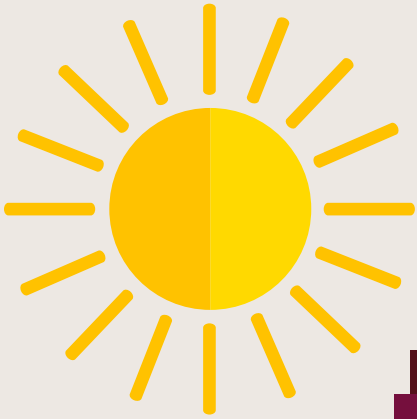


Insights from ICAA Forum 2017

Optimize environments for
health and wellness

May 24, 2017



ICAA Forum Sponsors



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OPTIMAL HEALTH & WELLNESS



A man in a dark suit and white shirt is standing and presenting to a group of people seated in a circle. He is holding a blue marker in his right hand and gesturing towards the whiteboard. He has a name tag on his left lapel.

A group of approximately seven people are seated in a circle, listening to the presentation. They are dressed in professional or business-casual attire. Some are holding notebooks or papers, and one person in the foreground is wearing a black and white patterned top. The room has a patterned carpet and wood-paneled walls.

Executive summary

The concepts

Active aging: The vision of all individuals—regardless of age, socioeconomic status or health—fully engaging in life within all seven dimensions of wellness: emotional, environmental, intellectual/cognitive, physical, professional/vocational, social and spiritual.

Environment: Indoor and outdoor spaces, the people within those spaces, and the services and activities that are available to them.

Wellness: The quality or state of being in good emotional, mental and physical health, as a goal that is actively sought.

Health and well-being are priorities for older people, as well as for the professionals in the organizations that serve them. The roadmap for achieving health and well-being is found within the dimensions of wellness, which provide a framework for serving the wants and needs of all age groups. The environmental dimension can encourage or discourage older adults in leading active, engaged lives. From indoors to outdoors, what environments will be needed to support active aging and wellness?

To answer that question, the ICAA Forum on May 24, 2017, brought together the thought leadership of 65 senior managers in the fields of design and development, senior living, rehabilitation services, community services and industry suppliers to develop a framework for merging concepts of health and well-being into the built environment and the spaces within and outside the buildings. Delegates freely shared their knowledge and experiences to consider options for the ultimate goals: health and well-being for older adults.

The foundation for the discussion was built by experts looking at environment on large and small scales. To set the tone, “environment” was defined as indoor and outdoor spaces, the people within those spaces, and the services and activities that are available to them. It quickly became clear that touchpoints established for Age-Friendly Communities, coordinated by AARP, and the Best Cities for Successful Aging from the Milken Institute, such as access to transportation, work and social life and health care, could be applied to any establishment, whether a continuing care/life plan community or a community center.

Environments that allow for individual preferences and comfort are emphasized by research from the International Well Building Institute, which also focuses on air quality, light and other interior features.

Options presented by The Vision Group for the size and location of living quarters and services were explored from the interior design perspective, with an emphasis on the needs of the people. Just as critical as the built environment are the programs inside the buildings and the expertise of the people delivering programs and services as modeled at the Canyon Ranch resorts.

Into the mix poured the examples and experiences of the leaders in senior living and aging services. Through discussion and prioritization, delegates were encouraged to think of every neighborhood, planned community, community center, rural area, town and village as a “city” that could promote the wellness environment.

The outcomes from the ICAA Forum include:

Important themes that frame a shift in culture and programs. A priority is that the people who will live in the space, and the employees who work within it, must have a place at the table when design and development decisions take place.

Big ideas that advocates can use to further action. Implicit is the need for active-aging professionals (and residents, clients and family members) to join community planning groups and the boards and committees at their community or center to be involved in decisions about buildings, interior design and use of space.

Ideas that will be prototyped by industry leaders. Several ideas for action were prioritized, and delegates volunteered to research and prototype them.

Will you prototype one of these solutions? Join with others to do so?

