



LTSS CHOICES

Empowered Direct Care Worker: Lessons from the Green House Staffing Model

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About this Series

This Spotlight is part of the AARP Public Policy Institute's LTSS Choices initiative. This initiative includes a series of reports, blogs, videos, podcasts, and virtual convenings that seeks to spark ideas for immediate, intermediate, and long-term options for transforming long-term services and supports (LTSS). We will explore a growing list of innovative models and evidence-based solutions—at both the national and international levels—to achieve system-wide LTSS reform.

We recognize the importance of collaborating and partnering with others across the array of sectors, disciplines, and diverse populations to truly transform and modernize the LTSS system. We invite new ideas and look forward to opportunities for collaboration.

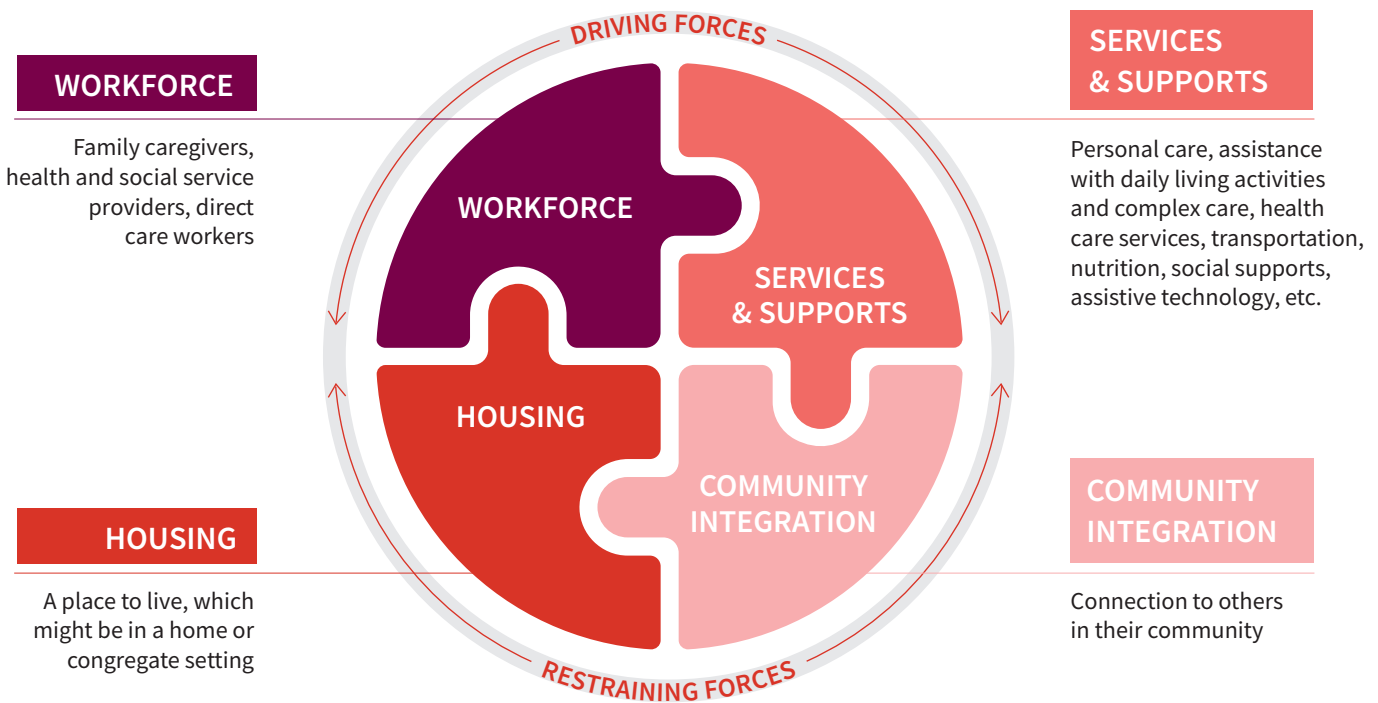
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Introduction

The COVID-19 pandemic highlighted long-standing problems in nursing homes. It also prompted important discussions about how to transform long-term services and supports (LTSS), including possibly scaling evidence-based models.

This *Spotlight* follows the earlier AARP Public Policy Institute publication, *Small-House Nursing Homes*, describing the most widely researched model in this category: THE GREEN HOUSE®. In that paper, we focused mainly on the model's housing design elements that enable a safer environment for people who need a nursing home level of care. Here, we take an in-depth look at another defining element of this model: the workforce structure. Like housing, workforce forms one of the foundational pillars in the LTSS Choices framework (see figure 1). How does the Green House staffing model improve the quality of work life for staff and promote positive outcomes for residents? Can any of these tactics be adopted by nursing homes that are not yet able to change their housing structures?

