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Identifying obstacles to embracing social connection as a value proposition

What can COVID-19 teach us about marketing Life Plan Communities?
Part Two

John Franklin | June 2020

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EXPERIENCE & TRUST

The world of senior living, senior care, and healthcare are in a constant state of change. That's why – over the past 30 years – organizations have turned to John Franklin for guidance and advice they can trust. As a writer and speaker, John continues to research and write about subjects he considers important to the senior living industry.

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Could our current models of care, or how we deliver health care, be contributing to social isolation and holding us back?

About a year ago, I had a difficult conversation with the CEO of a multi-site nonprofit senior living organization, who asked, "How do we convince a future resident that we provide and nurture social connection when I do not even know what it is or how to define it?"

I have known this CEO for 25 years; he is also a friend. He does not mind provoking or asking questions that some people would consider trivial. It was not a trivial question. It was an honest one. In fact, his question offered an epiphany for me.

That conversation initiated my exploration into obstacles that are hindering Life Plan Communities from promoting social connection as a value proposition. And, now, COVID-19 has elevated the necessity of social connection to the future vitality of our communities. Yet, as leaders, we simply do not know how to talk about it. A starting point is naming it and owning it and then building it into the community culture. Will we adopt language and nomenclature that addresses social engagement directly or will we remain inhibited by unawareness, hubris and fear? Many of your prospects may not even know how to express the desire for belonging and social connection, yet it is what our current and future residents desperately want.

Are we ready to let go of past care models to join a movement to provide environments that create more social connection, thus creating a healthier and happier lifestyle?

Let's start the conversation.

Identifying obstacles to embracing social connection as a value proposition

An Epiphany

About a year ago, I had a difficult conversation with the CEO of a multi-site nonprofit senior living organization, who asked, "How do we convince a future resident that we provide and nurture social connection when I do not even know what it is or how to define it?" I have known this CEO for 25 years; he is also a friend. He does not mind provoking or asking questions that some people would consider trivial. It was not a trivial question. It was an honest one. ***And, it was an epiphany for me.***

I realized that three things needed to be communicated to the senior living industry to change the way we think about social isolation and loneliness. First, we have to educate ourselves on the subject. Second, we have to recognize the past and current obstacles that are keeping the industry from embracing social connection as a value proposition. Third, we must give the industry tools to help it move from a singular model focusing on care to a model focusing on lifestyle and purpose.

For the past two years I have made it a personal mission to discuss the importance of social connection with my colleagues in the senior living industry. Why? I now believe that understanding, adopting, and communicating "social connection" as a value proposition is vital in keeping the Life Plan Community concept relevant to the consumer. It's not only a market differentiation strategy, it also is the RIGHT THING TO DO. However, the conversation has been a slog. ***Maybe COVID-19 will change that.***

A Provocative Subject

Be forewarned before reading further. This paper, "What COVID-19 Can Teach Us About Marketing Life Plan Communities—Identifying Obstacles to Embracing Social Connection as A Value Proposition," is provocative. The objective of Part One, "The Science Behind the Importance of Social Connection," was to define social connection, communicate its importance to overall health, and to introduce certain nomenclature around the topic. The intent of Part Two, "Identifying Obstacles to Embracing Social Connection as A Value Proposition," is intended to be a "wake up call"– a call to action for the nonprofit senior living industry. My hope is that the information and views expressed herein will cause discomfort for many in the industry and provoke interest and thoughtful discussion. But more importantly, I hope providers begin act and do the right thing for their current residents and future residents.

So, what are some obstacles to embracing social connection as a value proposition? Another way to ask the question is: What are factors that contribute to social isolation and loneliness? I believe we can organize the contributors to social isolation into four areas – what I call the ***Four C's*** – Culture, Care Model, Concealment, and Community. First, we will explore the cultural obstacles to understanding and embracing social connection's importance to health and longevity. Second, we will examine why our care model, or how we deliver health care, contributes to social isolation. Third, we will discuss concealment – why, as individuals, do we fail to recognize, understand or acknowledge loneliness and social isolation in ourselves? Finally, we will scrutinize why Life Plan Communities themselves might be the biggest obstacle to embracing social connection as a value proposition.