Contact Colin Milner

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Perhaps the most consistent message that emerged during the ICAA Forum Spring 2017 is that the environment must fit the people, and not force people to fit into the environment. It is a message that reflects active aging, and the dimensions of wellness.

Themes that emerged throughout the Forum

- “Environment” is because of people, and for people. The first consideration when planning or renovating is the impact on the people who will live in and work in the environment. Include customers, residents, staff (all levels), family members and suppliers in design and planning.
- Everyone at all levels of the organization must be involved in driving the culture and design for wellness, from front-line staff through the executives, in single properties and at the corporate office.
- A new project or culture shift must support the strategic plan of the organization, based on vision, mission and values. To gain buy-in, articulate clearly the relationship to mission and the strategic benefits.
- Return on investment (ROI) is the consideration. Think of ROI in terms of cost/benefit and also in terms of the strategic objectives an initiative supports. The outcomes that will be and are being measured support ROI.
- Outcomes are necessary. Defining performance indicators, monitoring results and analyzing outcomes is a requirement to first, check that what is being done or advised is working and second, to provide objectivity to a culture shift to person-centered and wellness-modeled organizations. Data tells us what makes communities livable and buildings well.
- “Accessible” is a key word with wide-ranging influence. In communities, people need access to get through doorways and down stairs, to transportation, food, work, health care, entertainment and community life. In buildings, accessible doorways and easy movement among spaces. Accessibility includes affordability.
- Maximize socialization. Connections among corridors and walkways, sidewalks and services. Or, break down the walls for open spaces, light and air. Bring together people with different interests and lifestyles who can share and grow together. Add in multigenerational connections.
- Buy-in from everyone who will be touched is critical. Be clear on the value of wellness opportunities and educate senior management, staff, residents and clients on the “why” and “how.” This will be an ongoing process to change attitudes and maintain the momentum of a wellness culture.



Big ideas

Environment circles the individual—everything is tailored to the person.

- Make older adults, staff and families part of the solution. People need purpose.
- Stop telling people what we think they need.
- Form organizational structure around dimensions of wellness.
- Maximize social connections.

Partner with developers on building projects.

- Incentivize repurposing of vacant mall structures, schools.
- Develop an ROI for repurposed and affordable housing.
- Join community planning groups to advocate for livable community infrastructure.
- Need a variety of housing options.

Identify outcomes and use data to show evidence for personalized wellness.

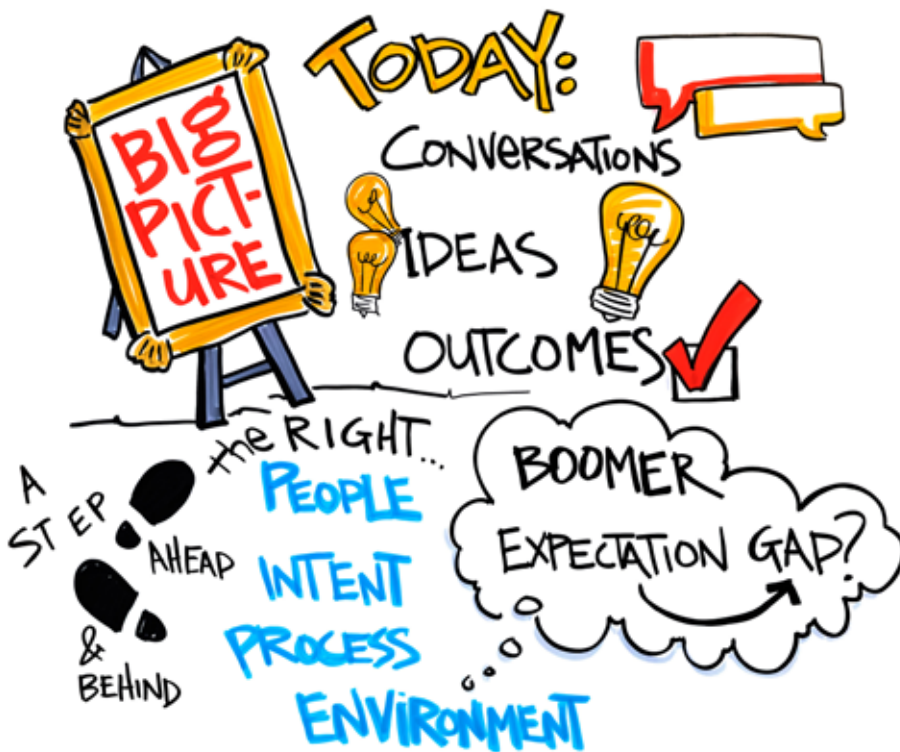
- Use evidence to prove effectiveness of programs and recommendations.
- Create a database of building models to discover best practices that appeal to the aging population.
- High-touch, person-to-person contact is primary.
- Balance evidence-based with experience-based approaches.
- Judge the comfort level of people with technologies; use it to their advantage.

