

Celebrating 125-Plus Years

The Boston Home:

A pioneer in specialized residential care

Origins: “The Boston Home for Incurables”

As a Boston nurse in the late 1800s, Cordelia Harmon saw many patients with chronic illnesses discharged from hospitals. As a result of their life circumstances, the economy, and unenlightened public policy, they were left without the financial resources to obtain the care they needed. Unable to be cared for at home and turned away from hospitals, these patients often ended up in area institutions for the indigent and criminally insane. Cordelia knew that although suffering from diseases and conditions without a cure, these individuals were not beyond hope and – more importantly – were not beyond help. She was determined to get them that help.

Overcoming obstacles of gender and lack of social connections, Cordelia Harmon was able to raise the support necessary to offer a solution. In 1881, “The Boston Home for Incurables” opened its doors in Brighton to nine chronically ill adults. Within a year, more than 100 applicants waited for one of the home’s eight available beds. Clearly, there was a desperate need for a facility that could provide these patients with basic medical care in a nurturing home.

In time, influential people took notice. The Reverend Phillips Brooks of Trinity Church called on his extensive personal network to help bring The Boston Home’s services to as many people as possible. He gathered a small but powerfully influential group of men and women and formed the Committee for the Establishment of The Boston Home for Incurables. By September 1884, a little more than a year after Cordelia Harmon’s death, the Committee raised the funds needed to purchase two acres of land with a sizeable house from the Codman Family of Dorchester.

With a suitable location for an expanded facility, the Committee embraced Cordelia Harmon’s dream. They appointed four prominent and highly respected Bostonians to head a corporation of 12 Trustees and 31 members: President Charles Codman, Vice

President Francis Lowell, Clerk Godfrey Morse, and Treasurer Samuel Snelling. They established a standard for visionary leadership that continues to this day.

Phillips Brooks: “There were many charities dear to the heart of Phillips Brooks... none was dearer to him than the Boston Home....” of all the institutions and charitable drives that Brooks aided in his lifetime, The Boston would be the only one he included in his will.

With generous support from an influential community, The Boston Home was poised to succeed and grow – and it grew quickly. The Dorchester facility opened in February 1885 with 26 residents: 18 women and 8 men. By 1888, the number of residents had doubled, and one-third of the residents were children. Despite filling twice the original number of beds, demand still outpaced the home’s capacity. More than 200 names were on the waiting list.

The Boston Home’s nurturing environment provided its residents with much-needed dignity. Right from the start, The Boston Home not only emphasized improvement in the residents’ physical condition, but also honored their desire to be productive members of society.

A Home Rather than a Hospital

In its early years, the Boston Home provided humane custodial care for people with disabilities, offering nutritious food, fresh air, simple maintenance, and pain relief. The Boston Home’s staff and volunteers found many creative ways to keep even the least mobile residents active and happy, including religious services, birthday parties, book groups, and singing lessons. Residents also had use of a sewing room, piano, library, and Braille typewriter. Trustees called on their social connections to bring in artists to provide cultural diversions.

The Need Grows

By the turn of the 20th century, need again outstripped the capacity of the original building. After two decades of advocating and raising money, the Board of Trustees realized its goal to expand the facilities to better accommodate its residents and offer

space for those on the waiting list. After a year of construction, a new fireproof brick building – the same one that today serves as the Home’s main entrance – was completed in July of 1927. With a new building came a new focus: caring for women and children.

The Great Depression

The financial constraints brought on by the Depression of the 1930s hastened the move from the institution’s original mission as a charity. The Boston Home redefined itself as a medical resource and became a private, nonprofit nursing home. Residents were now expected to contribute financially if they were able.

Primarily due to the availability of insurance and the provisions of the Social Security Act of 1935, there was a proliferation of long-term care facilities, but The Boston Home stood out for its long-established tradition of providing compassionate, exceptional, and comprehensive care. The Trustees and staff continued to seek ways to better deliver on that plan.

An Evolving Focus

The Boston Home consistently sought the finest in medical care for its residents. While the earliest residents suffered mostly from stable joint and spinal problems that demanded little in the way of active nursing, new admissions tended to be for those with degenerative diseases that required more specialized and attentive treatment. Multiple Sclerosis, Muscular Dystrophy, and Parkinson’s were among the most prevalent conditions.

Treatment available to the residents was comparable to that of a hospital, but The Boston Home provided something a hospital could not: a supportive community offering productive activities and opportunity for personal growth. With new focus on medical and rehabilitative services, The Boston Home was now a place for residents to be productive and active. On-site classes for the children made life as normal as possible. Many older residents taught the material.

