A PRELIMINARY PROPOSAL FOR HOUSING FOR THE ELDERLY AT THE AMERICAN BREWERY SITE

by

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S E C T I O N I

INTRODUCTION

GOAL

The goal of this study is to provide the East Baltimore Community Corporation (EBCC) with an information base about housing and medical care for the elderly. It is anticipated that this information will aid the corporation in its ultimate decision making process about the nature and scope of residential facility it would like to construct as part of the development of the former American Brewery properties.

BACKGROUND

The EBCC is a community development entity which offers a variety of services in East Baltimore, including a Health Maintenance Organization, a drug rehabilitation program, family counseling services, and a neighborhood home repair program. The corporation now holds title to the 4.1 acres of the brewery site, located in the 1700 block of North Gay Street in East Baltimore.

It is intended to redevelop this property into an industrial, commercial, and elderly residential complex for the community (Figure 1).

Clarence "Du" Burns, executive director of EBCC, in recognizing a shortage of facilities for older persons in East Baltimore has expressed a desire to have the corporation construct a housing complex for the elderly as part of the Brewery site development. The purpose of such a complex would be to provide a range of residential options including standard housing units, sheltered housing units, and in-patient medical care.

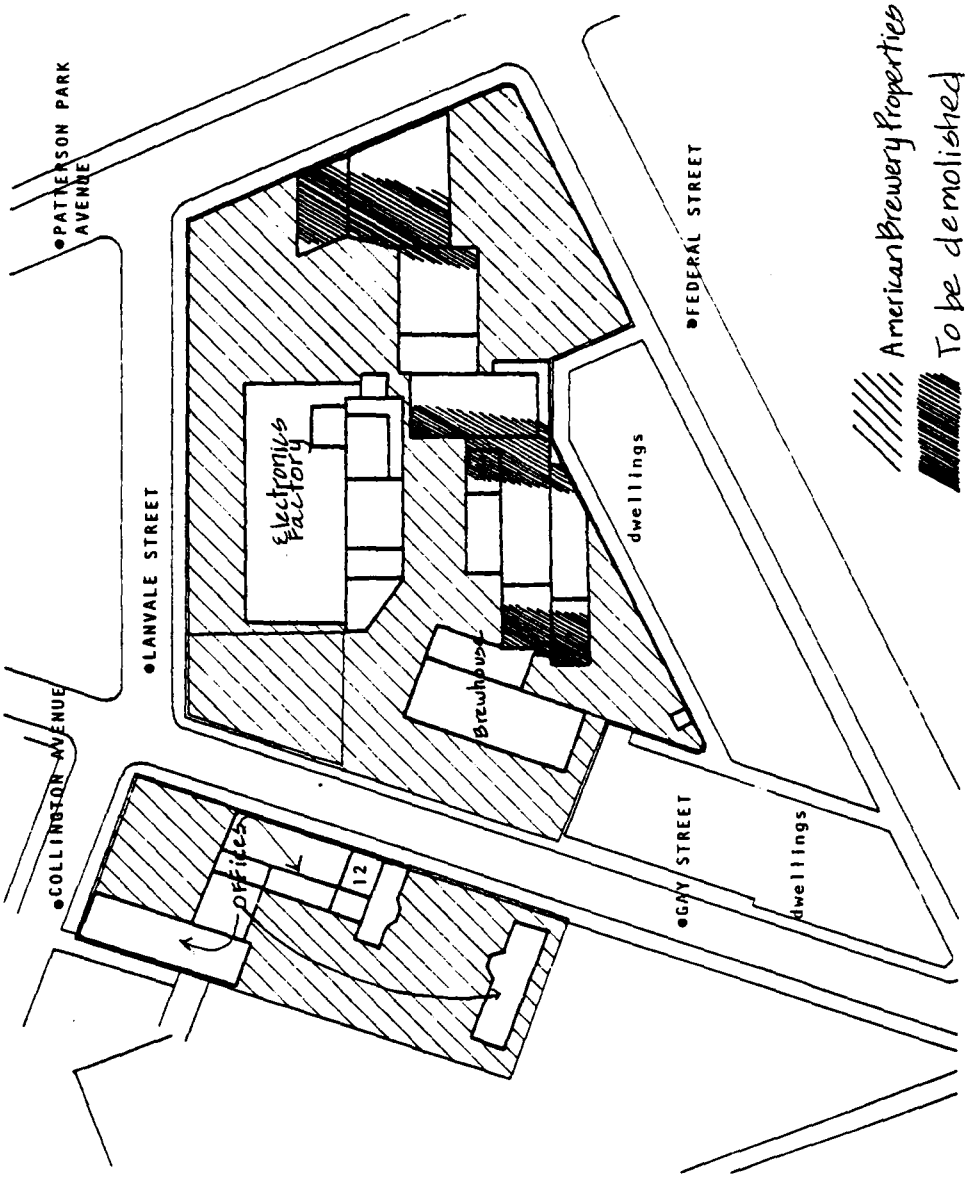

Figure 1. American Brewery site.
(Source: East Baltimore Community
Corporation, Baltimore, Maryland)

PROBLEM STATEMENT

Given this interest on the part of EBCC there is a need to define the nature of the facility which could best provide this range of options.

Arriving at this definition is a complex process, however. There has been a new awareness in recent years about the potential for older persons to maintain independent life styles in spite of special needs. As this consciousness has risen, the types of living arrangements available to the elderly have increased. In addition, new concepts about the delivery of medical care have evolved with this awareness. Services designed to reach elderly persons at home have begun to offer alternatives to institutional care. Therefore, the sponsor of a facility for the elderly is presented with many choices. What levels of care will be offered? What will be the relationship between the different levels? Will the emphasis be on providing good institutional care, or a supportive, independent environment? These are the major questions which need to be addressed in order to define the nature of the EBCC facility.

The purpose of this study is to examine the different options available to the corporation and to recommend what combination of residential settings would be most appropriate to the Brewery site.

NATURE OF STUDY

An examination of existing elderly facilities is the method used to investigate the different options. Five residential environments

representing a range from independent housing to nursing care are presented as case studies.

These case studies attempt to illustrate the character, practical operation, and problems of the respective elderly settings.

CURRENT STATE OF THE PROJECT

A preliminary outline of the elderly facility has been drawn up by EBCC. This calls for a 6-8 story residential structure of approximately 150 units, with a breakdown of 25 infirmary beds, 30 sheltered housing units, and 95 standard elderly apartments. This establishes two separate areas for investigation: housing and medical care. They are examined individually.

HOUSING COMPONENT

Standard Housing

There is little difficulty in establishing standard elderly apartments as appropriate for the Brewery site. There is a city-wide waiting list (on public housing rosters alone) of 2500 persons who seek elderly units. Currently there are two housing projects under construction which when completed will offer another 300 units, but even assuming a status quo in the number of requests, elderly housing is likely to remain a need in the city of Baltimore for some time to come.[1]

In addition, the American Brewery site meets the criteria of Baltimore's Department of Housing and Community Development for the location of housing for the elderly: it is in a residential neighborhood

and is located close to a hospital, to shopping, and along major public transportation routes. The proposed overall commercial development of the site will also do much to create an environment which provides for the interaction of elderly residents with larger community activities.

Sheltered Housing

This program provides housekeeping and personal care services and three meals per day to elderly persons who otherwise are independent and able to live on their own. It is a program administered by the state of Maryland and can be considered analogous to congregate housing. There are currently three sheltered housing programs in Baltimore, all of which operate at elderly high rise complexes. Participants pay a set monthly fee which is based upon the income and need of the individual and subsidized by the state where necessary.

Sheltered housing, as defined by the State Office on Aging (SOA) "is to be considered as a residential environment which promotes normalization of life style for impaired aged who need congregate meals, housekeeping services and assistance in one or more of the activities of daily living." The raison d'etre of the program, as outlined by the Office on Aging is

> to reduce unnecessary pressure for nursing home beds . . . , by the development of community resources, so that only those individuals who need the intensity of health care obtainable in a nursing home find their way there. One of these community resources is sheltered housing which while supporting the individual will strongly encourage the greatest degree of independence . . . .[2]

The Office on Aging also recommends that in order to provide a mix of dependent elderly with independent elderly, sheltered housing should

be an integral component of any elderly project designed for independent living. This, it is believed by the SOA would provide an atmosphere which would be psychologically beneficial for the sheltered residents without having a detrimental effect on other tenants. The Sheltered Housing Standard and Guidelines recommends that between 20 and 30 percent of the total number of units should be designated for sheltered residents. Conversations with the directors of the three currently operating sheltered housing programs in Baltimore indicate however that 20 percent should be the maximum number allotted. As the Broadway Apartments case study will show, the sheltered program is not an easy one to set up in an existing housing project, and the attention and services necessary to provide for participants suggests that a smaller percentage is a more workable figure.

As it specifically relates to the potential housing at the brewery site, the sheltered program can be considered to offer one aspect of the "range of care" which the EBCC would like to sponsor. In addition, Janis Hutchins, planner for the State Office on Aging stated that her office is anxious to incorporate the sheltered program into any new facility constructed for the elderly in Baltimore, indicating that co-operation and expertise will be available for the planning of the Brewery Housing.

Conclusions--Housing Component

The need for standard elderly housing units and their feasibility at the Brewery site have been established. In addition, it has been shown that the Sheltered Housing Program fits into EBCC's range of care

goal and that it can be offered in conjunction with apartment units for independent elderly. Sheltered Housing and Standard Housing, then, can be considered as viable components for the proposed facility.

MEDICAL COMPONENT

The inclusion of a 25-bed infirmary in the preliminary outline represents EBCC's desire to address the needs of medically dependent older persons. In order to have a clear understanding of what those needs are, an overview of the delivery of medical care to the elderly will now be given.

Delivery of Care Concepts

According to 1970 estimates by the Special Assistant to the President for Aging, 80 percent of elderly persons suffer from at least one chronic illness, 12 percent have limited mobility, and 5 percent are house bound because of a long term disability. Therefore, a major health care need of elderly persons is for treatment of chronic illnesses. Examples of such illnesses are arthritis, cancer, circulatory diseases, diabetes, failing eyesight or hearing, and heart disease. In most instances, the elderly person will require years of assistance since the average life expectancy of a 65-year-old person today is 15 years.[3]

Health care is presently provided almost exclusively in institutions, hospitals, nursing homes, and old age homes. Only a small fraction of Medicare and Medicaid payments are made to home health services (agencies such as the Visiting Nurses Association which provide care in

an individual's place of residence). This emphasis on the delivery of care in hospitals and nursing homes reflects a much larger issue: the bias of the health system in this country towards treating acute illnesses. Such an attitude can be considered a "medical model" and does little to meet the simpler needs of elderly persons with chronic ailments.[4]

The reliance on a medical model for the delivery of care also means that many elderly persons are institutionalized simply because of a lack of alternative arrangements. A recent study of nursing homes in four separate states showed that between 40 and 80 percent of the patients in the homes surveyed did not require skilled nursing care.[5]

There is a clear need, then, for care arrangements which span the gap between totally independent and totally dependent life styles. The Sheltered Housing Program is one response to this need. Some institutional settings, such as domiciliary and intermediate care, also provide alternatives to either of those extremes.

Increasingly, however, emphasis is being put on the development of a "home health care model" to help meet the needs of chronically ill persons. A home health care model addresses the medical, social, and psychological needs of the elderly through a series of outreach services which aid the elderly person to maintain an independent home living arrangement.[6]

In the city of Baltimore a number of agencies are geared to the delivery of services on such an outreach basis. These are listed in Appendix B. The Waxter Senior Citizens Center, in particular, offers a

number of programs which are aimed at maintaining non-institutional living arrangements for chronically ill persons.

In spite of the existence of such services, however, there is little argument on the part of the people interviewed for this study that home health care and outreach programs are not extensive or comprehensive enough.

The recommendations of the Central Maryland Health Systems Agency in its Annual Implementation Plan of 1978 also reflect this direction away from institutional models. In recognizing that a shift in priorities is needed to better utilize alternative services, the plan states:

> "1. That a larger portion of the longterm care population can receive health care in the home and ambulatory settings than has been cared for in those settings heretofore.
>
> "2. That increased expenditure in the area of home health, adult day care, and related services is definitely warranted.
>
> "3. That with the exception of personal care facilities (domiciliary care), a conservative approach to expanding the number or capacity of facilities in the long-stay in-patient setting is warranted."[7]

There are, then, two different approaches which EBCC could take in order to offer a medical component at the brewery site. One is to provide a good institutional environment. The other is to adopt a home health care model and sponsor outreach and outpatient services for the housing residents.

Potential institutional settings include domiciliary care, intermediate care type B, intermediate care type A, and extended care. A detailed explanation of these classifications of care is given in Appendix A.

Out-patient services which could be offered at the Brewery site include a primary care clinic, physical and occupational therapy programs and podiatry and dental services. A home health care agency could also be sponsored by EBCC. All these service possibilities are given detailed explanation in Appendix A.

Conclusions--Medical Component

Unlike the housing component, the medical care setting does not lend itself to easy definition. The available options span several levels of care (Figure 2). Selection of the appropriate types for the Brewery site development will have to involve attention to more issues than can be covered in a review of possibilities. A major focus of this study, then, will be to determine the nature of the medical component to be offered at the proposed Brewery housing facility.

The case studies in the next section will examine the practical operation of existing care settings.

