

Lucas

Welcome to Bridge the Gap Podcast, the senior living podcast with Josh and Lucas. We want to welcome a great friend of ours, Charles from Linked Senior and Old People Are Cool. Welcome back to the program.

Charles

Thanks. Thanks Lucas and Josh.

Lucas

Well, we really appreciate our partnership from this past season. We've accomplished a lot together and so admire your team and y'all's approach. And most of all, your dedication to providing great services and information to older adults, there is a very specific topic, we're gonna dive into a new term. I can't lie. Charles brought it to our attention, social prescription. We're gonna be talking about the meaning behind that and the reasons why it's important. Charles, can you unpack this new verbiage for us?

Charles 01:28

Yeah, thanks for asking the question the question, Lucas. The concept of social prescription is something that's been in existence for a while, but it's essentially the idea that when we live, it's rooted in this concept of like the social determinants of health, which is the idea that everything related to psychosocial elements like the non-medical piece is basically as important and actually many times more important than what a medical typical intervention can offer. I'll give you an example that, and I'm sure you've seen these videos, for example, when music therapy is applied to elders living with dementia, how much they wake up, right. And that effect can last, you know, 24, 36 hours and is obviously way better than what we might do sometimes, unfortunately, traditionally like having antipsychotics or anti-depressants. So the idea of the social prescription is just giving enough importance to the world of engagement, to the world of just meaningful person-centered experiences. And in the end, it's just simply about respecting who we, our elders.

Josh

Well, Charles, I'm not gonna lie. I had to Google the term. I know you said it had been around a while, but you always challenged me. And, that's one of the reasons, one of the many reasons why I love getting to spend time with you through all these years that we've gotten to know each other. But you, it seems like this idea as you have described it, the social prescription concept you've been living by this for as long as I know you. So now that you've acted a little bit, I'm like, well, this is who he is. This is who his company is. Things like, Old People Are Cool, Linked Senior, Activities Strong, which I don't even think we mentioned yet. But that's been such an awesome piece of content that you guys and a group that you guys have built for our industry, but talk to us a little bit and frame that and how it has shaped what you are doing now through not only your companies, but your passion projects.

Charles 03:51

Yeah, thanks, Josh. Obviously things mature over time, right? I started Linked Senior, I think 15 years ago. I had no idea about the industry, had no idea about healthcare. I was this little French person coming to the U.S., kind of believing in the American dream. But what I did see at the time, and I still see unfortunately too much is how much potential there is to improve the lives of elders senior living. And

how does that all tie together? I think that in the end, it's simple. When you look at the data, pre COVID, we know that residents were getting only 11 minutes of engagement a day the typical nursing home setting and in assisted living only 20 minutes a day. So obviously when COVID comes, when we have this huge staffing pressure, we know places that unfortunately kind of tell us that they haven't engaged even 50% of their population.

Charles 04:50

So what does that mean? It means that obviously these elders, unfortunately, are living kind of a life that I wouldn't wish even on my worst enemies. I couldn't go a day through not finding purpose, and I'm very lucky that I find purpose every day. But when you live at a certain age with a sudden degree of cognitive impairments, you need collaboration with a care partner. Like your family or when you live in senior living like team members. So all of that to say that I've always been driven by the idea of improving the life of elders, because I've been lucky to have close people in my family that are elder, and I've never been scared of old people, but the way it unfolded is just a passion to change this. And, you know, I've got very lucky where initially some of my, some of our products weren't great, but then we understood what it is that the team members tried to do

Charles

And I think that with that came a better understanding of the structure of our very, it's still a very institutional industry, a very medical healthcare-based industry. And I think that this of social prescription is just a natural progression of that. So obviously at the very kind of baseline level, does this idea, and I'll show you the sticker. This is a very foundational piece about respecting human being, right. That is foundational to us. And we believe that finding engagement every day is a basic human right. That's foundational number one. And then on top of that, you have this idea of, okay who serves and who collaborates with this individual? And that is all of the activity and life professionals that we serve and beyond, which is why we started Activities Strong. I mean, I get up every day because I love what I do, but I am inspired every day by these individuals that show up at work, especially through a pandemic and just go to work, and go and engage elders, really I'm passionate about that.