FIGURE 1: THE FOUR BASIC REQUIREMENTS OF PEOPLE WHO NEED LTSS



The Green House Care Model

As detailed in our first Spotlight,¹ the Green House model is based on three core values:

- **Real home.** A focus on the built environment and how residents engage in the home
- **Meaningful life.** A focus on the daily expression of autonomy, control, and choice in the resident experience
- **Empowered staff.** A focus on how work within the home is organized through expanded staff roles and responsibilities

Green House homes are best known for their lodging elements—small structures that house 10 to 12 residents and have the look and feel of a “real home”—but they also fundamentally differ from more traditional nursing homes in their workforce model. This model is designed to improve the quality of work life for all staff, but particularly for the Shahbazim—the Green House home’s direct care team of certified nursing assistants (see sidebar for a brief overview of direct care workers).

¹ Susan Reinhard and Edem Hado, *Small-House Nursing Homes* (Washington, DC: AARP Public Policy Institute, January 2021), <https://www.aarp.org/content/dam/aarp/ppi/2021/small-house-nursing-homes.pdf>.

Direct Care Workers

Across the United States, some 4.6 million direct care workers play a critical role in supporting the health and well-being of older adults and people with disabilities, enabling them to live in their setting of choice.² These essential professionals provide paid hands-on care and supervision for a broad range of daily tasks and activities, including personal care (e.g., bathing and dressing), housekeeping, meal preparation, and transportation. Direct care workers are employed in private homes, community settings (e.g., adult day center), residential settings (e.g., assisted living), skilled nursing homes, and other supportive housing.³

Three main occupations compose the direct care workforce:⁴

- **Personal Care Aides (PCAs)** assist individuals in their homes and communities with activities of daily living (ADLs) and/or instrumental activities of daily living (IADLs) such as bathing, toileting, dressing, preparing meals, and doing laundry. PCAs may also support individuals with employment and other forms of community engagement.
- **Home Health Aides (HHAs)** provide ADL and IADL assistance to individuals in the community and may also perform specific clinical tasks under the supervision of a licensed professional.
- **Nursing Assistants or Certified Nursing Assistants (CNAs)** support daily living tasks, primarily for older adults living in nursing homes. They have at least 75 hours of additional training to provide more clinical tasks compared to other direct care workers and work with people who have the greatest need for assistance. Direct care staff in nursing homes, including the Green House homes, are trained and certified as CNAs.

Direct care workers have long faced challenges such as below-average industry wages, minimal employment benefits (e.g., paid leave), and high rates of burnout and stress. For example, nursing assistants earned a median annual wage of \$30,850 in May 2020.⁵ As a result, job turnover and vacancy rates are high in the direct care industry. The pandemic has only exacerbated these challenges.⁶

² Stephen Campbell et al., *Caring for the Future: The Power and Potential of America's Direct Care Workforce* (Bronx, NY: PHI, 2021), <http://phinational.org/resource/caring-for-the-future-the-power-and-potential-of-americas-direct-care-workforce/>.

³ Kezia Scales, *It's Time to Care: A Detailed Profile of America's Direct Care Workforce* (Bronx, NY: PHI, 2020), <https://phinational.org/resource/its-time-to-care-a-detailed-profile-of-americas-direct-care-workforce/>.

⁴ Angelina Drake, *Direct Care Work Is Real Work* (Bronx, NY: PHI, 2020), <http://phinational.org/caringforthefuture/directcareworkisrealwork/>.

⁵ "Occupational Employment and Wages, May 2020," Bureau of Labor Statistics, US Department of Labor, <https://www.bls.gov/oes/current/oes311131.htm#nat>.

⁶ COVID-19: *Experiences of Direct Care Workers in Aging Services* (Boston, MA: LeadingAge LTSS Center, 2021), https://www.ltsscenter.org/wp-content/uploads/2021/02/COVID-Brief-LTSS-Feb-2021_FINAL.pdf.

Empowered Direct Care Staff: Shahbazim

The Green House model empowers the Shahbazim (singular *Shahbaz*) by focusing on key staff development areas such as enhanced training, consistent staffing, engagement and collaboration, and shared decision making. Together, these elements of the staffing structure enable Shahbazim to create a resident-directed environment, foster deeper connections with residents and families, and improve Shahbazim satisfaction and quality of work life.

