

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

Part One

John Franklin | May 2020

The need for social connection is embedded in our DNA. We will do extraordinary things to feel connected, to belong.

One thing we have learned from COVID-19: People over the age of 65 are especially vulnerable. Across the nation, this population has been encouraged to self-isolate to protect their health, to stay alive. While on a walk recently, one of my sons mentioned that an elderly couple, who live across the street from him, had grandchildren over for a visit. The three grandchildren ran out of the car and hugged their grandparents. My son could not understand why the couple would put themselves at risk to see their grandchildren. "The grandchildren will always be around," he argued. "Why put yourself at risk of contracting the disease and never seeing your grandchildren grow up?" There is only one answer. An insatiable desire for social connection.

This is not new. It's the central need in Abraham Maslow's Hierarchy of Needs pyramid, developed in the 1940s. Sandwiched between the basic needs at the bottom and aspirational needs at the top, Maslow concluded that humans need to feel a sense of belonging and acceptance among social groups. Without belonging, people become susceptible to loneliness, social anxiety and depression. As Maslow predicted, this need for belonging is so great today it often supersedes physiological and security needs.

So, what can this season of forced isolation teach us about promoting social connection as a core value proposition of Life Plan Communities? Can COVID-19 help us reset how we approach our prospects and how we position our communities in the market to become even stronger?

Let's start the conversation.



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

Introduction

Two years ago, I wrote “Social Connection in Life Plan Communities,” shortly after having lunch with my in-laws at a senior living community in Virginia. I asked them the following question: *What do you like most about living here and what do you like least about living here?* Having spent the last 30+ years serving the nonprofit senior living industry, I was genuinely interested in their answer. Their response launched me onto a fascinating journey, one full of exploration, leading me through a process of discovery that continues today. I now have a greater understanding of the power of social connection and what it means to people to have a sense of belonging.

What my mother-in-law told me that day was the following:

What T.C. and I like most about living here are the friends we have made and the sense of community and social connection we have. What we like the least about living here is losing those same friends to death on a routine basis. However, we would have it no other way.

And given the amount of social isolation that is occurring due to COVID-19, her answer is even more relevant. As a result, I wanted to take what I have learned over the past two years and go deeper into this important subject.

In this paper we will explore the science behind the importance of social connection and how to define it. In a follow-up paper, we will discuss the obstacles that prevent Life Plan Communities from embracing social connection as a value proposition and what are the benefits of actually doing so. In a third paper, we will identify some specific tools and strategies that senior living organizations can adopt to intentionally make social connection a part of their mission and DNA, thus creating a powerful market differentiation strategy. My hope is that through these white papers, senior living providers will develop the awareness and the nomenclature needed to discuss and address this issue in their own communities.

Part One The science

Part Two The obstacles

Part Three The solutions



Isolation is a major contributor to health issues facing our country, including the opioid crisis, obesity and alcoholism.

A Silver Lining

Because of COVID-19, many articles and podcasts have surfaced discussing the negative psychological impact that social isolation is causing. Since the beginning of the pandemic, I have read or listened to at least 15 articles on how the Coronavirus is creating social isolation. When journalists who cover this topic begin their research and start to peel back the onion, they inevitably realize that this problem existed long before the pandemic. Therein lies one silver lining to this disruptive and awful crisis.

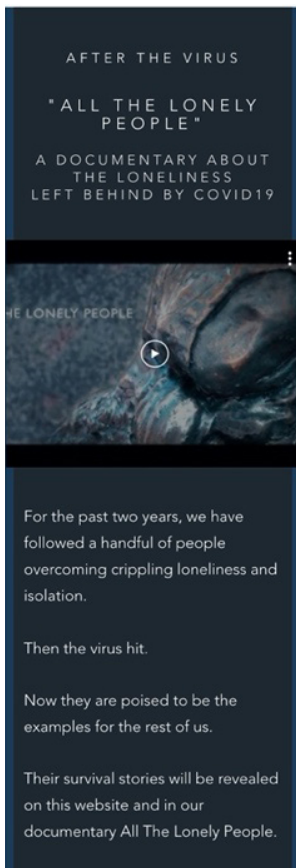
I recently spoke with a producer of a forthcoming documentary film focusing on social isolation.