Cultural Obstacles

Where do I start? I could write an entire book on why our society has not recognized the importance of social connection to health, happiness and longevity. American culture is founded on independence. We celebrate those who make it "on their own." In fact, our national identity and narrative celebrates the American Hero – the myth of the self-made man – from Benjamin Franklin, to Abraham Lincoln, to Frederick Douglas, to Ray Kroc, who made McDonalds into a global fast food empire. In the 1800s that narrative was forever instilled in the American psyche with the popularity of the Horatio Alger novels about poor young men who, through hard work, determination, courage and honesty, rise above their impoverished backgrounds to lives as respectable middle-class citizens. So, as Americans we have always admired independence instead of interdependence. Men especially buy into this narrative. A recent *Boston Globe* article references Dr. Richard S. Schwartz, a Cambridge psychiatrist who co-authored with Jacqueline Olds a book on social isolation, titled The Lonely American: Drifting Apart in the Twenty-First Century (Beacon Press, 2010). In it, he describes how men suffer in silence, refusing to acknowledge that they are lonely and crave deep intimate friendships.

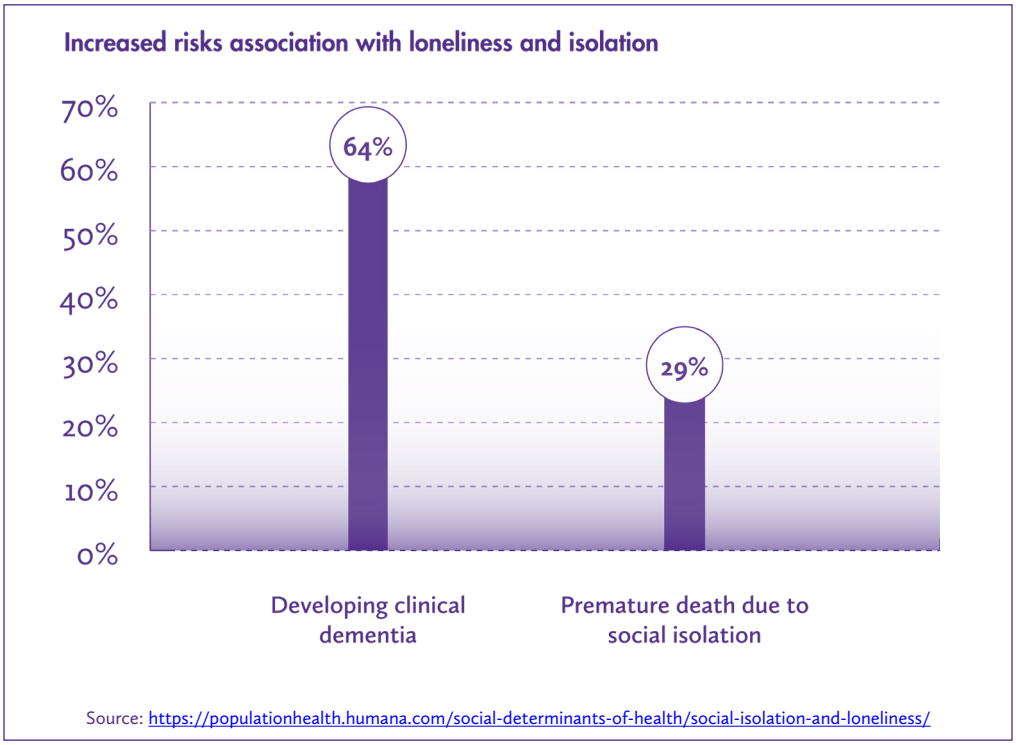
Although not as deeply, women also buy into the "self-made" narrative. Many people know that I love Katy Butler's book, Knocking on Heaven's Door – The Path to a Better Way of Death (Scribner, 2013). As a forensic journalist, she investigates and relays the problems of the United States healthcare system; and she does so through her family's heart wrenching story of her father's, and then her mother's, illnesses and deaths. It is a powerfully illuminating book. Her book was published in 2013, one year before Vivek Murthy became Surgeon General of the United States and then, after four years of traveling the country as Surgeon General, discovered that social isolation was the root cause or a major contributor to many health issues.