Key Elements

- **Enhanced training.** Unlike traditional direct care workers, Shahbazim have an additional 128 hours of specialized training on areas such as emergency preparedness, dementia care, and culinary skills including food safety and handling. Shahbazim are also offered training to strengthen their “soft skills” such as team building, communication, and conflict management (see appendix A for more information on Shahbazim training).
- **Universal workers.** Shahbazim work as a self-managed team of universal workers (see sidebar) to respond to residents’ needs. They are trained to provide a full range of services and supports, including personal care, laundry, housekeeping, and meal preparation. Because all meals are prepared and served by Shahbazim in the homes, residents can request favorite foods and, if able, prepare their own snacks. The smells from food cooking help create a pleasant environment and whet appetites. Shahbazim work closely with the dietician and have extensive culinary training to equip them with the skills they need to prepare nutritious and delicious meals for residents and respond to their requests.
- **Consistent staffing.** The Green House staffing structure is designed to operate like a family, where workers are consistent and are intimately involved in residents’ lives. This means that when a staff member is unexpectedly absent, another permanent staff steps in to provide the care. Green House homes do not routinely “pull” staff from other places or bring in temporary staff from an outside agency, as is done in many long-term care settings when there is a staff shortage. Although the pandemic did require some adaptations to this standard, the model’s permanent, consistent staffing leads to strong bonds between Shahbazim and both residents and their families. This deep knowledge of the resident and strong bond between the resident and the caregiver is fundamental to achieving a better quality of life for residents and staff alike.
- **Role of Guide to support the Shahbazim and collaboration with clinical support team members.** One of the unique features of the Green House model is the role of the Green House Guide. As the formal supervisor of the Shahbazim, the Guide is responsible for ensuring Shahbazim meet federal requirements for nursing homes within the Green House homes, adhere to the organization’s values and procedures, and honor the Green

The term **universal worker** describes direct care workers with expanded responsibilities beyond their traditional tasks. In the Green House staffing model, Shahbazim receive training to perform a variety of personal, clinical, and home care activities including housekeeping, laundry, scheduling, and administering medication.

House model. The guide works closely with the Shahbazim to support their growth and development as they take on and learn their expanded role. Guides also ensure high-level collaboration between Shahbazim, nurses, and other clinical support team members, while holding Shahbazim accountable in their role as the managers of the home (see appendix B for more information on the Green House model organizational structure).

- **Engagement and collaboration between Shahbazim and nurses.** Another unique feature of the Green House staffing model is the relationship between Shahbazim and nurses. Nurses are not the formal supervisors of Shahbazim, as would be the case in a traditional nursing home staffing model. Instead, the Green House staffing model operates through an ongoing collaborative/team relationship between Shahbazim and nurses, with the role of the Green House Guide serving to supervise the self-managed work team of Shahbazim. The inclusion of a Guide as supervisor to the Shahbazim frees nurses to be mentors and teachers, further empowering the Shahbazim to increase their skills and collaborate with the nurses. For all nonclinical functions of the home (e.g., staffing, activities, meals), Shahbazim work in partnership with clinical support team members, being an integral component of decision making and often taking on a leadership role in daily decision making. This allows nursing staff to focus on clinical care and empowers the Shahbazim to take much more control over their work and the life of the home. Early in the development of the model, concerns arose over whether this arrangement would compromise the quality of care for residents; however, research has confirmed this staffing structure maintains a high quality of clinical care and achieves excellent outcomes for residents.⁷
- **Shared decision making.** With the goal of keeping daily decision making as close to the residents as possible, extensive training in decision making, consensus, collaboration, and critical thinking equips Shahbazim with problem-solving and decision-making skills and tools. Leadership staff work with the Shahbazim to ensure decisions are value based, align with current regulations, reinforce quality care standards, and honor the resident voice (see appendix C for the Green House Problem Solving Framework for Team Decision Making and examples of shared decision making).
- **A unique model of leadership.** Green House Guides, nurses, other department managers, and additional leaders practice a coaching approach to supporting the Shahbazim. Community leaders are trained in using a coaching method that is designed to further empower Shahbazim and to improve their decision-making and collaboration skills. Five elements define what a Green House coach does when working with the Shahbazim:
 - Creates a valued relationship
 - Presents an issue (for the Shahbazim to work through)
 - Gathers information to understand the nature of the issue
 - Engages in problem solving with the Shahbazim (keeping the Shahbazim in the driver's seat)
 - Develops a plan of action and evaluation measures with the Shahbazim

⁷Christopher C. Afendulis et al., “Green House Adoption and Nursing Home Quality,” *Health Services Research* 51, no. S1. (2016): 454–74. <https://doi.org/10.1111/1475-6773.12436>.