Wartime and Women

The onset of World War II resulted in a severe staffing shortage as nurses joined the military or signed on for wartime industry jobs. In 1943, noting that other options existed for children, the Trustees placed the girls living at the Boston Home at other facilities and turned their focus to women. The Boston Home saw the war through with help from a nursing home group in Milton and the Dorchester Red Cross.

The annual reports of the 1950s are rich with accounts of residents who benefited profoundly from off-site surgery and physical therapy at the Home. This decade marked the new emphasis on giving the residents all that the outside world could offer them, realizing that their lives could be improved as much by independence as by protection and doting care. No longer a home for “incurables,” the facility officially became The Boston Home, Inc. in 1961.

Residents Breaking Stereotypes

The Boston Home embraced the philosophy that choice, self-determination, and independence were essential to supporting the best quality of life for residents. Residents could work if they wanted to. Many made full use of their skills and abilities in various endeavors, including selling crafts, sewing, typing, tutoring, and writing.

After a day's work, residents relaxed and were entertained in a recreation room, with television, movies, musical and theater performances, and slide show travelogues. The Home received gifts of port and sherry that the residents enjoyed during the cocktail hour. Bird-feeding stations donated by the Audubon Society offered opportunities for quiet contemplation. Sightseeing tours in ambulances satisfied the residents' need to connect with the greater community. All of their activities defied popular perceptions and stereotypes of what women with disabilities could do.

Resident-focused Care

Throughout the 1960s and 1970s, the profile of the new resident was increasingly defined by serious physical disabilities, requiring bigger rooms and more skilled nursing care. By 1975, 70 percent of residents had a diagnosis of Multiple Sclerosis. They were typically in mid-life with an average age of 54, their careers cut short by increasing

disability, and they were living with families no longer able to meet their daily needs at home. At The Boston Home, the exceptional and compassionate staff worked with a single purpose to define the best clinical practices for their care. The body of knowledge the staff amassed over the next few decades offered great benefit to all The Boston Home residents, as well as the healthcare community at large.

The needs of the residents with advanced neurological diseases inspired an increased priority of care: a focus on family-patient relations. The role of social work as part of The Boston Home's mission was increased. A wellness and spirituality program was formalized to help residents deal with increasing loss and to help them develop a life not defined by their disabilities. In addition, The Boston Home was chosen as a site for Schwartz Center Rounds, rare for a non-hospital setting.

To make this changing population of residents as comfortable and safe as possible, certain equipment and facilities were needed. The Boston Home purchased a therapeutic whirlpool, electric beds, motorized wheelchairs, and the services of a psychiatrist, physical and occupational therapists, and an MS support group facilitator.

By the early 1980s residents enjoyed weekly visits from a hairdresser, bowled, had trivia contests, and played bridge, poker and cribbage. They attended book clubs, participated in an indoor gardening club, had sales at the resident-run "Corner Store," and socialized at the in-house "Jake's Bar." Outings to attend parades, picnics, tours, harbor cruises, and more maintained the residents' connections to the outside world. Candidates running for political office visited the residents who, as Dorchester residents, voted. In more recent years, residents have articulated their needs during MS Advocacy Day at the Massachusetts State House.

By 1981, 87 full-time employees cared for 42 women residents – three to four times the minimum standard of nursing home care elsewhere. Despite financial challenges, the Boston Home Trustees and staff did everything possible to maintain a family-oriented home rather than an institution.

Improved Facilities

When the original Codman mansion was demolished in 1965, paths were extended and paved, and an entire Activity Pavilion was built to offer additional space for recreation. But with a focus on residents who relied on large, customized electric wheelchairs, the facility needed additional improvements.

The Board of Trustees considered several possible ways they could use The Boston Home's facilities to best serve its residents. Renovations and expansions in 1985, 1993, and again in 2003 provided larger bathrooms and bedrooms, wider hallways, and more group activity spaces. Outfitted with state-of-the-art assistive technologies, the facility became a barrier-free, wheel-chair friendly environment with doors and elevators that automatically responded through wireless signals. There were advanced clinical resources unimaginable in Cordelia Harmon's day. Residents gained new levels of independence, comfort, and dignity. The Boston Home had grown to accommodate 96 severely physically disabled adults. But The Boston Home was as large as it could grow and retain its close sense of community. Honoring Harmon's original vision, it would remain first and foremost a home.

