An Interview with Dr. Roger

Advice from Roger Landry, MD, MPH

**What are the stops in your career journey that you most draw from in your current role?**

Well, they're probably a whole lot different than most people in this field. I was a career military physician before I made the move to focus on healthy aging. My job was to keep aviators flying and performing at their best.  Since they were basically healthy, this was preventive medicine.  I was drawn to the idea of keeping people healthy rather than just responding to disease.

I also have a degree in public health from Harvard, and that year was probably my best year of education because it opened my eyes to the idea of keeping populations healthy rather than just individuals.  That could be a community, a town, a country or all humans. The tools and principles I learned are enormously valuable in approaching the health and quality of life of older adults.

Then of course the last one was writing *“Live Long, Die Short.*  The research necessary to do that required I drill down very deeply into what it takes to experience a highly functional life for as long as possible.

**Tell us about Masterpiece. What is the company's mission?**

We’re committed to cultivating growth, resilience and purposeful longevity in older adults. We’ve been at it for a couple decades now, using a holistic lifestyle, data-driven approach which has evolved significantly since we first developed it.  To my knowledge, it was the first of its kind and launched just several years after the MacArthur Study on Aging showed us that lifestyle is the major determinant of healthy aging.

We were able to get out in front early because my brother had actually been with the MacArthur Foundation and was able to get some sound advice from Jonas Salk, one of the Board members, and then enlist some of the actual Study members to advise us.  That advice recommended we start with senior living, and so we now have a vast amount of experience with over 100 senior living communities and some 40,000 plus lives.  That experience has yielded over five million data points which has guided our refinement and evolution of the Masterpiece approach to healthy longevity.

Basically, our approach is a data-driven, content-rich, customized approach to lifestyle enrichment resulting in a much higher likelihood of healthy longevity.

**A key term for Masterpiece is “supported autonomy.” How do you define that and why is it important?**

I would define it as a personalized approach to healthy longevity, with the resident in the driver’s seat, but the community supporting as necessary. These new older adults who are already in the sales centers, want to chart their own course to a better aging experience, but of course, need some assistance, such as knowledge of what’s possible, tools to evaluate and track their lifestyle risks, content matched to where they are right now, and some coaching.  Actually, what they want is what we all want, isn’t it?

If indeed we're going to attract these new older adults, it's important that they know they're in charge and not merely getting a cruise ship approach, i.e. given a menu of activities to choose from and hope for the best.   Masterpiece’s supported autonomy process is very personal. Technology is there to support them, as are a wide array of content and resources matched to their needs and preferences.

**What are Masterpiece’s six areas of focus for senior housing, and how do they work together?**

The six areas of focus are all lifestyle related.  We’re able to evaluate and track physical health, intellectual vitality, social engagement, and peace and fulfillment (related to meaning and purpose).  Additionally, we know that the personal attributes, like mindset, learning style, and feeling of self-efficacy are critical to the process of lifestyle enrichment.  Lastly, we address movement and motion and their ability to navigate their environment.  Healthy longevity is the result of a comprehensive and deliberate process.  There are no short cuts.

These six areas of focus give residents a snapshot of where they are with their lifestyle and provide all of us data that I believe is extremely important, not only to the individual but also to the community.

**The preferences of older adults are evolving in terms of where and how they wish to live. What are the top areas of those preferences?**

When I get that question, “What does the new older adult want?” my answer is frequently, what would *you* want? It doesn't matter what age you are, because the new older adult is savvy about what's going on, what's possible, what's out there and how to best achieve it.

* They value experience which allows them to grow and be engaged in life.
* They want to be fully functional for as long as possible: a healthy longevity.
* They want social engagement, and in fact, most want that to be multi-generational…a community within a community, if you like.
* And last but hardly least, is older adults want a life with purpose and meaning.

When I talk about what the modern older adult wants, I can’t help but think of the Blue Zones, where people reach advanced age with vitality. The lifestyle traits commonly seen in residents of these Blue Zones are exactly those I just mentioned.  That’s no accident, and senior housing is beginning to take note of that.  It won’t be easy to change traditional approaches to senior housing, but something that’s worthwhile is a usually not easy.