- **Shahbazim feedback in assessing the organizational practices.** Each year, Shahbazim and other Green House team members participate in an online assessment known as the model enrichment and integrity tool (MERIT). This model-fidelity tool is used to evaluate the application of the Green House model in day-to-day practices (see appendix D for additional details on the MERIT). The vital feedback from this assessment offers valuable insights into how each Green House home can improve. The Calvin University Center for Social Research has administered the MERIT for Green House homes since 2015, and 4,000 Shahbazim have participated to date.

Staffing Structure Improves Quality of Care

A national evaluation of the Green House model demonstrated that Green House homes consistently perform in the top tier of nursing homes on clinical/health outcomes of residents.⁸ Prior to this study, policy makers and many within the industry had expressed concern that the focus on quality of life might distract attention from the clinical care that residents need and might undermine the quality of care. However, the data supported that Green House homes were high performers on clinical care quality. An intensive ethnographic component of the evaluation provided some insight into why Green House homes perform so well.⁹ The four traits found to be particularly important are as follows:

- **Ensuring consistent, permanent caregivers in each home**, which affords a level of familiarity that allows Shahbazim to identify very subtle, early changes in residents' health
- **Close collaboration between the nurse and the Shahbazim**, which leads to early intervention by the nurse and other health professionals
- **Empowered and well-educated Shahbazim**, who are very proactive in making sure that residents' health changes are promptly addressed
- **The close working relationship between Shahbazim and nurse**, which creates opportunities to teach "in the moment" while engaging in or discussing the care of a resident

Green House homes have fared much better than did traditional nursing homes during the pandemic, with fewer COVID-19 cases and deaths.¹⁰ Unlike many traditional nursing homes, Green House homes have consistent staffing, which means fewer people entering the home and less overall exposure to COVID-19. Research has also demonstrated that Green House residents are less likely to be hospitalized than are similar residents in other nursing homes.¹¹ This lower rate of hospitalization likely relates to earlier identification of changes in resident health, a well-documented consequence of the Green House model. Though not validated with research, the hospitalization rate could well have lowered the COVID-19 infection rate in Green House homes, again due to this lower hospitalization rate.

⁸Afendulis et al., "Green House Adoption and Nursing Home Quality."

⁹Barbara Bowers et al., "Inside the Green House 'Black Box': Opportunities for High-Quality Clinical Decision Making," *Health Services Research* 51, no. S1 (2016): 378–97. <https://doi.org/10.1111/1475-6773.12427>.

¹⁰Sheryl Zimmerman et al., "Nontraditional Small House Nursing Homes Have Fewer COVID-19 Cases and Deaths," *The Journal of Post-Acute and Long-Term Care Medicine* 22, no. 3 (2021): 489–93. <https://doi.org/10.1016/J.JAMDA.2021.01.069>.

¹¹Sheryl Zimmerman et al., "New Evidence on the Green House Model of Nursing Home Care: Synthesis of Findings and Implications for Policy, Practice, and Research," *Health Services Research* 51, no. S1 (2016): 475–96. <https://doi.org/10.1111/1475-6773.12430>.

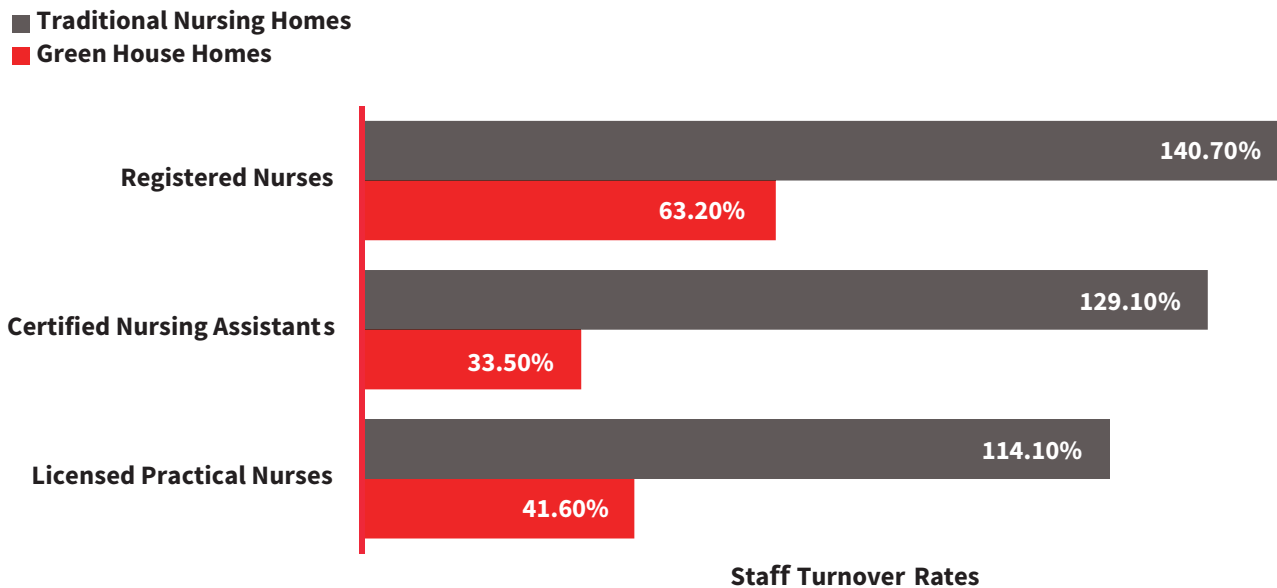
Staffing Structure Improves Quality of Work Life