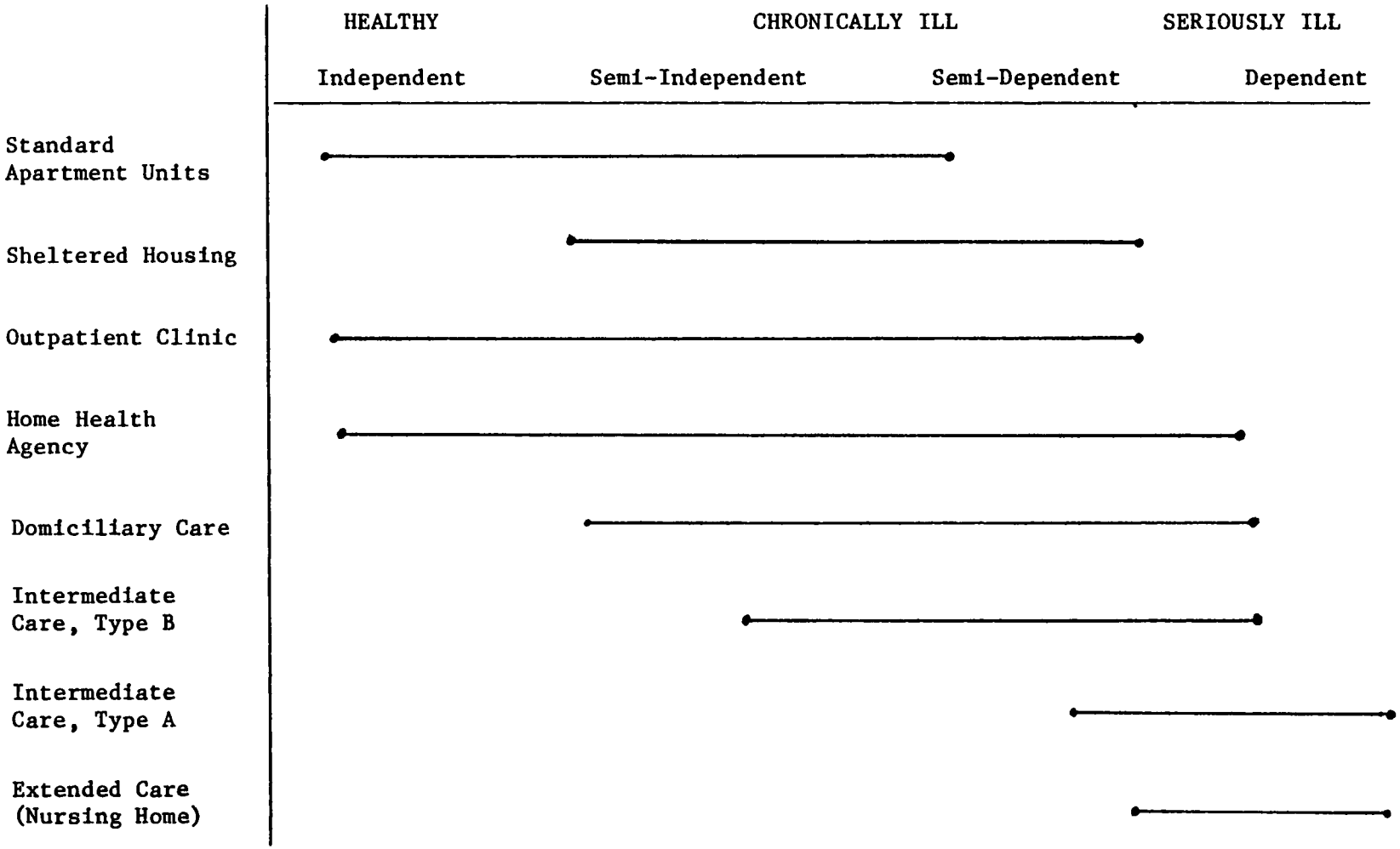

Figure 2. Elderly care settings

S E C T I O N I I

CASE STUDIES

BACKGROUND

Purpose

The purpose for the case studies is to examine the operation of different types of living arrangements for the elderly. The intent is to investigate both programmatic and design issues which are relevant to the proposed Brewery site facility.

The studies are of a "search nature"; that is, no particular hypotheses are being tested nor are specific conclusions sought. They are, rather, attempts to uncover issues pertinent to the practical functioning of existing residential environments.

The studies represent a range of elderly settings from independent housing to full nursing care. This range encompasses standard housing at the Monument East Apartments; standard housing, sheltered housing, and an on-site medical clinic at the Broadway apartments; intermediate care type B at Hurwitz House; domiciliary care and intermediate care type A at the Presbyterian Home of Maryland; and long-term care at the Johnston R. Bowman Center (Figure 3).

All of the case studies include an analysis of the type of care offered. The Bowman, the Presbyterian Home, and the Monument East studies also include a discussion of the respective building designs. A uniform format of categories is used to present the studies (Figure 4).

Conducting each study involved the following processes: a) background research about the facility; b) letter to or conversation with the director; c) tour of the facility; d) interview with the director; e) examination of building plans.

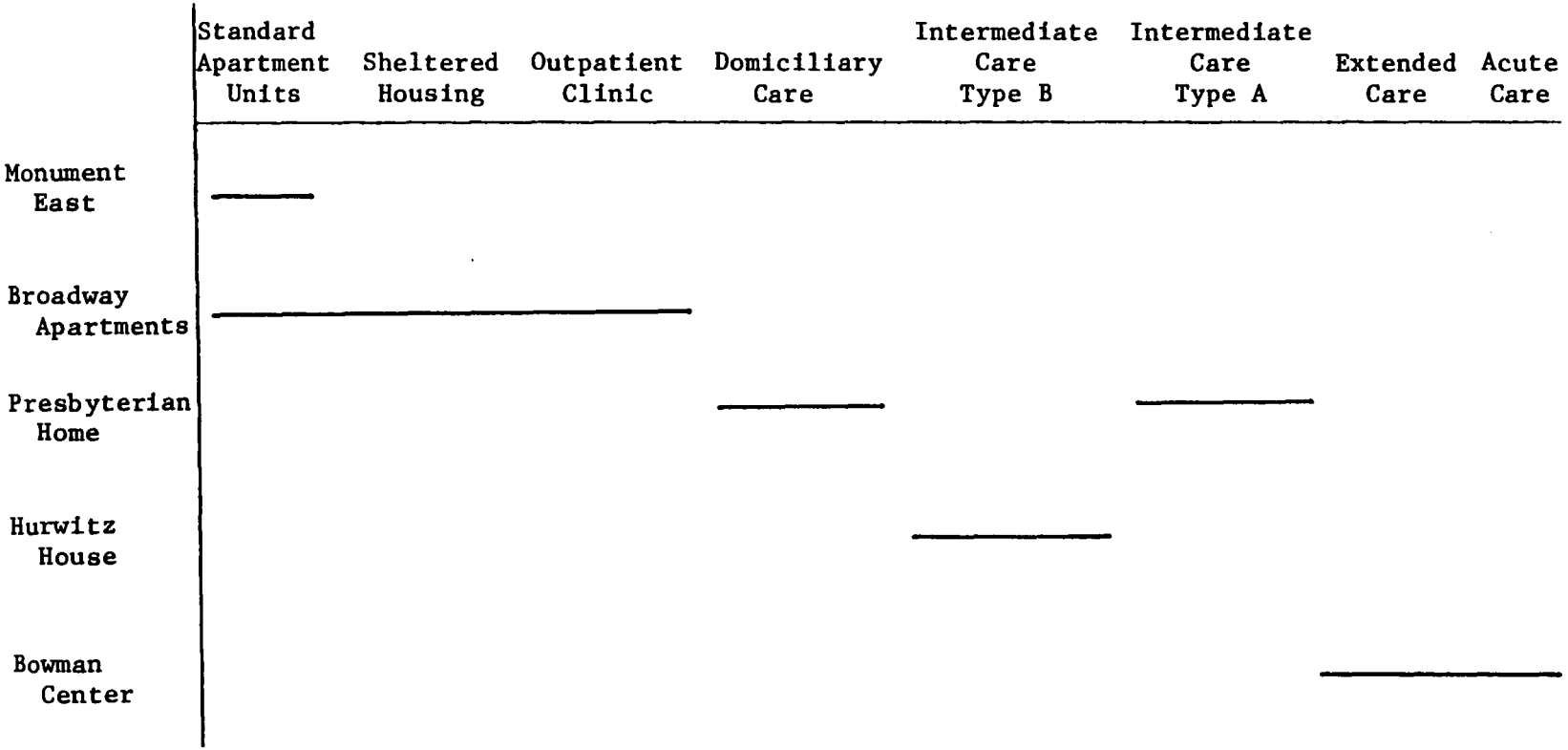

Figure 3. Range of case studies.

	Monument East Apartments	Broadway Apartments and Clinic	Presbyterian Home	Hurwitz House	Bowman Center
Type of Facility	Standard Housing	Standard Housing Sheltered Housing Outpatient Clinic	Domiciliary Care Intermediate Care Type A	Intermediate Care Type B	Extended Care Acute Care
Reasons for Study	Unit Design	Type of Care	Type of Care	Type of Care	Type of Care Special Problems
Background	Public Housing	Public Housing/ JHMI Affiliated Clinic	Church sponsored life-time care/ Private endowment	Associated with Levindale Geriatric Center	Associated with RPSLMC/ Private foundation
Operation	--	--	--	--	--
Staff	Management Social Worker Maintenance	4 full-time 1 part-time 3 consulting physicians (clinic)	23 full-time 12 part-time	8 full-time 3 part-time	Staff physicians, R.N.s, L.P.N.s, Social Workers, Physical Therapists
Cost of Care	--	Fee for service (clinic)	$19 per day	$27 per day	$120 per day
Problems of Operation	--	Financial, Sheltered Program unfilled	--	Financial No continuum of care	Financial Lack of staff Need for acute care
Future of Facility	Continuing	Continuing	Expanding	Phasing out	Changing to Acute Care
Image of Building	"Zooty"	--	Stately	--	Institutional
Description of Spaces	Living Unit Lounge Office	--	Social Spaces Circulation Stairways	--	Patient rooms Circulation Social Spaces
Use of Spaces	Lounge	--	Social Spaces Double-loaded corridors	--	Circulation Social Spaces Building as a whole
Relevant Points	Good unit design Lounge problems	Value of clinic	Viable operation Variety of social spaces	Non-viable operation	Programmatic problems Circulation problems

Figure 4. Case studies matrix.

Since a range of elderly residential facilities were chosen for the studies, it was not possible to establish a uniform cross section of issues to investigate. In general, however, each setting was examined according to the following criteria: a) is it a practical operation; b) does it offer a continuum of care for chronic illnesses; and c) can it be combined with housing environments.

In the studies which include a discussion of the physical design, the issues which are addressed are: a) the treatment and use of social spaces; b) the treatment of circulation patterns; and c) individual unit design.

One of the limitations of these studies is that the tours and interviews were conducted with management staff. Therefore, no real measure of the residents' opinions are presented.

It should also be stated that subjective comments about the building are based upon the author's observations unless otherwise noted.

MONUMENT EAST APARTMENTS

Type of Facility

Monument East is a city of Baltimore public housing elderly high-rise apartment building located at the northeast end of the Old Town Mall at the corner of Monument and Aisquith Streets. It is 19 stories high with 85 efficiency and 102 one-bedroom units. Seventeen of these are equipped to handle wheelchair residents. It is located directly adjacent to the Somerset Homes low rise housing project. Gus McLaughlin, manager, has been the contact person at Monument East.

Reasons for Study

An advisory board of senior citizens was formed to consult with the architects during the design phase of the living units at Monument East. Particular emphasis was put upon the treatment of the kitchen as a separate element within the unit. The first reason for doing this case study is to examine the design of the units which resulted from this user group input.

A second reason is that because of the building's appearance and location, Monument East is a readily identifiable symbol of elderly housing in Baltimore.

Background

Not presented.

Operation of Facility

As a public housing project, Monument East is administered through Baltimore's Department of Housing and Community Development.

The Somerset Homes activity center, 1/2 block from Monument East, offers recreational programs for the elderly, so no regularly scheduled activities occur in the apartment building. Breakfast and lunch are also provided at the center as part of the Eating-Together-in-Baltimore program.

Neither are there on-site medical or educational services at Monument East, although the staff does put residents in touch with those offered elsewhere in the city. Field trips and transportation services provided by other agencies are also coordinated by the staff.

Staff

The personnel at Monument East includes a manager, an assistant manager, a social worker, and clerical, maintenance and security employees.

Cost of Care

Not presented.

Problems of Operation

Not presented.

Future of Facility

It is assumed that Monument East will continue its current mode of operation.

Image of Building

Monument East is a building that stands out and is clearly visible for many miles around. It rarely fails to evoke comments from passersby, many of whom are less than enthusiastic about the round corner balconies.

The residents interviewed (although only a small sampling), however, liked the building very much and seemed proud of the fact that it is a structure with a high visibility which they can readily identify as their own. "It sure doesn't look like just another housing tenement," one woman resident said.

Description of Spaces

Support Spaces. The administrative offices, lounge and reception area for Monument East are located on the ground level (Figure 5). Floors 2 through 19 contain the apartment units; a community kitchen, activity room and the laundry are located on the 19th floor. The activity room is only open when there is a scheduled event, so it does not serve as a routine social space. The laundry has no separate lounge but it does have a card table and chairs next to a large window which offers a view of the Old Town Mall and the city below.

There are outdoor benches located at the front entrance and on the side of the building.

The lounge on the first floor and the outdoor sitting areas are the only public social spaces. The large rectangular lounge has its only interior entrance from the lobby and looks out onto the building entry. An outside entrance at the opposite end of the lounge is kept locked for security reasons.

The management offices are located at the front end of the building, immediately off of the main entrance. The lobby is separated from this area by means of a second set of double doors and by the security guard desk. The offices serve as the rent payment center for the Somerset

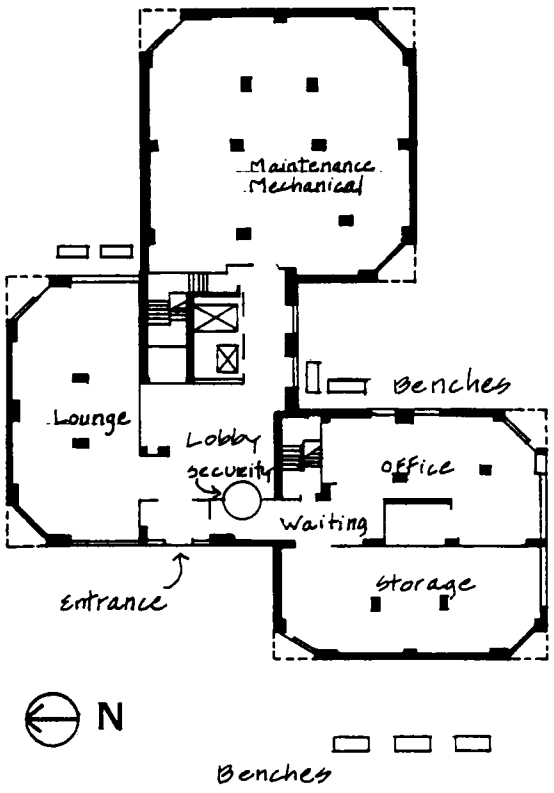

Figure 5. First floor plan, Monument East Apartments. (Source: Conklin & Rossant, Architects, New York, N.Y.)

Project as well as for Monument East. Hence, for security reasons, a separate entrance is required for all the non-elderly persons who use the offices.

Living Units. There are eleven living units on each floor. The three staggered square which outline the building plan offer an alternative to a double loaded corridor or courtyard distribution of units. There are no long, unnegotiable hallways. Each floor is carpeted and color coded, and grab bars are present along the walls. The elevators open onto a naturally lighted corridor (Figure 6).

A panel of elderly users consulted with the architects of Monument East about the design of the living spaces. Panel members identified the kitchen as an important room in their past homes and requested that it be treated as such in the new apartments.[8] The one bedroom units all reflect this concern (Figure 7). The typical kitchen is square in plan with the counter, stove and refrigerator facing an inside wall. This leaves space next to the balcony for a table looking out onto the street below. The kitchen is also directly linked to the living room by an open doorway.

The living room also has a window which offers a view from a seated position. A small diagonal wall which encloses a storage area helps to direct the view through the living area to the corner exterior balcony and gives a sense of spaciousness to the plan.