**What are the most common barriers that today's operators face in meeting the preferences you just laid out?**

As is frequently the case, there's tradition. Senior living has over 100 years of tradition and that’s one of safety, security and care…beautiful, absolutely necessary, and still needed. This tradition is both practical and altruistic and must be a given.  But if that is the extent of what’s offered, we’re falling short.  I believe we must build on this firm foundation of care, safety and security.  We have to build what the new older adult wants or they’ll look elsewhere.

Another barrier is subliminal or not-so-subliminal paternalism.  Yes, senior living operators are experienced and know how to provide care and minimize risk, but a “I know what’s good for you” approach will fail miserably with today’s older adults.  Effective lifestyle coaches never prescribe but listen.  They see their role as helping the individual articulate and then pursue what’s important to them…an approach which is, by definition, very personal.  I believe we have entered a time when our focus will shift from primarily caring to coaching.

A major barrier is the inability to provide a technology platform sophisticated enough support the personal journey of each resident.  The classic cruise-ship approach to wellness with a full activities schedule for the resident to choose from without any sense of direction or progress towards healthy longevity is falling short of the preferences and expectations of potential residents. Technology and other tools to provide a personalized journey with easy tracking of progress is rapidly becoming a must.

Another barrier is the messaging of what senior living provides.  Counter tops, activities, comfort and security is not resonating as strongly with the new older adult demographic.  Outdated or potentially ageist terms can be a barrier to moving in.  Substantive engagement, experience, growth, and a supported pathway to healthy longevity are the new currencies.   Thinking of senior living much like a university, where you enter to grow…intellectually, but also physically, socially, and even spiritually… and if something happens, there’s care there to support your return to growing, but growing is the focus.

**What are three small steps that senior living operators can begin to take right now to reach supported autonomy?**

Small steps — because that is the basis of lifestyle change.  It's the whole idea of Kaizen: small steps towards change. For instance, I already mentioned the barrier of messaging. Updating messaging could be a quick small step towards being more attractive to the new older adults.

Another small step is a focus on building resilience. The pandemic has functioned as a lens to make us all aware of the need for resilience.  In senior living, supporting residents in building personal resilience is a powerful way to attract, retain, and enrich the lives of residents.

A third step could be to rapidly accelerate outreach initiatives. Breaking down mistaken impressions of what senior living offers, demonstrating how living in a senior living community can significantly enhance quality of life and likelihood of enjoying a healthy longevity, showing how community living is a powerful alternative to isolation, and being seen as a center for healthy aging and mentorship, would turn negative stereotypes on their ear and make senior living a much more attractive possibility for the next stage of life.

**2020 was a disastrous year in many respects but there's reasons for hope. What makes you hopeful about senior housing in the future?**

I am very optimistic about senior living for 2021 and beyond but it will require that we get the real story out there. The pandemic generated hardship but was also in many ways a success story of keeping a vulnerable population living in a congregate setting free of disease.  I have heard many testimonials, and I know there are so many more out there, about how grateful residents felt about being in senior living during this assault.  Those stories should be told.

Living where you avoid isolation, build resilience, and are supported in your personal journey to a healthier, enjoyable and more purposeful longevity is a winning strategy.

Discussion Questions:

1. How would you communicate Dr. Roger’s approach of building on the foundation of care with a university-like approach?
2. What do you do to let prospects know they are in the “driver’s seat”?
3. How do you explain the research on aging and the holistic approach to wellbeing?
4. How do you create a personal touch when relating the benefits of the community?
5. If you were the prospect, what would you want?
6. Explain the difference between supported autonomy and the cruise ship approach.
7. How would you describe supported autonomy as it relates to healthy longevity and wellbeing?
8. Give an example of how you would address resistance to change and technology.

# **Sample questions for sales team members to use with prospects:**

1. We treat this community like a university, where the focus is growth and learning. What would you be interested in learning or teaching?
2. Every person is unique. What do you want for this chapter in your life?
3. What does “home” mean to you?
4. We are a community within a greater community. How would you like to use your expertise and knowledge to support others?