Recent data from the Green House Project's partner organizations show lower turnover rates in Green House homes (33.5 percent) than in traditional nursing homes (129 percent; see figure 2). These findings support previous research suggesting the Green House model may promote staff longevity—unlike traditional nursing homes, where high turnover rates remain a profound challenge.¹² Research has also shown the model does not negatively affect workers' stress or satisfaction.¹³ Appendix E presents a compilation of quotes on staff experience from several workers, including Shahbazim, nurses, and Green House Guides.

Wages and Benefits Are Important

When an eldercare community implements the Green House model, the Green House Project recommends a 10 percent pay increase to CNAs, both to compensate them fairly for the additional duties that the Shahbazim role requires and to foster a more stable and empowered workforce. In 2017, an internal Green House wage survey revealed that adopter organizations raised CNA wages from 3 percent to 35 percent, depending on the location of the facilities and their organizational cultures.

FIGURE 2: STAFF TURNOVER RATES



Source: Green House Data: MERIT Organizational Outcomes Assessment 2020 results.

Traditional Nursing Homes Data: Ashvin Gandhi, Huizi Yu, and David C. Grabowski, "High Nursing Staff Turnover in Nursing Homes Offers Important Quality Information," *Health Affairs* 40, no. 3 (2021): 384–91. <https://doi.org/10.1377/hlthaff.2020.00957>.

¹² Patrick B. Brown et al., "Workforce Characteristics, Perceptions, Stress, and Satisfaction among Staff in Green House and Other Nursing Homes," *Health Services Research* 51, no. S1 (2016): 418–32. <https://doi.org/10.1111/1475-6773.12431>.

¹³ Ibid.

Can the Green House Staffing Model Be Implemented in Other Long-Term Care Settings?

The Green House Project officially expanded its support beyond small houses in 2019 with its Green House 2.0 initiative, although it has been working with organizations to apply the Green House core values to traditional environments since 2012. Nursing homes unable to build Green House homes apply the Green House philosophy to their traditional environments. Blended roles, supervising coaches, and breaking down the traditional departmental lines are ways that non-Green House homes are applying the Green House workforce model. The Green House team creates a customized, comprehensive action plan for each organization to apply the principles to its unique environment. Project coaches provide support to ensure the maximum application of the model. Nearly 20 organizations across the country have been supported by the Green House Project team to apply the philosophy to their traditional environments.

Conclusions

Most people who are somewhat familiar with the Green House model of small nursing homes are aware of the unique housing features, particularly the small number of rooms (10-12) that are private spaces for residents. In addition, they may know more about the hearth and kitchen and laundry facilities in each home. The first LTSS Choices Spotlight on small nursing homes emphasized these features, among others.

Nevertheless, the staffing model is also unique and fundamental to Green House's philosophy and outcomes. This Spotlight highlights those unique features, particularly the extra training and responsibilities that the direct care workers/Shahbazim receive. The coaching, supervision, and collaborative roles among the Shahbazim, Green House Guides, and nurses are starkly different from those found in traditional nursing homes. Research documents that these nontraditional ways of working together require new ways of thinking and acting. And they result in positive outcomes for residents and workers alike.