> As Americans, we have always admired independence instead of INTER dependence.

As her father's condition worsens, Katy Butler describes how she helped her mother look at "retirement communities" as a care option. In the end, her mother decided to not move into such a community because she did not want to be "dependent on others;" she wanted to remain "independent." ***Make a note of that statement. Katy's mother was sold a care model, not a lifestyle and purpose model – we will come back to that later in this paper.*** And Katy Butler supported her mother's decision wholeheartedly, despite watching her mother become increasingly socially isolated under the burden of being a caregiver for Katy's father! As Katy states in her book, her mom "decided to continue toughing things out at home. She would continue to meet her future there when it came." Those statements exemplify the American spirit of independence and self-reliance!

This American spirit of independence and self-reliance comes at a great cost, especially to caregivers, like Katy Butler's mother. According to AARP's 2020 State of Caregiving in the United States, 55% of family caregivers feel lonely. Caregivers are

often embarrassed or reluctant to ask for help. Thinking they are the only ones going through this or that they should be able to come up with solutions on their own. This compounds the stress and worsens the health of the very support system meant to care for aging adults. As the years of providing care increase, so too does the feeling of being alone. It is a vicious downward spiral that compounds over generations. The chart below articulates the increased risk associated with loneliness and isolation.



Source: https://populationhealth.humana.com/social-determinants-of-health/social-isolation-and-loneliness/

Interestingly, Katy Butner, who completed thorough research for her ground-breaking book, mentions "social isolation" or "social connection" only once in the book:

> **Given how much is unknown about the more than fifty causes and risk factors of mental decline and dementia – among them obesity, depression, alcoholism, cardiac surgery, chemotherapy, diabetes, mutated cells, a high-fat diet, genetics, a sedentary life, social isolation, depression, and just plain old age... .**

What Katy Butler did not know then and what we are now beginning to understand is that social isolation is actually the root cause of many items on her "risk factor" list. Just seven years ago social isolation and loneliness were not on anyone's radar, even those who were studying our health system and health outcomes!

This is where COVID-19 has the power to become a transformational event. This could be an opportunity for us to realize that we need to build our lives around relationships, to recognize and appreciate the role and power that relationships have, not just to our spouses and our family members and our close friends, but also the relationships we share with our community as a whole. ***This is an opportunity for us, as Americans, to learn the power and value of social connection,*** and admire and appreciate interdependence as much as independence.

Ageism

> A social instinct is implanted in all by nature
>
> Aristotle, *Politics*
> 350 B.C.E.,
> Jowett (2009)

Unfortunately, COVID-19 has also put a spotlight on something ugly – Ageism in our country. Once it was determined how vulnerable older adults are to the virus, Ireland and other countries made protecting seniors a priority. The United States did not. In fact, some states, like New York, dumped their COVID-19 patients into nursing homes. In our culture, older adults are seen as expendable, a population that needs to be "cared for." The belief is that once you reach a certain age in this country, you are no longer a productive member of society. ***That belief is wrong.*** Bill Thomas founded the Eden Alternative because he realized that residents do not want to be defined by their chronic conditions; they want to continue living life with meaning and purpose. And they desperately want to serve others. But because our country values independence instead of interdependence, even if most people accept the fact that older adults desire to serve others, ageism persists. We fail to take advantage of their contributions as mentors, teachers and caregivers.

Another ugly truth is that older adults perpetuate ageism more than other age groups. There are plenty of stories, including accounts in Katy Butler's book, where older adults shun and ostracize their friends once they show signs of age. Abraham Maslow's Hierarchy of Needs, which represented a pyramid with more basic needs at the bottom and aspirational needs at the top, indicated that hospitalism, neglect, shunning, and ostracism can occur as people age and adversely affect a person's ability to form and maintain emotionally significant relationships. Once the shaming starts, social isolation kicks in, triggering a downward spiral.