The corner balcony provides another useful space. The round openings allow enclosure and a sense of security yet a clear view out is still possible from a seated position. The corner location also provides for a view in two directions. Both the manager and residents stated

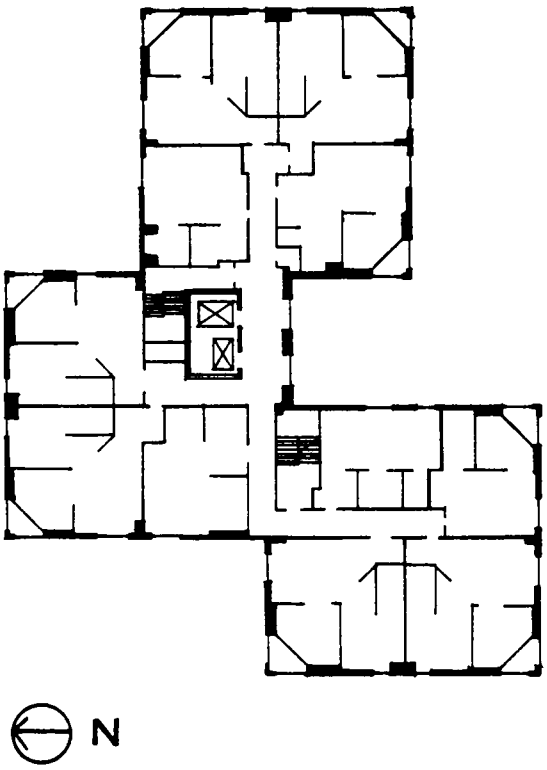

Figure 6. Typical apartment floor plan, Monument East Apartments.
(Source: Conklin & Rossant, Architects, New York, N.Y.)

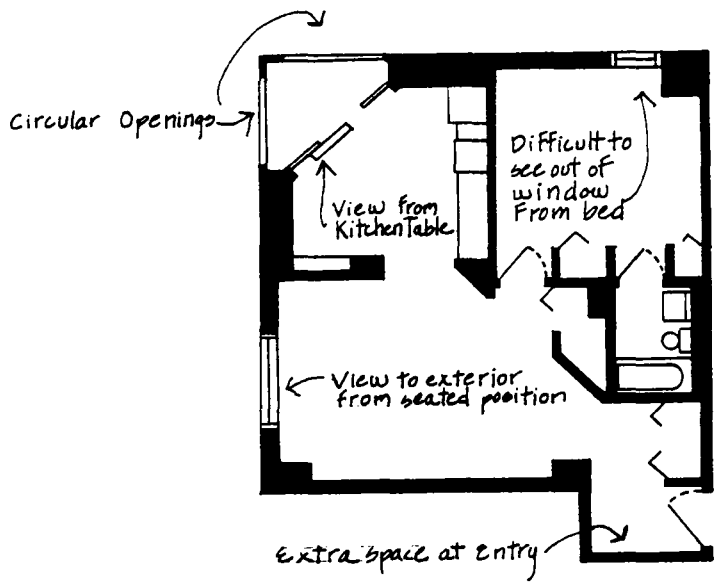

Figure 7. Typical one bedroom unit, Monument East Apartments.
(Source: Conklin & Rossant, Architects, New York, N.Y.)

that the balconies are always in use in good weather.

The efficiency units were not visited but their floor plans also reflect the attitude of providing a separate kitchen. In all but one of the five different efficiency schemes this is well handled, with an adjacent dining area which offers a window view to the outside.

Use of Spaces

Lounge. The lounge located on the ground floor is a large rectangular space which can be considered as two zones--the section near the lobby entrance and the interior section facing the northeast (Figure 8). The door to the outside which is locked for security reasons is located in this zone.

When visited on a Thursday afternoon, the lounge was very busy with an animated group of ten people sitting in the chairs closest to the entry. There was a house council election that day with the polling place in the lobby creating more activity than usual in this area.

The interior zone was not in use at all, however, and gave one the impression that it seldom is. The locked door to the outside certainly contributes to the non-use of this area. Another factor is that the space offers no interesting views either to the outside or to the interior.

There is also a territorial issue involved with the use of the lounge. Three women tenants strongly expressed their disapproval of the "gossip and goings-on" of a regular clique in this space, and stated that they, themselves, had no desire to use this area under these circumstances. This attitude may also account for why the interior of

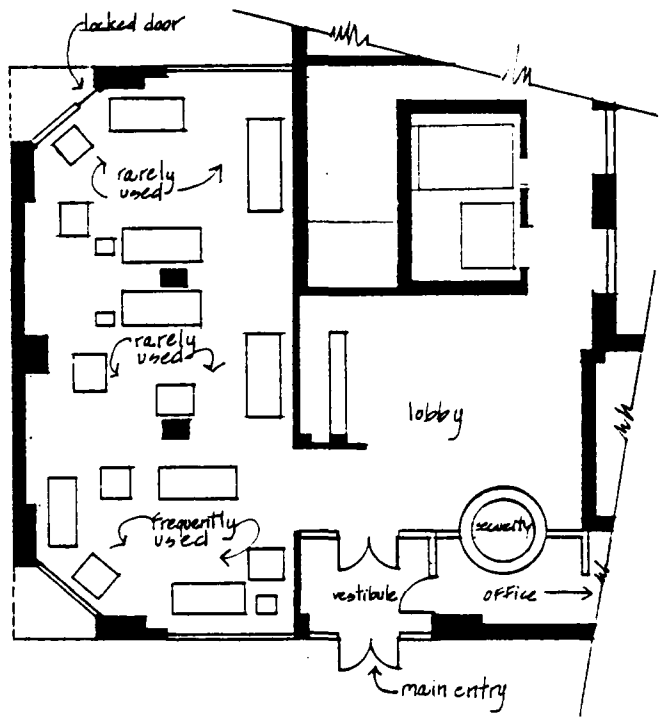

Figure 8. Lounge and lobby plan, Monument East Apartments.

the space is not used: access to it requires passing by the "staked out" area of the couches and chairs nearest the entrance.

This, of course, is not to suggest that the people who use the lounge are abusing it, but it does point out the need for social spaces to accommodate different personalities and interests. One of the women interviewed said "A lounge is a place to sit and wait for family to come to visit, not a place to sit and have wild card games in." The point is that both wild card games and waiting for family should be within the programming scope of public social spaces.

Outside Benches. The outside sitting areas which face the shopping mall are constantly in use during the good weather, according to both the manager and the residents interviewed. Those to the back and side of the building are rarely used, however. "People like to sit out front and see what's going on" according to Mr. McLaughlin.

Office. The location of the management offices and their added function as the rent payment center for the Somerset Project presents several problems. This office is reached through a door off of the main entry and, therefore, means a constant stream of non-elderly persons in and out of the entrance area (Figure 8). The manager thinks that this presents a threat to the Monument East residents. This separation of the offices also means that the elderly residents must go out a set of double doors to the vestibule and then back in through another set of doors just to reach the management area. In cold weather this is an unpleasant experience.

This location for the management and services also seems to say to the elderly resident, "Do not bother us."

Relevant Points of Study

The Monument East case study illustrated the following points which can be of value for the planning of the American Brewery facility:

--The difficulty of accommodating differing needs withing a single entrance longitudinal lounge space. A variety of public social spaces should be provided.

--A spacious kitchen which reflects the importance of this space in the user's life style can be accommodated within the restrictions of low cost, high rise housing for the elderly.

--Circulation on living unit floors can be handled in such a way as to allow for semi-private entryways and easily negotiable corridors.

--The location of Monument East at the end of the Old Town Mall provides an analogous situation to the Brewery site: a study could be made of the relationship between a commercial area and an elderly residential facility.

BROADWAY APARTMENTS AND CLINIC

Type of Facility

The Broadway is a Baltimore public housing project for the elderly consisting of 330 units. It is located at 201 N. Broadway in Baltimore. Forty units have been designated for Sheltered Housing Program participants. To date only 11 of these have been filled with sheltered residents.

The Broadway also has an on-site primary care clinic which serves a 500 member group from the community at large and from the elderly project. Ann Audet, nurse practitioner in charge of the clinic, has been the contact person for the study.

Reason for Study

The primary purpose of this case study is to examine the operation of the primary care clinic, and its relationship to the elderly who live at the broadway.

Background

The Broadway clinic, which is sponsored by Johns Hopkins, was set up in 1971 with the intent of providing out-patient care to the elderly residents of the high rise and of the public housing low rise development adjacent to the site. It operated in this mode for three years and then was opened up to all adults in the surrounding community. Eventually membership in the clinic was made available to anyone in the city.

The reasons for expanding the user group of the clinic were

based on the difficulties involved in working with just an elderly population. Ms. Audet stated that in spite of the large number of elderly persons nearby, the clinic never operated to capacity with the initial arrangement. Therefore, many of the elderly users came to view the clinic as a service which could be utilized for any complaint, no matter how trivial or nonmedical, and a service which ought to cater to them. This sort of atmosphere had a very detrimental effect on staff morale and did nothing to encourage the elderly to function independently.

In addition, the majority of the clinic users were poor, chronically ill, and sometimes illiterate. Therefore, their medical problems involved social and psychological factors which were difficult to address. Working eight hours a day with just this type of patient also proved very difficult for the staff.

In November, 1975, the clinic opened its membership to anyone in the city. It now operates as an adult care clinic, with a current membership of 500. The clinic is limited to adult care because nearby Johns Hopkins has a comprehensive child care program.

Operation of Facility

Obviously the relationship of the clinic to the elderly patients has changed since the expansion of the clientele. First of all, the clinic now is operating at full capacity. The elderly residents can see that it is performing a service to a larger number of persons and the luxury of dropping in at any time for any reason is no longer available.

The morale of the staff has also improved as the opportunity for working with a variety of people and different medical problems has increased.

The location of the clinic within the elderly high rise building does offer additional advantages to the residents apart from providing proximate primary care facilities. Ms. Audet believes that some residents with chronic health problems particular to old people receive care at the clinic which they would not travel off site on a regular basis to receive. An example of this would be an older person with osteomyelitis (a difficult to heal infection). Without a regular schedule of cleaning and dressing changes such an infection often becomes worse, and can lead to the need for amputation of a foot or limb.

Another medical condition the clinic is able to treat on a regular basis is chronic obstructuve lung disease (such as bronchitis) which particularly during the cold months complicates other minor problems. A resident may be monitored closely by the clinic staff in the event of flu or a cold, thereby both providing a large measure of security and reducing or eliminating short term trips to the hospital.

Other services that the clinic offers include running EKG's, monitoring acute illnesses, providing maintenance care for diabetes, coordinating pill taking, reminding residents over the phone about medications, providing special equipment (such as oxygen) and giving temporary care to a resident who is awaiting nursing home placement.

In conjunction with a local drugstore, a prescription delivery service is also provided. Orders are placed at the clinic early in the

afternoon and at 4:30 p.m. they are delivered and distributed in the waiting room. This is a small but worthwhile service according to Ms. Audet, because it gives the residents an alternative to having to deal with a pharmacy over the phone--many elderly find making phone calls very threatening--and with a delivery person whom they may feel will rob or cheat them. In addition, the 4:30 distribution of the prescriptions becomes a social event, and a pleasant way to end the day.

Staff

The staff at the Broadway includes one full time nurse practitioner, one half time nurse practitioner, two physicians--assistant students from Johns Hopkins who work full time for a two month period, and one nursing student. In addition, two physicians are there for two hours each per week. A gynocologist is there one hour every other week. The clinic works in conjunction with the specialty clinics and labs at Hopkins.

Cost of Care

The clinic operates on a fee for service basis and receives Medicaid reimbursement through Johns Hopkins. Ms. Audet stated, however, that the clinic does not pay for itself and it would not be able to survive if it were not for its strong association with the medical center.

Problems of Operation

The financial difficulties of the clinic have been stated. The Sheltered Housing Program at the Broadway also illustrates an

operational problem. The Sheltered Program began there in late fall, 1977 and, according to social worker Varnelle Britt, has been difficult to sell to potential program participants. Many individuals who she feels would benefit from and, in fact are in need of, the sheltered care do not see the program as what it is intended--an alternative to potential institutionalization--but rather see it as giving up of independence and analogous to such institutionalization. Therefore, only eleven of the possible forty sheltered participants had been found as of late February, 1978.

Future of Facility

The Broadway Clinic will continue in its current mode of operation and is adding 10 new members a week. The Sheltered Housing Program is continuing to fill the designated number of units.

Image of the Building, Description of Spaces, Use of Spaces

The design of the Broadway Apartments and Clinic is not discussed so these three categories are not presented for this study.

Relevant Points of Study

The Broadway study illustrated the following points which can be of use to the planning of the Brewery site facility.

--An on-site clinic at an elderly housing complex functions better when it serves all ages from the community at large.

--Such a clinic can provide a large measure of security, treatment

of chronic illnesses and a close monitoring of medical conditions for the housing residents.

--Some potential sheltered housing participants view the program as analogous to institutionalization.

PRESBYTERIAN HOME OF MARYLAND

Type of Facility

The Presbyterian Home of Maryland in Towson is a non-profit, church-affilated lifetime care facility which offers a combination of domiciliary care and intermediate care type A to its 69 members.

Of the 69 members of the home, 59 are domiciliary members and 10 are infirmary patients. Four extra nursing care beds are allotted for domiciliary residents who may require temporary nursing attention. Administrator Rosa Robertson conducted the tour and gave the interview at the home.

Reasons for Study

The purpose of this case study is to examine the operation of and relationship between domiciliary care and intermediate care type A.

Background

Not presented.

Operation of Facility

The lifetime care concept means that the individual, upon entering assigns all of his/her assets over to the facility, including monthly social security checks and, in turn, receives a home living environment, three meals a day and provisions for future medical care in an infirmary unit of the home. Each resident also receives a monthly allotment of between 40 and 80 dollars (depending on the individual's assets at the time of entry) for personal expenses.

Domiciliary Care

The domiciliary residents at the Presbyterian Home all have their own rooms and share communal toilet and shower facilities.

The meals for all domiciliary residents are prepared in an on-site kitchen and served in a communal dining room. Laundry is done for the residents in a central facility. There is an outside clothesline available for residents who may wish to do their own handwash, and an ironing room is provided on each floor.

There are organized activities in the home, some of which the residents have initiated and manage. Spontaneous events such as parties and card games occur on a regular basis.

Residents, for the most part, lead independent lives and many continue to take part in church services and social events outside of the home.

Intermediate Care

The Intermediate care type A component of the home is located in a separate wing of the building. Its beds are filled by former domiciliary residents who eventually require monitored nursing care. Although four beds are set aside for temporary use by domiciliary residents, it is assumed that when a person enters the informary section, he/she will be there permanently. Since this is a lifetime care facility, no one is transferred to another nursing environment. There are an average of seven deaths a year at the home.

The infirmary unit has its own dining room where the patients take their meals together, if possible. The dining room also serves

as an activity space. There are planned events held here each day for the patients.

The infirmary then is both operationally and physicall separate from the domiciliary component.

In case of an emergency care need for any of the residents, the home relies on the Greater Baltimore Medical Center which is five minutes away by ambulance. Fire Department paramedics are also on nearby call. Because of this backup service, no large investment in medical equipment is required.

Staff

The home employs 23 full-time and 12 part-time people. Of this, 15 are nursing staff. Some of the part-time people are high school students who help with the serving at the evening and week-end meals.

