

SPECIAL ISSUE

brief



Where You Live Matters: The Role of Culture in Our Aging Journey

By Dr. Roger Landry, MD MPH

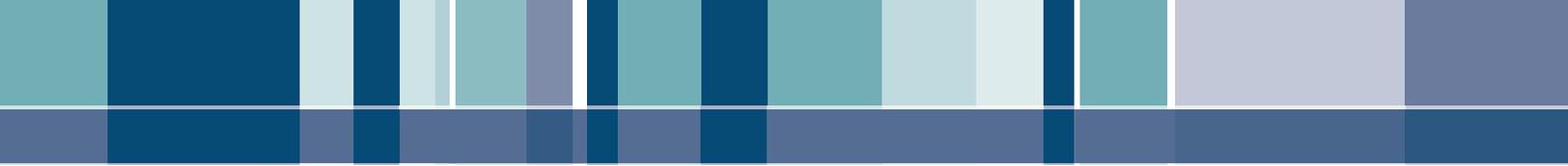
**AMERICAN
SENIORS
HOUSING
ASSOCIATION**
Living Longer Better

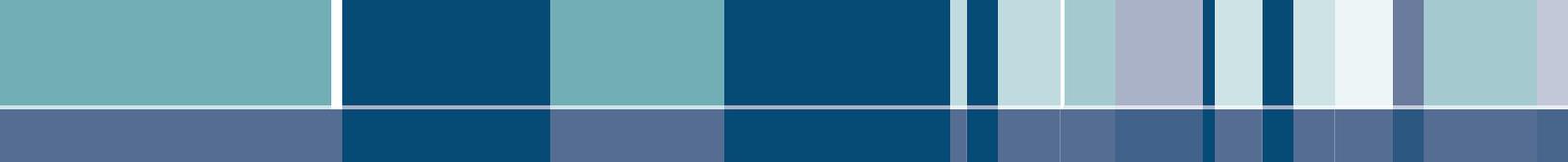




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Where You Live Matters: The Role of Culture in Our Aging Journey

“Older adults and the environments in which they live are diverse, dynamic and changing: in their interaction they hold incredible potential for enabling or constraining ageing.”

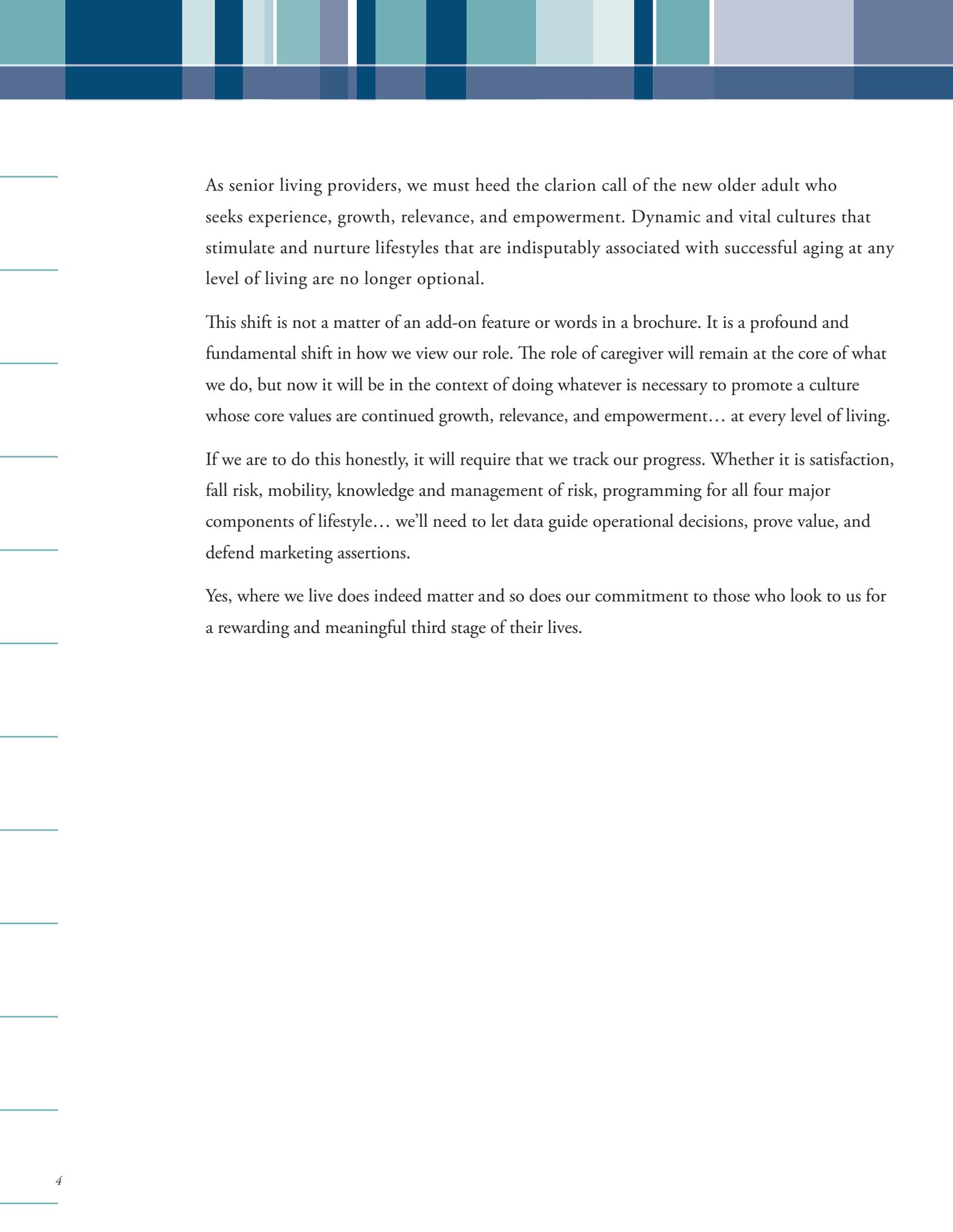
World Health Organization

I. EXECUTIVE SUMMARY

Where we live does matter. As individuals all sharing the experience of aging, we must attend to the cultural environment of our Place, and how we interact with it, for it plays a major role in influencing our lifestyle. And our lifestyle plays the major role in how we will age: how satisfied, functional and healthy we are, and remain, until our time is up.