Care Model

When we talk about society and culture norms as obstacles to embracing social connection, we cannot omit our healthcare system as a contributing factor. An article published in January by *The Commonwealth Fund* offers some sobering statistics. Using health data from the Organization for Economic Co-operation and Development (OECD), the U.S. healthcare system was compared to 10 other high-income nations in terms of spending, outcomes, risk factors, prevention, utilization and quality. The following are highlights:

2x $$

The U.S. spends more – nearly twice the OECD average country – yet has the lowest life expectancy and highest suicide rates of the 11 countries.

2x higher

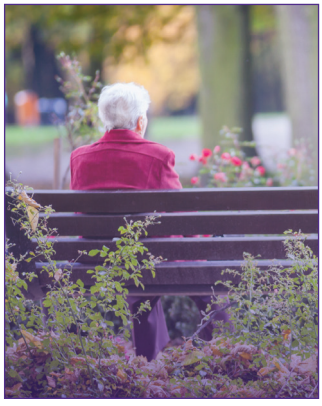
The U.S. had the highest chronic disease burden, and an obesity rate that is twice as high as the OECD average.

Deaths

Compared to peer nations, the U.S. has the highest number of hospitalizations from preventable causes and the highest rate of avoidable deaths.

Social isolation is the *objective* state of having few social relationships or infrequent social contact with others.

Loneliness is a *subjective* feeling of being isolated.



As Katy Butler argues in her book, our healthcare system is based on a volume based economic model instead of an outcome based economic model. Our entire system is rewarded by how many visits, MRIs, and procedures that are completed instead of keeping people healthy and out of the hospital. However, that is changing. As a result, focus is turning to prevention-based medicine. There is recognition throughout the healthcare sector that improvements in overall health metrics are likely to depend – at least in part – on attention to social determinants, including mitigating social isolation.

OECD research also showed that the U.S. spends much less on social programs than other countries. When you combine social program spending with healthcare spending, the U.S. spends about the same as other countries. The difference is that we spend much less on social programs and have worse healthcare outcomes, and, because of structural factors, our healthcare delivery system in not integrated with our social program spending; whereas, many other countries actually integrate the two.

In recent years, the AARP Foundation has played a key role in bringing attention to the impact of social isolation and loneliness to the health of older adults. As a result, the AARP Foundation approached the National Academies of Sciences, Engineering and Medicine to study the role healthcare systems can play in mitigating the adverse impacts of social isolation and loneliness. The resulting consensus study, *Social Isolation and Loneliness in Older Adults* (National Academy of Sciences, 2020), may be the most comprehensive and informative book written to date on the subject of social isolation and loneliness. The report is very accessible and does an excellent job of explaining the difference between social isolation and loneliness:

> **The terms social isolation and loneliness are often conflated, but they represent distinct concepts, each with their own measures. Social isolation (the *objective* state of having few social relationships or infrequent social contact with others) and loneliness (a *subjective* feeling of being isolated) are serious yet underappreciated public health risks that affect a significant portion of the older population.**

The committee, which reads like a who's who in the world of psychiatric and geriatric medicine, identified the following goals toward enhancing the role of the healthcare sector in addressing the impacts of social isolation and loneliness in older adults:

- Improve Awareness
- Strengthen ongoing education and training
- Develop a more robust evidence base
- Translate current research into health care practices
- Strengthen ties between the health care system and community-based networks and resources

And the book tackles each goal with clarity. Along with Vivek Murthy's book, *Together – The Healing Power of Human Connection in a Sometimes Lonely World* (HarperCollins 2020), I would highly recommend this book to anyone seriously interested in studying this subject further.

With increasing research and studies like the one highlighted above, we are beginning to realize that our U.S. healthcare system needs to address health-related factors that may be upstream from the clinical encounter. It is becoming apparent through growing research that mitigating adverse social determinants (termed "social risk factors") may be the most effective way to achieve better health outcomes. Addressing such social determinants of health in the aging community are critical to improving health as a whole. Humana research has demonstrated that each Unhealthy Day adds $15.64 per person per month in medical costs, underscoring the economic value and business imperative of addressing non-clinical factors, like social connection.