Cost of Care

The cost of the care at the Presbyterian Home averages 19 dollars a day for both the domiciliary and infirmary components or about 6,850 dollars annually. An endowment fund provides for over one half of the operating expenses, so the home is able to operate in the black.

Problems of Operation

Since this facility is financially solvent and offers a practical combination of care settings, operational problems were not evident in the course of the interview and tour at the home.

Future of Facility

The Home has made plans to build an addition to the present facility and expand its operation by 23 domiciliary beds and 8 infirmary beds.

Image of Building

An old, three story Georgian mansion is the focal point of the Presbyterian Home. A three story residential wing, a two story residential wing, and a one story service wing have all been added to the original building. It is located on a spacious lot in an upper middle class residential neighborhood in Towson. The furnishings in the public spaces are elegant and in keeping with the stately architecture of the mansion.

Description of Spaces

Residents' Rooms. The residents' rooms are located in the east and west wings of the building. Fourteen rooms, communal bath and shower facilities and a small snack kitchen are distributed along a double loaded corridor on each floor (Figure 9). There are no standard institutional furnishings; each room is supplied individually with different styles of furniture. The residents are encouraged to bring their own pieces to supplement those provided by the home.

The infirmary rooms are located on the main floor of the east wing. A nurses station, laundry and small staff kitchen all open off of this corridor. At one end of the infirmary floor is a pleasantly

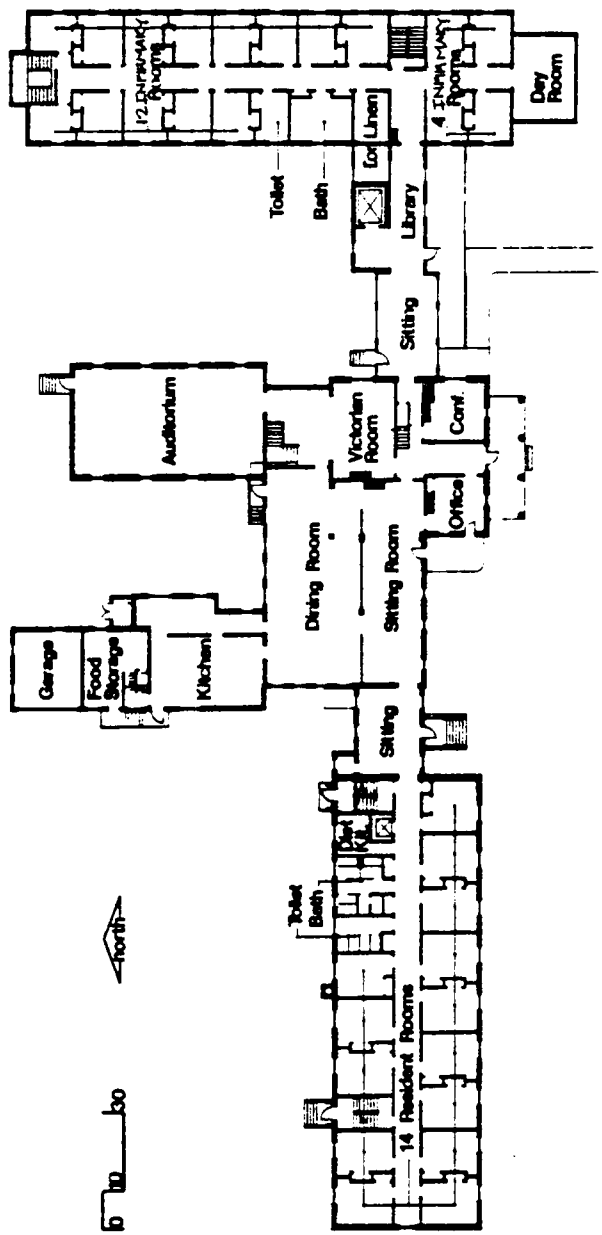

Figure 9. Presbyterian Home of Maryland, first floor plan. (Source: Neumayer and Foutz, Architects, Towson, Maryland)

daylighted and decorated room which doubles as a dining room and an activity area for the infirmary patients.

The stairways located in the residential wings are pleasant, naturally lighted spaces decorated with plants. The doors and partitions which separate the stair well from the hall are of steel mesh glass, conforming to fire regulations yet also conveying a sense of openness. It is not known how many of the residents use the stairs, but the treatment of them serves to remind one that there is an alternative to the elevator, and helps to offset an institutional image.

Support Spaces and Activity Spaces. The main dining room, kitchen, lounges and offices are grouped together between the two residential wings (Figure 9). The original mansion houses the main office and two public sitting rooms; three other lounges are provided in the newer section. A library and an arts and crafts room are also located in the newer building.

Use of Spaces

Mrs. Robertson says that in spite of the scheduled activities it is difficult to get people out of their rooms and into the social areas. She believes that this tendency is reinforced by the disposition of the rooms into two double-loaded corridors wings. In the infirmary section, patients must go to the end of a 120 ft hall to reach the dayroom. In the residential sections, reaching the social activity areas requires walking down an undifferentiated hallway for over a hundred feet and then entering the central part of the building. In spite of

the many positive aspects of the physical setting at the Presbyterian Home, the pathways must be considered a detriment to the residents circulating through the building.

Public Social Areas. The five different lounges provided in the Presbyterian Home are used by the residents for a variety of functions (Figure 9). The Victorian Room, the "living room" of the home, is large enough for group gatherings (at the time of the tour choir practice was being held) but still is furnished in such a way as to allow small conversations to be held comfortably. The Conference Room is used for small private visits and a regular Saturday night bridge game. The sitting room located directly opposite the dining room is a special space. Although located along a major corridor, the area is recessed enough to provide groupings of chairs and becomes an active area to gather, converse and wait before meals are served. A three-quarters height partition is the division between this area and the dining room, so the sights, sounds, and smells of the food preparation are part of the experience of being in this space.

Relevant Points of Study

The study of the Presbyterian Home illustrated the following points which can be of value to the planning of the Brewery facility:

--The high cost of providing domiciliary care at this scale and the necessity for the lifetime care concept and the endowment fund to cover the operating expenses.

--The continuum of care that can be provided with domiciliary and intermediate care type A in one facility.

--The detriment to social interaction inherent with the long, double loaded corridor wings.

--The use of the lounge adjacent to the dining area as a gathering spot before meals.

--The use of steel mesh glass, natural lighting, and plants to combine a fire exit with a pleasant circulation space.

HURWITZ HOUSE

Type of Facility

Hurwitz house is a residential facility which offered intermediate care type B for 23 persons. It is located at 133 Slade Avenue in a residential neighborhood in northeast Baltimore, two miles from the Levindale Geriatric Center with which it is affiliated. It is housed in a former private residence to which a new bedroom wing, small kitchen, and dining room have been added. John Buchwald, director, was the contact person for the study.

Reason for Study

The primary reason for doing this study is to examine the feasibility of a small, intermediate care type B facility which is located independent of a larger, more comprehensive type of nursing care.

Background

This section is not presented for this study.

Operation of Facility

While Hurwitz House is located on a separate site from a larger nursing facility, it operates nonetheless in conjunction with the Levindale Geriatric Center, a large Jewish affiliated hospital which is two miles away.

The mission of Hurwitz House is to provide a home-like atmosphere for elderly persons who are in need of the supportive services of a monitored nursing environment. The residents come from a variety of

settings, including mental institutions, the Levindale Center, or the community at large. A person must be ambulatory in order to be admitted to Hurwitz House. Some of the chronic illnesses of the present residents include Parkinson's disease and arteriosclerosis.

The majority of residents have private bedrooms. All are required to help with small housekeeping chores and are responsible to fix their own breakfasts. Lunch and supper meals are catered from the Levindale Center and are served in a communal dining room.

Staff

The staff at Hurwitz House includes a director, an assistant director, and nursing personnel to fulfill the intermediate care type B requirements for L.P.N. care 8 hours a day, 5 days a week, and monitored care by medicine aides at all other times.

The Levindale Center provides additional staff services to Hurwitz House on a part-time basis. A R.N. is always available for consultation and spends one day a week at the latter site; a social worker divides her time between the two facilities. These last two services are supplied to Hurwitz House free-of-charge and are not represented in the operating budget.

Cost of Care

The cost of care at Hurwitz House is 27 dollars a day. The receipts from residents and the reimbursements from Medicare and Medicaid do not cover these costs. The deficit is covered by Jewish Charities.

Problems of Operation

Many of the residents at Hurwitz House eventually require transfer to an intermediate care type A or nursing home setting. If and when to move a person is always a difficult decision to make according to Mr. Buchwald. Frequently it becomes a struggle to get a resident to agree to be transferred.

This then points out a difficulty inherent in this type of care setting: by remaining a small, home atmosphere, the continuum of care to a more intensive nursing environment is not possible, and thus results in an inevitable and unpleasant transfer experience for the majority of residents.

One of the financial difficulties in operating a facility the size of Hurwitz House is that in spite of the intention of providing a home, it is still necessary to conform to institutional regulations. Thus, potential savings in food and maintenance services are not possible.

In spite of Hurwitz House's relationship with the Levindale Center, Mr. Buchwald does not think that this facility can be made financially feasible, or that it can offer an optimum care setting for elderly persons. The Central Maryland Health Systems Agency offers support for this opinion in its Annual Implementation Plan. The Plan states:

> Although the concept of intermediate B beds is valid within the continuum of care, their practical value within that continuum has been minimal. Consequently the fostering of that level of care is not a high priority in terms of personal care needs.[9]

Future of Facility

Hurwitz House will probably not operate much longer in its current mode. According to Mr. Buchwald, there are plans to build a larger, more comprehensive nursing facility on a site adjacent to the existing building.

Image of Building, Description of Spaces, Use of Spaces

Because the architecture of Hurwitz House is not discussed, none of these categories are presented for this study.

Relevant Points of Study

The points relevant to the planning of the Brewery site facility which this study illustrated are:

--The difficulty that a small nursing environment has in providing a smooth transition to another level of care.

--Even with an association with a larger institution, it is financially impossible to operate a nursing facility of this size.

JOHNSTON R. BOWMAN HEALTH CENTER

Type of Facility

The Johnston R. Bowman Health Center is a combination patient care and residential setting for the elderly, located at 710 S. Paulina Street in Chicago, Illinois. It has 176 patient care beds and 32 residential apartments. It is a private facility which operates in conjunction with Rush Presbyterian St. Luke's Medical Center (RPSLMC) and is located on the campus of the medical complex. The medical care provided is primarily acute but also includes some extended care. Janet Feldman, head nurse at Bowman, conducted the tour and gave the interviews for the study.

Reasons for Study

The Bowman Center is examined for several reasons.

First, as a mixed care center, it represents a possible model for the planning of the American Brewery site facility.

Second, the extensive programming process and original intentions of the Bowman facility constitute an ideal with which to contrast the actual operation of the Bowman facility.

Finally, in spite of all the expertise which went into the programming process, many architectural problems are present in the completed building. Examining these problems will hopefully provide some insight into the planning of a future facility.

Background

The Johnston R. Bowman Center was originally envisioned and programmed to be a long term care center for elderly persons which would provide a range of care needs including acute care, extended care, intermediate care and sheltered care.

The Bowman facility came about pursuant to the will of Lula E. Bowman who stipulated that her estate be used for the creation and maintenance of a "home for elderly persons who are unable to provide for themselves."[10]

A management contract was entered into between the Johnston R. Bowman Home Corporation and the Rush-Presbyterian-St. Luke's Medical Centers because it was felt that an affiliation with an existing institution would provide a setting which several levels of care could be accommodated and in which patients could move from one level of care to another and back as the need dictated. This progressive care arrangement was envisioned as the basis for the operation of the Bowman Center.[11]

Because of the relationship to the hospital, it was anticipated that the majority of the patients would have to enter after a period of acute illness.[12]

In addition to the patient care component, the program called for a residential component to provide an independent living option to those elderly who had progressed back to good health, and also to provide regular housing for older persons who had not been in the health care component but who desired the convenience and services of its location.[13]

This program was the result of several years of planning by a team of health care consultants, gerontologists, and architects. It was hoped by the members of the Bowman Corporation and this team of experts that the facility would become a model for residential care of the elderly.

In spite of these good intentions, however, the Bowman Center is now functioning far from its stated mission as primarily a "home-like atmosphere for the care of long-term ill elderly."

Operation of Facility

According to the progressive care concept, acutely ill patients would be admitted to Bowman and then through a carefully orchestrated rehabilitation program move up through levels of care to eventual return to an independent living environment. This was to be a long-term process, and was expected to involve patient stays of three to six months.[14]

The residential units were envisioned to be a secure, monitored apartment environment for elderly persons with a degree of dependency who would benefit from the support services of the patient care facilities.

In actual practice, Bowman has become primarily an acute care facility which handles an overflow of geriatric patients from RPSLMC. It is operating at only a 50 percent occupancy rate in both the residential and patient care sections.

Staff

Bowman is staffed primarily by physicians and registered nurses. Other professional personnel employed directly by the center include social workers and physical and occupational therapists. As part of the RPSLMC system, Bowman utilizes the social, psychiatric, and medical specialist services available through the hospital.

Cost of Care

The cost of patient care at Bowman is 120 dollars a day per person. The center does not receive an operating subsidy from RPSLMC. It is supported by the Johnston R. Bowman foundation, however, which picked up a deficit in the first year of operation.

The rents charged for the apartments in the residential component are significantly higher than the going rate for elderly housing in Chicago. Exact figures were not ascertained during the site visit.

Problems of Operation

Patient Care Component. There are several reasons why the patient care component has become an acute care facility: the high cost of Bowman ($120 a day); the need of RPSLMC for more acute care beds; and the difficulty (and in fact impossibility) of finding enough professional staff for the operation of a long-term care facility.

The financial issue involves several aspects. First of all, RPSLMC is the most expensive hospital in the city, and its high rates are transferred to the Bowman Center. Secondly, Medicare will only cover long-term care for up to 100 days, and the majority of potential

patients would require a longer stay than this. Bowman does utilize nursing home Medicare subsidies, but this is a different classification of aid than hospital care and, in order to maintain a low denial rate from the Medicare administration, it seeks out patients who are more acutely ill and therefore are less likely to result in a mismatch of care with the appropriate subsidy.

The need of RPSLMC for more acute care beds is accentuated by the presence of a rehabilitation program elsewhere within the hospital complex. Strange as it may seem, Bowman then finds itself in competition with the hospital for patients for care other than acute.

The lack of staff for a long-term care facility is a very real issue according to Mrs. Feldman. First, Chicago does not have the saturation of nurses that other areas of the country have. Therefore, there are always openings citywide for nursing staff, and locating a full load of nurses with the training and interest to work with chronically ill elderly patients proved impossible at the time of the opening of the Bowman facility. Mrs. Feldman cautioned that in planning a facility of this nature it is important from the beginning to have a good understanding of what the staff requirements will be, and the particular locale's potential for meeting those requirements.