"I became interested in The Boston Home several years back when a few severely disabled patients in my clinic suddenly began to smile during their clinic visits. I finally realized that their lives had changed for the better upon moving into The Boston Home.

Not to be underestimated are the psychological and social benefits provided to residents of The Boston Home. Often these people had been isolated within their homes, even within a single room, and thus experiencing little social interaction. At The Boston Home, residents cherish their group and social interactions. In a way, the environment at The Boston Home goes a long way toward restoring the dignity of the person with advanced MS."

-- Dr. Timothy Vartanian, MD, PhD., Director of the MS Clinic at Beth Israel Deaconess Medical Center

Resident Life Programs

Today, Resident Life Programs at The Boston Home provide a structure of services that support the residents' independence and creativity. The focus remains on enabling the body through assistive technologies; stimulating the mind with engaging activities; and nurturing the spirit in a combination of innovative and traditional ways including meditation, discussions, and diverse on-site religious services.

Two Residents: A former electrical engineer, paralyzed by Multiple Sclerosis, has found a way to keep his active mind engaged. A customized switch allows him to snap photos with a digital camera mounted on his wheelchair. The switch compensates for his limited manual dexterity. He uses voice-activated computers in the “Cyber Café” to send the photographs to family and friends.

A former social worker loves lively, witty conversation. She has lost her capacity to speak audibly and distinctly due to MS. A laptop computer programmed for nuanced, audible speech has restored her unique “voice.” She is now able to communicate her bids during weekly Bridge games.

Reaching Out

With years of hands-on experience, The Boston Home has become the standard in specialized residential care for adults with advanced MS and was recognized as the national model by the National Multiple Sclerosis Society in 2005. Meanwhile, the Board of Trustees was taking stock of the experience and all the expertise gathered in decades of meeting the complex needs of its residents and asking: What more could be done? How could they expand their reach having narrowed their focus?

The Boston Home remains the only facility of its kind in New England and one of only a handful in the nation. The burgeoning waiting list, again, reveals a desperate need. Straining the emotional, physical, and financial resources of willing families, hundreds of middle-aged adults severely disabled by progressive neurological diseases require highly skilled, specialized care in a residential setting. These adults in the prime of life often live in isolation or are assigned inappropriately to geriatric facilities not set up to meet their needs.

The Board of Trustees responded to this need and expanded The Boston Home’s role by launching two innovative initiatives in its 125th year: The 2006 launching of The Boston Home Outpatient Services and The Boston Home Institute for research, training, and advocacy. These initiatives are helping The Boston Home share its resources and expertise with a much broader audience.

The Boston Home Institute

Healthcare professionals from facilities around the nation now regularly join The Boston Home staff and experts in the field to define and share best practice standards for specialized residential care. They come for training in hopes of better meeting the needs of those they care for in clinics, hospitals, and through homecare services. The Institute also provides a platform for advocacy and public policy reform.

The Boston Home Outpatient Services

B.Fit!, a unique socialization and wellness day program, offers outpatients access to The Boston Home's services and recreational activities and, at the same time, enriches the residential community. More traditional physician-referred rehabilitation services are also offered.

A Legacy Built on Early, Generous Support

In its first few decades, The Boston Home supporters created a fund that, carefully managed and with occasional bequests, grew over the next century. This endowment allowed the Board of Trustees to best meet the needs of its residents with informed innovation, and it inspired a bold expansion of services.

The Campaign for Care

Today, with dramatically increasing cost for highly skilled residential care and shrinking Medicaid reimbursements, The Boston Home has responded to this new challenge by launching The Campaign for Care, seeking sustaining financial support to ensure the future care of its residents and to support its initiatives to serve a wider community.

While there is a national focus on funding for cure and treatment of diseases, there continue to be sparse resources for supporting and improving long-term *care* for those living with progressively debilitating diseases. The Boston Home brings not just a lifetime, but *125 years* of experience in caring for people with long-term, disabling conditions.

Today, members of The Boston Home Institute staff are formally sharing this experience with an eager audience of healthcare professionals from around the country who want to bring more independence and joy into the lives of their patients with advanced neurological diseases. For the first time in our history, outpatients are able to access key services such as specialized physical therapy, wheelchair customization, and social activities geared to their specific needs, including the most basic of human needs -- to connect. Every day, residents of The Boston Home live full lives enhanced by the world around them. Here, they maintain a caring connection with one another, a connection forged by the experiences they share – and strengthened by dignity.