Because the government of Great Britain has identified social isolation as a national crisis, much of the documentary, called "All the Lonely People," is being filmed there. The film was scheduled to be released this year before the pandemic hit. However, COVID-19 and its impact on many of the people featured in the film, prompted the producer and his partner to delay the release and incorporate the impact of COVID-19 and social distancing. As the film's [website](#) explains, it will highlight how social isolation impacts all ages and people from all social economic backgrounds. Hopefully, this film will help educate people in the United States about the effects of social isolation, a problem that *some medical experts believe is the number one cause of chronic illnesses*.

The Science

There is much science backing the above assertion. That was not the case ten years ago. Some may argue that it was not even the case five years ago. Vivek Murthy, the Surgeon General of the United States from 2014 to 2017, would agree with that statement. Before becoming Surgeon General, social isolation was not even on his radar screen. However, when he began a "listening tour" across the United States to learn more about some of the health issues that were facing our country, including the opioid crisis, obesity and alcoholism, he found that social isolation was the root cause or a major contributor to many of these health issues. Once he discovered that common theme, he began to travel abroad as well as the U.S. to explore social isolation. What he found was that the increasing complexity of our world, including greater mobility and the growing use of technology, was contributing to more social isolation and loneliness. As a result, he wrote the book, *Together – The Healing Power of Human Connection in a Sometimes Lonely World* (Harper Wave, 2020).

In addition to Vivek Murthy's Book, other research and attendant articles have been published highlighting the need for social connection to combat social isolation. Like the journalists now covering this topic, anyone who studies this topic will find plenty of articles and books addressing the importance of social connection to health, happiness, and longevity.



Often misunderstood, loneliness and boredom are the biggest public health crises facing older adults.

Harvard Study on Aging 2016

A Harvard Study on Aging published in 2016 identified social isolation for seniors as one of the most difficult problems our society will face in the coming years. Often misunderstood, loneliness and boredom are the biggest public health crises facing older adults. They not only affect mood but also suppresses the immune system. Another Harvard Study, highlighted in [a recent TED Talk](#), which began in the 1930s and followed over 700 men for almost 80 years, *found the No. 1 factor to longevity, health and happiness was being in relationship with others and social connection.*

The Blue Zone study, completed by *National Geographic*, identified “Blue Zones” around the world where people live longer and happier lives. More important than diet and lifestyle, *the study identified being in social circles, being in community and being in relationship with family as key ingredients to living longer and healthier lives.*

A 2018 survey by the Kaiser Family Foundation found that 22 percent of adults in the United States struggle with chronic loneliness. That’s more than the number who smoke or who have diabetes. People who struggle with such loneliness seem to have a greater risk of cardiovascular disease, dementia, fragmented sleep and depression. The list goes on.

Studies done by Julianne Holt-Lunstad from Brigham Young University have demonstrated that there is an association between loneliness and a shortening of the lifespan. And the amount of shortening or the mortality impact seems to be similar to smoking 15 cigarettes a day and even greater than the mortality impact that you see from obesity or sedentary living.

Unfortunately, aging increases the likelihood of living alone in social isolation. According to the U.S. Census Bureau, 11 million people (over one in four) aged 65 and older, lived alone in 2010, and that number will grow as the population ages. And according to a 2012 study by the *Journal of Neurology Neurosurgery and Psychiatry*, seniors who feel lonely are more than 2.5 times more likely to develop dementia.



FROM *HAPPINESS IS A CHOICE* BY JOHN LELAND (Sarah Crichton Books, 2018)

- “Social isolation kills – people who don’t get out, don’t eat, don’t take their medication, die early.” – New York Department of Aging staff member
- “Finding a mate isn’t as important as keeping social ties.” Laura Carstensen writes, “Bad relationships may be more harmful than good relationships are beneficial.”
- Friedman and Martin study found that “widowed women tend to thrive – they lived longer than still married women.” Why? They built social networks.
- “Elders want a network of connections – someone to eat breakfast with, someone to talk with about current events, etc. Those who build those networks throughout their lives are in a better position in old age, but it is also possible to start them later.” – Leland



A friend of mine, a senior living CEO in Chicago, attended a conference in Canada where reporter John Leland was the guest speaker. After hearing him, she bought his book and encouraged me to buy the book and read it. As a *New York Times* writer, Leland followed six elderly households in the New York area for a year with the intent of writing a series of articles describing how horrible it is to grow old. Instead, he discovered that the process of getting old was not what he thought it would be. As a result, he wrote *Happiness Is A Choice*, a book about resiliency (Sarah Crichton Books, 2018). Based on his experience in following a group of seniors for a year, he argues that social connection is a primary factor to living a happier life when growing old.