Another issue raised by the change in the care at Bowman concerns the practicality of the progressive care concept outlined in the original program. Can one facility be geared to accommodate any type of infirmity and, at the same time, still be flexible enough to allow an individual to move from one level of care to another? Is this not

an over-ambitious goal? Is it a realistic concept for geriatric care?

When asked this, Mrs. Feldman agreed that the program in a large part was an attempt to plug into the collective dream of a lot of people with good intentions and hopes of providing a model elderly care environment, but that it was never thought through to the point of how it would actually operate. Again she cautioned that it is necessary to define at an early stage what type of care will be offered and how it will be administered in the planning of any similar facility.

Residential Component. The residential component is only operating at 50 percent occupancy rate for two reasons. First of all, it is extremely expensive. Secondly, its location on the near West Side (which is still on the way up as an "up-and-coming" neighborhood) makes it less attractive to many who would be able to afford, and would benefit from, its services.

Future of Facility

With regard to the future for the Bowman Center, Mrs. Feldman feels that it will gradually become completely an acute care facility, and that it will eventually be absorbed by RPSLMC.

Image of Building

The Bowman Center is located immediately adjacent to the campus of RPSLMC. The newer buildings of the latter complex are all raised upon stilts until the third level and the Bowman Center was required to conform to this style. The building, a ten story structure, blends

in well enough with the rest of the medical complex so that it gives the impression of being part of the larger institution.

Description of Spaces

The Bowman Center has four floors of nursing care, two floors of apartment units, and one floor each for administration and food preparation. Since the building is raised up on stilts until the third floor, the ground level contains only entry, reception, elevator and storage areas (Figure 10).

The apartments which were originally intended to be on the first two floors (emphasizing a direct link to the rest of the community) are now located on the ninth and tenth floors above the patient care areas.

Nursing Units. The patient care floors are arranged into two separate interior court areas, each of which constitutes a nursing unit of 22 beds. A central pod houses the elevators, dining area, warm-up kitchen, and offices (Figure 11).

In designing the patient areas, an attempt was made to address the need for private, semi-private, and public spaces for the elderly patients. Long, double loaded corridors were to be avoided, and an emphasis was put on the provision of accessible social spaces.[15] The plan scheme chosen, however, conforms to these criteria in a somewhat artificial manner. The public space is an interior courtyard onto which the rooms directly open. It does not have any natural light, is not separated from the major circulation route in any way and does not

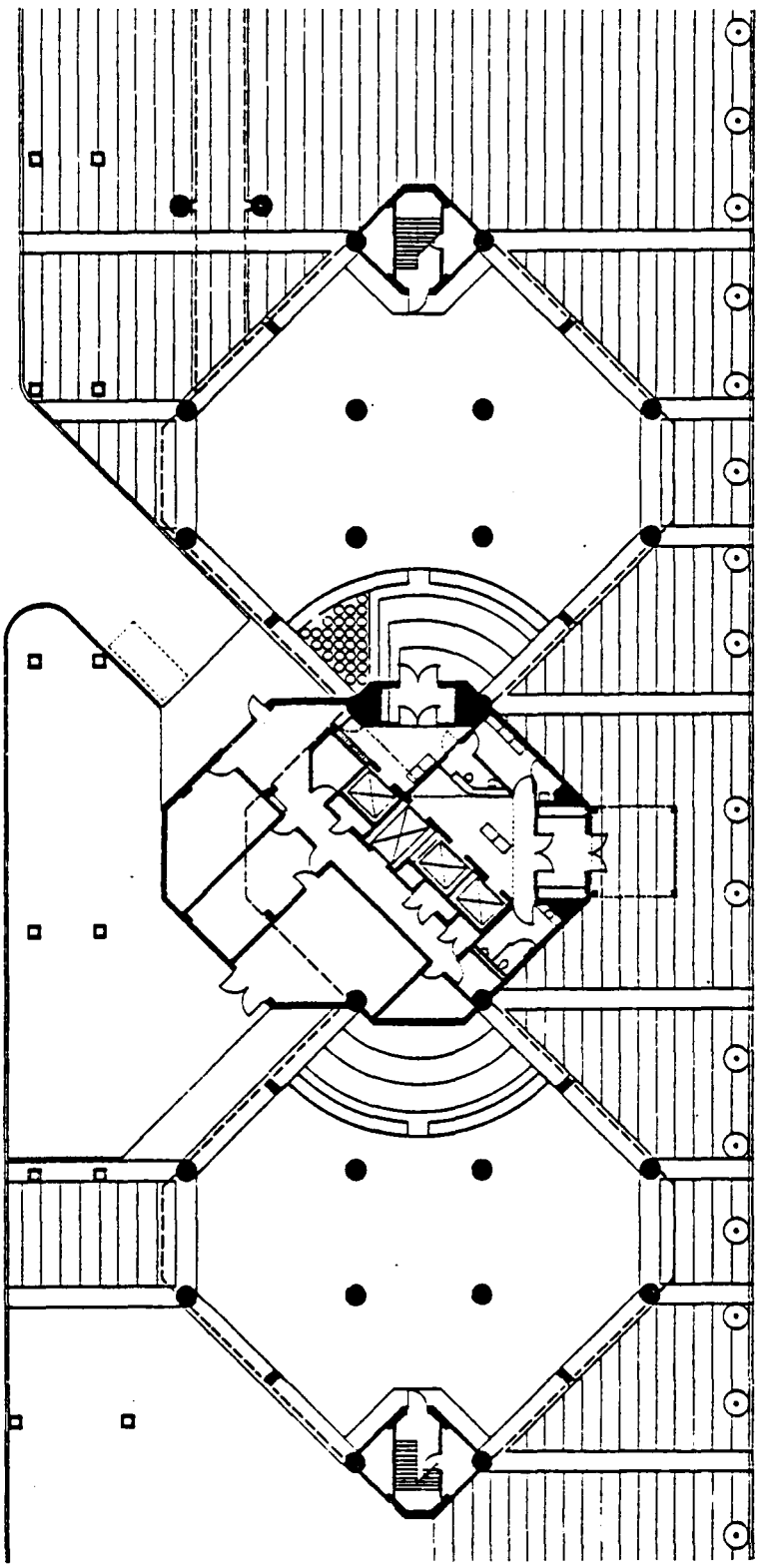

Figure 10. Ground level plan, Johnston R. Bowman Center. (Source: Metz, Train, Olsen and Youngren, Architects, Chicago, Illinois)

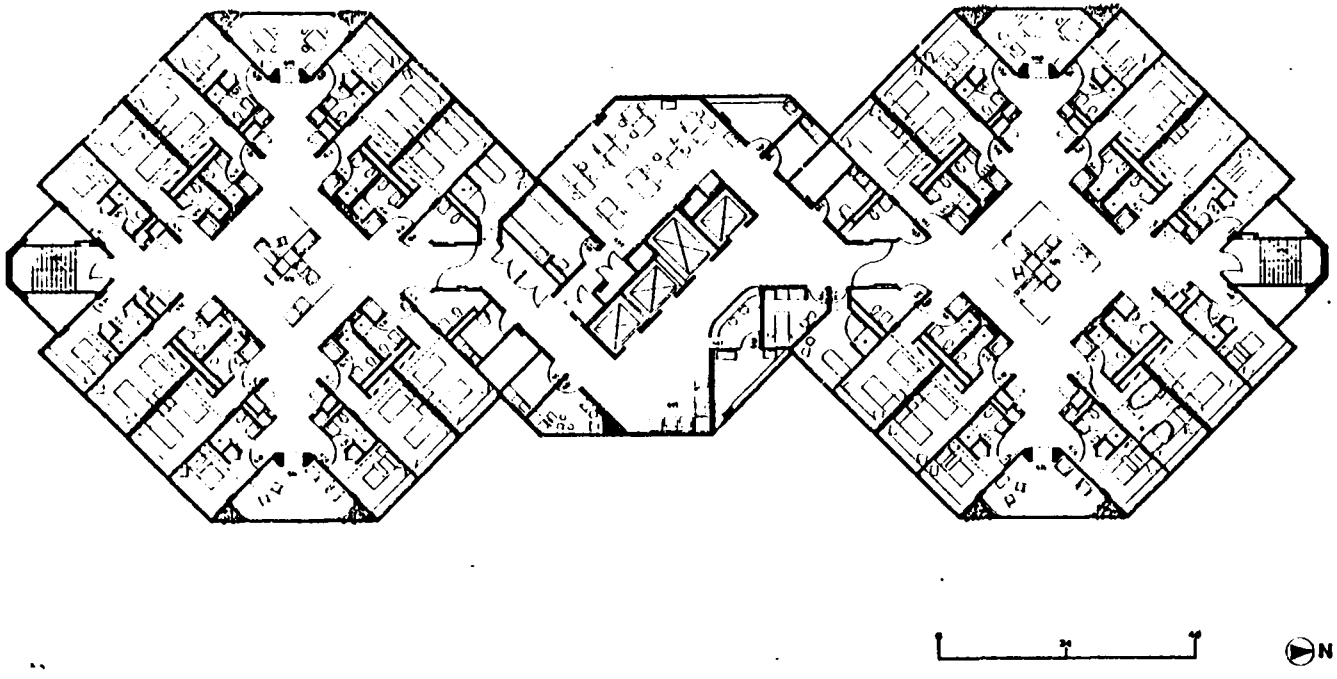

Figure 11. Typical nursing floor plan, Johnston R. Bowman Center. (Source: Metz, Train, Olsen and Youngren, Architects, Chicago, Illinois)

provide an opportunity to observe any of the activities of the Center, other than watching fellow patients go in and out of their rooms.

The semi-private spaces appear in plan to simply be left over geometry, and in actuality are circulation paths to the stairway and lounge and, therefore, are not suitable for informal gathering.

The private spaces, the patient rooms, have several problems. The most obvious is that there is not enough clearance between the wall and the foot of the beds to allow a wheelchair patient to pass without assistance. In addition, the bed placement is fixed due to the room shape and, according to an evaluation of the space by Leon Pastalan, "impedes easy usage of the total floor area, because conflicts over territorial claims are inevitable. For example, the patient closest to the door will tend to claim the area from his bed to the door. On the other hand, the window area would be claimed by the patient closest to the window." Pastalan goes on to say that "invoking the usual options of physical or psychological privacy within the patient care room configuration is virtually impossible."[16]

Dining Area. All of the meals at Bowman are prepared in a central kitchen on the third floor and then transported to small dining areas on each floor. A small kitchen adjacent to this area reheats the meals in a microwave oven when necessary. Although the dining room is pleasantly decorated and small in scale, it is isolated in the sense that it does not open onto any other space. Hence, there is no opportunity to gather nearby to wait for a meal or to congregate afterwards. Use of the space means coming from a completely separate

area, eating, and again returning to a separate area (the Presbyterian Home of Maryland case study has shown that a lounge adjacent to the dining room can be an important social space).

The fourth level houses the staff offices on one side and the physical therapy unit on the other. No real evaluation of staff offices was attempted with this study, although a pleasant and non-institutional character is conveyed from the furnishings. Neither is an evaluation of the therapy area possible from this study. It is noteworthy, however, that one of the therapy rooms has a large window which overlooks the elevated station behind the building. Whether intended or not, this is a good response to the "sit and watch" activity of elderly persons as the platform and tracks provide an everchanging scene of activity.

Apartment Floors. The apartment units on the ninth and tenth floors are arranged around a central, double level atrium which is covered with a skylight (Figure 12). While this atrium allows natural light into the space and an opportunity to observe two levels of activity, the fact remains that, as with the patient care courtyards, other points of interest--the elevators, staff offices, activity room and small kitchenette--are all completely visually isolated from this space.

No discussion of the apartment units themselves will be given here.

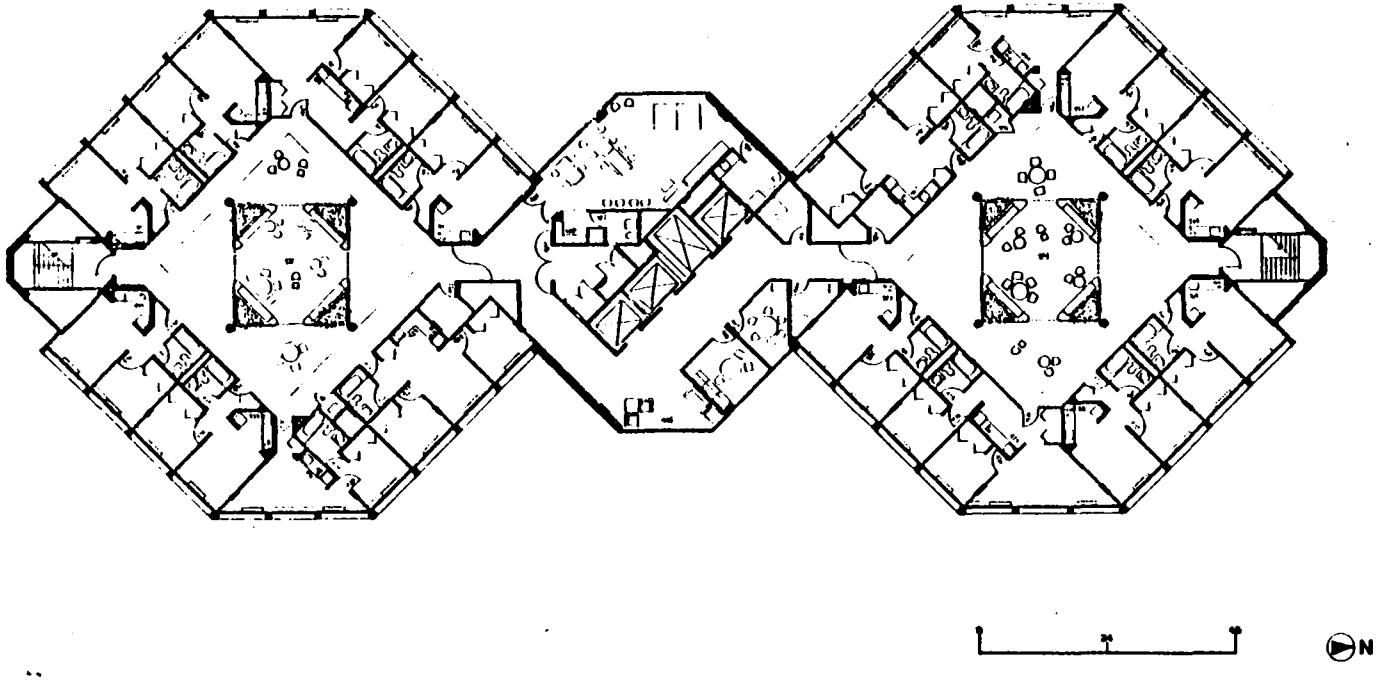

Figure 12. Apartment floor plan, Johnston R. Bowman Center. (Source: Metz, Train, Olsen and Youngren, Architects, Chicago, Illinois)

Use of Spaces

Because of the low occupancy level and the fact that most of the patients at Bowman are acutely ill, many of the spaces in the building were not in use at the time of my visit. By looking at a diagram of the building, however, it is possible to make some general comments about opportunities for such uses (Figure 13).