Workplace culture and staff must embrace wellness for it to become the culture.

- Staff need training and permission to help individuals “do” for themselves instead of “doing for” them.
- C-suite at corporate and property level must understand and promote wellness.
- All day, every day, reinforce wellness.

Create environment for everyone, wherever they are along the functional continuum.

- Easy access to outdoors.
- Intergenerational contacts for mutual benefit.
- Educate on benefits that balance with the costs.
- Think health span instead of life span; thriving in place instead of aging in place.



Solutions for action

Solution: Transcendent design

“Transcendent design” means making the space come to life and going beyond the ordinary. Life is our experiences. How do we bring the community to life and focus on the experiences inside and outside the bricks and mortar? A place where people want to be, instead of where they feel they “have” to be.

Action steps:

1. Define the experience that will be created to meet the wellness goal.
2. Educate decision makers on the value of redesigning spaces by showing them best practices of how others are utilizing this to change their communities.
3. Identify the ROI behind the design.
4. Create a framework to get buy-in from decisions makers.
5. Provide the evidence base for experiential design, monitor the results and use outcomes to refine.
6. Partner with researchers or significant players in the industry to help justify the approach and provide resources for development, monitoring and delivery.

Thoughts:

- “Change the culture and built environment around the experience as opposed to the necessity. Experience and necessity can tie together, but the takeaway is the experience, which will drive customer retention, new customers and engagement.”

- If the environment isn't working for the individual, change the environment rather than trying to change the person. Neurodiversity is a concept that neurological differences are to be recognized and respected as any other human variation, and that alternate forms of expression, such as autism or dyslexia, are not illnesses or diseases, but a variation in the wiring of the brain. National Symposium on Neurodiversity at Syracuse University. <https://neurodiversitysymposium.wordpress.com/what-is-neurodiversity/>

- “It is important that the staff in the trifecta of sales, operations and care—whatever that trifecta is—are fully engaged in what you are doing, that they understand it, believe in it and help drive it. There are product development tools that are very good methodologies for how to work through your organization and address all the different levels, all the different audiences, build the ROI, how to market the idea and sell it.”

Stage-Gate Model. Process to take an idea through stages of discovery, scoping, business case, development, testing and launch. http://www.stage-gate.com/resources_stage-gate_full.php

- “As an example of how to operationalize ‘transcendent design,’ we took what was typically a multipurpose space and utilized intentional design to create a nature experience.”

Nature Immersion Room at Villa at Terracina Grand, The Goodman Group. On website, click on The Experience tab for a description and a photo in the Gallery. <http://villaaterracina.com/>

- “Designers of tiny homes and microhomes utilize space just brilliantly. Could we learn from the microhousing industry?”

Solution: Forge connections to break down silos

In long-term care we need to respect the timetable of the individual and extend offerings beyond the eight-hour day so that therapy and activities don't suddenly end at 5:00 pm. It all comes back to staffing, and creating flexibility in operations and the workforce. The solution is to demolish department silos and create a "care partnership" among all staff that prioritizes a person-centered approach to well-being and wellness to accommodate their individual needs.

