Members have access to concierge services and opportunities for active social lives through a network of resources. They are offered venues to socialize through lectures, films, Tai Chi and exercise sessions, dance classes, lunches and cocktail hours. Wellness coordinators arrange trips to museums, theaters and fitness classes.

Gerontology associates include a geriatric neurologist, a geriatric physician and a medical researcher in the field of chronic illnesses. Geriatricians and nurses oversee members' care. Physicians make house calls and deal with emergencies. Medical experts advocate for members with their primary care physicians and ensure they are treated with respect if they are hospitalized.

Leading edge technology is employed to ensure members' safety and security. Detail-oriented staff members monitor and evaluate elders' wellbeing around the clock. They also produce real-time reports for physicians and relatives, and connect the memory-impaired with cognitive vitality programs.

Open lines of communication and a free flow of information guard against fragmentation. Information is collected on a regular basis for the purpose of quality assurance and continuous improvement. According to ten Tusscher, "Self-reflection is built into the system so we can correct as we learn and grow based on the data we collect."

The Future of Aging is at Home

For the last 50 years it has been common for elders to spend their last days in nursing homes, surrounded by strangers. In 1999 the U.S. Supreme Court ruled Americans have a constitutional right to be cared for in the least restrictive environment which is at home.

Unlike with other areas of consumption, our society has not developed alternative models of long-term care focused on giving elders what they want, with different price points. One of the hallmarks of the 21st century is a shift to finding ways for elders to maintain the quality of their lives in familiar, comfortable surroundings. For many older people this means living in their own homes.

Choosing to remain at home will become an option for many elders as Living Well moves forward to achieve its mission of "offering a luxury lifestyle that empowers elders to live safely in their own homes and providing peace of mind for their families and friends." By focusing on what elders and their families want, Living Well is providing a much-needed model of 21st century eldercare. (More information is available at www.livingwellalah.com)