Charles 06:50

So that's second foundation. And then the third one is obviously Linked Senior what we do there. And so Linked Senior is all about empowering these individuals and making sure that every elder has meaningful engagement throughout the day. So now when you look at the future, there's no question that the future will entail some aspect of this idea of social prescription, where like the non-medical piece is respected as much as the medical piece. Our passion that links seen is enabling that as soon as possible. That's a long answer to your question, but essentially that's how things are driven. And you know, with that, there needs to be a very hard look at data and how data is used to advance that. I'll just say one thing, one last thing here which is, we launched the first of its kind resident engagement Institute.

Charles

And I know that you interviewed Dr. Jennifer Stelter with us earlier this year, but that is our "stick in the ground the ground" to me that happen. Which is basically it's exclusive to our clients. It's solely focused on accelerating that future that can already exists, which entails that social prescription. Two data points that we are in the process of actively promoting in the marketplace, which is this idea of minute of resident per day. We believe that this should be a minute per resident per day measure somewhere somehow. And we're gonna start by saying 35 minutes a resident a day, right. We think it's in that range.

Let us be wrong, let it be slightly more, slightly less, but it needs to be something of measurement. So that's measurement number one. And then second one is this idea of how much of your population are you engaging? And we believe that any operator today should say, with confidence, we've engaged 85% of our residents. Yesterday I talked to somebody who just said, 'we're engaging 15%'. I can't live with that every day. That needs to change. That's what our passion is about.

Josh

Wow. Okay. So I have a million things going on in my brain right here, and I was trying to just bite my tongue and not interrupt you because I have so many questions. So first of all, is the measure. Personally, I was shocked to hear that 11 minute, and I think you said it was 20 or 21 minute threshold for skilled nursing being the 11, the the higher number being senior living. But in my mind, that's so shocking because you didn't say per hour, you said per day. And you know, that when I hear that number, I just think, oh my gosh, if I wasn't me personally in my day was not socially engaged or socially prescribed, so to speak. And more than that, how different would my life look right now? What would my emotional and physical state just in the life I'm living right now?

Josh 9:53

So that is very shocking to me. The next thing that I go to my, my main is my mind wants to know visually some image of how this looks. I want something tangible. So in the crystal ball, and maybe it's not even that much of a crystal ball, you're so cutting edge with what you guys are doing there, you may already have a, this formalized forest or have seen it in other place that you can share your experiences. But when I start thinking about the context of a senior, your average senior living community, and for the most part, while we have different levels of clinical teams that are in the communities, broadly speaking senior living communities, typically aren't licensed to provide much healthcare services. They can do activities of daily living, but they're coordinating, a word I use, coordinating a lot of care into the community from clinicians doctors and, and so forth. When I see prescriptions things prescribed like therapies, whether that be physical, occupational speech if I see pharmaceutical therapies, you name it, anything that is prescribed by typically a physician of some level, is that what, is it going be to that level where a, a physician is going to be prescribing this to individuals and the community needs to develop a plan for that? Or have I taken that too far?

Charles 11:33

Oh, no, no. It's, it's very much in line and it's very much in line. You know, in Europe we have models where a doctor feels comfortable, can, and actually does prescribe, for example, walks in the forest or membership to the gym, for example, to help people treated depression. Right. And it, it kind of makes sense. I mean, it seems natural when you think about it, but these are the models that we need to enable. Here in the U.S., for example, for diabetes two, there is a company in Baltimore called Welldoc that has an app, like an iPhone app, that's been proven to be more effective to manage your lifestyle positively than a physical pill, like a medication to help you manage diabetes too. So what that means, and that's been going on for now three years, four actually that a doctor can actually write your prescription saying, "hey, go and buy this app."

Charles

Right. And the good thing for the doctor, not only do they feel better because they know that the app works, but it also also shows the adherence, right. Because there's reporting within the app that shows that the person has been doing these lifestyle recommendations. So to answer your question, definitely.

And then also the last thing I'll say is that this is happening right now. You know, last year, I know for example, in Wisconsin, a doctor had put an order for a program called Music and Memory. I, you familiar with Music and Memory, but it's, it's a music therapy based program. So that definitely is happening right now. and what you said is one of the functions that will happen.