With a growing emphasis by healthcare providers to pay more attention to upstream factors that address the social determinants of health (SDOH), a major obstacle to understanding the importance of social connection to health is getting pushed aside. ***And Life Plan Communities are perfectly positioned for this change by providing social support structures that create a positive influence on the healthcare delivery and outcomes of its residents.***

Concealment

In addition to cultural and care model obstacles that impede acknowledging and mitigating social isolation, we as individuals create our own obstacles. This is where the conversation gets a little personal and more difficult. Lonely people often have a difficult time reaching out and asking other people for help. In fact, they often conceal their loneliness. And people who want to help don't know how to reach out or don't recognize that a problem exists. This leads people who are suffering from loneliness

to spiral deeper and deeper into a well of loneliness. And because of the stigma attached to loneliness, the shame they feel causes them to move farther away from the human connections that they desperately need.

A terrible irony is that as our threat level rises, we tend to perceive people and their acts of outreach and kindness with greater suspicion. When we are chronically lonely, we also tend to shift our focus inward and away from other people. This makes sense from an evolutionary standpoint, because when you're in a threatened state, you want to focus on yourself to make sure that you're safe. That can also make it harder to form a strong connection when you're interacting with other people.

> Lonely people often have a difficult time reaching out and asking other people for help. In fact, they often conceal their loneliness.

But here is the real irony. When we struggle with chronic loneliness, it chips away at our self-esteem, and we start to believe the reason that we are lonely is because we're not likeable or not lovable. And so, loneliness builds on itself. One might ask "Why don't you just reach out to friends and tell them that you want to connect?" Because of the stigma attached to feeling lonely, it's not that simple. Once you understand the shame associated with loneliness, it quickly becomes apparent that the downward spiral is not easy to break.

I mentioned the film, "All the Lonely People," in Part 1 of this paper. Filmed mostly in Great Britain and the United States, the film will highlight how social isolation affects all ages and people from all social economic backgrounds. Although the film will contain interviews from leading doctors and scientists who have studied and researched this issue, it will focus primarily on the people, who with tremendous vulnerability, talk about what it feels like to be socially isolated. ***The hope is that viewers will see something of themselves, thus mitigating the stigma and shame connected with talking about this subject.*** This should be a very powerful documentary.

The Beatles capture the sadness and shame associated with loneliness and how we conceal our loneliness in the lyrics to their song, *Eleanor Rigby*:

Eleanor Rigby,
Picks up the rice in the church where a wedding has been
Lives in a dream
Waits at the window
Wearing the face that she keeps in a jar by the door
Who is it for?

All the lonely people
Where do they all come from?
All the lonely people
Where do they all belong?

Songwriters: John Lennon / Paul McCartney (1966)
Eleanor Rigby lyrics © Sony/ATV Music Publishing LLC

> There is the feeling that to admit you are lonely is to admit to some sort of failure.

Unfortunately, the shame and stigma attached with social isolation or loneliness keeps us from talking about it. My own experience is a case in point. Right after graduating from college, I took a job as a Systems Engineer at NASA's Goddard Space Flight Center in Greenbelt, Maryland. As an introvert at the time, I was excited to finally have my own apartment. I grew up sharing a bedroom with two brothers, and I always had a roommate in college. So, I moved into an apartment complex nearby. Although there were plenty of people living near me, I was miserable and depressed. I realized that I was lonely. I never told a single person that I was lonely. Even though I was suffering from social isolation, I did not know it. I did not even know what it was! However, after two months, I read the "roommates wanted" ads in the *Washington Post* and moved into a house in College Park with two former graduates from the University of Maryland. I have had roommates or housemates ever since. And some have become close friends. However, until now, I have not spoken openly about it.

During a recent conversation with the Head of Resident Services at a single-site Life Plan Community, I asked about the organization's strategy to promote social wellness and the ways it tries to identify and prevent social isolation. First of all, they had no such strategy. The community did tout its "Eight Dimensions of Complete Wellness" program, one of which includes "Social Wellness." Some wellness models, like the one being studied by Mather, uses the "Six Dimensions of Complete Wellness Model," also known as "Whole Person Wellness." However, the Head of Resident Services was quick to point out that through anecdotal evidence she believed her community does provide an opportunity for greater social connection than for someone living at home alone. I agree with her last statement. The experience of my own in-laws at their Life Plan Community supports that assertion. But the real question is how many of those opportunities for social connection are truly intentional. And an even more important question is how good is the community at creating trust, a sense of belonging, and purpose?