The qualities of our cultural environment change with time. What was once stimulating and healthy can become a threat to our optimal aging. It is an absolute requirement that each of us look at our cultural environment through the lens of the new knowledge of aging research and the lifestyle needed to age successfully. In our current home, how positive are we? How much do we move? How open are we to learning and trying new things? How connected are we to others of all generations? Do we feel a strong sense of purpose and meaning in our daily lives?

And when we see that our environment and lifestyle have indeed changed, it is time to seek out a new Place where, no matter what our age or what challenges we are facing, we will flourish.



As senior living providers, we must heed the clarion call of the new older adult who seeks experience, growth, relevance, and empowerment. Dynamic and vital cultures that stimulate and nurture lifestyles that are indisputably associated with successful aging at any level of living are no longer optional.

This shift is not a matter of an add-on feature or words in a brochure. It is a profound and fundamental shift in how we view our role. The role of caregiver will remain at the core of what we do, but now it will be in the context of doing whatever is necessary to promote a culture whose core values are continued growth, relevance, and empowerment... at every level of living.

If we are to do this honestly, it will require that we track our progress. Whether it is satisfaction, fall risk, mobility, knowledge and management of risk, programming for all four major components of lifestyle... we'll need to let data guide operational decisions, prove value, and defend marketing assertions.

Yes, where we live does indeed matter and so does our commitment to those who look to us for a rewarding and meaningful third stage of their lives.

II. INTRODUCTION

I've moved over twenty times. Most of that was as an adult and for professional reasons: medical training, military assignments, post-military work. Some would say that should disqualify me from writing this Brief on Place. I believe it makes me an expert. If indeed place is a geographic construct only, then I have but skimmed the surface of fully understanding it. But it is not. For what I've learned is that place is, in fact, a complex, multi-faceted concept and one deeply connected to our perception of the world, our health, and our aging journey.

I believe the essential characteristics of place are mobile. Yes, place is about geography and that's fixed, but it's also about situation, about culture, and about connection, and because these are more human-related characteristics, they are wherever we are. Perhaps this should be expected since most of the time we humans have walked the earth we were nomadic hunter gatherers and our understanding and value of place may lie, as a birthright, in our very DNA. The Kiowa poet N. Scott Momaday tells us that our most recent North American hunter gatherers, the Native Americans, centered their lives around a concept of place. However, that was defined by a tribal intelligence and that considered place as the earth and Nature itself rather than a single location.

My own nomadic life confirms this. Although I appreciated and valued the many places I have lived, what mattered, and still does, is what happened there... with my family, my friends, and the tribe who shared that place with me and who defined my life. Moving was not always easy, but in the military and medical culture it was an essential characteristic of being in the tribe and therefore I adopted that part of the life. In many ways, the culture defined the place and it certainly defined the quality of our family's life when we were there. I sometimes wonder, however, where would I have chosen to live if I had not been part of these professional groups? And would I have obtained what I truly needed from that choice?

There is mounting evidence that indeed, where we live has a substantial effect on not only the quality of our lives, but also our health and our aging experience. This Brief addresses why that is and the implications for each of us and for the communities where we live and work.

Roger

Roger Landry MD MPH

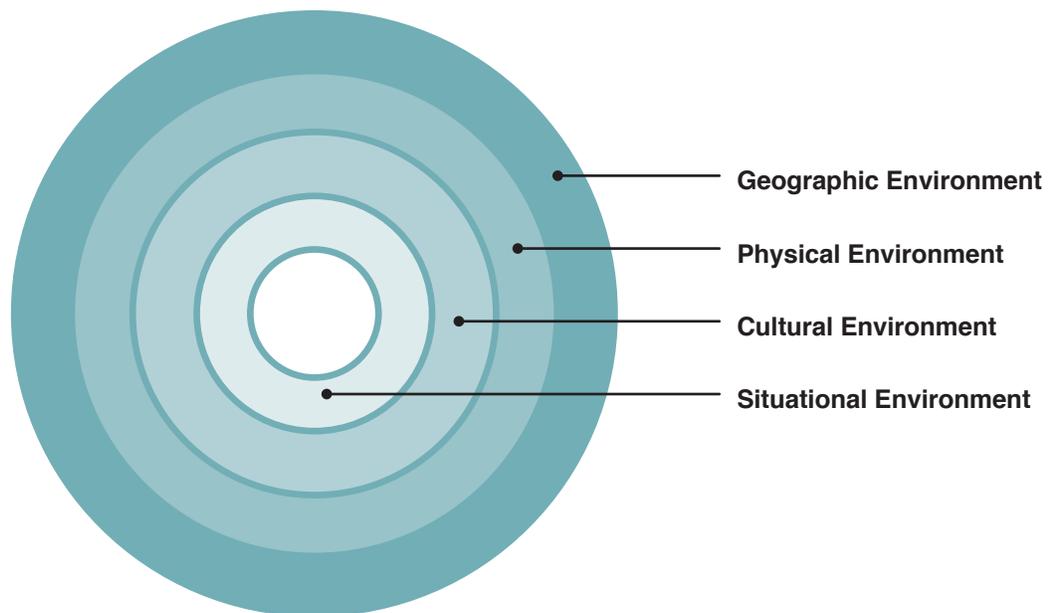
“I hope from what you wanted, you get what you need.”