Basically, a patient or resident at the Center has little chance to vary his experience of spaces. Every circulation pattern is the same--round and about to get to a social space, dining room, or living unit--or up and down the elevator to enter or leave.

Because the lounges, individual units, and dining room are located as part of a courtyard scheme, few opportunities exist to venture beyond the immediate environment of the patient room or the apartment.

The residents are never given the opportunity to experience the sights, sounds, or smells of meals being prepared as the main kitchen is tucked away on the third floor. Since a specific purpose is required before a resident goes to the staff and physical therapy floor, it is difficult to sense that varied activities are occurring somewhere.

Because the building is raised on stilts, the ground level contains only a very functional elevator and reception area; no real transition between the outside and the upper levels is provided.

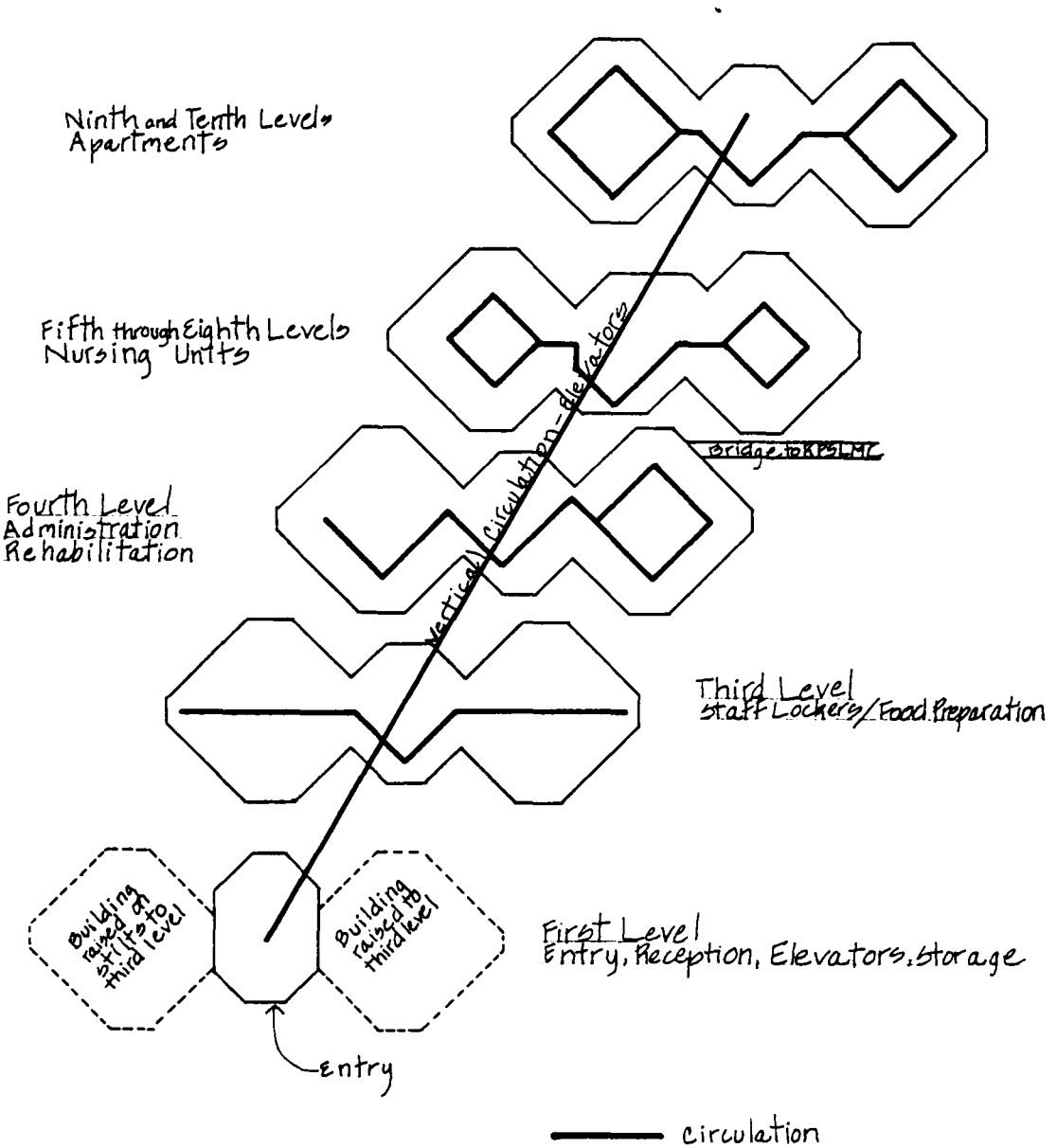

Figure 13. Circulation patterns, Johnston R. Bowman Center.

Relevant Points of Study

The major points applicable to planning of the Brewery facility which this case study illustrated are:

--The necessity to define the exact operational mode of a care facility which is programmed to adopt innovative concepts.

--The necessity to do a market survey of the availability of nursing staff in geriatric care.

--That in a mixed care setting, Medicare reimbursements are easier to obtain for acute care than for intermediate care.

--The problems that an interior courtyard scheme presents for the placement of social space, circulation paths, and opportunities for variety in spatial experiences.

SUMMARY: MEDICAL COMPONENT ISSUES

The case studies have illustrated the operation of four different medical care environments for the elderly. After reviewing the strengths and problems of each setting, it is possible to make some definite statements about the planning of the Brewery site facility:

1. Small scale intermediate care type B cannot be provided independently of a more comprehensive nursing environment (Hurwitz House). This indicates that the preliminary outline plan for 25 infirmary beds is not a realistic option.

2. An on-site primary care clinic at a housing complex for the elderly can provide a range of medical services to the residents. Thus, without having an inpatient facility, a significant portion of the needs of chronically ill elderly residents can be met (Broadway Apartments). Such an outpatient clinic offered in combination with standard housing units and a sheltered housing program can be considered as one option for the Brewery facility.

3. The combination of domiciliary and intermediate care type A in one facility offers a semi-independent residential care setting and provides for a smooth transition to a nursing environment if needed (Presbyterian Home of Maryland). Since a domiciliary setting can accommodate a person just beyond the level of independent living, its combination with an intermediate care type A and a standard housing facility can be considered as another option for the Brewery site facility.

4. When a facility is planned on the basis of innovative and comprehensive care concepts the program may be unworkable, in spite of the expertise and good intentions of its sponsors (Bowman Center). An attitude of caution, then, should be adopted about trying to include all levels of care within one facility.

The case studies, therefore, have suggested two options for the medical component of the Brewery complex: a) an outpatient clinic offered along with standard and sheltered housing and b) domiciliary and intermediate care type A offered with standard and sheltered housing (Figure 14).

SUMMARY: ARCHITECTURAL ISSUES

Statement

The case studies have illustrated several important points relevant to the architectural programming of the Brewery site facility:

1. The individual unit design can and should be responsive to the identified needs of a potential user group.

2. When lounges and social spaces vary in size, location and character the opportunities for a variety of experiences and activities are increased.

3. The three circulation systems illustrated by the case studies have differing consequences for a) the distribution of spaces, b) access to activity areas, c) privacy of the dwelling unit, and d) degree of natural lighting. A comparison of the three buildings demonstrates the problems and advantages of each distinct system.

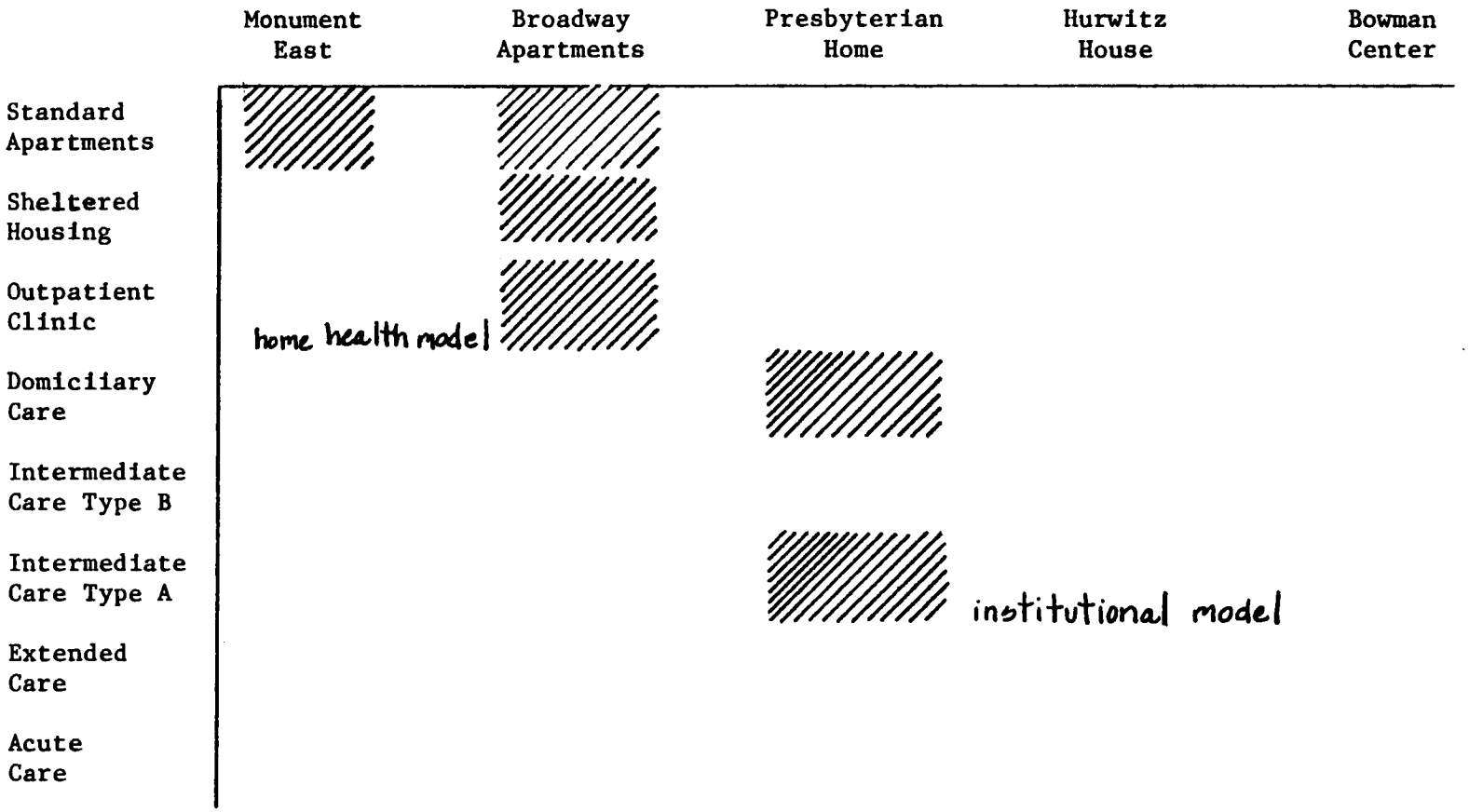

Figure 14. Options from case studies.

Discussion

1. The living units at Monument East show that rent subsidized public housing projects can be examples of good design. The kitchens are spacious, naturally lighted rooms which reflect the Senior Advisory Board's concern that the new apartments accommodate past life styles. The balconies of these units are useful and pleasant elements combining a secure enclosure, the opportunity to observe from a seated position and convenient access from the units. The treatment of both these spaces at Monument East contrast sharply with a "typical" elderly unit design where the kitchen is relegated to a corner and the balcony is treated as little more than an appendage (Figure 15). This contrast suggests that many standard elderly unit designs ignore issues important to the tenants and should not be selected simply as a matter of course.

2. The Presbyterian Home best illustrates the advantages of a variety of social spaces, differing in size, function and character. The Victorian Room, located in the original mansion section of the building is a large elegantly furnished space, useful for formal gatherings or special events such as choir practice. A less formal, yet comfortably furnished space is the sitting room outside the dining area, which becomes an active gathering spot before meals. The crafts room in a newer wing is a smaller space with lower ceilings, and more utilitarian furniture. Changes in furnishings and location contribute to a varied environment for the residents (Figure 9).

In contrast, the social spaces at the Bowman Center are uniform in size and furnishings, restricted to an area immediately adjacent

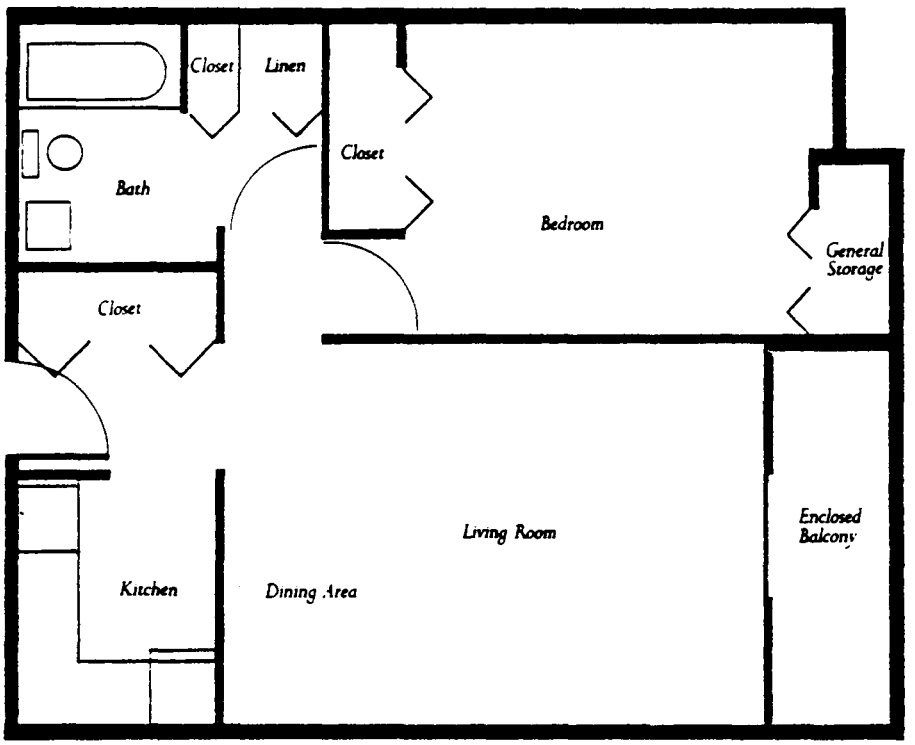

Figure 15. Typical elderly apartment unit plan. (Source: Bolton North Apartments, Baltimore, Maryland)

to the patients' rooms, and for the most part isolated from natural light. The large ground floor at Monument East is not differentiated with furniture or partitions, and has only one entry which results in conflicts for use of the space.

3. A comparison of Monument East, the Presbyterian Home and the Bowman Center illustrates three different approaches to circulation and space distribution and offer some direction for the planning of future facilities (Figures 16, 17).

An enclosed interior courtyard as illustrated by the Bowman Center is not a good scheme for grouping of elderly units. A courtyard is theoretically a good social interaction space and as treated here does allow for semi-private entries to patient rooms. Natural light for the lounges, visual and physical access to other activities, and the opportunity for variety in the patients spatial experiences are all sacrificed however (Figure 11).