We Are Wired for Connection

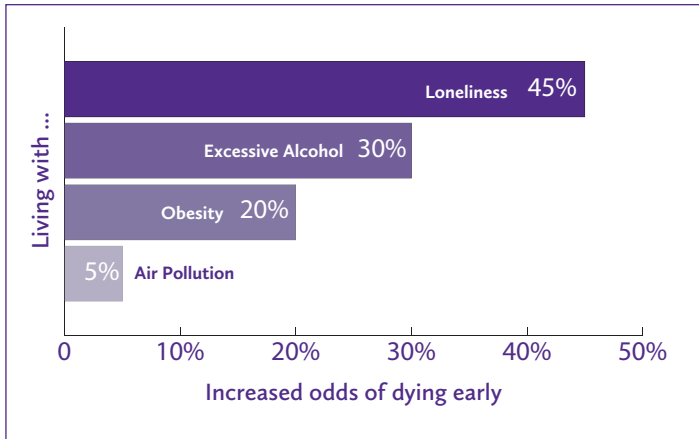
In her most recent book, *Braving the Wilderness*, researcher and psychologist Brené Brown hammers the point home that as members of a social species we don't derive strength from a rugged individualism but instead from our collective ability to plan, communicate and work together. That's why social connection matters. In his own book, Vivek Murphy describes the evolutionary science behind Brené Brown's assertion.

The evolutionary theory goes something like this. We were designed to be social creatures that relied on each other for survival advantage. Thousands of years ago, when we were hunter-gatherers, being together in trusted relationships increased the chances that we could pool our food as opposed to starving. Being together also made it more likely that we could protect ourselves from predators because we could take turns watching at night. It also helped us do things like share responsibility for child-care so that others could go out and hunt or gather fruit and vegetables.

Therefore, when separated from each other, we sensed danger, and that danger resonated through our body in the form of a stress state that was marked by an outflow of stress hormones, which, in the short term, could beneficially focus the mind and ensure that you could react quickly. We can think of loneliness, in fact, as a natural signal, like hunger or thirst, that arises when we're missing something that we need for survival – in this case, social connection. And if we use that signal to then seek out meaningful human connection, the feeling of loneliness may subside. But if that feeling persists for a long period of time, if it becomes chronic, the stress that comes with it can ultimately lead to higher levels of inflammation in the body, increasing our risk for chronic illnesses like heart disease.

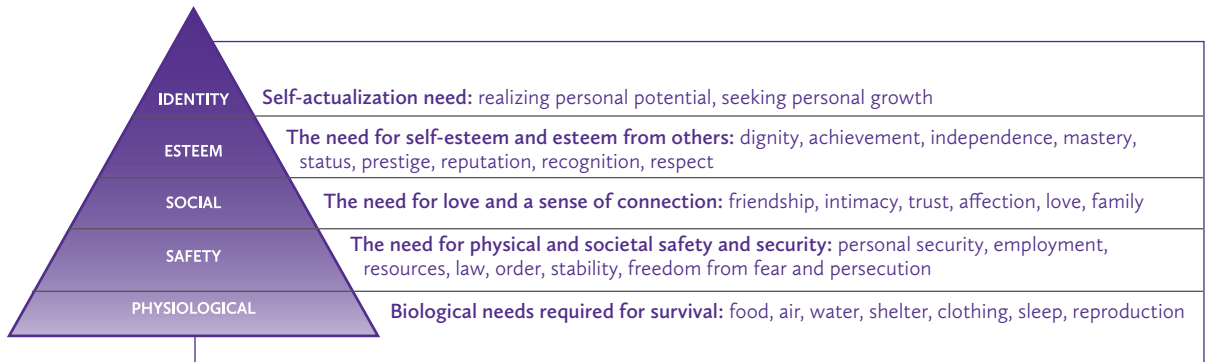
We now know that long periods of emotional stress can manifest into chronic illnesses such as high blood pressure, diabetes and obesity. We are now beginning to understand that chronic loneliness is a problem in our modern culture, and it is killing us. A meta study (which looks for trends in other studies) completed in 2010 by Julianne Holt-Lunstad and colleagues found the following: living with air pollution increases your odds of dying early by 5%; living with obesity, 20%; excessive drinking, 30%. And living with loneliness? It increases our odds of dying early by 45%.