Judy Collins *Born to the Breed*

III. THE CHARACTERISTICS OF PLACE

Most of us eventually love where we live. We’ve chosen it and, for most older adults, we’ve lived there for decades. We like how we feel there and even more, we value how we’ve felt there over the years. Each place, including our homes, have multiple levels of characteristics that define it. I envision these levels as environments best understood as concentric circles and which collectively could be called an Environmental Model of Place

Imagine you being in the center of these concentric circles. This is your “Place” within the innermost circle. The first circle out from yours is the Situational Environment. Do you live alone? With family, spouse, friends, pets? How do you spend your day? What are you worried about? The answers to these and other similar questions constitute the situational characteristics of your Place.



ENVIRONMENTAL MODEL OF PLACE



Now let's move out to the second circle from your Place. It is the Cultural Environment. This is the "feel" of your place. Is it a positive place? Is it a place populated with people who are still growing or stagnant? Is there a sense of purpose or resignation in them? Are you stimulated by this component of your Place... to laugh, move, learn, connect? This is, in fact, the most critical component of your Place when it comes to health and aging.

Next, out to the third circle from your center. This is the Physical Environment. Is it a town or city? Large or small? What is the weather? Is there the opportunity to be outside? Is it safe and healthy?

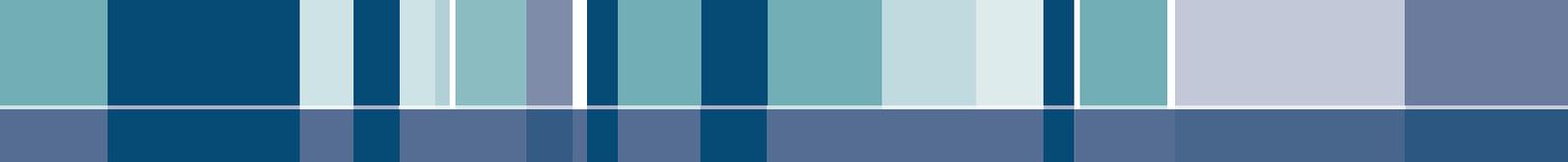
And lastly is the Geographic Environment. Where is your Place? What hemisphere? What latitude and longitude? What country? What state? Mountainous or flat? Near water or not? Dry, wet, snowy, cold or hot?

OUR SHIFTING VIEW OF PLACE

During the course of our lives, our values, preferences and needs change, and this should significantly change our view of our Place, but oftentimes does not.

When we are very young we have little choice where we live and usually adapt to whatever environment we are in. I saw this with my children as we moved about the world. As young adults, we begin to exercise some basic preferences... usually on the outer circles of our Environments of Place model... geography, closeness to school or work, near places of social interaction like restaurants, bars, and theaters. In adulthood, we're seeking competence and accepting more responsibility, raising families, moving up the professional ladder and more aware of status. We are moving more inward in our model to places that are safe, near good schools, and reflect a level of success in our professional lives... more curb appeal. We are beginning to value our culture and our situational environments as a way to define who we want to be.

When we are older, perhaps retired and with children gone, a good many of us tend to remain in place. The reasons we do this are usually totally unexamined and more emotional. This is our Place, where all the excitement, successes, losses and gains took place. A place we chose to live and that now defines who we were. This is the harbor in the storm. This is the place we feel most safe, most comfortable, most nostalgic. Moving from our Place becomes much too formidable... we are not ready yet.



And so, for most of us, only when it is a necessity because of health, or upkeep, or some sort of life event will we move from our Place; often too late to reap the full benefits of a new vital cultural environment of growth.

Of course, there are many exceptions to this model. Many older adults move to warmer weather or nearer grandchildren or to a place they have dreamed about for decades. But most don't. They stay in the family home, willing prisoners of emotional attachment, or apathy, or fear, or capitulation to the children's wishes to keep the home fires burning.

“Better pass boldly into the other world in the full glory of some passion, than fade and wither dismally with age.”