It is worth noting that, compared with their traditional counterparts, Green House homes offer somewhat better wages to their CNAs/Shahbazim. Fairly compensating front-line caregivers is vital—regardless of whether they work in a Green House community. Historically low wages and thin benefits have forced many CNAs and other nursing home staff members to accept multiple jobs to make ends meet. These workers feel undervalued even though they perform very important roles in resident care; this feeling fosters staff turnover, leads to negative outcomes and dissatisfaction for residents and families—and represents a significant infection-control risk during the pandemic.

Finally, even if nursing home operators do not intend to alter their housing structures, they must examine their staffing model. Given the current workforce crisis, it is time to rethink traditional staffing models. Lessons learned from the Green House model can guide new thinking.

About the Authors

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Appendix A. Shahbazim Training

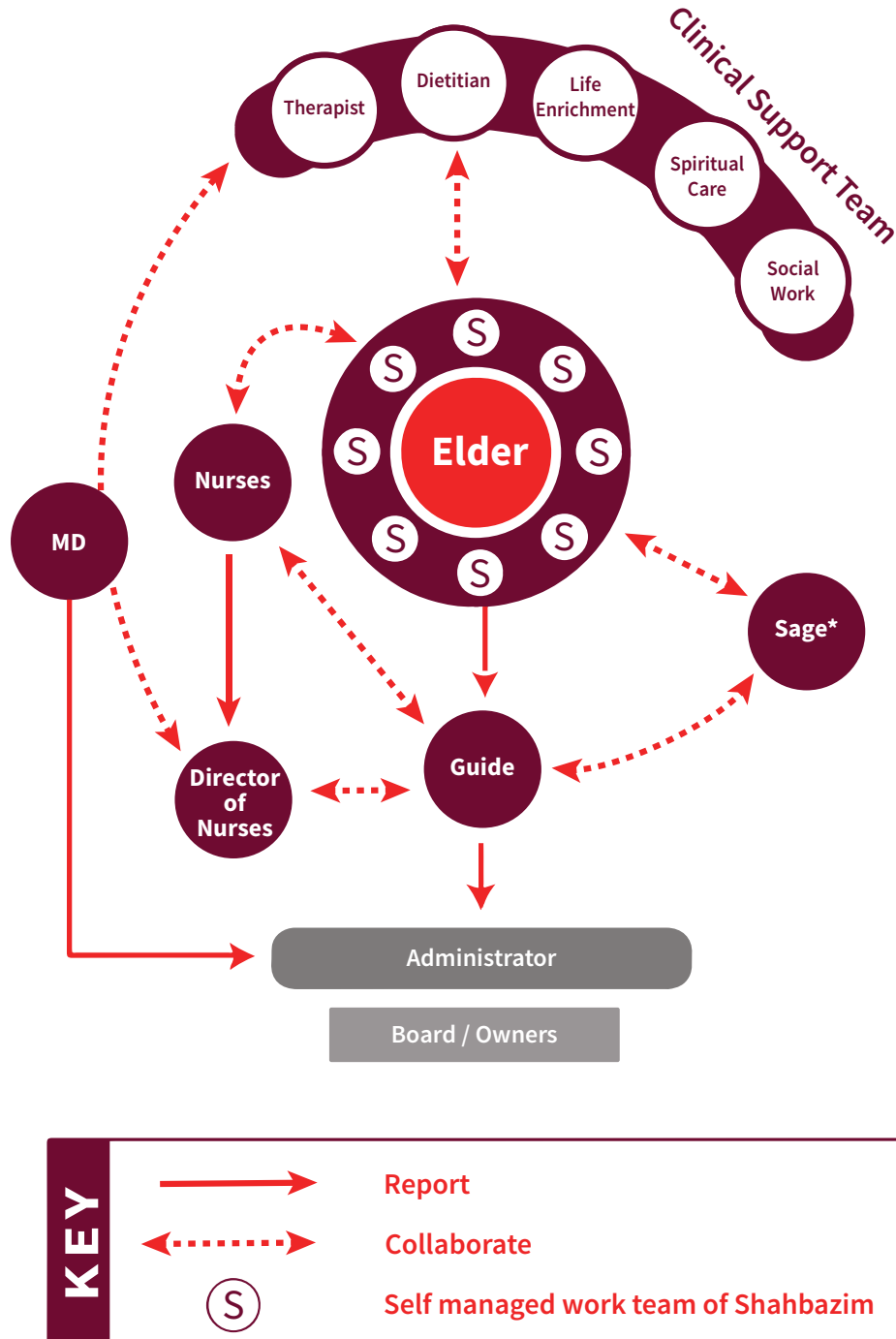
Each Shahbaz is equipped with an additional 128 hours of specialized training.