Action steps:

1. Redesign job descriptions to describe the purpose and role of care partners instead of a task list.
2. Care partner job descriptions require every staff position, whether clinical or activities, to work together to focus on the resident.
3. Create a flexible scheduling system to allow for opportunities during more hours of the day.
4. Educate decision makers and especially corporate executives on the value of flexibility in the workforce.
5. Immediately show staff appreciation for the work they do.
6. Develop an accountability system, with leaders responsible for encouraging and helping staff live up to the care partnership.

Thoughts:

- "After 5:00 is usually when we are most visible because families visit and can see what we are doing."
- "We should be on the resident's schedule, not on our time clock. If you want your shower in the evening, then have it in the evening, not at 8:00 am because we have to get everyone up for breakfast."
- Flexible scheduling is challenging. Techniques that have helped include allowing staff members to schedule themselves (self-scheduling), retaining workers by constructing career ladders, empowering staff to make their own decisions and allowing them to respect individual preferences.

- "Staff attitudes need to change. Constantly educate staff members that the residents are not babies in old bodies."

Solution: Capture personal preferences

Part of the problem with personalizing wellness and keeping spaces and programs engaging in independent living environments is, who are we dealing with? The solution is a robust inboarding system that goes in-depth to discover individuals' passions—what sparks them? There are two tools needed:

(1) An interview or assessment customized for older adults to learn about them, and (2) an application (app) to link a person's interests and needs to what is available inside and outside the community.

Action steps:

1. Partner with a developer to create an older-adult specific interview or assessment.
2. Use video to capture life stories, edit into snippets and post to personalize the community and help people get to know one another.
3. Conduct a technology review to see if an app is already available or can be adapted.
4. Choose a technology partner to help develop the app that connects individuals to personalized programs and resources.

Thoughts:

- "The life story that most of us get is really a preference list. I like skim milk but not whole milk, I like bingo, things like that. It's not really a life story and it doesn't tell you much about the person. We need more in-depth information."
- "We are a community of introverts and extroverts in this room and in our communities. It's nice to know who introverts are so easier to outreach to them, and who extroverts are to best match to the environment they prefer."

- “We want to be able to create an app so we can take the information in the interview/assessment and autopopulate the activities calendar so it’s personalized to them. If you’ve lost a spouse or you have a hobby you could search and find other people in the community who might have a similar interest, or a support group. If you wanted to order a meal in, you could use the app to connect with UberEATS or a similar service.”

Suggestions from delegates:

Matter in Chicago is a technology incubator for entrepreneurs and health care. <http://matterchicago.com/>

Sagely produces calendars and apps for senior living. <http://www.gosagely.com/>

CareMerge is communication software with an app. <http://www.caremerge.com/web/>

Solution: Inspire cognitive health with seven dimensions of wellness

What is meant by cognitive health in an independent living setting? You can have programs and experiences that speak to cognitive health but they are going to look different than those in assisted living and memory care. There are so many programs

influencing cognitive health beyond doing puzzles, it’s easy to link those to the seven dimensions of wellness.

Action steps:

1. Educate staff and residents on how programs in each dimensions, such as physical activity, stress management, laughter and sleep, can help maintain or delay the onset of cognitive decline.
2. Use a lifestyle discovery process to better know the audience in independent living, and what the needs are.
3. Bring in an expert consultant to really validate the program and continue to help us build those programs.
4. Build in a method to measure outcomes.
5. Involve all stakeholders: Key resident leaders, residents, all staff, family members and volunteers.

Thoughts:

- “In every dimension you can pull out programs that are preventive or helpful to delay cognitive decline and can be adapted to the independent living audience.”
- “A lifestyle, life story discovery process to get to know your audience is an important part of delivering those programs to achieve a high level of engagement.”
- “A really important action step is to build in a way to measure outcomes from our programs. Clearly you are not going to get funding, your stakeholders on board or anything else unless you are able to provide outcomes.”
- “It’s not easy to measure outcomes in independent living. But you could measure the process, the education. Did the education we provide result in residents and staff knowing more than they did a week ago or a month ago? Did we let them know about all the action steps that we are taking and they could take to help improve their cognitive health or delay any further onset?”