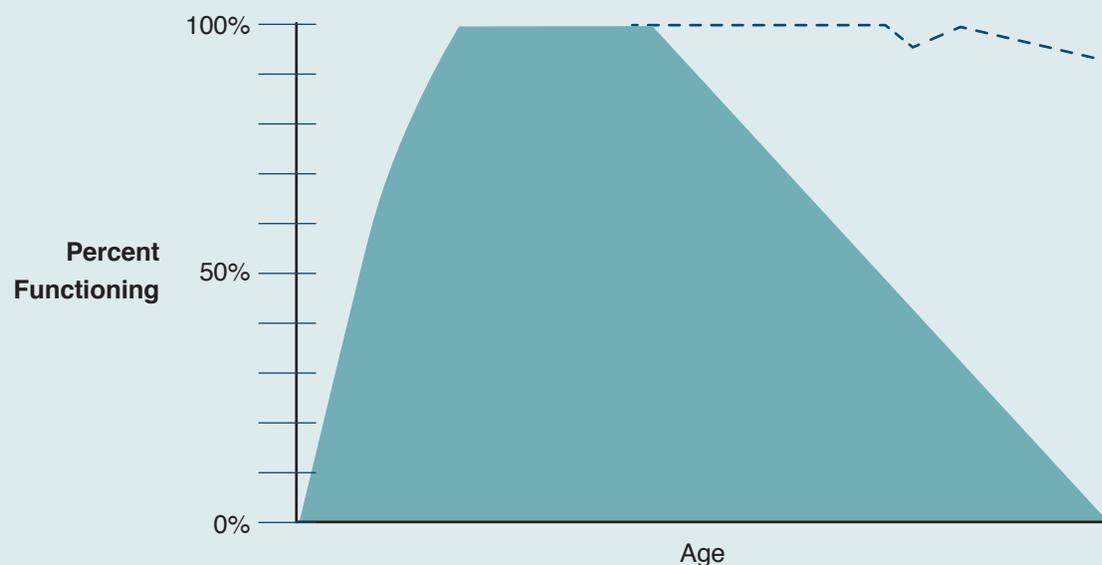
James Joyce, *The Dubliners*

IV. THE REQUIREMENTS FOR SUCCESSFUL AGING

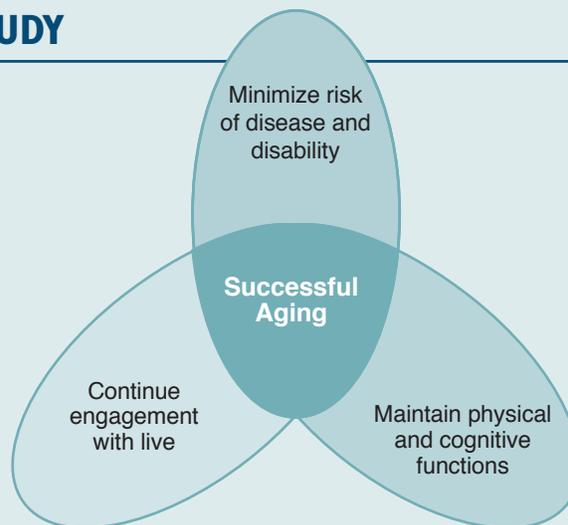
We now know what determines how we age. Gone are the assumptions that our genes, or fate, or serendipity are the major players in how we age. The conclusions of the MacArthur Foundation’s 10 year-long Study on Aging smashed those stereotypes. The findings of this seminal study and an ever-growing volume of subsequent research has corroborated the finding that it is *lifestyle* that is the major determinant of our aging... as much as seventy percent.

The pattern of long steady decline that has dominated aging for the last century (solid line on graph below) is *not* a predetermined path. We can, rather, stay at high levels of function for longer and longer (dotted line) even when life throws its slings and arrows at us (dip in dotted line). We can, in fact, chart a course for our aging where we compress the time that we are sick and impaired... we can die short. And, it is the choices we make every day, including where we live, that make the difference.

PERFORMANCE CURVE



MACARTHUR STUDY



The MacArthur Study identified the lifestyle characteristics associated with optimal (successful) aging: maintaining physical and mental functioning, attending to our individual risks, and staying engaged in life with a circle of family, friends and community and having meaning and purpose in our lives.

These characteristics form the core of a lifestyle strongly associated with an aging journey with much less chronic disease impairment, and consequently, higher functionality at any age. These lifestyle traits were originally outlined in *Successful Aging* by Rowe and Kahn, the co-directors of the MacArthur Study. In 2014, after over ten years of applied research with this MacArthur model, I authored *Live Long, Die Short: A Guide to Authentic Health and Successful Aging*. With the endorsement of Dr. Kahn, my goal was to expand on this lifestyle model by offering practical tips based on our Masterpiece Living® data and experience with over 30,000 older adults in senior living environments. These elaborations of the MacArthur core lifestyle are:

- 1) Use It Or Lose It — whether physical, intellectual, or social skills
- 2) Keep Moving — new research tells us sitting is the new smoking
- 3) Challenge Your Brain — learning new things can reduce likelihood of dementia
- 4) Stay Connected — isolation increases risk of multiple chronic diseases
- 5) Lower Your Risks — includes determining what those risks are
- 6) Never Act Your Age — low expectations are self fulfilling
- 7) Wherever You Are... Be There — much stress is self induced and preventable
- 8) Find Your Purpose — without purpose we wither
- 9) Have Children In Your Life — intergenerational contact is essential to healthy aging
- 10) Laugh — positive attitude is strongly associated with longer life

V. THE LIFESTYLE OF PLACE

The research on aging is clear. If we are to age successfully, to limit the time that we are sick and impaired, we must pay attention to our lifestyle in a very deliberate way. Are we physically active enough? Are we continuing to learn new things? Are we staying connected to others? Do we have meaning and purpose in our lives? Do the Ten Strategies above characterize your Place? This lifestyle is now a well documented NEED for all of us to age in a better way.

When Masterpiece Living set out to bring the results of the MacArthur Foundation to life, we were guided by the suggestion of Dr. Jonas Salk a board member of the MacArthur Foundation. Having heard the results of the Ten Year Study on Aging, Dr. Salk voiced the view that senior living was an excellent place to apply the findings. We are deeply thankful for that guidance.

We, of course, began with a focus on the individual and the four major components of self: physical, intellectual, social, and spiritual (meaning and purpose). We developed a tool to evaluate these components of lifestyle, provide feedback on lifestyle risk, coaching to reduce that risk, an additional mobility tool, and regular tracking of results. That approach worked well, with objective reduction in risk, higher levels of engagement and increased life satisfaction. But along the way we learned something that has made all the difference.

As noted earlier, our lives happen within subset environments of our Place. What we learned along the way is that the greatest reductions in risk and increase in life satisfaction came when we broadened our focus from just the individual to their situational and cultural environments. And since in reality we had little influence on the situational environment...our subjects had chosen to be in senior living... we focused like a laser on the *cultural environment*.

We saw that when we were able to influence culture that we saw exponentially better lifestyle outcomes. We did this with a focus on leadership and with extensive training resources for ALL team members, robust adjunct programming to address all components of lifestyle, and with community-wide data analysis of outcomes. We were, in fact, building cultures of growth, because indeed, to remain at high levels of functioning requires growth. No growth and we will most likely decline. Keep growing and we stay at high levels... being all that we can be.