GREEN HOUSE MODEL SHAHBAZIM TRAINING



Appendix B. Green House Reporting Structures and Collaboration Processes

THE GREEN HOUSE MODEL ORGANIZATIONAL CHART



* The Green House Sage is a volunteer elder from the community trained to visit the Green House home regularly and act as a coach, mentor, and an advisor for the Shahbazim Self-Managed Work Team.

Appendix C. Green House Problem-Solving Framework for Team Decision Making

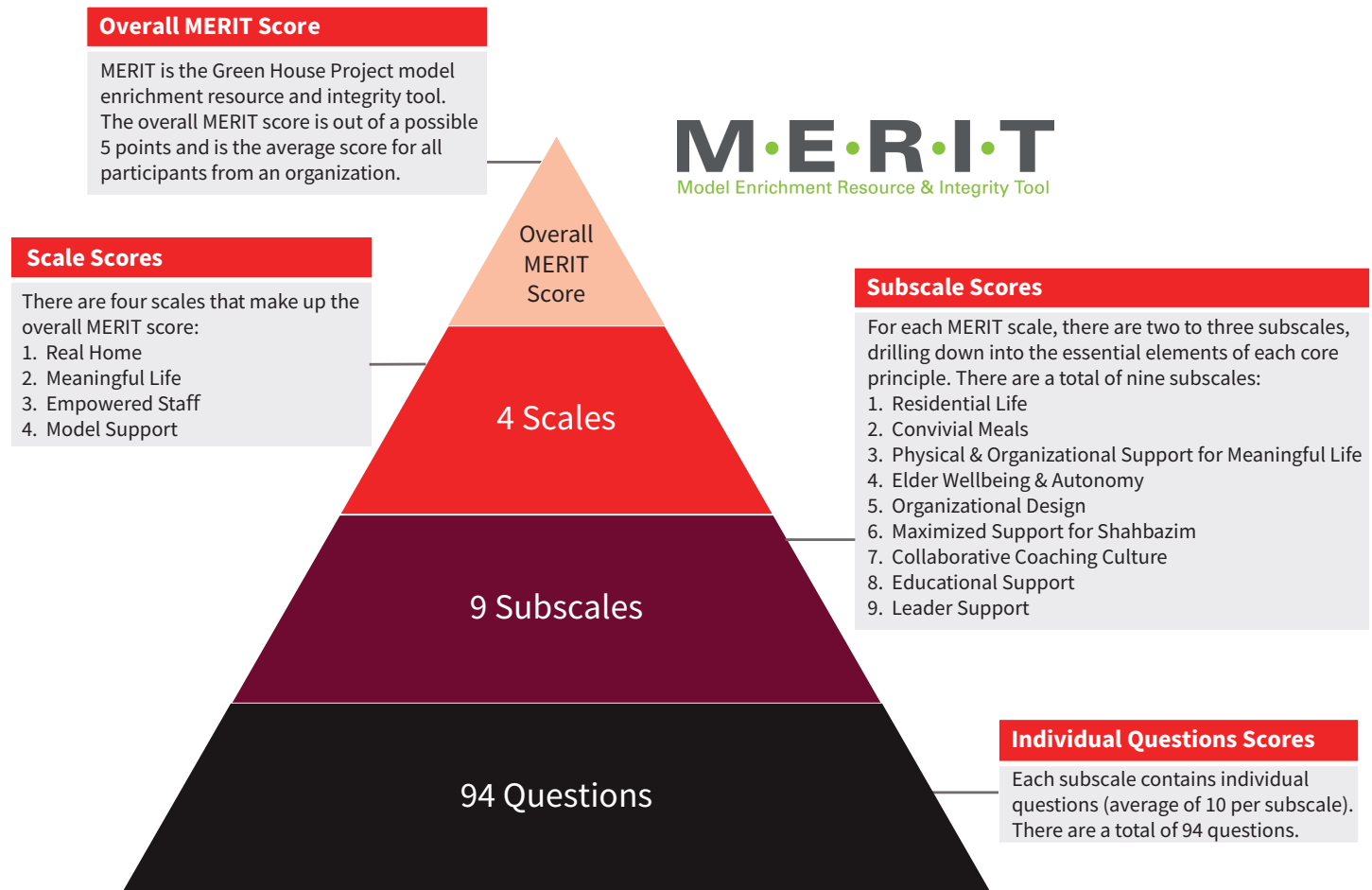


Exploring Options

Examples of Shared Decision Making in Green House Homes

- The self-managed work team of Shahbazim was having trouble keeping the linens stocked in the home. The team coordinator worked with the Green House Guide to address this issue at the next team meeting. Together, the team developed a strategy for restocking during the night shift.
- The Green House home was experiencing changes to resident acuity. The guide met with the team to discuss how to balance the increased needs of the residents with their other responsibilities (cooking and cleaning). Together, the team decided not to bring in additional housekeeping services but instead to adjust staffing patterns to when resident care needs were greatest.
- A family member met with the administrator to demand her mother get up every morning by 8 o'clock. The administrator spoke with the guide about the issue. The guide spoke to the self-managed work team at a team meeting. The Shahbazim indicated they knew the resident's preference to stay up late at night and sleep in late in the morning. The team decided to ask the daughter to attend a care plan meeting to discuss the situation, the importance of resident autonomy and choice, and the team's desire to honor a real home environment.
- The social worker spoke with the Green House Guide and the team coordinator, requesting to attend the next team meeting. She wanted to talk with the team about end-of-life practices in the home, and wanted to bring meaning into the experience for the residents who were in the final stages of life, their families, and the other residents in the home. The team invited the social worker to the meeting, and together they discussed what dying at home could be like for the residents.
- The self-managed work team of Shahbazim has been trying to improve processes related to having necessary food items in the house. They added two processes: an inventory checklist to identify if all food items ordered were delivered, and a daily check prior to morning huddle to ensure they have all the food necessary for the day. In collaboration with the guide, the team is sending Shahbazim through culinary training each month at a neighboring Green House community. The team is also working on establishing new policies and procedures.

Appendix D. MERIT: Model Enrichment Resource and Integrity Tool



Appendix E. Experiences of Green House Staff: In Their Own Words

Shahbazim