Chronic loneliness is a problem in our modern culture, and it is killing us.



2010 study by Julianne Holt-Lunstad and colleagues

Most of us are familiar with Maslow’s groundbreaking Hierarchy of Needs theory from the 1940s, which represented a pyramid with more basic needs at the bottom and aspirational needs at the top.



His research reached the following conclusions. Humans need to feel a sense of belonging and acceptance among social groups. Without belonging, people become susceptible to loneliness, social anxiety and depression.

The need to belong and socially connect connection are so embedded in our DNA that we will do extraordinary things to feel connected. I was on a walk recently with one of my sons during the COVID-19 crisis. He mentioned that an elderly couple, who lived across the street from him, had three grandchildren over for a visit. The grandchildren rushed out of the car and hugged their grandparents. What he could not understand was why the grandparents put themselves at such a risk to see their grandchildren. At that point, we all knew that people over the age of 65 are especially vulnerable. Why put yourself at risk of dying and not seeing those grandchildren grow up? There is only one answer. The incredible need for social connection. *As Maslow found out in his research, the need for belonging and social connection is so great it may even overcome physiological and security needs.*

Defining Social Connection

So, how do we define social isolation? Most experts on this topic will agree that social isolation or loneliness is difficult to identify and hard to describe. However, given the facts, it is worth trying.

First, let's dispel the belief that being alone is the same as being lonely. Going back to Brené Brown's book, *Braving the Wilderness*, places and spaces can hold feelings of disconnection. Sometimes a place can feel lonely because a lack of closeness and the relationships that are not happening in that space. In fact, the paradox is that a person can feel more isolated around others than when they are alone. Each of us has experienced that at some point. Who would believe a dining room filled with people could create a feeling of disconnection? RiverWoods Exeter in New Hampshire did.

Because many residents suffer from hearing loss, RiverWoods Exeter identified that dining rooms, with their chatter, made it difficult for people with hearing loss to engage. Because people were having a hard time hearing each other, residents were becoming disengaged from conversations and becoming more socially isolated. RiverWoods Exeter solved that problem by creating Contacta Tables, which use "inductive loop technology," making it easier for residents to hear each other and connect. This simple, but innovative initiative made the dining room more welcoming, and as a result, made it a space that no longer isolated people.

If loneliness and social isolation is not being alone, what is it? I like Vivek Murthy's short definition:

Loneliness is the discrepancy between the social connections that you need and the social connections that you have.

Another definition defines social isolation as "a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and is deficient in fulfilling and quality relationships."

“Loneliness is the discrepancy between the social connections that you need and the social connections that you have.”

—Vivek Murthy



LONELINESS VERSUS BEING ALONE

Loneliness is a complex and unpleasant emotional response to isolation. Loneliness includes anxious feelings about a lack of connection or communication with other beings

Loneliness is described as social pain – a psychological mechanism meant to motivate to seek social connections

Loneliness is defined as “the unpleasant experience that occurs when a person’s network of social relations is deficient in some important way.”

Loneliness can be felt when surrounded by other people.



The latter definition aligns with the Blue Zone study findings that suggest you need social connection in three areas. They include the need for intimate or family relationships, the need for friendships outside of the family, including social circles, and finally, the need to belong to a greater community. This is echoed by Vivek Murthy in his book, *Together – The Healing Power of Human Connection in a Sometimes Lonely World* (Harper, 2020).

The Mather Lifeways Study

More research and studies are underway. One of those studies is the “Age Well Study,” being conducted by Mather Lifeways. Similar to the longitudinal Harvard study, it’s aim is to create empirical data to assess the impact of residing in a Life Plan Community on residents’ health and wellness over time compared to those who do not in a similar community. The study leans on a 1976 study by Bill Hettler M.D., the six dimensions of Wellness Model, also known as “Whole-Person Wellness,” which includes emotional, intellectual, occupational, physical, social and spiritual dimensions.