REDEFINING THE CULTURAL ENVIRONMENT WITH AGE

As most of us age, we choose to remain in the comfort and familiarity of our Place. Even though the situational environment has most likely drastically changed with children gone and daily work schedules no longer the driving theme, we remain. Our cultural environment is most definitely not what it was when we were active as parents, in our careers, involved in neighborhood, leisure time, hobby, education, religious, and a host of other groups. Our lives were characterized by movement, learning, social connection and meaning and purpose. But now? Not so much, yet we remain, even when the natural course of our lives will most likely result in our cultural environment becoming even more static. I believe most older adults remain in these altered Places because of *what happened there rather than what is happening now*.

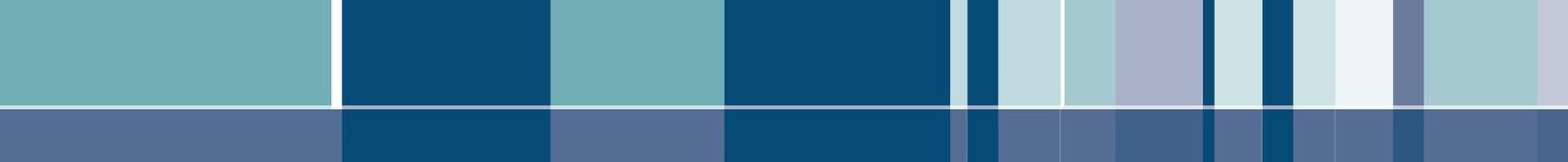
Our Places were environments of growth, the kind of places we now know are critical to age well and remain at high functionality. *So, precisely when we most need stimulating cultural environments to age successfully, our Places are more static, mere monuments to the vital places they once were.*

PERSONAL STRATEGIES TO REGAIN A CULTURALLY VITAL ENVIRONMENT

We've established that to age successfully we need to live lifestyles that are physically and intellectually active, engaged and filled with purpose. To do this we require cultural environments which stimulate, celebrate, and ideally track healthy lifestyle outcomes. So, as our current environments become less likely to measure up, what can each of us do to enrich them? How do we find the cultural vitality we need?

Well, of course, the first thought is to revamp our Place in the world. We can become more active, keep learning, make more social connections and look for more of a sense of purpose. We can, but it's a lot of work. It's new work within our old Place and since, in the end, aging is about loss...loss of friends, function, even our spouses... this strategy has limited success.

We can begin again somewhere else, perhaps where the weather is better, but this usually involves giving up proximity to long-term friends and family, requires an energy you last had in your thirties and also involves risk, as this new Place might not work out.



Or you could seek a new Place, perhaps close to your current one, where there are sure to be like-minded people also seeking their new Place in order to grow and be the best they can be. Senior living communities, especially those with independent living as well as support options when needed, exist to provide new Places where there are fewer responsibilities and more opportunities. Having options for additional help to continue your growth even with challenges, is particularly attractive, because another move when you're facing one of life's curve balls only compounds and complicates the challenge.

VI. IMPLICATIONS FOR SENIOR LIVING

Knowing now that where you live matters, playing a huge role in how we age, then what does that mean for today's senior living communities? Are they ready to provide the culturally vital environment necessary to age well?

With deep roots in the late Nineteenth Century and a primary focus on care, many communities are struggling to understand:

- What is it that this new older adult wants?
- What kind of new Place will attract them enough to make a change?
- What does it mean to age successfully?
- How can we in senior living now begin to focus on preventing many of the conditions we have up to now primarily focused on caring for?* And from a business perspective, should we?

From the aging sciences point of view, the uncertainties are over. *We can prevent or limit much of the chronic disease burden and impairment.* Environmental cultures that are more like universities, where people live there in order to grow... physically, intellectually, socially, and in meaning and purpose, are the incubators of a vital third stage of life. These are the cultures that will be like magnets for older adults who know what's possible; that will convince people they are ready to leave the Place of their second stage of life. It's already happening in the sales centers... informed people looking to live in a new cultural environment where they will flourish and where they will enjoy the bounty of new relationships and find enriched meaning and purpose... people who know that where you live matters.

For many senior living providers, offering this culture has become a moral imperative.

* From Caring to Coaching, *Agenda*, Aging Services of California, June 2011 pp 14–16

WHAT WILL IT TAKE?

This new focus will require a top to bottom review of the basics... like language, programming, intergenerational connection and overall operations. It will require an uncomfortable look in the mirror. What is our role in an evolving societal view of aging?

Care will remain a core function of what we do, but only as a way to support continued growth. Communities will begin to look at themselves as centers of excellence on aging, reservoirs of human capital needing and wanting to be used for the betterment of others, the greater community, and the world.

Within the Masterpiece Living Network of communities, we now have 16 Certified Centers for Successful Aging, a title earned by a comprehensive and deliberate approach to building a cultural environment of growth. The criteria address culture and its relationship of leadership, purposeful programming, team member and resident engagement, outreach and the tracking of outcomes. By focusing on these specific criteria for the certification, communities have a better understanding of the pathway to becoming more attractive to the new, successful aging-savvy older adult.

The flowery language promising comfort, security, wellness programs, and granite tops has been a solid first step, but is now faltering as an attraction under the scrutiny of the research on aging and the knowledge of the consumer. This new consumer values experience most. Comfort and security? Yes. Care when needed? Yes. Flashy bricks and mortar? Yes. But none of this at the expense of an aging experience that empowers them to be all they can be for longer and longer. Wellness has become a cliché, mentioned in just about every brochure out there. But like the Blue Zones* where the super old age with vitality, it's not a feature or "program." Rather it must be an entire lifestyle that, much like a university, IS the culture of everything that happens in the community and affects all who work, live, or even visit there. This effort, if it is to succeed, cannot be viewed as an additional task for the community, but THE TASK that will define everything else that happens there. This is the logical outcome of believing that where you live matters.