“Traditional [nursing homes were] very loud and noisy, even though we tried to be quiet. It was very task oriented, going from one resident to another one. And as a Shahbaz, I have learned to give ‘care’ in a way that is not task oriented but given in a way that they feel loved and cared for in their own home, with the illness or disease secondary to who they are. I can prepare their favorite foods and snacks and eat with them. Because eating is a very social event in our culture, it has been very transformational—not just so much better for our elders but for me too. I am a better person to the people I care for and a better person to my own self. I love these cottages.”

—Tammy Sockey, Green House Cottages at Homewood, Mena, Arkansas

“I have been a Shahbaz—that is what I call a CNA plus (plus the laundry, plus the housekeeping, plus the cooking); the most important plus is the elders—for 12 years now, and it is amazing! As a traditional CNA [I] almost felt like [I had] an assembly-line job. Sure, you talked to the residents as you were getting them ready for the day, but there was little opportunity to really get to know them. As a Shahbaz in the Green House Homes, that [situation] is completely different: not only is there the time to spend with the elders, but you really get to know them. Even if an elder cannot speak, they can communicate and, with time, you get to know their own communication cues. There are so much more engagement opportunities as well—and not only those times that are centered on what the elder wants (that is, not a big group playing Bingo). We have folded laundry together, danced, and sang together (the dancing is especially funny sometimes), had snowball fights in the house, gotten dirty in the garden—whatever strikes the elders’ fancy and sometimes just fun stuff to try. We bring in dogs, birds, and even ducklings. We have captured snakes and frogs. Working in the Green House Homes as a Shahbaz is the most rewarding, satisfying experience.”

—JoDee Kelly, Porter Hills Green House homes, Grand Rapids, Michigan

“As a CNA, I was just doing patient care and not having deep knowing of who I was taking care of. A Shahbaz has to be a loving, caring person—doing things from the heart, being on time, being a multitasker. My greatest joy is being in the kitchen and preparing the meals and seeing the enjoyment of the elders in the food I prepare.”

—Charmaine Wright, John Knox Village, Pompano Beach, Florida

Nurse

“As the nurse in the Green Houses it took me some time to get used to not being the ‘charge nurse’ and letting go of what I didn’t need to be involved with. But once I did realize I didn’t have to ‘do it all,’ it was wonderful, and it did give me the time to teach and mentor the Shahbaz on ‘nursing things.’”

—Annette Bennett, Eddy Village Green, Cohoes, New York

Guide and Chief Clinical Dietitian

“It’s about supporting your team and your elders. It’s about being there as a mentor and a coach. It’s being there to help the Shahbazim work through challenges or issues they might have—but to really be there almost on the sidelines versus telling them what to do or solving their problems for them.”

—Rachel Graham, John Knox Village, Pompano Beach, Florida