Many roads lead in the same direction: health and well-being

There is continuity between the dimensions of wellness and the positive aspects of buildings, cities and age-friendly communities. Developed independently, but all pointing in the same direction.

Dimensions of wellness	WELL Building Standard™ Intl Well Building Institute	Best Cities Milken Institute Center for the Future of Aging	AARP Livability Index
Cognitive/intellectual	Mind (cognitive and emotional)	Community engagement (no. of 65+, no. of entertainment venues, libraries, religious orgs)	Engagement (civic and social involvement)
Emotional	Fitness	General livability (cost of living, crime, employment)	Neighborhood (access to life, work, play)
Physical (includes nutrition)	Nourishment (nutrition)	Health care	Health (prevention, access, quality)
Environmental	Air	Wellness (rate of illness, life expectancy, air quality, no. rec or fitness centers)	Environment (clean air and water)
Professional/vocational	Water	Education	Opportunity (inclusion and opportunities)
Social	Comfort (acoustics, ergonomics, heat, etc.)	Transportation and convenience	Transportation: safe and convenient
Spiritual	Light	Living arrangements (cost of housing, LTC, day services)	Housing (affordability and access)
	Innovation	Employment	
		Financial security	
http://icaa.cc/activeagingandwellness/wellness.htm	https://www.wellcertified.com/our-standard	http://successfulaging.milkeninstitute.org/bcsa-overview.html	https://livabilityindex.aarp.org/

Discovery leaders

**Richard H. Carmona, MD, MPH, FACS,
University of Arizona and Canyon Ranch
Institute**

Dr. Carmona was the 17th Surgeon General of the United States and is the Distinguished Professor of Public Health at the University of Arizona Mel & Enid Zuckerman College of Public Health. Trained in general and vascular surgery, he is a Fellow of the American College of Surgeons. Dr. Carmona is vice chairman of Canyon Ranch and president of the Canyon Ranch Institute Board of Directors. The Institute develops and measures new and existing partnerships to advance health literacy, improve prevention, honor cultural diversity, apply integrative health, eliminate health disparities, and translate the best available science to enable communities to catalyze the possibility of optimal health for all people.

Canyon Ranch Institute
<http://canyonranchinstitute.org/>

**Susan E. Docherty, Chief Executive Officer,
Canyon Ranch**

Ms. Docherty oversees the Canyon Ranch® destination resorts and SpaClub® day spas, with a personal mission of helping extend the reach of the brand's integrative wellness offerings to guests internationally and domestically, both at the resorts and in their day-to-day lives. Prior to joining Canyon Ranch, Ms. Docherty spent almost three decades at General Motors where she held senior executive positions in the United States and overseas. Ms. Docherty earned her Master of Science degree in Management from Stanford University as a Distinguished Sloan Fellow. She is also on the board of directors of The Brink's Company.

Canyon Ranch
<https://www.canyonranch.com/>

**Nancy LeaMond, Executive Vice President
and Chief Advocacy & Engagement Officer,
AARP**

Ms. LeaMond oversees AARP's Community, State & National Affairs group with responsibility for government affairs and legislative campaigns. She is involved in the AARP livable communities portfolio, which includes transportation and housing initiatives in states, cities and communities nationwide, and manages public education, community engagement, volunteerism, and multicultural outreach and engagement. She has led several major campaigns for AARP, including 2016's Take a Stand, which demanded that this year's candidates for national office recognize and commit to addressing challenges facing Social Security and Medicare and Divided We Fail an initiative that placed financial security and health care at the top of the country's agenda during the 2008 elections.