Josh

You have launched over the last couple of years, an initiative, I guess, would be the way I would refer to it, that brings the activity professionals, life enrichment directors, that group of people across the industry together, like nothing I've seen. I know there's been a lot of people trying to do that, but you've been very successful through Activities Strong. You have those series that happen every month. You now have an executive series that's been going for the last year. So it's not just life engagement, life enrichment and activities for the actual activity professionals, but for the C-suite, thought leadership on that as well. Do you see in the era, in this world of social prescription that is emerging, is the activity professional, will that person be the key to social prescription being kind of lived out, fleshed out, carried out, or is this more of a team approach or another individual on a senior living's team?

Charles

No, it's totally that profession. It's totally this individual. We've always believed in this concept of the you know, the chief engagement officer. Right. I remember on the last episode I quoted you know, Holly Camp. She's always said, why don't we have somebody at a corporate level that is responsible of engagement? And we don't, like most operators don't. And I think that the correct way of thinking about it is that that individual essentially is a CEO as an chief engagement officer. We need a CEO in every organization. The best way to think about what needs to happen is we on one of our webinars, we had the Chief Operating Officer of Kendal, Marvell Adams. And he tells this story, which I think is a great representation.

Charles

If you walk into a community today, and then you have a med tech doing the round and providing medication, most of us, and that probably includes me too often, we'll go, "oh, that's important. We can't distract that person, right?" I need something right now. I turned the corner and there's an activity director doing kind of her his work, which is doing a group program. Most of us unfortunately, gonna think, oh, that person, you know, the work isn't that important I can interrupt, but the deal is both people are doing the same, the work is as, as important, right? They're both delivering something extremely important. And so Marvell's case was that engagement is medicine, right? Engagement is as important as medicine. And I think that part of, when you start to see these shifts, then what happens that you have a truly what's called an interdisciplinary team approach, which is what we all need, especially when we have staffing crisis we like today. And so that the driver is the driver of the organization to create community of choice. And then that is when that's good for business, right? Because we know today that existing family members and prospective family members, the one thing they ask me the most for is social engagement, right? Is person-centered programming. So people are now realizing that that function is actually what is probably going to drive the biggest business, not a business for them, in 2022 and beyond.

Josh

Twenty-twenty two, Lucas, will social prescribing, social prescription. Now be the buzzword. I'm making a prediction after this podcast drops, this becomes a buzzword in our industry. I see Charles and team

leading the charge on this. I think social prescribing as it becomes widely known, it's an accountability that helps us raise the bar in resident engagement and socialization. I'll tell you, just by even having this conversation, I want to know right now in my communities, what that resident engagement is. I want to know how much of my team, how much of my residents are engaged. And when I hear 85% engagement levels, and when I hear 11 and 20 or 21 that we need to even just get to 35. Eleven and 20 to get to 35. If what we're doing right now is at that low level, we've got a long way to go. And it's very exciting and challenging. Does your head spin a little bit on this?

Lucas

Well, it gets me excited. The first thing I think about is more importantly than what I think to our listeners. What do you think about this? Because the people that are listening to this in this audience right now are the people that can actually impact these metrics. So to our Bridge the Gap listeners, we'd love to get your feedback on this. What about your community? Does this challenge you, does this make you think? Does this give you pause or are you throwing some high fives around going, "we're doing good. We're there, we're getting there. We're well on our way." And many of you might need you know, Charles in your corner to help you get there. So we will definitely link to Charles and his organizations in the show notes. And we want to encourage you, Activities Strong, go back and listen to a couple of these episodes and stay in touch, get on our newsletters. We release the information when the shows come out. The engagement is high. The community is solid. Come and join us. This is very important information. And so we want to hear from you on social and on our websites about this topic.

Josh

Absolutely. Charles, thanks for joining us today. I realize a huge part of our audience are C-suite, our regionals, our decision makers. And oftentimes we make the mistake of thinking, "this is life enrichment. This is life engagement. This is talking about activities. I'll save this one for the activity professionals. I'm going go check out the next episode." You got it wrong. You just missed it. Culture and change starts with you. Whoever is listening to this. Whoever's watching this. Whoever's seeing the clips right now on social media, social prescribing. You need to make it part of your organization. I'm challenged right now to make it part of mine, Charles, thanks for joining us and always pushing us to be better.

Charles

Anytime, Josh and Lucas. Thanks for having me.

Lucas

Great to see you Charles. Josh, good to see you as well, and to all of our listeners. Thanks for listening to another great episode of Bridge the Gap.