- Buettner, Dan, *The Blue Zones: Lessons for Living Longer from the People Who've Lived the Longest*, National Geographic Books, 2006

VII. SUCCESS STORIES

And in aging services we're beginning to see headway. Progressive, cutting-edge communities have embraced this cultural approach to a more functional focused, more empowering, and more life-affirming experience for all residents no matter what challenges or level of living. A 2016 Senior Housing News publication *Insights and the Future of Wellness in Senior Living* highlighted eight exceptional providers who've committed to moving ahead with this approach. Additionally, this publication highlighted the key component of measurement in an effective transformational strategy.

Masterpiece Living, now with nearly two million data points systematically accumulated over a decade, has shared some of the dramatic outcomes achieved by communities dedicated to cultures of growth. The particularly stunning aspect of this data is its favorable comparison of independent senior living residents, average age 84, to older adults living in the greater community who were 75+ (National Normative Data).

A recent data analysis* of mobility (see chart on page 16) revealed comparable or better values for senior living residents over national data for older adults living in the greater community despite the average age difference. For we in Masterpiece Living, this is reflective of the powerful effect of a dynamic cultural environment.

Another analysis* of volunteerism in a partner community vs national norms and 75+ older adults living in the surrounding community showed remarkably more civic engagement in the senior living group. Volunteerism is associated with longer lifespan and higher life satisfaction.

	2007	2008	2009	2010	2011
Volunteer Rate Within Community	52%	50%	46%	41%	39%
Volunteer Rate in the Greater Community	4%	15%	14%	16%	15%
National Average	24%	24%	24%	24%	24%

• Data Analysis, Masterpiece Living, Press Release

Upward Mobility

In the Masterpiece Network

27 Out of 30
Average score



70%
Have a "low risk of falling"

Mobility Review Total Score

Chair Stands



35% Scored better than peers living in their own homes



Arm Curl

2 in 3

Scored better than peers Living in their own home

56%
Scored Above Average



Two Minute March

36%
Above Average

3,860
Number of individuals in 2016 who participated in the Masterpiece Mobility Review

Scored better than the Average older adult living in their own home

37%

Single-leg balance

Average Age of resident in the MPL Network

84
Years Old

Average Age of individual for National Norm Benchmark

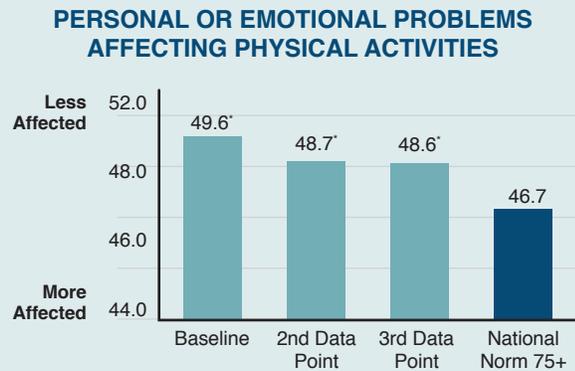
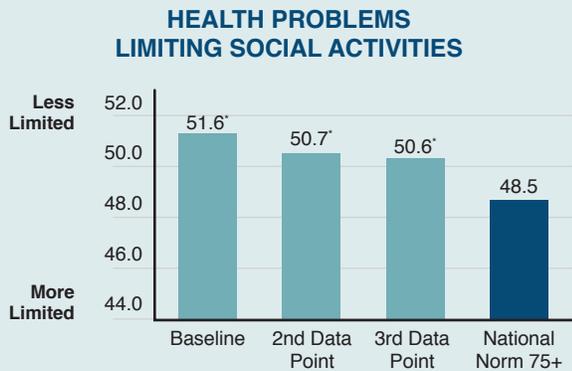
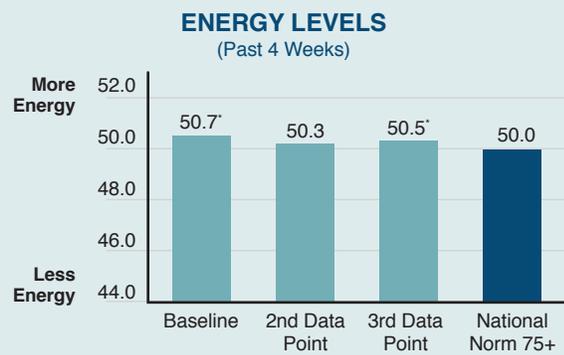
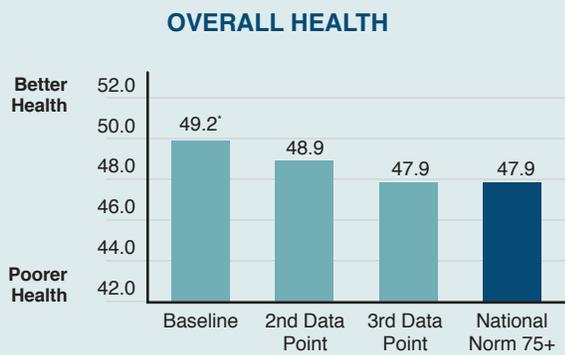
75
Years Old

Mobility is essential to independence which is why so many individuals in the Masterpiece Network are tuned in to their balance, agility, flexibility and strength abilities. The numbers don't lie – individuals in the Masterpiece Network fare well when compared to active, healthy older adults living in their own homes. According to the data, the average resident living in the Masterpiece Network is the "upwardly mobile" type.....

• Data Revelation, Masterpiece Living Press Release, April 7, 2017

A third analysis* looked at self-reported health. This is a well documented indicator of how someone will age. Over a two-year period, comparing residents in multiple senior living communities with national normative data, senior living residents gave consistently more positive answers.