The Presbyterian Home of Maryland provides an exact antithesis in plan. Here the double loaded corridor makes access to social spaces difficult and allows no privacy for individual entrances. Once the problem of circulation is overcome however the linear disposition of the lounges and social spaces provides the resident an opportunity to experience a variety of naturally lighted rooms (Figure 9).

Monument East combines three squares into an L-shaped corridor which arranges living units in groups of four. Semi-private entries are possible with this scheme, and windows at the elevator area help to orient the resident to the exit. No lounges are provided on the

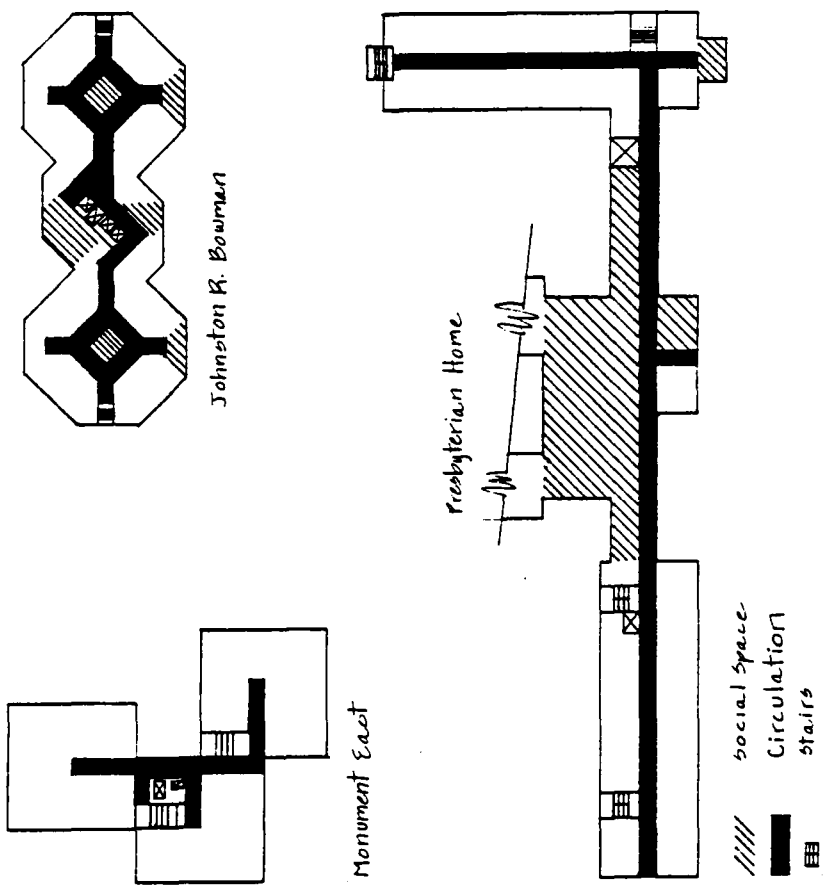

Figure 16. Circulation patterns comparison.

	Natural light in social spaces	Access to social spaces	Variety of spatial experiences	Privacy afforded at entry
Monument East (staggered squares)	+	+ (potential of plan)	+	+
Bowman (interior courtyard)	−	+	−	+
Presbyterian Home (double loaded corridor)	+	−	+	−

Figure 17. Advantages and disadvantages of different plan schemes.

living unit floors but the plan could potentially accommodate them with both ease of access and spatial variety provided.

S E C T I O N I I I

RECOMMENDATIONS

EVALUATION OF OPTIONS

The case studies have suggested two options for the facility at the Brewery site: a combination of a) standard housing, sheltered housing and an outpatient clinic and b) standard housing, domiciliary care and intermediate care type A. The former option represents a home health model for the delivery of care, the latter an institutional model (Figure 18).

The evaluation of each of these involves examining the compatibility of the different care types and the need for, and financial feasibility of each. The decision of whether to sponsor an institutional or non-institutional facility also involves the question of what EBCC's attitude towards the delivery of care will be. The discussion to follow will address these questions.

Standard Housing/Sheltered Housing/Outpatient Clinic

The need for, and viability of both standard housing units and the sheltered housing program have been established in Section I. Sheltered housing can be offered in combination with independent living units because the program does not threaten the independence, or sense of independence, of the non-sheltered resident.

The outpatient clinic in combination with these two housing types can provide a range of services to elderly tenants, as the Broadway Apartments case study has shown. The most significant aspect to this is that the monitoring and treatment of chronic illnesses can occur on a regular basis.

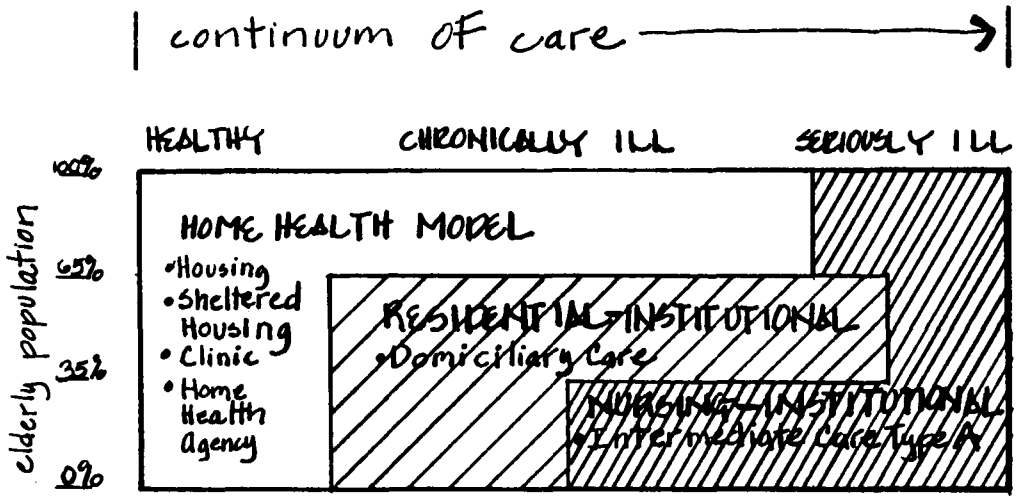

Figure 18. Comparison of care models.

In spite of the medical services provided however the presence of a clinic does not have to convey an image of dependency to the residents. Particularly if it is open to the community at large, such a facility can have the positive effect of bringing non-elderly persons to the site. There are several factors which suggest that an outpatient clinic would be feasible at the Brewery site.

A sharp decline in recent years in the number of private physicians in East Baltimore underlies that community's lack of an adequate number of primary care outlets. In response to this shortage, the East Baltimore Medical Plan (a comprehensive health care system sponsored by EBCC) is looking in the future to decentralize its delivery of services.[17] Providing an outpatient facility at the Brewery site is one manner in which this could be accomplished.

Another manner in which a clinic could be sponsored at the Brewery Brewery site is through a contractual agreement with an acute care hospital. Many hospitals in the city of Baltimore are currently suffering from a surplus of beds and are looking to the delivery of primary care as a way of meeting costs.[18]

Housing/Domiciliary Care/Intermediate Care

Several difficulties can be identified with this option. It is necessary to provide for the potential need of a domiciliary resident for a skilled nursing environment. Hence, in the state of Maryland, virtually all domiciliary facilities are offered in combination with intermediate care type A or extended care. This means that although

a domiciliary setting may afford a resident a relatively independent life style, it cannot be considered as anything less than institutional care. The presence of the intermediate A component, which essentially is nursing home care, could have a detrimental psychological effect on potential residents of the standard housing units. Particularly in a facility of only 150 units the negative image that "this is a place for sick people" could easily be conveyed.[19]

There are many examples of nursing environments offered in combination with housing. They are generally found, however, in large developments of at least 300 units and are often part of a retirement village or life time care community. Such arrangements require a large monthly payment for a package of services, or the relinquishing of all assets to the management in exchange for a guarantee of care.[20] A development of this scale would not be compatible with the size or other proposed functions of the Brewery site (Figure 1).

The domiciliary and intermediate care operation at the Presbyterian Home also requires a large endowment for a fiscal solvency. As yet, no such source of funds has been identified for the EBCC facility.

Delivery of Care Models

At the beginning of this study it was stated that EBCC's goal for the brewery site facility was to provide a setting which would offer a full range of care for elderly persons.

The discussion which has just preceded, however, indicates that an outline for such a range of care-housing, domiciliary care and

intermediate care type A-is not feasible at the Brewery site.

It can be stated nevertheless that the other option presented, a combination of independent housing, sheltered housing and an outpatient clinic, will address as great a need of the elderly as would have the originally proposed full range facility.

In examining the delivery of health care to the elderly in Section I it was established that a major need is for more alternatives to institutionally based treatment of chronic illnesses. A home health model, or the delivery of care to persons through a series of outreach services was identified as one way in which older persons with medical dependencies can maintain independent living arrangements. The point was made that often persons who would be able to live on their own are forced to seek institutional settings in which to receive such care because of the lack of an alternative.

The standard housing, sheltered housing, and outpatient clinic option is representative of such a home health model. The potential of such an arrangement to address needs often attended to in institutional settings is illustrated by Figure 18. By offering the special services and routine monitoring of an outpatient clinic (see Broadway Apartments case study) direct support is given to a resident's independent life style. By working in conjunction with a sheltered housing program an added dimension is provided for residents already dependent for assistance with the activities of daily living. If the clinic has a community wide user group, a framework exists for establishing outreach services (such as a home health agency) to address the needs of

an elderly population beyond the housing facility. In all these ways the housing/clinic combination can be considered as an attempt to offset unnecessary institutionalization of older persons. For the operational and financial reasons which have been discussed here, then, the recommendation to the EBCC will be not to include inpatient medical component at the Brewery site.

RECOMMENDATIONS

From this analysis of the options and from the architectural investigation of the case studies the following specific recommendations for the planning of the elderly housing facility can be made:

1. That the facility be completely residential in character and that a total of approximately 150 units be provided; of these, 20 percent should be designated as sheltered housing units.

2. That an outpatient, primary care clinic which is available to any members of the community at large be located within the facility.

3. That EBCC become the sponsor for a Home Health Agency which will operate in conjunction with the clinic and which will offer home health services to the housing residents and to the members of the East Baltimore community.

4. That input from potential users of the housing facility be sought before and during the design phase of the building.

5. That a variety in location and size of lounges and social spaces be provided at the housing facility.

DISCUSSION

1. Sheltered Housing Unit

The Training Guide on Sheltered Housing for the Elderly cautions that "an important consideration is achieving a balance between adequately meeting needs for assistance with daily living but not over-servicing, and hence creating over-dependence." In order to facilitate this, the living units for this program should not be set apart or significantly different from the standard residential apartments.

Specifically, the kitchens should not be eliminated from the sheltered housing units. Although the program provides full meal service for its participants there are several reasons for maintaining this space. The kitchen is an important symbol of independence and not having one would tend to reinforce the dependence that an elderly person may feel as a participant in the program. In addition, without a kitchen, it is more difficult for an elderly resident to prepare snacks, do baking or entertain visitors. Eliminating kitchens from some of the units also means that, should the program change or no longer be offered at the Brewery facility, those particular units would not be readily adaptable to standard housing.[21]

2. Outpatient Clinic

An outpatient clinic at a housing facility for the elderly operates more efficiently if its services are available to all ages of the community at large, as the Broadway Apartments case study has illustrated. Such a clinic would have the added advantage of being another community

service which could draw people to the other activities of the Brewery site.

3. Home Health Agency

The sponsorship of an outpatient clinic at the Brewery site would begin to establish EBCC's role as one of providing a home health model for the delivery of medical care to the elderly. The inclusion of a home health agency as part of the clinic would expand the scope of this model and extend the "range of care" beyond the Brewery site to the whole community.

By coordinating outreach services with the clinic staff, routine care needs of residents of both the housing complex and the larger community could be addressed.

Establishing such a program would be concurrent with the specific recommendations of the Central Maryland Health Services Agency, outlined in Section I, which calls for an increase of the number of home health agencies in the Baltimore area. The lack of any home health agency at the present time in the Eastern half of the city indicates that EBCC's sponsorship of such a service would directly respond to the CMHSA's recommendations.[22]

4. Social Spaces

Much discussion has already been given to the treatment of the lounges and activity areas of the three case studies buildings. Another space which can facilitate social interaction in an elderly housing is a community kitchen. All the resource persons interviewed

for this study, particularly those associated with the sheltered housing program recommended that a kitchen with an adjacent dining room be included as part of any new elderly housing building. Such a facility can eliminate the need for catered meals for the sheltered housing participants--an arrangement currently used by all three existing programs--and also add an extra dimension to the social experiences of all the housing residents. some of the uses which a kitchen and dining area can accommodate include the preparation of the sheltered housing meals, a community meal service program, pot luck dinners, bake sales, cooking classes, and other special events.[23]

CONCLUSION

The task identified at the beginning of this study was to define the nature of the "mixed care facility for the elderly" which the East Baltimore Community Corporation has proposed as part of the redevelopment of the American Brewery Properties.

A preliminary outline from EBCC called for a facility which would include standard housing, sheltered housing and a medical care component. A clear need for, and the viability of, the two housing components was established in the introduction. The question of what type or types of medical care to offer in conjunction with them was not easily defined, however, and became the main focus of this study.

In examining current issues in the delivery of medical services to older persons, it was determined that providing alternatives to institutionally based care of chronic illnesses has become an important concern of health care planners and service agencies for the elderly.

Five case studies of existing residential facilities illustrated both institutional and non-institutional settings for the elderly. The studies showed how each care type responded to differing needs of older persons and examined the financial, personnel, and architectural issues particular to each setting.

From the information gathered in the studies it was possible to formulate two options for the Brewery site facility: an institutional setting which would provide a range of care and a non-institutional combination of housing, sheltered housing and outpatient care.

Because of the desired emphasis on a housing environment, the scale and other proposed functions of the Brewery site, and the uncertain financial feasibility of an inpatient setting, the latter option was recommended.

Beyond these practical concerns however this recommendation is still congruent with EBCC's original goal of providing a facility which would address the needs of the elderly of East Baltimore. By sponsoring a supportive housing environment in which older persons can be assured of the availability of medical services, and by establishing a home health agency which can extend that support out into the larger community, the East Baltimore Community Corporation will ultimately be helping to reduce the number of elderly persons who need to rely on institutionally based care.

FOOTNOTES

[1]Mike Calvert, interview conducted at the Department of Housing and Community Development, Baltimore, Maryland, July, 1977.

[2]Maryland State Office on Aging, Standards and Guidelines Governing the Administration of the Sheltered Housing Program (Baltimore, Maryland, 1976), p. 1-2.

[3]Phil Jones, Elizabeth Rott, and Mary Brugger Murphy, A Report on Services to the Elderly, 3 HEALTH (Washington, D.C.: National Association of Counties Research Foundation, 1977), p. 1.

[4]Ibid., p. 34.