AARP Livability Index
<https://livabilityindex.aarp.org/>

**BJ Miller, CCIM, FASID, The Vision Group
Studios**

Ms. Miller is founder and president of The Vision Group Studios, a design firm that creates livable environments for older adults, bringing expertise in real estate, interior architecture, urban development and senior living. Miller works closely with the American Society of Interior Designers (ASID) in delivery of a new PBS series entitled "Thriving in Place." Miller's passion is bringing new models of health, wellness and economic value to the elder community. Involved in health and wellness initiatives with both the University of Tennessee and Philadelphia University, she received her Gerontology Certificate from the University of Nebraska in 2016 as a part of her Masters in Architecture degree.

The Vision Group Studios
<https://www.visgrp.com/>

Dana Pillai, MS, President, Delos Labs and Executive Director, Well Living Lab

Mr. Pillai leads product development at Delos Labs, the research and development arm of Delos. Some of the Lab's products are the WELL Building Standard and Signature wellness programs. The Well Living Lab, a Delos-Mayo Clinic collaboration, uses human-centered research to develop a deeper understanding of the interactions between indoor environments, human health, comfort and performance utilizing a high-standard of peer-reviewed research. Prior to joining Delos, Dana worked at Columbia University, where he established the Geographic Information System for the Millennium Villages Project – the proof of concept vehicle for the achievement of the United Nations Millennium Development Goals.

International Well Building Institute
WELL Building Standard™
<https://www.wellcertified.com/our-standard>

Vivian Vasallo, Managing Director, Milken Institute Center for the Future of Aging

Ms. Vasallo leads initiatives to improve lives and strengthen societies by promoting healthy, productive and purposeful aging. A signature program is the Best Cities for Successful Aging project that takes into account wellness, education and community engagement along with six additional categories. Vasallo had been vice president at the AARP Foundation, where she led financial services innovation, housing and impact investment strategies. Earlier, she served as vice president of First American Financial Corp., leading business development for the emerging markets group. In 2015-16, she spent a sabbatical in Barcelona studying impact investment, social enterprise and philanthropy in Spain.

Milken Institute Center for the Future of Aging
Best City indicators
<http://successfulaging.milkeninstitute.org/bcsa-overview.html>



Organizations

AARP
ABHOW Foundation
ACTS Retirement-Life Communities
Aegis Therapies
Americare Senior Living
Belmont Senior Living
Brightview Senior Living
Canyon Ranch
CERTUS Senior Living, LLC
Christian Horizons
Country Meadows
Delos and The Well Living Lab
Domtar Personal Care
eGym
Generations LLC
Genesis Rehab Services
Goodwin House Bailey's Crossroads
HydroWorx
Inverness Village
Keiser
Kleger Associates
Life Elevated³
Life Fitness/SCIFIT
Matrix Fitness/Johnson Health Tech
Milken Institute for the Future of Aging
Millennium Development
Milon
National Institute for Fitness and Sport
National Senior Campuses
NuStep
Prestige Care Inc.
RehabCare
Ridgeline Management Company
Sage Senior Living Development
Senior Lifestyle Corporation
Senior Rehab Solutions
Sharon Towers
SolTec Wellbeing
SpiritTrust Lutheran
Springpoint Senior Living
Sunrise Senior Living
The Alliance Training Center
The Goodman Group
The Vision Group
Touchmark Senior Living
Vesta
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The ICAA Forum



The ICAA Forum brings together thought leaders from many organizations—both private and public—to form a think tank that develops strategies to turn the challenges facing senior living providers into opportunities. Launched in 2005, the meetings forge connections among industry leaders while promoting understanding and cohesive action around the ultimate goal: health and quality of life as people age.