As the National Academies of Sciences, Engineering and Medicine report makes clear, we need to develop a more robust evidence base. Even though many of us in the industry believe that people live longer, healthier, and more fulfilling lives at Life Plan Communities, we do not have the data to back that up. The longitudinal Mather study that is currently underway is trying to prove that point with empirical data, but there is also another issue. The staff and leadership at most Life Plan Communities do not know how to define or even talk about social connection and social health. And even if they did, they are reticent to bring up the topic. As Vivek Murthy explains in *Together*, there is a stigma and shame to admitting that you might be lonely. Because of that stigma, people do not want to talk about it, even if the discussion is positive.

The conversation I had with the Head of Resident Services bears this out. I asked, "If you believe that you provide a robust platform that promotes social wellness and connection, why don't you use that differentiator as a marketing tool?" She said that if they try to use that as a selling point or as a market differentiator, prospects are quick to say that they do not need more "social connection." Prospects state that

they already have plenty of social connections and friends. Her point was that if they tried to talk about social connection as a value proposition, the community would risk offending prospective residents by insinuating that the prospects were somehow lonely or socially isolated. From that conversation and others, I realized that even though social isolation is a big problem in our society and a huge marketing opportunity for Life Plan communities, marketing staff do not want to talk about it or even know how to talk about it.

I recently had a conversation with a member of the leadership team at a retirement community in the Boston area. She agreed that residents eventually talk about the smallness of their social circles prior to moving in, but those disclosures are typically after the fact. As she said, "To admit you are lonely is to admit to some sort of failure."

She then went on to tell a story about her parents. They had a large circle of devoted friends in Ohio, prior to moving to her retirement community. However, all of their friends were around 80 years old. She, as the daughter, raised with them the strong likelihood that within a few years, their circle would be a shadow of its former self due to illness, death, and decisions to relocate to be with family. And as a result, they could not necessarily rely on their friends to be there as they had been in the past. Her prediction turned out to be accurate. Her mother went back to visit for the first few years, and then found that there were very few friends to see.

My colleague in Boston was very wise to have that discussion with her parents. Unfortunately, many children of older adults, and many leaders and marketing professionals in the senior living industry do not have the courage to broach the subject.

Community - Life Plan Communities

If we thought examining how individuals create their own obstacles by refusing to acknowledge their loneliness and concealing is difficult to discuss, scrutinizing why Life Plan Communities create their own obstacles to confronting social isolation may be downright painful. Life Plan Communities fail is this area due to unawareness, hubris and fear. We will talk about each.

Unawareness

Let's start by discussing Atul Gawande's book, *Being Mortal: Medicine and What Matters in the End* (2014). As the keynote speaker at the Leading Age's 2015 conference in Boston, most people in the senior living industry are familiar with Atul Gawande. Published a year after Katy Butler's book, Atul Gawande does not address social isolation directly. However, he comes close. In his book, he describes the experiences of Alice, his wife's grandmother, who moves into a retirement community, and proceeds to become withdrawn and depressed. As he says in his

book, "Longwood House seemingly had everything going for it." However, what the community did not provide was a sense of connection, belonging, autonomy and purpose. He writes,

> **Our elderly are left with a controlled and supervised institutional existence, a medically designed answer to unfixable problems, a life designed to be safe but empty of anything they care about.**

As Maslow described in his research back in the 1940s, ***the need for belonging and social connection is so great it may even overcome physiological and security needs.***

I go back to the fact that communities need to pivot from a care model to a lifestyle and purpose model. Too many Life Plan Communities believe that providing a safe environment where you are cared for is enough, but it is not. In a 2013 NIH article, "Social Capital and Loneliness Among the Very Old Living at Home and in Institutional Settings: A Comparative Study," author Kristine Theurer refers to studies conducted in Sweden and Finland that indicate one out of two residents in residential care homes suffer from loneliness. The study also revealed that over half (55%) of the 296 residents living in one such community experienced loneliness.