[5]Marie McGuire Thompson, Training Guide on Sheltered Housing for the Elderly (Baltimore, Maryland: State Office on Aging, 1976), p. 6.

[6]Jones, Rott, and Murphy, p. 5.

[7]Central Maryland Health Systems Agency, Health Systems Plan and Annual Implementation Plan (Baltimore, Maryland, 1978), p. 125.

[8]"Housing for the Aging," Architectural Record, May, 1977, pp. 128-129.

[9]Central Maryland Health Systems Agency, Annual Implementation Plan, p. 121.

[10]The Lula E. Bowman Trust and Rush-Presbyterian-St. Luke's Medical Center, Action Program for the Johnston R. Bowman Health Center for the Elderly (Chicago, Illinois: 1975), p. 3.

[11]Ibid., p. 2.

[12]Ibid.

[13]Ibid., p. 3.

[14]Ibid., pp. 15-16

[15]Metz, Train, Olsen and Youngren, Architects, Johnson R. Bowman Haalth Center for the Elderly (Chicago, Illinois), pp. 3-4.

[16]Leon Pastalen, "An Evaluation of a Mock-up of the Patient Care Rooms at the Johnston R. Bowman Elderly Center," Report to the Architects, Chicago, Ill. (mimeograph)

[17]Interview with Evelyn Campbell, East Baltimore Community Corporation, April, 1978.

[18]Interview with Marilyn Cummings, Administrative Assistant, Baltimore City Health Department, Baltimore, Maryland, April, 1978.

[19]M. Powell Lawton, Planning and Managing Housing for the Elderly (New York: John Wiley and Sons, Inc., 1975), p. 110.

[20]Broadmead, sponsored by the Society of Friends is a lifetime care community which is currently being constructed in suburban Baltimore. When completed it will accommodate 330 units of housing, intermediate care and skilled nursing care. A minimum annual individual income of $7,000 is required for membership in the community.

[21]Lawton, p. 308.

[22]Central Maryland Health Systems Agency, Annual Implementation Plan, p. 111.

[23]Interview with Ellen Beerbohm, Waxter Center, Baltimore, Maryland, April, 1978.

[24]Interview with John Gleason, Waxter Center, Baltimore, Maryland, April, 1978.

[25]Lawton, p. 303.

[26]Gleason.

[27]Ibid.

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APPENDIX A

DEFINITIONS OF MEDICAL CARE OPTIONS

RESIDENTIAL CARE OPTIONS

The options available for the medical care component of the American Brewery housing facility are explained below. Currently there are four different levels of residential care (excluding acute care) for the elderly which are recognized by the state of Maryland:

Domiciliary Care

According to the code of Maryland Regulations, domiciliary care "includes the provision of shelter, housekeeping services, board, facilities, and resources for daily living, personal surveillance, or direction in the activities of daily living."

In addition to providing three daily meals in a communal dining setting, the code also requires that a domiciliary care facility provide daily observation and supervision of the health, hygiene, and personal care of each resident. Laundry and housekeeping services are also provided. A staff member must be present at all times.

In effect, domiciliary care goes one step beyond sheltered housing by providing a structured communal living setting which monitors the condition of each resident and provides the assistance needed for daily living in a more direct manner. Typically, private or semi-private rooms are provided adjacent to common living, dining, and activity spaces. Domiciliary care in itself does not provide nursing care, only the monitoring of the condition of the residents. There are many examples in the state of Maryland,. however, where domiciliary

care is provided in conjunction with some type, or types, of separately licensed nursing care such as intermediate care types A and B (to be explained below) or extended care in nursing homes.

Intermediate Care Facility Type B

An intermediate care facility type B is defined according to the code of Maryland Regulations as

> a home or a distinct part of a hospital, skilled nursing home, or other institution . . . which is operated for overnight care, for the expressed or implied purpose of providing accommodations and care for two or more ambulatory individuals . . . who are in need of personal care.

Personal care means

> those services which an individual would normally perform for himself but for which he is personally dependent on others because of advanced age, infirmity, or physical or mental limitations. Personal care includes but is not limited to assistance in walking, getting in and out of bed, bathing, dressing, feeding, and general supervision and assistance in daily living.

Staff requirements include one licensed nurse (registered or L.P.N.) on duty as a supervisor during the day shift for 8 hours a day, five days a week, where the bed capacity of the facility is between 2 to 50. The number of licensed personnel increases as the bed capacity increases. In addition, a minimum personnel on duty at all times is required in the ratio of not less than 1 per 25 residents. Medical aides often fill this position. Dietary and housekeeping personnel are excluded from this count.

The intermediate care facility is responsible for provision of activities for the residents, as well as for making the necessary linkages with other facilities and medical personnel to provide

clinical laboratory, x-ray and diagnostic services, dental services and social services.

In the state of Maryland, virtually all of the intermediate care facilities type B are found in conjunction with another type of nursing care. Hurwitz House in Baltimore, one of the case studies in Section II, is one facility which just offers 22 beds of intermediate B care, but it is still associated with the Levindale Hebrew Geriatric Center located 2 miles away.

Intermediate Care Facility Type A

An intermediate care facility type A is defined by the code of Maryland regulations as "a home or distinct part of a hospital, etc. . . ." (as defined in intermediate B facilities), which provides care for "2 or more residents who are in need of long-term care." Long-term care is

> services rendered to residents whose illnesses are not acute and whose care needs have stabilized at levels which require no more than 8 hours a day of care under the supervision of a R.N. Prognosis is that such services will be required for an extended period.

The intermediate A facility is required to provide 8 hours a day, seven days a week, R.N. supervised care. A minimum personnel requirement of 1 per 25 residents for 24 hours a day is stated. A R.N. or L.P.N. must be available for telephone advice or emergency services during the period when a R.N. or L.P.N. is not on duty.

In addition, the intermediate A facility is required to provide at least 2 hours of bedside care per resident per day and an active program of restorative care.

As with the intermediate care facilities type B, the Type A facility is responsible to make the necessary linkages with other facilities to provide clinical laboratory, x-ray, diagnostic, dental services, and social services to the residents.

The intermediate care facility type A is distinguished from the Type B facility by the long-term care requirements of its residents and the more structured care requirements of the staff. Intermediate A care, unlike intermediate B, is often found as a facility independent of other types of care. It is more commonly found in facilities with the title "convalescent," "old age," and "nursing" homes.

Intermediate care type A is also illustrated by the Presbyterian Home of Maryland case study.

Extended Care. Technically, "nursing home" refers to the lext level of care, "extended care," which requires 24 hour, 7 days a week skilled nursing care. It is assumed here that the East Baltimore Community Corporation is not considering this latter type of care as part of the Brewery site housing.

Out-Patient Services

In addition to the residential settings which are described above there are out-patient service possibilities which the EBCC could include as part of the Brewery housing facility.

On Site Primary Care Clinic. An out-patient clinic can be located in a housing complex and offer diagnostic and primary care treatment to the elderly tenant. It can also be open to members of the community at large. A direct link with an existing institution is necessary in order to provide backup specialty clinics, laboratories, and x-ray facilities. In the case of the Brewery housing, such a link could be made with the East Baltimore Medical Plan or its new Health Maintenance Organization now in planning.

In the past, clinics at elderly housing complexes have had a hard time surviving financially. A discussion with the administrative assistant to the Assistant Commissioner of Health Services to the Aging (city health department) brought out the fact, however, that many hospitals in the city are currently suffering from a surplus of beds and are looking to the delivery of primary care as a way of meeting hospital costs. Therefore, contractual agreements are currently being made between some elderly high rise complexes and hospitals. Maryland General Hospital recently made such a contract for a part time clinic with the new Chase House Apartments and with Bolton North Apartments.[24]

The case study of the Broadway Apartments illustrates the operation such a clinic performs as part of an elderly housing facility.

On Site Diagnostic Clinic. This is an out-patient clinic which sees patients, does routine lab tests and diagnoses and makes referrals and recommendations for treatment at another location.

The Waxter Center Health Component offers this type of service as part of its overall program. It should be pointed out, however, that M. Powell Lawton in Planning and Managing Housing for the Elderly states categorically that just a diagnostic clinic will not work in an elderly housing complex. The Waxter Center, on the other hand, is a very large multi-services center with an 11,000 person membership. It is probably able to operate this service successfully because of the large volume of elderly at the center for other purposes.[25]

Physical and Occupational Therapy. The Waxter Center currently operates a physical and occupational therapy program on a half day, five day a week basis through a contractual agreement with Maryland General Hospital. It is operating to full capacity with this schedule and has a waiting list for participation in the program.

Such a program at the Brewery site would only be feasible, however, if a clear need for it were established in greater East Baltimore.

It should be noted that the program at the Waxter Center was originally funded to employ a half time physical therapist in house, but that this probed to be an impossible position to fill in spite of a two year search.[26]

Other Out-Patient Possibilities. Other medical services which are useful at elderly housing complexes on an out patient basis include Podiatry, Dental and Vision clinics. While the Dental and Vision clinics may be too specialized to be practical at a housing facility, a Podiatrist, either as part of a larger primary care clinic or on a

part-time contractual basis is an often utilized professional by an elderly population. The Waxter Center, and many existing elderly housing complexes have part time Podiatrists who have office hours several days a week.[27]

Home Health Care Agency. A Home Health Agency, according to the Division of Licensing and Certification is a:

> publically or privately-owned and operated organization primarily engaged in planning coordination and . . . providing, directly or through contract arrangements, professional nursing services, home health aide services, and other therapeutic and related services, which may include, but are not necessarily limited to, physical and occupational therapy, speech pathology, and nutritional and medical services. The services may be of a preventive, therapeutic, or rheabilitative health guidance and/or supportive nature and are provided to persons in their place of residence.

In order to qualify for Medicare reimbursement, the Home Health Agency must provide at least three services, including skilled nursing.

The Visiting Nurses Association is an example of a Home Health Agency. Such an agency operating in conjunction with an on-site clinic or simply on its own as part of the elderly housing can insure that the non-acute care needs of the residents (as well as those of a larger community population) could be attended to on a regular basis.

APPENDIX B

OUTREACH SERVICES

OUTREACH SERVICES

The following is a listing of outreach services in Baltimore geared to helping elderly persons maintain independent life styles. They are excerpted from the booklet Services for Older Baltimoreans, published by the Commission on Aging.

Day Care/Day Treatment

Day Care programs are defined as day programs which provide social and, in some instances, medical services for persons 60 years of age or over who are at risk of being institutionalized if not provided with specialized care. Transportation is usually provided. The following day care programs are operating in Baltimore City:

Levindale Hebrew Geriatric Center and Hospital

Phone:

Lillian S. Jones Senior Service Center

Phone:

S.A.G.A. Day Care Program
(Family & Children's Society)

Phone:

U.S. Public Health Service Hospital--
Geriatric Day Treatment Center

Phone:

Waxter Center Day Care Program

Phone:

Food Services

"Eating Together in Baltimore"

Provides daily hot nutritious lunches at sites throughout the city, along with social recreational, educational and volunteer activities.

Meals on Wheels of Central Maryland, Inc.

Home delivery of meals (hot dinner and cold supper), five days a week to elderly, convalescent and handicapped people who are unable to shop and prepare food for themselves.

Health

Baltimore City Health Department
Bureau of Special Home Services
]
P

Assists aged persons to secure needed health services, health appliances, transportation and escort services to assist patients to their medical appointments.

Geriatric Evaluation Service

Provides prompt visiting upon referral to the home by a team consisting of the social worker, senior public health nurse, medical doctor and/or psychiatrist. Referrals may be made for persons being considered for admission to a state mental institution or nursing home care facility.

In Home Services

Associated Catholic Charities
Aging Division/Homemaker Service

Provides light housekeeping and chore services to allow people to remain in their own homes.

Baltimore City Dept. of Housing and
Community Development

Limited chore service available to public housing residents only.

Baltimore City Dept. of Social Services
Community Home Care

Provides light housekeeping and shopping services for persons age 65 and over who are receiving S.S.I. or Medicaid.

Baltimore City Dept. of Social Services
Homemaker Services

Provides comprehensive care services to older persons.

Baltimore City Health Department
Bureau of Special Home Services

The Bureau of Special Home Services provides certain services, such as friendly home visiting, minibus transportation and escort service to medical facilities, light housekeeping, and chore services.

Constant Care Community Health Center

A home health care program for the homebound who are in need of skilled nursing care.

Family and Children's Society
Serve Our Seniors Program (S.O.S.)

Employs low-income teenagers to provide personal and household assistance services to elderly and disabled persons.

Jewish Family & Children's Society
Homemaker Services

Homemaker/home health aides available to eligible persons.

Sinai Hospital
Home Care Program

Visiting Nurse Association of Baltimore, Inc.

Bedside nursing and health instruction for short and long term illnesses for patients under the care of a physician and for residents of Baltimore City. Also treatments, physical therapy, surgical dressings, home health aides for the chronically ill, family health counseling and referral.

West Baltimore Community Health Corporation
Home Care Program

Services provided are skilled nursing, home-health aide, home visit by physician when necessary. Other services available are transportation, social service, physical therapy, and medical services.

Telephone Reassurance

Telephone Reassurance programs are designed to reach elderly persons who are homebound and/or lonely. Every day participants in the program receive phone calls from volunteers who call to talk and see that the homebound person is well.

American National Red Cross
Baltimore Regional Chapter

Baltimore County General Hospital, Inc.
Telecare Program

Baltimore FISH
c/o Church of the Redeemer

Greater Homewood Community Corporation
AIM Program

Lafayette Square Multi-Service Center, Inc.

APPENDIX C

RESOURCE PERSONS IN BALTIMORE

The following is a list of persons contacted during the course of this study who may be of help for the planning of the housing facility at the American Brewery site.

HOME HEALTH AGENCIES

B
Long-Term Care Planner

SERVICES TO THE ELDERLY

M
Health Services to the Aging

Activities Director
St. Andrews House--Elderly Apartments

Community Services to the Elderly
State Office on Aging

SHELTERED HOUSING PROGRAM

Social Worker
Head of Sheltered Program, Broadway Apartments

, Planner
Baltimore City Area Agency on Aging

USER PARTICIPATION IN DESIGN PROCESS

resident, member of Senior Advisory Board, Monument East Apartments.

Lee Douglas, Urban Services
Facilitator of Monument East Senior Advisory Board
Phone:

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A PRELIMINATY PROPOSAL FOR HOUSING FOR THE ELDERLY

AT THE AMERICAN BREWERY SITE

by

Christine Elizabeth Scholl

(ABSTRACT)

The purpose of this thesis was to help the East Baltimore Community Corporation define the nature and scope of a mixed care facility for the elderly which it would like to construct on the site of a former brewery in Baltimore, Maryland. Different options for the levels of care and housing types are stated and five separate case studies of existing environments for the elderly are included. Issues relating to the operation, financial feasibility, and architectural character of each particular setting are identified.

Information gained from these studies and other resource persons in Baltimore formed a basis from which specific recommendations about the size, type of care and scope of the facility are made. Different attitudes about the delivery of care to older persons are also examined and provide a conceptual framework for the recommendations.