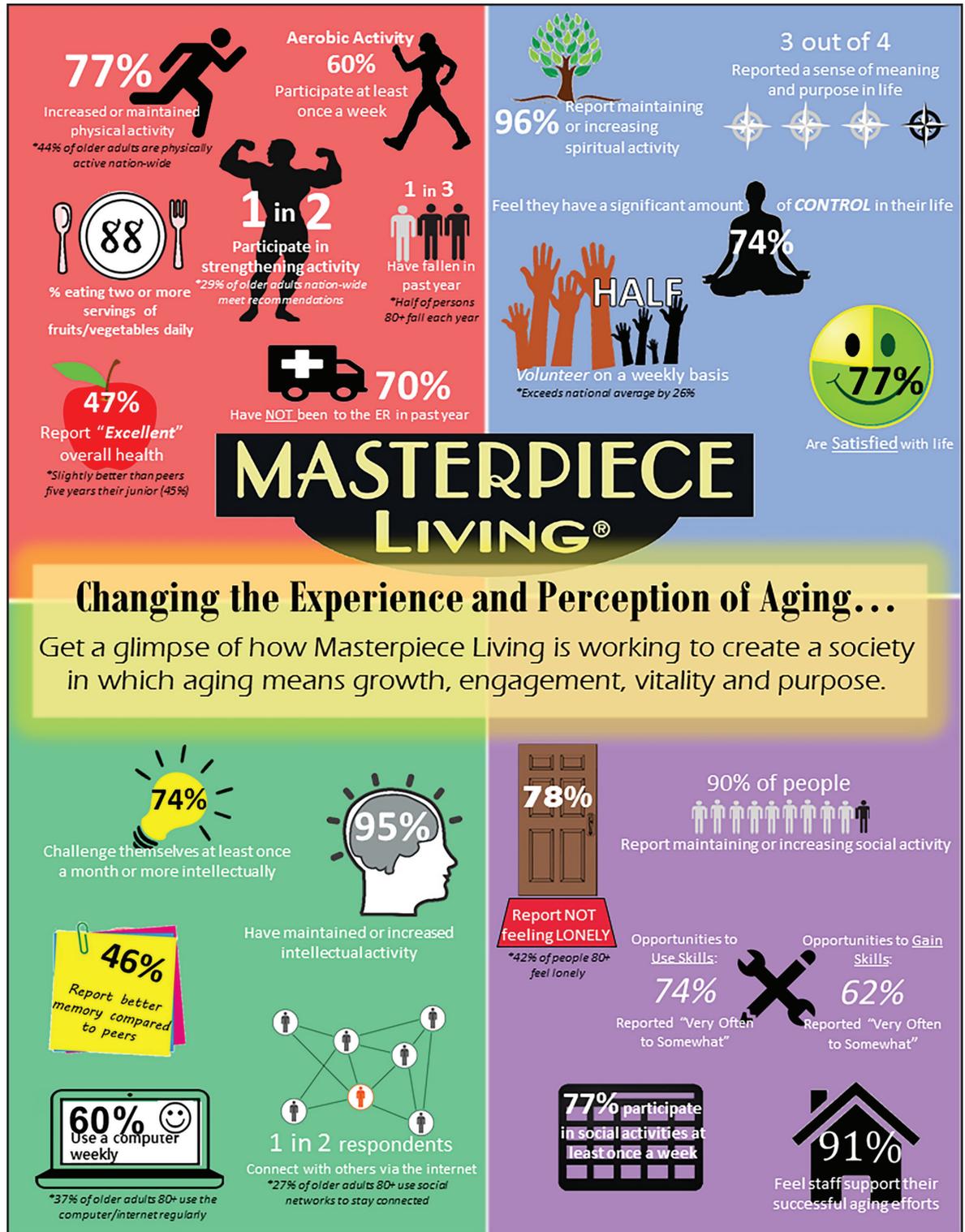
SELF-REPORTED HEALTH



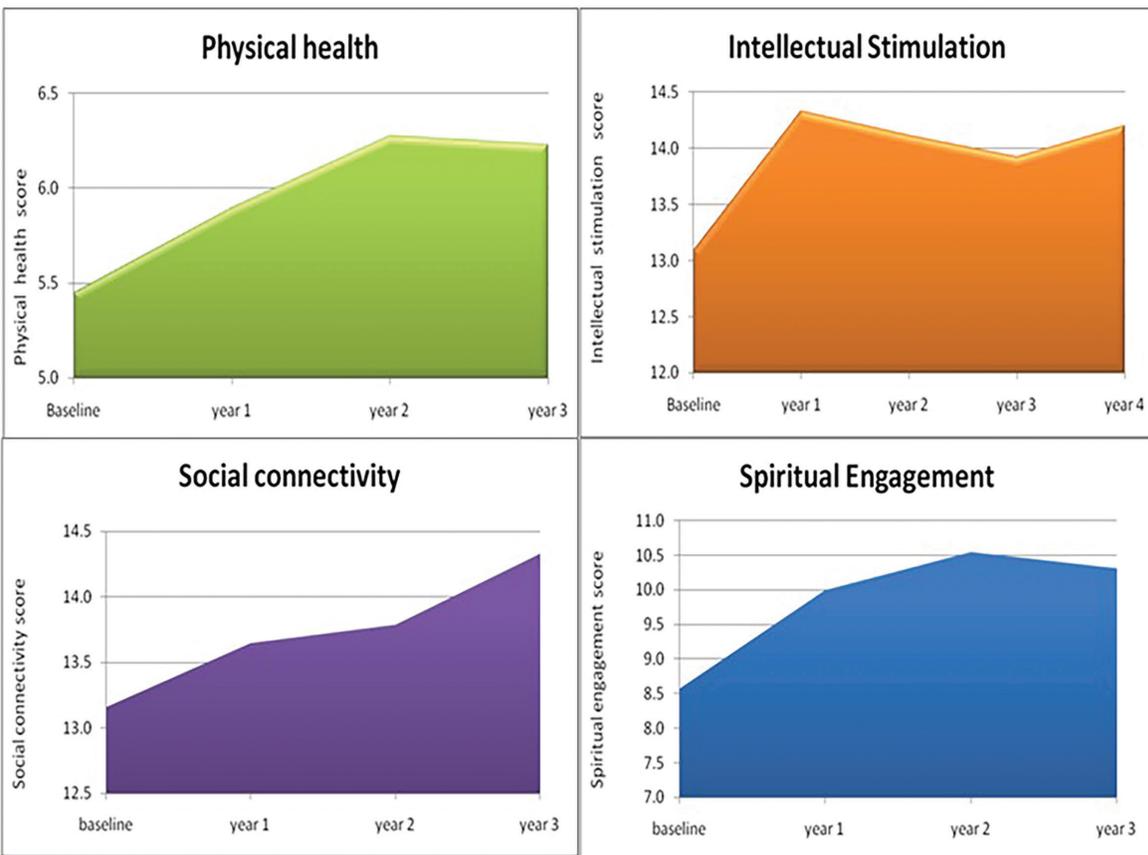
*Indicates a score which is statistically better than the national normative average for individuals age 75+ living in their own homes.