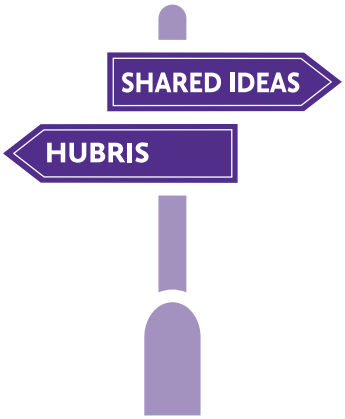
Atul Gawande's book goes on to highlight Bill Thomas, founder of Eden Alternative, Greenhouse Project and Minka. Working at a community in update New York back in the early 1990s, Bill Thomas identified boredom, loneliness and helplessness as the "Three Plagues" of nursing homes. As a result, he constructed the Eden Alternative. Although Atul Gawande nor Bill Thomas ever identify "social connection" as the missing ingredient to a better life in a nursing home, they came close. And as we continue to learn more about what the future resident might want, it is becoming clear that the current value proposition model has to change.

Seven weeks into the COVID-19 crisis, *Senior Living Foresight* organized a four-day virtual senior living conference. At the end of April, they posted 11 takeaways:

1. We have experienced great tragedy and we are far from being done with that tragedy.
2. COVID-19 is taxing the industry and regulators are making it worse for great operators, residents, and teams.
3. There will be some serious business casualties.
4. More than ever, cultivate existing prospects, find new prospects, and hone sales skills.
5. **After COVID-19, Senior Living will never be the same again.**
6. **We are in the very early stage of moving from a cruise ship to a purpose model of resident engagement.**
7. **We have a lot of opportunity when it comes to creating better cultures.**

8. **COVID-19 has accelerated the need for technology . . . and that is a good thing.**
9. The industry has amazing and resilient people.
10. The Senior Living Industry is not content with the status quo.
11. We will emerge better and stronger than ever.

Take aways number 5, 6, 7 and 8 are worth paying attention to, especially *"We are in the very early stage of moving from a cruise ship to a purpose model of resident engagement."* Retirement Communities, and Life Plan Communities in particular, need to move away from a marketing model based on fear to one that is based on an aspirational model for living. In other words, residents of the future are not going to want to be cared for. They are going to want purpose, autonomy and independence. Unfortunately, many CEOs and industry leaders do not get this because of unawareness.



Hubris

I know of a very well-respected senior living community in the mid-Atlantic that never has to worry about occupancy. It has a large endowment and is seen as the market leader in its service area. A staff member, who worked in resident services, noticed that residents lacked a sense of purpose and desired greater social connection. She came up with the idea of an "inside out volunteer program," which would create additional socialization opportunities and help residents to become a part of something that is bigger than themselves. Basically, the community would partner with local organizations and charities that needed volunteers. The retirement community would manage the organizational structure and transportation for residents so they could volunteer. But, the idea was shot down by the CEO before it ever had a chance. The CEO stated, "That is not what we do." Wow, what a missed opportunity.

To illustrate my point, I recently visited a nonprofit organization in Boston that provides low-income housing for seniors. One of their innovative programs encourages their residents to act as foster grandparents to children in the communities where they operate. The organization's CFO reported the program not only benefits the children being served but also the residents who are serving. And this was from the CFO!

Hubris is not new in our industry. Hubris is what caused the nonprofit sector to ignore the changing consumer and allow the for-profit sector to gain huge market share. By not embracing the hospitality/lifestyle model and the rental model, the current senior living model is becoming increasingly irrelevant. I do hope that we wake up and recognize the importance of providing social connection and healthcare navigation as important value propositions and not let our pre-COVID-19 success blind us. Maybe a silver lining of the pandemic will be the elimination of some of that hubris.