Host

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ICAA team

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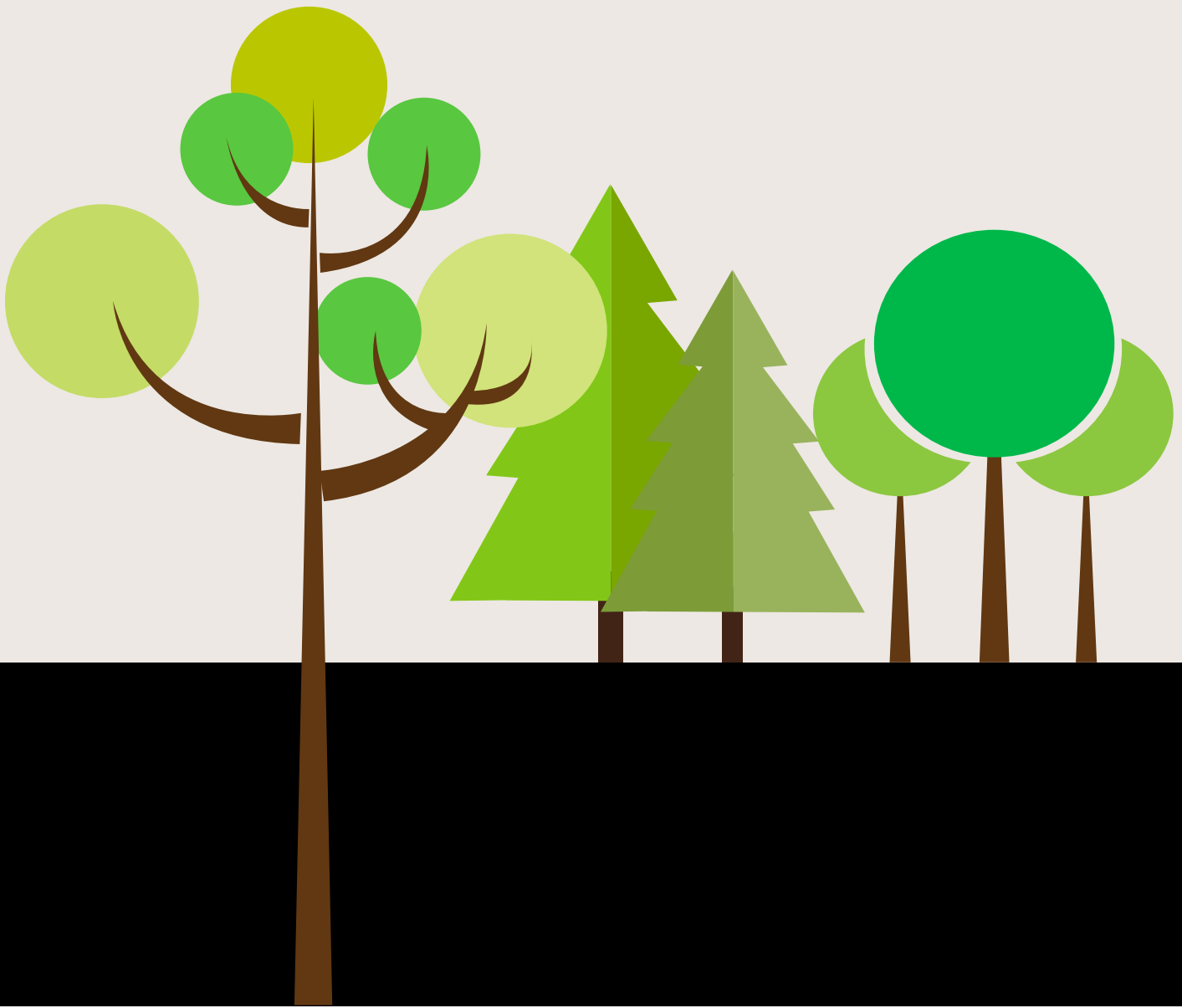
Facilitated by theDifference
<http://thedifferenceconsulting.com/>

International Council on Active Aging® Changing the Way We Age®

International Council on Active Aging has been leading, connecting and defining the active-aging industry since 2001. Founded in the belief that unifying the efforts of the organizations focused on older adults benefits both the people they reach and the organizations themselves, ICAA's vision is shared by over 10,000 organizations. ICAA's support of the active-aging industry includes the ICAA/ProMatura Wellness Benchmarks and Industry Research Reports, environment and program development, market development, education and research on healthy aging and wellness, networking, best practice sharing, marketing and strategy development, public relations campaigns and recognition programs.

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