• Data Analysis, Masterpiece Living, Press Release

Although the following two images from our MPL data bank do not compare senior living to national data in all categories, it is a powerful statement about the positive effects of senior living.



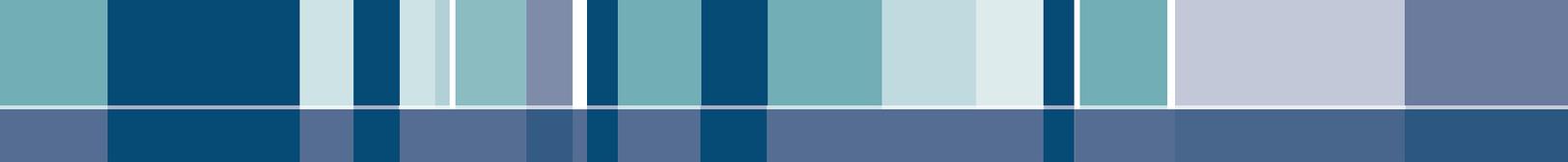
Stories of Resilience



Average at baseline 84



In these cases, we see more positive outcomes when communities embrace a focus on the cultural environment in order to promote lifestyles that are more likely to result in a successful aging experience. Moreover, measuring such outcomes clearly provides powerful differentiating messaging, feedback for operational planning, and, when linked to occupancy, ROI data. The era of the anecdote and assumption of benefit is passing quickly. It is frankly difficult to conceive of attracting the new older adult who now lives in a data-rich world, without robust data and data-based assertions.



VIII. CONCLUSIONS

How we age is determined mostly by lifestyle. Indisputable research tells us our major choices: how much we move, learn new things, connect with others and have meaning and purpose in our lives... are powerful predictors of the quality and even quantity of our aging experience.

Attending to this lifestyle can markedly change our aging experience by compressing the time we are sick and impaired while extending our period of functionality.

Lifestyle does not occur in a vacuum. Where we live... our Place ... has multiple layers but it is the cultural aspects of our environment that reflect, stimulate, support and validate our lifestyle choices.

As we age the nature of our cultural environment changes. Although remaining critically important, it can also become a barrier rather than an doorway to successful aging. Seeking and maintaining a vital cultural environment in order to continue to grow and flourish is at the core of aging well.

Senior living has an operational, financial, and, I believe, a moral responsibility to respond to this new knowledge of the role of lifestyle and culture.

Adaptation to and capitalization on this new reality will require a fundamental shift of focus for senior living. All aspects of senior living operation, from transportation, to dining to nursing care, will need to be focused on supporting the continued growth of the resident, no matter what challenges they have.

Becoming cultures of growth will ensure that senior living continues to appeal to the rapidly changing older adult who seeks experience, growth, relevance and empowerment.

Robust data and data analysis is now essential for operational guidance, to craft solid marketing messages, and to prove marketing assertions. The days of the anecdotal benefit are passing swiftly.

Many senior living communities are already leading the way. Tracking of outcomes and collection of data has allowed them to tell others of their success in positively influencing lives.



ABOUT THE AUTHOR

DR. ROGER LANDRY

Dr. Roger Landry is a preventive medicine physician, author of award-winning *Live Long, Die Short: A Guide to Authentic Health and Successful Aging* and President of Masterpiece Living, a group of multi-discipline specialists in aging who partner with communities to assist them in becoming destinations for continued growth. Trained at Tufts University School of Medicine and Harvard University School of Public Health, Dr. Landry specializes in building environments that empower older adults to maximize their unique potential.

His book, *Live Long, Die Short: A Guide to Authentic Health and Successful Aging* has been endorsed by AARP, is a 2014 Living Now Book Award Gold Medal Winner and was a 2014 Top Pick in *MORE* magazine. He is a regular contributor to national outlets such as the *US News Report* and *Huffington Post*, and featured on ABC, Fox News, CBS, BBC among others. He was also an expert contributor to the recently published *80 Things to Do When You Turn 80*.

Dr. Landry was a flight surgeon in the Air Force for more than 22 years keeping pilots and other aircrew healthy and performing at their best. One of his charges was world famous test pilot, Chuck Yeager. Dr. Landry retired as a highly decorated full colonel and chief flight surgeon at the Air Force Surgeon General's Office in Washington, DC after duty on five continents and being medically involved in a number of significant world events including: Vietnam, the Chernobyl Nuclear Disaster, the Beirut bombing of the Marine Barracks, the first seven Shuttle launches and the first manned balloon crossing of the Pacific. For well over a decade, Dr. Landry has focused his efforts on older adults as a lecturer, researcher, consultant and author.



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Living Longer Better

www.seniorshousing.org



www.mymasterpieceliving.com