Fear

The CEO of that mid-Atlantic community is not alone. I know of another organization in the south that began the process of participating in a resident engagement survey. As a preliminary step, the community surveyed a very small group of residents. Warning signs emerged. The preliminary survey results indicated that the community did not fare well in the areas of leadership transparency and engagement; creating a welcoming environment that creates a sense of belonging; pursuing meaning in life; and providing life coping skills. The CEO cancelled the exercise. Obviously, the leadership team did not want to look bad in front of its board or its residents. The leadership team feared that by exposing a weakness they would be blamed. Again, what a missed opportunity to do the right thing.

It takes courage to become vulnerable and admit that some of the successful things you did in the past may not work anymore. The leadership of that community had a chance to become vulnerable and to do the right thing, but fear stopped them. Fear of the unknown, fear of being wrong, fear of being judged, fear of tarnishing the community's image, and most of all, fear of losing their jobs, all contributed to not making a culture change. As Bob Kramer, the founder of NIC articulated in a recent interview,

> **When you focus only on care, you miss the essential value proposition of our setting – socialization – which is a powerful antidote to the isolation and loneliness that many single adults have experienced during the pandemic.**

Perhaps, COVID-19 will spur organizations like these to action, despite their fears.

Unfortunately, due to fear, COVID-19 could cause some communities to go in the opposite direction. Let me explain. I am participating on a bi-weekly phone call with a group of long tenured industry professionals to discuss industry topics and trends. On

that call, the architect indicated that some of his clients want their new spaces to be designed to be safe. For example, dining will have people sitting six feet from each other. I kid you not. I know this sounds extreme, but it's a true story. There are lots of little things that architects have done in recent years to intentionally create space that limits social isolation. My concern is that some communities will overreact with decisions that might feel safer in the short run but will not position them to be viable in the long run.

Getting to the Future Faster

Fortunately, the senior living industry is open to hearing about the importance of social connection as a way to combat social isolation and loneliness. In response to a paper I wrote almost two years ago, Leading Age Virginia invited me to conduct a three-hour leadership deep dive on this subject at its 2019 annual conference. I was amazed by the number of organizations that are thirsty to hear – and talk – about this. Afterward, several Life Plan Communities invited me to visit their communities and provide a workshop/presentation to either their senior staff or to residents. Other state associations are now following Virginia's lead, including Leading Age North Carolina, and I look forward to keeping this important conversation going at virtual gatherings and in person, once it is safe to gather again.

A colleague shared a great phrase the other day. Instead of COVID-19 creating a "new normal," COVID-19 is taking us to the future faster. Telemedicine is now here to stay. Remote working is here to stay. And I will add – Social Connection as a value proposition is here to stay.

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It is imperative for senior executives and board members of nonprofit Life Plan Communities to recognize and understand the obstacles – Culture, Care Model, Concealment and Community – that inhibit organizations from providing social engagement as a primary value proposition. To counteract these biases and obstacles, it is important to admit current shortcomings, to be transparent with residents, and by promoting "social engagement" and "being in community" in our mission statements, to ensure that these concepts are a part of our communities' DNA.

Although barriers remain and hold us back from recognizing and embracing the value of social connection, those barriers are beginning to crumble. Will your community join the efforts of providing an environment that creates more social connection, thus creating a healthier and happier lifestyle, or will you cling to the care model of the past? Will you focus only on the people within your walls? Moving forward starts with naming it and owning it. As a part of your culture, will you adopt language and nomenclature that addresses social engagement directly? Or will you ignore this important need by responding with unawareness, hubris and fear? What innovative strategy will you pursue to change your community's environment to promote not just a longer life, but a happier and healthier life? Many of your prospects may not even know how to express the desire for belonging and social connection, yet it is what our future residents desperately want.

In my next paper, "Identifying Solutions to Changing the Current Life Care Model," (Part Three of "What Can COVID-19 Teach Us About Marketing Life Plan Communities?"), I'll identify some tools and strategies that senior living organizations can adopt to intentionally pivot their organization from a care model to a hospitality and purpose driven model, with social connection as a primary driver in that transformation.

As we shall discover, there are no short cuts. However, there are resources, including companies that have developed systems and technologies to help Life Plan Communities transition toward making social connection a part of their mission and DNA and a powerful market differentiation strategy that will move them forward with success.