The Mather report states,

Social Wellness emphasizes creating and maintaining healthy relationships by talking, sharing interests, and actively participating in social events.

The report also references growing research on the importance of Social Wellness.

- Having higher levels of social support and lower levels of loneliness are related to improved well-being (Chen & Feeley, 2014).
- Older adults who have more positive perceptions of their social relationships reported higher levels of overall health (Chang, Wray, & Lin, 2014).
- Loneliness and social isolation are topics of growing concern and have been linked to a wide range of negative health outcomes throughout one’s lifetime, such as depression, poor sleep quality, cognitive decline, and poor general health (Hawkley & Capitano, 2015).
- Greater feelings of neighborhood cohesion are associated with enhanced mental well-being, particularly for older adults (Elliott, Gale, Parsons, & Kuh, 2014).

The report’s premise is that Life Plan Communities offer a wealth of social opportunities which residents may take advantage of to reduce feelings of isolation and create connections with others. And so far, the report bears that out. As pointed out at a presentation I made to Leading Age Virginia, moving into a Life Plan community seems to impact social wellness more than any other dimension of “Whole-Person Wellness.”

The study seems to confirm what many of us have experienced anecdotally, that *older adults who live in Life Plan Communities may have greater social connection and suffer from less social isolation than those who do not.*

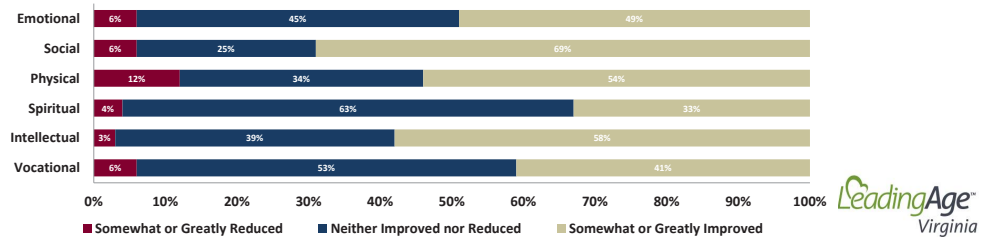
Moving into a Life Plan community seems to impact social wellness more than any other dimension of “Whole-Person Wellness.”



Mather Lifeways' Age Well Study

69% of Residents reported that moving to a Life Plan Community "somewhat" or "greatly improved" their social wellness, with another 25% saying it was unchanged:

Impact of Moving to a Life Plan Community on Wellness



I believe the senior living industry can come out of this epidemic much stronger, in terms understanding and promoting one of its core value propositions.

Remember that Silver Lining?

Life Plan Communities need to take this moment of newfound awareness of the need for social connection with a mindset that they are going to double down and focus on promoting social connection in their communities. If this is done, I believe the senior living industry can come out of this epidemic much stronger, in terms understanding and promoting one of its core value propositions. Perhaps our experiences during COVID-19 can help us reset how we approach our prospects and how we position ourselves in the market.

Unfortunately, there are several obstacles that may keep the industry from doing so. One of those obstacles is the stigma attached to discussing the topic itself, highlighted in a discussion I had with the Head of Resident Services of a single site community in North Carolina.

After expressing the belief that her community promotes social connection, 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, prospects are quick to say that they do not need more "social connection," 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 risks offending prospective residents by insinuating that the prospects were somehow lonely or socially isolated. That brief encounter was powerful for me. As leaders of Life Plan Communities, we simply do not know how to talk about it. I will discuss that and other obstacles in part 2 of this conversation, "The Obstacles to Making Social Connection A Value Proposition for Your Life Plan Community."



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It's been several years since that dining room conversation with my wife's parents. My father-in-law now has some severe health issues, and he has been going back and forth between independent living and health care. His journey makes me think of my own mortality and reconsider what is truly important. During research for my first paper, I read a book written by a hospice nurse about her experiences with the dying. The number one regret that most people had when dying was not keeping in touch with friends and family.

I believe that my father-in-law is still with us right now and enjoys a fairly good quality of life because he resided in a Life Plan Community. The friends that he has made while living there visit him frequently. I am not sure that would have happened if he lived at home. I believe that his "social circle" of friends and being a part of a "larger community" have kept him strong and underscore *"that what makes us truly human is our connection with each other."*